

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

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

Facility Name	GLEN RIDGE NURSING CARE CENTER
VPN	0950439
Provider ID	110105928A
Balance Sheet Date	12/31/2020
Reporting Period	From: 01/01/2020 To: 12/31/2020
Street Address	120 MURRAY ST.
City	Medford
Zip	02155
Hospital Based Nursing Facility?	Yes <input checked="" type="checkbox"/> No
Management Company	Genesis Health Care LLC
Realty Company	None

Is above information accurate: ☒ Yes ☐ No

Telephone	781-391-0800
Fax	
Federal Employee Tax ID Number	383975320

Is above information accurate: ☒ Yes ☐ No

Contact Person for this report:

Name	Thomas Farnan
Firm (if not facility)	GLEN RIDGE NURSING CARE CENTER
Title	Sr. Reimbursement Director
Street Address	c/o Genesis HealthCare
City	Andover
State	MA
Zip	01810
Telephone	978-247-5029
Fax	978-474-7525
E-mail address	thomas.farnan@genesishcc.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	
Name of Contact	
Title	
Street Address	
City	
State	
Zip	
Telephone	
Fax	
Email address	
Type of Accounting Service Performed	Audit

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 checked="" 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
12/01/2015	164	0	0	164	164

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: 164

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 type="checkbox"/>	<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 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"/>	04/01/1990
10	What was the date and value of the most recent assessed property value of this facility?	<input type="checkbox"/>	<input type="checkbox"/>	Date: 01/01/2017 Assessed Value: 12,100,000

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

Direct or Indirect	ID	Name of Owner(s)	Address	%Share
Indirect	O12086	HCCF Management Group XI LLC	3820 Mansell Road,Suite 280,Alpharetta,GA 30022	5
Indirect	O12862	Welltower,Inc	4500 Dorr St.,Toledo,OH 43615	5
Indirect	O11532	FC-GEN Operations Investment, LLC	101 East State Street,Kennett Square,PA 19348	5
Indirect	O12864	Summit Care LLC	101 East State Street,Kennett Square,PA 19348	5
Indirect	C16991	Arnold Whitman	1035 Powers Place,Alpharetta,GA 30009	5
Indirect	C16992	Steven Fishman	101 West Avenue, 3rd Floor,Jenkintown,PA 19046	5
Indirect	O12866	Sundance Rehabilitation Holdco, Inc.	101 East State Street,Kennett Square,PA 19348	5
Indirect	O12867	Genesis Healthcare Inc.	101 East State Street,Kennett Square,PA 19348	5
Indirect	C26839	David Reis	234 Church Street, Suite 901,New Haven,CT 06510	5
Indirect	O11526	Genesis Operations LLC	101 East State Street,Kennett Square,PA 19348	5
Indirect	O9841	Senior Care Genesis, LLC	234 Church Street, Suite 901,New Haven,CT 06510	5
Indirect	O11529	Genesis HealthCare LLC	101 East State Street,Kennett Square,PA 19348	5
Indirect	O12061	ZAC Properties XI LLC	1617 JFK Boulevard Suite 545,Philadelphia,PA 19103	5
Direct	O12863	120 Murray Operations, LLC	101 East State Street,Kennet Sq,PA 19348	100
Indirect	O9826	Sun Healthcare Group, Inc.	101 East State Street,Kennett Square,PA 19348	5
Indirect	O11530	GEN Operations II, LLC	101 East State Street,Kennett Square,PA 19348	5
Indirect	O11531	GEN Operations I, LLC	101 East State Street,Kennett Square,PA 19348	5

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)
ACADEMY MANOR	0950091	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
APPLE VALLEY CENTER	0950127	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
HERITAGE HALL EAST	0950103	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC

Facility Name	VPN	Name of Owner(s)
HERITAGE HALL NORTH	0950124	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
HERITAGE HALL SOUTH	0950106	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
HERITAGE HALL WEST	0950121	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC

Facility Name	VPN	Name of Owner(s)
KEYSTONE CENTER	0950082	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
PALM MANOR	0950109	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
PRESCOTT HOUSE	0950012	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC

Facility Name	VPN	Name of Owner(s)
RENAISSANCE MANOR ON CABOT	0950442	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Summit Care LLC Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
SARAH S. BRAYTON NURSING CARE CENTER	0950100	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
SOMERSET RIDGE	0950085	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC

Facility Name	VPN	Name of Owner(s)
SUTTON HILL CENTER	0950130	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
WACHUSETT MANOR	0950094	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC
WESTFORD HOUSE	0950133	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC

Facility Name	VPN	Name of Owner(s)
WILLOW MANOR	0950118	Arnold Whitman David Reis FC-GEN Operations Investment, LLC GEN Operations I, LLC GEN Operations II, LLC Genesis Healthcare Inc. Genesis HealthCare LLC Genesis Operations LLC HCCF Management Group XI LLC Senior Care Genesis, LLC Steven Fishman Sun Healthcare Group, Inc. Sundance Rehabilitation Holdco, Inc. Welltower, Inc ZAC Properties XI LLC

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** ☒ **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".

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.

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.

