

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	THOMAS UPHAM HOUSE
1.2	MassHealth Provider ID	110026226A
1.3	Federal Employer Tax ID	042920442
1.4	VPN	0916986
1.5	Is the above information correct?	Yes
1.6	Facility Number	00519
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	519 Main Street
1.11	City	Medfield, MA
1.12	Zip	02052
1.13	Telephone	+1 (508) 359-6050
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.	Rehabilitation Associates, Inc
1.19	List the name of the entity that holds the nursing facility license.	519 Main Street, Inc
1.20	List realty company names as reported on each realty company cost report.	519 Main, 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
THOMAS UPHAM HOUSE
Filing Year: 2022

Date: 11/28/2023
Time: 11:51 AM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Jonathan Langfield
2.2	Nursing Facility or Firm Name	CliftonLarsonAllen, LLP
2.3	Title	CPA
2.4	Street Address	4 Batterymarch Park, Suite 100
2.5	City	Quincy
2.6	State	MA
2.7	Zip Code	02369
2.8	Phone Number	+1 (617) 984-8100
2.9	Email Address	jonathan.langfield@claconnect.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<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	Jonathan Langfield
3.3	Nursing Facility or Firm Name	CliftonLarsonAllen, LLP
3.4	Title	CPA
3.5	Street Address	4 Batterymarch Park, Suite 100
3.6	City	Quincy
3.7	State	MA
3.8	Zip Code	02369
3.9	Phone Number	+1 (617) 984-8100
3.10	Email Address	jonathan.langfield@claconnect.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

Owner Business Information

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

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

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,117,950		1,117,950
1.2	Commercial Managed Care	42,179		42,179
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	1,226,816	89,934	1,316,750
1.5	Medicare Managed Care (Part C)			0
1.6	MassHealth Fee-for-Service	1,218,090		1,218,090
1.7	MassHealth Managed Care			0
1.8	Senior Care Options			0
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	465,540		465,540
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public	36,993		36,993
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	4,107,568	89,934	4,197,502

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**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

Other Nursing Facility Revenue

Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	228,045
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	8,800
3.6	Prior Year Retroactive Revenue	13,806
3.7	Interest Income	
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	250,651

Detail of Endowment and Non-Recoverable Revenue

Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Testing Revenue	228,045
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		228,045

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	4,448,153

Skilled Nursing Facility Cost Report

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

SCHEDULE 3 : EXPENSES

Nursing Expenses

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	148,428		148,428
1.2	Director of Nurses: Employee Benefits	8,728		8,728
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	13,616		13,616
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	170,772		170,772
1.7	Registered Nurses: Salaries	351,461		351,461
1.8	Registered Nurses: Employee Benefits	20,666		20,666
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	32,241		32,241
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	567	0	567
1.200	Subtotal: Registered Nurses Expenses	404,935		404,935
1.12	Licensed Practical Nurses: Salaries	361,560		361,560
1.13	Licensed Practical Nurses: Employee Benefits	21,260		21,260
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	33,168		33,168
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	5,717	0	5,717
1.300	Subtotal: Licensed Practical Nurses Expenses	421,705		421,705
1.17	Certified Nurse Aides: Salaries	883,505		883,505
1.18	Certified Nurse Aides: Employee Benefits	51,953		51,953
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	81,046		81,046
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	36,009	0	36,009
1.400	Subtotal: Certified Nurse Aides Expenses	1,052,513		1,052,513

Skilled Nursing Facility Cost Report

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	2,049,925		2,049,925

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	2,049,925		2,049,925

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			0
2.2	Administration: Employee Benefits			0
2.3	Administration: Payroll Taxes incl Workers Comp.			0
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	0		0
2.7	Clerical Staff: Salaries	64,729		64,729
2.8	Clerical Staff: Employee Benefits	3,806		3,806
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	5,938		5,938
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	74,473		74,473
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	8,836		8,836
2.12	Office Supplies	17,997		17,997
2.13	Telecommunications (e.g. Internet, Phone)	4,769		4,769

Skilled Nursing Facility Cost Report

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings			0
2.16	Advertising: Help Wanted			0
2.17	Licenses and Dues: Patient Care Related Portion	4,379		4,379
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	27,000		27,000
2.20	Insurance: Malpractice & General Liability	27,269		27,269
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	40	40	0
2.23	Non-Allowable A & G Expenses	801,253	801,253	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		500	500
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		380,934	380,934
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		3,121	3,121
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	891,543		474,805
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	966,016		549,278
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	966,016		549,278

