

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

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

Facility Name	MEDWAY COUNTRY MANOR SK NURG &REH
VPN	0910481
Provider ID	110025919A
Balance Sheet Date	12/31/2020
Reporting Period	From: 01/01/2020 To: 12/31/2020
Street Address	115 HOLLISTON STREET
City	Medway
Zip	02053
Hospital Based Nursing Facility?	Yes <input checked="" type="checkbox"/> No
Management Company	None
Realty Company	Shimha LLC

Is above information accurate: ☒ Yes ☐ No

Telephone	508-533-6634
Fax	508-533-7048
Federal Employee Tax ID Number	042643331

Is above information accurate: ☒ Yes ☐ No

Contact Person for this report:

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

Schedule1: General Information

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

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

Other Business Activities(Check all that apply):

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

Bed Licensure:

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

	1	2	3	4	5
DPH Licensure Date	Skilled Nursing	Residential care	Pediatric	TOTAL (cols 1+2+3)	Constructed Capacity
01/01/2012	123	0	0	123	123

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: 120

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?			01/01/1970
10	What was the date and value of the most recent assessed property value of this facility?			Date: 05/29/2014 Assessed Value: 12,000,000

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
Direct	C18216	David Simha	c/o Movado Management,LLC,328 BEACH 9TH STREET,Far Rockaway,NY 11691	35
Direct	C18215	Shimon Lefkowitz	961 EAST 22nd Street,Brooklyn,NY 11210	65

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)
CENTER FOR EXTENDED CARE AT AMHERST	0950454	David Simha Shimon Lefkowitz
GARDNER REHABILITATION & NURSING CENTER	0950598	David Simha Shimon Lefkowitz

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
Medway Realty	Rent	1,180,138	0	1,180,138	4535.8	Shimon Lefkowitz
David Simha	Salary	163,409	0	163,409	4125.1	David Simha

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

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

Direct or Indirect	Name of Realty Co. Direct and Indirect Owner(s) (Corp Name or Last Name,First Name,MI)	Address (Street, City, State, Zip)	% Share
Direct	Shimon Lefkowitz	961 EAST 22nd Street,Brooklyn,NY 11210	12
Direct	Larry Goldfarb	2948 East 64th Street,Brooklyn,NY 11234	33
Direct	David Simha	c/o Movado Management,LLC,328 BEACH 9TH STREET,Far Rockaway,NY 11691	5
Direct	Nochom Davidovitch	1 Baset Avenue,Brooklyn,NY 11234	50

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

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

No

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

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

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

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

No

Schedule 2: Nursing Expenses

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6020.1	Director of Nurses :Salaries	83,736	0	83,736
4426.8	Director of Nurses: Group Life/Health Insurance	1,871	0	1,871
4336.3	Director of Nurses :Pension	0	0	0
4340.3	Director of Nurses :Benefits Other	2,171	0	2,171
4407.2	Director of Nurses :Payroll Taxes	7,831	0	7,831
4427.1	Director of Nurses :Workers' Compensation	1,339	0	1,339
9962.3	HCF-3 DON Add-back(HCF-3, Sch.10 part 2) **		(0)	0
4620.0	SUBTOTAL: DIRECTOR OF NURSES	96,948	0	96,948
6030.1	RN: Salaries	729,617	0	729,617
7429.2	RN: Group Life/Health Insurance	16,303	0	16,303
7529.2	RN: Pension	0	0	0
7629.3	RN: Benefits Other	18,914	0	18,914
7729.2	RN: Payroll Taxes	68,234	0	68,234
7829.3	RN: Workers' Compensation	11,667	0	11,667
4630.0	SUBTOTAL: RN	844,735	0	844,735
6041.1	LPN: Salaries	862,293	0	862,293
7430.2	LPN: Group Life/Health Insurance	19,267	0	19,267
7530.2	LPN: Pension	0	0	0
7630.3	LPN: Benefits Other	22,354	0	22,354
7730.2	LPN: Payroll Taxes	80,642	0	80,642
7830.3	LPN: Workers' Compensation	13,788	0	13,788
4640.0	SUBTOTAL :LPN	998,344	0	998,344
6051.1	CNA: Salaries	1,489,277	0	1,489,277
7431.2	CNA: Group Life/Health Insurance	33,279	0	33,279
7531.2	CNA: Pension	0	0	0
7631.3	CNA: Benefits Other	38,607	0	38,607
7731.2	CNA: Payroll Taxes	139,280	0	139,280
7831.3	CNA: Workers' Compensation	23,815	0	23,815
4650.0	SUBTOTAL :CNA	1,724,258	0	1,724,258
6025.1	DON Purchased Service: Per Diem	0	0	0
6025.2	DON Purchased Service: Temporary Agency Staff**	0		0
6025.3	SUBTOTAL: DON PURCHASED SERVICE	0	0	0
6035.1	RN Purchased Service: Per Diem	167,942	0	167,942
6035.2	RN Purchased Service: Temporary Agency Staff**	94,786		94,786
6035.3	SUBTOTAL: RN PURCHASED SERVICE	262,728	0	262,728

