

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

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

<b>Facility Name</b>	THE MEADOWS OF CENTRAL MASSACHUSETTS
<b>VPN</b>	0950238
<b>Provider ID</b>	110097064A
<b>Balance Sheet Date</b>	12/31/2020
<b>Reporting Period</b>	From: 01/01/2020 To: 12/31/2020
<b>Street Address</b>	111 HUNTOON MEMORIAL HIGHWAY
<b>City</b>	Rochdale
<b>Zip</b>	01542
<b>Hospital Based Nursing Facility?</b>	Yes <input checked="" type="checkbox"/> No
<b>Management Company</b>	Vibra Management, LLC
<b>Realty Company</b>	Medical Properties Trust, Inc.

Is above information accurate: ☒ Yes    ☐ No

<b>Telephone</b>	508-892-4858
<b>Fax</b>	508-892-6818
<b>Federal Employee Tax ID Number</b>	462623626

Is above information accurate: ☒ Yes    ☐ No

**Contact Person for this report:**

<b>Name</b>	Rossey,A.,Kimberly
<b>Firm (if not facility)</b>	THE MEADOWS OF CENTRAL MASSACHUSETTS
<b>Title</b>	Reimbursement Manager
<b>Street Address</b>	Vibra Healthcare - Finance
<b>City</b>	Mechanicsburg
<b>State</b>	PA
<b>Zip</b>	17055
<b>Telephone</b>	717-591-5794
<b>Fax</b>	717-591-2301
<b>E-mail address</b>	krossey@vibrahealth.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>	THE MEADOWS OF CENTRAL MASSACHUSETTS
<b>Name of Contact</b>	Rossey,A.,Kimberly
<b>Title</b>	Reimbursement Manager
<b>Street Address</b>	Vibra Healthcare - Finance
<b>City</b>	Mechanicsburg
<b>State</b>	PA
<b>Zip</b>	17055
<b>Telephone</b>	717-591-5794
<b>Fax</b>	717-591-2301
<b>Email address</b>	krossey@vibrahealth.com
<b>Type of Accounting Service Performed</b>	Audit

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

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

**Legal Status(check one):**

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

**Bed Licensure:**

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

	1	2	3	4	5
DPH Licensure Date	Skilled Nursing	Residential care	Pediatric	TOTAL (cols 1+2+3)	Constructed Capacity
09/01/2017	135	0	0	135	135

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: 0

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Does this report contain any accrued expenses which have been either unpaid or unfunded such as, for example, pension costs, self-insured workers' compensation, or any other self-insured expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, the unpaid or unfunded portions should be self-disallowed.
4	Does this report and claim for reimbursement include any amounts for services of non-paid workers as provided for in 101 CMR 206.00?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, provide a schedule of amounts and account numbers on the Footnotes and Explanations section and send a copy of the required agreement if not previously submitted.
5	Have you reported any individual's salary in more than one account, i.e., cost splitting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If so, explain on the Footnotes and Explanations section, giving method of allocation, amount and account numbers.
6	Have you reported any costs on this HCF-1 that come directly from the management company, in addition to what has been allocated through Schedule 10 of the HCF-3?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, explain in detail in the Footnotes and Explanations section of this report giving the account(s) and the dollar amount(s) of the entry.
7	Except for accruals made pursuant to FASB-43, i.e. vacation and sick time earned but not yet paid, do all accruals represent expenses incurred only during the current reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If No, provide details and explanations on the Footnotes and Explanations section.
8	Were there any additions or renovations subject to a Determination of Need? If so, please describe the project.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9	What is the original date the facility was built?	<input type="checkbox"/>	<input type="checkbox"/>	01/01/1975
10	What was the date and value of the most recent assessed property value of this facility?	<input type="checkbox"/>	<input type="checkbox"/>	Date: 01/01/2012 Assessed Value: 2,276,482

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

Direct or Indirect	ID	Name of Owner(s)	Address	%Share
Indirect	C17342	Brad Hollinger	4600 Lena Drive, Mechanicsburg, PA 17055	81
Direct	O12266	Vibra Healthcare II, LLC	4600 Lena Drive, Mechanicsburg, PA 17055	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)
---------------	-----	------------------

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

**X Not Applicable**

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

**X Not Applicable**

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

**X Not Applicable**

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

Transaction Date	Purchased From	Purchased by
------------------	----------------	--------------

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

Direct or Indirect	Name of Realty Co. Direct and Indirect Owner(s) (Corp Name or Last Name,First Name,MI)	Address (Street, City, State, Zip)	% Share
Direct	Medical Properties Trust, Inc	1000 Urban Center Drive, Suite 501,Birmingham,AL 35242	100

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.

