

Skilled Nursing Facility Cost Report**SIPPICAN HEALTHCARE CENTER**

Filing Year: 2022

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SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	SIPPICAN HEALTHCARE CENTER
1.2	MassHealth Provider ID	110026324B
1.3	Federal Employer Tax ID	042880015
1.4	VPN	0950013
1.5	Is the above information correct?	Yes
1.6	Facility Number	01039
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	15 Mill Street
1.11	City	Marion
1.12	Zip	02738
1.13	Telephone	+1 (508) 748-3830
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	MA Corp (Chapter 156B)
1.18	List the name of the management company as reported on the management company cost report.	Greenleaf VI II, Inc.
1.19	List the name of the entity that holds the nursing facility license.	Sippican Healthcare Center
1.20	List realty company names as reported on each realty company cost report.	Sippican Associates Limited Partnership
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Matthew S. Bovolack
2.2	Nursing Facility or Firm Name	Marcum LLP
2.3	Title	Principal
2.4	Street Address	555 Long Wharf Drive
2.5	City	New Haven
2.6	State	Connecticut
2.7	Zip Code	06511
2.8	Phone Number	+1 (203) 781-9600
2.9	Email Address	Matthew.Bovolack@marcumllp.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Matthew S. Bovolack
3.3	Nursing Facility or Firm Name	Marcum LLP
3.4	Title	Principal
3.5	Street Address	555 Long Wharf Drive
3.6	City	New Haven
3.7	State	Connecticut
3.8	Zip Code	06511
3.9	Phone Number	+1 (203) 781-9600
3.10	Email Address	Matthew.Bovolack@marcumllp.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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Owner Business Information

Please use this table to provide information on any other Massachusetts public payer programs that the direct and indirect owners of this facility operate.

Table 4	1	2	3	4	5	6
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,808,736	0	1,808,736
1.2	Commercial Managed Care	45,988	0	45,988
1.3	Commercial Non-Managed Care	0	0	0
1.4	Medicare Fee-For-Service	6,047,362	62,570	6,109,932
1.5	Medicare Managed Care (Part C)	425,481	21,967	447,448
1.6	MassHealth Fee-for-Service	3,020,016	0	3,020,016
1.7	MassHealth Managed Care	0	0	0
1.8	Senior Care Options	531,351	0	531,351
1.9	OneCare	0	0	0
1.10	PACE	0	0	0
1.11	Medicaid Out-of-State	0	0	0
1.12	Medicaid Patient Paid Amount	1,005,244	0	1,005,244
1.13	DTA & EAEDC	0	0	0
1.14	Veteran's Affairs & Other Public	0	0	0
1.15	Other Payer Revenue	407,895	0	407,895
100	Total Nursing Facility Revenue	13,292,073	84,537	13,376,610

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

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Other Nursing Facility Revenue

Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	511,628
3.3	Laundry Revenue	0
3.4	Vending Machine Revenue	0
3.5	Recovery of Bad Debts	5,697
3.6	Prior Year Retroactive Revenue	(37,848)
3.7	Interest Income	31,012
3.8	Nurses' Aide Training Revenue	0
3.9	Administrative and General Recoverable Revenue	145,114
3.10	Nursing Recoverable Revenue	0
3.11	Variable Recoverable Revenue	24,572
3.12	Fixed Cost Recoverable Revenue	0
300	Total Other Nursing Facility Revenue	680,175

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)	Income - Stimulus Fund (Medicare)	50,283
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Income - Stimulus Fund (Medicaid)	300,109
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	HireNow Income	32,800
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Lab Testing - Employee	128,436
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		511,628

