

**Commonwealth of Massachusetts
Center for Health Information and Analysis**

**Nursing Facility Cost Report
2020 HCF-1**

Facility Name	BEAR MOUNTAIN AT ANDOVER
VPN	0950793
Provider ID	110158550A
Balance Sheet Date	12/31/2020
Reporting Period	From: 01/01/2020 To: 12/31/2020
Street Address	80 Andover Street
City	Andover
Zip	01810
Hospital Based Nursing Facility?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Management Company	Bear Mountain Management LLC
Realty Company	Sabra Healthcare REIT, Inc 0537

Is above information accurate: Yes No

Telephone	978-470-3434
Fax	978-475-7097
Federal Employee Tax ID Number	834050737

Is above information accurate: Yes No

Contact Person for this report:

Name	Jonathan Langfield
Firm (if not facility)	CliftonLarsonAllen LLP
Title	CPA
Street Address	300 Crown Colony Drive, Suite 310
City	Quincy
State	MA
Zip	02169
Telephone	617-984-8100
Fax	617-984-8150
E-mail address	jonathan.langfield@claconnect.com

Schedule1: General Information

Preparer Information: This section must be completed ONLY if this report is prepared by someone other than an Owner, Partner or Officer.

Firm Name	CliftonLarsonAllen LLP
Name of Contact	Jonathan Langfield
Title	CPA
Street Address	300 Crown Colony Drive, Suite 310
City	Quincy
State	MA
Zip	02169
Telephone	617-984-8100
Fax	617-984-8150
Email address	jonathan.langfield@claconnect.com
Type of Accounting Service Performed	Other

Other Business Activities(Check all that apply):

<input type="checkbox"/>	Child Day Care	<input type="checkbox"/>	Outpatient Services
<input type="checkbox"/>	Adult Day Health	<input type="checkbox"/>	Other(describe)
<input type="checkbox"/>	Assisted Living	<input type="checkbox"/>	Other(describe)
<input type="checkbox"/>	Chapter 766 Education	<input type="checkbox"/>	Other(describe)

Legal Status(check one):

<input type="checkbox"/>	Massachusetts Corporation (Chapter 156B)	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Massachusetts Corporation (Chapter 156B with 501c(3) exemption)	<input type="checkbox"/>	Governmental Entity
<input type="checkbox"/>	Massachusetts Non-Profit Corporation (Chapter 180)	<input type="checkbox"/>	Other For-Profit
<input checked="" type="checkbox"/>	Partnership	<input type="checkbox"/>	Other Non-Profit
<input type="checkbox"/>	Non Massachusetts Corporation	<input type="checkbox"/>	

Bed Licensure:

Below is the current bed information available at the Center for Health Information and Analysis. If you do not agree with the information listed, please check No below

	1	2	3	4	5
DPH Licensure Date	Skilled Nursing	Residential care	Pediatric	TOTAL (cols 1+2+3)	Constructed Capacity
11/21/2019	135	0	0	135	135

Is above Bed Licensure Information accurate: Yes No

Please enter the number of operating Medicare beds at the facility at the end of this reporting period: 135

Cost Report Related Questions:

		Yes	No	Description(if required)
1	Is this facility claiming any expenses allocated from a Management Company Report (HCF-3)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Is this facility claiming any expenses from a Realty Company Report (HCF-2-NH)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Does this report contain any accrued expenses which have been either unpaid or unfunded such as, for example, pension costs, self-insured workers' compensation, or any other self-insured expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, the unpaid or unfunded portions should be self-disallowed.
4	Does this report and claim for reimbursement include any amounts for services of non-paid workers as provided for in 101 CMR 206.00?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, provide a schedule of amounts and account numbers on the Footnotes and Explanations section and send a copy of the required agreement if not previously submitted.
5	Have you reported any individual's salary in more than one account, i.e., cost splitting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If so, explain on the Footnotes and Explanations section, giving method of allocation, amount and account numbers.
6	Have you reported any costs on this HCF-1 that come directly from the management company, in addition to what has been allocated through Schedule 10 of the HCF-3?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, explain in detail in the Footnotes and Explanations section of this report giving the account(s) and the dollar amount(s) of the entry.
7	Except for accruals made pursuant to FASB-43, i.e. vacation and sick time earned but not yet paid, do all accruals represent expenses incurred only during the current reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If No, provide details and explanations on the Footnotes and Explanations section.
8	Were there any additions or renovations subject to a Determination of Need? If so, please describe the project.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9	What is the original date the facility was built?	<input type="checkbox"/>	<input type="checkbox"/>	08/01/1992
10	What was the date and value of the most recent assessed property value of this facility?	<input type="checkbox"/>	<input type="checkbox"/>	Date: 01/01/2015 Assessed Value: 4,360,500

1. Please enter the name(s), address(es) and % share of all direct and indirect Owners with an interest of 5% or more in this facility. See instructions for a definition of "Owner".

Direct or Indirect	ID	Name of Owner(s)	Address	%Share
Indirect	C5125	Scott Ziskin	130 S Main Street, Suite 203, Thomaston, CT 06787	34
Indirect	C18213	John Wynne	876 East Broadway, Milford, CT 06460	33
Indirect	C22627	Thomas Doyle	45 Marthas Way, Thomaston, CT 06787	33
Direct	O14451	Bear Mountain Healthcare LLC	130 South Main Street, Suite 207, Thomaston, CT 06787	100

2. List the name(s) of any Massachusetts nursing homes or rest homes in which the owners listed in item #1 own, directly or indirectly, an interest of 5% or more.

Facility Name	VPN	Name of Owner(s)
BEAR MOUNTAIN AT READING	0950796	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
BEAR MOUNTAIN AT SUDBURY	0950799	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
BEAR MOUNTAIN AT WEST SPRINGFIELD	0950808	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
BEAR MOUNTAIN AT WORCESTER	0950802	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
BELVIDERE HEALTHCARE	0950811	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
BLUE HILLS HEALTH & REHABILITATION CENTER	0950781	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
BRIGHAM HEALTH & REHABILITATION CENTER	0950778	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle

Facility Name	VPN	Name of Owner(s)
CARVALHO GROVE HEALTH & REHABILITATION	0950775	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
CEDARWOOD GARDENS	0950769	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
CHESTNUT HILL OF EAST LONGMEADOW	0950805	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
COUNTRY GARDENS HEALTH & REHABILITATION CENTER	0950772	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
GREAT BARRINGTON NURSING & REHABILITATION	0950696	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
MATTAPAN HEALTH & REHAB CTR	0950727	John Wynne Jr. Scott Ziskin Thomas Doyle II.
PARKWAY HEALTH & REAHB CTR	0950724	John Wynne Jr. Scott Ziskin Thomas Doyle II.
SIXTEEN ACRES HEALTHCARE CENTER	0950814	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
TIMBERLYN HEIGHTS NURSING & REHABILITATION	0950695	Bear Mountain Healthcare LLC John Wynne Scott Ziskin Thomas Doyle
WEST ROXBURY HEALTH & REHAB CTR	0950718	John Wynne Jr. Scott Ziskin Thomas Doyle II.

3.If not filing an HCF-3 report, list the name(s) of any non-Massachusetts nursing homes or rest homes in which the owners listed in item #1 own, directly or indirectly, an interest of 5% or more.

X Not Applicable

4. List any indebtedness (mortgages, deeds, trust instruments, notes or other financial information) between the facility and any direct or indirect owners listed in item #1. (For example, if the owner borrowed \$x from the facility, report the owner as 'Borrower'. If the facility borrowed \$y from the owner, list the facility as 'Borrower'.

5. Indicate any entity, person or related party as defined in REGULATION 114.2 CMR 6.00 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.)

Disclose the name of the owner in Schedule 20 if not on the list.

Entity/Person	Goods / Services	Billing / Compensation	Mark up	Cost	Account Posted	Name of Owner
Fusion Therapy	Rehab Services	27,475	0	27,475	7014.3	Scott Ziskin
Bear Mountain Management	Management Fee	476,758	0	476,758	4160.3	Scott Ziskin

6. Has there been any change of ownership during the reporting year? **Yes X No**

Transaction Date	Purchased From	Purchased by
------------------	----------------	--------------

7.If the facility is rented and an HCF-2-NH was filed, please enter the name(s), address(es), and % share of all direct and indirect Owners of the realty company with an interest of 5% or more as shown on the HCF-2-NH, Schedule 1, Question #1. See instructions for the definition of "Owner".

Direct or Indirect	Name of Realty Co. Direct and Indirect Owner(s) (Corp Name or Last Name,First Name,MI)	Address (Street, City, State, Zip)	% Share
Direct	SABRA Healthcare Limited Partnership	18500 Von Karman Ave., Suite 550,Irvine,CA 92612	100
Indirect	Sabra Health Care REIT, Inc.	18831 Von Karman Avenue, Suite 400,Irvine,CA 92612	100

8.If the facility is rented and an HCF-2-NH was filed, are the owners listed in question 7 related to any non-Massachusetts nursing and/or rest homes?