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Donations	40
2A.100	Subtotal: Other A&G Expenses	40

Skilled Nursing Facility Cost Report

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	8,531
2B.2	Licenses and Dues: Not Related to Resident Care	750
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	
2B.7	Key Person Insurance	6,243
2B.8	Management Company Fees	575,000
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	186
2B.15	User Fee Assessment	210,543
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	801,253

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
3.2	Staff Dev. Coord.: Employee Benefits			0
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.			0
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	36,374		36,374
3.6	Plant Operation: Employee Benefits	2,139		2,139
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	3,337		3,337

Skilled Nursing Facility Cost Report

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

3.8	Plant Operation: Purchased Service	42,350		42,350
3.9	Plant Operation: Supplies and Expenses	22,913		22,913
3.10	Plant Operation: Utilities	90,859		90,859
3.11	Plant Operation: Repairs			0
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	197,972		197,972
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service	10,470		10,470
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	10,470		10,470
3.18	Dietary: Salaries	225,174		225,174
3.19	Dietary: Employee Benefits	13,240		13,240
3.20	Dietary: Payroll Taxes incl Workers Comp.	20,656		20,656
3.21	Dietary: Food	136,293		136,293
3.22	Dietary: Purchased Service	2,361		2,361
3.23	Dietary: Supplies and Expenses	18,988		18,988
3.400	Subtotal: Dietary Expenses	416,712		416,712
3.24	Housekeeping/Laundry: Salaries	131,581		131,581
3.25	Housekeeping/Laundry: Employee Benefits	7,737		7,737
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	12,070		12,070
3.27	Housekeeping/Laundry: Purchased Service	1,427		1,427
3.28	Housekeeping/Laundry: Supplies and Expenses	4,587		4,587
3.29	Housekeeping/Laundry: Linen and Bedding	1,313		1,313
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	158,715		158,715
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			0

Skilled Nursing Facility Cost Report

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

3.37	Unit Clerk & Medical Records: Employee Benefits			0
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.			0
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	0		0
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	82,231		82,231
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	4,835		4,835
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	7,543		7,543
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	94,609		94,609
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	74,542		74,542
3.49	Social Service Worker: Employee Benefits	4,382		4,382
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	6,838		6,838
3.51	Social Service Worker: Purchased Service			0
3.1000	Subtotal: Social Service Worker Expenses	85,762		85,762
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	26,291		26,291
3.57	Indirect Restorative Therapy: Employee Benefits	1,546		1,546
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	2,412		2,412
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries	40,509	40,509	0

Skilled Nursing Facility Cost Report

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

3.61	Direct Restorative Therapy: Benefits	6,097	6,097	0
3.62	Direct Restorative Therapy: Consultants	110,525	110,525	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	187,380		30,249
3.64	Recreational Therapy/Activities: Salaries	57,583		57,583
3.65	Recreational Therapy/Activities: Employee Benefits	3,386		3,386
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	5,282		5,282
3.67	Recreational Therapy/Activities: Purchased Service	2,375		2,375
3.68	Recreational Therapy/Activities: Supplies and Expenses	5,592		5,592
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	74,218		74,218
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	8,106		8,106
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	14,400		14,400
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals	1,995		1,995
3.86	Physician Services: Other			0
3.87	Legend Drugs	61,440	61,440	0
3.88	Personal Protective Equipment			0

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

3.89	House Supplies Not Resold	309,729		309,729
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	1,760		1,760
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	397,430		335,990
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	1,623,268		1,404,697
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	1,623,268		1,404,697

Skilled Nursing Facility Cost Report
THOMAS UPHAM HOUSE
Filing Year: 2022

Date: 11/28/2023
Time: 11:51 AM

Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	17,790	(18,759)	36,549
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR			0
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR	5,519		5,519
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR		24,247	24,247
4.10	Personal Property Tax Expense SNF-CR	456		456
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR			0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR	25,000	25,000	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	48,765		66,771
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	48,765		66,771

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	4,687,974		4,070,671
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	4,687,974		4,070,671

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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

