

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

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

<b>Facility Name</b>	BENJAMIN HEALTHCARE CENTER
<b>VPN</b>	0998613
<b>Provider ID</b>	110026693A
<b>Balance Sheet Date</b>	12/31/2020
<b>Reporting Period</b>	From: 01/01/2020 To: 12/31/2020
<b>Street Address</b>	120 FISHER AVENUE
<b>City</b>	Roxbury Crossing
<b>Zip</b>	02120
<b>Hospital Based Nursing Facility?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Management Company</b>	None
<b>Realty Company</b>	None

Is above information accurate:  Yes  No

<b>Telephone</b>	617-738-1500
<b>Fax</b>	617-738-6560
<b>Federal Employee Tax ID Number</b>	042104452

Is above information accurate:  Yes  No

**Contact Person for this report:**

<b>Name</b>	Pierre-Louis,,Ronald
<b>Firm (if not facility)</b>	BENJAMIN HEALTHCARE CENTER
<b>Title</b>	President
<b>Street Address</b>	11 Fairmount Ave
<b>City</b>	Hyde Park
<b>State</b>	MA
<b>Zip</b>	02136
<b>Telephone</b>	617-274-8475
<b>Fax</b>	617-274-8476
<b>E-mail address</b>	rpierre-louis@rpl-cpa.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.

<b>Firm Name</b>	BENJAMIN HEALTHCARE CENTER
<b>Name of Contact</b>	Pierre-Louis,,Ronald
<b>Title</b>	President
<b>Street Address</b>	11 Fairmount Ave
<b>City</b>	Hyde Park
<b>State</b>	MA
<b>Zip</b>	02136
<b>Telephone</b>	617-274-8475
<b>Fax</b>	617-274-8476
<b>Email address</b>	rpierre-louis@rpl-cpa.com
<b>Type of Accounting Service Performed</b>	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 checked="" 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
<b>DPH Licensure Date</b>	<b>Skilled Nursing</b>	<b>Residential care</b>	<b>Pediatric</b>	<b>TOTAL (cols 1+2+3)</b>	<b>Constructed Capacity</b>
01/01/2011	205	0	0	205	240

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: 0

**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"/>	
2	Is this facility claiming any expenses from a Realty Company Report (HCF-2-NH)?		<input checked="" 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 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 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 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 Schedule10 of the HCF-3?		<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"/>		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 checked="" type="checkbox"/>	
9	What is the original date the facility was built?			01/01/1972
10	What was the date and value of the most recent assessed property value of this facility?			Date: Assessed Value: 0

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	O8315	Edgar P. Benjamin Healthcare Center	120 Fisher Avenue, Boston, MA 02120	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)
---------------	-----	------------------

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.)

**X Not Applicable**

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".

**X Not Applicable**

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.

**X Not Applicable**

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.

**X Not Applicable**

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	156,882	0	156,882
4426.8	Director of Nurses: Group Life/Health Insurance	14,687	0	14,687
4336.3	Director of Nurses :Pension	13,286	0	13,286
4340.3	Director of Nurses :Benefits Other			
4407.2	Director of Nurses :Payroll Taxes	17,425	0	17,425
4427.1	Director of Nurses :Workers' Compensation			
9962.3	HCF-3 DON Add-back(HCF-3, Sch.10 part 2)**		( )	
<b>4620.0</b>	<b>SUBTOTAL: DIRECTOR OF NURSES</b>	202,280	0	202,280
6030.1	RN: Salaries	1,349,041	0	1,349,041
7429.2	RN: Group Life/Health Insurance	126,295	0	126,295
7529.2	RN: Pension	114,248	0	114,248
7629.3	RN: Benefits Other			
7729.2	RN: Payroll Taxes	149,842	0	149,842
7829.3	RN: Workers' Compensation			
<b>4630.0</b>	<b>SUBTOTAL: RN</b>	1,739,426	0	1,739,426
6041.1	LPN: Salaries	940,041	0	940,041
7430.2	LPN: Group Life/Health Insurance	88,005	0	88,005
7530.2	LPN: Pension	79,611	0	79,611
7630.3	LPN: Benefits Other	0	0	0
7730.2	LPN: Payroll Taxes	104,413	0	104,413
7830.3	LPN: Workers' Compensation			
<b>4640.0</b>	<b>SUBTOTAL :LPN</b>	1,212,070	0	1,212,070
6051.1	CNA: Salaries	1,745,218	0	1,745,218
7431.2	CNA: Group Life/Health Insurance	163,384	0	163,384
7531.2	CNA: Pension	147,800	0	147,800
7631.3	CNA: Benefits Other			
7731.2	CNA: Payroll Taxes	193,847	0	193,847
7831.3	CNA: Workers' Compensation			
<b>4650.0</b>	<b>SUBTOTAL :CNA</b>	2,250,249	0	2,250,249
6025.1	DON Purchased Service: Per Diem			
6025.2	DON Purchased Service: Temporary Agency Staff**			
<b>6025.3</b>	<b>SUBTOTAL: DON PURCHASED SERVICE</b>			
6035.1	RN Purchased Service: Per Diem			
6035.2	RN Purchased Service: Temporary Agency Staff**			
<b>6035.3</b>	<b>SUBTOTAL: RN PURCHASED SERVICE</b>			

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
6042.1	LPN Purchased Service: Per Diem			
6042.2	LPN Purchased Service: Temporary Agency Staff**			
<b>6042.3</b>	<b>SUBTOTAL: LPN PURCHASED SERVICE</b>			
6052.1	CNA Purchased Service: Per Diem			
6052.2	CNA Purchased Service: Temporary Agency Staff**			
<b>6052.3</b>	<b>SUBTOTAL: CNA PURCHASED SERVICE</b>			
4306.5	Nurses' Aide Training Administration *			
4306.6	Nursing Other Required Education			
4306.7	Nursing Job Related Education			
3192.0	Nursing Recoverable Revenue **			( )
3195.0	Director of Nurses Recoverable Revenue**			( )
<b>4660.0</b>	<b>SUBTOTAL : OTHER NURSING</b>			
<b>4610.0</b>	<b>TOTAL NURSING EXPENSES</b>	5,404,025	0	5,404,025