If Yes, please report facilities on Schedule 1 of HCF-2-NH.

No

9.If the facility is rented and an HCF-2-NH was filed, what is the reporting period of the HCF-2-NH realty company data? These dates should correspond to the HCF-2-NH cost report submitted to the Center.

From	To
01/01/2020	12/31/2020

10. Has the realty company changed ownership during the reporting period?

Call the Center at (617)-701-8297 for clarification.

No

Schedule 2: Nursing Expenses

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
6020.1	Director of Nurses :Salaries	153,735	0	153,735
4426.8	Director of Nurses: Group Life/Health Insurance	13,878	0	13,878
4336.3	Director of Nurses :Pension	0	0	0
4340.3	Director of Nurses :Benefits Other	2,342	0	2,342
4407.2	Director of Nurses :Payroll Taxes	12,106	0	12,106
4427.1	Director of Nurses :Workers' Compensation	2,295	0	2,295
9962.3	HCF-3 DON Add-back(HCF-3, Sch.10 part 2) **		(0)	0
4620.0	SUBTOTAL: DIRECTOR OF NURSES	184,356	0	184,356
6030.1	RN: Salaries	641,272	0	641,272
7429.2	RN: Group Life/Health Insurance	57,660	0	57,660
7529.2	RN: Pension	0	0	0
7629.3	RN: Benefits Other	7,998	0	7,998
7729.2	RN: Payroll Taxes	50,199	0	50,199
7829.3	RN: Workers' Compensation	9,275	0	9,275
4630.0	SUBTOTAL: RN	766,404	0	766,404
6041.1	LPN: Salaries	770,977	0	770,977
7430.2	LPN: Group Life/Health Insurance	69,322	0	69,322
7530.2	LPN: Pension	0	0	0
7630.3	LPN: Benefits Other	9,616	0	9,616
7730.2	LPN: Payroll Taxes	60,352	0	60,352
7830.3	LPN: Workers' Compensation	11,151	0	11,151
4640.0	SUBTOTAL :LPN	921,418	0	921,418
6051.1	CNA: Salaries	1,108,113	0	1,108,113
7431.2	CNA: Group Life/Health Insurance	99,635	0	99,635
7531.2	CNA: Pension	0	0	0
7631.3	CNA: Benefits Other	13,818	0	13,818
7731.2	CNA: Payroll Taxes	86,742	0	86,742
7831.3	CNA: Workers' Compensation	16,028	0	16,028
4650.0	SUBTOTAL :CNA	1,324,336	0	1,324,336
6025.1	DON Purchased Service: Per Diem	0	0	0
6025.2	DON Purchased Service: Temporary Agency Staff**	0		0
6025.3	SUBTOTAL: DON PURCHASED SERVICE	0	0	0
6035.1	RN Purchased Service: Per Diem	0	0	0
6035.2	RN Purchased Service: Temporary Agency Staff**	23,710		23,710
6035.3	SUBTOTAL: RN PURCHASED SERVICE	23,710	0	23,710

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
6042.1	LPN Purchased Service: Per Diem	0	0	0
6042.2	LPN Purchased Service: Temporary Agency Staff**	14,180		14,180
6042.3	SUBTOTAL: LPN PURCHASED SERVICE	14,180	0	14,180
6052.1	CNA Purchased Service: Per Diem	0	0	0
6052.2	CNA Purchased Service: Temporary Agency Staff**	8,699		8,699
6052.3	SUBTOTAL: CNA PURCHASED SERVICE	8,699	0	8,699
4306.5	Nurses' Aide Training Administration *	0	0	
4306.6	Nursing Other Required Education	0	0	0
4306.7	Nursing Job Related Education	0	0	0
3192.0	Nursing Recoverable Revenue **			()
3195.0	Director of Nurses Recoverable Revenue**			()
4660.0	SUBTOTAL : OTHER NURSING	0	0	0
4610.0	TOTAL NURSING EXPENSES	3,243,103	0	3,243,103

* Non-allowable Expense

** See Instructions

Schedule 3: Administrative and General Expenses

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4110.1	Administration: Salaries	131,166	0	131,166
7424.2	Administration: Group Life/Health Insurance	11,851	0	11,851
7524.2	Administration: Pensions	0	0	0
7624.3	Administration: Benefits Other	2,000	0	2,000
7724.2	Administration: Payroll Taxes	10,338	0	10,338
7824.3	Administration: Workers' Compensation	1,959	0	1,959
7924.3	Administration: Purchased Service	0	0	0
9972.0	HCF-3 Administrator Add-back (HCF-3,Sch. 10, part 4)**		()	0
4720.0	SUBTOTAL: ADMINISTRATION	157,314	0	157,314
4170.1	Administrator-in-Training: Salaries	0	0	0
7427.2	Administrator-in-Training: Group Life/Health Insurance	0	0	0
7527.2	Administrator-in-Training: Pensions	0	0	0
7627.3	Administrator-in-Training: Benefits Other	0	0	0
7727.2	Administrator-in-Training: Payroll Taxes	0	0	0
7827.3	Administrator-in-Training: Workers'Compensation	0	0	0
7927.3	Administrator-in-Training: Purchased Service	0	0	0
9971.0	HCF-3 Administrator-in-Training Add-back (HCF-3,Sch. 10, part 4)**		()	0
4730.0	SUBTOTAL: ADMINISTRATOR-IN-TRAINING	0	0	0
4125.1	Officers: Salaries *	0	0	
4426.2	Officers: Group Life/Health Insurance *	0	0	
7525.2	Officers: Pensions *	0	0	
7625.3	Officers: Benefits Other *	0	0	
4411.2	Officers: Payroll Taxes *	0	0	
4424.2	Officers: Workers' Compensation *	0	0	
4339.2	Officers: Profit Sharing and Other Benefits *	0	0	
7925.3	Officers: Purchased Service	0	0	
4740.0	SUBTOTAL: OFFICERS	0	0	
4140.1	Clerical Staff: Salaries	238,667	0	238,667
7426.2	Clerical Staff: Group Life/Health Insurance	21,460	0	21,460
7526.2	Clerical Staff: Pensions	0	0	0
7626.3	Clerical Staff: Benefits Other	2,977	0	2,977
7726.2	Clerical Staff: Payroll Taxes	18,683	0	18,683
7826.3	Clerical Staff: Workers' Compensation	3,452	0	3,452
7926.3	Clerical Staff: Purchased Service	74,453	0	74,453
4750.0	SUBTOTAL: CLERICAL STAFF	359,692	0	359,692

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4150.3	EDP/Payroll/Bkpg Serv.	12,379	0	12,379
4160.3	Management Fees (see HCF-3) *	476,758	476,758	
4160.6	Management Consultants *	0	0	
4250.5	Office Supplies	51,692	0	51,692
4261.5	Telephone: Phone	111,123	0	111,123
4262.6	Telephone: Directory Advertising *	0	0	
4280.5	Travel: Conventions and Meetings	2,708	0	2,708
4295.7	Advertising--Help Wanted	1,236	0	1,236
4298.7	Advertising—Promotional *	1,542	1,542	
4299.7	Direct Care Add-on Recruitment	0	0	0
4301.7	Licenses and Dues--Pt. Care Related Portion	39,949	2,500	37,449
4302.3	Licenses and Dues--Promotional, Goodwill, Leg. Port *	0	0	
4306.2	Education/Training Administration	0	0	0
4350.3	Accounting - Appeal Service *	0	0	
4360.3	Accounting - other	6,696	0	6,696
4380.3	Legal - Appeal Service *	0	0	
4385.7	Legal - DALA Filing Fees *	0	0	
4390.7	Legal – Other *	2,858	2,858	
4431.7	Insurance - Malpractice & General Liability	138,481	0	138,481
4432.7	Insurance - Keyman insurance *	0	0	
4433.7	Insurance - Non-Profit DES Claims A & G Portion	0	0	0
4440.0	Other expenses (description required in Footnotes and Explanations)	16,721	3,474	13,247
9502.3	HCF-2-NH Other Exp. Add-back (Schedule 24) **		(0)	0
9960.3	HCF-3 Allocated A & G (HCF-3, Sch. 10)**		(272,204)	272,204
9961.3	HCF-3 Allocated Fixed Cost (HCF-3, Sch.10) **		(2,827)	2,827
3191.0	A&G Recoverable Income **		57,656	(57,656)
4760.0	SUBTOTAL: OTHER A&G	862,143	269,757	592,386
4710.0	TOTAL ADMINISTRATIVE & GENERAL EXPENSES	1,379,149	269,757	1,109,392

