

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

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

Facility Name	MAPLES REHABILITATION & NURSING CENTER
VPN	0950373
Provider ID	110100431A
Balance Sheet Date	12/31/2020
Reporting Period	From: 01/01/2020 To: 12/31/2020
Street Address	90 TAUNTON STREET
City	Wrentham
Zip	02093
Hospital Based Nursing Facility?	Yes <input checked="" type="checkbox"/> No
Management Company	None
Realty Company	None

Is above information accurate: ☒ Yes ☐ No

Telephone	
Fax	
Federal Employee Tax ID Number	463558445

Is above information accurate: ☒ Yes ☐ No

Contact Person for this report:

Name	Jonathan Langfield
Firm (if not facility)	CliftonLarsonAllen LLP
Title	CPA
Street Address	300 Crown Colony Drive, Suite 31
City	Quincy
State	MA
Zip	02169
Telephone	617-984-8100
Fax	617-984-8150
E-mail address	jonathan.langfield@claconnect.com

Schedule1: General Information

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

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

Other Business Activities(Check all that apply):

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

Legal Status(check one):

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

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
09/01/2014	144	0	0	144	144

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: 144

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 Schedule 10 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?			07/18/1983
10	What was the date and value of the most recent assessed property value of this facility?			Date: 01/01/2006 Assessed Value: 6,973,100

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	O12552	Maples Rehabilitation and Nursing Center, LLC	90 Taunton Street, Wrentham, MA 02093	100
Indirect	C793	Jodi Pflum	55 Autumn Road, Wrentham, MA 02093	12
Indirect	C17935	Glenn Capachin	116 Seeonk Street, Norfolk, MA 02056	12
Indirect	O12553	The Caroline F. Capachin Trust	90 High Street, Walpole, MA 02081	52
Indirect	C17936	James Capachin	65 Lee Circle, Pascoag, RI 02859	12
Indirect	C5701	Terri Wade	82 High Street, Walpole, MA 02081	12

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

X Not Applicable

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

X Not Applicable

5. Indicate any entity, person or related party as defined in REGULATION 114.2 CMR 6.00 and that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives any salary, fee or other compensation from this company. Indicate the amount paid by this company for this reporting year. (Attach addendum if necessary.)

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

Entity/Person	Goods / Services	Billing / Compensation	Mark up	Cost	Account Posted	Name of Owner
John Wade	Salary	284,286	0	284,286	4140.1	Maples Rehabilitation and Nursing Center, LLC
Terri Wade	Salary	198,545	0	198,545	4140.1	Maples Rehabilitation and Nursing Center, LLC
Kirsten Wade	Salary	27,392	0	27,392	4140.1	Maples Rehabilitation and Nursing Center, LLC
Caroline Capachin	Officer	348,916	0	348,916	2540.0	Maples Rehabilitation and Nursing Center, LLC
James Capachin	Officer	60,000	0	60,000	2540.0	Maples Rehabilitation and Nursing Center, LLC
Glenn Capachin	Officer	60,000	0	60,000	2540.0	Maples Rehabilitation and Nursing Center, LLC
Jodi Pflum	Salary	191,364	0	191,364	4110.1	Maples Rehabilitation and Nursing Center, LLC

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

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

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.

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	159,477	0	159,477
4426.8	Director of Nurses: Group Life/Health Insurance	9,895	0	9,895
4336.3	Director of Nurses :Pension	4,928	0	4,928
4340.3	Director of Nurses :Benefits Other	3,672	0	3,672
4407.2	Director of Nurses :Payroll Taxes	12,786	0	12,786
4427.1	Director of Nurses :Workers' Compensation	3,610	0	3,610
9962.3	HCF-3 DON Add-back(HCF-3, Sch.10 part 2) **		(0)	0
4620.0	SUBTOTAL: DIRECTOR OF NURSES	194,368	0	194,368
6030.1	RN: Salaries	1,229,268	0	1,229,268
7429.2	RN: Group Life/Health Insurance	76,271	0	76,271
7529.2	RN: Pension	37,987	0	37,987
7629.3	RN: Benefits Other	28,307	0	28,307
7729.2	RN: Payroll Taxes	98,556	0	98,556
7829.3	RN: Workers' Compensation	27,830	0	27,830
4630.0	SUBTOTAL: RN	1,498,219	0	1,498,219
6041.1	LPN: Salaries	1,873,845	0	1,873,845
7430.2	LPN: Group Life/Health Insurance	116,265	0	116,265
7530.2	LPN: Pension	57,906	0	57,906
7630.3	LPN: Benefits Other	43,150	0	43,150
7730.2	LPN: Payroll Taxes	150,234	0	150,234
7830.3	LPN: Workers' Compensation	42,422	0	42,422
4640.0	SUBTOTAL :LPN	2,283,822	0	2,283,822
6051.1	CNA: Salaries	2,642,493	0	2,642,493
7431.2	CNA: Group Life/Health Insurance	163,957	0	163,957
7531.2	CNA: Pension	81,659	0	81,659
7631.3	CNA: Benefits Other	60,850	0	60,850
7731.2	CNA: Payroll Taxes	211,861	0	211,861
7831.3	CNA: Workers' Compensation	59,825	0	59,825
4650.0	SUBTOTAL :CNA	3,220,645	0	3,220,645
6025.1	DON Purchased Service: Per Diem	0	0	0
6025.2	DON Purchased Service: Temporary Agency Staff**	0	0	0
6025.3	SUBTOTAL: DON PURCHASED SERVICE	0	0	0
6035.1	RN Purchased Service: Per Diem	0	0	0
6035.2	RN Purchased Service: Temporary Agency Staff**	14,979	0	14,979
6035.3	SUBTOTAL: RN PURCHASED SERVICE	14,979	0	14,979

