

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

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

Facility Name	SEACOAST NURSING & REHABILITATION CTR.
VPN	0920851
Provider ID	110026381A
Balance Sheet Date	12/31/2020
Reporting Period	From: 01/01/2020 To: 12/31/2020
Street Address	292 WASHINGTON STREET
City	Gloucester
Zip	01930
Hospital Based Nursing Facility?	Yes <input checked="" type="checkbox"/> No
Management Company	Bane Care Management, LLC
Realty Company	None

Is above information accurate: ☒ Yes ☐ No

Telephone	978-283-0030
Fax	978-281-6774
Federal Employee Tax ID Number	041305001

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 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
11/01/1993	142	0	0	142	142

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: 142

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 checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes, explain in detail in the Footnotes and Explanations section of this report giving the account(s) and the dollar amount(s) of the entry.
7	Except for accruals made pursuant to FASB-43, i.e. vacation and sick time earned but not yet paid, do all accruals represent expenses incurred only during the current reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If No, provide details and explanations on the Footnotes and Explanations section.
8	Were there any additions or renovations subject to a Determination of Need? If so, please describe the project.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9	What is the original date the facility was built?	<input type="checkbox"/>	<input type="checkbox"/>	01/01/1993
10	What was the date and value of the most recent assessed property value of this facility?	<input type="checkbox"/>	<input type="checkbox"/>	Date: Assessed Value: 0

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

Direct or Indirect	ID	Name of Owner(s)	Address	%Share
Direct	O3762	Northeast Health System	85 Herrick Street,Beverly,MA 01915	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)
LEDGEWOOD REHAB & SKILLED NC	0926540	Northeast Health System

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
Bane Care Management	Management Co	1,003,494	0	1,003,494	4160.3	Northeast Health System
Northeast Hospital Corp (Labs)	Labs	470,065	0	470,065	6520.5	Northeast Health System
Northeast Hospital Corp (Resp)	Resp	24,483	0	24,483	7014.3	Northeast Health System

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

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

X Not Applicable

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

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

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	157,153	0	157,153
4426.8	Director of Nurses: Group Life/Health Insurance	9,293	0	9,293
4336.3	Director of Nurses :Pension	154	0	154
4340.3	Director of Nurses :Benefits Other	413	0	413
4407.2	Director of Nurses :Payroll Taxes	13,444	0	13,444
4427.1	Director of Nurses :Workers' Compensation	2,964	0	2,964
9962.3	HCF-3 DON Add-back(HCF-3, Sch.10 part 2) **		(0)	0
4620.0	SUBTOTAL: DIRECTOR OF NURSES	183,421	0	183,421
6030.1	RN: Salaries	1,435,696	0	1,435,696
7429.2	RN: Group Life/Health Insurance	84,898	0	84,898
7529.2	RN: Pension	1,409	0	1,409
7629.3	RN: Benefits Other	3,769	0	3,769
7729.2	RN: Payroll Taxes	122,817	0	122,817
7829.3	RN: Workers' Compensation	27,077	0	27,077
4630.0	SUBTOTAL: RN	1,675,666	0	1,675,666
6041.1	LPN: Salaries	1,339,342	0	1,339,342
7430.2	LPN: Group Life/Health Insurance	79,201	0	79,201
7530.2	LPN: Pension	1,314	0	1,314
7630.3	LPN: Benefits Other	3,516	0	3,516
7730.2	LPN: Payroll Taxes	114,575	0	114,575
7830.3	LPN: Workers' Compensation	25,260	0	25,260
4640.0	SUBTOTAL :LPN	1,563,208	0	1,563,208
6051.1	CNA: Salaries	1,926,557	0	1,926,557
7431.2	CNA: Group Life/Health Insurance	113,925	0	113,925
7531.2	CNA: Pension	1,892	0	1,892
7631.3	CNA: Benefits Other	5,059	0	5,059
7731.2	CNA: Payroll Taxes	164,808	0	164,808
7831.3	CNA: Workers' Compensation	36,333	0	36,333
4650.0	SUBTOTAL :CNA	2,248,574	0	2,248,574
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	0	0	0
6035.2	RN Purchased Service: Temporary Agency Staff**	55,233		55,233
6035.3	SUBTOTAL: RN PURCHASED SERVICE	55,233	0	55,233

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**	70,668		70,668
6042.3	SUBTOTAL: LPN PURCHASED SERVICE	70,668	0	70,668
6052.1	CNA Purchased Service: Per Diem	0	0	0
6052.2	CNA Purchased Service: Temporary Agency Staff**	132,151		132,151
6052.3	SUBTOTAL: CNA PURCHASED SERVICE	132,151	0	132,151
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**			()
4660.0	SUBTOTAL : OTHER NURSING	0	0	0
4610.0	TOTAL NURSING EXPENSES	5,928,921	0	5,928,921