* Non-allowable Expense

** See Instructions

Schedule 4: Variable Expenses

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4306.1	Staff Development Coordinator: Salaries	0	0	0
7410.2	Staff Dev. Coord.:Group Life/Health Insurance	0	0	0
7510.2	Staff Dev. Coord.: Pensions	0	0	0
7610.3	Staff Dev. Coord.: Benefits Other	0	0	0
7710.2	Staff Dev. Coord.: Payroll Taxes	0	0	0
7810.3	Staff Dev. Coord.: Workers' Compensation	0	0	0
7910.3	Staff Dev. Coord.: Purchased Service	0	0	0
4820.0	SUBTOTAL: STAFF DEV. COORD.	0	0	0
5105.1	Plant Operation: Salaries	99,846	0	99,846
7411.2	Plant Operation:Group Life/Health Insurance	8,978	0	8,978
7511.2	Plant Operation: Pensions	0	0	0
7611.3	Plant Operation: Benefits Other	1,245	0	1,245
7711.2	Plant Operation: Payroll Taxes	7,816	0	7,816
7811.3	Plant Operation: Workers' Compensation	1,444	0	1,444
5110.3	Plant Operation: Purchased Service	73,907	0	73,907
5115.5	Plant Operation: Supplies and Expenses	64,453	0	64,453
5120.5	Plant Operation: Utilities	184,226	0	184,226
5130.7	Plant Operation: Repairs	0	0	0
9502.4	HCF-2-NH Utilities/Plant Operations Add-back (Schedule 24) **		()	0
4830.0	SUBTOTAL: PLANT OPERATION	441,915	0	441,915
5205.1	Dietary: Salaries	353,639	0	353,639
7412.2	Dietary: Group Life/Health Insurance	31,797	0	31,797
7512.2	Dietary: Pensions	0	0	0
7612.3	Dietary: Benefits Other	4,411	0	4,411
7712.2	Dietary: Payroll Taxes	27,683	0	27,683
7812.3	Dietary: Workers' Compensation	5,115	0	5,115
5220.5	Dietary: Food	0	0	0
5221.3	Dietary: Purchased Service	7,980	0	7,980
5235.5	Dietary: Supplies and Expenses	206,216	0	206,216
4840.0	SUBTOTAL: DIETARY	636,841	0	636,841
5231.1	Dietician: Salaries	65,837	0	65,837
7413.2	Dietician: Group Life/Health Insurance	5,920	0	5,920
7513.2	Dietician: Pensions	0	0	0
7613.3	Dietician: Benefits Other	821	0	821
7713.2	Dietician: Payroll Taxes	5,154	0	5,154
7813.3	Dietician: Workers' Compensation	952	0	952
5233.3	Dietician: Purchased Service	0	0	0
9967.0	HCF-3 Dietician Add-back (HCF-3, Sch. 10, part 3)**		(0)	0
4850.0	SUBTOTAL: DIETICIAN	78,684	0	78,684

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
5310.1	Laundry: Salaries	39,740	0	39,740
7414.2	Laundry: Group Life/Health Insurance	3,573	0	3,573
7514.2	Laundry: Pensions	0	0	0
7614.3	Laundry: Benefits Other	496	0	496
7714.2	Laundry: Payroll Taxes	3,111	0	3,111
7814.3	Laundry: Workers' Compensation	575	0	575
5320.3	Laundry: Purchased Service	14,202	0	14,202
5330.5	Laundry: Supplies and Expenses	4,765	0	4,765
5340.5	Laundry: Linen and Bedding	12,091	0	12,091
4860.0	SUBTOTAL: LAUNDRY	78,553	0	78,553
5410.1	Housekeeping: Salaries	167,802	0	167,802
7415.2	Housekeeping: Group Life/Health Insurance	15,088	0	15,088
7515.2	Housekeeping: Pensions	0	0	0
7615.3	Housekeeping: Benefits Other	2,093	0	2,093
7715.2	Housekeeping: Payroll Taxes	13,136	0	13,136
7815.3	Housekeeping: Workers' Compensation	2,427	0	2,427
5415.3	Housekeeping: Purchased Service	20,700	0	20,700
5420.5	Housekeeping: Supplies and Expenses	53,626	0	53,626
4870.0	SUBTOTAL: HOUSEKEEPING	274,872	0	274,872
6504.1	QA Professional: Salaries	0	0	0
7416.2	QA Professional: Group Life/Health Insurance	0	0	0
7516.2	QA Professional: Pensions	0	0	0
7616.3	QA Professional: Benefits Other	0	0	0
7716.2	QA Professional: Payroll Taxes	0	0	0
7816.3	QA Professional: Workers' Compensation	0	0	0
7916.3	QA Professional: Purchased Service	0	0	0
9969.0	HCF-3 QA Professional Add-back (HCF-3, Sch. 10, part 3)**		(86,208)	86,208
4880.0	SUBTOTAL: QA PROFESSIONAL	0	-86,208	86,208
6505.1	Ward Clerks & Medical Records Librarian: Salaries	206,856	0	206,856
7417.2	Ward Clerk & Med Rec Lib: Group Life/Health Insurance	18,599	0	18,599
7517.2	Ward Clerk & Med Rec Lib: Pensions	0	0	0
7617.3	Ward Clerk & Med Rec Lib: Benefits Other	2,580	0	2,580
7717.2	Ward Clerk & Med Rec Lib: Payroll Taxes	16,193	0	16,193
7817.3	Ward Clerk & Med Rec Lib: Workers' Compensation	2,992	0	2,992
7917.3	Ward Clerk & Med Rec Lib: Purchased Service	3,334	0	3,334
4890.0	SUBTOTAL: WARD CLERK & MED REC LIBRARIAN	250,554	0	250,554

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
6506.1	MMQ Evaluation Nurse: Salaries	79,123	0	79,123
7418.2	MMQ Evaluation Nurse:Group Life/Health Insurance	7,114	0	7,114
7518.2	MMQ Evaluation Nurse: Pensions	0	0	0
7618.3	MMQ Evaluation Nurse: Benefits Other	987	0	987
7718.2	MMQ Evaluation Nurse: Payroll Taxes	6,194	0	6,194
7818.3	MMQ Evaluation Nurse: Workers' Compensation	1,144	0	1,144
7918.3	MMQ Evaluation Nurse: Purchased Service	0	0	0
4900.0	SUBTOTAL: MMQ EVALUATION NURSE	94,562	0	94,562
6508.1	MDS Coordinator: Salaries	115,671	0	115,671
7432.2	MDS Coordinator:Group Life/Health Insurance	10,400	0	10,400
7532.2	MDS Coordinator: Pensions	0	0	0
7632.3	MDS Coordinator: Benefits Other	1,443	0	1,443
7732.2	MDS Coordinator: Payroll Taxes	9,055	0	9,055
7832.3	MDS Coordinator: Workers' Compensation	1,673	0	1,673
7932.3	MDS Coordinator: Purchased Service	0	0	0
4910.0	SUBTOTAL:MDS COORDINATOR	138,242	0	138,242
6540.0	Social Service Worker: Salaries	103,133	0	103,133
7420.2	Social Service Worker:Group Life/Health Insurance	9,273	0	9,273
7520.2	Social Service Worker: Pensions	0	0	0
7620.3	Social Service Worker: Benefits Other	1,286	0	1,286
7720.2	Social Service Worker: Payroll Taxes	8,073	0	8,073
7820.3	Social Service Worker: Workers' Compensation	1,492	0	1,492
7920.3	Social Service Worker: Purchased Service	2,055	0	2,055
4920.0	SUBTOTAL: SOCIAL SERVICE WORKER	125,312	0	125,312
6550.0	Interpreters: Salaries	0	0	0
7433.2	Interpreters: GLH Insurance	0	0	0
7533.2	Interpreters: Pensions	0	0	0
7633.2	Interpreters: Benefits Other	0	0	0
7733.2	Interpreters: Payroll Taxes	0	0	0
7833.3	Interpreters: Workers' Compensation	0	0	0
7933.2	Interpreters: Purchased Service	0	0	0
4925.0	SUBTOTAL: INTERPRETERS	0	0	0

