

Commonwealth of Massachusetts
Center for Health Information and Analysis

Nursing Facility Cost Report
2020 HCF-1

Facility Name	BEAUMONT REHAB & SKD NORTHBRIDGE
VPN	0900419
Provider ID	110025666A
Balance Sheet Date	12/31/2020
Reporting Period	From: 01/01/2020 To: 12/31/2020
Street Address	85 BEAUMONT DRIVE
City	Northbridge
Zip	01534
Hospital Based Nursing Facility?	Yes <input checked="" type="checkbox"/> No
Management Company	Continuing Care Management, LLC
Realty Company	Beaumont - Whitney Place Northbridge, Inc.

Is above information accurate: ☒ Yes ☐ No

Telephone	508-898-3490
Fax	508-898-1805
Federal Employee Tax ID Number	042263894

Is above information accurate: ☒ Yes ☐ No

Contact Person for this report:

Name	Jonathan Langfieldq
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 checked="" type="checkbox"/>	Child Day Care	<input type="checkbox"/>	Outpatient Services
<input checked="" type="checkbox"/>	Adult Day Health	<input type="checkbox"/>	Other(describe)
<input checked="" 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 checked="" 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 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
07/23/1990	154	0	0	154	154

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: 154

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"/>	01/01/1975
10	What was the date and value of the most recent assessed property value of this facility?	<input type="checkbox"/>	<input type="checkbox"/>	Date: 01/01/2006 Assessed Value: 5,340,233

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
Direct	C8388	Daniel Salmon Jr.	14 Eagle Drive,Sutton,MA 01590	90
Direct	C8394	Dorothy Salmon	14 Eagle Drive,Sutton,MA 01590	10

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)
BEAUMONT AT UNIVERSITY CAMPUS LLC	0940763	Daniel Salmon Jr. Dorothy Salmon
BEAUMONT REHAB & SKD NATICK	0923702	Daniel Salmon Jr.
BEAUMONT REHAB & SKD NORTHBOROUGH	0928178	Daniel Salmon Jr. Dorothy Salmon
BEAUMONT REHAB & SKD WESTBOROUGH	0918083	Daniel Salmon Jr. Dorothy Salmon
THE WILLOWS AT WORCESTER	5503329	Daniel Salmon Jr. Dorothy Salmon

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'.

X Not Applicable

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
Salmon Design	Plant P/S	185	0	185	5110.3	Daniel Salmon Jr.
Beaumont at Willows	Salary	951	0	951	6030.1	Daniel Salmon Jr.
Beaumont-Northboro	Salary	782	0	782	6030.1	Daniel Salmon Jr.
Salmon Home Care	Salary	1,556	0	1,556	6030.1	Daniel Salmon Jr.

Entity/Person	Goods / Services	Billing / Compensation	Mark up	Cost	Account Posted	Name of Owner
Salmon Home Care	Salary	5,040	0	5,040	8040.0	Daniel Salmon Jr.
CCM	Manaagement Fee	624,139	0	624,139	4160.3	Daniel Salmon Jr.
DJ salmon lawn	Plant P/S	97,114	0	97,114	5110.3	Daniel Salmon Jr.
Salmon Contracting	Plant P/S	7,660	0	7,660	5110.3	Daniel Salmon Jr.

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

Transaction Date	Purchased From	Purchased by
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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	Daniel Salmon Jr.	34 Wands Lane,Northbridge,MA 01534	90
Direct	Dorothy Salmon	14 Eagle Drive,Sutton,MA 01590	10

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	140,771	0	140,771
4426.8	Director of Nurses: Group Life/Health Insurance	5,647	0	5,647
4336.3	Director of Nurses :Pension	2	0	2
4340.3	Director of Nurses :Benefits Other	2	0	2
4407.2	Director of Nurses :Payroll Taxes	9,894	0	9,894
4427.1	Director of Nurses :Workers' Compensation	99	0	99
9962.3	HCF-3 DON Add-back(HCF-3, Sch.10 part 2) **		(0)	0
4620.0	SUBTOTAL: DIRECTOR OF NURSES	156,415	0	156,415
6030.1	RN: Salaries	2,166,140	0	2,166,140
7429.2	RN: Group Life/Health Insurance	187,760	0	187,760
7529.2	RN: Pension	8,012	0	8,012
7629.3	RN: Benefits Other	97,673	0	97,673
7729.2	RN: Payroll Taxes	180,197	0	180,197
7829.3	RN: Workers' Compensation	31,162	0	31,162
4630.0	SUBTOTAL: RN	2,670,944	0	2,670,944
6041.1	LPN: Salaries	313,137	0	313,137
7430.2	LPN: Group Life/Health Insurance	27,143	0	27,143
7530.2	LPN: Pension	1,158	0	1,158
7630.3	LPN: Benefits Other	14,120	0	14,120
7730.2	LPN: Payroll Taxes	26,049	0	26,049
7830.3	LPN: Workers' Compensation	4,505	0	4,505
4640.0	SUBTOTAL :LPN	386,112	0	386,112
6051.1	CNA: Salaries	1,859,565	0	1,859,565
7431.2	CNA: Group Life/Health Insurance	161,185	0	161,185
7531.2	CNA: Pension	6,878	0	6,878
7631.3	CNA: Benefits Other	83,851	0	83,851
7731.2	CNA: Payroll Taxes	154,695	0	154,695
7831.3	CNA: Workers' Compensation	26,751	0	26,751
4650.0	SUBTOTAL :CNA	2,292,925	0	2,292,925
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	900	0	900
6035.2	RN Purchased Service: Temporary Agency Staff**	57,223		57,223
6035.3	SUBTOTAL: RN PURCHASED SERVICE	58,123	0	58,123