* 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	168,355	0	168,355
7424.2	Administration: Group Life/Health Insurance	8,385	0	8,385
7524.2	Administration: Pensions	2	0	2
7624.3	Administration: Benefits Other	2	0	2
7724.2	Administration: Payroll Taxes	11,437	0	11,437
7824.3	Administration: Workers' Compensation	82	0	82
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	188,263	0	188,263
4170.1	Administrator-in-Training: Salaries	0	0	0
7427.2	Administrator-in-Training: Group Life/Health Insurance	0	0	0
7527.2	Administrator-in-Training: Pensions	0	0	0
7627.3	Administrator-in-Training: Benefits Other	0	0	0
7727.2	Administrator-in-Training: Payroll Taxes	0	0	0
7827.3	Administrator-in-Training: Workers'Compensation	0	0	0
7927.3	Administrator-in-Training: Purchased Service	0	0	0
9971.0	HCF-3 Administrator-in-Training Add-back (HCF-3,Sch. 10, part 4)**		()	0
4730.0	SUBTOTAL: ADMINISTRATOR-IN-TRAINING	0	0	0
4125.1	Officers: Salaries *	0	0	
4426.2	Officers: Group Life/Health Insurance *	0	0	
7525.2	Officers: Pensions *	0	0	
7625.3	Officers: Benefits Other *	0	0	
4411.2	Officers: Payroll Taxes *	0	0	
4424.2	Officers: Workers' Compensation *	0	0	
4339.2	Officers: Profit Sharing and Other Benefits *	0	0	
7925.3	Officers: Purchased Service	0	0	
4740.0	SUBTOTAL: OFFICERS	0	0	
4140.1	Clerical Staff: Salaries	324,745	0	324,745
7426.2	Clerical Staff: Group Life/Health Insurance	19,203	0	19,203
7526.2	Clerical Staff: Pensions	319	0	319
7626.3	Clerical Staff: Benefits Other	853	0	853
7726.2	Clerical Staff: Payroll Taxes	27,780	0	27,780
7826.3	Clerical Staff: Workers' Compensation	6,125	0	6,125
7926.3	Clerical Staff: Purchased Service	101,194	0	101,194
4750.0	SUBTOTAL: CLERICAL STAFF	480,219	0	480,219

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4150.3	EDP/Payroll/Bkpg Serv.	22,288	0	22,288
4160.3	Management Fees (see HCF-3) *	595,153	595,153	
4160.6	Management Consultants *	0	0	
4250.5	Office Supplies	209,638	0	209,638
4261.5	Telephone: Phone	81,287	0	81,287
4262.6	Telephone: Directory Advertising *	0	0	
4280.5	Travel: Conventions and Meetings	649	0	649
4295.7	Advertising--Help Wanted	33,737	0	33,737
4298.7	Advertising—Promotional *	18,124	18,124	
4299.7	Direct Care Add-on Recruitment	0	0	0
4301.7	Licenses and Dues--Pt. Care Related Portion	16,176	2,500	13,676
4302.3	Licenses and Dues--Promotional, Goodwill, Leg. Port *	0	0	
4306.2	Education/Training Administration	0	0	0
4350.3	Accounting - Appeal Service *	0	0	
4360.3	Accounting - other	8,000	0	8,000
4380.3	Legal - Appeal Service *	0	0	
4385.7	Legal - DALA Filing Fees *	0	0	
4390.7	Legal – Other *	13,321	13,321	
4431.7	Insurance - Malpractice & General Liability	111,661	0	111,661
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)	666,713	1,666	665,047
9502.3	HCF-2-NH Other Exp. Add-back (Schedule 24) **		(0)	0
9960.3	HCF-3 Allocated A & G (HCF-3, Sch. 10)**		(653,473)	653,473
9961.3	HCF-3 Allocated Fixed Cost (HCF-3, Sch.10) **		(48,500)	48,500
3191.0	A&G Recoverable Income **		113,209	(113,209)
4760.0	SUBTOTAL: OTHER A&G	1,776,747	42,000	1,734,747
4710.0	TOTAL ADMINISTRATIVE & GENERAL EXPENSES	2,445,229	42,000	2,403,229

