

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

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

<b>Facility Name</b>	SANCTA MARIA NURSING HOME
<b>VPN</b>	0919918
<b>Provider ID</b>	110026332A
<b>Balance Sheet Date</b>	12/31/2020
<b>Reporting Period</b>	From: 01/01/2020 To: 12/31/2020
<b>Street Address</b>	799 CONCORD AVENUE
<b>City</b>	Cambridge
<b>Zip</b>	02138
<b>Hospital Based Nursing Facility?</b>	Yes <input checked="" type="checkbox"/> No
<b>Management Company</b>	Advocate Healthcare Management LLC
<b>Realty Company</b>	None

Is above information accurate: ☒ Yes    ☐ No

<b>Telephone</b>	617-868-2200
<b>Fax</b>	617-864-2801
<b>Federal Employee Tax ID Number</b>	042066524

Is above information accurate: ☒ Yes    ☐ No

**Contact Person for this report:**

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

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

**Other Business Activities(Check all that apply):**

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

**Legal Status(check one):**

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

**Bed Licensure:**

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

	1	2	3	4	5
DPH Licensure Date	Skilled Nursing	Residential care	Pediatric	TOTAL (cols 1+2+3)	Constructed Capacity
04/10/2017	135	0	0	135	141

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: 135

**Cost Report Related Questions:**

		Yes	No	Description(if required)
1	Is this facility claiming any expenses allocated from a Management Company Report (HCF-3)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Is this facility claiming any expenses from a Realty Company Report (HCF-2-NH)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Does this report contain any accrued expenses which have been either unpaid or unfunded such as, for example, pension costs, self-insured workers' compensation, or any other self-insured expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, the unpaid or unfunded portions should be self-disallowed.
4	Does this report and claim for reimbursement include any amounts for services of non-paid workers as provided for in 101 CMR 206.00?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, provide a schedule of amounts and account numbers on the Footnotes and Explanations section and send a copy of the required agreement if not previously submitted.
5	Have you reported any individual's salary in more than one account, i.e., cost splitting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If so, explain on the Footnotes and Explanations section, giving method of allocation, amount and account numbers.
6	Have you reported any costs on this HCF-1 that come directly from the management company, in addition to what has been allocated through Schedule 10 of the HCF-3?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, explain in detail in the Footnotes and Explanations section of this report giving the account(s) and the dollar amount(s) of the entry.
7	Except for accruals made pursuant to FASB-43, i.e. vacation and sick time earned but not yet paid, do all accruals represent expenses incurred only during the current reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If No, provide details and explanations on the Footnotes and Explanations section.
8	Were there any additions or renovations subject to a Determination of Need? If so, please describe the project.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ongoing renovations of the facility
8a	When were these assets placed into service? Was this project done in phases? If so, when are the expected dates of completion for the next	<input type="checkbox"/>	<input type="checkbox"/>	Ongoing

phases?

		Yes	No	Description(if required)
8b	Has this facility received a letter of final approval for an increase in maximum capital expenditures from the Office of Determination of Need? If yes, send a copy of the original and any updated copies of the DON. What is the date of the original Determination of Need (DON) approval?			Date :01/20/2015
8c	Was a notification request filed for this project?	X		
9	What is the original date the facility was built?			01/01/1968
10	What was the date and value of the most recent assessed property value of this facility?			Date: 01/16/2016 Assessed Value: 35,621,900

## Disclosure Information

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	O9278	Sancta Maria Hospital, Inc.	799 Concord Avenue, Cambridge, MA 02138	100

2. List the name(s) of any Massachusetts nursing homes or rest homes in which the owners listed in item #1 own, directly or indirectly, an interest of 5% or more.

Facility Name	VPN	Name of Owner(s)
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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
Arrell Corp	Plumbing Services	48,996	0	48,996	5130.7	Sancta Maria Hospital, Inc.
Daughters of Mary	Debt Interest Expense	114,089	0	114,089	4430.0	Sancta Maria Hospital, Inc.

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	164,296	0	164,296
4426.8	Director of Nurses: Group Life/Health Insurance	1,141	0	1,141
4336.3	Director of Nurses :Pension	0	0	0
4340.3	Director of Nurses :Benefits Other	2	0	2
4407.2	Director of Nurses :Payroll Taxes	12,371	0	12,371
4427.1	Director of Nurses :Workers' Compensation	129	0	129
9962.3	HCF-3 DON Add-back(HCF-3, Sch.10 part 2) **		(0)	0
<b>4620.0</b>	<b>SUBTOTAL: DIRECTOR OF NURSES</b>	<b>177,939</b>	<b>0</b>	<b>177,939</b>
6030.1	RN: Salaries	1,563,863	0	1,563,863
7429.2	RN: Group Life/Health Insurance	145,483	0	145,483
7529.2	RN: Pension	0	0	0
7629.3	RN: Benefits Other	4,024	0	4,024
7729.2	RN: Payroll Taxes	122,139	0	122,139
7829.3	RN: Workers' Compensation	15,242	0	15,242
<b>4630.0</b>	<b>SUBTOTAL: RN</b>	<b>1,850,751</b>	<b>0</b>	<b>1,850,751</b>
6041.1	LPN: Salaries	1,234,358	0	1,234,358
7430.2	LPN: Group Life/Health Insurance	114,830	0	114,830
7530.2	LPN: Pension	0	0	0
7630.3	LPN: Benefits Other	3,176	0	3,176
7730.2	LPN: Payroll Taxes	96,404	0	96,404
7830.3	LPN: Workers' Compensation	12,031	0	12,031
<b>4640.0</b>	<b>SUBTOTAL :LPN</b>	<b>1,460,799</b>	<b>0</b>	<b>1,460,799</b>
6051.1	CNA: Salaries	2,617,027	0	2,617,027
7431.2	CNA: Group Life/Health Insurance	243,457	0	243,457
7531.2	CNA: Pension	0	0	0
7631.3	CNA: Benefits Other	6,735	0	6,735
7731.2	CNA: Payroll Taxes	204,391	0	204,391
7831.3	CNA: Workers' Compensation	25,506	0	25,506
<b>4650.0</b>	<b>SUBTOTAL :CNA</b>	<b>3,097,116</b>	<b>0</b>	<b>3,097,116</b>
6025.1	DON Purchased Service: Per Diem	0	0	0
6025.2	DON Purchased Service: Temporary Agency Staff**	0		0
<b>6025.3</b>	<b>SUBTOTAL: DON PURCHASED SERVICE</b>	<b>0</b>	<b>0</b>	<b>0</b>
6035.1	RN Purchased Service: Per Diem	0	0	0
6035.2	RN Purchased Service: Temporary Agency Staff**	101,969		101,969
<b>6035.3</b>	<b>SUBTOTAL: RN PURCHASED SERVICE</b>	<b>101,969</b>	<b>0</b>	<b>101,969</b>