\* 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	723,217	0	723,217
7424.2	Administration: Group Life/Health Insurance	67,706	0	67,706
7524.2	Administration: Pensions	61,248	0	61,248
7624.3	Administration: Benefits Other			
7724.2	Administration: Payroll Taxes	80,330	0	80,330
7824.3	Administration: Workers' Compensation			
7924.3	Administration: Purchased Service			
9972.0	HCF-3 Administrator Add-back (HCF-3,Sch. 10, part 4)**		( )	
<b>4720.0</b>	<b>SUBTOTAL: ADMINISTRATION</b>	932,501	0	932,501
4170.1	Administrator-in-Training: Salaries			
7427.2	Administrator-in-Training: Group Life/Health Insurance			
7527.2	Administrator-in-Training: Pensions			
7627.3	Administrator-in-Training: Benefits Other			
7727.2	Administrator-in-Training: Payroll Taxes			
7827.3	Administrator-in-Training: Workers'Compensation			
7927.3	Administrator-in-Training: Purchased Service			
9971.0	HCF-3 Administrator-in-Training Add-back (HCF-3,Sch. 10, part 4)**		( )	
<b>4730.0</b>	<b>SUBTOTAL: ADMINISTRATOR-IN-TRAINING</b>			
4125.1	Officers: Salaries *			
4426.2	Officers: Group Life/Health Insurance *			
7525.2	Officers: Pensions *			
7625.3	Officers: Benefits Other *			
4411.2	Officers: Payroll Taxes *			
4424.2	Officers: Workers' Compensation *			
4339.2	Officers: Profit Sharing and Other Benefits *			
7925.3	Officers: Purchased Service			
<b>4740.0</b>	<b>SUBTOTAL: OFFICERS</b>			
4140.1	Clerical Staff: Salaries	779,336	0	779,336
7426.2	Clerical Staff: Group Life/Health Insurance	72,960	0	72,960
7526.2	Clerical Staff: Pensions	66,001	0	66,001
7626.3	Clerical Staff: Benefits Other			
7726.2	Clerical Staff: Payroll Taxes	86,563	0	86,563
7826.3	Clerical Staff: Workers' Compensation			
7926.3	Clerical Staff: Purchased Service			
<b>4750.0</b>	<b>SUBTOTAL: CLERICAL STAFF</b>	1,004,860	0	1,004,860



Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4150.3	EDP/Payroll/Bkpg Serv.	74,024	0	74,024
4160.3	Management Fees (see HCF-3) *			
4160.6	Management Consultants *	82,832	82,832	
4250.5	Office Supplies	368,090	0	368,090
4261.5	Telephone: Phone	25,883	0	25,883
4262.6	Telephone: Directory Advertising *			
4280.5	Travel: Conventions and Meetings			
4295.7	Advertising--Help Wanted	4,042	0	4,042
4298.7	Advertising—Promotional *			
4299.7	Direct Care Add-on Recruitment			
4301.7	Licenses and Dues--Pt. Care Related Portion	23,677	0	23,677
4302.3	Licenses and Dues--Promotional, Goodwill, Leg. Port *			
4306.2	Education/Training Administration			
4350.3	Accounting - Appeal Service *			
4360.3	Accounting - other	26,978	0	26,978
4380.3	Legal - Appeal Service *			
4385.7	Legal - DALA Filing Fees *			
4390.7	Legal – Other *	109,007	109,007	
4431.7	Insurance - Malpractice & General Liability	188,507	0	188,507
4432.7	Insurance - Keyman insurance *			
4433.7	Insurance - Non-Profit DES Claims A & G Portion			
4440.0	Other expenses (description required in Footnotes and Explanations)	167,836	0	167,836
9502.3	HCF-2-NH Other Exp. Add-back (Schedule 24) **		( )	
9960.3	HCF-3 Allocated A & G (HCF-3, Sch. 10)**		( )	
9961.3	HCF-3 Allocated Fixed Cost (HCF-3, Sch.10) **		( )	
3191.0	A&G Recoverable Income **			( )
<b>4760.0</b>	<b>SUBTOTAL: OTHER A&amp;G</b>	<b>1,070,876</b>	<b>191,839</b>	<b>879,037</b>
<b>4710.0</b>	<b>TOTAL ADMINISTRATIVE &amp; GENERAL EXPENSES</b>	<b>3,008,237</b>	<b>191,839</b>	<b>2,816,398</b>

\* 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			
7410.2	Staff Dev. Coord.:Group Life/Health Insurance			
7510.2	Staff Dev. Coord.: Pensions			
7610.3	Staff Dev. Coord.: Benefits Other			
7710.2	Staff Dev. Coord.: Payroll Taxes			
7810.3	Staff Dev. Coord.: Workers' Compensation			
7910.3	Staff Dev. Coord.: Purchased Service			
<b>4820.0</b>	<b>SUBTOTAL: STAFF DEV. COORD.</b>			
5105.1	Plant Operation: Salaries	70,400	0	70,400
7411.2	Plant Operation:Group Life/Health Insurance	6,591	0	6,591
7511.2	Plant Operation: Pensions	5,962	0	5,962
7611.3	Plant Operation: Benefits Other			
7711.2	Plant Operation: Payroll Taxes	7,820	0	7,820
7811.3	Plant Operation: Workers' Compensation			
5110.3	Plant Operation: Purchased Service	154,132	0	154,132
5115.5	Plant Operation: Supplies and Expenses	214,278	0	214,278
5120.5	Plant Operation: Utilities	406,609	0	406,609
5130.7	Plant Operation: Repairs			
9502.4	HCF-2-NH Utilities/Plant Operations Add-back (Schedule 24) **		( )	
<b>4830.0</b>	<b>SUBTOTAL: PLANT OPERATION</b>	865,792	0	865,792
5205.1	Dietary: Salaries	526,761	0	526,761
7412.2	Dietary: Group Life/Health Insurance	49,314	0	49,314
7512.2	Dietary: Pensions	44,611	0	44,611
7612.3	Dietary: Benefits Other			
7712.2	Dietary: Payroll Taxes	58,509	0	58,509
7812.3	Dietary: Workers' Compensation			
5220.5	Dietary: Food	409,748	0	409,748
5221.3	Dietary: Purchased Service			
5235.5	Dietary: Supplies and Expenses	18,872	0	18,872
<b>4840.0</b>	<b>SUBTOTAL: DIETARY</b>	1,107,815	0	1,107,815
5231.1	Dietician: Salaries			
7413.2	Dietician: Group Life/Health Insurance			
7513.2	Dietician: Pensions			
7613.3	Dietician: Benefits Other			
7713.2	Dietician: Payroll Taxes			
7813.3	Dietician: Workers' Compensation			
5233.3	Dietician: Purchased Service			
9967.0	HCF-3 Dietician Add-back (HCF-3, Sch. 10, part 3)**		( )	
<b>4850.0</b>	<b>SUBTOTAL: DIETICIAN</b>			