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6042.1	LPN Purchased Service: Per Diem	63,083	0	63,083
6042.2	LPN Purchased Service: Temporary Agency Staff**	109,108		109,108
6042.3	SUBTOTAL: LPN PURCHASED SERVICE	172,191	0	172,191
6052.1	CNA Purchased Service: Per Diem	76,166	0	76,166
6052.2	CNA Purchased Service: Temporary Agency Staff**	84,081		84,081
6052.3	SUBTOTAL: CNA PURCHASED SERVICE	160,247	0	160,247
4306.5	Nurses' Aide Training Administration *	0	0	
4306.6	Nursing Other Required Education	0	0	0
4306.7	Nursing Job Related Education	342	0	342
3192.0	Nursing Recoverable Revenue **			()
3195.0	Director of Nurses Recoverable Revenue**			()
4660.0	SUBTOTAL : OTHER NURSING	342	0	342
4610.0	TOTAL NURSING EXPENSES	5,897,299	0	5,897,299

* 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	123,814	0	123,814
7424.2	Administration: Group Life/Health Insurance	1,305	0	1,305
7524.2	Administration: Pensions	210	0	210
7624.3	Administration: Benefits Other	2	0	2
7724.2	Administration: Payroll Taxes	8,963	0	8,963
7824.3	Administration: Workers' Compensation	248	0	248
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	134,542	0	134,542
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	141,295	0	141,295
7426.2	Clerical Staff: Group Life/Health Insurance	12,247	0	12,247
7526.2	Clerical Staff: Pensions	523	0	523
7626.3	Clerical Staff: Benefits Other	6,371	0	6,371
7726.2	Clerical Staff: Payroll Taxes	11,754	0	11,754
7826.3	Clerical Staff: Workers' Compensation	2,033	0	2,033
7926.3	Clerical Staff: Purchased Service	0	0	0
4750.0	SUBTOTAL: CLERICAL STAFF	174,223	0	174,223

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4150.3	EDP/Payroll/Bkpg Serv.	244,928	0	244,928
4160.3	Management Fees (see HCF-3) *	624,139	624,139	
4160.6	Management Consultants *	0	0	
4250.5	Office Supplies	48,331	0	48,331
4261.5	Telephone: Phone	54,984	0	54,984
4262.6	Telephone: Directory Advertising *	0	0	
4280.5	Travel: Conventions and Meetings	2,294	0	2,294
4295.7	Advertising--Help Wanted	0	0	0
4298.7	Advertising—Promotional *	48,771	48,771	
4299.7	Direct Care Add-on Recruitment	0	0	0
4301.7	Licenses and Dues--Pt. Care Related Portion	18,424	0	18,424
4302.3	Licenses and Dues--Promotional, Goodwill, Leg. Port *	2,500	2,500	
4306.2	Education/Training Administration	0	0	0
4350.3	Accounting - Appeal Service *	0	0	
4360.3	Accounting - other	39,097	0	39,097
4380.3	Legal - Appeal Service *	0	0	
4385.7	Legal - DALA Filing Fees *	0	0	
4390.7	Legal – Other *	68,577	68,577	
4431.7	Insurance - Malpractice & General Liability	18,530	0	18,530
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)	16,110	12,150	3,960
9502.3	HCF-2-NH Other Exp. Add-back (Schedule 24) **		(147,961)	147,961
9960.3	HCF-3 Allocated A & G (HCF-3, Sch. 10)**		(459,988)	459,988
9961.3	HCF-3 Allocated Fixed Cost (HCF-3, Sch.10) **		(4,305)	4,305
3191.0	A&G Recoverable Income **			()
4760.0	SUBTOTAL: OTHER A&G	1,186,685	143,883	1,042,802
4710.0	TOTAL ADMINISTRATIVE & GENERAL EXPENSES	1,495,450	143,883	1,351,567