X Not Applicable

Schedule 2: Nursing Expenses

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6020.1	Director of Nurses :Salaries	156,767	0	156,767
4426.8	Director of Nurses: Group Life/Health Insurance	7,530	0	7,530
4336.3	Director of Nurses :Pension	0	0	0
4340.3	Director of Nurses :Benefits Other	0	0	0
4407.2	Director of Nurses :Payroll Taxes	13,282	0	13,282
4427.1	Director of Nurses :Workers' Compensation	3,553	0	3,553
9962.3	HCF-3 DON Add-back(HCF-3, Sch.10 part 2) **		()	
4620.0	SUBTOTAL: DIRECTOR OF NURSES	181,132	0	181,132
6030.1	RN: Salaries	975,980	0	975,980
7429.2	RN: Group Life/Health Insurance	46,878	0	46,878
7529.2	RN: Pension	0	0	0
7629.3	RN: Benefits Other	0	0	0
7729.2	RN: Payroll Taxes	82,691	0	82,691
7829.3	RN: Workers' Compensation	22,121	0	22,121
4630.0	SUBTOTAL: RN	1,127,670	0	1,127,670
6041.1	LPN: Salaries	1,503,153	0	1,503,153
7430.2	LPN: Group Life/Health Insurance	72,198	0	72,198
7530.2	LPN: Pension	0	0	0
7630.3	LPN: Benefits Other	0	0	0
7730.2	LPN: Payroll Taxes	127,356	0	127,356
7830.3	LPN: Workers' Compensation	34,070	0	34,070
4640.0	SUBTOTAL :LPN	1,736,777	0	1,736,777
6051.1	CNA: Salaries	2,264,061	0	2,264,061
7431.2	CNA: Group Life/Health Insurance	108,746	0	108,746
7531.2	CNA: Pension	0	0	0
7631.3	CNA: Benefits Other	0	0	0
7731.2	CNA: Payroll Taxes	191,825	0	191,825
7831.3	CNA: Workers' Compensation	51,316	0	51,316
4650.0	SUBTOTAL :CNA	2,615,948	0	2,615,948
6025.1	DON Purchased Service: Per Diem			
6025.2	DON Purchased Service: Temporary Agency Staff**	0		0
6025.3	SUBTOTAL: DON PURCHASED SERVICE	0		0
6035.1	RN Purchased Service: Per Diem			
6035.2	RN Purchased Service: Temporary Agency Staff**	1,529		1,529
6035.3	SUBTOTAL: RN PURCHASED SERVICE	1,529		1,529

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**	305,583		305,583
6042.3	SUBTOTAL: LPN PURCHASED SERVICE	305,583		305,583
6052.1	CNA Purchased Service: Per Diem			
6052.2	CNA Purchased Service: Temporary Agency Staff**	0		0
6052.3	SUBTOTAL: CNA PURCHASED SERVICE	0		0
4306.5	Nurses' Aide Training Administration *	0	0	
4306.6	Nursing Other Required Education			
4306.7	Nursing Job Related Education			
3192.0	Nursing Recoverable Revenue **			()
3195.0	Director of Nurses Recoverable Revenue**			()
4660.0	SUBTOTAL : OTHER NURSING	0	0	0
4610.0	TOTAL NURSING EXPENSES	5,968,639	0	5,968,639

* 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	239,766	0	239,766
7424.2	Administration: Group Life/Health Insurance	11,516	0	11,516
7524.2	Administration: Pensions	0	0	0
7624.3	Administration: Benefits Other	0	0	0
7724.2	Administration: Payroll Taxes	20,314	0	20,314
7824.3	Administration: Workers' Compensation	5,434	0	5,434
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	277,030	0	277,030
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	413,933	0	413,933
7426.2	Clerical Staff: Group Life/Health Insurance	19,882	0	19,882
7526.2	Clerical Staff: Pensions	0	0	0
7626.3	Clerical Staff: Benefits Other	0	0	0
7726.2	Clerical Staff: Payroll Taxes	35,071	0	35,071
7826.3	Clerical Staff: Workers' Compensation	9,382	0	9,382
7926.3	Clerical Staff: Purchased Service	0	0	0
4750.0	SUBTOTAL: CLERICAL STAFF	478,268	0	478,268

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4150.3	EDP/Payroll/Bkpg Serv.	520	0	520
4160.3	Management Fees (see HCF-3) *	741,217	741,217	
4160.6	Management Consultants *	0	0	
4250.5	Office Supplies	16,344	0	16,344
4261.5	Telephone: Phone	17,945	0	17,945
4262.6	Telephone: Directory Advertising *	0	0	
4280.5	Travel: Conventions and Meetings	5,449	0	5,449
4295.7	Advertising--Help Wanted	5,151	0	5,151
4298.7	Advertising—Promotional *	7,410	7,410	
4299.7	Direct Care Add-on Recruitment	0	0	0
4301.7	Licenses and Dues--Pt. Care Related Portion	62	0	62
4302.3	Licenses and Dues--Promotional, Goodwill, Leg. Port *	0	0	
4306.2	Education/Training Administration	0	0	0
4350.3	Accounting - Appeal Service *	0	0	
4360.3	Accounting - other	0	0	0
4380.3	Legal - Appeal Service *	0	0	
4385.7	Legal - DALA Filing Fees *	0	0	
4390.7	Legal – Other *	81,599	81,599	
4431.7	Insurance - Malpractice & General Liability	254,005	148,593	105,412
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)	42,453	0	42,453
9502.3	HCF-2-NH Other Exp. Add-back (Schedule 24) **		()	
9960.3	HCF-3 Allocated A & G (HCF-3, Sch. 10)**		(610,582)	610,582
9961.3	HCF-3 Allocated Fixed Cost (HCF-3, Sch.10) **		(47,151)	47,151
3191.0	A&G Recoverable Income **		9,020	(9,020)
4760.0	SUBTOTAL: OTHER A&G	1,172,155	330,106	842,049
4710.0	TOTAL ADMINISTRATIVE & GENERAL EXPENSES	1,927,453	330,106	1,597,347