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
5310.1	Laundry: Salaries	80,320	0	80,320
7414.2	Laundry: Group Life/Health Insurance	7,519	0	7,519
7514.2	Laundry: Pensions	6,802	0	6,802
7614.3	Laundry: Benefits Other			
7714.2	Laundry: Payroll Taxes	8,921	0	8,921
7814.3	Laundry: Workers' Compensation			
5320.3	Laundry: Purchased Service			
5330.5	Laundry: Supplies and Expenses	142,697	0	142,697
5340.5	Laundry: Linen and Bedding			
<b>4860.0</b>	<b>SUBTOTAL: LAUNDRY</b>	<b>246,259</b>	<b>0</b>	<b>246,259</b>
5410.1	Housekeeping: Salaries	318,489	0	318,489
7415.2	Housekeeping: Group Life/Health Insurance	29,816	0	29,816
7515.2	Housekeeping: Pensions	26,972	0	26,972
7615.3	Housekeeping: Benefits Other			
7715.2	Housekeeping: Payroll Taxes	35,376	0	35,376
7815.3	Housekeeping: Workers' Compensation			
5415.3	Housekeeping: Purchased Service			
5420.5	Housekeeping: Supplies and Expenses	30,482	0	30,482
<b>4870.0</b>	<b>SUBTOTAL: HOUSEKEEPING</b>	<b>441,135</b>	<b>0</b>	<b>441,135</b>
6504.1	QA Professional: Salaries	132,008	0	132,008
7416.2	QA Professional: Group Life/Health Insurance	12,358	0	12,358
7516.2	QA Professional: Pensions	11,180	0	11,180
7616.3	QA Professional: Benefits Other			
7716.2	QA Professional: Payroll Taxes	14,663	0	14,663
7816.3	QA Professional: Workers' Compensation			
7916.3	QA Professional: Purchased Service			
9969.0	HCF-3 QA Professional Add-back (HCF-3, Sch. 10, part 3)**		( )	
<b>4880.0</b>	<b>SUBTOTAL: QA PROFESSIONAL</b>	<b>170,209</b>	<b>0</b>	<b>170,209</b>
6505.1	Ward Clerks & Medical Records Librarian: Salaries	34,518	0	34,518
7417.2	Ward Clerk & Med Rec Lib:Group Life/Health Insurance	3,232	0	3,232
7517.2	Ward Clerk & Med Rec Lib: Pensions	2,923	0	2,923
7617.3	Ward Clerk & Med Rec Lib: Benefits Other			
7717.2	Ward Clerk & Med Rec Lib: Payroll Taxes	3,834	0	3,834
7817.3	Ward Clerk & Med Rec Lib: Workers' Compensation			
7917.3	Ward Clerk & Med Rec Lib: Purchased Service			
<b>4890.0</b>	<b>SUBTOTAL: WARD CLERK &amp; MED REC LIBRARIAN</b>	<b>44,507</b>	<b>0</b>	<b>44,507</b>

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
6506.1	MMQ Evaluation Nurse: Salaries	84,020	0	84,020
7418.2	MMQ Evaluation Nurse:Group Life/Health Insurance	7,866	0	7,866
7518.2	MMQ Evaluation Nurse: Pensions	7,115	0	7,115
7618.3	MMQ Evaluation Nurse: Benefits Other			
7718.2	MMQ Evaluation Nurse: Payroll Taxes	9,332	0	9,332
7818.3	MMQ Evaluation Nurse: Workers' Compensation			
7918.3	MMQ Evaluation Nurse: Purchased Service			
<b>4900.0</b>	<b>SUBTOTAL: MMQ EVALUATION NURSE</b>	<b>108,333</b>	<b>0</b>	<b>108,333</b>
6508.1	MDS Coordinator: Salaries	95,008	0	95,008
7432.2	MDS Coordinator:Group Life/Health Insurance	8,894	0	8,894
7532.2	MDS Coordinator: Pensions	8,046	0	8,046
7632.3	MDS Coordinator: Benefits Other			
7732.2	MDS Coordinator: Payroll Taxes	10,553	0	10,553
7832.3	MDS Coordinator: Workers' Compensation			
7932.3	MDS Coordinator: Purchased Service			
<b>4910.0</b>	<b>SUBTOTAL:MDS COORDINATOR</b>	<b>122,501</b>	<b>0</b>	<b>122,501</b>
6540.0	Social Service Worker: Salaries	103,957	0	103,957
7420.2	Social Service Worker:Group Life/Health Insurance	9,732	0	9,732
7520.2	Social Service Worker: Pensions	8,804	0	8,804
7620.3	Social Service Worker: Benefits Other			
7720.2	Social Service Worker: Payroll Taxes	11,547	0	11,547
7820.3	Social Service Worker: Workers' Compensation			
7920.3	Social Service Worker: Purchased Service	13,920	0	13,920
<b>4920.0</b>	<b>SUBTOTAL: SOCIAL SERVICE WORKER</b>	<b>147,960</b>	<b>0</b>	<b>147,960</b>
6550.0	Interpreters: Salaries			
7433.2	Interpreters: GLH Insurance			
7533.2	Interpreters: Pensions			
7633.2	Interpreters: Benefits Other			
7733.2	Interpreters: Payroll Taxes			
7833.3	Interpreters: Workers' Compensation			
7933.2	Interpreters: Purchased Service			
<b>4925.0</b>	<b>SUBTOTAL: INTERPRETERS</b>			

