

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	Sarah Brayton SNF Operations BHC LLC
1.2	MassHealth Provider ID	110189582A
1.3	Federal Employer Tax ID	882500719
1.4	VPN	0950892
1.5	Is the above information correct?	Yes
1.6	Facility Number	00951
1.7	This line is intentionally left blank	
1.8	Reporting Period From	08/01/2022
1.9	Reporting Period To	12/31/2022
1.10	Street Address	4901 North Main Street
1.11	City	Fall River
1.12	Zip	02720
1.13	Telephone	+1 (585) 675-1001
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.	n/a
1.19	List the name of the entity that holds the nursing facility license.	Sarah S Brayton SNF Operations BHC LLC
1.20	List realty company names as reported on each realty company cost report.	SBSM 3 Holdings LLC/Sarah Brayton SNF Operations BHC LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

Skilled Nursing Facility Cost Report
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Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Nicole Liebb
2.2	Nursing Facility or Firm Name	Sarah Brayton SNF Operations BHC LLC
2.3	Title	Executive Assistant
2.4	Street Address	701 Cross Street, Suite 132
2.5	City	Lakewood
2.6	State	NJ
2.7	Zip Code	08701
2.8	Phone Number	+1 (732) 522-4338
2.9	Email Address	nicoleliebb@outlook.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	Chelsea Murray
3.3	Nursing Facility or Firm Name	Bonadio & Co., LLP
3.4	Title	Director
3.5	Street Address	171 Sully's Trail
3.6	City	Pittsford
3.7	State	NY
3.8	Zip Code	14534
3.9	Phone Number	+1 (585) 249-2791
3.10	Email Address	cmurray@bonadio.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 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
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023

Time: 2:37 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	587,595	76	587,671
1.2	Commercial Managed Care	2,730	50,370	53,100
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	2,777,799	50,335	2,828,134
1.5	Medicare Managed Care (Part C)	861,865		861,865
1.6	MassHealth Fee-for-Service	2,190,222	45,702	2,235,924
1.7	MassHealth Managed Care	1,244,399		1,244,399
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	74,157		74,157
100	Total Nursing Facility Revenue	7,738,767	146,483	7,885,250

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
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

Other Nursing Facility Revenue		
Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	233,503
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	89
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	233,592

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)	GAIN ON BARGAIN PURCHASE	76,334
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	TOTAL COVID-19 RECEIPTS	157,169
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		233,503

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	8,118,842

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023

Time: 2:37 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	105,626		105,626
1.2	Director of Nurses: Employee Benefits	1,548		1,548
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	9,483		9,483
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	116,657		116,657
1.7	Registered Nurses: Salaries	284,131		284,131
1.8	Registered Nurses: Employee Benefits	4,395		4,395
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	27,066		27,066
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	163,011	0	163,011
1.200	Subtotal: Registered Nurses Expenses	478,603		478,603
1.12	Licensed Practical Nurses: Salaries	763,343		763,343
1.13	Licensed Practical Nurses: Employee Benefits	11,807		11,807
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	72,715		72,715
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	426,992	1,398	425,594
1.300	Subtotal: Licensed Practical Nurses Expenses	1,274,857		1,273,459
1.17	Certified Nurse Aides: Salaries	1,022,133		1,022,133
1.18	Certified Nurse Aides: Employee Benefits	15,810		15,810
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	97,371		97,371
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	453,381	287,125	166,256
1.400	Subtotal: Certified Nurse Aides Expenses	1,588,695		1,301,570

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023

Time: 2:37 PM

1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training	3,855		3,855
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	3,855		3,855
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	3,462,667		3,174,144

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	3,462,667		3,174,144

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	115,293		115,293
2.2	Administration: Employee Benefits	1,165		1,165
2.3	Administration: Payroll Taxes incl Workers Comp.	11,875		11,875
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation	70,640	70,640	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	198,973		128,333
2.7	Clerical Staff: Salaries	411,566		411,566
2.8	Clerical Staff: Employee Benefits	5,324		5,324
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	39,009		39,009
2.10	Clerical Staff: Purchased Service	17,061		17,061
2.200	Subtotal: Clerical Staff Expenses	472,960		472,960
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	68,001		68,001
2.12	Office Supplies	20,301		20,301
2.13	Telecommunications (e.g. Internet, Phone)	18,084		18,084