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6042.1	LPN Purchased Service: Per Diem	0	0	0
6042.2	LPN Purchased Service: Temporary Agency Staff**	10,553	0	10,553
6042.3	SUBTOTAL: LPN PURCHASED SERVICE	10,553	0	10,553
6052.1	CNA Purchased Service: Per Diem	0	0	0
6052.2	CNA Purchased Service: Temporary Agency Staff**	0	0	0
6052.3	SUBTOTAL: CNA PURCHASED SERVICE	0	0	0
4306.5	Nurses' Aide Training Administration *	0	0	
4306.6	Nursing Other Required Education	149	0	149
4306.7	Nursing Job Related Education	0	0	0
3192.0	Nursing Recoverable Revenue **			()
3195.0	Director of Nurses Recoverable Revenue**			()
4660.0	SUBTOTAL : OTHER NURSING	149	0	149
4610.0	TOTAL NURSING EXPENSES	7,222,735	0	7,222,735

* 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	191,364	0	191,364
7424.2	Administration: Group Life/Health Insurance	9,804	0	9,804
7524.2	Administration: Pensions	9,336	0	9,336
7624.3	Administration: Benefits Other	2	0	2
7724.2	Administration: Payroll Taxes	2	0	2
7824.3	Administration: Workers' Compensation	2	0	2
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	210,510	0	210,510
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 *	11,218	11,218	
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	11,218	11,218	
4140.1	Clerical Staff: Salaries	907,362	0	907,362
7426.2	Clerical Staff: Group Life/Health Insurance	56,298	0	56,298
7526.2	Clerical Staff: Pensions	28,040	0	28,040
7626.3	Clerical Staff: Benefits Other	20,894	0	20,894
7726.2	Clerical Staff: Payroll Taxes	72,747	0	72,747
7826.3	Clerical Staff: Workers' Compensation	20,542	0	20,542
7926.3	Clerical Staff: Purchased Service	0	0	0
4750.0	SUBTOTAL: CLERICAL STAFF	1,105,883	0	1,105,883

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4150.3	EDP/Payroll/Bkpg Serv.	64,331	0	64,331
4160.3	Management Fees (see HCF-3) *	0	0	
4160.6	Management Consultants *	32,910	32,910	
4250.5	Office Supplies	127,563	0	127,563
4261.5	Telephone: Phone	24,424	0	24,424
4262.6	Telephone: Directory Advertising *	777	777	
4280.5	Travel: Conventions and Meetings	406	0	406
4295.7	Advertising--Help Wanted	2,450	0	2,450
4298.7	Advertising—Promotional *	1,910	1,910	
4299.7	Direct Care Add-on Recruitment	0	0	0
4301.7	Licenses and Dues--Pt. Care Related Portion	21,657	1,500	20,157
4302.3	Licenses and Dues--Promotional, Goodwill, Leg. Port *	520	520	
4306.2	Education/Training Administration	0	0	0
4350.3	Accounting - Appeal Service *	0	0	
4360.3	Accounting - other	82,402	0	82,402
4380.3	Legal - Appeal Service *	0	0	
4385.7	Legal - DALA Filing Fees *	288	288	
4390.7	Legal – Other *	183	183	
4431.7	Insurance - Malpractice & General Liability	152,748	0	152,748
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)	607	0	607
9502.3	HCF-2-NH Other Exp. Add-back (Schedule 24) **		(0)	0
9960.3	HCF-3 Allocated A & G (HCF-3, Sch. 10)**		(0)	0
9961.3	HCF-3 Allocated Fixed Cost (HCF-3, Sch.10) **		(0)	0
3191.0	A&G Recoverable Income **		2,975	(2,975)
4760.0	SUBTOTAL: OTHER A&G	513,176	41,063	472,113
4710.0	TOTAL ADMINISTRATIVE & GENERAL EXPENSES	1,840,787	52,281	1,788,506