* 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	53,055	0	53,055
7410.2	Staff Dev. Coord.:Group Life/Health Insurance	2,548	0	2,548
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	4,495	0	4,495
7810.3	Staff Dev. Coord.: Workers' Compensation	1,203	0	1,203
7910.3	Staff Dev. Coord.: Purchased Service	0	0	0
4820.0	SUBTOTAL: STAFF DEV. COORD.	61,301	0	61,301
5105.1	Plant Operation: Salaries	97,720	0	97,720
7411.2	Plant Operation:Group Life/Health Insurance	4,694	0	4,694
7511.2	Plant Operation: Pensions	0	0	0
7611.3	Plant Operation: Benefits Other	0	0	0
7711.2	Plant Operation: Payroll Taxes	8,279	0	8,279
7811.3	Plant Operation: Workers' Compensation	2,215	0	2,215
5110.3	Plant Operation: Purchased Service	73,055	0	73,055
5115.5	Plant Operation: Supplies and Expenses	143,961	0	143,961
5120.5	Plant Operation: Utilities	317,587	0	317,587
5130.7	Plant Operation: Repairs	27,938	0	27,938
9502.4	HCF-2-NH Utilities/Plant Operations Add-back (Schedule 24) **		()	0
4830.0	SUBTOTAL: PLANT OPERATION	675,449	0	675,449
5205.1	Dietary: Salaries	0	0	0
7412.2	Dietary: Group Life/Health Insurance	0	0	0
7512.2	Dietary: Pensions	0	0	0
7612.3	Dietary: Benefits Other	0	0	0
7712.2	Dietary: Payroll Taxes	0	0	0
7812.3	Dietary: Workers' Compensation	0	0	0
5220.5	Dietary: Food	195,026	0	195,026
5221.3	Dietary: Purchased Service	668,835	0	668,835
5235.5	Dietary: Supplies and Expenses	41,060	0	41,060
4840.0	SUBTOTAL: DIETARY	904,921	0	904,921
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)**		()	
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	154,241	0	154,241
5330.5	Laundry: Supplies and Expenses	52,814	0	52,814
5340.5	Laundry: Linen and Bedding	0	0	0
4860.0	SUBTOTAL: LAUNDRY	207,055	0	207,055
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	246,638	0	246,638
5420.5	Housekeeping: Supplies and Expenses	34,452	0	34,452
4870.0	SUBTOTAL: HOUSEKEEPING	281,090	0	281,090
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)**		(0)	0
4880.0	SUBTOTAL: QA PROFESSIONAL	0	0	0
6505.1	Ward Clerks & Medical Records Librarian: Salaries	69,937	0	69,937
7417.2	Ward Clerk & Med Rec Lib: Group Life/Health Insurance	3,359	0	3,359
7517.2	Ward Clerk & Med Rec Lib: Pensions	0	0	0
7617.3	Ward Clerk & Med Rec Lib: Benefits Other	0	0	0
7717.2	Ward Clerk & Med Rec Lib: Payroll Taxes	5,925	0	5,925
7817.3	Ward Clerk & Med Rec Lib: Workers' Compensation	1,585	0	1,585
7917.3	Ward Clerk & Med Rec Lib: Purchased Service	0	0	0
4890.0	SUBTOTAL: WARD CLERK & MED REC LIBRARIAN	80,806	0	80,806

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6506.1	MMQ Evaluation Nurse: Salaries	87,049	0	87,049
7418.2	MMQ Evaluation Nurse:Group Life/Health Insurance	4,181	0	4,181
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	7,375	0	7,375
7818.3	MMQ Evaluation Nurse: Workers' Compensation	1,973	0	1,973
7918.3	MMQ Evaluation Nurse: Purchased Service	0	0	0
4900.0	SUBTOTAL: MMQ EVALUATION NURSE	100,578	0	100,578
6508.1	MDS Coordinator: Salaries	77,822	0	77,822
7432.2	MDS Coordinator:Group Life/Health Insurance	3,738	0	3,738
7532.2	MDS Coordinator: Pensions	0	0	0
7632.3	MDS Coordinator: Benefits Other	0	0	0
7732.2	MDS Coordinator: Payroll Taxes	6,594	0	6,594
7832.3	MDS Coordinator: Workers' Compensation	1,764	0	1,764
7932.3	MDS Coordinator: Purchased Service	0	0	0
4910.0	SUBTOTAL:MDS COORDINATOR	89,918	0	89,918
6540.0	Social Service Worker: Salaries	0	0	0
7420.2	Social Service Worker:Group Life/Health Insurance	0	0	0
7520.2	Social Service Worker: Pensions	0	0	0
7620.3	Social Service Worker: Benefits Other	0	0	0
7720.2	Social Service Worker: Payroll Taxes	0	0	0
7820.3	Social Service Worker: Workers' Compensation	0	0	0
7920.3	Social Service Worker: Purchased Service	132,741	0	132,741
4920.0	SUBTOTAL: SOCIAL SERVICE WORKER	132,741	0	132,741
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 *	571,258	571,258	
9968.0	HCF-3 Indirect Restorative Add-back (HCF-3, Sch. 10, part 3) **		()	
4930.0	SUBTOTAL: RESTORATIVE THERAPY	571,258	571,258	0
7021.1	Recreational Therapy: Salaries	188,694	0	188,694
7423.2	Recreational Therapy:Group Life/Health Insurance	9,063	0	9,063
7523.2	Recreational Therapy: Pensions	0	0	0
7623.3	Recreational Therapy: Benefits Other	0	0	0
7723.2	Recreational Therapy: Payroll Taxes	15,987	0	15,987
7823.3	Recreational Therapy: Workers' Compensation	4,277	0	4,277
7022.3	Recreational Therapy: Purchased Service	37,073	0	37,073
7023.5	Recreational Therapy: Supplies and Expenses	3,348	0	3,348
7024.8	Recreational Therapy: Transportation *	0	0	
4940.0	SUBTOTAL: RECREATIONAL THERAPY	258,442	0	258,442