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

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

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

**X Not Applicable**

**Schedule 2: Nursing Expenses**

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6020.1	Director of Nurses :Salaries	165,238	0	165,238
4426.8	Director of Nurses: Group Life/Health Insurance	13,049	0	13,049
4336.3	Director of Nurses :Pension	945	0	945
4340.3	Director of Nurses :Benefits Other	2,549	0	2,549
4407.2	Director of Nurses :Payroll Taxes	12,800	0	12,800
4427.1	Director of Nurses :Workers' Compensation	953	0	953
9962.3	HCF-3 DON Add-back(HCF-3, Sch.10 part 2) **		( )	
<b>4620.0</b>	<b>SUBTOTAL: DIRECTOR OF NURSES</b>	195,534	0	195,534
6030.1	RN: Salaries	836,254	0	836,254
7429.2	RN: Group Life/Health Insurance	66,043	0	66,043
7529.2	RN: Pension	4,784	0	4,784
7629.3	RN: Benefits Other	12,899	0	12,899
7729.2	RN: Payroll Taxes	64,778	0	64,778
7829.3	RN: Workers' Compensation	4,818	0	4,818
<b>4630.0</b>	<b>SUBTOTAL: RN</b>	989,576	0	989,576
6041.1	LPN: Salaries	822,583	0	822,583
7430.2	LPN: Group Life/Health Insurance	64,963	0	64,963
7530.2	LPN: Pension	4,706	0	4,706
7630.3	LPN: Benefits Other	12,688	0	12,688
7730.2	LPN: Payroll Taxes	63,719	0	63,719
7830.3	LPN: Workers' Compensation	4,739	0	4,739
<b>4640.0</b>	<b>SUBTOTAL :LPN</b>	973,398	0	973,398
6051.1	CNA: Salaries	995,388	0	995,388
7431.2	CNA: Group Life/Health Insurance	78,610	0	78,610
7531.2	CNA: Pension	5,694	0	5,694
7631.3	CNA: Benefits Other	15,354	0	15,354
7731.2	CNA: Payroll Taxes	77,104	0	77,104
7831.3	CNA: Workers' Compensation	5,735	0	5,735
<b>4650.0</b>	<b>SUBTOTAL :CNA</b>	1,177,885	0	1,177,885
6025.1	DON Purchased Service: Per Diem			
6025.2	DON Purchased Service: Temporary Agency Staff**			
<b>6025.3</b>	<b>SUBTOTAL: DON PURCHASED SERVICE</b>			
6035.1	RN Purchased Service: Per Diem	178,448	0	178,448
6035.2	RN Purchased Service: Temporary Agency Staff**			
<b>6035.3</b>	<b>SUBTOTAL: RN PURCHASED SERVICE</b>	178,448	0	178,448

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6042.1	LPN Purchased Service: Per Diem			
6042.2	LPN Purchased Service: Temporary Agency Staff**			
<b>6042.3</b>	<b>SUBTOTAL: LPN PURCHASED SERVICE</b>			
6052.1	CNA Purchased Service: Per Diem			
6052.2	CNA Purchased Service: Temporary Agency Staff**			
<b>6052.3</b>	<b>SUBTOTAL: CNA PURCHASED SERVICE</b>			
4306.5	Nurses' Aide Training Administration *			
4306.6	Nursing Other Required Education			
4306.7	Nursing Job Related Education			
3192.0	Nursing Recoverable Revenue **			( )
3195.0	Director of Nurses Recoverable Revenue**			( )
<b>4660.0</b>	<b>SUBTOTAL : OTHER NURSING</b>			
<b>4610.0</b>	<b>TOTAL NURSING EXPENSES</b>	3,514,841	0	3,514,841

\* 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	83,632	0	83,632
7424.2	Administration: Group Life/Health Insurance	6,605	0	6,605
7524.2	Administration: Pensions	478	0	478
7624.3	Administration: Benefits Other	1,290	0	1,290
7724.2	Administration: Payroll Taxes	6,478	0	6,478
7824.3	Administration: Workers' Compensation	482	0	482
7924.3	Administration: Purchased Service			
9972.0	HCF-3 Administrator Add-back (HCF-3,Sch. 10, part 4)**		( )	
<b>4720.0</b>	<b>SUBTOTAL: ADMINISTRATION</b>	98,965	0	98,965
4170.1	Administrator-in-Training: Salaries			
7427.2	Administrator-in-Training: Group Life/Health Insurance			
7527.2	Administrator-in-Training: Pensions			
7627.3	Administrator-in-Training: Benefits Other			
7727.2	Administrator-in-Training: Payroll Taxes			
7827.3	Administrator-in-Training: Workers' Compensation			
7927.3	Administrator-in-Training: Purchased Service			
9971.0	HCF-3 Administrator-in-Training Add-back (HCF-3,Sch. 10, part 4)**		( )	
<b>4730.0</b>	<b>SUBTOTAL: ADMINISTRATOR-IN-TRAINING</b>			
4125.1	Officers: Salaries *			
4426.2	Officers: Group Life/Health Insurance *			
7525.2	Officers: Pensions *			
7625.3	Officers: Benefits Other *			
4411.2	Officers: Payroll Taxes *			
4424.2	Officers: Workers' Compensation *			
4339.2	Officers: Profit Sharing and Other Benefits *			
7925.3	Officers: Purchased Service			
<b>4740.0</b>	<b>SUBTOTAL: OFFICERS</b>			
4140.1	Clerical Staff: Salaries	156,597	0	156,597
7426.2	Clerical Staff: Group Life/Health Insurance	12,367	0	12,367
7526.2	Clerical Staff: Pensions	896	0	896
7626.3	Clerical Staff: Benefits Other	2,416	0	2,416
7726.2	Clerical Staff: Payroll Taxes	12,130	0	12,130
7826.3	Clerical Staff: Workers' Compensation	902	0	902
7926.3	Clerical Staff: Purchased Service			
<b>4750.0</b>	<b>SUBTOTAL: CLERICAL STAFF</b>	185,308	0	185,308



Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4150.3	EDP/Payroll/Bkpg Serv.	28,083	0	28,083
4160.3	Management Fees (see HCF-3) *	120,000	120,000	
4160.6	Management Consultants *			
4250.5	Office Supplies	7,107	0	7,107
4261.5	Telephone: Phone	23,759	0	23,759
4262.6	Telephone: Directory Advertising *			
4280.5	Travel: Conventions and Meetings			
4295.7	Advertising--Help Wanted	3,086	0	3,086
4298.7	Advertising—Promotional *	10,535	10,535	
4299.7	Direct Care Add-on Recruitment			
4301.7	Licenses and Dues--Pt. Care Related Portion	4,623	0	4,623
4302.3	Licenses and Dues--Promotional, Goodwill, Leg. Port *			
4306.2	Education/Training Administration	398	0	398
4350.3	Accounting - Appeal Service *			
4360.3	Accounting - other	36,000	0	36,000
4380.3	Legal - Appeal Service *			
4385.7	Legal - DALA Filing Fees *			
4390.7	Legal – Other *	14,535	14,535	
4431.7	Insurance - Malpractice & General Liability	99,368	0	99,368
4432.7	Insurance - Keyman insurance *			
4433.7	Insurance - Non-Profit DES Claims A & G Portion			
4440.0	Other expenses (description required in Footnotes and Explanations)	78,354	0	78,354
9502.3	HCF-2-NH Other Exp. Add-back (Schedule 24) **		( )	
9960.3	HCF-3 Allocated A & G (HCF-3, Sch. 10)**		( 156,553 )	156,553
9961.3	HCF-3 Allocated Fixed Cost (HCF-3, Sch.10) **		( )	
3191.0	A&G Recoverable Income **		364,326	( 364,326 )
<b>4760.0</b>	<b>SUBTOTAL: OTHER A&amp;G</b>	<b>425,848</b>	<b>352,843</b>	<b>73,005</b>
<b>4710.0</b>	<b>TOTAL ADMINISTRATIVE &amp; GENERAL EXPENSES</b>	<b>710,121</b>	<b>352,843</b>	<b>357,278</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			
7410.2	Staff Dev. Coord.:Group Life/Health Insurance			
7510.2	Staff Dev. Coord.: Pensions			
7610.3	Staff Dev. Coord.: Benefits Other			
7710.2	Staff Dev. Coord.: Payroll Taxes			
7810.3	Staff Dev. Coord.: Workers' Compensation			
7910.3	Staff Dev. Coord.: Purchased Service			
<b>4820.0</b>	<b>SUBTOTAL: STAFF DEV. COORD.</b>			
5105.1	Plant Operation: Salaries	37,429	0	37,429
7411.2	Plant Operation:Group Life/Health Insurance	2,956	0	2,956
7511.2	Plant Operation: Pensions	214	0	214
7611.3	Plant Operation: Benefits Other	577	0	577
7711.2	Plant Operation: Payroll Taxes	2,899	0	2,899
7811.3	Plant Operation: Workers' Compensation	216	0	216
5110.3	Plant Operation: Purchased Service	53,082	0	53,082
5115.5	Plant Operation: Supplies and Expenses	28,313	0	28,313
5120.5	Plant Operation: Utilities	252,504	0	252,504
5130.7	Plant Operation: Repairs	42,181	0	42,181
9502.4	HCF-2-NH Utilities/Plant Operations Add-back (Schedule 24) **		( )	
<b>4830.0</b>	<b>SUBTOTAL: PLANT OPERATION</b>	420,371	0	420,371
5205.1	Dietary: Salaries			
7412.2	Dietary: Group Life/Health Insurance			
7512.2	Dietary: Pensions			
7612.3	Dietary: Benefits Other			
7712.2	Dietary: Payroll Taxes			
7812.3	Dietary: Workers' Compensation			
5220.5	Dietary: Food	20,625	0	20,625
5221.3	Dietary: Purchased Service	438,737	0	438,737
5235.5	Dietary: Supplies and Expenses	2,405	0	2,405
<b>4840.0</b>	<b>SUBTOTAL: DIETARY</b>	461,767	0	461,767
5231.1	Dietician: Salaries			
7413.2	Dietician: Group Life/Health Insurance			
7513.2	Dietician: Pensions			
7613.3	Dietician: Benefits Other			
7713.2	Dietician: Payroll Taxes			
7813.3	Dietician: Workers' Compensation			
5233.3	Dietician: Purchased Service			
9967.0	HCF-3 Dietician Add-back (HCF-3, Sch. 10, part 3)**		( )	
<b>4850.0</b>	<b>SUBTOTAL: DIETICIAN</b>			