* 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	78,335	0	78,335
7410.2	Staff Dev. Coord.:Group Life/Health Insurance	4,632	0	4,632
7510.2	Staff Dev. Coord.: Pensions	77	0	77
7610.3	Staff Dev. Coord.: Benefits Other	206	0	206
7710.2	Staff Dev. Coord.: Payroll Taxes	6,701	0	6,701
7810.3	Staff Dev. Coord.: Workers' Compensation	1,477	0	1,477
7910.3	Staff Dev. Coord.: Purchased Service	0	0	0
4820.0	SUBTOTAL: STAFF DEV. COORD.	91,428	0	91,428
5105.1	Plant Operation: Salaries	125,707	0	125,707
7411.2	Plant Operation:Group Life/Health Insurance	7,434	0	7,434
7511.2	Plant Operation: Pensions	123	0	123
7611.3	Plant Operation: Benefits Other	330	0	330
7711.2	Plant Operation: Payroll Taxes	10,754	0	10,754
7811.3	Plant Operation: Workers' Compensation	2,371	0	2,371
5110.3	Plant Operation: Purchased Service	187,045	0	187,045
5115.5	Plant Operation: Supplies and Expenses	35,409	0	35,409
5120.5	Plant Operation: Utilities	229,113	0	229,113
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	598,286	0	598,286
5205.1	Dietary: Salaries	519,656	0	519,656
7412.2	Dietary: Group Life/Health Insurance	30,729	0	30,729
7512.2	Dietary: Pensions	510	0	510
7612.3	Dietary: Benefits Other	1,364	0	1,364
7712.2	Dietary: Payroll Taxes	44,454	0	44,454
7812.3	Dietary: Workers' Compensation	9,801	0	9,801
5220.5	Dietary: Food	362,983	0	362,983
5221.3	Dietary: Purchased Service	953	0	953
5235.5	Dietary: Supplies and Expenses	40,294	0	40,294
4840.0	SUBTOTAL: DIETARY	1,010,744	0	1,010,744
5231.1	Dietician: Salaries	66,436	0	66,436
7413.2	Dietician: Group Life/Health Insurance	3,929	0	3,929
7513.2	Dietician: Pensions	65	0	65
7613.3	Dietician: Benefits Other	174	0	174
7713.2	Dietician: Payroll Taxes	5,683	0	5,683
7813.3	Dietician: Workers' Compensation	1,253	0	1,253
5233.3	Dietician: Purchased Service	4,390	0	4,390
9967.0	HCF-3 Dietician Add-back (HCF-3, Sch. 10, part 3)**		(0)	0
4850.0	SUBTOTAL: DIETICIAN	81,930	0	81,930

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	102,224	0	102,224
5330.5	Laundry: Supplies and Expenses	3,030	0	3,030
5340.5	Laundry: Linen and Bedding	0	0	0
4860.0	SUBTOTAL: LAUNDRY	105,254	0	105,254
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	273,684	0	273,684
5420.5	Housekeeping: Supplies and Expenses	2,040	0	2,040
4870.0	SUBTOTAL: HOUSEKEEPING	275,724	0	275,724
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	161,193	0	161,193
7417.2	Ward Clerk & Med Rec Lib: Group Life/Health Insurance	9,532	0	9,532
7517.2	Ward Clerk & Med Rec Lib: Pensions	158	0	158
7617.3	Ward Clerk & Med Rec Lib: Benefits Other	423	0	423
7717.2	Ward Clerk & Med Rec Lib: Payroll Taxes	13,789	0	13,789
7817.3	Ward Clerk & Med Rec Lib: Workers' Compensation	3,040	0	3,040
7917.3	Ward Clerk & Med Rec Lib: Purchased Service	0	0	0
4890.0	SUBTOTAL: WARD CLERK & MED REC LIBRARIAN	188,135	0	188,135

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6506.1	MMQ Evaluation Nurse: Salaries	49,302	0	49,302
7418.2	MMQ Evaluation Nurse:Group Life/Health Insurance	2,915	0	2,915
7518.2	MMQ Evaluation Nurse: Pensions	48	0	48
7618.3	MMQ Evaluation Nurse: Benefits Other	129	0	129
7718.2	MMQ Evaluation Nurse: Payroll Taxes	4,218	0	4,218
7818.3	MMQ Evaluation Nurse: Workers' Compensation	930	0	930
7918.3	MMQ Evaluation Nurse: Purchased Service	0	0	0
4900.0	SUBTOTAL: MMQ EVALUATION NURSE	57,542	0	57,542
6508.1	MDS Coordinator: Salaries	258,960	0	258,960
7432.2	MDS Coordinator:Group Life/Health Insurance	15,313	0	15,313
7532.2	MDS Coordinator: Pensions	254	0	254
7632.3	MDS Coordinator: Benefits Other	680	0	680
7732.2	MDS Coordinator: Payroll Taxes	22,153	0	22,153
7832.3	MDS Coordinator: Workers' Compensation	4,884	0	4,884
7932.3	MDS Coordinator: Purchased Service	0	0	0
4910.0	SUBTOTAL:MDS COORDINATOR	302,244	0	302,244
6540.0	Social Service Worker: Salaries	148,759	0	148,759
7420.2	Social Service Worker:Group Life/Health Insurance	8,797	0	8,797
7520.2	Social Service Worker: Pensions	146	0	146
7620.3	Social Service Worker: Benefits Other	391	0	391
7720.2	Social Service Worker: Payroll Taxes	12,726	0	12,726
7820.3	Social Service Worker: Workers' Compensation	2,806	0	2,806
7920.3	Social Service Worker: Purchased Service	13,087	0	13,087
4920.0	SUBTOTAL: SOCIAL SERVICE WORKER	186,712	0	186,712
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	7,932	0	7,932
7421.2	Indirect Restorative Therapy:GLH Insurance	469	0	469
7521.2	Indirect Restorative Therapy: Pensions	8	0	8
7621.3	Indirect Restorative Therapy: Benefits Other	21	0	21
7721.2	Indirect Restorative Therapy: Payroll Taxes	679	0	679
7821.3	Indirect Restorative Therapy: Workers' Compensation	150	0	150
7013.3	Indirect Restorative Therapy: Consultants	0	0	0
7012.1	Direct Restorative Therapy: Salaries *	136,363	136,363	
7012.2	Direct Restorative Therapy: Benefits *	22,793	22,793	
7014.3	Direct Restorative Therapy: Consultants *	615,859	615,859	
9968.0	HCF-3 Indirect Restorative Add-back (HCF-3, Sch. 10, part 3) **		(-0)	0
4930.0	SUBTOTAL: RESTORATIVE THERAPY	784,274	775,015	9,259
7021.1	Recreational Therapy: Salaries	283,375	0	283,375
7423.2	Recreational Therapy:Group Life/Health Insurance	16,757	0	16,757
7523.2	Recreational Therapy: Pensions	278	0	278
7623.3	Recreational Therapy: Benefits Other	744	0	744
7723.2	Recreational Therapy: Payroll Taxes	24,241	0	24,241
7823.3	Recreational Therapy: Workers' Compensation	5,344	0	5,344
7022.3	Recreational Therapy: Purchased Service	2,565	0	2,565
7023.5	Recreational Therapy: Supplies and Expenses	42,791	0	42,791
7024.8	Recreational Therapy: Transportation *	0	0	
4940.0	SUBTOTAL: RECREATIONAL THERAPY	376,095	0	376,095