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
7011.1	Indirect Restorative Therapy: Salaries	0	0	0
7421.2	Indirect Restorative Therapy:GLH Insurance	0	0	0
7521.2	Indirect Restorative Therapy: Pensions	0	0	0
7621.3	Indirect Restorative Therapy: Benefits Other	0	0	0
7721.2	Indirect Restorative Therapy: Payroll Taxes	0	0	0
7821.3	Indirect Restorative Therapy: Workers' Compensation	0	0	0
7013.3	Indirect Restorative Therapy: Consultants	0	0	0
7012.1	Direct Restorative Therapy: Salaries *	429,587	429,587	
7012.2	Direct Restorative Therapy: Benefits *	83,826	83,826	
7014.3	Direct Restorative Therapy: Consultants *	27,475	27,475	
9968.0	HCF-3 Indirect Restorative Add-back (HCF-3, Sch. 10, part 3) **		(-0)	0
4930.0	SUBTOTAL: RESTORATIVE THERAPY	540,888	540,888	0
7021.1	Recreational Therapy: Salaries	87,567	0	87,567
7423.2	Recreational Therapy:Group Life/Health Insurance	7,874	0	7,874
7523.2	Recreational Therapy: Pensions	0	0	0
7623.3	Recreational Therapy: Benefits Other	1,092	0	1,092
7723.2	Recreational Therapy: Payroll Taxes	6,855	0	6,855
7823.3	Recreational Therapy: Workers' Compensation	1,267	0	1,267
7022.3	Recreational Therapy: Purchased Service	2,300	0	2,300
7023.5	Recreational Therapy: Supplies and Expenses	37,347	0	37,347
7024.8	Recreational Therapy: Transportation *	10,017	10,017	
4940.0	SUBTOTAL: RECREATIONAL THERAPY	154,319	10,017	144,302

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4275.5	Travel: Motor Vehicle Expense	1,311	0	1,311
4306.3	Variable Other required education	0	0	0
4306.4	Variable Job related education	0	0	0
4434.7	NonProfit DES Claims Variable Portion	0	0	0
6511.3	Physician Services: Medical Director	44,834	0	44,834
6512.3	Physician Services: Advisory Physician	0	0	0
6513.3	Physician Services: Utilization Review Committee	0	0	0
6514.3	Physician Services: Employee Physicals	0	0	0
6515.3	Physician Services: Other	0	0	0
6520.5	Legend Drugs *	241,021	241,021	
6522.5	House Supplies not resold	306,184	0	306,184
6523.5	Resold to private patients *	0	0	
6524.5	Resold to public patients *	95,524	95,524	
6530.0	Pharmacy Consultant	5,112	0	5,112
3150.0	Vending Machines Income			()
3193.0	Variable Recoverable			()
4950.0	SUBTOTAL: OTHER VARIABLE	693,986	336,545	357,441
4810.0	TOTAL VARIABLE EXPENSES	3,508,728	801,242	2,707,486

* Non-allowable Expense

** See Instructions

Schedule 5: Claimed Fixed Costs

	Allowable Basis, Cost Begin of Year	Claimed Additions	Claimed Deletions	Allowable Basis, Cost End of Year	Rate %	Reported Depreciation or Expenses(from financials)	Non-Allowable Expenses and Add-backs	Claimed HCF-1 Fixed Costs	Claimed HCF-2-NH Fixed Costs (if Applicable)
Land HCF-1	0	0	(0)	0					
Land HCF-2-NH	540,911	0	(0)	540,911					
Building HCF-1	0	0	(0)	0	2.5	(4550.8) 0	0	0	
Building HCF-2-NH	5,114,780	0	(0)	5,114,780	2.5				258,808
Improvements HCF-1	0	40,066	(0)	40,066	5.0	(4565.8) 2,003	0	2,003	
Improvements HCF-2-NH	0	0	(0)	0	5.0				0
HCF Cap. Improv. HCF-1	0	0	(0)	0	5.0	(4566.8) 0	0	0	
HCF Cap. Improv. HCF-2-NH	0	0	(0)	0	5.0				0
Equipment HCF-1	0	80,419	(0)	80,419	10.0	(4570.8) 4,829	-3,213	8,042	
Equipment HCF-2-NH	0	0	(0)	0	10.0				0
HCF Cap. Equip. HCF-1	0	0	(0)	0	10.0	(4576.8) 0	0	0	
HCF Cap. Equip. HCF-2-NH	0	0	(0)	0	10.0				0
Software HCF-1	0	0	(0)	0	33.3	(4585.8) 0	0	0	
Software HCF-2-NH	0	0	(0)	0	33.3				0
HCF Cap. Software HCF-1	0	0	(0)	0	33.3	(4586.8) 0	0	0	
HCF Cap. Software HCF-2-NH	0	0	(0)	0	33.3				0

	Allowable Basis, Cost Begin of Year	Claimed Additions	Claimed Deletions	Allowable Basis, Cost End of Year	Rate %	Reported Depreciation or Expenses (from financials)	Non-Allowable Expenses and Add-backs	Claimed HCF-1 Fixed Costs	Claimed HCF-2-NH Fixed Costs (if Applicable)
Long-Term Interest						(4520.8) 0	0	0	0
MA Corp. Excise Tax Non-Income Portion						(8027.7) 0	0	0	0
Building Insurance						(4590.8) 15,931	0	15,931	0
Real Estate Taxes						(4510.8) 134,108	0	134,108	0
Personal Property Taxes						(4515.8) 8,426	0	8,426	0
Other (Explain in Schedule 20)						(4538.8) 70,209	0	70,209	0
Rent-Real Property-HCF-2-NH Required *						(4535.8) 326,545	326,545		
Recoverable Fixed Cost Income						(3196.0)	0	(0)	(3540.0) (0)
Total HCF-1 and HCF-2-NH Fixed Expenses						(9950.1) 562,051	323,332	(a) 238,719	(b)9950.2 258,808
TOTAL FIXED COSTS CLAIMED								(a) + (b)	(9950.0) 497,527

* See Instructions

Schedule 6: Non Nursing Expenses

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4415.0	Interest on Late Payments, Penalties *	18,474	18,474	
4430.0	Interest on working Capital *	82,539	82,539	
4435.0	Pre-Opening Expenses *	0	0	
8010.0	Bad Accounts *	75,600	75,600	
8012.0	User Fee Assessment *	359,009	359,009	
8015.0	Fines, Late Charges, and Penalties *	0	0	
8025.5	State and Federal Income Taxes *	0	0	
8030.0	Refunds and Allowances *	0	0	
8040.0	Adult Day Care Expenses *	0	0	
8045.0	Assisted Living Expenses *	0	0	
8046.0	Outpatient Service Expenses *	0	0	
8047.0	Chapter 766 Program Expenses *	0	0	
8048.0	Ventilator Program Expenses *	0	0	
8049.0	Acquired Brain Injury Unit Expenses *	0	0	
8050.0	Other Special Program Expenses **	0	0	
8060.0	Hospital Expenses - Non-Nursing Facility *	0	0	
8065.0	Other Non-Nursing Facility Expenses *	0	0	
4960.0	Total Bad Accounts, Taxes, Refunds, Other *	535,622	535,622	

* Non-allowable Expense

** See Instructions

Schedule 7: Summary and Reconciliation of Expenses

Account	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSES
Total Nursing Expenses (4610.0)	3,243,103	0	3,243,103
Total A&G Expenses (4710.0)	1,379,149	269,757	1,109,392
Total Variable Expenses (4810.0)	3,508,728	801,242	2,707,486
Total Fixed Costs (9950.1)	562,051	323,332	238,719
HCF-2-NH Fixed Costs Claimed (9950.2)		(258,808)	258,808
Non Nursing expenses (4960.0)	535,622	535,622	0
TOTAL OPERATING EXPENSES(4000.0)	9,228,653	1,671,145	7,557,508

Schedule 8: Income Schedule**Gross Income****Nursing Facility Income**

Payer	Account	Routine Income	Account	Ancillary Income	Account	TOTAL INCOME
Self-Pay	3003.1	539,848	3005.1	0	3001.1	539,848
Managed Care	3003.2	142,366	3005.2	63,695	3001.2	206,061
Non-Managed Care	3003.3	0	3005.3	0	3001.3	0
Medicare – Non-Managed Care	3003.4	2,539,466	3005.4	-10,834	3001.4	2,528,632
Medicare – Managed Care	3003.5	770,424	3005.5	0	3001.5	770,424
Massachusetts Medicaid - Non-Managed Care	3003.6	2,413,938	3005.6	186	3001.6	2,414,124
Massachusetts Medicaid - Managed Care	3003.7	0	3005.7	0	3001.7	0
Senior Care Options & PACE	3003.8	1,579,327	3005.8	0	3001.8	1,579,327
MA Medicaid Patient Resource Income	3022.6	0	3032.6	0	3001.9	0
Non-MA Medicaid	3022.7	0	3032.7	0	3002.1	0
Veteran's Affairs and Other Public	3023.2	0	3033.2	0	3002.2	0
Other payers (nursing facility only)	3003.9	0	3005.9	0	3002.3	0
TOTAL NURSING FACILITY INCOME	3003.0	7,985,369	3005.0	53,047	3001.0	8,038,416