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**	152,933		152,933
<b>6042.3</b>	<b>SUBTOTAL: LPN PURCHASED SERVICE</b>	152,933	0	152,933
6052.1	CNA Purchased Service: Per Diem	0	0	0
6052.2	CNA Purchased Service: Temporary Agency Staff**	96,796		96,796
<b>6052.3</b>	<b>SUBTOTAL: CNA PURCHASED SERVICE</b>	96,796	0	96,796
4306.5	Nurses' Aide Training Administration *	0	0	
4306.6	Nursing Other Required Education	0	0	0
4306.7	Nursing Job Related Education	0	0	0
3192.0	Nursing Recoverable Revenue **			( )
3195.0	Director of Nurses Recoverable Revenue**			( )
<b>4660.0</b>	<b>SUBTOTAL : OTHER NURSING</b>	0	0	0
<b>4610.0</b>	<b>TOTAL NURSING EXPENSES</b>	6,938,303	0	6,938,303

\* 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	199,977	0	199,977
7424.2	Administration: Group Life/Health Insurance	16,313	0	16,313
7524.2	Administration: Pensions	0	0	0
7624.3	Administration: Benefits Other	2	0	2
7724.2	Administration: Payroll Taxes	15,121	0	15,121
7824.3	Administration: Workers' Compensation	158	0	158
7924.3	Administration: Purchased Service	0	0	0
9972.0	HCF-3 Administrator Add-back (HCF-3,Sch. 10, part 4)**		( )	0
<b>4720.0</b>	<b>SUBTOTAL: ADMINISTRATION</b>	231,571	0	231,571
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
<b>4730.0</b>	<b>SUBTOTAL: ADMINISTRATOR-IN-TRAINING</b>	0	0	0
4125.1	Officers: Salaries *	0	0	
4426.2	Officers: Group Life/Health Insurance *	0	0	
7525.2	Officers: Pensions *	0	0	
7625.3	Officers: Benefits Other *	0	0	
4411.2	Officers: Payroll Taxes *	0	0	
4424.2	Officers: Workers' Compensation *	0	0	
4339.2	Officers: Profit Sharing and Other Benefits *	0	0	
7925.3	Officers: Purchased Service	0	0	
<b>4740.0</b>	<b>SUBTOTAL: OFFICERS</b>	0	0	
4140.1	Clerical Staff: Salaries	653,707	0	653,707
7426.2	Clerical Staff: Group Life/Health Insurance	60,813	0	60,813
7526.2	Clerical Staff: Pensions	0	0	0
7626.3	Clerical Staff: Benefits Other	1,682	0	1,682
7726.2	Clerical Staff: Payroll Taxes	51,055	0	51,055
7826.3	Clerical Staff: Workers' Compensation	6,371	0	6,371
7926.3	Clerical Staff: Purchased Service	4,621	0	4,621
<b>4750.0</b>	<b>SUBTOTAL: CLERICAL STAFF</b>	778,249	0	778,249

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4150.3	EDP/Payroll/Bkpg Serv.	99,172	0	99,172
4160.3	Management Fees (see HCF-3) *	952,231	952,231	
4160.6	Management Consultants *	0	0	
4250.5	Office Supplies	134,743	0	134,743
4261.5	Telephone: Phone	26,915	0	26,915
4262.6	Telephone: Directory Advertising *	0	0	
4280.5	Travel: Conventions and Meetings	0	0	0
4295.7	Advertising--Help Wanted	14,564	0	14,564
4298.7	Advertising—Promotional *	6,851	6,851	
4299.7	Direct Care Add-on Recruitment	0	0	0
4301.7	Licenses and Dues--Pt. Care Related Portion	33,501	2,000	31,501
4302.3	Licenses and Dues--Promotional, Goodwill, Leg. Port *	0	0	
4306.2	Education/Training Administration	2,295	0	2,295
4350.3	Accounting - Appeal Service *	0	0	
4360.3	Accounting - other	2,564	0	2,564
4380.3	Legal - Appeal Service *	0	0	
4385.7	Legal - DALA Filing Fees *	0	0	
4390.7	Legal – Other *	80,356	80,356	
4431.7	Insurance - Malpractice & General Liability	51,889	0	51,889
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)	86,230	86,230	0
9502.3	HCF-2-NH Other Exp. Add-back (Schedule 24) **		( 0 )	0
9960.3	HCF-3 Allocated A & G (HCF-3, Sch. 10)**		( 407,311 )	407,311
9961.3	HCF-3 Allocated Fixed Cost (HCF-3, Sch.10) **		( 0 )	0
3191.0	A&G Recoverable Income **		2,514	( 2,514 )
<b>4760.0</b>	<b>SUBTOTAL: OTHER A&amp;G</b>	<b>1,491,311</b>	<b>722,871</b>	<b>768,440</b>
<b>4710.0</b>	<b>TOTAL ADMINISTRATIVE &amp; GENERAL EXPENSES</b>	<b>2,501,131</b>	<b>722,871</b>	<b>1,778,260</b>