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4275.5	Travel: Motor Vehicle Expense	0	0	0
4306.3	Variable Other required education	0	0	0
4306.4	Variable Job related education	-184	0	-184
4434.7	NonProfit DES Claims Variable Portion	0	0	0
6511.3	Physician Services: Medical Director	18,000	0	18,000
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	65,255	0	65,255
6515.3	Physician Services: Other	0	0	0
6520.5	Legend Drugs *	336,368	336,368	
6522.5	House Supplies not resold	179,461	0	179,461
6523.5	Resold to private patients *	0	0	
6524.5	Resold to public patients *	0	0	
6530.0	Pharmacy Consultant	15,742	0	15,742
3150.0	Vending Machines Income			()
3193.0	Variable Recoverable			()
4950.0	SUBTOTAL: OTHER VARIABLE	614,642	336,368	278,274
4810.0	TOTAL VARIABLE EXPENSES	3,978,201	907,626	3,070,575

* 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	502,866	0	(0)	502,866					
Land HCF-2-NH	0	0	(0)	0					
Building HCF-1	9,836,272	0	(0)	9,836,272	2.5	(4550.8) 0	-245,907	245,907	
Building HCF-2-NH	0	0	(0)	0	2.5				0
Improvements HCF-1	2,129,738	303,653	(0)	2,433,391	5.0	(4565.8) 49,269	-72,401	121,670	
Improvements HCF-2-NH	0	0	(0)	0	5.0				0
HCF Cap. Improv. HCF-1	91,323	0	(0)	91,323	5.0	(4566.8) 0	-4,566	4,566	
HCF Cap. Improv. HCF-2-NH	0	0	(0)	0	5.0				0
Equipment HCF-1	2,615,838	0	(0)	2,615,838	10.0	(4570.8) 20,917	-244,501	265,418	
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	10,022	0	(0)	10,022	33.3	(4585.8) 0	-3,337	3,337	
Software HCF-2-NH	0	0	(0)	0	33.3				0
HCF Cap. Software HCF-1	0	0	(0)	0	33.3	(4586.8) 0	0	0	
HCF Cap. Software HCF-2-NH	0	0	(0)	0	33.3				0

	Allowable Basis, Cost Begin of Year	Claimed Additions	Claimed Deletions	Allowable Basis, Cost End of Year	Rate %	Reported Depreciation or Expenses (from financials)	Non-Allowable Expenses and Add-backs	Claimed HCF-1 Fixed Costs	Claimed HCF-2- NH Fixed Costs (if Applicable)
Long-Term Interest						(4520.8) 0	0	0	0
MA Corp. Excise Tax Non-Income Portion						(8027.7) 0	0	0	0
Building Insurance						(4590.8) 31,068	0	31,068	0
Real Estate Taxes						(4510.8) 113,851	0	113,851	0
Personal Property Taxes						(4515.8) 8,451	0	8,451	0
Other (Explain in Schedule 20)						(4538.8) 19,231	0	19,231	0
Rent—Real Property—HCF-2-NH Required *						(4535.8) 106,600	106,600		
Recoverable Fixed Cost Income						(3196.0)	0	(0)	(3540.0) (0)
Total HCF-1 and HCF- 2-NH Fixed Expenses						(9950.1) 349,387	-464,112	(a) 813,499	(b)9950.2 0
TOTAL FIXED COSTS CLAIMED								(a) + (b)	(9950.0) 813,499

* 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 *	0	0	
4430.0	Interest on working Capital *	0	0	
4435.0	Pre-Opening Expenses *	0	0	
8010.0	Bad Accounts *	261,615	261,615	
8012.0	User Fee Assessment *	767,576	767,576	
8015.0	Fines, Late Charges, and Penalties *	0	0	
8025.5	State and Federal Income Taxes *	0	0	
8030.0	Refunds and Allowances *	0	0	
8040.0	Adult Day Care Expenses *	0	0	
8045.0	Assisted Living Expenses *	0	0	
8046.0	Outpatient Service Expenses *	0	0	
8047.0	Chapter 766 Program Expenses *	0	0	
8048.0	Ventilator Program Expenses *	0	0	
8049.0	Acquired Brain Injury Unit Expenses *	0	0	
8050.0	Other Special Program Expenses **	0	0	
8060.0	Hospital Expenses - Non-Nursing Facility *	0	0	
8065.0	Other Non-Nursing Facility Expenses *	946,125	946,125	
4960.0	Total Bad Accounts, Taxes, Refunds, Other *	1,975,316	1,975,316	