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	14,056,785

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SCHEDULE 3 : EXPENSES

Nursing Expenses

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	70,416	250	70,166
1.2	Director of Nurses: Employee Benefits	3,500	60	3,440
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	6,643		6,643
1.4	Director of Nurses Purchased Service: Per Diem	64,756		64,756
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0		0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	145,315		145,005
1.7	Registered Nurses: Salaries	744,502		744,502
1.8	Registered Nurses: Employee Benefits	37,005	635	36,370
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	70,236		70,236
1.10	Registered Nurses Purchased Service: Per Diem	957		957
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	225,387	#Error	225,387
1.200	Subtotal: Registered Nurses Expenses	1,078,087		1,077,452
1.12	Licensed Practical Nurses: Salaries	1,780,288	1,750	1,778,538
1.13	Licensed Practical Nurses: Employee Benefits	88,487	1,517	86,970
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	167,952		167,952
1.15	Licensed Practical Nurses Purchased Service: Per Diem	18,843		18,843
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	253,614		253,614
1.300	Subtotal: Licensed Practical Nurses Expenses	2,309,184		2,305,917
1.17	Certified Nurse Aides: Salaries	1,868,542	250	1,868,292
1.18	Certified Nurse Aides: Employee Benefits	92,874	1,591	91,283
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	176,278		176,278
1.20	Certified Nurse Aides Purchased Service: Per Diem	0		0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	261,617		261,617
1.400	Subtotal: Certified Nurse Aides Expenses	2,399,311		2,397,470

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1.22	Nurse's Aide Training Administration	0	0	0
1.23	Nursing Education and Training	1,763		1,763
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	1,763		1,763
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	5,933,660		5,927,607

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	0
1.27	Nurses' Aide Training Recoverable Income		0	0
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	5,933,660		5,927,607

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	155,762	55	155,707
2.2	Administration: Employee Benefits	7,742	133	7,609
2.3	Administration: Payroll Taxes incl Workers Comp.	14,695		14,695
2.4	Administration: Purchased Service	0		0
2.5	Officers: Total Compensation	0	0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	178,199		178,011
2.7	Clerical Staff: Salaries	170,772		170,772
2.8	Clerical Staff: Employee Benefits	8,488	146	8,342
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	16,111		16,111
2.10	Clerical Staff: Purchased Service	0		0
2.200	Subtotal: Clerical Staff Expenses	195,371		195,225
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	291,326		291,326
2.12	Office Supplies	173,448	5,417	168,031
2.13	Telecommunications (e.g. Internet, Phone)	10,598		10,598

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)	0		0
2.15	Travel: Conventions & Meetings	5,311		5,311
2.16	Advertising: Help Wanted	30,623		30,623
2.17	Licenses and Dues: Patient Care Related Portion	13,972	3,855	10,117
2.18	Continuing Professional Education / Training and Development	499		499
2.19	Accounting Services (Not related to appeals)	34,309		34,309
2.20	Insurance: Malpractice & General Liability	229,992		229,992
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion	0		0
2.22	Other A & G Expenses	14,985		14,985
2.23	Non-Allowable A & G Expenses	1,746,858	1,746,858	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		11,447	11,447
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		289,840	289,840
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		1,840	1,840
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	2,551,921		1,098,918
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,925,491		1,472,154
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		145,114	145,114
2.500	Subtotal: Administrative & General Recoverable Income	0		145,114
200	Total: Net Administrative & General Expenses After Recoverable Income	2,925,491		1,327,040

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Detail of Other A&G Expenses		
Table 2A	1	2
Line #	Description	Amount
2A.1	Professional Service	1,005
2A.2	Consulting Fees Corp Compliance	2,887
2A.3	Covid Lab Testing Resid Medicaid	5,040
2A.4	Covid Lab Testing Resid Hospice	630
2A.5	Covid Lab Testing Resid Contract	855
2A.6	Covid Lab Testing Resid Private	1,395
2A.7	Rapid Test Covid	3,173
2A.8		
2A.9		
2A.10		
2A.100	Subtotal: Other A&G Expenses	14,985