* 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	208,176	0	208,176
7410.2	Staff Dev. Coord.:Group Life/Health Insurance	12,917	0	12,917
7510.2	Staff Dev. Coord.: Pensions	6,433	0	6,433
7610.3	Staff Dev. Coord.: Benefits Other	4,794	0	4,794
7710.2	Staff Dev. Coord.: Payroll Taxes	16,690	0	16,690
7810.3	Staff Dev. Coord.: Workers' Compensation	4,713	0	4,713
7910.3	Staff Dev. Coord.: Purchased Service	0	0	0
4820.0	SUBTOTAL: STAFF DEV. COORD.	253,723	0	253,723
5105.1	Plant Operation: Salaries	306,817	0	306,817
7411.2	Plant Operation:Group Life/Health Insurance	19,037	0	19,037
7511.2	Plant Operation: Pensions	9,481	0	9,481
7611.3	Plant Operation: Benefits Other	7,065	0	7,065
7711.2	Plant Operation: Payroll Taxes	24,599	0	24,599
7811.3	Plant Operation: Workers' Compensation	6,946	0	6,946
5110.3	Plant Operation: Purchased Service	127,987	0	127,987
5115.5	Plant Operation: Supplies and Expenses	56,827	0	56,827
5120.5	Plant Operation: Utilities	247,366	0	247,366
5130.7	Plant Operation: Repairs	0	0	0
9502.4	HCF-2-NH Utilities/Plant Operations Add-back (Schedule 24) **		()	0
4830.0	SUBTOTAL: PLANT OPERATION	806,125	0	806,125
5205.1	Dietary: Salaries	662,203	0	662,203
7412.2	Dietary: Group Life/Health Insurance	41,087	0	41,087
7512.2	Dietary: Pensions	20,464	0	20,464
7612.3	Dietary: Benefits Other	15,249	0	15,249
7712.2	Dietary: Payroll Taxes	53,092	0	53,092
7812.3	Dietary: Workers' Compensation	14,992	0	14,992
5220.5	Dietary: Food	367,558	0	367,558
5221.3	Dietary: Purchased Service	0	0	0
5235.5	Dietary: Supplies and Expenses	64,331	0	64,331
4840.0	SUBTOTAL: DIETARY	1,238,976	0	1,238,976
5231.1	Dietician: Salaries	67,553	0	67,553
7413.2	Dietician: Group Life/Health Insurance	4,191	0	4,191
7513.2	Dietician: Pensions	2,088	0	2,088
7613.3	Dietician: Benefits Other	1,556	0	1,556
7713.2	Dietician: Payroll Taxes	5,416	0	5,416
7813.3	Dietician: Workers' Compensation	1,529	0	1,529
5233.3	Dietician: Purchased Service	0	0	0
9967.0	HCF-3 Dietician Add-back (HCF-3, Sch. 10, part 3)**		(0)	0
4850.0	SUBTOTAL: DIETICIAN	82,333	0	82,333

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
5310.1	Laundry: Salaries	0	0	0
7414.2	Laundry: Group Life/Health Insurance	0	0	0
7514.2	Laundry: Pensions	0	0	0
7614.3	Laundry: Benefits Other	0	0	0
7714.2	Laundry: Payroll Taxes	0	0	0
7814.3	Laundry: Workers' Compensation	0	0	0
5320.3	Laundry: Purchased Service	0	0	0
5330.5	Laundry: Supplies and Expenses	0	0	0
5340.5	Laundry: Linen and Bedding	880	0	880
4860.0	SUBTOTAL: LAUNDRY	880	0	880
5410.1	Housekeeping: Salaries	13,000	0	13,000
7415.2	Housekeeping: Group Life/Health Insurance	807	0	807
7515.2	Housekeeping: Pensions	402	0	402
7615.3	Housekeeping: Benefits Other	299	0	299
7715.2	Housekeeping: Payroll Taxes	1,042	0	1,042
7815.3	Housekeeping: Workers' Compensation	294	0	294
5415.3	Housekeeping: Purchased Service	449,360	0	449,360
5420.5	Housekeeping: Supplies and Expenses	27,287	0	27,287
4870.0	SUBTOTAL: HOUSEKEEPING	492,491	0	492,491
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	279,359	0	279,359
7417.2	Ward Clerk & Med Rec Lib: Group Life/Health Insurance	17,333	0	17,333
7517.2	Ward Clerk & Med Rec Lib: Pensions	8,633	0	8,633
7617.3	Ward Clerk & Med Rec Lib: Benefits Other	6,433	0	6,433
7717.2	Ward Clerk & Med Rec Lib: Payroll Taxes	22,397	0	22,397
7817.3	Ward Clerk & Med Rec Lib: Workers' Compensation	6,324	0	6,324
7917.3	Ward Clerk & Med Rec Lib: Purchased Service	0	0	0
4890.0	SUBTOTAL: WARD CLERK & MED REC LIBRARIAN	340,479	0	340,479