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
5310.1	Laundry: Salaries			
7414.2	Laundry: Group Life/Health Insurance			
7514.2	Laundry: Pensions			
7614.3	Laundry: Benefits Other			
7714.2	Laundry: Payroll Taxes			
7814.3	Laundry: Workers' Compensation			
5320.3	Laundry: Purchased Service	138,920	0	138,920
5330.5	Laundry: Supplies and Expenses	334	0	334
5340.5	Laundry: Linen and Bedding			
<b>4860.0</b>	<b>SUBTOTAL: LAUNDRY</b>	<b>139,254</b>	<b>0</b>	<b>139,254</b>
5410.1	Housekeeping: Salaries			
7415.2	Housekeeping: Group Life/Health Insurance			
7515.2	Housekeeping: Pensions			
7615.3	Housekeeping: Benefits Other			
7715.2	Housekeeping: Payroll Taxes			
7815.3	Housekeeping: Workers' Compensation			
5415.3	Housekeeping: Purchased Service	211,406	0	211,406
5420.5	Housekeeping: Supplies and Expenses	6,835	0	6,835
<b>4870.0</b>	<b>SUBTOTAL: HOUSEKEEPING</b>	<b>218,241</b>	<b>0</b>	<b>218,241</b>
6504.1	QA Professional: Salaries			
7416.2	QA Professional: Group Life/Health Insurance			
7516.2	QA Professional: Pensions			
7616.3	QA Professional: Benefits Other			
7716.2	QA Professional: Payroll Taxes			
7816.3	QA Professional: Workers' Compensation			
7916.3	QA Professional: Purchased Service			
9969.0	HCF-3 QA Professional Add-back (HCF-3, Sch. 10, part 3)**		( )	
<b>4880.0</b>	<b>SUBTOTAL: QA PROFESSIONAL</b>			
6505.1	Ward Clerks & Medical Records Librarian: Salaries			
7417.2	Ward Clerk & Med Rec Lib: Group Life/Health Insurance			
7517.2	Ward Clerk & Med Rec Lib: Pensions			
7617.3	Ward Clerk & Med Rec Lib: Benefits Other			
7717.2	Ward Clerk & Med Rec Lib: Payroll Taxes			
7817.3	Ward Clerk & Med Rec Lib: Workers' Compensation			
7917.3	Ward Clerk & Med Rec Lib: Purchased Service			
<b>4890.0</b>	<b>SUBTOTAL: WARD CLERK &amp; MED REC LIBRARIAN</b>			

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
6506.1	MMQ Evaluation Nurse: Salaries			
7418.2	MMQ Evaluation Nurse:Group Life/Health Insurance			
7518.2	MMQ Evaluation Nurse: Pensions			
7618.3	MMQ Evaluation Nurse: Benefits Other			
7718.2	MMQ Evaluation Nurse: Payroll Taxes			
7818.3	MMQ Evaluation Nurse: Workers' Compensation			
7918.3	MMQ Evaluation Nurse: Purchased Service	121,245	0	121,245
<b>4900.0</b>	<b>SUBTOTAL: MMQ EVALUATION NURSE</b>	121,245	0	121,245
6508.1	MDS Coordinator: Salaries	67,726	0	67,726
7432.2	MDS Coordinator:Group Life/Health Insurance	5,349	0	5,349
7532.2	MDS Coordinator: Pensions	387	0	387
7632.3	MDS Coordinator: Benefits Other	1,045	0	1,045
7732.2	MDS Coordinator: Payroll Taxes	5,246	0	5,246
7832.3	MDS Coordinator: Workers' Compensation	390	0	390
7932.3	MDS Coordinator: Purchased Service	204,633	0	204,633
<b>4910.0</b>	<b>SUBTOTAL:MDS COORDINATOR</b>	284,776	0	284,776
6540.0	Social Service Worker: Salaries	77,685	0	77,685
7420.2	Social Service Worker:Group Life/Health Insurance	6,135	0	6,135
7520.2	Social Service Worker: Pensions	444	0	444
7620.3	Social Service Worker: Benefits Other	1,198	0	1,198
7720.2	Social Service Worker: Payroll Taxes	6,018	0	6,018
7820.3	Social Service Worker: Workers' Compensation	448	0	448
7920.3	Social Service Worker: Purchased Service			
<b>4920.0</b>	<b>SUBTOTAL: SOCIAL SERVICE WORKER</b>	91,928	0	91,928
6550.0	Interpreters: Salaries			
7433.2	Interpreters: GLH Insurance			
7533.2	Interpreters: Pensions			
7633.2	Interpreters: Benefits Other			
7733.2	Interpreters: Payroll Taxes			
7833.3	Interpreters: Workers' Compensation			
7933.2	Interpreters: Purchased Service			
<b>4925.0</b>	<b>SUBTOTAL: INTERPRETERS</b>			