Non-Nursing Facility Income

Service	Account	Income	Total
Adult Day Care	3025.3	0	
Hospital – Non-Nursing Facility	3026.1	0	
Outpatient Services	3025.5	0	
Assisted Living	3025.4	0	
Residential Care	3026.3	0	
Other Non-Nursing Facility	3026.2	0	
SUBTOTAL NON-NURSING FACILITY INCOME	3026.0		0
Endowment and other non-recoverable (Explain below)	3120.0	1,439,089	
Laundry	3140.0	0	
Vending Machines	3150.0		
Bad Debt Recovery	3160.0	0	
Prior Year Retroactive	3170.0	0	
Interest Income	3180.0	19	
Nurses' Aide Training Income	3185.0	0	
Administrative and General Recoverable (Explain below)	3191.0	57,656	
Nursing Recoverable Income (Explain below)	3192.0		
Director of Nurses Recoverable (Explain below)	3195.0		
Variable Recoverable (Explain below)	3193.0		
Fixed costs recoverable (Explain below)	3196.0		
SUBTOTAL: MISC.& RECOVERABLE	3130.0		1,496,764
TOTAL GROSS INCOME (3001.0 + 3026.0 + 3130.0)	3000.0		9,535,180

Ancillary Expenses relating to above Ancillary Income

Account #	Account Title	Amount
6520.5	Legend Drugs *	241,021
6524.5	Resold to public patients *	95,524
7012.1	Restorative Therapy: direct salaries *	429,587
7012.2	Restorative Therapy: direct benefits *	83,826
7014.3	Restorative Therapy: direct consultants *	27,475

Detail of Endowment and Other Non-Recoverable Income (3120.0)

Description	Amount
Covid-19 Relief Funds	1,439,089
Subtotal	1,439,089

Detail of Recoverable Income Accounts (3191.0, 3192.0, 3193.0, 3195.0, 3196.0)

Account #	Description	Amount
3191.0	Miscellaneous	57,656
Subtotal		57,656

Schedule 9: Balance Sheet**ASSETS****CURRENT ASSETS**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Cash			
1025.0	Cash and Equivalents	-30,852		
1040.0	Short-Term Investments	0		
1045.0	Current Portion Assets Whose Use is Limited	0		
1050.0	Other Cash	0		
1010.0	Total Cash		-30,852	
	Accounts Receivable			
1063.0	Self-Pay Patients (Private)	164,813		
1066.0	Managed Care Patients (Private)	219,325		
1069.0	Non-Managed Care Patients (Private)	0		
1073.0	Medicare Non-Managed Care Patients	324,154		
1076.0	Medicare Managed Care Patients	0		
1079.0	Mass. Medicaid Non-Managed Care Patients	461,360		
1081.0	Mass.Medicaid Managed Care Patients	0		
1083.0	MA. Senior Care Organization Patients	0		
1086.0	PACE Patients	0		
1100.4	Non-MA Medicaid Patients	0		
1101.2	Other Public Patients	0		
1089.0	Other Patients	0		
1140.0	Reserve for Bad Debt	(84,000)		
1060.0	Net Patient Account Receivables		1,085,652	
	Loans Receivables			
1160.0	Officers/Owners	0		
1170.0	Employees	0		
1180.0	Affiliates/Related Parties	971,067		
1185.0	Other	0		
1150.0	Total Loans Receivable		971,067	
1190.0	Interest Receivable		0	
1210.0	Supply Inventory		0	
	Prepaid Expenses			
1270.0	Prepaid Interest	0		
1280.0	Prepaid Insurance	13,723		
1290.0	Prepaid Taxes	0		
1295.0	Capitalized Pre-opening Costs	0		
1300.0	Other Prepaid Expenses	0		
1260.0	Total Prepaid Expenses		13,723	
1310.0	Other Current Assets		34,101	
1005.0	TOTAL CURRENT ASSETS			2,073,691

Non-Current Assets

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1511.1	Land – Cost	0		
1510.0	Land – Book Value		0	
1521.1	Building – Cost	0		
1522.2	Building – Accum. Deprc.	(0)		
1520.0	Building – Book Value		0	
1611.1	Building Improvements - Cost	0		
1612.2	Building Improvements – Accum. Deprc.	(0)		
1610.0	Building Improvements – Book Value		0	
1626.1	Leasehold Improvements – Cost	40,066		
1627.2	Leasehold Improvements – Accum. Deprc.	(2,003)		
1625.0	Leasehold Improvements – Book Value		38,063	
1631.1	Other Improvements – Cost	0		
1632.2	Other Improvements – Accum. Deprc.	(0)		
1630.0	Other Improvements – Book Value		0	
1616.1	HCF Cap.Improvements – Cost	0		
1617.2	HCF Cap. Improvements – Accum. Deprc.	(0)		
1615.0	HCF Cap. Improvements – Book Value		0	
1651.1	Equipment – Cost	80,419		
1652.2	Equipment – Accum. Deprc.	(4,829)		
1650.0	Equipment – Book Value		75,590	
1661.1	HCF Cap.Equipment – Cost	0		
1662.2	HCF Cap. Equipment – Accum. Deprc.	(0)		
1660.0	HCF Cap.Equipment – Book Value		0	
1701.1	Motor Vehicles - Cost	13,110		
1702.2	Motor Vehicles – Accum. Deprc.	(1,311)		
1700.0	Motor Vehicles – Book Value		11,799	
1710.1	Software - Cost	0		
1710.2	Software – Accum. Deprc.	(0)		
1710.0	Software – Book Value		0	
1715.1	HCF Cap.Software – Cost	0		
1715.2	HCF Cap.Software – Accum. Deprc.	(0)		
1715.0	HCF Cap.Software – Book Value		0	
1500.0	TOTAL - NON CURRENT(FIXED) ASSETS			125,452

Deferred Charges and Other Assets

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1910.0	Organization Expense	0		
1940.0	Purchased Goodwill	0		
1950.0	Leasehold Deposits	0		
1960.0	Utility Deposits	4,000		
1970.0	Cash Surrender Value of Officer Life Insurance	0		
1975.1	Mortgage Acquisition Cost	0		
1975.2	Accumulated Amortization of Mortgage Acq. Cost	(0)		
1979.0	Construction in Progress	0		
1975.3	Long Term Investments	0		
1975.4	Non-Current Assets Whose Use is Limited	0		
1980.0	Other (Explain on Sch 20)	0		
1900.0	TOTAL DEFERRED CHARGES AND OTHER ASSETS			4,000
1000.0	TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)			2,203,143

Liabilities and Net Worth**Current Liabilities**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Accounts Payable			
2020.0	Trade	312,982		
2030.0	Accrued Expenses	159,168		
2040.2	Due Medicaid – Non-MA	0		
2040.3	Due Medicaid MA – Nursing Care	0		
2040.4	Due Medicaid MA – Resident Care	0		
2041.0	Due Medicaid - Estimated	0		
2045.0	Due Medicare - Actual	0		
2046.0	Due Medicare – Estimated	0		
2048.0	Due Other Payers - Actual	0		
2049.0	Due Other Payers – Estimated	0		
2010.0	Total Accounts Payable		472,150	
2055.0	Patient Funds Due (Self-Pay)		-258	
2060.0	Patient Funds Due (Third Party Settlement)		0	
	Current Long-Term Debt			
2110.0	Officer, Owner, Related Parties	0		
2120.0	Subsidiaries and Affiliates	0		
2130.0	Banks	1,023,301		
2150.0	Other Short-Term Financing	0		
2160.0	Payments Due w/in one year on long-term debt	0		
2100.0	Total Current Long-Term Debt		1,023,301	
	Accrued Salaries & Payroll Liabilities			
2190.0	Accrued Salaries	150,843		
2200.0	Accr. Payroll Tax w/held	0		
2210.0	Accr. Employee Taxes Pay.	181,370		
2220.0	Other Payroll Liabilities	907		
2180.0	Total Accrued Salaries & Payroll Liabilities		333,120	
	Other Current Liabilities			
2260.0	Accr. State & Federal Taxes	0		
2270.0	Accr. Interest Payable	0		
2280.0	Accr. Bonus & Profit Sharing	0		
2290.0	Other Current Liabilities	110,446		
2250.0	Total Other Current Liabilities		110,446	
2005.0	TOTAL CURRENT LIABILITIES			1,938,759
	Non-Current Liabilities			
2310.0	Mortgages	0		
2330.0	Due to Affiliates/Related Parties	0		
2320.0	Other Long-Term Debt	0		
2300.0	TOTAL NON-CURRENT LIABILITIES		0	
2015.0	TOTAL LIABILITIES			1,938,759