* 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	118,258	0	118,258
7411.2	Plant Operation:Group Life/Health Insurance	10,251	0	10,251
7511.2	Plant Operation: Pensions	437	0	437
7611.3	Plant Operation: Benefits Other	5,332	0	5,332
7711.2	Plant Operation: Payroll Taxes	9,838	0	9,838
7811.3	Plant Operation: Workers' Compensation	1,701	0	1,701
5110.3	Plant Operation: Purchased Service	346,178	0	346,178
5115.5	Plant Operation: Supplies and Expenses	40,902	0	40,902
5120.5	Plant Operation: Utilities	265,276	0	265,276
5130.7	Plant Operation: Repairs	4,616	0	4,616
9502.4	HCF-2-NH Utilities/Plant Operations Add-back (Schedule 24) **		()	0
4830.0	SUBTOTAL: PLANT OPERATION	802,789	0	802,789
5205.1	Dietary: Salaries	841,566	0	841,566
7412.2	Dietary: Group Life/Health Insurance	72,946	0	72,946
7512.2	Dietary: Pensions	3,113	0	3,113
7612.3	Dietary: Benefits Other	37,947	0	37,947
7712.2	Dietary: Payroll Taxes	70,008	0	70,008
7812.3	Dietary: Workers' Compensation	12,107	0	12,107
5220.5	Dietary: Food	494,282	0	494,282
5221.3	Dietary: Purchased Service	63,838	0	63,838
5235.5	Dietary: Supplies and Expenses	150,101	0	150,101
4840.0	SUBTOTAL: DIETARY	1,745,908	0	1,745,908
5231.1	Dietician: Salaries	0	0	0
7413.2	Dietician: Group Life/Health Insurance	0	0	0
7513.2	Dietician: Pensions	0	0	0
7613.3	Dietician: Benefits Other	0	0	0
7713.2	Dietician: Payroll Taxes	0	0	0
7813.3	Dietician: Workers' Compensation	0	0	0
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	0	0	0

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
5310.1	Laundry: Salaries	0	0	0
7414.2	Laundry: Group Life/Health Insurance	0	0	0
7514.2	Laundry: Pensions	0	0	0
7614.3	Laundry: Benefits Other	0	0	0
7714.2	Laundry: Payroll Taxes	0	0	0
7814.3	Laundry: Workers' Compensation	0	0	0
5320.3	Laundry: Purchased Service	0	0	0
5330.5	Laundry: Supplies and Expenses	3,474	0	3,474
5340.5	Laundry: Linen and Bedding	28,519	0	28,519
4860.0	SUBTOTAL: LAUNDRY	31,993	0	31,993
5410.1	Housekeeping: Salaries	0	0	0
7415.2	Housekeeping: Group Life/Health Insurance	0	0	0
7515.2	Housekeeping: Pensions	0	0	0
7615.3	Housekeeping: Benefits Other	0	0	0
7715.2	Housekeeping: Payroll Taxes	0	0	0
7815.3	Housekeeping: Workers' Compensation	0	0	0
5415.3	Housekeeping: Purchased Service	613,407	0	613,407
5420.5	Housekeeping: Supplies and Expenses	58,778	0	58,778
4870.0	SUBTOTAL: HOUSEKEEPING	672,185	0	672,185
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)**		(189,919)	189,919
4880.0	SUBTOTAL: QA PROFESSIONAL	0	-189,919	189,919
6505.1	Ward Clerks & Medical Records Librarian: Salaries	199,645	0	199,645
7417.2	Ward Clerk & Med Rec Lib: Group Life/Health Insurance	17,305	0	17,305
7517.2	Ward Clerk & Med Rec Lib: Pensions	738	0	738
7617.3	Ward Clerk & Med Rec Lib: Benefits Other	9,002	0	9,002
7717.2	Ward Clerk & Med Rec Lib: Payroll Taxes	16,608	0	16,608
7817.3	Ward Clerk & Med Rec Lib: Workers' Compensation	2,872	0	2,872
7917.3	Ward Clerk & Med Rec Lib: Purchased Service	0	0	0
4890.0	SUBTOTAL: WARD CLERK & MED REC LIBRARIAN	246,170	0	246,170