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4275.5	Travel: Motor Vehicle Expense	26	0	26
4306.3	Variable Other required education	0	0	0
4306.4	Variable Job related education	5,307	0	5,307
4434.7	NonProfit DES Claims Variable Portion	0	0	0
6511.3	Physician Services: Medical Director	30,000	0	30,000
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 *	251,688	251,688	
6522.5	House Supplies not resold	174,728	0	174,728
6523.5	Resold to private patients *	0	0	
6524.5	Resold to public patients *	0	0	
6530.0	Pharmacy Consultant	7,034	0	7,034
3150.0	Vending Machines Income			()
3193.0	Variable Recoverable		608	(608)
4950.0	SUBTOTAL: OTHER VARIABLE	468,783	252,296	216,487
4810.0	TOTAL VARIABLE EXPENSES	4,527,151	1,027,311	3,499,840

* 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	10,841	0	(0)	10,841					
Land HCF-2-NH	0	0	(0)	0					
Building HCF-1	7,033,820	0	(0)	7,033,820	2.5	(4550.8) 139,471	-36,375	175,846	
Building HCF-2-NH	0	0	(0)	0	2.5				0
Improvements HCF-1	2,900,442	89,367	(0)	2,989,809	5.0	(4565.8) 175,485	26,463	149,022	
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	961,732	71,868	(0)	1,033,600	10.0	(4570.8) 84,765	23,603	61,162	
Equipment HCF-2-NH	0	0	(0)	0	10.0				0
HCF Cap. Equip. HCF-1	0	0	(0)	0	10.0	(4576.8) 0	0	0	
HCF Cap. Equip. HCF-2-NH	0	0	(0)	0	10.0				0
Software HCF-1	0	0	(0)	0	33.3	(4585.8) 0	0	0	
Software HCF-2-NH	0	0	(0)	0	33.3				0
HCF Cap. Software HCF-1	0	0	(0)	0	33.3	(4586.8) 0	0	0	
HCF Cap. Software HCF-2-NH	0	0	(0)	0	33.3				0

	Allowable Basis, Cost Begin of Year	Claimed Additions	Claimed Deletions	Allowable Basis, Cost End of Year	Rate %	Reported Depreciation or Expenses (from financials)	Non-Allowable Expenses and Add-backs	Claimed HCF-1 Fixed Costs	Claimed HCF-2- NH Fixed Costs (if Applicable)
Long-Term Interest						(4520.8) 13,086	0	13,086	0
MA Corp. Excise Tax Non-Income Portion						(8027.7) 0	0	0	0
Building Insurance						(4590.8) 3,650	0	3,650	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) 22,243	0	22,243	0
Rent—Real Property—HCF-2-NH Required *						(4535.8) 0	0		
Recoverable Fixed Cost Income						(3196.0)	0	(0)	(3540.0) (0)
Total HCF-1 and HCF- 2-NH Fixed Expenses						(9950.1) 438,700	13,691	(a) 425,009	(b)9950.2 0
TOTAL FIXED COSTS CLAIMED								(a) + (b)	(9950.0) 425,009

* 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 *	5,935	5,935	
4430.0	Interest on working Capital *	0	0	
4435.0	Pre-Opening Expenses *	0	0	
8010.0	Bad Accounts *	567,228	567,228	
8012.0	User Fee Assessment *	744,707	744,707	
8015.0	Fines, Late Charges, and Penalties *	0	0	
8025.5	State and Federal Income Taxes *	0	0	
8030.0	Refunds and Allowances *	0	0	
8040.0	Adult Day Care Expenses *	0	0	
8045.0	Assisted Living Expenses *	0	0	
8046.0	Outpatient Service Expenses *	0	0	
8047.0	Chapter 766 Program Expenses *	0	0	
8048.0	Ventilator Program Expenses *	0	0	
8049.0	Acquired Brain Injury Unit Expenses *	0	0	
8050.0	Other Special Program Expenses **	0	0	
8060.0	Hospital Expenses - Non-Nursing Facility *	0	0	
8065.0	Other Non-Nursing Facility Expenses *	0	0	
4960.0	Total Bad Accounts, Taxes, Refunds, Other *	1,317,870	1,317,870	