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	15,314		15,314
2.16	Advertising: Help Wanted			0
2.17	Licenses and Dues: Patient Care Related Portion			0
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	99,750		99,750
2.20	Insurance: Malpractice & General Liability	65,409		65,409
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	13,586		13,586
2.23	Non-Allowable A & G Expenses	485,873	485,873	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		44,745	44,745
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	786,318		345,190
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	1,458,251		946,483
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	1,458,251		946,483

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	STARTUP COSTS	13,586
2A.100	Subtotal: Other A&G Expenses	13,586

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	19,574
2B.2	Licenses and Dues: Not Related to Resident Care	479
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	5,013
2B.7	Key Person Insurance	
2B.8	Management Company Fees	
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	15,104
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	99,157
2B.15	User Fee Assessment	346,308
2B.16	Other Non-Allowable A&G Expenses	238
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	485,873

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	31,875		31,875
3.2	Staff Dev. Coord.: Employee Benefits	467		467
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	2,862		2,862
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	35,204		35,204
3.5	Plant Operation: Salaries	37,214		37,214
3.6	Plant Operation: Employee Benefits	641		641
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	3,969		3,969

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023

Time: 2:37 PM

3.8	Plant Operation: Purchased Service	39,289		39,289
3.9	Plant Operation: Supplies and Expenses	8,199		8,199
3.10	Plant Operation: Utilities	251,604		251,604
3.11	Plant Operation: Repairs	19,210		19,210
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	360,126		360,126
3.13	Dietician: Salaries	1,688		1,688
3.14	Dietician: Employee Benefits	28		28
3.15	Dietician: Payroll Taxes incl Workers Comp.	156		156
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	1,872		1,872
3.18	Dietary: Salaries	16,640		16,640
3.19	Dietary: Employee Benefits	273		273
3.20	Dietary: Payroll Taxes incl Workers Comp.	1,543		1,543
3.21	Dietary: Food	93,140		93,140
3.22	Dietary: Purchased Service	247,393		247,393
3.23	Dietary: Supplies and Expenses	21,176		21,176
3.400	Subtotal: Dietary Expenses	380,165		380,165
3.24	Housekeeping/Laundry: Salaries			0
3.25	Housekeeping/Laundry: Employee Benefits			0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.			0
3.27	Housekeeping/Laundry: Purchased Service	174,369		174,369
3.28	Housekeeping/Laundry: Supplies and Expenses	31,658		31,658
3.29	Housekeeping/Laundry: Linen and Bedding			0
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	206,027		206,027
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	15,923		15,923

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	233		233
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	1,430		1,430
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	17,586		17,586
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries			0
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits			0
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.			0
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	0		0
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	140,827		140,827
3.49	Social Service Worker: Employee Benefits	1,876		1,876
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	11,576		11,576
3.51	Social Service Worker: Purchased Service			0
3.1000	Subtotal: Social Service Worker Expenses	154,279		154,279
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

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	411,423	411,423	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	411,423		0
3.64	Recreational Therapy/Activities: Salaries	60,325		60,325
3.65	Recreational Therapy/Activities: Employee Benefits	979		979
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	6,114		6,114
3.67	Recreational Therapy/Activities: Purchased Service	1,795		1,795
3.68	Recreational Therapy/Activities: Supplies and Expenses	1,999		1,999
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	71,212		71,212
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	86,443		86,443
3.1400	Subtotal: Resident Care Assistant Expenses	86,443		86,443
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	49,179		49,179
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	17,500		17,500
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	256,539	256,539	0
3.88	Personal Protective Equipment	99,159		99,159

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

3.89	House Supplies Not Resold	29,972		29,972
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	4,614		4,614
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	456,963		200,424
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	2,181,300		1,513,338
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	2,181,300		1,513,338

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 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	11,802	(311,423)	323,225
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		748,499	748,499
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	7,863		7,863
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR	105,571		105,571
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	3,344		3,344
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	41,897		41,897
4.13	Other Fixed Cost Expenses REA-CR		170,279	170,279
4.14	Real Property Rent Expense SNF-CR	1,578,690	1,578,690	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	1,749,167		1,400,678
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	1,749,167		1,400,678

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 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	8,851,385		7,034,643
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	8,851,385		7,034,643

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 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		0	
300	8070.0	TOTAL OTHER BUSINESS EXPENSES	0	0	

SCHEDULE 5 : STATEMENT OF OPERATIONS AND RECONCILIATION OF FINANCIAL TO COST REPORTED NET INCOME

Financial Statement of Operations

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	7,885,250
1A.2	Other Revenue	157,258
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	8,042,508
1A.4	Salaries and Wages	3,070,046
1A.5	Employee Benefits	45,188
1A.6	Supplies and Other (including Payroll Taxes)	5,625,192
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	99,157
1A.9	Depreciation and Amortization Expenses	11,802
1A.200	Total Operating Expenses	8,851,385
1A.300	Income(Loss) from Operations	(808,877)
	Non-Operating Income and Expenses	
1A.10	Interest Income	
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)	76,334
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(732,543)
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)	(732,543)