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6506.1	MMQ Evaluation Nurse: Salaries	67,495	0	67,495
7418.2	MMQ Evaluation Nurse:Group Life/Health Insurance	4,188	0	4,188
7518.2	MMQ Evaluation Nurse: Pensions	2,086	0	2,086
7618.3	MMQ Evaluation Nurse: Benefits Other	1,554	0	1,554
7718.2	MMQ Evaluation Nurse: Payroll Taxes	5,411	0	5,411
7818.3	MMQ Evaluation Nurse: Workers' Compensation	1,528	0	1,528
7918.3	MMQ Evaluation Nurse: Purchased Service	0	0	0
4900.0	SUBTOTAL: MMQ EVALUATION NURSE	82,262	0	82,262
6508.1	MDS Coordinator: Salaries	198,205	0	198,205
7432.2	MDS Coordinator:Group Life/Health Insurance	12,298	0	12,298
7532.2	MDS Coordinator: Pensions	6,125	0	6,125
7632.3	MDS Coordinator: Benefits Other	4,564	0	4,564
7732.2	MDS Coordinator: Payroll Taxes	15,891	0	15,891
7832.3	MDS Coordinator: Workers' Compensation	4,487	0	4,487
7932.3	MDS Coordinator: Purchased Service	0	0	0
4910.0	SUBTOTAL:MDS COORDINATOR	241,570	0	241,570
6540.0	Social Service Worker: Salaries	229,281	0	229,281
7420.2	Social Service Worker:Group Life/Health Insurance	14,226	0	14,226
7520.2	Social Service Worker: Pensions	7,085	0	7,085
7620.3	Social Service Worker: Benefits Other	5,280	0	5,280
7720.2	Social Service Worker: Payroll Taxes	6,845	0	6,845
7820.3	Social Service Worker: Workers' Compensation	5,191	0	5,191
7920.3	Social Service Worker: Purchased Service	0	0	0
4920.0	SUBTOTAL: SOCIAL SERVICE WORKER	267,908	0	267,908
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	242,870	0	242,870
7012.1	Direct Restorative Therapy: Salaries *	0	0	
7012.2	Direct Restorative Therapy: Benefits *	0	0	
7014.3	Direct Restorative Therapy: Consultants *	566,697	566,697	
9968.0	HCF-3 Indirect Restorative Add-back (HCF-3, Sch. 10, part 3) **		(-0)	0
4930.0	SUBTOTAL: RESTORATIVE THERAPY	809,567	566,697	242,870
7021.1	Recreational Therapy: Salaries	109,979	0	109,979
7423.2	Recreational Therapy:Group Life/Health Insurance	6,824	0	6,824
7523.2	Recreational Therapy: Pensions	3,399	0	3,399
7623.3	Recreational Therapy: Benefits Other	2,533	0	2,533
7723.2	Recreational Therapy: Payroll Taxes	8,817	0	8,817
7823.3	Recreational Therapy: Workers' Compensation	2,490	0	2,490
7022.3	Recreational Therapy: Purchased Service	1,920	0	1,920
7023.5	Recreational Therapy: Supplies and Expenses	2,995	0	2,995
7024.8	Recreational Therapy: Transportation *	0	0	
4940.0	SUBTOTAL: RECREATIONAL THERAPY	138,957	0	138,957

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4275.5	Travel: Motor Vehicle Expense	3,055	0	3,055
4306.3	Variable Other required education	1,276	0	1,276
4306.4	Variable Job related education	0	0	0
4434.7	NonProfit DES Claims Variable Portion	0	0	0
6511.3	Physician Services: Medical Director	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	0	0	0
6515.3	Physician Services: Other	0	0	0
6520.5	Legend Drugs *	321,439	321,439	
6522.5	House Supplies not resold	281,039	0	281,039
6523.5	Resold to private patients *	0	0	
6524.5	Resold to public patients *	0	0	
6530.0	Pharmacy Consultant	0	0	0
3150.0	Vending Machines Income			()
3193.0	Variable Recoverable			()
4950.0	SUBTOTAL: OTHER VARIABLE	624,809	321,439	303,370
4810.0	TOTAL VARIABLE EXPENSES	5,380,080	888,136	4,491,944

* 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	211,415	0	(0)	211,415					
Land HCF-2-NH	0	0	(0)	0					
Building HCF-1	6,362,574	0	(0)	6,362,574	2.5	(4550.8) 159,060	0	159,060	
Building HCF-2-NH	0	0	(0)	0	2.5				0
Improvements HCF-1	4,906,482	0	(0)	4,906,482	5.0	(4565.8) 187,183	0	187,183	
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	2,333,135	1,676	(0)	2,334,811	10.0	(4570.8) 70,174	0	70,174	
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	60,599	0	(0)	60,599	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) 303,149	0	303,149	0
MA Corp. Excise Tax Non-Income Portion						(8027.7) 0	0	0	0
Building Insurance						(4590.8) 21,255	0	21,255	0
Real Estate Taxes						(4510.8) 132,710	0	132,710	0
Personal Property Taxes						(4515.8) 3,704	0	3,704	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)
Total HCF-1 and HCF- 2-NH Fixed Expenses						(9950.1) 877,235	0	(a) 877,235	(b)9950.2 0
TOTAL FIXED COSTS CLAIMED								(a) + (b)	(9950.0) 877,235

* 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 *	64,498	64,498	
8012.0	User Fee Assessment *	745,079	745,079	
8015.0	Fines, Late Charges, and Penalties *	0	0	
8025.5	State and Federal Income Taxes *	0	0	
8030.0	Refunds and Allowances *	0	0	
8040.0	Adult Day Care Expenses *	0	0	
8045.0	Assisted Living Expenses *	0	0	
8046.0	Outpatient Service Expenses *	0	0	
8047.0	Chapter 766 Program Expenses *	0	0	
8048.0	Ventilator Program Expenses *	0	0	
8049.0	Acquired Brain Injury Unit Expenses *	0	0	
8050.0	Other Special Program Expenses **	0	0	
8060.0	Hospital Expenses - Non-Nursing Facility *	0	0	
8065.0	Other Non-Nursing Facility Expenses *	0	0	
4960.0	Total Bad Accounts, Taxes, Refunds, Other *	809,577	809,577	