* 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)	5,968,639	0	5,968,639
Total A&G Expenses (4710.0)	1,927,453	330,106	1,597,347
Total Variable Expenses (4810.0)	3,978,201	907,626	3,070,575
Total Fixed Costs (9950.1)	349,387	-464,112	813,499
HCF-2-NH Fixed Costs Claimed (9950.2)		(0)	0
Non Nursing expenses (4960.0)	1,975,316	1,975,316	0
TOTAL OPERATING EXPENSES(4000.0)	14,198,996	2,748,936	11,450,060

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

Payer	Account	Routine Income	Account	Ancillary Income	Account	TOTAL INCOME
Self-Pay	3003.1	713,993	3005.1	999,439	3001.1	1,713,432
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	1,058,763	3005.4	1,257,221	3001.4	2,315,984
Medicare – Managed Care	3003.5	415,935	3005.5	611,564	3001.5	1,027,499
Massachusetts Medicaid - Non-Managed Care	3003.6	6,159,446	3005.6	84,961	3001.6	6,244,407
Massachusetts Medicaid - Managed Care	3003.7	2,202,225	3005.7	-92,340	3001.7	2,109,885
Senior Care Options & PACE	3003.8	0	3005.8	0	3001.8	0
MA Medicaid Patient Resource Income	3022.6	0	3032.6	0	3001.9	0
Non-MA Medicaid	3022.7	0	3032.7	0	3002.1	0
Veteran's Affairs and Other Public	3023.2	0	3033.2	0	3002.2	0
Other payers (nursing facility only)	3003.9	0	3005.9	0	3002.3	0
TOTAL NURSING FACILITY INCOME	3003.0	10,550,362	3005.0	2,860,845	3001.0	13,411,207

Non-Nursing Facility Income

Service	Account	Income	Total
Adult Day Care	3025.3	0	
Hospital – Non-Nursing Facility	3026.1	0	
Outpatient Services	3025.5	0	
Assisted Living	3025.4	0	
Residential Care	3026.3	0	
Other Non-Nursing Facility	3026.2	0	
SUBTOTAL NON-NURSING FACILITY INCOME	3026.0		0
Endowment and other non-recoverable (Explain below)	3120.0	282	
Laundry	3140.0	0	
Vending Machines	3150.0		
Bad Debt Recovery	3160.0	0	
Prior Year Retroactive	3170.0	0	
Interest Income	3180.0	166	
Nurses' Aide Training Income	3185.0	0	
Administrative and General Recoverable (Explain below)	3191.0	9,020	
Nursing Recoverable Income (Explain below)	3192.0		
Director of Nurses Recoverable (Explain below)	3195.0		
Variable Recoverable (Explain below)	3193.0		
Fixed costs recoverable (Explain below)	3196.0		
SUBTOTAL: MISC.& RECOVERABLE	3130.0		9,468
TOTAL GROSS INCOME (3001.0 + 3026.0 + 3130.0)	3000.0		13,420,675

Ancillary Expenses relating to above Ancillary Income

Account #	Account Title	Amount
6520.5	Legend Drugs *	336,368
6522.5	House Supplies not resold	179,461
7014.3	Restorative Therapy: direct consultants *	571,258

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

Description	Amount
100250-1020/4 QT 2019 Commissions/King Vending	282
Subtotal	282

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

Account #	Description	Amount
3191.0	Barber / Beauty	9,020
Subtotal		9,020

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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Cash			
1025.0	Cash and Equivalents	44,700		
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		44,700	
	Accounts Receivable			
1063.0	Self-Pay Patients (Private)	276,922		
1066.0	Managed Care Patients (Private)	0		
1069.0	Non-Managed Care Patients (Private)	0		
1073.0	Medicare Non-Managed Care Patients	180,544		
1076.0	Medicare Managed Care Patients	454,799		
1079.0	Mass. Medicaid Non-Managed Care Patients	770,819		
1081.0	Mass.Medicaid Managed Care Patients	0		
1083.0	MA. Senior Care Organization Patients	143,303		
1086.0	PACE Patients	0		
1100.4	Non-MA Medicaid Patients	0		
1101.2	Other Public Patients	-140,747		
1089.0	Other Patients	0		
1140.0	Reserve for Bad Debt	(301,712)		
1060.0	Net Patient Account Receivables		1,383,928	
	Loans Receivables			
1160.0	Officers/Owners	0		
1170.0	Employees	0		
1180.0	Affiliates/Related Parties	0		
1185.0	Other	0		
1150.0	Total Loans Receivable		0	
1190.0	Interest Receivable		0	
1210.0	Supply Inventory		76,602	
	Prepaid Expenses			
1270.0	Prepaid Interest	0		
1280.0	Prepaid Insurance	0		
1290.0	Prepaid Taxes	-30,312		
1295.0	Capitalized Pre-opening Costs	0		
1300.0	Other Prepaid Expenses	2,243		
1260.0	Total Prepaid Expenses		-28,069	
1310.0	Other Current Assets		0	
1005.0	TOTAL CURRENT ASSETS			1,477,161

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	779,235		
1612.2	Building Improvements – Accum. Deprc.	(84,039)		
1610.0	Building Improvements – Book Value		695,196	
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	28,996		
1632.2	Other Improvements – Accum. Deprc.	(7,010)		
1630.0	Other Improvements – Book Value		21,986	
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	1,557,785		
1652.2	Equipment – Accum. Deprc.	(1,444,889)		
1650.0	Equipment – Book Value		112,896	
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 - NON CURRENT(FIXED) ASSETS			830,078