Net Worth – Proprietorship or Partnership

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
2520.0	Capital	-42,143		
2530.0	Proprietor Drawings	(0)		
2540.0	Partnership Drawings	(0)		
2545.0	Contributions	0		
2550.0	Net Profit / (Loss) Year-to-Date	306,527		
2510.0	TOTAL PROPRIETORSHIP OR PARTNERSHIP		264,384	

2500.0	TOTAL NET WORTH(2510.0)			264,384
---------------	--------------------------------	--	--	---------

2000.0	TOTAL LIABILITIES AND NET WORTH (2015.0 + 2500.0)			2,203,143
---------------	--	--	--	-----------

Schedule 10: Statement of Operations

Account Number		
	Operating Revenue	
9605.0	Net Patient Service Revenue	8,038,416
9610.0	Other	57,656
9615.0	Net Assets Released from Restriction	0
9620.0	Total Operating Revenue	8,096,072
	Operating Expenses	
9625.0	Salaries and Wages	4,792,731
9630.0	Employee Benefits	936,384
9635.0	Supplies and Other (including Payroll Taxes)	3,334,567
9640.0	Interest	82,539
9645.0	Provision for Bad Debt	75,600
9650.0	Depreciation and Amortization	6,832
9655.0	Total Operating Expenses	9,228,653
9660.0	Income from Operations	-1,132,581
	Non-Operating Revenue	
9665.0	Interest Income (from Schedule 8,3180.0)	19
9670.0	Investment Income	0
9675.0	Gains (Losses) from Investments	0
9680.0	Gains (Losses) from Sale of Equipment	0
9685.0	Other(Specify) See Footnotes	1,439,089
9690.0	Total Non-Operating Revenue	1,439,108
9695.0	Net Income Before Taxes or Extraordinary Items	306,527
9755.0	Provision for Income Tax	0
9760.0	Income Before Cumulative Effect of Change in Accounting Principles	306,527
	Cumulative Effect of Change in Accounting Principles	
9770.0	Other(Specify)	0
9775.0	Other(Specify)	0
9780.0	Total Cumulative Change in Accounting Principles	0
9785.0	Net Income	306,527

Schedule 11: Cash Flow

Account	Description	Account Balance	Total
	Cash flows from operating activities		
9805.0	Change in net assets (net income)	306,527	
9810.0	Adjustments to reconcile changes in net assets (net income)	6,832	
9815.0	Increases(decreases) to cash provided by operating activities	-234,670	
9820.0	Net cash from operating activities		78,689
	Cash flows from investing activities		
9825.0	Capital expenditures	-120,485	
9830.0	Other cash used in investing activities	0	
9835.0	Net cash used in investing activities		-120,485
	Cash flows from financing activities		
9840.0	Proceeds from issuance of long-term debt	0	
9845.0	Payments on long-term debt and capital lease expenditures	0	
9850.0	Other cash used in financing activities	0	
9855.0	Net cash used in financing activities		0
9860.0	Net increase/(decrease) in cash and cash equivalents		-41,796
9865.0	Cash/cash equivalents beginning of year	10,944	
9870.0	Cash/cash equivalents end of year		-30,852

Schedule 12: Reconciliation of Reported Income and Financials

Total income reported on HCF-1 (#3000.0)	9,535,180
Total operating expenses on HCF-1 (#4000.0)	9,228,653
HCF-1 Net income/(loss) before reconciling items	306,527 ¹

Reconciling Items

Items reported on HCF-1 but not on financials. Explain below.

Description	Amount
Subtotal	

Items reported on financials but not on HCF-1. Explain below.

Description	Amount
Subtotal	

Net income/(loss) per financials	306,527 ²
---	----------------------

1. This amount should agree with Schedule 13, HCF-1 Net Income/ (Loss)
2. Do not use this amount on Schedule 13.

Schedule 13: Reconciliation of Net Worth**Proprietorship and Partnership**

Balance: 12/31/2019(2500.0)	-42,147 ¹
Other: Prior Period Adjustment(s)	4 ²
Capital contribution during year	0
HCF-1 Net income	306,527
Drawing during year	(0)
Balance: 12/31/2020(2500.0)	264,384 ³

1. This amount should agree with acct. #2500.0, Total Net Worth on Schedule 9 of 2019 HCF-1
2. Disclose all facts relative to adjustments and explain on the Footnotes and Explanations page any impact on reimbursable costs as reported on prior year(s) cost report identifying the specific accounts affected.
3. This amount should agree with acct. #2500.0, Total Net Worth on Schedule 9 of 2020 HCF-1. Detail explanation for any difference.

Schedule 14: Patient Statistics

	Self-Pay	Managed. Care	Non-Managed Care	Medicare-Non Managed Care	Medicare Managed Care	MA Medicaid-Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
Quarter 1												
Nursing	473	33	0	742	34	3,422	0	1,712	0	0	0	6,416
Resident Care	0	0	0					0	0	0	0	0
Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Unit	0	0	0	0	0	0	0	0	0	0	0	0
Head Trauma/ABI	0	0	0	0	0	0	0	0	0	0	0	0
Other Medicaid Special Contract	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
Quarter 1 Totals	473	33	0	742	34	3,422	0	1,712	0	0	0	6,416
Quarter 2												
Nursing	295	95	0	1,271	367	2,439	0	1,493	0	0	0	5,960
Resident Care	0	0	0					0	0	0	0	0
Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Unit	0	0	0	0	0	0	0	0	0	0	0	0
Head Trauma/ABI	0	0	0	0	0	0	0	0	0	0	0	0
Other Medicaid Special Contract	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
Quarter 2 Totals	295	95	0	1,271	367	2,439	0	1,493	0	0	0	5,960

	Self-Pay	Managed. Care	Non- Managed Care	Medicare- Non Managed Care	Medicare Managed Care	MA Medicaid- Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
Quarter 3												
Nursing	168	170	0	901	237	2,636	0	1,545	0	0	0	5,657
Resident Care	0	0	0					0	0	0	0	0
Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Unit	0	0	0	0	0	0	0	0	0	0	0	0
Head Trauma/ABI	0	0	0	0	0	0	0	0	0	0	0	0
Other Medicaid Special Contract	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
Quarter 3 Totals	168	170	0	901	237	2,636	0	1,545	0	0	0	5,657
Quarter 4												
Nursing	279	102	0	970	243	2,456	0	1,473	0	0	0	5,523
Resident Care	0	0	0					0	0	0	0	0
Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Unit	0	0	0	0	0	0	0	0	0	0	0	0
Head Trauma/ABI	0	0	0	0	0	0	0	0	0	0	0	0
Other Medicaid Special Contract	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
Quarter 4 Totals	279	102	0	970	243	2,456	0	1,473	0	0	0	5,523

	Self-Pay	Managed. Care	Non-Managed Care	Medicare-Non Managed Care	Medicare Managed Care	MA Medicaid-Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
Annual Totals												
Nursing	1,215	400	0	3,884	881	10,953	0	6,223	0	0	0	23,556
Resident Care	0	0	0					0	0	0	0	0
Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Unit	0	0	0	0	0	0	0	0	0	0	0	0
Head Trauma/ABI	0	0	0	0	0	0	0	0	0	0	0	0
Other Medicaid Special Contract	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Paid)	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
GRAND ANNUAL TOTALS	1,215	400	0	3,884	881	10,953	0	6,223	0	0	0	23,556

0140.0	Number of Admissions During Year	275
0140.1	Number of Massachusetts Medicaid Admissions During Year	19
0150.0	Number of Discharges During Year	273
0190.0	Average Length of Stay	86

Schedule 15: Detail of Purchased Service Nursing

(A) DON PURCHASED SERVICE NURSING (6025.2)

Name of Temporary Nursing Service Agency	Department of Public Health #	Total Hours of Service (Round to one decimal place)	Total Charges
Registered			
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	0.00	0
		(7339.2)	(6025.2)

(B) RN PURCHASED SERVICE NURSING (6035.2)

Name of Temporary Nursing Service Agency	Department of Public Health #	Total Hours of Service (Round to one decimal place)	Total Charges
Registered			
Kavida Healthcare, Inc	TVTE	322.6	23,710
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	322.60	23,710
		(7340.2)	(6035.2)

(C) LPN PURCHASED SERVICE NURSING (6042.2)

Name of Temporary Nursing Service Agency	Department of Public Health #	Total Hours of Service (Round to one decimal place)	Total Charges
Registered			
Expert Staffing, LLC (Worcester)	T462	76.3	4,020
Favorite Healthcare Staffing, Inc. - Springfield	THAK	96.6	5,214
Kavida Healthcare, Inc	TVTE	81.5	4,946
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	254.40	14,180

(7341.2)

(6042.2)

(D) NURSES AIDES PURCHASED SERVICE NURSING (6052.2)

Name of Temporary Nursing Service Agency	Department of Public Health #	Total Hours of Service (Round to one decimal place)	Total Charges
Registered			
Kavida Healthcare, Inc	TVTE	240.0	8,699
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	240.00	8,699

(7342.2)

(6052.2)

Schedule 16: Supplemental Salary / Hour Data

A.Overtime Wages for RNs, LPNs, and CNAs

	Account	RN	Account	LPN	Account	CNA
Wages*	7846.2	54,984	7848.2	102,060	7835.2	140,684
Hours*	7847.2	1,273	7849.2	2,603	7836.2	5,367

*Include total wages and the respective hours for all overtime wages. (Ex. A RN makes \$25/hour and has 100 overtime hours at time and one half & another RN makes \$20/hour and has 20 overtime hours at double time; RN Overtime Wages =\$4,550 and Hours = 120.)