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
7011.1	Indirect Restorative Therapy: Salaries			
7421.2	Indirect Restorative Therapy:GLH Insurance			
7521.2	Indirect Restorative Therapy: Pensions			
7621.3	Indirect Restorative Therapy: Benefits Other			
7721.2	Indirect Restorative Therapy: Payroll Taxes			
7821.3	Indirect Restorative Therapy: Workers' Compensation			
7013.3	Indirect Restorative Therapy: Consultants			
7012.1	Direct Restorative Therapy: Salaries *			
7012.2	Direct Restorative Therapy: Benefits *			
7014.3	Direct Restorative Therapy: Consultants *	376,227	376,227	
9968.0	HCF-3 Indirect Restorative Add-back (HCF-3, Sch. 10, part 3) **		( )	
<b>4930.0</b>	<b>SUBTOTAL: RESTORATIVE THERAPY</b>	<b>376,227</b>	<b>376,227</b>	<b>0</b>
7021.1	Recreational Therapy: Salaries	89,020	0	89,020
7423.2	Recreational Therapy:Group Life/Health Insurance	7,030	0	7,030
7523.2	Recreational Therapy: Pensions	509	0	509
7623.3	Recreational Therapy: Benefits Other	1,373	0	1,373
7723.2	Recreational Therapy: Payroll Taxes	6,896	0	6,896
7823.3	Recreational Therapy: Workers' Compensation	513	0	513
7022.3	Recreational Therapy: Purchased Service			
7023.5	Recreational Therapy: Supplies and Expenses	39,356	0	39,356
7024.8	Recreational Therapy: Transportation *			
<b>4940.0</b>	<b>SUBTOTAL: RECREATIONAL THERAPY</b>	<b>144,697</b>	<b>0</b>	<b>144,697</b>

Account	Description	REPORTED EXPENSES	NON- ALLOWABLE EXPENSES AND ADD- BACKS	TOTAL ALLOWABLE EXPENSE
4275.5	Travel: Motor Vehicle Expense	229	0	229
4306.3	Variable Other required education			
4306.4	Variable Job related education			
4434.7	NonProfit DES Claims Variable Portion			
6511.3	Physician Services: Medical Director	42,000	0	42,000
6512.3	Physician Services: Advisory Physician			
6513.3	Physician Services: Utilization Review Committee			
6514.3	Physician Services: Employee Physicals			
6515.3	Physician Services: Other			
6520.5	Legend Drugs *	318,395	318,395	
6522.5	House Supplies not resold	131,225	0	131,225
6523.5	Resold to private patients *			
6524.5	Resold to public patients *	33,848	33,848	
6530.0	Pharmacy Consultant			
3150.0	Vending Machines Income			( )
3193.0	Variable Recoverable		0	( 0 )
<b>4950.0</b>	<b>SUBTOTAL: OTHER VARIABLE</b>	<b>525,697</b>	<b>352,243</b>	<b>173,454</b>
<b>4810.0</b>	<b>TOTAL VARIABLE EXPENSES</b>	<b>2,784,203</b>	<b>728,470</b>	<b>2,055,733</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	0	0	(0)	0					
Land HCF-2-NH	0	0	(0)	0					
Building HCF-1	0	0	(0)	0	2.5	(4550.8) 0	0	0	
Building HCF-2-NH	365,670	722,752	(0)	1,088,422	2.5				0
Improvements HCF-1	0	0	(0)	0	5.0	(4565.8) 0	0	0	
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	0	0	(0)	0	10.0	(4570.8) 0	0	0	
Equipment HCF-2-NH	1,982,249	2,752,417	(0)	4,734,666	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	4,712,519	6,310,874	(0)	11,023,393	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) 0	0	0	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) 64,269	0	64,269	0
Rent—Real Property—HCF-2-NH Required *						(4535.8) 49,801	49,801		
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) 114,070</b>	49,801	(a) 64,269	<b>(b)9950.2 0</b>
<b>TOTAL FIXED COSTS CLAIMED</b>								(a) + (b)	<b>(9950.0) 64,269</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 *			
4430.0	Interest on working Capital *	0	0	
4435.0	Pre-Opening Expenses *			
8010.0	Bad Accounts *	90,484	90,484	
8012.0	User Fee Assessment *	382,041	382,041	
8015.0	Fines, Late Charges, and Penalties *	1,411	1,411	
8025.5	State and Federal Income Taxes *			
8030.0	Refunds and Allowances *			
8040.0	Adult Day Care Expenses *			
8045.0	Assisted Living Expenses *			
8046.0	Outpatient Service Expenses *			
8047.0	Chapter 766 Program Expenses *			
8048.0	Ventilator Program Expenses *			
8049.0	Acquired Brain Injury Unit Expenses *			
8050.0	Other Special Program Expenses **			
8060.0	Hospital Expenses - Non-Nursing Facility *			
8065.0	Other Non-Nursing Facility Expenses *	24,040	24,040	
<b>4960.0</b>	<b>Total Bad Accounts, Taxes, Refunds, Other *</b>	<b>497,976</b>	<b>497,976</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)	3,514,841	0	3,514,841
Total A&G Expenses (4710.0)	710,121	352,843	357,278
Total Variable Expenses (4810.0)	2,784,203	728,470	2,055,733
Total Fixed Costs (9950.1)	114,070	49,801	64,269
HCF-2-NH Fixed Costs Claimed (9950.2)		( 0 )	0
Non Nursing expenses (4960.0)	497,976	497,976	0
<b>TOTAL OPERATING EXPENSES(4000.0)</b>	<b>7,621,211</b>	<b>1,629,090</b>	<b>5,992,121</b>