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6506.1	MMQ Evaluation Nurse: Salaries	0	0	0
7418.2	MMQ Evaluation Nurse:Group Life/Health Insurance	0	0	0
7518.2	MMQ Evaluation Nurse: Pensions	0	0	0
7618.3	MMQ Evaluation Nurse: Benefits Other	0	0	0
7718.2	MMQ Evaluation Nurse: Payroll Taxes	0	0	0
7818.3	MMQ Evaluation Nurse: Workers' Compensation	0	0	0
7918.3	MMQ Evaluation Nurse: Purchased Service	7,200	0	7,200
4900.0	SUBTOTAL: MMQ EVALUATION NURSE	7,200	0	7,200
6508.1	MDS Coordinator: Salaries	0	0	0
7432.2	MDS Coordinator:Group Life/Health Insurance	0	0	0
7532.2	MDS Coordinator: Pensions	0	0	0
7632.3	MDS Coordinator: Benefits Other	0	0	0
7732.2	MDS Coordinator: Payroll Taxes	0	0	0
7832.3	MDS Coordinator: Workers' Compensation	0	0	0
7932.3	MDS Coordinator: Purchased Service	0	0	0
4910.0	SUBTOTAL:MDS COORDINATOR	0	0	0
6540.0	Social Service Worker: Salaries	194,813	0	194,813
7420.2	Social Service Worker:Group Life/Health Insurance	16,886	0	16,886
7520.2	Social Service Worker: Pensions	721	0	721
7620.3	Social Service Worker: Benefits Other	8,784	0	8,784
7720.2	Social Service Worker: Payroll Taxes	16,206	0	16,206
7820.3	Social Service Worker: Workers' Compensation	2,803	0	2,803
7920.3	Social Service Worker: Purchased Service	30,334	0	30,334
4920.0	SUBTOTAL: SOCIAL SERVICE WORKER	270,547	0	270,547
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 *	0	0	
7012.2	Direct Restorative Therapy: Benefits *	0	0	
7014.3	Direct Restorative Therapy: Consultants *	559,865	559,865	
9968.0	HCF-3 Indirect Restorative Add-back (HCF-3, Sch. 10, part 3) **		(-0)	0
4930.0	SUBTOTAL: RESTORATIVE THERAPY	559,865	559,865	0
7021.1	Recreational Therapy: Salaries	304,992	0	304,992
7423.2	Recreational Therapy:Group Life/Health Insurance	26,437	0	26,437
7523.2	Recreational Therapy: Pensions	1,128	0	1,128
7623.3	Recreational Therapy: Benefits Other	13,752	0	13,752
7723.2	Recreational Therapy: Payroll Taxes	25,372	0	25,372
7823.3	Recreational Therapy: Workers' Compensation	4,388	0	4,388
7022.3	Recreational Therapy: Purchased Service	4,823	0	4,823
7023.5	Recreational Therapy: Supplies and Expenses	37,508	0	37,508
7024.8	Recreational Therapy: Transportation *	0	0	
4940.0	SUBTOTAL: RECREATIONAL THERAPY	418,400	0	418,400

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4275.5	Travel: Motor Vehicle Expense	30,643	0	30,643
4306.3	Variable Other required education	0	0	0
4306.4	Variable Job related education	12,697	0	12,697
4434.7	NonProfit DES Claims Variable Portion	0	0	0
6511.3	Physician Services: Medical Director	54,694	0	54,694
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	1,154	0	1,154
6515.3	Physician Services: Other	0	0	0
6520.5	Legend Drugs *	283,097	283,097	
6522.5	House Supplies not resold	815,276	0	815,276
6523.5	Resold to private patients *	0	0	
6524.5	Resold to public patients *	0	0	
6530.0	Pharmacy Consultant	11,927	0	11,927
3150.0	Vending Machines Income			()
3193.0	Variable Recoverable		15,005	(15,005)
4950.0	SUBTOTAL: OTHER VARIABLE	1,209,488	298,102	911,386
4810.0	TOTAL VARIABLE EXPENSES	5,964,545	668,048	5,296,497

* 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	146,872	0	(0)	146,872					
Building HCF-1	0	0	(0)	0	2.5	(4550.8) 0	0	0	
Building HCF-2-NH	4,145,049	0	(0)	4,145,049	2.5				83,053
Improvements HCF-1	16,774	65,296	(0)	82,070	5.0	(4565.8) 3,265	0	3,265	
Improvements HCF-2-NH	3,752,871	12,752	(0)	3,765,623	5.0				67,591
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	827,405	8,740	(0)	836,145	10.0	(4570.8) 72,955	0	72,955	
Equipment HCF-2-NH	3,511,316	161,602	(0)	3,672,918	10.0				61,512
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	65,294	0	(0)	65,294	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) 198	198	0	234,416
MA Corp. Excise Tax Non-Income Portion						(8027.7) 0	0	0	0
Building Insurance						(4590.8) 583	0	583	17,629
Real Estate Taxes						(4510.8) 0	0	0	65,893
Personal Property Taxes						(4515.8) 19,951	0	19,951	0
Other (Explain in Schedule 20)						(4538.8) 15,580	0	15,580	0
Rent-Real Property-HCF-2-NH Required *						(4535.8) 633,291	633,291		
Recoverable Fixed Cost Income						(3196.0)	0	(0)	(3540.0) (0)
Total HCF-1 and HCF- 2-NH Fixed Expenses						(9950.1) 745,823	633,489	(a) 112,334	(b)9950.2 530,094
TOTAL FIXED COSTS CLAIMED								(a) + (b)	(9950.0) 642,428