B. Wage Differentials for RNs, LPNs, and CNAs

1. Shift Differential Wages for RNs, LPNs, and CNAs

	Account	RN	Account	LPN	Account	CNA
Wages*	7850.2	20,639	7851.2	40,738	7852.2	75,680

2. Other Differential Wages for RNs, LPNs, and CNAs

	Account	RN	Account	LPN	Account	CNA
Wages*	7853.2	0	7854.2	0	7855.2	0

*Include the increases in wages due to a shift or other differentials. (Ex.NH had shift/other differential wages and hours as follows: RN shift differential of \$1.50/ hour for 2,000 hours; RN Shift differential wages = \$3,000. Another RN had \$2.00/hour other differential for 1000 hours ; RN Other differential wages = \$2,000)

C. Detail of Administrator’s Salary and Benefits

1. Provide the amount of salary and benefits paid to the licensed administrator(s) during the year. If more than one administrator was employed during 2020, summarize the information. This schedule should be filled out whether the administrator was paid on the HCF-1 or HCF-3.

Name	Dates of Employment	License Number	Affiliation (O, R, U) 1
Connie Paulis	From: 01/01/2020 To: 12/31/2020	5108	U

1. O = Officer R = Related To Owner U = Unrelated Employee

2. Total values reported below should reflect salary and benefits for one full time administrator for one entire year.

9270.1	Salary	131,166
9270.2	Payroll Taxes	10,338
9270.3	Workers' Compensation	1,959
9270.4	Group Health/Life Insurance	11,851
9270.5	Pension	0
9270.6	Other Benefits	2,000
9272.0	TOTAL ADMINISTRATOR COMPENSATION	157,314

Staff and Hours by Position

Position	Account	Number of Staff	Account	Total Hours
Staff Development	7210.2	0	7310.2	0
Plant Operations	7211.2	2	7311.2	4,132
Dietary Staff	7212.2	9	7312.2	18,121
Dietician	7213.2	1	7313.2	1,532
Laundry Staff	7214.2	3	7314.2	2,560
Housekeeping Staff	7215.2	5	7315.2	9,167
Quality Assurance	7216.2	0	7316.2	0
Ward Clerks/Medical Records	7217.2	2	7317.2	3,298
MMQ Nurses	7218.2	1	7318.2	1,881
MDS Coordinator	7232.2	7	7332.2	3,120
Social Service Staff	7220.2	6	7320.2	4,847
Interpreters	7233.2	0	7333.2	0
Restorative – Indirect	7221.2	0	7321.2	0
Restorative – Direct	7222.2	16	7322.2	6,905
Recreational Staff	7223.2	9	7323.2	4,507
Administrator	7224.2	1	7324.2	2,160
Officer	7225.2	0	7325.2	0
Clerical Staff	7226.2	9	7326.2	6,723
Admin.In training	7227.2	0	7327.2	0
DON	7228.2	1	7328.2	2,240
RNs	7229.2	29	7329.2	20,062
LPNs	7230.2	18	7330.2	22,465
CNAs	7231.2	59	7331.2	53,982
Totals		178		167,702

Schedule 17: Proprietorship/Partnership/Corporation Information

Partnership

Last Name NA
First Name NA
Title NA

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
2540.0	0						0		0

Last Name
First Name
Title

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total

Schedule 18: Highest Paid Salaries

List below the names, salaries and benefits of the three employees who have the highest compensation being claimed on this report

Last Name Sespico
First Name Diann
Title Dir. or Nurses

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7710.1)
6020.1	100	2,240	153,735	2,342	12,106	2,295	13,878	0	0	184,356

Last Name Paulis
First Name Connie
Title Administrator

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7711.1)
4110.1	100	2,160	131,166	2,000	10,338	1,959	11,851	0	0	157,314

Last Name Volney
First Name Emmanuella
Title RN Supervisor

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7712.1)
6030.1	100	2,282	132,658	1,963	10,148	1,924	11,634	0	0	158,327

Working Capital Debt 1

Lender Name	Rel. Party Y/N	² Balance 01/01/2020	Amount	Start Mo/Da/Yr	Principal Payment	Balance 12/31/2020	Interest Rate%	³ Interest Expense
Oxford Finance	No	612,378	0	11/01/2019	486,977	125,401	var	30,433
SBA	No	0	897,900	01/01/2020	0	897,900	var	52,106

Total Working Capital Interest (4430.0) 3

82,539

Total Working Capital Debt (2100.0 less 2160.0)

1,023,301

1. This schedule should include all mortgages and notes payable whether or not interest expense is incurred. Each new note should be reported with all information items filled in completely. New notes or enhancements of existing notes should be reported on a new line separately.

2. For new loans in 2020, post the beginning mortgage balance of the loan in this column.

3. The sum of the working capital interest expense.

Schedule 20: Footnotes and Explanations

Please explain any discrepancies and note any additional information relating to the data provided on this report in the space below. Attach additional pages if needed.

Schedule 2-4 Payroll Benefit Accounts:

Benefits accounts have been allocated to each salary category based upon the percentage of salary for each category to total salaries. Exceptions to this allocation are noted below.

- Administrator
- Director of Nurses

Schedule 3 (4440.0)

Charitable Contributions	30
Professional Services	13,247
Miscellaneous Expense	3,445
Total	16,722

Schedule 5 Claimed Fixed Costs:

Allowable fixed asset basis as been adjusted to allowable using CHIA workpapers and a 2017 change of ownership for the realty to Sabra. Sabra is still the owner of the real estate, the operator changed ownership in 2019.

Building depreciation is at 5.06%

(4538.8) contains equipment rental expense

Schedule 10 (9685.0)

Covid-19 Relief Funds	1,439,089
-----------------------	-----------

Schedule 13 Prior Period Adjustment:

Rounding

Schedule 21: Realty Company Balance Sheet

(This information must be taken directly from the HCF-2-NH, Schedule 5)

ASSETS**HCF-2-NH CURRENT ASSETS**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Cash			
1020.0	Checking Account			
1030.0	Short-Term Investments	0		
1050.0	Other	0		
1010.0	Total Cash		0	
	Loans Receivables			
1160.0	Officers/Owners	0		
1170.0	Employees	0		
1180.0	Affiliates/Related Parties	0		
1185.0	Other Loans Receivable	0		
1150.0	Total Loans Receivable		0	
	Prepaid Expenses			
1270.0	Prepaid Interest	0		
1280.0	Prepaid Insurance	0		
1300.0	Other Prepaid Expenses *	0		
1260.0	Total Prepaid Expenses		0	
1310.0	Other Current Assets			
1005.0	TOTAL CURRENT ASSETS			0

HCF-2-NH NON-CURRENT ASSETS

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1511.1	Land – Cost	0		
1510.0	Land – Book Value		0	
1521.1	Building – Cost	0		
1522.2	Building – Accum. Deprc.	(0)		
1520.0	Building – Book Value		0	
1611.1	Building Improvements - Cost	0		
1612.2	Building Improvements – Accum. Deprc.	(0)		
1610.0	Building Improvements – Book Value		0	
1631.1	Other Improvements – Cost	0		
1632.2	Other Improvements – Accum. Deprc.	(0)		
1630.0	Other Improvements – Book Value		0	
1616.1	HCF Cap.Improvements – Cost	0		
1617.2	HCF Cap.Improvements – Accum. Deprc.	(0)		
1615.0	HCF Cap.Improvements – Book Value		0	
1651.1	Equipment – Cost	0		
1652.2	Equipment – Accum. Deprc.	(0)		
1650.0	Equipment – Book Value		0	
1661.1	HCF Cap.Equipment – Cost	0		
1662.2	HCF Cap.Equipment – Accum. Deprc.	(0)		
1660.0	HCF Cap.Equipment – Book Value		0	
1701.1	Motor Vehicles - Cost	0		
1702.2	Motor Vehicles – Accum. Deprc.	(0)		
1700.0	Motor Vehicles – Book Value		0	
1710.1	Software - Cost	0		
1710.2	Software – Accum. Deprc.	(0)		
1710.0	Software – Book Value		0	
1715.1	HCF Cap.Software – Cost	0		
1715.2	HCF Cap.Software – Accum. Deprc.	(0)		
1715.0	HCF Cap.Software – Book Value		0	
1500.0	TOTAL - FIXED ASSETS			0