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	0		
1975.4	Non-Current Assets Whose Use is Limited	0		
1980.0	Other (Explain on Sch 20)	0		
1900.0	TOTAL DEFERRED CHARGES AND OTHER ASSETS			0
1000.0	TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)			2,307,239

Liabilities and Net Worth**Current Liabilities**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Accounts Payable			
2020.0	Trade	510,637		
2030.0	Accrued Expenses	1,095,878		
2040.2	Due Medicaid – Non-MA	0		
2040.3	Due Medicaid MA – Nursing Care	0		
2040.4	Due Medicaid MA – Resident Care	0		
2041.0	Due Medicaid - Estimated	0		
2045.0	Due Medicare - Actual	0		
2046.0	Due Medicare – Estimated	0		
2048.0	Due Other Payers - Actual	0		
2049.0	Due Other Payers – Estimated	0		
2010.0	Total Accounts Payable		1,606,515	
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	96,258		
2200.0	Accr. Payroll Tax w/held	0		
2210.0	Accr. Employee Taxes Pay.	0		
2220.0	Other Payroll Liabilities	179,594		
2180.0	Total Accrued Salaries & Payroll Liabilities		275,852	
	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	10,423		
2250.0	Total Other Current Liabilities		10,423	
2005.0	TOTAL CURRENT LIABILITIES			1,892,790
	Non-Current Liabilities			
2310.0	Mortgages	0		
2330.0	Due to Affiliates/Related Parties	3,565,406		
2320.0	Other Long-Term Debt	965,977		
2300.0	TOTAL NON-CURRENT LIABILITIES		4,531,383	
2015.0	TOTAL LIABILITIES			6,424,173

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	-4,116,934		
2610.0	TOTAL CORPORATION		-4,116,934	

2500.0	TOTAL NET WORTH(2610.0)			-4,116,934
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2000.0	TOTAL LIABILITIES AND NET WORTH (2015.0 + 2500.0)			2,307,239
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Schedule 10: Statement of Operations

Account Number		
	Operating Revenue	
9605.0	Net Patient Service Revenue	13,420,228
9610.0	Other	282
9615.0	Net Assets Released from Restriction	0
9620.0	Total Operating Revenue	13,420,510
	Operating Expenses	
9625.0	Salaries and Wages	6,647,133
9630.0	Employee Benefits	433,227
9635.0	Supplies and Other (including Payroll Taxes)	6,680,236
9640.0	Interest	0
9645.0	Provision for Bad Debt	261,615
9650.0	Depreciation and Amortization	176,786
9655.0	Total Operating Expenses	14,198,997
9660.0	Income from Operations	-778,487
	Non-Operating Revenue	
9665.0	Interest Income (from Schedule8,3180.0)	166
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)	0
9690.0	Total Non-Operating Revenue	166
9695.0	Net Income Before Taxes or Extraordinary Items	-778,321
9755.0	Provision for Income Tax	0
9760.0	Income Before Cumulative Effect of Change in Accounting Principles	-778,321
	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	-778,321

Schedule 11: Cash Flow

Account	Description	Account Balance	Total
	Cash flows from operating activities		
9805.0	Change in net assets (net income)	-778,322	
9810.0	Adjustments to reconcile changes in net assets (net income)	0	
9815.0	Increases(decreases) to cash provided by operating activities	0	
9820.0	Net cash from operating activities		-778,322
	Cash flows from investing activities		
9825.0	Capital expenditures	-342,003	
9830.0	Other cash used in investing activities	0	
9835.0	Net cash used in investing activities		-342,003
	Cash flows from financing activities		
9840.0	Proceeds from issuance of long-term debt	0	
9845.0	Payments on long-term debt and capital lease expenditures	0	
9850.0	Other cash used in financing activities	1,158,747	
9855.0	Net cash used in financing activities		1,158,747
9860.0	Net increase/(decrease) in cash and cash equivalents		38,422
9865.0	Cash/cash equivalents beginning of year	6,277	
9870.0	Cash/cash equivalents end of year		44,699

Schedule 12: Reconciliation of Reported Income and Financials

Total income reported on HCF-1 (#3000.0)	13,420,675
Total operating expenses on HCF-1 (#4000.0)	14,198,996
HCF-1 Net income/(loss) before reconciling items	-778,321 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	-778,321 ²
---	-----------------------

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

Schedule 13: Reconciliation of Net Worth**Corporation**

	Capital Stock	Additional Paid-in	Retained earnings	Treasury Stock	Total
Balance: 12/31/2019	0	0	-3,338,613	0	¹ -3,338,613
Other: Prior Period Adjustment(s)			0		² 0
Sale of stock	0				0
Additional paid-in capital		0			0
HCF-1 Net income/(Loss)			-778,321		-778,321
Dividends paid			()		()
Treasury stock Purchased/Sold				0	0
Balance: 12/31/2020	0	0	-4,116,934	(0)	³ -4,116,934
	(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	347	0	274	870	335	7,352	264	3,312	0	0	0	12,754
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)	100	0	0	0	0	169	0	0	0	0	0	269
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
Quarter 1 Totals	447	0	274	870	335	7,521	264	3,312	0	0	0	13,023
Quarter 2												
Nursing	228	0	128	1,362	436	4,624	66	1,757	0	0	0	8,601
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)	48	0	0	0	0	115	0	0	0	0	0	163
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
Quarter 2 Totals	276	0	128	1,362	436	4,739	66	1,757	0	0	0	8,764