* 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 *	18,716	18,716	
4430.0	Interest on working Capital *	0	0	
4435.0	Pre-Opening Expenses *	0	0	
8010.0	Bad Accounts *	36,795	36,795	
8012.0	User Fee Assessment *	864,025	864,025	
8015.0	Fines, Late Charges, and Penalties *	0	0	
8025.5	State and Federal Income Taxes *	456	456	
8030.0	Refunds and Allowances *	0	0	
8040.0	Adult Day Care Expenses *	217,609	217,609	
8045.0	Assisted Living Expenses *	1,024,014	1,024,014	
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 *	2,161,615	2,161,615	

* 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)	5,897,299	0	5,897,299
Total A&G Expenses (4710.0)	1,495,450	143,883	1,351,567
Total Variable Expenses (4810.0)	5,964,545	668,048	5,296,497
Total Fixed Costs (9950.1)	745,823	633,489	112,334
HCF-2-NH Fixed Costs Claimed (9950.2)		(530,094)	530,094
Non Nursing expenses (4960.0)	2,161,615	2,161,615	0
TOTAL OPERATING EXPENSES(4000.0)	16,264,732	3,076,941	13,187,791

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

Payer	Account	Routine Income	Account	Ancillary Income	Account	TOTAL INCOME
Self-Pay	3003.1	2,209,061	3005.1	0	3001.1	2,209,061
Managed Care	3003.2	0	3005.2	0	3001.2	0
Non-Managed Care	3003.3	0	3005.3	0	3001.3	0
Medicare – Non-Managed Care	3003.4	1,435,838	3005.4	350,642	3001.4	1,786,480
Medicare – Managed Care	3003.5	1,033,091	3005.5	0	3001.5	1,033,091
Massachusetts Medicaid - Non-Managed Care	3003.6	2,886,199	3005.6	0	3001.6	2,886,199
Massachusetts Medicaid - Managed Care	3003.7	0	3005.7	0	3001.7	0
Senior Care Options & PACE	3003.8	3,084,684	3005.8	0	3001.8	3,084,684
MA Medicaid Patient Resource Income	3022.6	773,385	3032.6	0	3001.9	773,385
Non-MA Medicaid	3022.7	0	3032.7	0	3002.1	0
Veteran's Affairs and Other Public	3023.2	771,651	3033.2	0	3002.2	771,651
Other payers (nursing facility only)	3003.9	0	3005.9	0	3002.3	0
TOTAL NURSING FACILITY INCOME	3003.0	12,193,909	3005.0	350,642	3001.0	12,544,551

Non-Nursing Facility Income

Service	Account	Income	Total
Adult Day Care	3025.3	274,964	
Hospital – Non-Nursing Facility	3026.1	0	
Outpatient Services	3025.5	0	
Assisted Living	3025.4	1,460,289	
Residential Care	3026.3	0	
Other Non-Nursing Facility	3026.2	0	
SUBTOTAL NON-NURSING FACILITY INCOME	3026.0		1,735,253
Endowment and other non-recoverable (Explain below)	3120.0	812,730	
Laundry	3140.0	0	
Vending Machines	3150.0		
Bad Debt Recovery	3160.0	0	
Prior Year Retroactive	3170.0	18,099	
Interest Income	3180.0	16,151	
Nurses' Aide Training Income	3185.0	0	
Administrative and General Recoverable (Explain below)	3191.0		
Nursing Recoverable Income (Explain below)	3192.0		
Director of Nurses Recoverable (Explain below)	3195.0		
Variable Recoverable (Explain below)	3193.0	15,005	
Fixed costs recoverable (Explain below)	3196.0		
SUBTOTAL: MISC.& RECOVERABLE	3130.0		861,985
TOTAL GROSS INCOME (3001.0 + 3026.0 + 3130.0)	3000.0		15,141,789

Ancillary Expenses relating to above Ancillary Income

Account #	Account Title	Amount
6520.5	Legend Drugs *	283,097
7014.3	Restorative Therapy: direct consultants *	559,865