* Non-allowable Expense

** See Instructions

Schedule 7: Summary and Reconciliation of Expenses

Account	REPORTED EXPENSES	NON-ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSES
Total Nursing Expenses (4610.0)	5,928,921	0	5,928,921
Total A&G Expenses (4710.0)	2,445,229	42,000	2,403,229
Total Variable Expenses (4810.0)	4,527,151	1,027,311	3,499,840
Total Fixed Costs (9950.1)	438,700	13,691	425,009
HCF-2-NH Fixed Costs Claimed (9950.2)		(0)	0
Non Nursing expenses (4960.0)	1,317,870	1,317,870	0
TOTAL OPERATING EXPENSES(4000.0)	14,657,871	2,400,872	12,256,999

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

Payer	Account	Routine Income	Account	Ancillary Income	Account	TOTAL INCOME
Self-Pay	3003.1	2,197,496	3005.1	851	3001.1	2,198,347
Managed Care	3003.2	191,508	3005.2	0	3001.2	191,508
Non-Managed Care	3003.3	0	3005.3	0	3001.3	0
Medicare – Non-Managed Care	3003.4	2,223,638	3005.4	307,644	3001.4	2,531,282
Medicare – Managed Care	3003.5	303,351	3005.5	-137,344	3001.5	166,007
Massachusetts Medicaid - Non-Managed Care	3003.6	5,071,197	3005.6	270	3001.6	5,071,467
Massachusetts Medicaid - Managed Care	3003.7	0	3005.7	0	3001.7	0
Senior Care Options & PACE	3003.8	1,394,140	3005.8	135,206	3001.8	1,529,346
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	148,515	3033.2	81	3002.2	148,596
Other payers (nursing facility only)	3003.9	0	3005.9	0	3002.3	0
TOTAL NURSING FACILITY INCOME	3003.0	11,529,845	3005.0	306,708	3001.0	11,836,553

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	1,405,554	
Laundry	3140.0	0	
Vending Machines	3150.0		
Bad Debt Recovery	3160.0	0	
Prior Year Retroactive	3170.0	59,930	
Interest Income	3180.0	388	
Nurses' Aide Training Income	3185.0	0	
Administrative and General Recoverable (Explain below)	3191.0	113,209	
Nursing Recoverable Income (Explain below)	3192.0		
Director of Nurses Recoverable (Explain below)	3195.0		
Variable Recoverable (Explain below)	3193.0	608	
Fixed costs recoverable (Explain below)	3196.0		
SUBTOTAL: MISC.& RECOVERABLE	3130.0		1,579,689
TOTAL GROSS INCOME (3001.0 + 3026.0 + 3130.0)	3000.0		13,416,242

Ancillary Expenses relating to above Ancillary Income

Account #	Account Title	Amount
6520.5	Legend Drugs *	251,688
7012.1	Restorative Therapy: direct salaries *	136,363
7012.2	Restorative Therapy: direct benefits *	22,793
7014.3	Restorative Therapy: direct consultants *	615,859

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

Description	Amount
COVID-19 Relief Funds	1,405,554
Subtotal	1,405,554

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

Account #	Description	Amount
3191.0	Other Income	113,209
3193.0	Barber / Beauty	608
Subtotal		113,817

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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Cash			
1025.0	Cash and Equivalents	672,237		
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		672,237	
	Accounts Receivable			
1063.0	Self-Pay Patients (Private)	205,357		
1066.0	Managed Care Patients (Private)	364,122		
1069.0	Non-Managed Care Patients (Private)	0		
1073.0	Medicare Non-Managed Care Patients	-22,797		
1076.0	Medicare Managed Care Patients	0		
1079.0	Mass. Medicaid Non-Managed Care Patients	1,139,996		
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	22,412		
1089.0	Other Patients	0		
1140.0	Reserve for Bad Debt	(975,466)		
1060.0	Net Patient Account Receivables		733,624	
	Loans Receivables			
1160.0	Officers/Owners	0		
1170.0	Employees	2,388		
1180.0	Affiliates/Related Parties	0		
1185.0	Other	-1,291		
1150.0	Total Loans Receivable		1,097	
1190.0	Interest Receivable		0	
1210.0	Supply Inventory		41,606	
	Prepaid Expenses			
1270.0	Prepaid Interest	0		
1280.0	Prepaid Insurance	54,275		
1290.0	Prepaid Taxes	0		
1295.0	Capitalized Pre-opening Costs	0		
1300.0	Other Prepaid Expenses	20,209		
1260.0	Total Prepaid Expenses		74,484	
1310.0	Other Current Assets		8,259	
1005.0	TOTAL CURRENT ASSETS			1,531,307