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	18,227
2B.2	Licenses and Dues: Not Related to Resident Care	0
2B.3	Accounting: Appeal Service	0
2B.4	Legal: Appeal Service and DALA Filing Fees	0
2B.5	Legal: Resident Care	0
2B.6	Legal: Other	35,701
2B.7	Key Person Insurance	0
2B.8	Management Company Fees	831,303
2B.9	Management Consultants	0
2B.10	Interest on Working Capital	0
2B.11	Fines, Late Fees, Penalties, including Interest	19,500
2B.12	State and Federal Income Taxes	83,000
2B.13	Pre-Opening Expenses	0
2B.14	Bad Debt Expense	144,978
2B.15	User Fee Assessment	605,786
2B.16	Other Non-Allowable A&G Expenses	8,363
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	1,746,858

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	0		0
3.2	Staff Dev. Coord.: Employee Benefits	0		0
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	0		0
3.4	Staff Dev. Coord.: Purchased Service	0		0
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	92,271		92,271
3.6	Plant Operation: Employee Benefits	4,586	79	4,507
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	8,705		8,705

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3.8	Plant Operation: Purchased Service	122,170		122,170
3.9	Plant Operation: Supplies and Expenses	68,827		68,827
3.10	Plant Operation: Utilities	338,043		338,043
3.11	Plant Operation: Repairs	53,989		53,989
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	688,591		688,512
3.13	Dietician: Salaries	4,600		4,600
3.14	Dietician: Employee Benefits	229	4	225
3.15	Dietician: Payroll Taxes incl Workers Comp.	434		434
3.16	Dietician: Purchased Service	52,708		52,708
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	57,971		57,967
3.18	Dietary: Salaries	519,741		519,741
3.19	Dietary: Employee Benefits	25,833	443	25,390
3.20	Dietary: Payroll Taxes incl Workers Comp.	49,032		49,032
3.21	Dietary: Food	385,300		385,300
3.22	Dietary: Purchased Service	5,149		5,149
3.23	Dietary: Supplies and Expenses	46,815		46,815
3.400	Subtotal: Dietary Expenses	1,031,870		1,031,427
3.24	Housekeeping/Laundry: Salaries	512,806		512,806
3.25	Housekeeping/Laundry: Employee Benefits	25,488	437	25,051
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	48,378		48,378
3.27	Housekeeping/Laundry: Purchased Service	51,621		51,621
3.28	Housekeeping/Laundry: Supplies and Expenses	71,686		71,686
3.29	Housekeeping/Laundry: Linen and Bedding	48,467		48,467
3.30	Housekeeping/Laundry: Special Cleaning	0		0
3.500	Subtotal: Housekeeping/Laundry Expenses	758,446		758,009
3.31	Quality Assurance (QA) Professional: Salaries	0		0
3.32	QA Professional: Employee Benefits	0		0
3.33	QA Professional: Payroll Taxes incl Workers Comp.	0		0
3.34	QA Professional: Purchased Service	0		0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	137,476		137,476

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3.37	Unit Clerk & Medical Records: Employee Benefits	6,833	117	6,716
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	12,969		12,969
3.39	Unit Clerk & Medical Records: Purchased Service	2,573		2,573
3.700	Subtotal: Unit Clerk and Medical Record Expenses	159,851		159,734
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	98,405		98,405
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	4,891	84	4,807
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	9,284		9,284
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	67,050		67,050
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	179,630		179,546
3.44	Behavioral Health Specialist: Salaries	0		0
3.45	Behavioral Health Specialist: Employee Benefits	0		0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.	0		0
3.47	Behavioral Health Specialist: Purchased Service	0		0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	211,136		211,136
3.49	Social Service Worker: Employee Benefits	10,494	180	10,314
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	19,919		19,919
3.51	Social Service Worker: Purchased Service	6,001		6,001
3.1000	Subtotal: Social Service Worker Expenses	247,550		247,370
3.52	Interpreters: Salaries	0		0
3.53	Interpreters: Employee Benefits	0		0
3.54	Interpreters: Payroll Taxes incl Workers Comp.	0		0
3.55	Interpreters: Purchased Service	0		0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries	0		0
3.57	Indirect Restorative Therapy: Employee Benefits	0		0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	0		0
3.59	Indirect Restorative Therapy: Consultants	51,946		51,946
3.60	Direct Restorative Therapy: Salaries	0	0	0