* 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)	7,222,735	0	7,222,735
Total A&G Expenses (4710.0)	1,840,787	52,281	1,788,506
Total Variable Expenses (4810.0)	5,380,080	888,136	4,491,944
Total Fixed Costs (9950.1)	877,235	0	877,235
HCF-2-NH Fixed Costs Claimed (9950.2)		(0)	0
Non Nursing expenses (4960.0)	809,577	809,577	0
TOTAL OPERATING EXPENSES(4000.0)	16,130,414	1,749,994	14,380,420

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

Payer	Account	Routine Income	Account	Ancillary Income	Account	TOTAL INCOME
Self-Pay	3003.1	1,897,966	3005.1	0	3001.1	1,897,966
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	4,947,515	3005.4	317,617	3001.4	5,265,132
Medicare – Managed Care	3003.5	79,412	3005.5	0	3001.5	79,412
Massachusetts Medicaid - Non-Managed Care	3003.6	5,337,987	3005.6	0	3001.6	5,337,987
Massachusetts Medicaid - Managed Care	3003.7	2,815	3005.7	0	3001.7	2,815
Senior Care Options & PACE	3003.8	0	3005.8	0	3001.8	0
MA Medicaid Patient Resource Income	3022.6	1,613,197	3032.6	0	3001.9	1,613,197
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	13,878,892	3005.0	317,617	3001.0	14,196,509

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	2,077,329	
Laundry	3140.0	0	
Vending Machines	3150.0		
Bad Debt Recovery	3160.0	550	
Prior Year Retroactive	3170.0	-115,906	
Interest Income	3180.0	55,440	
Nurses' Aide Training Income	3185.0	0	
Administrative and General Recoverable (Explain below)	3191.0	2,975	
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		2,020,388
TOTAL GROSS INCOME (3001.0 + 3026.0 + 3130.0)	3000.0		16,216,897

Ancillary Expenses relating to above Ancillary Income

Account #	Account Title	Amount
6520.5	Legend Drugs *	321,439
7014.3	Restorative Therapy: direct consultants *	566,697

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

Description	Amount
COVID Relief Fnd	2,077,329
Subtotal	2,077,329

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

Account #	Description	Amount
3191.0	Miscellaneous	2,975
Subtotal		2,975

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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Cash			
1025.0	Cash and Equivalents	4,533,256		
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		4,533,256	
	Accounts Receivable			
1063.0	Self-Pay Patients (Private)	40,799		
1066.0	Managed Care Patients (Private)	0		
1069.0	Non-Managed Care Patients (Private)	0		
1073.0	Medicare Non-Managed Care Patients	1,021,573		
1076.0	Medicare Managed Care Patients	0		
1079.0	Mass. Medicaid Non-Managed Care Patients	752,864		
1081.0	Mass.Medicaid Managed Care Patients	0		
1083.0	MA. Senior Care Organization Patients	0		
1086.0	PACE Patients	0		
1100.4	Non-MA Medicaid Patients	0		
1101.2	Other Public Patients	0		
1089.0	Other Patients	0		
1140.0	Reserve for Bad Debt	(126,000)		
1060.0	Net Patient Account Receivables		1,689,236	
	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		0	
	Prepaid Expenses			
1270.0	Prepaid Interest	0		
1280.0	Prepaid Insurance	232,695		
1290.0	Prepaid Taxes	0		
1295.0	Capitalized Pre-opening Costs	0		
1300.0	Other Prepaid Expenses	0		
1260.0	Total Prepaid Expenses		232,695	
1310.0	Other Current Assets		686,743	
1005.0	TOTAL CURRENT ASSETS			7,141,930

Non-Current Assets

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1511.1	Land – Cost	211,415		
1510.0	Land – Book Value		211,415	
1521.1	Building – Cost	6,362,574		
1522.2	Building – Accum. Deprc.	(4,499,902)		
1520.0	Building – Book Value		1,862,672	
1611.1	Building Improvements - Cost	4,906,482		
1612.2	Building Improvements – Accum. Deprc.	(3,438,020)		
1610.0	Building Improvements – Book Value		1,468,462	
1626.1	Leasehold Improvements – Cost	0		
1627.2	Leasehold Improvements – Accum. Deprc.	(0)		
1625.0	Leasehold Improvements – Book Value		0	
1631.1	Other Improvements – Cost	0		
1632.2	Other Improvements – Accum. Deprc.	(0)		
1630.0	Other Improvements – Book Value		0	
1616.1	HCF Cap.Improvements – Cost	0		
1617.2	HCF Cap. Improvements – Accum. Deprc.	(0)		
1615.0	HCF Cap. Improvements – Book Value		0	
1651.1	Equipment – Cost	2,316,531		
1652.2	Equipment – Accum. Deprc.	(2,025,380)		
1650.0	Equipment – Book Value		291,151	
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	26,419		
1702.2	Motor Vehicles – Accum. Deprc.	(26,419)		
1700.0	Motor Vehicles – Book Value		0	
1710.1	Software - Cost	153,192		
1710.2	Software – Accum. Deprc.	(153,192)		
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			3,833,700