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

Description	Amount
Covid Relief Funding	812,730
Subtotal	812,730

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

Account #	Description	Amount
3193.0	Miscellaneous	15,005
Subtotal		15,005

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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Cash			
1025.0	Cash and Equivalents	977,275		
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		977,275	
	Accounts Receivable			
1063.0	Self-Pay Patients (Private)	972,535		
1066.0	Managed Care Patients (Private)	0		
1069.0	Non-Managed Care Patients (Private)	0		
1073.0	Medicare Non-Managed Care Patients	105,518		
1076.0	Medicare Managed Care Patients	0		
1079.0	Mass. Medicaid Non-Managed Care Patients	519,555		
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	(0)		
1060.0	Net Patient Account Receivables		1,597,608	
	Loans Receivables			
1160.0	Officers/Owners	0		
1170.0	Employees	0		
1180.0	Affiliates/Related Parties	0		
1185.0	Other	65,422		
1150.0	Total Loans Receivable		65,422	
1190.0	Interest Receivable		0	
1210.0	Supply Inventory		0	
	Prepaid Expenses			
1270.0	Prepaid Interest	0		
1280.0	Prepaid Insurance	10,328		
1290.0	Prepaid Taxes	233,700		
1295.0	Capitalized Pre-opening Costs	0		
1300.0	Other Prepaid Expenses	30,876		
1260.0	Total Prepaid Expenses		274,904	
1310.0	Other Current Assets		22,716	
1005.0	TOTAL CURRENT ASSETS			2,937,925

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	82,070		
1612.2	Building Improvements – Accum. Deprc.	(20,039)		
1610.0	Building Improvements – Book Value		62,031	
1626.1	Leasehold Improvements – Cost	0		
1627.2	Leasehold Improvements – Accum. Deprc.	(0)		
1625.0	Leasehold 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	884,394		
1652.2	Equipment – Accum. Deprc.	(541,359)		
1650.0	Equipment – Book Value		343,035	
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	336,626		
1702.2	Motor Vehicles – Accum. Deprc.	(260,019)		
1700.0	Motor Vehicles – Book Value		76,607	
1710.1	Software - Cost	17,578		
1710.2	Software – Accum. Deprc.	(17,578)		
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			481,673

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	0		
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	15,064		
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			15,064
1000.0	TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)			3,434,662

Liabilities and Net Worth**Current Liabilities**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Accounts Payable			
2020.0	Trade	1,454,054		
2030.0	Accrued Expenses	348,207		
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	313,432		
2048.0	Due Other Payers - Actual	0		
2049.0	Due Other Payers – Estimated	0		
2010.0	Total Accounts Payable		2,115,693	
2055.0	Patient Funds Due (Self-Pay)		0	
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	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	
	Accrued Salaries & Payroll Liabilities			
2190.0	Accrued Salaries	527,798		
2200.0	Accr. Payroll Tax w/held	0		
2210.0	Accr. Employee Taxes Pay.	53,985		
2220.0	Other Payroll Liabilities	0		
2180.0	Total Accrued Salaries & Payroll Liabilities		581,783	
	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	1,158,849		
2250.0	Total Other Current Liabilities		1,158,849	
2005.0	TOTAL CURRENT LIABILITIES			3,856,325
	Non-Current Liabilities			
2310.0	Mortgages	0		
2330.0	Due to Affiliates/Related Parties	1,397,300		
2320.0	Other Long-Term Debt	0		
2300.0	TOTAL NON-CURRENT LIABILITIES		1,397,300	
2015.0	TOTAL LIABILITIES			5,253,625

Net Worth – Corporate

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
2620.0	Capital Stock	12,532		
2630.0	Additional Paid in Capital	10,672,932		
2640.0	Treasury Stock	(0)		
2650.0	Retained Earnings	-12,504,427		
2610.0	TOTAL CORPORATION		-1,818,963	

2500.0	TOTAL NET WORTH(2610.0)			-1,818,963
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2000.0	TOTAL LIABILITIES AND NET WORTH (2015.0 + 2500.0)			3,434,662
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Schedule 10: Statement of Operations

Account Number		
	Operating Revenue	
9605.0	Net Patient Service Revenue	12,544,551
9610.0	Other	1,768,357
9615.0	Net Assets Released from Restriction	0
9620.0	Total Operating Revenue	14,312,908
	Operating Expenses	
9625.0	Salaries and Wages	6,403,996
9630.0	Employee Benefits	1,457,121
9635.0	Supplies and Other (including Payroll Taxes)	8,289,946
9640.0	Interest	198
9645.0	Provision for Bad Debt	36,795
9650.0	Depreciation and Amortization	76,220
9655.0	Total Operating Expenses	16,264,276
9660.0	Income from Operations	-1,951,368
	Non-Operating Revenue	
9665.0	Interest Income (from Schedule8,3180.0)	16,151
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	812,730
9690.0	Total Non-Operating Revenue	828,881
9695.0	Net Income Before Taxes or Extraordinary Items	-1,122,487
9755.0	Provision for Income Tax	456
9760.0	Income Before Cumulative Effect of Change in Accounting Principles	-1,122,943
	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	-1,122,943