\* Non-allowable Expense

\*\* See Instructions

**Schedule 4: Variable Expenses**

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
4306.1	Staff Development Coordinator: Salaries	108,821	0	108,821
7410.2	Staff Dev. Coord.:Group Life/Health Insurance	10,123	0	10,123
7510.2	Staff Dev. Coord.: Pensions	0	0	0
7610.3	Staff Dev. Coord.: Benefits Other	280	0	280
7710.2	Staff Dev. Coord.: Payroll Taxes	8,499	0	8,499
7810.3	Staff Dev. Coord.: Workers' Compensation	1,061	0	1,061
7910.3	Staff Dev. Coord.: Purchased Service	0	0	0
<b>4820.0</b>	<b>SUBTOTAL: STAFF DEV. COORD.</b>	<b>128,784</b>	<b>0</b>	<b>128,784</b>
5105.1	Plant Operation: Salaries	279,436	0	279,436
7411.2	Plant Operation:Group Life/Health Insurance	25,995	0	25,995
7511.2	Plant Operation: Pensions	0	0	0
7611.3	Plant Operation: Benefits Other	719	0	719
7711.2	Plant Operation: Payroll Taxes	21,824	0	21,824
7811.3	Plant Operation: Workers' Compensation	2,724	0	2,724
5110.3	Plant Operation: Purchased Service	111,024	0	111,024
5115.5	Plant Operation: Supplies and Expenses	31,896	0	31,896
5120.5	Plant Operation: Utilities	479,963	0	479,963
5130.7	Plant Operation: Repairs	58,375	0	58,375
9502.4	HCF-2-NH Utilities/Plant Operations Add-back (Schedule 24) **		( )	0
<b>4830.0</b>	<b>SUBTOTAL: PLANT OPERATION</b>	<b>1,011,956</b>	<b>0</b>	<b>1,011,956</b>
5205.1	Dietary: Salaries	635,289	0	635,289
7412.2	Dietary: Group Life/Health Insurance	59,100	0	59,100
7512.2	Dietary: Pensions	0	0	0
7612.3	Dietary: Benefits Other	1,635	0	1,635
7712.2	Dietary: Payroll Taxes	49,617	0	49,617
7812.3	Dietary: Workers' Compensation	6,192	0	6,192
5220.5	Dietary: Food	307,699	0	307,699
5221.3	Dietary: Purchased Service	0	0	0
5235.5	Dietary: Supplies and Expenses	55,500	0	55,500
<b>4840.0</b>	<b>SUBTOTAL: DIETARY</b>	<b>1,115,032</b>	<b>0</b>	<b>1,115,032</b>
5231.1	Dietician: Salaries	47,289	0	47,289
7413.2	Dietician: Group Life/Health Insurance	4,399	0	4,399
7513.2	Dietician: Pensions	0	0	0
7613.3	Dietician: Benefits Other	122	0	122
7713.2	Dietician: Payroll Taxes	3,693	0	3,693
7813.3	Dietician: Workers' Compensation	461	0	461
5233.3	Dietician: Purchased Service	0	0	0
9967.0	HCF-3 Dietician Add-back (HCF-3, Sch. 10, part 3)**		(0)	0
<b>4850.0</b>	<b>SUBTOTAL: DIETICIAN</b>	<b>55,964</b>	<b>0</b>	<b>55,964</b>

Account	Description	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD-BACKS	TOTAL ALLOWABLE EXPENSE
5310.1	Laundry: Salaries	180,003	0	180,003
7414.2	Laundry: Group Life/Health Insurance	16,745	0	16,745
7514.2	Laundry: Pensions	0	0	0
7614.3	Laundry: Benefits Other	463	0	463
7714.2	Laundry: Payroll Taxes	14,058	0	14,058
7814.3	Laundry: Workers' Compensation	1,754	0	1,754
5320.3	Laundry: Purchased Service	0	0	0
5330.5	Laundry: Supplies and Expenses	12,208	0	12,208
5340.5	Laundry: Linen and Bedding	5,313	0	5,313
<b>4860.0</b>	<b>SUBTOTAL: LAUNDRY</b>	<b>230,544</b>	<b>0</b>	<b>230,544</b>
5410.1	Housekeeping: Salaries	334,338	0	334,338
7415.2	Housekeeping: Group Life/Health Insurance	31,103	0	31,103
7515.2	Housekeeping: Pensions	0	0	0
7615.3	Housekeeping: Benefits Other	860	0	860
7715.2	Housekeeping: Payroll Taxes	26,112	0	26,112
7815.3	Housekeeping: Workers' Compensation	3,259	0	3,259
5415.3	Housekeeping: Purchased Service	5,022	0	5,022
5420.5	Housekeeping: Supplies and Expenses	57,415	0	57,415
<b>4870.0</b>	<b>SUBTOTAL: HOUSEKEEPING</b>	<b>458,109</b>	<b>0</b>	<b>458,109</b>
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
<b>4880.0</b>	<b>SUBTOTAL: QA PROFESSIONAL</b>	<b>0</b>	<b>0</b>	<b>0</b>
6505.1	Ward Clerks & Medical Records Librarian: Salaries	224,718	0	224,718
7417.2	Ward Clerk & Med Rec Lib: Group Life/Health Insurance	20,905	0	20,905
7517.2	Ward Clerk & Med Rec Lib: Pensions	0	0	0
7617.3	Ward Clerk & Med Rec Lib: Benefits Other	578	0	578
7717.2	Ward Clerk & Med Rec Lib: Payroll Taxes	17,551	0	17,551
7817.3	Ward Clerk & Med Rec Lib: Workers' Compensation	2,190	0	2,190
7917.3	Ward Clerk & Med Rec Lib: Purchased Service	0	0	0
<b>4890.0</b>	<b>SUBTOTAL: WARD CLERK &amp; MED REC LIBRARIAN</b>	<b>265,942</b>	<b>0</b>	<b>265,942</b>

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6506.1	MMQ Evaluation Nurse: Salaries	75,566	0	75,566
7418.2	MMQ Evaluation Nurse:Group Life/Health Insurance	7,030	0	7,030
7518.2	MMQ Evaluation Nurse: Pensions	0	0	0
7618.3	MMQ Evaluation Nurse: Benefits Other	194	0	194
7718.2	MMQ Evaluation Nurse: Payroll Taxes	5,902	0	5,902
7818.3	MMQ Evaluation Nurse: Workers' Compensation	736	0	736
7918.3	MMQ Evaluation Nurse: Purchased Service	0	0	0
<b>4900.0</b>	<b>SUBTOTAL: MMQ EVALUATION NURSE</b>	<b>89,428</b>	<b>0</b>	<b>89,428</b>
6508.1	MDS Coordinator: Salaries	353,682	0	353,682
7432.2	MDS Coordinator:Group Life/Health Insurance	32,902	0	32,902
7532.2	MDS Coordinator: Pensions	0	0	0
7632.3	MDS Coordinator: Benefits Other	910	0	910
7732.2	MDS Coordinator: Payroll Taxes	27,623	0	27,623
7832.3	MDS Coordinator: Workers' Compensation	3,447	0	3,447
7932.3	MDS Coordinator: Purchased Service	0	0	0
<b>4910.0</b>	<b>SUBTOTAL:MDS COORDINATOR</b>	<b>418,564</b>	<b>0</b>	<b>418,564</b>
6540.0	Social Service Worker: Salaries	200,635	0	200,635
7420.2	Social Service Worker:Group Life/Health Insurance	18,665	0	18,665
7520.2	Social Service Worker: Pensions	0	0	0
7620.3	Social Service Worker: Benefits Other	516	0	516
7720.2	Social Service Worker: Payroll Taxes	15,670	0	15,670
7820.3	Social Service Worker: Workers' Compensation	1,955	0	1,955
7920.3	Social Service Worker: Purchased Service	1,663	0	1,663
<b>4920.0</b>	<b>SUBTOTAL: SOCIAL SERVICE WORKER</b>	<b>239,104</b>	<b>0</b>	<b>239,104</b>
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
<b>4925.0</b>	<b>SUBTOTAL: INTERPRETERS</b>	<b>0</b>	<b>0</b>	<b>0</b>