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
---------	-------------	-------------------	--------------------------------------	-------------------------

7011.1	Indirect Restorative Therapy: Salaries	37,962	0	37,962
7421.2	Indirect Restorative Therapy:GLH Insurance	3,554	0	3,554
7521.2	Indirect Restorative Therapy: Pensions	3,215	0	3,215
7621.3	Indirect Restorative Therapy: Benefits Other			
7721.2	Indirect Restorative Therapy: Payroll Taxes	54,937	0	54,937
7821.3	Indirect Restorative Therapy: Workers' Compensation			
7013.3	Indirect Restorative Therapy: Consultants	1,094	0	1,094
7012.1	Direct Restorative Therapy: Salaries *	456,638	456,638	
7012.2	Direct Restorative Therapy: Benefits *	81,422	81,422	
7014.3	Direct Restorative Therapy: Consultants *			
9968.0	HCF-3 Indirect Restorative Add-back (HCF-3, Sch. 10, part 3) **		( )	
<b>4930.0</b>	<b>SUBTOTAL: RESTORATIVE THERAPY</b>	<b>638,822</b>	<b>538,060</b>	<b>100,762</b>

7021.1	Recreational Therapy: Salaries	80,814	0	80,814
7423.2	Recreational Therapy:Group Life/Health Insurance	7,566	0	7,566
7523.2	Recreational Therapy: Pensions	6,844	0	6,844
7623.3	Recreational Therapy: Benefits Other			
7723.2	Recreational Therapy: Payroll Taxes	8,976	0	8,976
7823.3	Recreational Therapy: Workers' Compensation			
7022.3	Recreational Therapy: Purchased Service	100,228	0	100,228
7023.5	Recreational Therapy: Supplies and Expenses			
7024.8	Recreational Therapy: Transportation *			
<b>4940.0</b>	<b>SUBTOTAL: RECREATIONAL THERAPY</b>	<b>204,428</b>	<b>0</b>	<b>204,428</b>

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4275.5	Travel: Motor Vehicle Expense	8,191	0	8,191
4306.3	Variable Other required education			
4306.4	Variable Job related education			
4434.7	NonProfit DES Claims Variable Portion			
6511.3	Physician Services: Medical Director			
6512.3	Physician Services: Advisory Physician			
6513.3	Physician Services: Utilization Review Committee			
6514.3	Physician Services: Employee Physicals			
6515.3	Physician Services: Other			
6520.5	Legend Drugs *	53,445	53,445	
6522.5	House Supplies not resold	953,322	0	953,322
6523.5	Resold to private patients *			
6524.5	Resold to public patients *			
6530.0	Pharmacy Consultant			
3150.0	Vending Machines Income			( )
3193.0	Variable Recoverable		0	( 0 )
<b>4950.0</b>	<b>SUBTOTAL: OTHER VARIABLE</b>	<b>1,014,958</b>	<b>53,445</b>	<b>961,513</b>
<b>4810.0</b>	<b>TOTAL VARIABLE EXPENSES</b>	<b>5,112,719</b>	<b>591,505</b>	<b>4,521,214</b>

\* 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	200,000	0	(0)	200,000					
Land HCF-2-NH	0	0	(0)	0					
Building HCF-1	2,496,437	0	(0)	2,496,437	2.5	(4550.8) 0	0	0	
Building HCF-2-NH	0	0	(0)	0	2.5				0
Improvements HCF-1	1,366,216	0	(0)	1,366,216	5.0	(4565.8) 36,938	0	36,938	
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	1,905,040	0	(0)	1,905,040	10.0	(4570.8) 61,348	0	61,348	
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) 161,000	0	161,000	0
MA Corp. Excise Tax Non-Income Portion						(8027.7) 0	0	0	0
Building Insurance						(4590.8) 0	0	0	0
Real Estate Taxes						(4510.8) 0	0	0	0
Personal Property Taxes						(4515.8) 0	0	0	0
Other (Explain in Schedule 20)						(4538.8) 0	0	0	0
Rent-Real Property-HCF-2-NH Required *						(4535.8) 0	0		
Recoverable Fixed Cost Income						(3196.0)	0	( 0 )	(3540.0) ( 0 )
<b>Total HCF-1 and HCF-2-NH Fixed Expenses</b>						<b>(9950.1) 259,286</b>	0	<b>(a) 259,286</b>	<b>(b)9950.2 0</b>
<b>TOTAL FIXED COSTS CLAIMED</b>								<b>(a) + (b)</b>	<b>(9950.0) 259,286</b>

\* See Instructions



**Schedule 6: Non Nursing Expenses**

<b>Account</b>	<b>Description</b>	<b>REPORTED EXPENSES</b>	<b>NON-ALLOWABLE EXPENSES AND ADD-BACKS</b>	<b>TOTAL ALLOWABLE EXPENSE</b>
4415.0	Interest on Late Payments, Penalties *			
4430.0	Interest on working Capital *	10,506	10,506	
4435.0	Pre-Opening Expenses *			
8010.0	Bad Accounts *			
8012.0	User Fee Assessment *			
8015.0	Fines, Late Charges, and Penalties *			
8025.5	State and Federal Income Taxes *			
8030.0	Refunds and Allowances *			
8040.0	Adult Day Care Expenses *			
8045.0	Assisted Living Expenses *			
8046.0	Outpatient Service Expenses *			
8047.0	Chapter 766 Program Expenses *			
8048.0	Ventilator Program Expenses *			
8049.0	Acquired Brain Injury Unit Expenses *			
8050.0	Other Special Program Expenses **			
8060.0	Hospital Expenses - Non-Nursing Facility *			
8065.0	Other Non-Nursing Facility Expenses *			
<b>4960.0</b>	<b>Total Bad Accounts, Taxes, Refunds, Other *</b>	<b>10,506</b>	<b>10,506</b>	