Schedule 11: Cash Flow

Account	Description	Account Balance	Total
	Cash flows from operating activities		
9805.0	Change in net assets (net income)	-1,122,943	
9810.0	Adjustments to reconcile changes in net assets (net income)	76,220	
9815.0	Increases(decreases) to cash provided by operating activities	1,443,392	
9820.0	Net cash from operating activities		396,669
	Cash flows from investing activities		
9825.0	Capital expenditures	-74,036	
9830.0	Other cash used in investing activities	0	
9835.0	Net cash used in investing activities		-74,036
	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	-10,520	
9850.0	Other cash used in financing activities	0	
9855.0	Net cash used in financing activities		-10,520
9860.0	Net increase/(decrease) in cash and cash equivalents		312,113
9865.0	Cash/cash equivalents beginning of year	665,162	
9870.0	Cash/cash equivalents end of year		977,275

Schedule 12: Reconciliation of Reported Income and Financials

Total income reported on HCF-1 (#3000.0)	15,141,789
Total operating expenses on HCF-1 (#4000.0)	16,264,732
HCF-1 Net income/(loss) before reconciling items	-1,122,943 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	-1,122,943 ²
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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**Corporation**

	Capital Stock	Additional Paid-in	Retained earnings	Treasury Stock	Total
Balance: 12/31/2019	12,532	10,672,932	-11,315,820	0	¹ -630,356
Other: Prior Period Adjustment(s)			5		² 5
Sale of stock	0				0
Additional paid-in capital		0			0
HCF-1 Net income/(Loss)			-1,122,943		-1,122,943
Dividends paid			(65,669)		(65,669)
Treasury stock Purchased/Sold				0	0
Balance: 12/31/2020	12,532	10,672,932	-12,504,427	(0)	³ -1,818,963
	(2620.0)	(2630.0)	(2650.0)	(2640.0)	(2500.0)

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	1,778	0	0	566	389	5,757	0	3,218	0	1,030	0	12,738
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	1,778	0	0	566	389	5,757	0	3,218	0	1,030	0	12,738
Quarter 2												
Nursing	1,561	0	0	740	582	4,383	0	2,908	0	842	0	11,016
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	1,561	0	0	740	582	4,383	0	2,908	0	842	0	11,016

	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	1,619	0	0	620	689	3,183	0	3,334	0	905	0	10,350
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	1,619	0	0	620	689	3,183	0	3,334	0	905	0	10,350
Quarter 4												
Nursing	1,345	0	0	401	578	3,419	0	3,507	0	685	0	9,935
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	1,345	0	0	401	578	3,419	0	3,507	0	685	0	9,935

	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	6,303	0	0	2,327	2,238	16,742	0	12,967	0	3,462	0	44,039
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	6,303	0	0	2,327	2,238	16,742	0	12,967	0	3,462	0	44,039

0140.0	Number of Admissions During Year	520
0140.1	Number of Massachusetts Medicaid Admissions During Year	150
0150.0	Number of Discharges During Year	545
0190.0	Average Length of Stay	81

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			
BRIGHTSTAR CARE OF FRAM./MILF./WORC./SBRG	TR17	61.8	3,371
Harmony Staffing & Homemaking Agency	T9XA	100.5	1,532
Intelycare, Inc.	TM7F	51.4	3,231
Omnicare Healthcare Staffing, Inc.	T6MI	79.0	5,043
Professional Nurses Health Services, Inc.	T458	752.0	44,046
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	1,044.70	57,223

(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			
American Nursing Group Agency	TEKH	7.5	427
BRIGHTSTAR CARE OF FRAM./MILF./WORC./SBRG	TR17	339.8	27,449
Harmony Staffing & Homemaking Agency	T9XA	458.5	13,563
Intelycare, Inc.	TM7F	88.0	4,598
Omni Healthcare Staffing INC	T6MI	477.5	26,684
Professional Nurses Health Services, Inc.	T458	733.0	36,387
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	2,104.30	109,108

(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			
American Nursing Group Agency	TEKH	40.0	1,300
BRIGHTSTAR CARE OF FRAM./MILF./WORC./SBRG	TR17	891.6	35,043
Care Plus Healthcare Staffing Inc	TGV8	52.0	1,463
Care With Care Homehealthcare LLC	T2OJ	24.0	912
Harmony Staffing & Homemaking Agency	T9XA	669.4	12,688
Intelycare, Inc.	TM7F	561.8	15,273
Norton and Associates, Inc. - New Bedford	T4BO	22.0	640
Omni Healthcare Staffing INC	T6MI	551.8	16,762
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	2,812.60	84,081

(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	101,618	7848.2	118,846	7835.2	205,772
Hours*	7847.2	1,971	7849.2	2,909	7836.2	7,795

*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	11,988	7851.2	22,227	7852.2	43,781

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

	Account	RN	Account	LPN	Account	CNA
Wages*	7853.2	42,141	7854.2	81,553	7855.2	127,918

*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
Robin High	From: 01/01/2020 To: 12/31/2020	5577	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	123,814
9270.2	Payroll Taxes	8,963
9270.3	Workers' Compensation	248
9270.4	Group Health/Life Insurance	1,305
9270.5	Pension	210
9270.6	Other Benefits	2
9272.0	TOTAL ADMINISTRATOR COMPENSATION	134,542