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6042.1	LPN Purchased Service: Per Diem	152,335	0	152,335
6042.2	LPN Purchased Service: Temporary Agency Staff**	78,939		78,939
6042.3	SUBTOTAL: LPN PURCHASED SERVICE	231,274	0	231,274
6052.1	CNA Purchased Service: Per Diem	10,331	0	10,331
6052.2	CNA Purchased Service: Temporary Agency Staff**	2,042		2,042
6052.3	SUBTOTAL: CNA PURCHASED SERVICE	12,373	0	12,373
4306.5	Nurses' Aide Training Administration *	0	0	
4306.6	Nursing Other Required Education	4,157	0	4,157
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	4,157	0	4,157
4610.0	TOTAL NURSING EXPENSES	4,174,817	0	4,174,817

* 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	152,201	0	152,201
7424.2	Administration: Group Life/Health Insurance	12,190	0	12,190
7524.2	Administration: Pensions	0	0	0
7624.3	Administration: Benefits Other	2	0	2
7724.2	Administration: Payroll Taxes	12,645	0	12,645
7824.3	Administration: Workers' Compensation	89	0	89
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	177,127	0	177,127
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 *	163,409	163,409	
4426.2	Officers: Group Life/Health Insurance *	59,681	59,681	
7525.2	Officers: Pensions *	0	0	
7625.3	Officers: Benefits Other *	2	2	
4411.2	Officers: Payroll Taxes *	11,989	11,989	
4424.2	Officers: Workers' Compensation *	97	97	
4339.2	Officers: Profit Sharing and Other Benefits *	0	0	
7925.3	Officers: Purchased Service	0	0	
4740.0	SUBTOTAL: OFFICERS	235,178	235,178	
4140.1	Clerical Staff: Salaries	62,685	0	62,685
7426.2	Clerical Staff: Group Life/Health Insurance	1,401	0	1,401
7526.2	Clerical Staff: Pensions	0	0	0
7626.3	Clerical Staff: Benefits Other	1,625	0	1,625
7726.2	Clerical Staff: Payroll Taxes	5,862	0	5,862
7826.3	Clerical Staff: Workers' Compensation	1,002	0	1,002
7926.3	Clerical Staff: Purchased Service	0	0	0
4750.0	SUBTOTAL: CLERICAL STAFF	72,575	0	72,575

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4150.3	EDP/Payroll/Bkkpg Serv.	121,986	0	121,986
4160.3	Management Fees (see HCF-3) *	0	0	
4160.6	Management Consultants *	0	0	
4250.5	Office Supplies	114,623	0	114,623
4261.5	Telephone: Phone	10,414	0	10,414
4262.6	Telephone: Directory Advertising *	0	0	
4280.5	Travel: Conventions and Meetings	15,202	0	15,202
4295.7	Advertising--Help Wanted	20,414	0	20,414
4298.7	Advertising—Promotional *	28,364	28,364	
4299.7	Direct Care Add-on Recruitment	0	0	0
4301.7	Licenses and Dues--Pt. Care Related Portion	17,982	0	17,982
4302.3	Licenses and Dues--Promotional, Goodwill, Leg. Port *	1,230	1,230	
4306.2	Education/Training Administration	0	0	0
4350.3	Accounting - Appeal Service *	0	0	
4360.3	Accounting - other	800	0	800
4380.3	Legal - Appeal Service *	0	0	
4385.7	Legal - DALA Filing Fees *	0	0	
4390.7	Legal – Other *	37,966	37,966	
4431.7	Insurance - Malpractice & General Liability	136,810	0	136,810
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)	44,624	10,594	34,030
9502.3	HCF-2-NH Other Exp. Add-back (Schedule 24) **		(254,557)	254,557
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 **		27,833	(27,833)
4760.0	SUBTOTAL: OTHER A&G	550,415	-148,570	698,985
4710.0	TOTAL ADMINISTRATIVE & GENERAL EXPENSES	1,035,295	86,608	948,687