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3.61	Direct Restorative Therapy: Benefits	0	0	0
3.62	Direct Restorative Therapy: Consultants	736,872	736,872	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	788,818		51,946
3.64	Recreational Therapy/Activities: Salaries	113,616		113,616
3.65	Recreational Therapy/Activities: Employee Benefits	5,647	97	5,550
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	10,719		10,719
3.67	Recreational Therapy/Activities: Purchased Service	5,229		5,229
3.68	Recreational Therapy/Activities: Supplies and Expenses	3,434		3,434
3.69	Recreational Therapy/Activities: Transportation	0	0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	138,645		138,548
3.70	Resident Care Assistant: Salaries	0		0
3.71	Resident Care Assistant: Employee Benefits	0		0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.	0		0
3.73	Resident Care Assistant: Purchased Service	0		0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries	0		0
3.75	Security: Employee Benefits	0		0
3.76	Security: Payroll Taxes including Workers Comp.	0		0
3.77	Security: Purchased Service	0		0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	0		0
3.79	Variable Other Required Education	0		0
3.80	Variable Job Related Education	0		0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion	0		0
3.82	Physician Services: Medical Director	110,702		110,702
3.83	Physician Services: Advisory Physician	0		0
3.84	Physician Services: Utilization Review Committee	0		0
3.85	Physician Services: Employee Physicals	0		0
3.86	Physician Services: Other	0		0
3.87	Legend Drugs	477,777	477,777	0
3.88	Personal Protective Equipment	476		476

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3.89	House Supplies Not Resold	218,657		218,657
3.90	House Supplies Resold to Private Residents	0	0	0
3.91	House Supplies Resold to Public Residents	0	0	0
3.92	Pharmacy Consultant	6,963		6,963
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	814,575		336,798
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,865,947		3,649,857
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		24,572	24,572
3.1800	Subtotal: Variable Recoverable Income	0		24,572
300	Total: Net Variable Expenses Including Recoverable Income	4,865,947		3,625,285

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Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	161,481	(134,931)	296,412
4.2	Long-Term Interest Expense SNF-CR	0		0
4.3	Long-Term Interest Expense REA-CR		125,214	125,214
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR	0		0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	375		375
4.7	Building Insurance Expense REA-CR		12,117	12,117
4.8	Real Estate Tax Expense SNF-CR	0		0
4.9	Real Estate Tax Expense REA-CR		40,602	40,602
4.10	Personal Property Tax Expense SNF-CR	3,958		3,958
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR	0		0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	372,480	372,480	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	538,294		478,678
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	0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	538,294		478,678

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Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	14,263,392		11,528,296
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	14,263,392		11,358,610

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

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

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

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

Financial Statement of Operations

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	13,376,610
1A.2	Other Revenue	680,175
1A.3	Net Assets Released from Restriction	0
1A.100	Total Operating Revenue	14,056,785
1A.4	Salaries and Wages	6,480,333
1A.5	Employee Benefits	322,097
1A.6	Supplies and Other (including Payroll Taxes)	7,154,503
1A.7	Interest Expense	0
1A.8	Provision for Bad Debt	144,978
1A.9	Depreciation and Amortization Expenses	161,481
1A.200	Total Operating Expenses	14,263,392
1A.300	Income(Loss) from Operations	(206,607)
	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)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(206,607)
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)	(206,607)

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Detail of Extraordinary Items

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

Detail of Changes in Accounting Principles

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

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Cost Reported Statement of Operations		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	14,056,785
2.2	Total Nursing Expenses (Schedule 3)	5,933,660
2.3	Total Administrative and General Expenses (Schedule 3)	2,925,491
2.4	Total Variable Expenses (Schedule 3)	4,865,947
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	538,294
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	14,263,392
200	Cost Reported Net Income(Loss)	(206,607)

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)		(206,607)
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)		(206,607)