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	3	7311.2	5,363
Dietary Staff	7212.2	40	7312.2	52,598
Dietician	7213.2	0	7313.2	0
Laundry Staff	7214.2	0	7314.2	0
Housekeeping Staff	7215.2	0	7315.2	0
Quality Assurance	7216.2	0	7316.2	0
Ward Clerks/Medical Records	7217.2	5	7317.2	13,309
MMQ Nurses	7218.2	0	7318.2	0
MDS Coordinator	7232.2	0	7332.2	0
Social Service Staff	7220.2	3	7320.2	7,177
Interpreters	7233.2	0	7333.2	0
Restorative – Indirect	7221.2	0	7321.2	0
Restorative – Direct	7222.2	0	7322.2	0
Recreational Staff	7223.2	10	7323.2	18,429
Administrator	7224.2	1	7324.2	2,080
Officer	7225.2	0	7325.2	0
Clerical Staff	7226.2	10	7326.2	6,916
Admin.In training	7227.2	0	7327.2	0
DON	7228.2	1	7328.2	2,080
RNs	7229.2	19	7329.2	69,970
LPNs	7230.2	23	7330.2	9,894
CNAs	7231.2	70	7331.2	99,442
Totals		185		287,258

Schedule 17: Proprietorship/Partnership/Corporation Information

Corporation

Last NameSalmon

First NameDaniel

TitlePresident

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
-1	0	0	0	0	0	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
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Last Name

First Name

Title

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
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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 Yedinak
First Name Deborah
Title Dir. of Nurses

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/HiH Ins.	Draw	Other	Total (7710.1)
6020.1	100	2,080	140,771	2	9,894	99	5,647	0	2	156,415

Last Name Morse
First Name Robert
Title RN

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/HiH Ins.	Draw	Other	Total (7711.1)
6030.1	100	3,290	160,871	0	10,841	3,217	6,597	0	1,759	183,285

Last Name High
First Name Robin
Title Administrator

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/HiH Ins.	Draw	Other	Total (7712.1)
4110.1	100	2,080	123,814	2	8,963	248	1,305	0	210	134,542

Schedule 19: Summary of Notes Payable**Mortgages and Notes Supporting Fixed Assets 1**

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 *
Mortgage	TCF Equipment Finance	No	08/31/2015	08/31/2020	60	1,196	62,491	0	0	10,520	10,520	0	5.50	198	0
Totals	XXXX	XX	XXXXX	XXXX	XXX	XXX	XXXXX	0	0	XXXX	XXXX	0	XXXX	198	0

*See
Instructions

a

b

c

Total Fixed Interest a + b + c (4520.8) = 198

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.

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
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Total Working Capital Interest

(4430.0) 3

0

Total Working Capital Debt

(2100.0 less 2160.0)

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. 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)

Professional Services	324
Donations	12,150
Sales Tax	3,636
Total	16,110

Schedule 5 (4538.8)

Leased equipment from non related third party vendors under operating lease agreement.

Schedule 10 (9685.0)

Covid Relief Funding	812,730
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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
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2000.0	TOTAL LIABILITIES AND NET WORTH (2005.0 + 2300.0 + 2500.0)			0
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* 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)	234,416		234,416
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	234,416	0	234,416
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	234,416	0	234,416

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 *
Mortgage	Loan	No	06/27/2013	11/01/2039	315	35,106	7,550,100	176,966	9,532	6,237,599	0	6,237,599	3.13	191,368	33,516
Totals	XXXX	XX	XXXXXX	XXXX	XXX	XXX	XXXXXX	176,966	9,532	XXXX	XXXX	6,237,599	XXXX	191,368	33,516

*See
Instructions

a

b

c

Total Fixed Interest a + b + c (9545.0) = 234,416

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:	Langfield
Middle Name:	
First Name :	Jonathan
Title :	Certified Public Accountant
Preparer's Address:	c/o CliftonLarsonAllen 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:	Langfield,Jonathan - Lan8766
Date of Authorization (MO/DA/YR):	05/28/2021
Submitter's acknowledgement:	X

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

CERTIFICATION BY OWNER,PARTNER OR OFFICER

Provider Name :BEAUMONT REHAB & SKD NORTHBRIDGE

Vendor Payment Number :0900419

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:	Salmon
First Name :	Daniel
Middle Name:	J.
Title :	Chairman

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:	Salmon,J.,Daniel - Sal8388
Date of Authorization (MO/DA/YR):	06/02/2021
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:	Salmon
First Name :	Daniel
Middle Name:	J.
Title :	Chairman

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:	Salmon,J.,Daniel - Sal8388
Date of Authorization (MO/DA/YR):	06/02/2021
Submitter's acknowledgement:	X



Center for Health Information and Analysis
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Boston, MA 02116
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