\* Non-allowable Expense

\*\* See Instructions

**Schedule 7: Summary and Reconciliation of Expenses**

<b>Account</b>	<b>REPORTED EXPENSES</b>	<b>NON-ALLOWABLE EXPENSES AND ADD-BACKS</b>	<b>TOTAL ALLOWABLE EXPENSES</b>
Total Nursing Expenses (4610.0)	5,404,025	0	5,404,025
Total A&G Expenses (4710.0)	3,008,237	191,839	2,816,398
Total Variable Expenses (4810.0)	5,112,719	591,505	4,521,214
Total Fixed Costs (9950.1)	259,286	0	259,286
HCF-2-NH Fixed Costs Claimed (9950.2)		( 0 )	0
Non Nursing expenses (4960.0)	10,506	10,506	0
<b>TOTAL OPERATING EXPENSES(4000.0)</b>	<b>13,794,773</b>	<b>793,850</b>	<b>13,000,923</b>

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

Payer	Account	Routine Income	Account	Ancillary Income	Account	TOTAL INCOME
Self-Pay	3003.1	43,150	3005.1		3001.1	43,150
Managed Care	3003.2	324,029	3005.2		3001.2	324,029
Non-Managed Care	3003.3		3005.3		3001.3	
Medicare – Non-Managed Care	3003.4	871,910	3005.4		3001.4	871,910
Medicare – Managed Care	3003.5		3005.5		3001.5	
Massachusetts Medicaid - Non-Managed Care	3003.6	5,129,017	3005.6		3001.6	5,129,017
Massachusetts Medicaid - Managed Care	3003.7		3005.7		3001.7	
Senior Care Options & PACE	3003.8	752,544	3005.8		3001.8	752,544
MA Medicaid Patient Resource Income	3022.6		3032.6		3001.9	
Non-MA Medicaid	3022.7		3032.7		3002.1	
Veteran's Affairs and Other Public	3023.2		3033.2		3002.2	
Other payers (nursing facility only)	3003.9	2,797,066	3005.9		3002.3	2,797,066
<b>TOTAL NURSING FACILITY INCOME</b>	<b>3003.0</b>	<b>9,917,716</b>	<b>3005.0</b>		<b>3001.0</b>	<b>9,917,716</b>

**Non-Nursing Facility Income**

Service	Account	Income	Total
Adult Day Care	3025.3		
Hospital – Non-Nursing Facility	3026.1		
Outpatient Services	3025.5		
Assisted Living	3025.4		
Residential Care	3026.3		
Other Non-Nursing Facility	3026.2		
<b>SUBTOTAL NON-NURSING FACILITY INCOME</b>	<b>3026.0</b>		
Endowment and other non-recoverable (Explain below)	3120.0	5,165,910	
Laundry	3140.0		
Vending Machines	3150.0		
Bad Debt Recovery	3160.0		
Prior Year Retroactive	3170.0		
Interest Income	3180.0	3,095	
Nurses' Aide Training Income	3185.0		
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	0	
Fixed costs recoverable (Explain below)	3196.0		
<b>SUBTOTAL: MISC.&amp; RECOVERABLE</b>	<b>3130.0</b>		<b>5,169,005</b>
<b>TOTAL GROSS INCOME ( 3001.0 + 3026.0 + 3130.0)</b>	<b>3000.0</b>		<b>15,086,721</b>

**Ancillary Expenses relating to above Ancillary Income**

Account #	Account Title	Amount
7012.1	Restorative Therapy: direct salaries *	575,414
7012.2	Restorative Therapy: direct benefits *	102,601
6520.5	Legend Drugs *	53,445

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

Description	Amount
Rental income	869,256
Flu Shot	58,571
Misc income	186,788
Stimulus funding	4,050,995
Donation	300
<b>Subtotal</b>	<b>5,165,910</b>

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

Account #	Description	Amount
<b>Subtotal</b>		

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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	<b>Cash</b>			
1025.0	Cash and Equivalents	429,797		
1040.0	Short-Term Investments	508,630		
1045.0	Current Portion Assets Whose Use is Limited			
1050.0	Other Cash			
1010.0	Total Cash		938,427	
	<b>Accounts Receivable</b>			
1063.0	Self-Pay Patients (Private)			
1066.0	Managed Care Patients (Private)			
1069.0	Non-Managed Care Patients (Private)			
1073.0	Medicare Non-Managed Care Patients			
1076.0	Medicare Managed Care Patients			
1079.0	Mass. Medicaid Non-Managed Care Patients	2,218,672		
1081.0	Mass.Medicaid Managed Care Patients			
1083.0	MA. Senior Care Organization Patients			
1086.0	PACE Patients			
1100.4	Non-MA Medicaid Patients			
1101.2	Other Public Patients			
1089.0	Other Patients			
1140.0	Reserve for Bad Debt	( 514,452 )		
1060.0	Net Patient Account Receivables		1,704,220	
	<b>Loans Receivables</b>			
1160.0	Officers/Owners			
1170.0	Employees			
1180.0	Affiliates/Related Parties	1,406,798		
1185.0	Other	100,994		
1150.0	Total Loans Receivable		1,507,792	
1190.0	Interest Receivable			
1210.0	Supply Inventory			
	<b>Prepaid Expenses</b>			
1270.0	Prepaid Interest			
1280.0	Prepaid Insurance			
1290.0	Prepaid Taxes			
1295.0	Capitalized Pre-opening Costs			
1300.0	Other Prepaid Expenses	199,162		
1260.0	Total Prepaid Expenses		199,162	
1310.0	Other Current Assets			
<b>1005.0</b>	<b>TOTAL CURRENT ASSETS</b>			<b>4,349,601</b>