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	763,854
1.2	Short-Term Investments	0
1.3	Current Portion Assets Whose Use is Limited	0
1.4	Other Cash and Equivalents	0
1.5	Payer Accounts Receivable	1,822,973
1.6	Less Reserve for Bad Debt	(79,392)
1.100	Subtotal: Net Patient Accounts Receivable	1,743,581
1.7	Receivable from Officers/Owners/Employees	0
1.8	Receivable from Affiliates/Related Parties	4,097,072
1.9	Interest Receivable	0
1.10	Supply Inventory	0
1.11	Other Receivables	0
1.12	Prepaid Interest	0
1.13	Prepaid Insurance	306,070
1.14	Prepaid Taxes	0
1.15	Other Prepaid Expenses	25,013
1.16	Capitalized Pre-Opening Costs	0
1.17	Other Current Assets	398,102
100	Total Current Assets	7,333,692

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Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1	FY22 Cost Receivables	5,697
1A.2	Right of Use Asset	674,675
1A.3	Accumulated Amortization - ROU	(282,270)
1A.4		
1A.5		
1A.6		
1A.7		
1A.8		
1A.9		
1A.10		
1A.100	Subtotal: Other Current Assets	398,102
Non-Current Fixed Assets		
Table 2	1	2
Line #	Description	Account Balance
2.1	Land	0
2.2	Buildings	0
2.3	Improvements	1,209,376
2.4	Equipment	388,065
2.5	Software/Limited Life Assets	0
2.6	Motor Vehicles	0
200	Total Non-Current Fixed Assets	1,597,441

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Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	8,400,000
3.2	Non-Current Assets Whose Use is Limited	0
3.3	Other Deferred Charges and Non-Current Assets	150,000
3.4	Construction in Progress	24,477
3.5	Mortgage Acquisition Costs	0
3.6	Accumulated Amortization of Mortgage Acquisition Costs	0
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	8,574,477

Detail of Other Deferred Charges and Non-Current Assets

Table 3A	1	2
Line #	Description	Account Balance
3A.1	Insurance Claim Receivable	150,000
3A.2		
3A.3		
3A.4		
3A.5		
3A.6		
3A.7		
3A.8		
3A.9		
3A.10		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	150,000

Total Assets

Table 4		1
Line #	Description	Account Balance
400	Total Assets	17,505,610

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Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	558,702
5.2	Accrued Expenses	399,340
5.3	Due to Insurance Payers	429,431
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	0
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	0
5.7	Accrued Salaries and Payroll Liabilities	446,137
5.8	State and Federal Taxes Payable	81,372
5.9	Accrued Interest Payable	0
5.10	Other Current Liabilities	535,500
500	Total Current Liabilities	2,450,482

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Audit Case Log 2018	(144)
5A.2	Pharmacy Prescription Repay	(365)
5A.3	Deferred Revenue	48,466
5A.4	Litigation Obligation	150,000
5A.5	Lease Liability- CP	292,543
5A.6	State Income Tax Payable	45,000
5A.7		
5A.8		
5A.9		
5A.10		
5A.100	Subtotal: Other Current Liabilities	535,500

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	0
6.2	Due to Related Parties, Subsidiaries, and Affiliates	6,231,632
6.3	Other Long-Term Debt	99,862
600	Total Non-Current Liabilities	6,331,494

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	8,781,976

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

Table 8						
Table 8C		1	2	3	4	5
Corporation						
Line #	Description	Capital Stock	Treasury Stock	Additional Paid-in	Retained Earnings	Total
8C.1	Owner's Equity Balance: Prior Year	0	0	1,000	8,929,241	8,930,241
8C.2	Prior Period Adjustment(s)				0	0
8C.3	Sale of Capital Stock	0				0
8C.4	Purchase or Sale Treasury Stock		0			0
8C.5	Additional Paid-in Capital			0		0
8C.6	SNF-CR Net Income/(Loss)				(206,607)	(206,607)
8C.7	Dividends Paid					0
8C.100	Owner's Equity Balance: Current Year	0	0	1,000	8,722,634	8,723,634