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	196,920		
1975.2	Accumulated Amortization of Mortgage Acq. Cost	(88,264)		
1979.0	Construction in Progress	1,190		
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			109,846
1000.0	TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)			11,085,476

Liabilities and Net Worth**Current Liabilities**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Accounts Payable			
2020.0	Trade	196,756		
2030.0	Accrued Expenses	132,410		
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		329,166	
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	309,608		
2100.0	Total Current Long-Term Debt		309,608	
	Accrued Salaries & Payroll Liabilities			
2190.0	Accrued Salaries	1,166,413		
2200.0	Accr. Payroll Tax w/held	75,108		
2210.0	Accr. Employee Taxes Pay.	46,603		
2220.0	Other Payroll Liabilities	11,831		
2180.0	Total Accrued Salaries & Payroll Liabilities		1,299,955	
	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	2,135,400		
2250.0	Total Other Current Liabilities		2,135,400	
2005.0	TOTAL CURRENT LIABILITIES			4,074,129
	Non-Current Liabilities			
2310.0	Mortgages	7,335,775		
2330.0	Due to Affiliates/Related Parties	0		
2320.0	Other Long-Term Debt	0		
2300.0	TOTAL NON-CURRENT LIABILITIES		7,335,775	
2015.0	TOTAL LIABILITIES			11,409,904

Net Worth – Proprietorship or Partnership

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
2520.0	Capital	178,005		
2530.0	Proprietor Drawings	(0)		
2540.0	Partnership Drawings	(588,916)		
2545.0	Contributions	0		
2550.0	Net Profit / (Loss) Year-to-Date	86,483		
2510.0	TOTAL PROPRIETORSHIP OR PARTNERSHIP		-324,428	

2500.0	TOTAL NET WORTH(2510.0)			-324,428
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2000.0	TOTAL LIABILITIES AND NET WORTH (2015.0 + 2500.0)			11,085,476
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Schedule 10: Statement of Operations

Account Number		
	Operating Revenue	
9605.0	Net Patient Service Revenue	14,196,509
9610.0	Other	-112,381
9615.0	Net Assets Released from Restriction	0
9620.0	Total Operating Revenue	14,084,128
	Operating Expenses	
9625.0	Salaries and Wages	9,145,877
9630.0	Employee Benefits	1,977,981
9635.0	Supplies and Other (including Payroll Taxes)	4,222,492
9640.0	Interest	303,149
9645.0	Provision for Bad Debt	64,498
9650.0	Depreciation and Amortization	416,417
9655.0	Total Operating Expenses	16,130,414
9660.0	Income from Operations	-2,046,286
	Non-Operating Revenue	
9665.0	Interest Income (from Schedule8,3180.0)	55,440
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)	2,077,329
9690.0	Total Non-Operating Revenue	2,132,769
9695.0	Net Income Before Taxes or Extraordinary Items	86,483
9755.0	Provision for Income Tax	0
9760.0	Income Before Cumulative Effect of Change in Accounting Principles	86,483
	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	86,483

Schedule 11: Cash Flow

Account	Description	Account Balance	Total
	Cash flows from operating activities		
9805.0	Change in net assets (net income)	86,483	
9810.0	Adjustments to reconcile changes in net assets (net income)	416,417	
9815.0	Increases(decreases) to cash provided by operating activities	486,539	
9820.0	Net cash from operating activities		989,439
	Cash flows from investing activities		
9825.0	Capital expenditures	-1,676	
9830.0	Other cash used in investing activities	0	
9835.0	Net cash used in investing activities		-1,676
	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	-327,413	
9850.0	Other cash used in financing activities	0	
9855.0	Net cash used in financing activities		-327,413
9860.0	Net increase/(decrease) in cash and cash equivalents		660,350
9865.0	Cash/cash equivalents beginning of year	3,872,906	
9870.0	Cash/cash equivalents end of year		4,533,256

Schedule 12: Reconciliation of Reported Income and Financials

Total income reported on HCF-1 (#3000.0)	16,216,897
Total operating expenses on HCF-1 (#4000.0)	16,130,414
HCF-1 Net income/(loss) before reconciling items	86,483 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	86,483 ²
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1. This amount should agree with Schedule 13, HCF-1 Net Income/ (Loss)
2. Do not use this amount on Schedule 13.

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

Balance: 12/31/2019(2500.0)	¹ 187,922
Other: Prior Period Adjustment(s)	² -9,917
Capital contribution during year	0
HCF-1 Net income	86,483
Drawing during year	(588,916)
Balance: 12/31/2020(2500.0)	³ -324,428

1. This amount should agree with acct. #2500.0, Total Net Worth on Schedule 9 of 2019 HCF-1

2. Disclose all facts relative to adjustments and explain on the Footnotes and Explanations page any impact on reimbursable costs as reported on prior year(s) cost report identifying the specific accounts affected.

3. This amount should agree with acct. #2500.0, Total Net Worth on Schedule 9 of 2020 HCF-1. Detail explanation for any difference.