**Non-Current Assets**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1511.1	Land – Cost	200,000		
1510.0	Land – Book Value		200,000	
1521.1	Building – Cost	2,496,437		
1522.2	Building – Accum. Deprc.	(2,496,437)		
1520.0	Building – Book Value		0	
1611.1	Building Improvements - Cost			
1612.2	Building Improvements – Accum. Deprc.	( )		
1610.0	Building Improvements – Book Value			
1626.1	Leasehold Improvements – Cost	1,366,216		
1627.2	Leasehold Improvements – Accum. Deprc.	( 1,017,181 )		
1625.0	Leasehold Improvements – Book Value		349,035	
1631.1	Other Improvements – Cost			
1632.2	Other Improvements – Accum. Deprc.	( )		
1630.0	Other Improvements – Book Value			
1616.1	HCF Cap.Improvements – Cost			
1617.2	HCF Cap. Improvements – Accum. Deprc.	( )		
1615.0	HCF Cap. Improvements – Book Value			
1651.1	Equipment – Cost	1,899,474		
1652.2	Equipment – Accum. Deprc.	( 1,625,023 )		
1650.0	Equipment – Book Value		274,451	
1661.1	HCF Cap.Equipment – Cost			
1662.2	HCF Cap. Equipment – Accum. Deprc.	( )		
1660.0	HCF Cap.Equipment – Book Value			
1701.1	Motor Vehicles - Cost			
1702.2	Motor Vehicles – Accum. Deprc.	( )		
1700.0	Motor Vehicles – Book Value			
1710.1	Software - Cost			
1710.2	Software – Accum. Deprc.	( )		
1710.0	Software – Book Value			
1715.1	HCF Cap.Software – Cost			
1715.2	HCF Cap.Software – Accum. Deprc.	( )		
1715.0	HCF Cap.Software – Book Value			
<b>1500.0</b>	<b>TOTAL - NON CURRENT(FIXED) ASSETS</b>			<b>823,486</b>

**Deferred Charges and Other Assets**

<b>ACCOUNT</b>	<b>DESCRIPTION</b>	<b>ACCOUNT BALANCE</b>	<b>SUBTOTAL</b>	<b>TOTAL</b>
1910.0	Organization Expense			
1940.0	Purchased Goodwill			
1950.0	Leasehold Deposits			
1960.0	Utility Deposits			
1970.0	Cash Surrender Value of Officer Life Insurance			
1975.1	Mortgage Acquisition Cost			
1975.2	Accumulated Amortization of Mortgage Acq. Cost	( )		
1979.0	Construction in Progress			
1975.3	Long Term Investments	33,440		
1975.4	Non-Current Assets Whose Use is Limited			
1980.0	Other (Explain on Sch 20)	121,037		
<b>1900.0</b>	<b>TOTAL DEFERRED CHARGES AND OTHER ASSETS</b>			154,477
<b>1000.0</b>	<b>TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)</b>			5,327,564

**Liabilities and Net Worth****Current Liabilities**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	<b>Accounts Payable</b>			
2020.0	Trade	2,401,771		
2030.0	Accrued Expenses	33,391		
2040.2	Due Medicaid – Non-MA			
2040.3	Due Medicaid MA – Nursing Care			
2040.4	Due Medicaid MA – Resident Care			
2041.0	Due Medicaid - Estimated			
2045.0	Due Medicare - Actual			
2046.0	Due Medicare – Estimated			
2048.0	Due Other Payers - Actual			
2049.0	Due Other Payers – Estimated			
2010.0	Total Accounts Payable		2,435,162	
2055.0	Patient Funds Due (Self-Pay)			
2060.0	Patient Funds Due (Third Party Settlement)		70,496	
	<b>Current Long-Term Debt</b>			
2110.0	Officer, Owner, Related Parties			
2120.0	Subsidiaries and Affiliates			
2130.0	Banks	23,952		
2150.0	Other Short-Term Financing			
2160.0	Payments Due w/in one year on long-term debt			
2100.0	Total Current Long-Term Debt		23,952	
	<b>Accrued Salaries &amp; Payroll Liabilities</b>			
2190.0	Accrued Salaries	797,835		
2200.0	Accr. Payroll Tax w/held			
2210.0	Accr. Employee Taxes Pay.			
2220.0	Other Payroll Liabilities			
2180.0	Total Accrued Salaries & Payroll Liabilities		797,835	
	<b>Other Current Liabilities</b>			
2260.0	Accr. State & Federal Taxes			
2270.0	Accr. Interest Payable	1,120,210		
2280.0	Accr. Bonus & Profit Sharing			
2290.0	Other Current Liabilities	52,796		
2250.0	Total Other Current Liabilities		1,173,006	
<b>2005.0</b>	<b>TOTAL CURRENT LIABILITIES</b>			4,500,451
	<b>Non-Current Liabilities</b>			
2310.0	Mortgages	2,300,000		
2330.0	Due to Affiliates/Related Parties			
2320.0	Other Long-Term Debt	309,900		
<b>2300.0</b>	<b>TOTAL NON-CURRENT LIABILITIES</b>		2,609,900	
<b>2015.0</b>	<b>TOTAL LIABILITIES</b>			7,110,351



**NetWorth – Not-For-Profit**

<b>ACCOUNT</b>	<b>DESCRIPTION</b>	<b>ACCOUNT BALANCE</b>	<b>SUBTOTAL</b>	<b>TOTAL</b>
	Net Assets			
2410.0	Unrestricted	-1,782,787		
2420.0	Temporarily Restricted			
2430.0	Permanently Restricted			
<b>2400.0</b>	<b>TOTAL NET ASSETS</b>		-1,782,787	
<b>2500.0</b>	<b>TOTAL NET WORTH(2400.0)</b>			-1,782,787
<b>2000.0</b>	<b>TOTAL LIABILITIES AND NET WORTH (2015.0 + 2500.0)</b>			5,327,564