* 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	47,757	0	47,757
7410.2	Staff Dev. Coord.:Group Life/Health Insurance	1,067	0	1,067
7510.2	Staff Dev. Coord.: Pensions	0	0	0
7610.3	Staff Dev. Coord.: Benefits Other	1,238	0	1,238
7710.2	Staff Dev. Coord.: Payroll Taxes	4,466	0	4,466
7810.3	Staff Dev. Coord.: Workers' Compensation	764	0	764
7910.3	Staff Dev. Coord.: Purchased Service	0	0	0
4820.0	SUBTOTAL: STAFF DEV. COORD.	55,292	0	55,292
5105.1	Plant Operation: Salaries	82,762	0	82,762
7411.2	Plant Operation:Group Life/Health Insurance	1,849	0	1,849
7511.2	Plant Operation: Pensions	0	0	0
7611.3	Plant Operation: Benefits Other	2,145	0	2,145
7711.2	Plant Operation: Payroll Taxes	7,740	0	7,740
7811.3	Plant Operation: Workers' Compensation	1,323	0	1,323
5110.3	Plant Operation: Purchased Service	77,286	0	77,286
5115.5	Plant Operation: Supplies and Expenses	18,042	0	18,042
5120.5	Plant Operation: Utilities	367,830	0	367,830
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	558,977	0	558,977
5205.1	Dietary: Salaries	390,809	0	390,809
7412.2	Dietary: Group Life/Health Insurance	8,732	0	8,732
7512.2	Dietary: Pensions	0	0	0
7612.3	Dietary: Benefits Other	10,131	0	10,131
7712.2	Dietary: Payroll Taxes	36,549	0	36,549
7812.3	Dietary: Workers' Compensation	6,249	0	6,249
5220.5	Dietary: Food	328,840	0	328,840
5221.3	Dietary: Purchased Service	3,732	0	3,732
5235.5	Dietary: Supplies and Expenses	40,440	0	40,440
4840.0	SUBTOTAL: DIETARY	825,482	0	825,482
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	37,296	0	37,296
9967.0	HCF-3 Dietician Add-back (HCF-3, Sch. 10, part 3)**		(0)	0
4850.0	SUBTOTAL: DIETICIAN	37,296	0	37,296

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	126,675	0	126,675
5330.5	Laundry: Supplies and Expenses	2,788	0	2,788
5340.5	Laundry: Linen and Bedding	0	0	0
4860.0	SUBTOTAL: LAUNDRY	129,463	0	129,463
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	188,128	0	188,128
5420.5	Housekeeping: Supplies and Expenses	18,345	0	18,345
4870.0	SUBTOTAL: HOUSEKEEPING	206,473	0	206,473
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	56,168	0	56,168
7417.2	Ward Clerk & Med Rec Lib: Group Life/Health Insurance	1,255	0	1,255
7517.2	Ward Clerk & Med Rec Lib: Pensions	0	0	0
7617.3	Ward Clerk & Med Rec Lib: Benefits Other	1,456	0	1,456
7717.2	Ward Clerk & Med Rec Lib: Payroll Taxes	5,253	0	5,253
7817.3	Ward Clerk & Med Rec Lib: Workers' Compensation	898	0	898
7917.3	Ward Clerk & Med Rec Lib: Purchased Service	0	0	0
4890.0	SUBTOTAL: WARD CLERK & MED REC LIBRARIAN	65,030	0	65,030

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6506.1	MMQ Evaluation Nurse: Salaries	0	0	0
7418.2	MMQ Evaluation Nurse:Group Life/Health Insurance	0	0	0
7518.2	MMQ Evaluation Nurse: Pensions	0	0	0
7618.3	MMQ Evaluation Nurse: Benefits Other	0	0	0
7718.2	MMQ Evaluation Nurse: Payroll Taxes	0	0	0
7818.3	MMQ Evaluation Nurse: Workers' Compensation	0	0	0
7918.3	MMQ Evaluation Nurse: Purchased Service	101,344	0	101,344
4900.0	SUBTOTAL: MMQ EVALUATION NURSE	101,344	0	101,344
6508.1	MDS Coordinator: Salaries	129,484	0	129,484
7432.2	MDS Coordinator:Group Life/Health Insurance	2,893	0	2,893
7532.2	MDS Coordinator: Pensions	0	0	0
7632.3	MDS Coordinator: Benefits Other	3,357	0	3,357
7732.2	MDS Coordinator: Payroll Taxes	12,109	0	12,109
7832.3	MDS Coordinator: Workers' Compensation	2,070	0	2,070
7932.3	MDS Coordinator: Purchased Service	0	0	0
4910.0	SUBTOTAL:MDS COORDINATOR	149,913	0	149,913
6540.0	Social Service Worker: Salaries	261,107	0	261,107
7420.2	Social Service Worker:Group Life/Health Insurance	5,834	0	5,834
7520.2	Social Service Worker: Pensions	0	0	0
7620.3	Social Service Worker: Benefits Other	6,769	0	6,769
7720.2	Social Service Worker: Payroll Taxes	24,419	0	24,419
7820.3	Social Service Worker: Workers' Compensation	4,175	0	4,175
7920.3	Social Service Worker: Purchased Service	8,098	0	8,098
4920.0	SUBTOTAL: SOCIAL SERVICE WORKER	310,402	0	310,402
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	160	0	160
7012.1	Direct Restorative Therapy: Salaries *	0	0	
7012.2	Direct Restorative Therapy: Benefits *	0	0	
7014.3	Direct Restorative Therapy: Consultants *	427,929	427,929	
9968.0	HCF-3 Indirect Restorative Add-back (HCF-3, Sch. 10, part 3) **		(-0)	0
4930.0	SUBTOTAL: RESTORATIVE THERAPY	428,089	427,929	160
7021.1	Recreational Therapy: Salaries	109,086	0	109,086
7423.2	Recreational Therapy:Group Life/Health Insurance	2,437	0	2,437
7523.2	Recreational Therapy: Pensions	0	0	0
7623.3	Recreational Therapy: Benefits Other	2,828	0	2,828
7723.2	Recreational Therapy: Payroll Taxes	10,202	0	10,202
7823.3	Recreational Therapy: Workers' Compensation	1,744	0	1,744
7022.3	Recreational Therapy: Purchased Service	16,685	0	16,685
7023.5	Recreational Therapy: Supplies and Expenses	12,482	0	12,482
7024.8	Recreational Therapy: Transportation *	0	0	
4940.0	SUBTOTAL: RECREATIONAL THERAPY	155,464	0	155,464