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
7011.1	Indirect Restorative Therapy: Salaries	337,629	0	337,629
7421.2	Indirect Restorative Therapy:GLH Insurance	31,409	0	31,409
7521.2	Indirect Restorative Therapy: Pensions	0	0	0
7621.3	Indirect Restorative Therapy: Benefits Other	869	0	869
7721.2	Indirect Restorative Therapy: Payroll Taxes	26,369	0	26,369
7821.3	Indirect Restorative Therapy: Workers' Compensation	3,291	0	3,291
7013.3	Indirect Restorative Therapy: Consultants	4,606	0	4,606
7012.1	Direct Restorative Therapy: Salaries *	1,289,591	1,289,591	
7012.2	Direct Restorative Therapy: Benefits *	236,573	236,573	
7014.3	Direct Restorative Therapy: Consultants *	29,904	29,904	
9968.0	HCF-3 Indirect Restorative Add-back (HCF-3, Sch. 10, part 3) **		(-0)	0
<b>4930.0</b>	<b>SUBTOTAL: RESTORATIVE THERAPY</b>	<b>1,960,241</b>	<b>1,556,068</b>	<b>404,173</b>
7021.1	Recreational Therapy: Salaries	267,960	0	267,960
7423.2	Recreational Therapy:Group Life/Health Insurance	24,928	0	24,928
7523.2	Recreational Therapy: Pensions	0	0	0
7623.3	Recreational Therapy: Benefits Other	690	0	690
7723.2	Recreational Therapy: Payroll Taxes	20,928	0	20,928
7823.3	Recreational Therapy: Workers' Compensation	2,612	0	2,612
7022.3	Recreational Therapy: Purchased Service	5,665	0	5,665
7023.5	Recreational Therapy: Supplies and Expenses	0	0	0
7024.8	Recreational Therapy: Transportation *	0	0	
<b>4940.0</b>	<b>SUBTOTAL: RECREATIONAL THERAPY</b>	<b>322,783</b>	<b>0</b>	<b>322,783</b>

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4275.5	Travel: Motor Vehicle Expense	4,237	0	4,237
4306.3	Variable Other required education	0	0	0
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	20,000	0	20,000
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	904	0	904
6520.5	Legend Drugs *	485,806	485,806	
6522.5	House Supplies not resold	533,230	0	533,230
6523.5	Resold to private patients *	0	0	
6524.5	Resold to public patients *	0	0	
6530.0	Pharmacy Consultant	9,648	0	9,648
3150.0	Vending Machines Income			( )
3193.0	Variable Recoverable			( )
<b>4950.0</b>	<b>SUBTOTAL: OTHER VARIABLE</b>	<b>1,053,825</b>	<b>485,806</b>	<b>568,019</b>
<b>4810.0</b>	<b>TOTAL VARIABLE EXPENSES</b>	<b>7,350,276</b>	<b>2,041,874</b>	<b>5,308,402</b>

\* Non-allowable Expense

\*\* See Instructions

## Schedule 5: Claimed Fixed Costs

	Allowable Basis, Cost Begin of Year	Claimed Additions	Claimed Deletions	Allowable Basis, Cost End of Year	Rate %	Reported Depreciation or Expenses(from financials)	Non-Allowable Expenses and Add-backs	Claimed HCF-1 Fixed Costs	Claimed HCF-2-NH Fixed Costs (if Applicable)
Land HCF-1	295,147	0	(0)	295,147					
Land HCF-2-NH	0	0	(0)	0					
Building HCF-1	2,744,935	0	(0)	2,744,935	2.5	(4550.8) 16,800	16,800	0	
Building HCF-2-NH	0	0	(0)	0	2.5				0
Improvements HCF-1	6,328,475	16,666	(2,542,617)	3,802,524	5.0	(4565.8) 206,214	37,156	169,058	
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	6,815,684	24,982	(134,461)	6,706,205	10.0	(4570.8) 134,399	-129,611	264,010	
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	437,831	16,576	(231,379)	223,028	33.3	(4585.8) 0	-24,339	24,339	
Software HCF-2-NH	0	0	(0)	0	33.3				0
HCF Cap. Software HCF-1	0	0	(0)	0	33.3	(4586.8) 0	0	0	
HCF Cap. Software HCF-2-NH	0	0	(0)	0	33.3				0



	Allowable Basis, Cost Begin of Year	Claimed Additions	Claimed Deletions	Allowable Basis, Cost End of Year	Rate %	Reported Depreciation or Expenses (from financials)	Non-Allowable Expenses and Add-backs	Claimed HCF-1 Fixed Costs	Claimed HCF-2- NH Fixed Costs (if Applicable)
Long-Term Interest						(4520.8) 0	0	0	0
MA Corp. Excise Tax Non-Income Portion						(8027.7) 0	0	0	0
Building Insurance						(4590.8) 37,945	0	37,945	0
Real Estate Taxes						(4510.8) 0	0	0	0
Personal Property Taxes						(4515.8) 0	0	0	0
Other (Explain in Schedule 20)						(4538.8) 7,804	0	7,804	0
Rent—Real Property—HCF-2-NH Required *						(4535.8) 0	0		
Recoverable Fixed Cost Income						(3196.0)	0	( 0 )	(3540.0) ( 0 )
<b>Total HCF-1 and HCF- 2-NH Fixed Expenses</b>						<b>(9950.1) 403,162</b>	-99,994	(a) 503,156	<b>(b)9950.2 0</b>
<b>TOTAL FIXED COSTS CLAIMED</b>								(a) + (b)	<b>(9950.0) 503,156</b>

\* See Instructions

**Schedule 6: Non Nursing Expenses**

<b>Account</b>	<b>Description</b>	<b>REPORTED EXPENSES</b>	<b>NON- ALLOWABLE EXPENSES AND ADD- BACKS</b>	<b>TOTAL ALLOWABLE EXPENSE</b>
4415.0	Interest on Late Payments, Penalties *	0	0	
4430.0	Interest on working Capital *	114,090	114,090	
4435.0	Pre-Opening Expenses *	0	0	
8010.0	Bad Accounts *	428,296	428,296	
8012.0	User Fee Assessment *	772,441	772,441	
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 *	394,090	394,090	
<b>4960.0</b>	<b>Total Bad Accounts, Taxes, Refunds, Other *</b>	<b>1,708,917</b>	<b>1,708,917</b>	