**Schedule 10: Statement of Operations**

<b>Account Number</b>		
	<b>Operating Revenue</b>	
9605.0	Net Patient Service Revenue	8,179,205
9610.0	Other	6,035,166
9615.0	Net Assets Released from Restriction	
9620.0	<b>Total Operating Revenue</b>	14,214,371
	<b>Operating Expenses</b>	
9625.0	Salaries and Wages	7,714,630
9630.0	Employee Benefits	2,232,457
9635.0	Supplies and Other (including Payroll Taxes)	3,577,895
9640.0	Interest	171,506
9645.0	Provision for Bad Debt	
9650.0	Depreciation and Amortization	98,286
9655.0	<b>Total Operating Expenses</b>	13,794,774
9660.0	<b>Income from Operations</b>	419,597
	<b>Non-Operating Revenue</b>	
9665.0	Interest Income (from Schedule 8,3180.0)	3,095
9670.0	Investment Income	
9675.0	Gains (Losses) from Investments	
9680.0	Gains (Losses) from Sale of Equipment	
9685.0	Other (Specify) Rental Income	869,256
9690.0	<b>Total Non-Operating Revenue</b>	872,351
9695.0	<b>Excess of Revenue over Expenses</b>	1,291,948
	<b>Other Changes in Unrestricted Net Assets</b>	
9700.0	Net Change in Unrealized Appreciation on Investments	
9705.0	Net Assets Released from Restrictions for Property, Plant & Equipment	
9710.0	Change in Beneficial Interest in Net Assets	
9715.0	Cumulative Effect of Change in Accounting Principle	
9720.0	Other Changes in Unrestricted Net Assets	
9725.0	<b>Total Other Changes in Unrestricted Net Assets</b>	
9730.0	<b>Increase (Decrease) in Unrestricted Net Assets, before Extraordinary Item</b>	1,291,948
	Extraordinary Item	
9735.0	Specify	
9740.0	Specify	
9745.0	Total Extraordinary Item	
9750.0	<b>Increase (Decrease) in Unrestricted Net Assets</b>	1,291,948
9785.0	<b>Net Income</b>	1,291,948

**Schedule 11: Cash Flow**

<b>Account</b>	<b>Description</b>	<b>Account Balance</b>	<b>Total</b>
	<b>Cash flows from operating activities</b>		
9805.0	Change in net assets (net income)	1,291,948	
9810.0	Adjustments to reconcile changes in net assets (net income)	9,826	
9815.0	Increases(decreases) to cash provided by operating activities	-476,007	
9820.0	Net cash from operating activities		825,767
	<b>Cash flows from investing activities</b>		
9825.0	Capital expenditures		
9830.0	Other cash used in investing activities		
9835.0	Net cash used in investing activities		
	<b>Cash flows from financing activities</b>		
9840.0	Proceeds from issuance of long-term debt		
9845.0	Payments on long-term debt and capital lease expenditures	0	
9850.0	Other cash used in financing activities	-337,998	
9855.0	Net cash used in financing activities		-337,998
<b>9860.0</b>	<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>487,769</b>
<b>9865.0</b>	<b>Cash/cash equivalents beginning of year</b>	<b>-57,972</b>	
<b>9870.0</b>	<b>Cash/cash equivalents end of year</b>		<b>429,797</b>

### Schedule 12: Reconciliation of Reported Income and Financials

Total income reported on HCF-1 (#3000.0)	15,086,721
Total operating expenses on HCF-1 (#4000.0)	13,794,773
HCF-1 Net income/(loss) before reconciling items	1,291,948 <sup>1</sup>

**Reconciling Items**

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

Description	Amount
<b>Subtotal</b>	

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

Description	Amount
<b>Subtotal</b>	

<b>Net income/(loss) per financials</b>	1,291,948 <sup>2</sup>
---	------------------------

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****NOT-FOR-PROFIT**

	<b>Unrestricted Net Assets</b>	<b>Temporarily Restricted Net Assets</b>	<b>Permanently Restricted Net Assets</b>	<b>Total Net Assets</b>
Balance: 12/31/2019	-2,791,062	0	0	-2,791,062 <sup>1</sup>
Increases (decreases):				
Prior Period Adjustment(s)	-283,673	0	0	-283,673 <sup>2</sup>
HCF-1 Net income/(Loss)	1,291,948			1,291,948
Gain(Loss) on Investments		0	0	0
Contributions, Gifts and Other		0	0	0
Change in Unrealized Gains		0	0	0
Net Assets Released from Restriction for Property or Equipment		0	0	0
Other	0	0	0	0
Balance: 12/31/2020	-1,782,787	0	0	-1,782,787 <sup>3</sup>
	(2410.0)	(2420.0)	(2430.0)	(2500.0)

1.This amount should agree with Account 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 Account 2500.0, Total Net Assets 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
<b>Quarter 1</b>												
Nursing				558		8,891	249	2,136			1,232	13,066
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)												
Nursing Leave of Absence (Unpaid)												
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
<b>Quarter 1 Totals</b>				558		8,891	249	2,136			1,232	13,066
<b>Quarter 2</b>												
Nursing	61			1,822	30	6,170	241	1,903			1,041	11,268
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)												
Nursing Leave of Absence (Unpaid)												
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
<b>Quarter 2 Totals</b>	61			1,822	30	6,170	241	1,903			1,041	11,268

	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
<b>Quarter 3</b>												
Nursing	75			395		6,554	272	1,499			941	9,736
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)												
Nursing Leave of Absence (Unpaid)												
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
<b>Quarter 3 Totals</b>	75			395		6,554	272	1,499			941	9,736
<b>Quarter 4</b>												
Nursing	16		452		5,651	277	1,326				140	7,862
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)												
Nursing Leave of Absence (Unpaid)												
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
<b>Quarter 4 Totals</b>	16		452		5,651	277	1,326				140	7,862

	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
<b>Annual Totals</b>												
Nursing	152		452	2,775	5,681	21,892	2,088	5,538			3,354	41,932
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)												
Nursing Leave of Absence (Unpaid)												
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
<b>GRAND ANNUAL TOTALS</b>	152		452	2,775	5,681	21,892	2,088	5,538			3,354	41,932

0140.0	Number of Admissions During Year	86
0140.1	Number of Massachusetts Medicaid Admissions During Year	11
0150.0	Number of Discharges During Year	110
0190.0	Average Length of Stay	42



### 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			
<b>Total</b>	<b>XXXXXXXXXX</b>		
		(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			
Unregistered/Other Non-Allowable			
<b>Total</b>	<b>XXXXXXXXXX</b>		
		(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			
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX		

(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			
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX		

(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	110,482	7848.2	689,455	7835.2	1,217,143
Hours*	7847.2	2,154	7849.2	15,283	7836.2	50,997