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4275.5	Travel: Motor Vehicle Expense	32,435	0	32,435
4306.3	Variable Other required education	1,587	0	1,587
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	28,000	0	28,000
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 *	191,664	191,664	
6522.5	House Supplies not resold	222,083	0	222,083
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		414	(414)
3193.0	Variable Recoverable		18	(18)
4950.0	SUBTOTAL: OTHER VARIABLE	475,769	192,096	283,673
4810.0	TOTAL VARIABLE EXPENSES	3,498,994	620,025	2,878,969

* Non-allowable Expense

** See Instructions

Schedule 5: Claimed Fixed Costs

	Allowable Basis, Cost Begin of Year	Claimed Additions	Claimed Deletions	Allowable Basis, Cost End of Year	Rate %	Reported Depreciation or Expenses(from financials)	Non-Allowable Expenses and Add-backs	Claimed HCF-1 Fixed Costs	Claimed HCF-2- NH Fixed Costs (if Applicable)
Land HCF-1	0	0	(0)	0					
Land HCF-2-NH	96,495	0	(0)	96,495					
Building HCF-1	0	0	(0)	0	2.5	(4550.8) 0	0	0	
Building HCF-2-NH	2,225,895	0	(0)	2,225,895	2.5				118,841
Improvements HCF-1	430,494	0	(0)	430,494	5.0	(4565.8) 12,851	0	12,851	
Improvements HCF-2- NH	398,890	0	(0)	398,890	5.0				25,588
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	277,829	0	(0)	277,829	10.0	(4570.8) 16,577	0	16,577	
Equipment HCF-2-NH	210,628	0	(0)	210,628	10.0				43,856
HCF Cap. Equip. HCF- 1	0	0	(0)	0	10.0	(4576.8) 0	0	0	
HCF Cap. Equip. HCF- 2-NH	0	0	(0)	0	10.0				0
Software HCF-1	0	0	(0)	0	33.3	(4585.8) 0	0	0	
Software HCF-2-NH	0	0	(0)	0	33.3				0
HCF Cap. Software HCF-1	0	0	(0)	0	33.3	(4586.8) 0	0	0	
HCF Cap. Software HCF-2-NH	0	0	(0)	0	33.3				0

	Allowable Basis, Cost Begin of Year	Claimed Additions	Claimed Deletions	Allowable Basis, Cost End of Year	Rate %	Reported Depreciation or Expenses (from financials)	Non-Allowable Expenses and Add-backs	Claimed HCF-1 Fixed Costs	Claimed HCF-2- NH Fixed Costs (if Applicable)
Long-Term Interest						(4520.8) 0	0	0	453,075
MA Corp. Excise Tax Non-Income Portion						(8027.7) 0	0	0	0
Building Insurance						(4590.8) 19,637	0	19,637	0
Real Estate Taxes						(4510.8) 0	0	0	113,074
Personal Property Taxes						(4515.8) 0	0	0	0
Other (Explain in Schedule 20)						(4538.8) 36,925	0	36,925	0
Rent—Real Property—HCF-2-NH Required *						(4535.8) 1,180,138	1,180,138		
Recoverable Fixed Cost Income						(3196.0)	0	(0)	(3540.0) (0)
Total HCF-1 and HCF- 2-NH Fixed Expenses						(9950.1) 1,266,128	1,180,138	(a) 85,990	(b)9950.2 754,434
TOTAL FIXED COSTS CLAIMED								(a) + (b)	(9950.0) 840,424