\* Non-allowable Expense

\*\* See Instructions

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

<b>Account</b>	<b>REPORTED EXPENSES</b>	<b>NON-ALLOWABLE EXPENSES AND ADD- BACKS</b>	<b>TOTAL ALLOWABLE EXPENSES</b>
Total Nursing Expenses (4610.0)	6,938,303	0	6,938,303
Total A&G Expenses (4710.0)	2,501,131	722,871	1,778,260
Total Variable Expenses (4810.0)	7,350,276	2,041,874	5,308,402
Total Fixed Costs (9950.1)	403,162	-99,994	503,156
HCF-2-NH Fixed Costs Claimed (9950.2)		( 0 )	0
Non Nursing expenses (4960.0)	1,708,917	1,708,917	0
<b>TOTAL OPERATING EXPENSES(4000.0)</b>	<b>18,901,789</b>	<b>4,373,668</b>	<b>14,528,121</b>

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

<b>Payer</b>	<b>Account</b>	<b>Routine Income</b>	<b>Account</b>	<b>Ancillary Income</b>	<b>Account</b>	<b>TOTAL INCOME</b>
Self-Pay	3003.1	1,842,380	3005.1	10,966	3001.1	1,853,346
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	3,073,680	3005.4	2,416,022	3001.4	5,489,702
Medicare – Managed Care	3003.5	2,377,188	3005.5	215,599	3001.5	2,592,787
Massachusetts Medicaid - Non-Managed Care	3003.6	5,989,154	3005.6	-5,794	3001.6	5,983,360
Massachusetts Medicaid - Managed Care	3003.7	0	3005.7	0	3001.7	0
Senior Care Options & PACE	3003.8	1,289,067	3005.8	0	3001.8	1,289,067
MA Medicaid Patient Resource Income	3022.6	0	3032.6	0	3001.9	0
Non-MA Medicaid	3022.7	0	3032.7	0	3002.1	0
Veteran's Affairs and Other Public	3023.2	0	3033.2	0	3002.2	0
Other payers (nursing facility only)	3003.9	0	3005.9	0	3002.3	0
<b>TOTAL NURSING FACILITY INCOME</b>	<b>3003.0</b>	<b>14,571,469</b>	<b>3005.0</b>	<b>2,636,793</b>	<b>3001.0</b>	<b>17,208,262</b>

**Non-Nursing Facility Income**

<b>Service</b>	<b>Account</b>	<b>Income</b>	<b>Total</b>
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	
<b>SUBTOTAL NON-NURSING FACILITY INCOME</b>	<b>3026.0</b>		<b>0</b>
Endowment and other non-recoverable (Explain below)	3120.0	2,365,930	
Laundry	3140.0	0	
Vending Machines	3150.0		
Bad Debt Recovery	3160.0	0	
Prior Year Retroactive	3170.0	-30,312	
Interest Income	3180.0	0	
Nurses' Aide Training Income	3185.0	0	
Administrative and General Recoverable (Explain below)	3191.0	2,514	
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		
<b>SUBTOTAL: MISC.&amp; RECOVERABLE</b>	<b>3130.0</b>		<b>2,338,132</b>
<b>TOTAL GROSS INCOME ( 3001.0 + 3026.0 + 3130.0)</b>	<b>3000.0</b>		<b>19,546,394</b>

**Ancillary Expenses relating to above Ancillary Income**

Account #	Account Title	Amount
6520.5	Legend Drugs *	485,806
7012.1	Restorative Therapy: direct salaries *	1,289,591
7012.2	Restorative Therapy: direct benefits *	236,573
7014.3	Restorative Therapy: direct consultants *	29,904

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

Description	Amount
Tenant Revenue	1,219,056
Donatons	101,985
Investment Income, Net	33,856
Gain(Loss) Investment	304,068
Medicaid Covid Relief	706,965
<b>Subtotal</b>	<b>2,365,930</b>

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

Account #	Description	Amount
3191.0	Miscellaneous	2,514
<b>Subtotal</b>		<b>2,514</b>

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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	<b>Cash</b>			
1025.0	Cash and Equivalents	4,675,585		
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		4,675,585	
	<b>Accounts Receivable</b>			
1063.0	Self-Pay Patients (Private)	529,261		
1066.0	Managed Care Patients (Private)	0		
1069.0	Non-Managed Care Patients (Private)	0		
1073.0	Medicare Non-Managed Care Patients	382,382		
1076.0	Medicare Managed Care Patients	0		
1079.0	Mass. Medicaid Non-Managed Care Patients	1,171,906		
1081.0	Mass.Medicaid Managed Care Patients	47,186		
1083.0	MA. Senior Care Organization Patients	501,841		
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	( 197,949 )		
1060.0	Net Patient Account Receivables		2,434,627	
	<b>Loans Receivables</b>			
1160.0	Officers/Owners	0		
1170.0	Employees	0		
1180.0	Affiliates/Related Parties	0		
1185.0	Other	0		
1150.0	Total Loans Receivable		0	
1190.0	Interest Receivable		0	
1210.0	Supply Inventory		76,073	
	<b>Prepaid Expenses</b>			
1270.0	Prepaid Interest	0		
1280.0	Prepaid Insurance	84,063		
1290.0	Prepaid Taxes	0		
1295.0	Capitalized Pre-opening Costs	0		
1300.0	Other Prepaid Expenses	6,881		
1260.0	Total Prepaid Expenses		90,944	
1310.0	Other Current Assets		13,240	
<b>1005.0</b>	<b>TOTAL CURRENT ASSETS</b>			<b>7,290,469</b>

**Non-Current Assets**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1511.1	Land – Cost	322,500		
1510.0	Land – Book Value		322,500	
1521.1	Building – Cost	3,244,497		
1522.2	Building – Accum. Deprc.	(3,133,267)		
1520.0	Building – Book Value		111,230	
1611.1	Building Improvements - Cost	3,297,707		
1612.2	Building Improvements – Accum. Deprc.	( 2,183,724 )		
1610.0	Building Improvements – Book Value		1,113,983	
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	504,818		
1632.2	Other Improvements – Accum. Deprc.	( 423,048 )		
1630.0	Other Improvements – Book Value		81,770	
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	4,447,352		
1652.2	Equipment – Accum. Deprc.	( 2,779,238 )		
1650.0	Equipment – Book Value		1,668,114	
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	223,028		
1710.2	Software – Accum. Deprc.	( 152,189 )		
1710.0	Software – Book Value		70,839	
1715.1	HCF Cap.Software – Cost	0		
1715.2	HCF Cap.Software – Accum. Deprc.	( 0 )		
1715.0	HCF Cap.Software – Book Value		0	
<b>1500.0</b>	<b>TOTAL - NON CURRENT(FIXED) ASSETS</b>			<b>3,368,436</b>