	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	252	0	78	614	77	5,580	146	1,980	0	0	0	8,727
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)	39	0	0	0	0	134	0	0	0	0	0	173
Nursing Leave of Absence (Unpaid)	0	0	0	1	0	0	0	0	0	0	0	1
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
Quarter 3 Totals	291	0	78	615	77	5,714	146	1,980	0	0	0	8,901
Quarter 4												
Nursing	265	0	157	646	252	6,004	249	2,426	0	0	0	9,999
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)	27	0	0	0	0	94	0	0	0	0	0	121
Nursing Leave of Absence (Unpaid)	0	0	0	2	0	0	0	0	0	0	0	2
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
Quarter 4 Totals	292	0	157	648	252	6,098	249	2,426	0	0	0	10,122

	Self-Pay	Managed. Care	Non- Managed Care	Medicare- Non Managed Care	Medicare Managed Care	MA Medicaid- Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
Annual Totals												
Nursing	1,092	0	637	3,492	1,100	23,560	725	9,475	0	0	0	40,081
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)	214	0	0	0	0	512	0	0	0	0	0	726
Nursing Leave of Absence (Unpaid)	0	0	0	3	0	0	0	0	0	0	0	3
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
GRAND ANNUAL TOTALS	1,306	0	637	3,495	1,100	24,072	725	9,475	0	0	0	40,810

0140.0	Number of Admissions During Year	266
0140.1	Number of Massachusetts Medicaid Admissions During Year	32
0150.0	Number of Discharges During Year	281
0190.0	Average Length of Stay	199

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			
EXPRESS HEALTHCARE GROUP INC	TQAG	28.0	1,529
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	28.00	1,529

(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			
CareerStaff Unlimited Inc	T6PN	464.0	32,248
Core Medical Group	T011	175.0	16,846
Doctors Advice, LLC	TI8Z	284.0	13,787
EXPRESS HEALTHCARE GROUP INC	TQAG	515.0	27,267
Focus Care, Inc.	T3JP	2,773.0	162,141
Gale Healthcare Solutions LLC	TMBL	23.0	1,023
K&A Healthcare Services	TC7E	137.0	4,385
Nurse Advice LLC	TE59	775.0	38,693
On Time Medical Staffing LLC	TLLW	9.0	472
Reliable Healthcare Services LLC	T1LT	64.0	3,503
Ryben Staffing LLC	TTP5	65.0	5,218
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	5,284.00	305,583

(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	0.00	0

(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	84,350	7848.2	253,929	7835.2	354,277
Hours*	7847.2	1,568	7849.2	5,212	7836.2	12,499

*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	13,429	7851.2	32,488	7852.2	152,463

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

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

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

C. Detail of Administrator's Salary and Benefits

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

Name	Dates of Employment	License Number	Affiliation (O, R, U) ¹
Vathally, Theodore	From: 03/29/2020 To: 09/12/2020	NH1820	U
Patel, Ruchi	From: 01/01/2020 To: 12/31/2020	NH5545	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	239,766
9270.2	Payroll Taxes	20,314
9270.3	Workers' Compensation	5,434
9270.4	Group Health/Life Insurance	11,516
9270.5	Pension	0
9270.6	Other Benefits	0
9272.0	TOTAL ADMINISTRATOR COMPENSATION	277,030

Staff and Hours by Position

Position	Account	Number of Staff	Account	Total Hours
Staff Development	7210.2	2	7310.2	2,331
Plant Operations	7211.2	2	7311.2	3,942
Dietary Staff	7212.2	0	7312.2	0
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	4	7317.2	3,391
MMQ Nurses	7218.2	2	7318.2	2,340
MDS Coordinator	7232.2	1	7332.2	2,136
Social Service Staff	7220.2	0	7320.2	0
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	14	7323.2	9,543
Administrator	7224.2	2	7324.2	2,957
Officer	7225.2	0	7325.2	0
Clerical Staff	7226.2	12	7326.2	12,266
Admin.In training	7227.2	0	7327.2	0
DON	7228.2	1	7328.2	2,080
RNs	7229.2	30	7329.2	24,117
LPNs	7230.2	27	7330.2	40,842
CNAs	7231.2	75	7331.2	110,409
Totals		172		216,354

Schedule 17: Proprietorship/Partnership/Corporation Information**Corporation****Last Name** Wilson**First Name** Harry**Title** CFO

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 Divittorio**First Name** Tom**Title** CFO

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 Bach**First Name** Paul**Title** COO

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

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 Prophete
First Name Kathia
Title Nurse-LPN

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7710.1)
6041.1	100	4,308	159,618	0	13,524	3,618	7,667	0	0	184,427

Last Name Milard-Seide
First Name Yves Marie
Title Director-Nursing

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7711.1)
6020.1	100	2,354	156,767	0	13,282	3,553	7,530	0	0	181,132

Last Name Patel
First Name Ruchi
Title Administrator

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7712.1)
4110.1	100	2,337	157,131	0	13,313	3,561	7,547	0	0	181,552

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 *
Totals	XXXX	XX	XXXXXX	XXXX	XXX	XXX	XXXXXX			XXXX	XXXX		XXXX		

*See
Instructions

a

b

c

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

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
-------------	----------------	---------------------------------------	--------	----------------	----------------------	-----------------------	----------------	-------------------------------------

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 3-Account 4440.0 totaling : 42,452.80