* 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 *	12,851	12,851	
4435.0	Pre-Opening Expenses *	0	0	
8010.0	Bad Accounts *	169,500	169,500	
8012.0	User Fee Assessment *	702,065	702,065	
8015.0	Fines, Late Charges, and Penalties *	12,357	12,357	
8025.5	State and Federal Income Taxes *	100	100	
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 *	896,873	896,873	

* 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)	4,174,817	0	4,174,817
Total A&G Expenses (4710.0)	1,035,295	86,608	948,687
Total Variable Expenses (4810.0)	3,498,994	620,025	2,878,969
Total Fixed Costs (9950.1)	1,266,128	1,180,138	85,990
HCF-2-NH Fixed Costs Claimed (9950.2)		(754,434)	754,434
Non Nursing expenses (4960.0)	896,873	896,873	0
TOTAL OPERATING EXPENSES(4000.0)	10,872,107	2,029,210	8,842,897

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

Payer	Account	Routine Income	Account	Ancillary Income	Account	TOTAL INCOME
Self-Pay	3003.1	1,242,623	3005.1	0	3001.1	1,242,623
Managed Care	3003.2	43,445	3005.2	0	3001.2	43,445
Non-Managed Care	3003.3	0	3005.3	0	3001.3	0
Medicare – Non-Managed Care	3003.4	2,497,230	3005.4	227,629	3001.4	2,724,859
Medicare – Managed Care	3003.5	145,153	3005.5	22,167	3001.5	167,320
Massachusetts Medicaid - Non-Managed Care	3003.6	2,316,003	3005.6	0	3001.6	2,316,003
Massachusetts Medicaid - Managed Care	3003.7	2,982,393	3005.7	0	3001.7	2,982,393
Senior Care Options & PACE	3003.8	0	3005.8	0	3001.8	0
MA Medicaid Patient Resource Income	3022.6	579,000	3032.6	0	3001.9	579,000
Non-MA Medicaid	3022.7	0	3032.7	0	3002.1	0
Veteran's Affairs and Other Public	3023.2	190,070	3033.2	0	3002.2	190,070
Other payers (nursing facility only)	3003.9	0	3005.9	0	3002.3	0
TOTAL NURSING FACILITY INCOME	3003.0	9,995,917	3005.0	249,796	3001.0	10,245,713

Non-Nursing Facility Income

Service	Account	Income	Total
Adult Day Care	3025.3	0	
Hospital – Non-Nursing Facility	3026.1	0	
Outpatient Services	3025.5	0	
Assisted Living	3025.4	0	
Residential Care	3026.3	0	
Other Non-Nursing Facility	3026.2	0	
SUBTOTAL NON-NURSING FACILITY INCOME	3026.0		0
Endowment and other non-recoverable (Explain below)	3120.0	1,096,861	
Laundry	3140.0	0	
Vending Machines	3150.0	414	
Bad Debt Recovery	3160.0	0	
Prior Year Retroactive	3170.0	0	
Interest Income	3180.0	3	
Nurses' Aide Training Income	3185.0	0	
Administrative and General Recoverable (Explain below)	3191.0	27,833	
Nursing Recoverable Income (Explain below)	3192.0		
Director of Nurses Recoverable (Explain below)	3195.0		
Variable Recoverable (Explain below)	3193.0	18	
Fixed costs recoverable (Explain below)	3196.0		
SUBTOTAL: MISC.& RECOVERABLE	3130.0		1,125,129
TOTAL GROSS INCOME (3001.0 + 3026.0 + 3130.0)	3000.0		11,370,842

Ancillary Expenses relating to above Ancillary Income

Account #	Account Title	Amount
6520.5	Legend Drugs *	191,664
7014.3	Restorative Therapy: direct consultants *	427,929

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

Description	Amount
COVID Relief Funding	1,096,861
Subtotal	1,096,861

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

Account #	Description	Amount
3191.0	Miscellaneous	27,833
3193.0	Medical Records	18
Subtotal		27,851

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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Cash			
1025.0	Cash and Equivalents	2,113,235		
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		2,113,235	
	Accounts Receivable			
1063.0	Self-Pay Patients (Private)	403,701		
1066.0	Managed Care Patients (Private)	78,767		
1069.0	Non-Managed Care Patients (Private)	0		
1073.0	Medicare Non-Managed Care Patients	199,517		
1076.0	Medicare Managed Care Patients	0		
1079.0	Mass. Medicaid Non-Managed Care Patients	420,935		
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	(452,191)		
1060.0	Net Patient Account Receivables		650,729	
	Loans Receivables			
1160.0	Officers/Owners	0		
1170.0	Employees	0		
1180.0	Affiliates/Related Parties	498,000		
1185.0	Other	0		
1150.0	Total Loans Receivable		498,000	
1190.0	Interest Receivable		0	
1210.0	Supply Inventory		0	
	Prepaid Expenses			
1270.0	Prepaid Interest	0		
1280.0	Prepaid Insurance	21,950		
1290.0	Prepaid Taxes	0		
1295.0	Capitalized Pre-opening Costs	0		
1300.0	Other Prepaid Expenses	0		
1260.0	Total Prepaid Expenses		21,950	
1310.0	Other Current Assets		0	
1005.0	TOTAL CURRENT ASSETS			3,283,914