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

Other Business Revenue

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

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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	4,197,502
1A.2	Other Revenue	22,606
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	4,220,108
1A.4	Salaries and Wages	2,483,968
1A.5	Employee Benefits	373,922
1A.6	Supplies and Other (including Payroll Taxes)	1,812,108
1A.7	Interest Expense	
1A.8	Provision for Bad Debt	186
1A.9	Depreciation and Amortization Expenses	17,790
1A.200	Total Operating Expenses	4,687,974
1A.300	Income(Loss) from Operations	(467,866)
	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)	228,045
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(239,821)
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)	(239,821)

Skilled Nursing Facility Cost Report
THOMAS UPHAM HOUSE
Filing Year: 2022

Date: 11/28/2023
Time: 11:51 AM

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

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

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	4,448,153
2.2	Total Nursing Expenses (Schedule 3)	2,049,925
2.3	Total Administrative and General Expenses (Schedule 3)	966,016
2.4	Total Variable Expenses (Schedule 3)	1,623,268
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	48,765
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	4,687,974
200	Cost Reported Net Income(Loss)	(239,821)

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

Reconciliation Between Financial Statement and Cost Report Net Income

Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		(239,821)
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)		(239,821)

Skilled Nursing Facility Cost Report
THOMAS UPHAM HOUSE
Filing Year: 2022

Date: 11/28/2023
Time: 11:51 AM

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	145,250
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	409,857
1.6	Less Reserve for Bad Debt	(37,200)
1.100	Subtotal: Net Patient Accounts Receivable	372,657
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	229,899
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	13,502
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
100	Total Current Assets	761,308

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

Skilled Nursing Facility Cost Report
THOMAS UPHAM HOUSE
Filing Year: 2022

Date: 11/28/2023
Time: 11:51 AM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	39,330
2.4	Equipment	79,004
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	118,334

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

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	0

Skilled Nursing Facility Cost Report
THOMAS UPHAM HOUSE
Filing Year: 2022

Date: 11/28/2023
Time: 11:51 AM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	879,642

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	297,128
5.2	Accrued Expenses	
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	134,044
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	420
500	Total Current Liabilities	431,592

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	resident trust	420
5A.100	Subtotal: Other Current Liabilities	420

Skilled Nursing Facility Cost Report
THOMAS UPHAM HOUSE
Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	431,592

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	1,000		146,877	839,993	987,870
8C.2	Prior Period Adjustment(s)				1	1
8C.3	Sale of Capital Stock					0
8C.4	Purchase or Sale Treasury Stock					0
8C.5	Additional Paid-in Capital					0
8C.6	SNF-CR Net Income/(Loss)				(239,821)	(239,821)
8C.7	Dividends Paid				(300,000)	(300,000)
8C.100	Owner's Equity Balance: Current Year	1,000	0	146,877	300,173	448,050

Prior Period Adjustments

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

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

Skilled Nursing Facility Cost Report
THOMAS UPHAM HOUSE
Filing Year: 2022

Date: 11/28/2023
Time: 11:51 AM

<i>Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)</i>		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	879,642

Skilled Nursing Facility Cost Report

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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	86,013			86,013	(42,784)	(3,899)	(46,683)	39,330
1.4	Equipment	428,934			428,934	(336,039)	(13,891)	(349,930)	79,004
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles	62,684			62,684	(62,684)		(62,684)	0
100	Total	577,631	0	0	577,631	(441,507)	(17,790)	(459,297)	118,334

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	70,000					70,000				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	242,405					242,405	3.05%		17,313	17,313
2.5	Improvements SNF-CR	642,661					642,661	5.00%	3,899		3,899
2.6	Improvements REA-CR	750,750					750,750	5.00%		1,446	1,446
2.7	Equipment SNF-CR	424,153					424,153	10.00%	13,891		13,891
2.8	Equipment REA-CR						0	10.00%			0

Skilled Nursing Facility Cost Report

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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	2,129,969	0	0	0	0	2,129,969		17,790	18,759	36,549

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1962
3.2	What was the date of the most recent assessed property value of this facility?	04/20/2005
3.3	What was the value from the most recent municipal property assessment for this facility?	1,277,000
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?	42
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	13,138
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	6,762
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?	2.0
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?	No

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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)	580,648

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(239,821)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	17,790
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(213,367)
200	Net Cash from Operating Activities	(435,398)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	0

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	(435,398)
500	Cash and Cash Equivalents (End of Year)	145,250