**Deferred Charges and Other Assets**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1910.0	Organization Expense	0		
1940.0	Purchased Goodwill	0		
1950.0	Leasehold Deposits	0		
1960.0	Utility Deposits	0		
1970.0	Cash Surrender Value of Officer Life Insurance	0		
1975.1	Mortgage Acquisition Cost	0		
1975.2	Accumulated Amortization of Mortgage Acq. Cost	( 0 )		
1979.0	Construction in Progress	7,175		
1975.3	Long Term Investments	2,678,364		
1975.4	Non-Current Assets Whose Use is Limited	0		
1980.0	Other (Explain on Sch 20)	35,416		
<b>1900.0</b>	<b>TOTAL DEFERRED CHARGES AND OTHER ASSETS</b>			2,720,955
<b>1000.0</b>	<b>TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)</b>			13,379,860



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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	<b>Accounts Payable</b>			
2020.0	Trade	408,074		
2030.0	Accrued Expenses	700,266		
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		1,108,340	
2055.0	Patient Funds Due (Self-Pay)		0	
2060.0	Patient Funds Due (Third Party Settlement)		0	
	<b>Current Long-Term Debt</b>			
2110.0	Officer, Owner, Related Parties	0		
2120.0	Subsidiaries and Affiliates	145,306		
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		145,306	
	<b>Accrued Salaries &amp; Payroll Liabilities</b>			
2190.0	Accrued Salaries	626,456		
2200.0	Accr. Payroll Tax w/held	472		
2210.0	Accr. Employee Taxes Pay.	51,571		
2220.0	Other Payroll Liabilities	0		
2180.0	Total Accrued Salaries & Payroll Liabilities		678,499	
	<b>Other Current Liabilities</b>			
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	2,955,565		
2250.0	Total Other Current Liabilities		2,955,565	
<b>2005.0</b>	<b>TOTAL CURRENT LIABILITIES</b>			4,887,710
	<b>Non-Current Liabilities</b>			
2310.0	Mortgages	0		
2330.0	Due to Affiliates/Related Parties	2,706,931		
2320.0	Other Long-Term Debt	332,631		
<b>2300.0</b>	<b>TOTAL NON-CURRENT LIABILITIES</b>		3,039,562	
<b>2015.0</b>	<b>TOTAL LIABILITIES</b>			7,927,272

**NetWorth – Not-For-Profit**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Net Assets			
2410.0	Unrestricted	5,417,840		
2420.0	Temporarily Restricted	11,278		
2430.0	Permanently Restricted	23,470		
<b>2400.0</b>	<b>TOTAL NET ASSETS</b>		5,452,588	
<b>2500.0</b>	<b>TOTAL NET WORTH(2400.0)</b>			5,452,588
<b>2000.0</b>	<b>TOTAL LIABILITIES AND NET WORTH (2015.0 + 2500.0)</b>			13,379,860

**Schedule 10: Statement of Operations**

<b>Account Number</b>		
	<b>Operating Revenue</b>	
9605.0	Net Patient Service Revenue	17,208,262
9610.0	Other	-27,798
9615.0	Net Assets Released from Restriction	0
9620.0	<b>Total Operating Revenue</b>	17,180,464
	<b>Operating Expenses</b>	
9625.0	Salaries and Wages	10,768,185
9630.0	Employee Benefits	1,953,817
9635.0	Supplies and Other (including Payroll Taxes)	5,279,988
9640.0	Interest	114,090
9645.0	Provision for Bad Debt	428,296
9650.0	Depreciation and Amortization	357,413
9655.0	<b>Total Operating Expenses</b>	18,901,789
9660.0	<b>Income from Operations</b>	-1,721,325
	<b>Non-Operating Revenue</b>	
9665.0	Interest Income (from Schedule8,3180.0)	0
9670.0	Investment Income	33,856
9675.0	Gains (Losses) from Investments	304,069
9680.0	Gains (Losses) from Sale of Equipment	0
9685.0	Other(Specify) See Footnotes	2,028,005
9690.0	<b>Total Non-Operating Revenue</b>	2,365,930
9695.0	<b>Excess of Revenue over Expenses</b>	644,605
	<b>Other Changes in Unrestricted Net Assets</b>	
9700.0	Net Change in Unrealized Appreciation on Investments	0
9705.0	Net Assets Released from Restrictions for Property, Plant & Equipment	0
9710.0	Change in Beneficial Interest in Net Assets	0
9715.0	Cumulative Effect of Change in Accounting Principle	0
9720.0	Other Changes in Unrestricted Net Assets	0
9725.0	<b>Total Other Changes in Unrestricted Net Assets</b>	0
9730.0	<b>Increase (Decrease) in Unrestricted Net Assets, before Extraordinary Item</b>	644,605
	Extraordinary Item	
9735.0	Specify	0
9740.0	Specify	0
9745.0	Total Extraordinary Item	0
9750.0	<b>Increase (Decrease) in Unrestricted Net Assets</b>	644,605
9785.0	<b>Net Income</b>	644,605

**Schedule 11: Cash Flow**

Account	Description	Account Balance	Total
	<b>Cash flows from operating activities</b>		
9805.0	Change in net assets (net income)	644,605	
9810.0	Adjustments to reconcile changes in net assets (net income)	357,413	
9815.0	Increases(decreases) to cash provided by operating activities	-640,115	
9820.0	Net cash from operating activities		361,903
	<b>Cash flows from investing activities</b>		
9825.0	Capital expenditures	2,850,233	
9830.0	Other cash used in investing activities	0	
9835.0	Net cash used in investing activities		2,850,233
	<b>Cash flows from financing activities</b>		
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
<b>9860.0</b>	<b>Net increase/(decrease) in cash and cash equivalents</b>		3,212,136
<b>9865.0</b>	<b>Cash/cash equivalents beginning of year</b>	1,463,449	
<b>9870.0</b>	<b>Cash/cash equivalents end of year</b>		4,675,585

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

Total income reported on HCF-1 (#3000.0)	19,546,394
Total operating expenses on HCF-1 (#4000.0)	18,901,789
HCF-1 Net income/(loss) before reconciling items	644,605 <sup>1</sup>

**Reconciling Items**

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

Description	Amount
<b>Subtotal</b>	

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

Description	Amount
<b>Subtotal</b>	

<b>Net income/(loss) per financials</b>	644,605 <sup>2</sup>
---	----------------------

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

**Schedule 13: Reconciliation of Net Worth****NOT-FOR-PROFIT**

	<b>Unrestricted Net Assets</b>	<b>Temporarily Restricted Net Assets</b>	<b>Permanently Restricted Net Assets</b>	<b>Total Net Assets</b>
Balance: 12/31/2019	4,773,239	11,278	23,470	<sup>1</sup> 4,807,987
Increases (decreases):				
Prior Period Adjustment(s)	-4	0	0	<sup>2</sup> -4
HCF-1 Net income/(Loss)	644,605			644,605
Gain(Loss) on Investments		0	0	0
Contributions, Gifts and Other		0	0	0
Change in Unrealized Gains		0	0	0
Net Assets Released from Restriction for Property or Equipment		0	0	0
Other	0	0	0	0
Balance: 12/31/2020	5,417,840	11,278	23,470	<sup>3</sup> 5,452,588
	(2410.0)	(2420.0)	(2430.0)	(2500.0)