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	335,143		
1612.2	Building Improvements – Accum. Deprc.	(134,237)		
1610.0	Building Improvements – Book Value		200,906	
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	330,832		
1652.2	Equipment – Accum. Deprc.	(294,961)		
1650.0	Equipment – Book Value		35,871	
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			236,777

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	5,000		
1970.0	Cash Surrender Value of Officer Life Insurance	0		
1975.1	Mortgage Acquisition Cost	0		
1975.2	Accumulated Amortization of Mortgage Acq. Cost	(0)		
1979.0	Construction in Progress	31,238		
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			36,238
1000.0	TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)			3,556,929

Liabilities and Net Worth**Current Liabilities**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Accounts Payable			
2020.0	Trade	1,320,924		
2030.0	Accrued Expenses	28,338		
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		1,349,262	
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	404,989		
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		404,989	
	Accrued Salaries & Payroll Liabilities			
2190.0	Accrued Salaries	337,208		
2200.0	Accr. Payroll Tax w/held	0		
2210.0	Accr. Employee Taxes Pay.	206,763		
2220.0	Other Payroll Liabilities	76		
2180.0	Total Accrued Salaries & Payroll Liabilities		544,047	
	Other Current Liabilities			
2260.0	Accr. State & Federal Taxes	0		
2270.0	Accr. Interest Payable	0		
2280.0	Accr. Bonus & Profit Sharing	0		
2290.0	Other Current Liabilities	1,084,144		
2250.0	Total Other Current Liabilities		1,084,144	
2005.0	TOTAL CURRENT LIABILITIES			3,382,442
	Non-Current Liabilities			
2310.0	Mortgages	0		
2330.0	Due to Affiliates/Related Parties	542,916		
2320.0	Other Long-Term Debt	0		
2300.0	TOTAL NON-CURRENT LIABILITIES		542,916	
2015.0	TOTAL LIABILITIES			3,925,358

Net Worth – Corporate

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
2620.0	Capital Stock	1,000		
2630.0	Additional Paid in Capital	-161,691		
2640.0	Treasury Stock	(0)		
2650.0	Retained Earnings	-207,738		
2610.0	TOTAL CORPORATION		-368,429	

2500.0	TOTAL NET WORTH(2610.0)			-368,429
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2000.0	TOTAL LIABILITIES AND NET WORTH (2015.0 + 2500.0)			3,556,929
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Schedule 10: Statement of Operations

Account Number		
	Operating Revenue	
9605.0	Net Patient Service Revenue	10,245,713
9610.0	Other	28,265
9615.0	Net Assets Released from Restriction	0
9620.0	Total Operating Revenue	10,273,978
	Operating Expenses	
9625.0	Salaries and Wages	4,620,391
9630.0	Employee Benefits	775,899
9635.0	Supplies and Other (including Payroll Taxes)	5,263,938
9640.0	Interest	12,851
9645.0	Provision for Bad Debt	169,500
9650.0	Depreciation and Amortization	29,428
9655.0	Total Operating Expenses	10,872,007
9660.0	Income from Operations	-598,029
	Non-Operating Revenue	
9665.0	Interest Income (from Schedule8,3180.0)	3
9670.0	Investment Income	0
9675.0	Gains (Losses) from Investments	0
9680.0	Gains (Losses) from Sale of Equipment	0
9685.0	Other(Specify) See Footnotes	1,096,861
9690.0	Total Non-Operating Revenue	1,096,864
9695.0	Net Income Before Taxes or Extraordinary Items	498,835
9755.0	Provision for Income Tax	100
9760.0	Income Before Cumulative Effect of Change in Accounting Principles	498,735
	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	498,735

Schedule 11: Cash Flow

Account	Description	Account Balance	Total
	Cash flows from operating activities		
9805.0	Change in net assets (net income)	498,735	
9810.0	Adjustments to reconcile changes in net assets (net income)	29,428	
9815.0	Increases(decreases) to cash provided by operating activities	1,137,831	
9820.0	Net cash from operating activities		1,665,994
	Cash flows from investing activities		
9825.0	Capital expenditures	0	
9830.0	Other cash used in investing activities	0	
9835.0	Net cash used in investing activities		0
	Cash flows from financing activities		
9840.0	Proceeds from issuance of long-term debt	0	
9845.0	Payments on long-term debt and capital lease expenditures	0	
9850.0	Other cash used in financing activities	0	
9855.0	Net cash used in financing activities		0
9860.0	Net increase/(decrease) in cash and cash equivalents		1,665,994
9865.0	Cash/cash equivalents beginning of year	447,241	
9870.0	Cash/cash equivalents end of year		2,113,235