Schedule 14: Patient Statistics

	Self-Pay	Managed. Care	Non- Managed Care	Medicare- Non Managed Care	Medicare Managed Care	MA Medicaid- Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
Quarter 1												
Nursing	1,079	0	0	2,416	61	8,581	0	0	0	0	0	12,137
Resident Care	0	0	0					0	0	0	0	0
Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Unit	0	0	0	0	0	0	0	0	0	0	0	0
Head Trauma/ABI	0	0	0	0	0	0	0	0	0	0	0	0
Other Medicaid Special Contract	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Paid)	15	0	0	0	0	0	12	0	0	0	0	27
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
Quarter 1 Totals	1,094	0	0	2,416	61	8,581	12	0	0	0	0	12,164
Quarter 2												
Nursing	1,209	0	0	1,802	32	7,497	0	0	0	0	0	10,540
Resident Care	0	0	0					0	0	0	0	0
Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Unit	0	0	0	0	0	0	0	0	0	0	0	0
Head Trauma/ABI	0	0	0	0	0	0	0	0	0	0	0	0
Other Medicaid Special Contract	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Paid)	9	0	0	0	0	89	0	0	0	0	0	98
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
Quarter 2 Totals	1,218	0	0	1,802	32	7,586	0	0	0	0	0	10,638

	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	941	0	0	1,227	18	7,054	0	0	0	0	0	9,240
Resident Care	0	0	0					0	0	0	0	0
Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Unit	0	0	0	0	0	0	0	0	0	0	0	0
Head Trauma/ABI	0	0	0	0	0	0	0	0	0	0	0	0
Other Medicaid Special Contract	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Paid)	0	0	0	0	0	83	0	0	0	0	0	83
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
Quarter 3 Totals	941	0	0	1,227	18	7,137	0	0	0	0	0	9,323
Quarter 4												
Nursing	1,009	0	0	1,478	0	6,277	0	0	0	0	0	8,764
Resident Care	0	0	0					0	0	0	0	0
Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Unit	0	0	0	0	0	0	0	0	0	0	0	0
Head Trauma/ABI	0	0	0	0	0	0	0	0	0	0	0	0
Other Medicaid Special Contract	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Paid)	5	0	0	0	0	51	0	0	0	0	0	56
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
Quarter 4 Totals	1,014	0	0	1,478	0	6,328	0	0	0	0	0	8,820

	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	4,238	0	0	6,923	111	29,409	0	0	0	0	0	40,681
Resident Care	0	0	0					0	0	0	0	0
Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Unit	0	0	0	0	0	0	0	0	0	0	0	0
Head Trauma/ABI	0	0	0	0	0	0	0	0	0	0	0	0
Other Medicaid Special Contract	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Leave of Absence (Paid)	29	0	0	0	0	223	12	0	0	0	0	264
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
GRAND ANNUAL TOTALS	4,267	0	0	6,923	111	29,632	12	0	0	0	0	40,945

0140.0	Number of Admissions During Year	570
0140.1	Number of Massachusetts Medicaid Admissions During Year	136
0150.0	Number of Discharges During Year	602
0190.0	Average Length of Stay	68

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			
Favorite Healthcare Staffing, Inc. - Worcester	TAX6	67.7	3,462
Wonderstar Healthcare Staffing Agency	T73M	168.2	11,517
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	235.90	14,979

(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			
Wonderstar Healthcare Staffing Agency	T73M	191.8	10,553
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	191.80	10,553

(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	88,256	7848.2	176,444	7835.2	452,789
Hours*	7847.2	1,537	7849.2	3,453	7836.2	17,943

*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	23,057	7851.2	56,716	7852.2	154,069

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

	Account	RN	Account	LPN	Account	CNA
Wages*	7853.2	17,857	7854.2	37,891	7855.2	106,251

*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
Jodi A. Pflum	From: 01/01/2020 To: 12/31/2020	1985	O

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	191,364
9270.2	Payroll Taxes	2
9270.3	Workers' Compensation	2
9270.4	Group Health/Life Insurance	9,804
9270.5	Pension	9,336
9270.6	Other Benefits	2
9272.0	TOTAL ADMINISTRATOR COMPENSATION	210,510

Staff and Hours by Position

Position	Account	Number of Staff	Account	Total Hours
Staff Development	7210.2	2	7310.2	4,353
Plant Operations	7211.2	7	7311.2	9,346
Dietary Staff	7212.2	6	7312.2	1,619
Dietician	7213.2	7	7313.2	9,458
Laundry Staff	7214.2	0	7314.2	0
Housekeeping Staff	7215.2	1	7315.2	743
Quality Assurance	7216.2	0	7316.2	0
Ward Clerks/Medical Records	7217.2	2	7317.2	3,906
MMQ Nurses	7218.2	1	7318.2	2,120
MDS Coordinator	7232.2	6	7332.2	4,956
Social Service Staff	7220.2	3	7320.2	6,062
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	8	7323.2	10,717
Administrator	7224.2	1	7324.2	2,080
Officer	7225.2	0	7325.2	0
Clerical Staff	7226.2	15	7326.2	16,581
Admin.In training	7227.2	0	7327.2	0
DON	7228.2	10	7328.2	2,029
RNs	7229.2	93	7329.2	36,534
LPNs	7230.2	33	7330.2	48,909
CNAs	7231.2	95	7331.2	125,459
Totals		290		284,872