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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.2		
8D.3		
8D.4		
8D.5		
8D.6		
8D.7		
8D.8		
8D.9		
8D.10		
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)	17,505,610

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SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation on Beginning Balance	Current Year Depreciation	Accumulated Depreciation on Ending Balance	Financial Statement Net Book Value
1.1	Land	0	0	0	0				0
1.2	Building	0	0	0	0	0	0	0	0
1.3	Improvements	2,039,612	29,910	0	2,069,522	(762,576)	(97,570)	(860,146)	1,209,376
1.4	Equipment	1,655,596	49,805	0	1,705,401	(1,254,700)	(62,636)	(1,317,336)	388,065
1.5	Software/Limited Life Assets	39,236	0	0	39,236	(37,961)	(1,275)	(39,236)	0
1.6	Motor Vehicles	0	0	0	0	0	0	0	0
100	Total	3,734,444	79,715	0	3,814,159	(2,055,237)	(161,481)	(2,216,718)	1,597,441

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	0	0	0	0	0				
2.2	Land REA-CR	320,092	0	0	0	0	320,092				
2.3	Building SNF-CR	0	0	0	0	0	0		0	0	0
2.4	Building REA-CR	5,447,210	0	0	0	0	5,447,210			121,983	121,983
2.5	Improvements SNF-CR	2,039,602	0	29,910	0	0	2,069,512	5.00%	97,570	0	97,570
2.6	Improvements REA-CR	147,961	0	0	0	0	147,961	5.00%		12,948	12,948
2.7	Equipment SNF-CR	1,746,732	0	49,805	0	0	1,796,537	10.00%	62,636	0	62,636

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2.8	Equipment REA-CR	86,057	0	0	0	0	86,057	10.00%		0	0
2.9	Software/Limited Life Assets SNF-CR	39,236	0	0	0	0	39,236	33.33%	1,275	0	1,275
2.10	Software/Limited Life Assets REA-CR	0	0	0	0	0	0	33.33%		0	0
200	Total Claimed Fixed Assets	9,826,890	0	79,715	0	0	9,906,605		161,481	134,931	296,412

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1989
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?	3,750,000
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	66
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	33,390
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	33,090
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	0
3.10	What is the total acreage of the facility site?	3.7
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

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)	9,551,307

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(206,607)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	0
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(8,501,131)
200	Net Cash from Operating Activities	(8,707,738)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(79,715)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(79,715)

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	
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	0

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(8,787,453)
500	Cash and Cash Equivalents (End of Year)	763,854

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	08/01/2021	123			123	169
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.	123				
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	4,169	105		8,515	813	17,778
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)	4					248
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	4,173	105	0	8,515	813	18,026

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7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of-State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
	2,355						1,797	35,532
								0
								0
								0
								0
								0
								0
								0
	41							293
								0
								0
								0
0	2,396	0	0	0	0	0	1,797	35,825

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	433
3.2	0140.1	Number of MassHealth Admissions During Year	21
3.3	0150.0	Number of Discharges During Year	314
3.4	0190.0	Average Length of Stay	114
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	262
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	101

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SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	671,836	28,156.0	1,576,309	30,509.0	1,555,438	70,480.0
1.2	Total Overtime Wages	45,154	654.0	122,286	2,258.0	191,593	5,799.0
1.3	Total Shift Differential	27,512		79,943		121,261	
1.4	Total Other Differentials						
100	Total	744,502	28,810.0	1,778,538	32,767.0	1,868,292	76,279.0

<i>Detail of Nursing Services Shift Differentials</i>						
Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	2.50	2.50	2.00	3.80	3.80
2.2	Licensed Practical Nurses	2.50	2.50	2.00	3.80	3.80
2.3	Certified Nurse Aides	2.50	2.00	2.00	3.50	3.50