Schedule 12: Reconciliation of Reported Income and Financials

Total income reported on HCF-1 (#3000.0)	11,370,842
Total operating expenses on HCF-1 (#4000.0)	10,872,107
HCF-1 Net income/(loss) before reconciling items	498,735 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	498,735 ²
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1. This amount should agree with Schedule 13, HCF-1 Net Income/ (Loss)
2. Do not use this amount on Schedule 13.

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

	Capital Stock	Additional Paid-in	Retained earnings	Treasury Stock	Total
Balance: 12/31/2019	1,000	-161,691	-605,533	0	¹ -766,224
Other: Prior Period Adjustment(s)			18,060		² 18,060
Sale of stock	0				0
Additional paid-in capital		0			0
HCF-1 Net income/(Loss)			498,735		498,735
Dividends paid			(119,000)		(119,000)
Treasury stock Purchased/Sold				0	0
Balance: 12/31/2020	1,000	-161,691	-207,738	(0)	³ -368,429
	(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	871	110	0	845	7	4,410	3,280	0	0	450	0	9,973
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	93	12	0	0	0	0	114
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	880	110	0	845	7	4,503	3,292	0	0	450	0	10,087
Quarter 2												
Nursing	635	-18	0	1,065	119	3,460	3,283	0	0	0	0	8,544
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	121	30	0	0	0	0	151
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	635	-18	0	1,065	119	3,581	3,313	0	0	0	0	8,695

	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	901	9	0	924	42	3,335	2,972	0	0	210	0	8,393
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	46	43	0	0	0	0	89
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	901	9	0	924	42	3,381	3,015	0	0	210	0	8,482
Quarter 4												
Nursing	632	16	0	842	163	3,392	3,219	0	0	356	0	8,620
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	19	27	0	0	0	0	61
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	647	16	0	842	163	3,411	3,246	0	0	356	0	8,681

	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	3,039	117	0	3,676	331	14,597	12,754	0	0	1,016	0	35,530
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)	24	0	0	0	0	279	112	0	0	0	0	415
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	3,063	117	0	3,676	331	14,876	12,866	0	0	1,016	0	35,945

0140.0	Number of Admissions During Year	249
0140.1	Number of Massachusetts Medicaid Admissions During Year	22
0150.0	Number of Discharges During Year	255
0190.0	Average Length of Stay	141

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			
AHS Staffing, LLC	TIX9	143.3	8,184
CONNECTRN INC	TGKV	193.5	10,797
Bethel Staffing LLC	TMKO	140.5	8,161
Supplemental Health Care Services	T9KJ	88.3	4,977
Traditions Home Health Services, LLC	TDN5	505.0	62,667
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	1,070.60	94,786

(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			
World Wide Staffing	TR7R	45.8	2,267
AHS Staffing, LLC	TIX9	66.5	2,544
CONNECTRN INC	TGKV	460.8	23,715
Bethel Staffing LLC	TMKO	268.8	14,356
Traditions Home Health Services, LLC	TDN5	67.3	8,186
Bethel Staffing LLC	TMKO	439.4	27,871
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	1,348.60	78,939

(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			
World Wide Staffing	TR7R	19.5	506
CONNECTRN INC	TGKV	29.5	840
Traditions Home Health Services, LLC	TDN5	18.0	696
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	67.00	2,042

(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	37,051	7848.2	124,787	7835.2	188,614
Hours*	7847.2	817	7849.2	2,852	7836.2	7,713

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

B. Wage Differentials for RNs, LPNs, and CNAs**1. Shift Differential Wages for RNs, LPNs, and CNAs**

	Account	RN	Account	LPN	Account	CNA
Wages*	7850.2	20,096	7851.2	27,760	7852.2	50,123

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
Lisa Coppola	From: 01/01/2020 To: 12/31/2020	5066	U
Susan Downey	From: 08/24/2020 To: 08/24/2020	2823	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	152,201
9270.2	Payroll Taxes	12,645
9270.3	Workers' Compensation	89
9270.4	Group Health/Life Insurance	12,190
9270.5	Pension	0
9270.6	Other Benefits	2
9272.0	TOTAL ADMINISTRATOR COMPENSATION	177,127