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

Payer	Account	Routine Income	Account	Ancillary Income	Account	TOTAL INCOME
Self-Pay	3003.1		3005.1		3001.1	
Managed Care	3003.2		3005.2		3001.2	
Non-Managed Care	3003.3		3005.3		3001.3	
Medicare – Non-Managed Care	3003.4	1,046,885	3005.4	847,472	3001.4	1,894,357
Medicare – Managed Care	3003.5	-23,589	3005.5	464,839	3001.5	441,250
Massachusetts Medicaid - Non-Managed Care	3003.6	2,236,042	3005.6	471,841	3001.6	2,707,883
Massachusetts Medicaid - Managed Care	3003.7	681,637	3005.7	173,275	3001.7	854,912
Senior Care Options & PACE	3003.8		3005.8		3001.8	
MA Medicaid Patient Resource Income	3022.6		3032.6		3001.9	
Non-MA Medicaid	3022.7		3032.7		3002.1	
Veteran's Affairs and Other Public	3023.2		3033.2		3002.2	
Other payers (nursing facility only)	3003.9	532,985	3005.9	29,280	3002.3	562,265
<b>TOTAL NURSING FACILITY INCOME</b>	<b>3003.0</b>	<b>4,473,960</b>	<b>3005.0</b>	<b>1,986,707</b>	<b>3001.0</b>	<b>6,460,667</b>

**Non-Nursing Facility Income**

Service	Account	Income	Total
Adult Day Care	3025.3		
Hospital – Non-Nursing Facility	3026.1		
Outpatient Services	3025.5		
Assisted Living	3025.4		
Residential Care	3026.3		
Other Non-Nursing Facility	3026.2		
<b>SUBTOTAL NON-NURSING FACILITY INCOME</b>	<b>3026.0</b>		
Endowment and other non-recoverable (Explain below)	3120.0		
Laundry	3140.0		
Vending Machines	3150.0		
Bad Debt Recovery	3160.0		
Prior Year Retroactive	3170.0		
Interest Income	3180.0		
Nurses' Aide Training Income	3185.0		
Administrative and General Recoverable (Explain below)	3191.0	364,326	
Nursing Recoverable Income (Explain below)	3192.0		
Director of Nurses Recoverable (Explain below)	3195.0		
Variable Recoverable (Explain below)	3193.0	0	
Fixed costs recoverable (Explain below)	3196.0		
<b>SUBTOTAL: MISC.&amp; RECOVERABLE</b>	<b>3130.0</b>		<b>364,326</b>
<b>TOTAL GROSS INCOME ( 3001.0 + 3026.0 + 3130.0)</b>	<b>3000.0</b>		<b>6,824,993</b>

**Ancillary Expenses relating to above Ancillary Income**

Account #	Account Title	Amount
4110.1	Ancillary Income	1,053,998

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

Description	Amount
<b>Subtotal</b>	

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

Account #	Description	Amount
3191.0	Grants	364,208
3191.0	Other Income	118
<b>Subtotal</b>		364,326

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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	<b>Cash</b>			
1025.0	Cash and Equivalents	-9,550		
1040.0	Short-Term Investments			
1045.0	Current Portion Assets Whose Use is Limited			
1050.0	Other Cash			
1010.0	Total Cash		-9,550	
	<b>Accounts Receivable</b>			
1063.0	Self-Pay Patients (Private)			
1066.0	Managed Care Patients (Private)			
1069.0	Non-Managed Care Patients (Private)			
1073.0	Medicare Non-Managed Care Patients			
1076.0	Medicare Managed Care Patients			
1079.0	Mass. Medicaid Non-Managed Care Patients			
1081.0	Mass.Medicaid Managed Care Patients			
1083.0	MA. Senior Care Organization Patients			
1086.0	PACE Patients			
1100.4	Non-MA Medicaid Patients			
1101.2	Other Public Patients			
1089.0	Other Patients	5,654,026		
1140.0	Reserve for Bad Debt	( 646,797 )		
1060.0	Net Patient Account Receivables		5,007,229	
	<b>Loans Receivables</b>			
1160.0	Officers/Owners			
1170.0	Employees			
1180.0	Affiliates/Related Parties			
1185.0	Other			
1150.0	Total Loans Receivable			
1190.0	Interest Receivable			
1210.0	Supply Inventory		132,360	
	<b>Prepaid Expenses</b>			
1270.0	Prepaid Interest			
1280.0	Prepaid Insurance	-1,157		
1290.0	Prepaid Taxes			
1295.0	Capitalized Pre-opening Costs			
1300.0	Other Prepaid Expenses			
1260.0	Total Prepaid Expenses		-1,157	
1310.0	Other Current Assets			
<b>1005.0</b>	<b>TOTAL CURRENT ASSETS</b>			5,128,882