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 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)	8,118,842
2.2	Total Nursing Expenses (Schedule 3)	3,462,667
2.3	Total Administrative and General Expenses (Schedule 3)	1,458,251
2.4	Total Variable Expenses (Schedule 3)	2,181,300
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,749,167
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	8,851,385
200	Cost Reported Net Income(Loss)	(732,543)

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 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)		(732,543)
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)		(732,543)

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	897,248
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	2,720,082
1.6	Less Reserve for Bad Debt	(123,170)
1.100	Subtotal: Net Patient Accounts Receivable	2,596,912
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	1,252
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	37,454
1.12	Prepaid Interest	
1.13	Prepaid Insurance	55,243
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	8,268
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	42,793
100	Total Current Assets	3,639,170

Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1	DUE FROM VENDORS	42,793
1A.100	Subtotal: Other Current Assets	42,793

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	104,834
2.4	Equipment	104,793
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	209,627

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	35,290,131
3.4	Construction in Progress	
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	35,290,131

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	CAPITAL LEASE - RIGHT OF USE ASSET	34,985,872
3A.2	RESIDENT TRUST FUNDS	98,985
3A.3	DUE FROM AFFILIATES	205,274
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	35,290,131

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	39,138,928

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	1,782,881
5.2	Accrued Expenses	356,574
5.3	Due to Insurance Payers	31,679
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	685,070
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	557,128
500	Total Current Liabilities	3,413,332

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	CAPITAL LEASE LIABILITY, CURRENT PORTION	557,128
5A.100	Subtotal: Other Current Liabilities	557,128

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023

Time: 2:37 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	1,339,137
6.3	Other Long-Term Debt	35,119,002
600	Total Non-Current Liabilities	36,458,139

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	39,871,471

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	
8B.2	Prior Period Adjustment(s)	0
8B.3	Capital Contributions During the Year	
8B.4	SNF-CR Net Income/(Loss)	(732,543)
8B.5	Proprietor/Partner Drawings	
8B.100	Owner's Equity Balance: Current Year	(732,543)

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

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
 Filing Year: 2022

Date: 11/28/2023
 Time: 2:37 PM

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)	39,138,928

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		109,035		109,035		(4,201)	(4,201)	104,834
1.4	Equipment	76,334	36,060		112,394		(7,601)	(7,601)	104,793
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles				0			0	0
100	Total	76,334	145,095	0	221,429	0	(11,802)	(11,802)	209,627

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	1,726,415					1,726,415				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	15,599,228					15,599,228	2.50%		311,423	311,423
2.5	Improvements SNF-CR			109,035			109,035	5.00%	4,201		4,201
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	76,334		36,060			112,394	10.00%	7,601		7,601

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR					0	33.33%	0		0
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	17,401,977	0	145,095	0	0	17,547,072	11,802	311,423	323,225

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1992
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2023
3.3	What was the value from the most recent municipal property assessment for this facility?	10,949,400
3.4	Was there a change of ownership of this facility during the reporting period?	Yes
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?	102
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	92,875
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	87,806
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	
3.10	What is the total acreage of the facility site?	4.0
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	Yes

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 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	Sale of Nursing Facility to Unrelated Third Party	08/01/2022	See Footnotes and Explanations	Josh Brown, Moshe Steinberg, Jake Chapler	10
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)	

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(732,543)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	793,483
2.3	Increases (Decreases) to Cash Provided by Operating Activities	111,722
200	Net Cash from Operating Activities	172,662

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(145,095)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(145,095)

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	(167,585)
4.3	Cash Flows from Other Financing Activities	1,037,266
400	Net Cash from Financing Activities	869,681

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	897,248
500	Cash and Cash Equivalents (End of Year)	897,248

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	08/01/2022	183			183	183
1.2	02/02/2021	183			183	183
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.	183				
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	1,352	4		4,165	1,767	9,263
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	1,352	4	0	4,165	1,767	9,263

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of-State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
4,958							271	21,780
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
4,958	0	0	0	0	0	0	271	21,780

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	315
3.2	0140.1	Number of MassHealth Admissions During Year	8
3.3	0150.0	Number of Discharges During Year	297
3.4	0190.0	Average Length of Stay	269
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	206
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	100