Staff and Hours by Position

Position	Account	Number of Staff	Account	Total Hours
Staff Development	7210.2	2	7310.2	1,948
Plant Operations	7211.2	9	7311.2	4,495
Dietary Staff	7212.2	43	7312.2	20,423
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	1	7317.2	2,080
MMQ Nurses	7218.2	0	7318.2	0
MDS Coordinator	7232.2	1	7332.2	2,471
Social Service Staff	7220.2	4	7320.2	6,356
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	12	7323.2	6,606
Administrator	7224.2	2	7324.2	2,156
Officer	7225.2	1	7325.2	2,080
Clerical Staff	7226.2	4	7326.2	3,429
Admin.In training	7227.2	0	7327.2	0
DON	7228.2	2	7328.2	1,511
RNs	7229.2	24	7329.2	19,087
LPNs	7230.2	33	7330.2	25,653
CNAs	7231.2	73	7331.2	80,228
Totals		211		178,523

Schedule 17: Proprietorship/Partnership/Corporation Information

Corporation

Last Name

Simha

First Name

David

Title

Owner

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
4125.1	100	163,409	2	11,989	97	59,681	0	0	235,178

Last Name

First Name

Title

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

First Name

Title

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

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

Last Name Simha
First Name David
Title Operator

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7710.1)
4125.1	100	2,080	163,409	2	11,989	97	59,681	0	0	235,178

Last Name Gabriel
First Name Andre
Title LPN

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7711.1)
6041.1	100	3,342	127,305	0	10,717	2,444	0	0	0	140,466

Last Name Camire-Doyle
First Name Hiedi
Title MDS

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7712.1)
6508.1	100	2,471	129,484	3,357	12,109	2,070	2,893	0	0	149,913

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
Capital Finance	No	32,246	0	01/01/2019	28,767	3,479	10.00	0
Tender Touch	No	602,255	0	01/01/2019	200,745	401,510	5.00	12,851

Total Working Capital Interest

(4430.0) 3

12,851

Total Working Capital Debt

(2100.0 less 2160.0)

404,989

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.

Officer

Administrator

Schedule 3 (4440.0)

Personal Care	4,435
Consulting Fees	34,030
Miscellaneous Expense	5,534
Donations	625
Total	44,624

Schedule 5 (4538.8)

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

Schedule 10 (9685.0)

Covid Relief Funding	1,096,861
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Schedule 13 Prior Period Adjustment:

Adjustments made subsequent to the filing of the 2019 HCF-1, no impact on reimbursement

Schedule 14 Other Public Patient Days:

Hospice

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)	453,074		453,074
9547.0	Other (Explain on sch 20)	0	0	0
9550.0	Building Depreciation	0	0	0
9560.8	Building Improvement Depreciation	0	0	0
9562.8	HCF Capitalization-Improvements Depreciation	0	0	0
9570.0	Equipment Depreciation	0	0	0
9571.0	HCF Capitalization-Equipment Depreciation	0	0	0
9575.0	Software/Limited Life Assets Depreciation	0	0	0
9576.0	HCF Capitalization-Software/Limited Life Assets Depreciation	0	0	0
9580.0	Insurance-Building, Building Improvement & Equipment	0	0	0
3540.0	Recoverable Fixed Income (above)			()
9950.2	SUBTOTAL: FIXED COSTS	453,074	0	453,074
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	453,074	0	453,074

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 *
Mortgage	HUD	No	12/15/2019	01/01/2052	420	50,000	11,440,000	255,519	7,300	10,933,649	158,608	10,775,041	3.00	445,774	0
Totals	XXXX	XX	XXXXXX	XXXX	XXX	XXX	XXXXXX	255,519	7,300	XXXX	XXXX	10,775,041	XXXX	445,774	0

*See
Instructions

a

b

c

Total Fixed Interest a + b + c (9545.0) = 453,074

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

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

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

Section A**Submission Attestation Sections**

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

Section A - Preparer Type of Accounting Service:

CERTIFICATION BY PREPARER OTHER THAN OWNER, PARTNER OR OFFICER

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

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

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

Signature of authorized Cost Report Submitter:	Langfield,Jonathan - Lan8766
Date of Authorization (MO/DA/YR):	05/27/2021
Submitter's acknowledgement:	X

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

CERTIFICATION BY OWNER,PARTNER OR OFFICER

Provider Name :MEDWAY COUNTRY MANOR SK NURG &REH

Vendor Payment Number :0910481

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:	Simha
First Name :	David
Middle Name:	
Title :	CEO

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

Signature of authorized Cost Report Submitter:	Simha,,David - Sim18216
Date of Authorization (MO/DA/YR):	05/27/2021
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:	Simha
First Name :	David
Middle Name:	
Title :	CEO

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

Signature of authorized Cost Report Submitter:	Simha,,David - Sim18216
Date of Authorization (MO/DA/YR):	05/27/2021
Submitter's acknowledgement:	X



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