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Detail of Staff and Hours by Position				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development		0.0	
3.2	Plant Operations	3	1.9	3,848.0
3.3	Dietary Staff	44	12.8	26,544.0
3.4	Dietician		0.0	
3.5	Housekeeping/Laundry Staff	22	13.4	27,835.0
3.6	Unit Clerk & Medical Records Staff	7	3.1	6,509.0
3.7	Quality Assurance		0.0	
3.8	MMQ Nurses and MDS Coordinator		0.0	
3.9	Social Services Staff	3	3.0	6,300.0
3.10	Interpreters		0.0	
3.11	Restorative Therapy - Direct Staff		0.0	
3.12	Restorative Therapy - Indirect Staff		0.0	
3.13	Recreational Staff	12	3.1	6,359.0
3.14	Administration and Officers	2	1.0	1,995.0
3.15	Security Staff		0.0	
3.16	Clerical Staff	17	4.0	8,319.0
3.17	Director of Nurses	1	0.5	1,054.0
3.18	Registered Nurses	46	13.9	28,810.0
3.19	Licensed Practical Nurses	35	15.8	32,767.0
3.20	Certified Nurse Aides	86	36.7	76,279.0
3.21	Resident Care Assistants		0.0	
3.22	Behavioral Health Specialist Staff		0.0	
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	278	109.0	226,619.0

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies			#Error						
Registered Temporary Nursing Service Agencies										
4.2	CONNECTRN INC	TGKV	2,245.3	166,973	2,667.0	179,386	4,856.0	180,637		
4.3			182.8	12,457	351.3	23,244				
4.4			316.8	20,273			720.5	24,596		
4.5	Paramount Healthcare Services	TNVC	337.5	24,270	9.0	556	951.3	38,044		
4.6			28.3	1,414	335.0	7,795	648.0	15,130		
4.7		TOIY					88.8	3,210		
4.8	Maxim Healthcare Services - TNS Tauton	T48J			562.3	42,633				
4.200	Subtotal: Registered Temporary Nursing Service Agencies		3,110.7	225,387	3,924.6	253,614	7,264.6	261,617	0.0	0
400	Total Temporary Nursing Service Agency Expenses		3,110.7	225,387	3,924.6	253,614	7,264.6	261,617	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	Botev	Peter	RN	Nursing	149,966	0	0	149,966
5.2	Eleniefsky	Cara	LPN	Nursing	122,679	0	0	122,679
5.3	Lebrun	Peter	Administrator	Administrative & General	131,518	0	0	131,518
5.4	Howland	Jennifer	MDS Coord. RN	Nursing	117,946	0	0	117,946
5.5	Olival	Bette	LPN	Nursing	117,620	0	0	117,620

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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	Arcidi	Philip							0
6C.2	Arcidi	Alfred							0
6C.3	Arcidi	Michael							0
6C.4									0
6C.5									0
6C.6									0
									0

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

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1										
1.2										
1.3										
1.4										
1.5										
100	TOTALS								0	0

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11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
					0				0
					0				0
					0				0
					0				0
					0				0
					0				0
					0		0	0	0

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Working Capital Debt

Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginnin g Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1							0		
2.2							0		
2.3							0		
2.4							0		
2.5							0		
200	Total Working Capital Interest						0		0

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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

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

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
08/24/2023 2:07PM	(1) Footnotes and Explanations	Footnotes and Explanations.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/24/2023 2:07PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/24/2023 2:07PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/24/2023 2:07PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Thomas Moore
08/24/2023 2:12PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Thomas Moore

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Matthew S. Bovolack
1.2	Nursing Facility or Firm Name	Marcum LLP
1.3	Title	Principal
1.4	Street Address	555 Long Wharf Drive
1.5	City	New Haven
1.6	State	Connecticut
1.7	Zip Code	06511
1.8	Phone Number	+1 (203) 781-9600
1.9	Email Address	Matthew.Bovolack@marcumllp.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	08/24/2023

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

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Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	09/13/2023
2.3	Last Name	Arcidi
2.4	First Name	Philip
2.5	Middle Name	M.
2.6	Title	Vice President of Finance
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