**Non-Current Assets**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1511.1	Land – Cost			
1510.0	Land – Book Value			
1521.1	Building – Cost			
1522.2	Building – Accum. Deprc.	( )		
1520.0	Building – Book Value			
1611.1	Building Improvements - Cost			
1612.2	Building Improvements – Accum. Deprc.	( )		
1610.0	Building Improvements – Book Value			
1626.1	Leasehold Improvements – Cost	474,113		
1627.2	Leasehold Improvements – Accum. Deprc.	( )		
1625.0	Leasehold Improvements – Book Value		474,113	
1631.1	Other Improvements – Cost			
1632.2	Other Improvements – Accum. Deprc.	( )		
1630.0	Other Improvements – Book Value			
1616.1	HCF Cap.Improvements – Cost			
1617.2	HCF Cap. Improvements – Accum. Deprc.	( )		
1615.0	HCF Cap. Improvements – Book Value			
1651.1	Equipment – Cost	226,191		
1652.2	Equipment – Accum. Deprc.	( 225,880 )		
1650.0	Equipment – Book Value		311	
1661.1	HCF Cap.Equipment – Cost			
1662.2	HCF Cap. Equipment – Accum. Deprc.	( )		
1660.0	HCF Cap.Equipment – Book Value			
1701.1	Motor Vehicles - Cost			
1702.2	Motor Vehicles – Accum. Deprc.	( )		
1700.0	Motor Vehicles – Book Value			
1710.1	Software - Cost			
1710.2	Software – Accum. Deprc.	( )		
1710.0	Software – Book Value			
1715.1	HCF Cap.Software – Cost			
1715.2	HCF Cap.Software – Accum. Deprc.	( )		
1715.0	HCF Cap.Software – Book Value			
<b>1500.0</b>	<b>TOTAL - NON CURRENT(FIXED) ASSETS</b>			<b>474,424</b>

**Deferred Charges and Other Assets**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
1910.0	Organization Expense			
1940.0	Purchased Goodwill			
1950.0	Leasehold Deposits			
1960.0	Utility Deposits			
1970.0	Cash Surrender Value of Officer Life Insurance			
1975.1	Mortgage Acquisition Cost			
1975.2	Accumulated Amortization of Mortgage Acq. Cost	( )		
1979.0	Construction in Progress			
1975.3	Long Term Investments			
1975.4	Non-Current Assets Whose Use is Limited			
1980.0	Other (Explain on Sch 20)			
<b>1900.0</b>	<b>TOTAL DEFERRED CHARGES AND OTHER ASSETS</b>			
<b>1000.0</b>	<b>TOTAL ASSETS (1005.0 + 1500.0 + 1900.0)</b>			5,603,306

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

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
	<b>Accounts Payable</b>			
2020.0	Trade	498,685		
2030.0	Accrued Expenses	1,489,755		
2040.2	Due Medicaid – Non-MA			
2040.3	Due Medicaid MA – Nursing Care			
2040.4	Due Medicaid MA – Resident Care			
2041.0	Due Medicaid - Estimated			
2045.0	Due Medicare - Actual			
2046.0	Due Medicare – Estimated			
2048.0	Due Other Payers - Actual	1,577		
2049.0	Due Other Payers – Estimated			
2010.0	Total Accounts Payable		1,990,017	
2055.0	Patient Funds Due (Self-Pay)			
2060.0	Patient Funds Due (Third Party Settlement)			
	<b>Current Long-Term Debt</b>			
2110.0	Officer, Owner, Related Parties			
2120.0	Subsidiaries and Affiliates			
2130.0	Banks			
2150.0	Other Short-Term Financing			
2160.0	Payments Due w/in one year on long-term debt			
2100.0	Total Current Long-Term Debt			
	<b>Accrued Salaries &amp; Payroll Liabilities</b>			
2190.0	Accrued Salaries	454,064		
2200.0	Accr. Payroll Tax w/held			
2210.0	Accr. Employee Taxes Pay.			
2220.0	Other Payroll Liabilities			
2180.0	Total Accrued Salaries & Payroll Liabilities		454,064	
	<b>Other Current Liabilities</b>			
2260.0	Accr. State & Federal Taxes	307,452		
2270.0	Accr. Interest Payable			
2280.0	Accr. Bonus & Profit Sharing			
2290.0	Other Current Liabilities	-182,761		
2250.0	Total Other Current Liabilities		124,691	
<b>2005.0</b>	<b>TOTAL CURRENT LIABILITIES</b>			2,568,772
	<b>Non-Current Liabilities</b>			
2310.0	Mortgages			
2330.0	Due to Affiliates/Related Parties			
2320.0	Other Long-Term Debt			
<b>2300.0</b>	<b>TOTAL NON-CURRENT LIABILITIES</b>			
<b>2015.0</b>	<b>TOTAL LIABILITIES</b>			2,568,772