Non-Current Assets

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1511.1	Land – Cost	10,841		
1510.0	Land – Book Value		10,841	
1521.1	Building – Cost	5,608,668		
1522.2	Building – Accum. Deprc.	(3,917,390)		
1520.0	Building – Book Value		1,691,278	
1611.1	Building Improvements - Cost	5,196,073		
1612.2	Building Improvements – Accum. Deprc.	(4,038,905)		
1610.0	Building Improvements – Book Value		1,157,168	
1626.1	Leasehold Improvements – Cost	0		
1627.2	Leasehold Improvements – Accum. Deprc.	(0)		
1625.0	Leasehold Improvements – Book Value		0	
1631.1	Other Improvements – Cost	0		
1632.2	Other Improvements – Accum. Deprc.	(0)		
1630.0	Other Improvements – Book Value		0	
1616.1	HCF Cap.Improvements – Cost	0		
1617.2	HCF Cap. Improvements – Accum. Deprc.	(0)		
1615.0	HCF Cap. Improvements – Book Value		0	
1651.1	Equipment – Cost	2,062,448		
1652.2	Equipment – Accum. Deprc.	(1,778,919)		
1650.0	Equipment – Book Value		283,529	
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	8,513		
1710.2	Software – Accum. Deprc.	(8,513)		
1710.0	Software – Book Value		0	
1715.1	HCF Cap.Software – Cost	0		
1715.2	HCF Cap.Software – Accum. Deprc.	(0)		
1715.0	HCF Cap.Software – Book Value		0	
1500.0	TOTAL - NON CURRENT(FIXED) ASSETS			3,142,816

Deferred Charges and Other Assets

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1910.0	Organization Expense	0		
1940.0	Purchased Goodwill	0		
1950.0	Leasehold Deposits	0		
1960.0	Utility Deposits	0		
1970.0	Cash Surrender Value of Officer Life Insurance	0		
1975.1	Mortgage Acquisition Cost	0		
1975.2	Accumulated Amortization of Mortgage Acq. Cost	(0)		
1979.0	Construction in Progress	0		
1975.3	Long Term Investments	0		
1975.4	Non-Current Assets Whose Use is Limited	0		
1980.0	Other (Explain on Sch 20)	0		
1900.0	TOTAL DEFERRED CHARGES AND OTHER ASSETS			0
1000.0	TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)			4,674,123

Liabilities and Net Worth**Current Liabilities**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Accounts Payable			
2020.0	Trade	1,409,693		
2030.0	Accrued Expenses	51,942		
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		1,461,635	
2055.0	Patient Funds Due (Self-Pay)		0	
2060.0	Patient Funds Due (Third Party Settlement)		0	
	Current Long-Term Debt			
2110.0	Officer, Owner, Related Parties	0		
2120.0	Subsidiaries and Affiliates	0		
2130.0	Banks	0		
2150.0	Other Short-Term Financing	0		
2160.0	Payments Due w/in one year on long-term debt	0		
2100.0	Total Current Long-Term Debt		0	
	Accrued Salaries & Payroll Liabilities			
2190.0	Accrued Salaries	236,651		
2200.0	Accr. Payroll Tax w/held	0		
2210.0	Accr. Employee Taxes Pay.	22,455		
2220.0	Other Payroll Liabilities	-20		
2180.0	Total Accrued Salaries & Payroll Liabilities		259,086	
	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	218,771		
2250.0	Total Other Current Liabilities		218,771	
2005.0	TOTAL CURRENT LIABILITIES			1,939,492
	Non-Current Liabilities			
2310.0	Mortgages	0		
2330.0	Due to Affiliates/Related Parties	21,942		
2320.0	Other Long-Term Debt	0		
2300.0	TOTAL NON-CURRENT LIABILITIES		21,942	
2015.0	TOTAL LIABILITIES			1,961,434

NetWorth – Not-For-Profit

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	Net Assets			
2410.0	Unrestricted	2,712,689		
2420.0	Temporarily Restricted	0		
2430.0	Permanently Restricted	0		
2400.0	TOTAL NET ASSETS		2,712,689	
2500.0	TOTAL NET WORTH(2400.0)			2,712,689
2000.0	TOTAL LIABILITIES AND NET WORTH (2015.0 + 2500.0)			4,674,123