Schedule 17: Proprietorship/Partnership/Corporation Information

Partnership

Last NameCapachin

First NameCaroline

TitlePartner

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
2540.0	100						348,916		348,916
-1	100	0	0	0	0	11,218	0	0	11,218

Last Name

First Name

Title

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
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Schedule 18: Highest Paid Salaries

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

Last Name Pflum
First Name Jodi
Title Administrator

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7710.1)
4110.1	100	2,080	191,364	2	2	2	9,804	60,000	9,336	270,510

Last Name Wade
First Name Terri
Title MIS

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7711.1)
4140.1	100	2,080	198,545	0	0	0	0	60,000	9,335	267,880

Last Name Wade
First Name John
Title CFO

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7712.1)
4140.1	100	2,332	284,286	0	12,774	184	7,585	0	14,605	319,434

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

³ Type of Notes Payable	Lender Name	Rel. Party Y/N	Date Mort. Acquired Mo/Da/Yr	Due Date Mo/Da/Yr	No.of Months Amort.	Monthly Payments	Original Mortgage Amount	Mort.Acq. Costs	2020 Amort.of Mort. Acq Costs	² Bal. 01/01/2020	Principal Payment	Bal. 12/31/2020	Rate %	Interest Expense	Period Expense *
Mortgage	Oppenheimer	No	05/30/2012	03/01/2038	308	48,473	10,138,200	196,920	9,774	7,972,796	327,413	7,645,383	3.25	254,267	39,108
Totals	XXXX	XX	XXXXXX	XXXX	XXX	XXX	XXXXXX	196,920	9,774	XXXX	XXXX	7,645,383	XXXX	254,267	39,108

*See
Instructions

a

b

c

Total Fixed Interest a + b + c (4520.8) = 303,149

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

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

3. Summarize Other Mortgages and Notes in this row and provide details in Schedule 20: Footnotes and Explanations.

Working Capital Debt 1

Lender Name	Rel. Party Y/N	² Balance 01/01/2020	Amount	Start Mo/Da/Yr	Principal Payment	Balance 12/31/2020	Interest Rate%	³ Interest Expense
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Total Working Capital Interest

(4430.0) 3

0

Total Working Capital Debt

(2100.0 less 2160.0)

0

1. This schedule should include all mortgages and notes payable whether or not interest expense is incurred. Each new note should be reported with all information items filled in completely. New notes or enhancements of existing notes should be reported on a new line separately.
2. For new loans in 2020, post the beginning mortgage balance of the loan in this column.
3. The sum of the working capital interest expense.

Schedule 20: Footnotes and Explanations

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

Schedule 2-4 Payroll Benefit Accounts:

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

Administrator

Schedule 3 (4440.0)

Sales Tax 607

Schedule 10 (9685.0)

Covid Relief Funding 2,077,329

Schedule 13 Prior Period Adjustment:

adjustment made subsequent to the filing of the 2019 HCF-1 to record adjustment to accrued vacation, no impact on reimbursement

Schedule 21: Realty Company Balance Sheet

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

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

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

HCF-2-NH NON-CURRENT ASSETS

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

HCF-2-NH Deferred Charges and Other Assets

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

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

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

Net Worth – Not-For-Profit

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

Net Worth – Proprietorship or Partnership

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

Net Worth – Corporate

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

2500.0	TOTAL NET WORTH			0
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2000.0	TOTAL LIABILITIES AND NET WORTH (2005.0 + 2300.0 + 2500.0)			0
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* See Instructions

Schedule 22: Realty Company Statement of Income and Expense

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

INCOME

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

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

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

* Non-Allowable Expense

Schedule 23**Realty Company Mortgages and Notes Payable Supporting Fixed Assets ¹****(This information must be taken directly from the HCF-2-NH, Schedule 9)**

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

*See
Instructions

a

b

c

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

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

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

3. Summarize Other Mortgages and Notes in this row and provide details in Schedule 20: Footnotes and Explanations.

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

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

Section A**Submission Attestation Sections**

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

Section A - Preparer Type of Accounting Service:

CERTIFICATION BY PREPARER OTHER THAN OWNER, PARTNER OR OFFICER

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

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

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

Signature of authorized Cost Report Submitter:	Langfield,Jonathan - Lan8766
Date of Authorization (MO/DA/YR):	07/21/2021
Submitter's acknowledgement:	X

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

CERTIFICATION BY OWNER,PARTNER OR OFFICER

Provider Name :MAPLES REHABILITATION & NURSING CENTER

Vendor Payment Number :0950373

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:	Capachin
First Name :	Caroline
Middle Name:	F.
Title :	Manager

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:	Capachin,F.,Caroline - Cap359
Date of Authorization (MO/DA/YR):	07/21/2021
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:	Capachin
First Name :	Caroline
Middle Name:	F.
Title :	Manager

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:	Capachin,F.,Caroline - Cap359
Date of Authorization (MO/DA/YR):	07/21/2021
Submitter's acknowledgement:	X



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