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

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

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

## Schedule 14: Patient Statistics

	Self-Pay	Managed. Care	Non- Managed Care	Medicare- Non Managed Care	Medicare Managed Care	MA Medicaid- Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
<b>Quarter 1</b>												
Nursing	1,438	0	0	1,410	369	7,049	0	1,484	0	0	0	11,750
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	101	0	58	0	0	0	159
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
<b>Quarter 1 Totals</b>	1,438	0	0	1,410	369	7,150	0	1,542	0	0	0	11,909
<b>Quarter 2</b>												
Nursing	1,048	0	0	2,224	1,157	5,477	0	1,062	0	0	0	10,968
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	123	0	75	0	0	0	198
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
<b>Quarter 2 Totals</b>	1,048	0	0	2,224	1,157	5,600	0	1,137	0	0	0	11,166

	Self-Pay	Managed. Care	Non- Managed Care	Medicare- Non Managed Care	Medicare Managed Care	MA Medicaid- Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
<b>Quarter 3</b>												
Nursing	787	0	0	1,922	1,083	5,989	0	1,367	0	0	0	11,148
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	91	0	34	0	0	0	125
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
<b>Quarter 3 Totals</b>	<b>787</b>	<b>0</b>	<b>0</b>	<b>1,922</b>	<b>1,083</b>	<b>6,080</b>	<b>0</b>	<b>1,401</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,273</b>
<b>Quarter 4</b>												
Nursing	895	0	0	1,491	862	6,261	0	1,427	0	0	0	10,936
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	52	0	0	0	0	0	52
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
<b>Quarter 4 Totals</b>	<b>895</b>	<b>0</b>	<b>0</b>	<b>1,491</b>	<b>862</b>	<b>6,313</b>	<b>0</b>	<b>1,427</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,988</b>



	Self-Pay	Managed. Care	Non- Managed Care	Medicare- Non Managed Care	Medicare Managed Care	MA Medicaid- Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
<b>Annual Totals</b>												
Nursing	4,168	0	0	7,047	3,471	24,776	0	5,340	0	0	0	44,802
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	367	0	167	0	0	0	534
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
<b>GRAND ANNUAL TOTALS</b>	4,168	0	0	7,047	3,471	25,143	0	5,507	0	0	0	45,336

0140.0	Number of Admissions During Year	388
0140.1	Number of Massachusetts Medicaid Admissions During Year	17
0150.0	Number of Discharges During Year	398
0190.0	Average Length of Stay	114

**Schedule 15: Detail of Purchased Service Nursing****(A) DON PURCHASED SERVICE NURSING (6025.2)**

<b>Name of Temporary Nursing Service Agency</b>	<b>Department of Public Health #</b>	<b>Total Hours of Service (Round to one decimal place)</b>	<b>Total Charges</b>
<b>Registered</b>			
<b>Unregistered/Other Non-Allowable</b>			
<b>Total</b>	<b>XXXXXXXXXX</b>	0.00	0

(7339.2)

(6025.2)

**(B) RN PURCHASED SERVICE NURSING (6035.2)**

<b>Name of Temporary Nursing Service Agency</b>	<b>Department of Public Health #</b>	<b>Total Hours of Service (Round to one decimal place)</b>	<b>Total Charges</b>
<b>Registered</b>			
Expert Staffing, LLC (Worcester)	T462	1,305.0	84,460
Favorite Healthcare Staffing, Inc. - Boston	TLG7	94.5	5,932
Intelycare, Inc.	TM7F	151.0	9,927
Maxim Healthcare Services Inc - Needham	TNPC	29.3	1,650
<b>Unregistered/Other Non-Allowable</b>			
<b>Total</b>	<b>XXXXXXXXXX</b>	1,579.80	101,969

(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
<b>Registered</b>			
Advanced Nursing Care, INC.	T3ZH	56.5	3,129
Expert Staffing, LLC (Worcester)	T462	2,361.8	134,555
Favorite Healthcare Staffing, Inc. - Boston	TLG7	76.6	3,917
Intelycare, Inc.	TM7F	195.1	11,332
<b>Unregistered/Other Non-Allowable</b>			
<b>Total</b>	<b>XXXXXXXXXX</b>	2,690.00	152,933

(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
<b>Registered</b>			
Advanced Nursing Care, INC.	T3ZH	1,297.5	51,355
Expert Staffing, LLC (Worcester)	T462	407.0	12,306
Favorite Healthcare Staffing, Inc. - Boston	TLG7	7.5	206
Intelycare, Inc.	TM7F	990.0	31,434
Maxim Healthcare Services Inc - Needham	TNPC	55.5	1,495
<b>Unregistered/Other Non-Allowable</b>			
<b>Total</b>	<b>XXXXXXXXXX</b>	2,757.50	96,796

(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	105,869	7848.2	90,936	7835.2	285,493
Hours*	7847.2	2,036	7849.2	1,900	7836.2	11,080

\*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	25,165	7851.2	28,160	7852.2	121,065

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

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

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

**C. Detail of Administrator's Salary and Benefits**

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

Name	Dates of Employment	License Number	Affiliation (O, R, U) <sup>1</sup>
Thomas Gomes	From: 01/01/2020 To: 12/31/2020	5223	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	199,977
9270.2	Payroll Taxes	15,121
9270.3	Workers' Compensation	158
9270.4	Group Health/Life Insurance	16,313
9270.5	Pension	0
9270.6	Other Benefits	2
9272.0	TOTAL ADMINISTRATOR COMPENSATION	231,571

**Staff and Hours by Position**

Position	Account	Number of Staff	Account	Total Hours
Staff Development	7210.2	1	7310.2	1,903
Plant Operations	7211.2	6	7311.2	13,233
Dietary Staff	7212.2	25	7312.2	32,196
Dietician	7213.2	1	7313.2	1,245
Laundry Staff	7214.2	10	7314.2	12,156
Housekeeping Staff	7215.2	16	7315.2	21,354
Quality Assurance	7216.2	0	7316.2	0
Ward Clerks/Medical Records	7217.2	4	7317.2	8,810
MMQ Nurses	7218.2	1	7318.2	1,658
MDS Coordinator	7232.2	3	7332.2	6,478
Social Service Staff	7220.2	4	7320.2	8,304
Interpreters	7233.2	0	7333.2	0
Restorative – Indirect	7221.2	20	7321.2	7,732
Restorative – Direct	7222.2	20	7322.2	29,532
Recreational Staff	7223.2	8	7323.2	10,945
Administrator	7224.2	1	7324.2	2,176
Officer	7225.2	0	7325.2	0
Clerical Staff	7226.2	7	7326.2	12,378
Admin.In training	7227.2	0	7327.2	0
DON	7228.2	1	7328.2	2,180
RNs	7229.2	33	7329.2	36,318
LPNs	7230.2	28	7330.2	31,961
CNAs	7231.2	90	7331.2	122,818
Totals		279		363,377