Amount

Consulting Fees 1020620010 665.28
 Purchased Services 1020620020 11,709.03
 Bank Service Charges 1020630060 5,822.70
 Books, Dues & Subscriptions 630080 110.52
 Professional Fees -
 Employee Relations 630200 4,920.56
 Licenses & Certifications 1020630310 19,045.79
 Uniforms 630640 723.62
 Miscellaneous 1020640090 2,015.02
 Sales Tax 1020640110 369.04
 Holiday Expense 1020640030 381.40
 Accrued Expense Estimation 1020660990 (4,196.31)
 Contributions 1020630130 -
 Employee Recognition Program 1020630190 -
 Purchased Services 3015620020 -
 Recruiting Fees 630440 -
 Political Contributions 630135 886.15
 42,452.80

Schedule 5-Account 4538.8 totaling: 19,230.57

Rental Expense-Other Office Eq 1020630460 8,157.35
 Rental Expense 1020660080 5,824.63
 Rental Expense 3080660080 -
 Rental Expense 3005660080 -
 Rental Expense 3120660080 -
 Rental Expense 5035660080 2,209.04
 Rental Expense 3030660080 3,039.55
 19,230.57

Schedule 5-Account 4520.8 in the amount 0

This is a direct allocation of interest from the management company's debt used to acquire the real estate.

Schedule 8-Account 3120.0 in the amount of : 282.32

Misc Income_Please see below (\$282.32)

Schedule 8-Account 3191.0 in the amount of : 9,020.00

Barber / Beauty 9,020.00

Schedule 9-Account 1980.0 in the amount of \$ (3,565,407.89)

This is Intercompany Due to/from amounts.

Glen Ridge Nursing Care Center

Account: 100250MISC (Misc Income) to 100250MISC (Misc Income)

Resident Posting Date Effective Date Batch Number Days/Amount

Current Period Items 100250MISC (Misc Income)

100250-1020/4 QT 2019 Commissions/King Vending 2/10/2020 2/10/2020 34568 (\$201.31)

100250-1020 2/10/2020 2/10/2020 34568 (\$81.00)

INSTAMED TEST DEPOSIT 11/9/2020 11/9/2020 35428 (\$0.01)

TOTAL (\$282.32)

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			
1050.0	Other			
1010.0	Total Cash			
	Loans Receivables			
1160.0	Officers/Owners			
1170.0	Employees			
1180.0	Affiliates/Related Parties			
1185.0	Other Loans Receivable			
1150.0	Total Loans Receivable			
	Prepaid Expenses			
1270.0	Prepaid Interest			
1280.0	Prepaid Insurance			
1300.0	Other Prepaid Expenses *			
1260.0	Total Prepaid Expenses			
1310.0	Other Current Assets			
1005.0	TOTAL CURRENT ASSETS			

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			
1500.0	TOTAL - FIXED ASSETS			

HCF-2-NH Deferred Charges and Other Assets

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

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			
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	Total Current Long-Term Debt			
2240.0	Accrued Taxes - Realty and Management			
2295.0	Other Current Liabilities			
2005.0	TOTAL CURRENT LIABILITIES			
Long Term Liabilities				
2310.0	Mortgages			
2320.0	Other Long-Term Debt			
2300.0	TOTAL LONG-TERM LIABILITIES			

Net Worth – Not-For-Profit

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

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			
2510.0	TOTAL PROPRIETORSHIP OR PARTNERSHIP			

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			
2610.0	TOTAL CORPORATION			

2500.0	TOTAL NET WORTH			
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2000.0	TOTAL LIABILITIES AND NET WORTH (2005.0 + 2300.0 + 2500.0)			
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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 *		
3530.0	Other Income *		
3540.0	Recoverable Fixed Income		
3500.0	TOTAL INCOME		

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)			()
950.2	SUBTOTAL: FIXED COSTS			0
9502.2	SUBTOTAL: OTHER OPERATING EXPENSES (from Schedule 24)			0
9545.5	Interest on Working Capital *			
9546.0	Interest on Late Payments, Penalties *			
9530.0	SUBTOTAL: NON-ALLOWABLE EXP			
9500.0	TOTAL HCF-2-NH EXPENSES			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

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

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

*See Instructions

a

b

c

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

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

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

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

Section A**Submission Attestation Sections**

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

Section A - Preparer Type of Accounting Service:

CERTIFICATION BY PREPARER OTHER THAN OWNER, PARTNER OR OFFICER

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

Firm Name:	
Preparer's Last Name:	
Middle Name:	
First Name :	
Title :	
Preparer's Address:	
Phone Number:(###-###-####)	
Type of service performed by preparer:	Audit

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:	
Date of Authorization (MO/DA/YR):	05/16/2021
Submitter's acknowledgement:	

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

CERTIFICATION BY OWNER,PARTNER OR OFFICER

Provider Name :GLEN RIDGE NURSING CARE CENTER

Vendor Payment Number :0950439

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:	Bethea
First Name :	Lashuan
Middle Name:	
Title :	VP-Legislative Affairs Government Relations

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:	Bethea,,Lashuan - Bet31020
Date of Authorization (MO/DA/YR):	05/16/2021
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:	Bethea
First Name :	Lashuan
Middle Name:	
Title :	VP-Legislative Affairs Government Relations

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:	Bethea,,Lashuan - Bet31020
Date of Authorization (MO/DA/YR):	05/16/2021
Submitter's acknowledgement:	X



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