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	07/06/2020	42			42	42
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.	42				
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	2,848	82	1,776		6,217	
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	2,848	82	1,776	0	6,217	0

Skilled Nursing Facility Cost Report
THOMAS UPHAM HOUSE
 Filing Year: 2022

Date: 11/28/2023
 Time: 11:51 AM

7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of- State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
					134			11,057
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
0	0	0	0	0	134	0	0	11,057

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	47
3.2	0140.1	Number of MassHealth Admissions During Year	3
3.3	0150.0	Number of Discharges During Year	51
3.4	0190.0	Average Length of Stay	217
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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	339,958	9,346.0	317,681	9,897.0	630,098	32,133.0
1.2	Total Overtime Wages	11,503	240.0	43,879	957.3	253,407	9,190.0
1.3	Total Shift Differential						
1.4	Total Other Differentials						
100	Total	351,461	9,586.0	361,560	10,854.3	883,505	41,323.0

Detail of Nursing Services Shift Differentials

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

Skilled Nursing Facility Cost Report
THOMAS UPHAM HOUSE
Filing Year: 2022

Date: 11/28/2023
Time: 11:51 AM

Detail of Staff and Hours by Position

Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development			
3.2	Plant Operations	3	0.6	1,171.4
3.3	Dietary Staff	15	5.9	12,319.8
3.4	Dietician			
3.5	Housekeeping/Laundry Staff	5	3.7	7,787.3
3.6	Unit Clerk & Medical Records Staff			
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	1	1.0	2,143.3
3.9	Social Services Staff	2	1.0	2,139.8
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	16	0.4	817.0
3.12	Restorative Therapy - Indirect Staff	16	0.3	521.0
3.13	Recreational Staff	5	1.3	2,690.3
3.14	Administration and Officers			
3.15	Security Staff			
3.16	Clerical Staff	3	1.4	2,886.3
3.17	Director of Nurses	1	1.0	2,071.0
3.18	Registered Nurses	9	4.6	9,586.0
3.19	Licensed Practical Nurses	8	5.2	10,854.3
3.20	Certified Nurse Aides	20	19.9	41,323.0
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	104	46.3	96,310.5

Skilled Nursing Facility Cost Report

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies									
Registered Temporary Nursing Service Agencies										
4.2	CareLink Services, Inc.	TVRW			62.0	4,948				
4.3	Care With Care Homehealthcare LLC	T2OJ					762.0	28,287		
4.4	Intelycare, Inc.	TM7F	7.5	567	7.3	769	200.0	7,722		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		7.5	567	69.3	5,717	962.0	36,009	0.0	0
400	Total Temporary Nursing Service Agency Expenses		7.5	567	69.3	5,717	962.0	36,009	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	Sarre	Samba	NA		148,720			148,720		
5.2	Lewis	Ashley	LPN		121,169			121,169		
5.3	Furtado	Adalberto	NA		114,746			114,746		
5.4	Katumba	Buyinza	NA		92,687			92,687		
5.5	Francis	Michelle	MDS		90,889			90,889		

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

Earnings and Compensation Disclosures

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

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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

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

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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

Skilled Nursing Facility Cost Report**THOMAS UPHAM HOUSE**

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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

Skilled Nursing Facility Cost Report

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

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

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

B) Unaudited Financial Statements: Unaudited financial statements for the reporting year.

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
09/11/2023 9:20AM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
09/11/2023 9:21AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
09/11/2023 9:21AM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Jonathan Langfield
09/11/2023 9:22AM	(1) Footnotes and Explanations	SNF-CR Footnotes.pdf	application/pdf	Jonathan Langfield
09/11/2023 9:25AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Jonathan Langfield

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Jonathan Langfield
1.2	Nursing Facility or Firm Name	CliftonLarsonAllen, LLP
1.3	Title	CPA
1.4	Street Address	4 Batterymarch Park, Suite 100
1.5	City	Quincy
1.6	State	MA
1.7	Zip Code	02369
1.8	Phone Number	+1 (617) 984-8100
1.9	Email Address	jonathan.langfield@claconnect.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	09/11/2023

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

THOMAS UPHAM HOUSE

Filing Year: 2022

Date: 11/28/2023

Time: 11:51 AM

Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	09/19/2023
2.3	Last Name	Thisse
2.4	First Name	Nicholas
2.5	Middle Name	H.
2.6	Title	Owner / President
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