HCF-2-NH Deferred Charges and Other Assets

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1975.1	Mortgage Acquisition Cost	0		
1975.2	Accumulated Amortization of Mortgage Acq. Cost	(0)		
1979.0	Construction in Progress	0		
1980.0	Other			
1900.0	TOTAL DEFERRED CHARGES AND OTHER ASSETS			0
1000.0	TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)			0

Liabilities and Net Worth**HCF-2-NH Current and Long-Term Liabilities**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Notes and Loans Payable			
2110.0	Officer, Owner, Related Parties	0		
2120.0	Subsidiaries and Affiliates	0		
2130.0	Banks	0		
2150.0	Other Short-Term Financing	0		
2160.0	Payments Due w/in one year on long-term debt	0		
2100.0	Total Current Long-Term Debt		0	
2240.0	Accrued Taxes - Realty and Management		0	
2295.0	Other Current Liabilities			
2005.0	TOTAL CURRENT LIABILITIES			0
	Long Term Liabilities			
2310.0	Mortgages	0		
2320.0	Other Long-Term Debt	0		
2300.0	TOTAL LONG-TERM LIABILITIES			0

Net Worth – Not-For-Profit

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Net Assets			
2410.0	Unrestricted	0		
2420.0	Temporarily Restricted	0		
2430.0	Permanently Restricted	0		
2400.0	TOTAL NET ASSETS		0	

Net Worth – Proprietorship or Partnership

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
2520.0	Capital	0		
2530.0	Proprietor Drawings	(0)		
2540.0	Partnership Drawings	(0)		
2545.0	Contributions	0		
2550.0	Net Profit / (Loss) Year-to-Date	0		
2510.0	TOTAL PROPRIETORSHIP OR PARTNERSHIP		0	

Net Worth – Corporate

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
2620.0	Capital Stock	0		
2630.0	Additional Paid in Capital	0		
2640.0	Treasury Stock	(0)		
2650.0	Retained Earnings	0		
2610.0	TOTAL CORPORATION		0	

2500.0	TOTAL NET WORTH			0
---------------	------------------------	--	--	---

2000.0	TOTAL LIABILITIES AND NET WORTH (2005.0 + 2300.0 + 2500.0)			0
---------------	---	--	--	---

* See Instructions

Schedule 22: Realty Company Statement of Income and Expense
(This information must be taken directly from the HCF-2-NH, Schedule 2)

INCOME

3510.0	Rental from Nursing Facility			
3520.0	Other Rental *		0	
3530.0	Other Income *		0	
3540.0	Recoverable Fixed Income			
3500.0	TOTAL INCOME			0

9540.0	Taxes, Real Estate	0	0	0
9540.5	Taxes, Personal Property	0	0	0
9545.0	Interest, Long-Term (Schedule 23)			0
9547.0	Other (Explain on sch 20)	0	0	0
9550.0	Building Depreciation	0	0	0
9560.8	Building Improvement Depreciation	0	0	0
9562.8	HCF Capitalization-Improvements Depreciation	0	0	0
9570.0	Equipment Depreciation	0	0	0
9571.0	HCF Capitalization-Equipment Depreciation	0	0	0
9575.0	Software/Limited Life Assets Depreciation	0	0	0
9576.0	HCF Capitalization-Software/Limited Life Assets Depreciation	0	0	0
9580.0	Insurance-Building, Building Improvement & Equipment	0	0	0
3540.0	Recoverable Fixed Income (above)			()
9950.2	SUBTOTAL: FIXED COSTS	0	0	0
9502.2	SUBTOTAL: OTHER OPERATING EXPENSES (from Schedule 24)			0
9545.5	Interest on Working Capital *	0	0	
9546.0	Interest on Late Payments, Penalties *	0	0	
9530.0	SUBTOTAL: NON-ALLOWABLE EXP	0	0	
9500.0	TOTAL HCF-2-NH EXPENSES	0	0	0

1 For Fixed Cost expenses, the Non-Allowable portion should be the difference between the Reported Expenses and the Allowable Fixed Costs on Schedule 4 of the HCF-2-NH.

* Non-Allowable Expense

Schedule 23

Realty Company Mortgages and Notes Payable Supporting Fixed Assets 1
(This information must be taken directly from the HCF-2-NH, Schedule 9)

³ Type of Notes Payable	Lender Name	Rel. Party Y/N	Date Mort. Acquired Mo/Da/Yr	Due Date Mo/Da/Yr	No.of Months Amort.	Monthly Payments	Original Mortgage Amount	Mort.Acq. Costs	2020 Amort.of Mort. Acq Costs	² Bal. 01/01/2020	Principal Payment	Bal. 12/31/2020	Rate %	Interest Expense	Period Expense *	
Totals	XXXX	XX	XXXXXX	XXXX	XXX	XXX	XXXXXX			XXXX	XXXX		XXXX			

*See Instructions

a b c

Total Fixed Interest a + b + c (9545.0) =

1. This schedule should include all mortgages and notes payable whether or not interest expense is incurred. Each new note should be reported with all information items filled in completely. New notes or enhancements of existing notes should be reported on a new line separately.
2. For new loans in 2020, post the beginning mortgage balance of the loan in this column.
3. Summarize Other Mortgages and Notes in this row and provide details in Schedule 20: Footnotes and Explanations.

Schedule 24**Realty Company Detail of Other Operating Expenses****(This information must be taken directly from the HCF-2-NH, Schedule 3)**

DESCRIPTION	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES	CLAIMED HCF-2-NH OPERATING COSTS
SUBTOTAL:OTHER EXPENSES(9502.3) (A)	0	0	0
TOTAL HCF-2 UTILITIES & PLANT OPERATING EXPENSES(9502.4) (B)	0	0	0
TOTAL HCF-2 OTHER OPERATING EXPENSES(9502.2) (A) + (B)	0	0	0

Section A**Submission Attestation Sections**

Signatures are required to submit this cost report electronically. There are three sections that require signature: (A) Preparer certification, (B) Accuracy of Reported Costs certification by Owner, Partner or Officer and (C) Use of Public Funds certification by Owner, Partner, Officer or Administrator.

Section A - Preparer Type of Accounting Service:

CERTIFICATION BY PREPARER OTHER THAN OWNER, PARTNER OR OFFICER

Enter below Name of Preparer other than Owner, Partner or Officer :

Firm Name:	CliftonLarsonAllen LLP
Preparer's Last Name:	McKenna
Middle Name:	
First Name :	John
Title :	Certified Public Accountant
Preparer's Address:	c/o CliftonLarson Allen LLP
Phone Number:(###-###-####)	617-984-8100
Type of service performed by preparer:	Other

By checking the box below I hereby certify that I am the preparer noted above and that the type of accounting service performed is accurate as noted.

Signature of authorized Cost Report Submitter:	McKenna,John - McK6506
Date of Authorization (MO/DA/YR):	06/03/2021
Submitter's acknowledgement:	X

Section B**Section B - Accuracy of Reported Costs:**

CERTIFICATION BY OWNER,PARTNER OR OFFICER

Provider Name :BEAR MOUNTAIN AT ANDOVER

Vendor Payment Number :0950793

Reporting Period : 01/01/2020 to 12/31/2020

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. 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 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.

Enter the Name of the Owner,Partner, or Officer authorizing this certification:

Last Name:	Wynne
First Name :	John
Middle Name:	B.
Title :	CFO

By checking the box below I hereby certify that I am the authorizing person noted above and that the type of accounting service performed is accurate as noted.

Signature of authorized Cost Report Submitter:	Wynne,B.,John - Wyn18213
Date of Authorization (MO/DA/YR):	06/04/2021
Submitter's acknowledgement:	X

Section C

Section C - Use of Public Funds:

CERTIFICATION BY OWNER, PARTNER, OFFICER OR ADMINISTRATOR

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, the facility representative whose signature appears below, hereby certifies to the best of his/her 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. 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

Enter below the Name of the Owner, Partner, Officer or Administrator authorizing this certification:

Last Name:	Wynne
First Name :	John
Middle Name:	B.
Title :	CFO

By checking the box below I hereby certify that I am the authorizing person noted above and that the type of accounting service performed is accurate as noted.

Signature of authorized Cost Report Submitter:	Wynne,B.,John - Wyn18213
Date of Authorization (MO/DA/YR):	06/04/2021
Submitter's acknowledgement:	X



Center for Health Information and Analysis
 501 Boylston Street
 Boston, MA 02116
 (617) 701-8100
 TTY (617) 988-3175