\*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	0	7851.2	0	7852.2	0

**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) <sup>1</sup>
Tony L. Francis	From: 01/01/2020 To: 12/31/2020	5410	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	723,217
9270.2	Payroll Taxes	80,330
9270.3	Workers' Compensation	
9270.4	Group Health/Life Insurance	67,706
9270.5	Pension	61,248
9270.6	Other Benefits	
9272.0	TOTAL ADMINISTRATOR COMPENSATION	932,501

**Staff and Hours by Position**

Position	Account	Number of Staff	Account	Total Hours
Staff Development	7210.2		7310.2	
Plant Operations	7211.2	4	7311.2	5,734
Dietary Staff	7212.2	18	7312.2	40,696
Dietician	7213.2		7313.2	
Laundry Staff	7214.2	3	7314.2	4,879
Housekeeping Staff	7215.2	12	7315.2	27,300
Quality Assurance	7216.2	2	7316.2	3,841
Ward Clerks/Medical Records	7217.2	2	7317.2	2,871
MMQ Nurses	7218.2	1	7318.2	2,400
MDS Coordinator	7232.2	1	7332.2	2,080
Social Service Staff	7220.2	2	7320.2	2,960
Interpreters	7233.2		7333.2	
Restorative – Indirect	7221.2	1	7321.2	1,030
Restorative – Direct	7222.2	10	7322.2	12,387
Recreational Staff	7223.2	2	7323.2	2,192
Administrator	7224.2	1	7324.2	3,360
Officer	7225.2		7325.2	
Clerical Staff	7226.2	18	7326.2	31,461
Admin.In training	7227.2		7327.2	
DON	7228.2	2	7328.2	5,668
RNs	7229.2	29	7329.2	45,451
LPNs	7230.2	18	7330.2	42,629
CNAs	7231.2	54	7331.2	134,399
Totals		180		371,338

### Schedule 17: Proprietorship/Partnership/Corporation Information

**Not For Profit**

**Last Name**            Francis  
**First Name**        Tony  
**Title**                 President

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
-1	100	0	0	0	0	0	0	0	0

**Last Name**            Bolling  
**First Name**        Royal  
**Title**                 Chairman

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
-1	100	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

**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**                 Francis  
**First Name**                Tony  
**Title**                         President

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7710.1)
4110.1	100	3,360	723,217	61,248	80,330	0	67,706	0	0	932,501

**Last Name**                 Joseph  
**First Name**                Anderson  
**Title**                         CNA

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7711.1)
6051.1	100	8,427	163,939	13,884	18,209	0	15,348	0	0	211,380

**Last Name**                 Jean  
**First Name**                Nadia  
**Title**                         LPN

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7712.1)
6041.1	100	7,056	153,897	13,033	17,094	0	14,408	0	0	198,432

**Schedule 19: Summary of Notes Payable**

**Mortgages and Notes Supporting Fixed Assets 1**

<sup>3</sup> 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	<sup>2</sup> Bal. 01/01/2020	Principal Payment	Bal. 12/31/2020	Rate %	Interest Expense	Period Expense *
Mortgage	Resthaven Corp	Yes	10/26/1972	01/01/2021	240	17,832	2,300,000	0	0	2,300,000	0	2,300,000	7	161,000	0
Totals	XXXX	XX	XXXXXX	XXXX	XXX	XXX	XXXXXX	0	0	XXXX	XXXX	2,300,000	XXXX	161,000	0

\*See Instructions

a

b

c

**Total Fixed Interest a + b + c (4520.8) = 161,000**

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**

<b>Lender Name</b>	<b>Rel. Party Y/N</b>	<sup>2</sup> <b>Balance 01/01/2020</b>	<b>Amount</b>	<b>Start Mo/Da/Yr</b>	<b>Principal Payment</b>	<b>Balance 12/31/2020</b>	<b>Interest Rate%</b>	<sup>3</sup> <b>Interest Expense</b>
East Boston Savings Bank	No	521,850	23,952	02/01/2019	521,850	23,952	5.5	10,506

**Total Working Capital Interest (4430.0) 3**

**10,506**

**Total Working Capital Debt (2100.0 less 2160.0)**

**23,952**

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

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

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

**HCF-2-NH Deferred Charges and Other Assets**

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

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

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

**Net Worth – Not-For-Profit**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Net Assets			
2410.0	Unrestricted			
2420.0	Temporarily Restricted			
2430.0	Permanently Restricted			
<b>2400.0</b>	<b>TOTAL NET ASSETS</b>			

**Net Worth – Proprietorship or Partnership**

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

**Net Worth – Corporate**

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

<b>2500.0</b>	<b>TOTAL NET WORTH</b>			
---------------	------------------------	--	--	--

<b>2000.0</b>	<b>TOTAL LIABILITIES AND NET WORTH (2005.0 + 2300.0 + 2500.0)</b>			
---------------	---	--	--	--

\* 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 *		
3530.0	Other Income *		
3540.0	Recoverable Fixed Income		
<b>3500.0</b>	<b>TOTAL INCOME</b>		

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

<sup>3</sup> 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	<sup>2</sup> 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 )**

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

**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:	BENJAMIN HEALTHCARE CENTER
Preparer's Last Name:	Pierre-Louis
Middle Name:	
First Name :	Ronald
Title :	President
Preparer's Address:	11 Fairmount Ave
Phone Number:(###-###-####)	617-274-8475
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:	Pierre-Louis,,Ronald - Pie27926
Date of Authorization (MO/DA/YR):	06/04/2021
Submitter's acknowledgement:	X

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

CERTIFICATION BY OWNER,PARTNER OR OFFICER

Provider Name :BENJAMIN HEALTHCARE CENTER

Vendor Payment Number :0998613

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:	Francis
First Name :	Tony
Middle Name:	
Title :	CEO

**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:	Francis,,Tony - Fra17943
Date of Authorization (MO/DA/YR):	06/07/2021
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:	Francis
First Name :	Tony
Middle Name:	
Title :	CEO

**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:	Francis,,Tony - Fra17943
Date of Authorization (MO/DA/YR):	06/07/2021
Submitter's acknowledgement:	X



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