Schedule 10: Statement of Operations

Account Number		
	Operating Revenue	
9605.0	Net Patient Service Revenue	11,836,553
9610.0	Other	173,747
9615.0	Net Assets Released from Restriction	0
9620.0	Total Operating Revenue	12,010,300
	Operating Expenses	
9625.0	Salaries and Wages	7,187,866
9630.0	Employee Benefits	1,193,192
9635.0	Supplies and Other (including Payroll Taxes)	5,296,778
9640.0	Interest	13,086
9645.0	Provision for Bad Debt	567,228
9650.0	Depreciation and Amortization	399,721
9655.0	Total Operating Expenses	14,657,871
9660.0	Income from Operations	-2,647,571
	Non-Operating Revenue	
9665.0	Interest Income (from Schedule 8,3180.0)	388
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	1,405,554
9690.0	Total Non-Operating Revenue	1,405,942
9695.0	Excess of Revenue over Expenses	-1,241,629
	Other Changes in Unrestricted Net Assets	
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	Total Other Changes in Unrestricted Net Assets	0
9730.0	Increase (Decrease) in Unrestricted Net Assets, before Extraordinary Item	-1,241,629
	Extraordinary Item	
9735.0	Specify	0
9740.0	Specify	0
9745.0	Total Extraordinary Item	0
9750.0	Increase (Decrease) in Unrestricted Net Assets	-1,241,629
9785.0	Net Income	-1,241,629

Schedule 11: Cash Flow

Account	Description	Account Balance	Total
	Cash flows from operating activities		
9805.0	Change in net assets (net income)	-1,241,629	
9810.0	Adjustments to reconcile changes in net assets (net income)	399,721	
9815.0	Increases(decreases) to cash provided by operating activities	7,217,631	
9820.0	Net cash from operating activities		6,375,723
	Cash flows from investing activities		
9825.0	Capital expenditures	-161,235	
9830.0	Other cash used in investing activities	0	
9835.0	Net cash used in investing activities		-161,235
	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	-6,099,590	
9850.0	Other cash used in financing activities	0	
9855.0	Net cash used in financing activities		-6,099,590
9860.0	Net increase/(decrease) in cash and cash equivalents		114,898
9865.0	Cash/cash equivalents beginning of year	557,339	
9870.0	Cash/cash equivalents end of year		672,237

Schedule 12: Reconciliation of Reported Income and Financials

Total income reported on HCF-1 (#3000.0)	13,416,242
Total operating expenses on HCF-1 (#4000.0)	14,657,871
HCF-1 Net income/(loss) before reconciling items	-1,241,629 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	-1,241,629 ²
----------------------------------	-------------------------

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

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

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total Net Assets
Balance: 12/31/2019	-2,288,718	0	0	¹ -2,288,718
Increases (decreases):				
Prior Period Adjustment(s)	-3	0	0	² -3
HCF-1 Net income/(Loss)	-1,241,629			-1,241,629
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	6,243,039	0	0	6,243,039
Balance: 12/31/2020	2,712,689	0	0	³ 2,712,689
	(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
Quarter 1												
Nursing	1,979	26	0	1,143	224	5,187	0	1,257	0	409	0	10,225
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	0	0	0	0	0	0	0
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
Quarter 1 Totals	1,979	26	0	1,143	224	5,187	0	1,257	0	409	0	10,225
Quarter 2												
Nursing	1,738	37	0	719	189	5,242	0	1,394	0	196	0	9,515
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	0	0	0	0	0	0	0
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
Quarter 2 Totals	1,738	37	0	719	189	5,242	0	1,394	0	196	0	9,515

	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	1,301	0	0	806	180	5,436	0	1,601	0	17	0	9,341
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	0	0	0	0	0	0	0
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	1,301	0	0	806	180	5,436	0	1,601	0	17	0	9,341
Quarter 4												
Nursing	1,457	77	0	947	344	5,227	0	1,559	0	0	0	9,611
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	0	0	0	0	0	0	0
Nursing Leave of Absence (Unpaid)	0	0	0	0	0	0	0	0	0	0	0	0
Residential Leave of Absence (Paid)	0	0	0					0	0	0	0	0
Residential Leave of Absence (Unpaid)	0	0	0					0	0	0	0	0
Quarter 4 Totals	1,457	77	0	947	344	5,227	0	1,559	0	0	0	9,611

	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	6,475	140	0	3,615	937	21,092	0	5,811	0	622	0	38,692
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	0	0	0	0	0	0	0
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	6,475	140	0	3,615	937	21,092	0	5,811	0	622	0	38,692

0140.0	Number of Admissions During Year	320
0140.1	Number of Massachusetts Medicaid Admissions During Year	5
0150.0	Number of Discharges During Year	273
0190.0	Average Length of Stay	142

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			
Affordable Nursing Solutions, LLC.	TMY9	493.0	27,275
Zena Nurse Staffing Agency	TTGK	512.0	27,958
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	1,005.00	55,233

(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			
Affordable Nursing Solutions, LLC.	TMY9	1,303.0	65,958
Zena Nurse Staffing Agency	TTGK	87.4	4,710
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	1,390.40	70,668

(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			
Advanced Nursing Care, INC.	T3ZH	1,692.0	68,432
Affordable Nursing Solutions, LLC.	TMY9	1,584.0	63,719
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX	3,276.00	132,151

(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	228,862	7848.2	198,127	7835.2	355,491
Hours*	7847.2	4,482	7849.2	4,039	7836.2	10,846

*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	53,506	7851.2	69,439	7852.2	135,281

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
Stephen Doyle	From: 01/01/2020 To: 12/31/2020	3479	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	168,355
9270.2	Payroll Taxes	11,437
9270.3	Workers' Compensation	82
9270.4	Group Health/Life Insurance	8,385
9270.5	Pension	2
9270.6	Other Benefits	2
9272.0	TOTAL ADMINISTRATOR COMPENSATION	188,263