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	262,215	6,197.7	684,748	17,035.2	795,791	37,291.7
1.2	Total Overtime Wages	21,916	375.8	78,595	1,342.6	226,342	7,129.7
1.3	Total Shift Differential						
1.4	Total Other Differentials						
100	Total	284,131	6,573.5	763,343	18,377.8	1,022,133	44,421.4

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	3.50	3.50	3.50	5.00	5.00
2.2	Licensed Practical Nurses	3.50	3.50	3.50	5.00	5.00
2.3	Certified Nurse Aides	2.50	2.50	2.00	2.50	2.75

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 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	0.4	880.0
3.2	Plant Operations	2	0.7	1,526.5
3.3	Dietary Staff	13	0.4	911.5
3.4	Dietician	1	0.0	39.3
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	1	0.4	851.6
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator			
3.9	Social Services Staff	4	1.6	3,248.0
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	4	1.5	3,024.1
3.14	Administration and Officers	3	1.3	2,640.0
3.15	Security Staff			
3.16	Clerical Staff	17	5.8	12,105.7
3.17	Director of Nurses	2	0.8	1,760.0
3.18	Registered Nurses	14	3.2	6,573.5
3.19	Licensed Practical Nurses	30	8.8	18,377.8
3.20	Certified Nurse Aides	79	21.4	44,421.4
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	171	46.3	96,359.4

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023

Time: 2:37 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				15.8	1,398	5,195.2	287,125		
Registered Temporary Nursing Service Agencies										
4.2	Intelycare, Inc.	TM7F	116.4	14,768	88.2	7,805	1,387.2	76,667		
4.3	JFS Secured Staffing Inc	TCPD	869.5	110,320	2,405.9	212,917	962.9	53,217		
4.4			298.9	37,923	2,315.0	204,872	658.1	36,372		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		1,284.8	163,011	4,809.1	425,594	3,008.2	166,256	0.0	0
400	Total Temporary Nursing Service Agency Expenses		1,284.8	163,011	4,824.9	426,992	8,203.4	453,381	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	DEVLIN	MARIA	CLINICAL REIMBURSEMENT DIRECTOR	Administrative & General	80,172			80,172		
5.2	SOUSA	LIZETTE	CLINICAL REIMBURSEMENT DIRECTOR	Administrative & General	74,061			74,061		
5.3	SARZA	SANDRA LEE	ADMINISTRATOR	Administrative & General	62,355			62,355		
5.4	OLNEY	DONNA	ADMISSIONS	Administrative & General	59,368			59,368		
5.5	CASEY	MARIA DANIELLE	REGIONAL SOCIAL WORKER	Other	85,197			85,197		

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 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 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	BROWN	AVROHOM	OWNER	Administrative & General	880	32,660			32,660
6B.2	CHAPLER	YAAKOV	OWNER	Administrative & General	880	32,660			32,660
6B.3									0
									65,320

SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT

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

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023

Time: 2:37 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
					0				0
					0		0	0	0

Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023
Time: 2:37 PM

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

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

UPLOADS REQUIRED
(1) Footnotes and Explanations
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
(2) Ownership and Facility Information
<i>Upload Type: Excel Template</i>
List the names of all direct and indirect nursing facility owners and the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities that are owned, directly or indirectly by the facility owners that have an interest of 5% or more. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you 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
Sarah Brayton SNF Operations BHC LLC
Filing Year: 2022

Date: 11/28/2023

Time: 2:37 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:

A) Financial Statements: Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA).

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
10/23/2023 1:24PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Chelsea Murray
10/24/2023 8:26AM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Chelsea Murray
10/24/2023 10:34AM	(1) Footnotes and Explanations	Footnotes and Explanations.pdf	application/pdf	Chelsea Murray
10/24/2023 4:25PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Chelsea Murray
10/25/2023 3:15PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Chelsea Murray

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	Chelsea Murray
1.2	Nursing Facility or Firm Name	Bonadio & Co., LLP
1.3	Title	Director
1.4	Street Address	171 Sully's Trail
1.5	City	Pittsford
1.6	State	NY
1.7	Zip Code	14534
1.8	Phone Number	+1 (585) 249-2791
1.9	Email Address	cmurray@bonadio.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	10/27/2023

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

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Skilled Nursing Facility Cost Report
Sarah Brayton SNF Operations BHC LLC
 Filing Year: 2022

Date: 11/28/2023
 Time: 2:37 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	11/03/2023
2.3	Last Name	Steinberg
2.4	First Name	Moshe
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