**Schedule 17: Proprietorship/Partnership/Corporation Information****Not For Profit**

**Last Name** Banach  
**First Name** Sister Mary Lucille  
**Title** Retired

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

**Last Name** Tinana  
**First Name** Sister Mary Theresa  
**Title** Mission Integration Dir.

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

**Last Name**  
**First Name**  
**Title**

Account	% Time Devoted	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total
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**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** Gomes  
**First Name** Thomas  
**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	2,176	199,977	2	15,121	158	16,313	0	0	231,571

**Last Name** Wayne  
**First Name** Georgia  
**Title** Director of Nurses

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7711.1)
6020.1	100	2,180	164,296	2	12,371	129	1,141	0	0	177,939

**Last Name** Adam  
**First Name** Chambers  
**Title** Dir. of Rehab

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7712.1)
7012.1	100	2,243	161,707	0	12,252	2,402	0	0	0	176,361

Schedule 19: Summary of Notes Payable

Mortgages and Notes Supporting Fixed Assets 1

<sup>3</sup> Type of Notes Payable	Lender Name	Rel. Party Y/N	Date Mort. Acquired Mo/Da/Yr	Due Date Mo/Da/Yr	No.of Months Amort.	Monthly Payments	Original Mortgage Amount	Mort.Acq. Costs	2020 Amort.of Mort. Acq Costs	<sup>2</sup> Bal. 01/01/2020	Principal Payment	Bal. 12/31/2020	Rate %	Interest Expense	Period Expense *
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	<sup>2</sup> Balance 01/01/2020	Amount	Start Mo/Da/Yr	Principal Payment	Balance 12/31/2020	Interest Rate%	<sup>3</sup> Interest Expense
Daughters fo Mary	Yes	2,852,237	0	01/01/2020	0	2,852,237	4.00	114,090

Total Working Capital Interest

(4430.0) 3

114,090

Total Working Capital Debt

(2100.0 less 2160.0)

145,306

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 Question 5 Cost Splitting:

Salaries	7011.1	337,629	7012.1	1,289,591
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Schedule 2-4 Payroll Benefit Accounts:

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

Administrator

Director of Nurses

Schedule 3 (4440.0)

Accretion	37,168
Tenant Expenses	49,062
Total	86,230

Schedule 5 (4538.8)

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

Schedule 9 (1980.0)

Tenant Building Improvements, Net	35,416
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Schedule 10 (9685.0)

Tenant Revenue	1,219,056
Donations	101,985
Medicaid Covid Relief	706,965
Total	2,028,006

Schedule 13 Prior Period Adjustment:

Rounding

**Schedule 21: Realty Company Balance Sheet**

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

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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	<b>Cash</b>			
1020.0	Checking Account			
1030.0	Short-Term Investments	0		
1050.0	Other	0		
1010.0	Total Cash		0	
	<b>Loans Receivables</b>			
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	
	<b>Prepaid Expenses</b>			
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			
<b>1005.0</b>	<b>TOTAL CURRENT ASSETS</b>			<b>0</b>

**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	
<b>1500.0</b>	<b>TOTAL - FIXED ASSETS</b>			<b>0</b>

**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			
<b>1900.0</b>	<b>TOTAL DEFERRED CHARGES AND OTHER ASSETS</b>			0
<b>1000.0</b>	<b>TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)</b>			0

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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	<b>Notes and Loans Payable</b>			
2110.0	Officer, Owner, Related Parties	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	<b>Total Current Long-Term Debt</b>		0	
2240.0	Accrued Taxes - Realty and Management		0	
2295.0	Other Current Liabilities			
<b>2005.0</b>	<b>TOTAL CURRENT LIABILITIES</b>			0
<b>Long Term Liabilities</b>				
2310.0	Mortgages	0		
2320.0	Other Long-Term Debt	0		
<b>2300.0</b>	<b>TOTAL LONG-TERM LIABILITIES</b>			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		
<b>2400.0</b>	<b>TOTAL NET ASSETS</b>		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		
<b>2510.0</b>	<b>TOTAL PROPRIETORSHIP OR PARTNERSHIP</b>		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		
<b>2610.0</b>	<b>TOTAL CORPORATION</b>		0	

<b>2500.0</b>	<b>TOTAL NET WORTH</b>			0
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<b>2000.0</b>	<b>TOTAL LIABILITIES AND NET WORTH (2005.0 + 2300.0 + 2500.0)</b>			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		
<b>3500.0</b>	<b>TOTAL INCOME</b>		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)			( )
<b>9950.2</b>	<b>SUBTOTAL: FIXED COSTS</b>	0	0	0
<b>9502.2</b>	<b>SUBTOTAL: OTHER OPERATING EXPENSES (from Schedule 24)</b>			0
9545.5	Interest on Working Capital *	0	0	
9546.0	Interest on Late Payments, Penalties *	0	0	
<b>9530.0</b>	<b>SUBTOTAL: NON-ALLOWABLE EXP</b>	0	0	
<b>9500.0</b>	<b>TOTAL HCF-2-NH EXPENSES</b>	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<sup>1</sup>**  
**(This information must be taken directly from the HCF-2-NH, Schedule 9)**

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

\*See  
Instructions

a

b

c

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

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

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

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

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

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:	McKenna
Middle Name:	
First Name :	John
Title :	Certified Public Accountant
Preparer's Address:	c/o CliftonLarson Allen 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:	McKenna,John - McK6506
Date of Authorization (MO/DA/YR):	06/03/2021
Submitter's acknowledgement:	X

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

CERTIFICATION BY OWNER,PARTNER OR OFFICER

Provider Name :SANCTA MARIA NURSING HOME

Vendor Payment Number :0919918

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:	Walsh
First Name :	Michael
Middle Name:	Anthony
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:	Walsh,A.,Michael - Wal7812
Date of Authorization (MO/DA/YR):	06/04/2021
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:	Walsh
First Name :	Michael
Middle Name:	Anthony
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:	Walsh,A.,Michael - Wal7812
Date of Authorization (MO/DA/YR):	06/04/2021
Submitter's acknowledgement:	X



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