Staff and Hours by Position

Position	Account	Number of Staff	Account	Total Hours
Staff Development	7210.2	2	7310.2	1,887
Plant Operations	7211.2	3	7311.2	5,198
Dietary Staff	7212.2	30	7312.2	26,477
Dietician	7213.2	1	7313.2	1,826
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	9	7317.2	7,314
MMQ Nurses	7218.2	1	7318.2	1,376
MDS Coordinator	7232.2	6	7332.2	6,057
Social Service Staff	7220.2	4	7320.2	6,315
Interpreters	7233.2	0	7333.2	0
Restorative – Indirect	7221.2	10	7321.2	190
Restorative – Direct	7222.2	10	7322.2	3,268
Recreational Staff	7223.2	26	7323.2	15,350
Administrator	7224.2	1	7324.2	2,120
Officer	7225.2	0	7325.2	0
Clerical Staff	7226.2	10	7326.2	8,846
Admin.In training	7227.2	0	7327.2	0
DON	7228.2	1	7328.2	2,120
RNs	7229.2	25	7329.2	34,034
LPNs	7230.2	34	7330.2	43,168
CNAs	7231.2	89	7331.2	83,072
Totals		262		248,618

Schedule 17: Proprietorship/Partnership/Corporation Information

Not For Profit

Last Name

First Name

Title

Not for Profit

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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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 Sogie
First Name Rosemary
Title CNA

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7710.1)
6051.1	100	6,479	230,901	0	12,431	4,231	0	0	0	247,563

Last Name Riley
First Name William
Title RN

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7711.1)
6030.1	100	3,704	177,291	0	11,541	3,358	6,042	0	0	198,232

Last Name Doyle
First Name Stephen
Title Administrator

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7712.1)
4110.1	100	2,120	168,355	2	11,437	82	8,385	0	2	188,263

Schedule 19: Summary of Notes Payable

Mortgages and Notes Supporting Fixed Assets 1

³ Type of Notes Payable	Lender Name	Rel. Party Y/N	Date Mort. Acquired Mo/Da/Yr	Due Date Mo/Da/Yr	No.of Months Amort.	Monthly Payments	Original Mortgage Amount	Mort.Acq. Costs	2020 Amort.of Mort. Acq Costs	² Bal. 01/01/2020	Principal Payment	Bal. 12/31/2020	Rate %	Interest Expense	Period Expense *
Mortgage	MA Health ED Facilities MGT	No	05/25/1999	06/25/2023	300	0	9,085,552	0	0	3,049,448	3,049,448	0	0	13,086	0
Mortgage	Note Payable SC	No	12/01/2019	12/01/2024	60	0	9,085,552	0	0	3,050,142	3,050,142	0	0	0	0
Totals	XXXX	XX	XXXXXX	XXXX	XXX	XXX	XXXXXX	0	0	XXXX	XXXX	0	XXXX	13,086	0
*See Instructions										a	b				
										Total Fixed Interest a + b + c (4520.8) =					c
															13,086

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

Working Capital Debt 1

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

(4430.0) 3

0

Total Working Capital Debt

(2100.0 less 2160.0)

0

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

Schedule 20: Footnotes and Explanations

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

Question 5 Cost Splitting:

Therapy	7011.1	7,932	7012.1	136,363
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Question 6 Direct Management Costs:

4150.3	IT Services	\$30,742
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7926.3	Marketing	\$86,337
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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

Schedule 3 (4440.0)

Professional Services	14,710
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Taxes	-18,911
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Miscellaneous	5,867
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COVID Expenses	665,047
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Total	666,713
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Schedule 5 (4538.8)

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

Schedule 10 (9685.0)

COVID-19 relief Funds	1,405,554
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Schedule 13 Prior Period Adjustment:

Rounding

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

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

* Non-Allowable Expense

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

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

*See
Instructions

a

b

c

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

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

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

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

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

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

Section A**Submission Attestation Sections**

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

Section A - Preparer Type of Accounting Service:

CERTIFICATION BY PREPARER OTHER THAN OWNER, PARTNER OR OFFICER

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

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

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

Signature of authorized Cost Report Submitter:	Langfield,Jonathan - Lan8766
Date of Authorization (MO/DA/YR):	05/31/2021
Submitter's acknowledgement:	X

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

CERTIFICATION BY OWNER,PARTNER OR OFFICER

Provider Name :SEACOAST NURSING & REHABILITATION CTR.

Vendor Payment Number :0920851

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:	Bane
First Name :	Richard
Middle Name:	C.
Title :	Presaident

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:	Bane,C.,Richard - Ban289
Date of Authorization (MO/DA/YR):	07/06/2021
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:	Bane
First Name :	Richard
Middle Name:	C.
Title :	President

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:	Bane,C.,Richard - Ban289
Date of Authorization (MO/DA/YR):	07/06/2021
Submitter's acknowledgement:	X



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