**Net Worth – Corporate**

ACCOUNT	DESCRIPTION	ACCOUNT BALANCE	SUBTOTAL	TOTAL
2620.0	Capital Stock			
2630.0	Additional Paid in Capital			
2640.0	Treasury Stock	( )		
2650.0	Retained Earnings	3,034,534		
<b>2610.0</b>	<b>TOTAL CORPORATION</b>		3,034,534	

<b>2500.0</b>	<b>TOTAL NET WORTH(2610.0)</b>			3,034,534
---------------	--------------------------------	--	--	-----------

<b>2000.0</b>	<b>TOTAL LIABILITIES AND NET WORTH (2015.0 + 2500.0)</b>			5,603,306
---------------	--	--	--	-----------

**Schedule 10: Statement of Operations**

<b>Account Number</b>		
	<b>Operating Revenue</b>	
9605.0	Net Patient Service Revenue	6,460,667
9610.0	Other	364,326
9615.0	Net Assets Released from Restriction	
9620.0	<b>Total Operating Revenue</b>	6,824,993
	<b>Operating Expenses</b>	
9625.0	Salaries and Wages	3,331,551
9630.0	Employee Benefits	610,818
9635.0	Supplies and Other (including Payroll Taxes)	3,677,354
9640.0	Interest	
9645.0	Provision for Bad Debt	
9650.0	Depreciation and Amortization	1,488
9655.0	<b>Total Operating Expenses</b>	7,621,211
9660.0	<b>Income from Operations</b>	-796,218
	<b>Non-Operating Revenue</b>	
9665.0	Interest Income (from Schedule8,3180.0)	
9670.0	Investment Income	
9675.0	Gains (Losses) from Investments	
9680.0	Gains (Losses) from Sale of Equipment	
9685.0	Other(Specify)	
9690.0	<b>Total Non-Operating Revenue</b>	
9695.0	<b>Net Income Before Taxes or Extraordinary Items</b>	-796,218
9755.0	Provision for Income Tax	
9760.0	<b>Income Before Cumulative Effect of Change in Accounting Principles</b>	-796,218
	<b>Cumulative Effect of Change in Accounting Principles</b>	
9770.0	Other(Specify)	
9775.0	Other(Specify)	
9780.0	<b>Total Cumulative Change in Accounting Principles</b>	
9785.0	<b>Net Income</b>	-796,218

**Schedule 11: Cash Flow**

Account	Description	Account Balance	Total
	<b>Cash flows from operating activities</b>		
9805.0	Change in net assets (net income)	-9,550	
9810.0	Adjustments to reconcile changes in net assets (net income)		
9815.0	Increases(decreases) to cash provided by operating activities		
9820.0	Net cash from operating activities		-9,550
	<b>Cash flows from investing activities</b>		
9825.0	Capital expenditures		
9830.0	Other cash used in investing activities		
9835.0	Net cash used in investing activities		
	<b>Cash flows from financing activities</b>		
9840.0	Proceeds from issuance of long-term debt		
9845.0	Payments on long-term debt and capital lease expenditures		
9850.0	Other cash used in financing activities		
9855.0	Net cash used in financing activities		
<b>9860.0</b>	<b>Net increase/(decrease) in cash and cash equivalents</b>		-9,550
<b>9865.0</b>	<b>Cash/cash equivalents beginning of year</b>		
<b>9870.0</b>	<b>Cash/cash equivalents end of year</b>		-9,550

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

Total income reported on HCF-1 (#3000.0)	6,824,993
Total operating expenses on HCF-1 (#4000.0)	7,621,211
HCF-1 Net income/(loss) before reconciling items	-796,218 <sup>1</sup>

**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	-796,218 <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****Corporation**

	Capital Stock	Additional Paid-in	Retained earnings	Treasury Stock	Total
Balance: 12/31/2019	0	0	3,317,861	0	<sup>1</sup> 3,317,861
Other: Prior Period Adjustment(s)			512,891		<sup>2</sup> 512,891
Sale of stock	0				0
Additional paid-in capital		0			0
HCF-1 Net income/(Loss)			-796,218		-796,218
Dividends paid			( )		( )
Treasury stock Purchased/Sold				0	0
Balance: 12/31/2020	0	0	3,034,534	(0)	<sup>3</sup> 3,034,534
	(2620.0)	(2630.0)	(2650.0)	(2640.0)	(2500.0)

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

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

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

## Schedule 14: Patient Statistics

	Self-Pay	Managed. Care	Non- Managed Care	Medicare- Non Managed Care	Medicare Managed Care	MA Medicaid- Non Managed Care	MA Medicaid Managed Care	SCO & PACE	Non-MA Medicaid	VA, DTA & Other Public	Other	TOTALS
<b>Quarter 1</b>												
Nursing				938	316	3,281	1,377				234	6,146
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)												
Nursing Leave of Absence (Unpaid)												
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
<b>Quarter 1 Totals</b>				938	316	3,281	1,377				234	6,146
<b>Quarter 2</b>												
Nursing				446	353	2,500	1,246				122	4,667
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)												
Nursing Leave of Absence (Unpaid)												
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
<b>Quarter 2 Totals</b>				446	353	2,500	1,246				122	4,667

	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				627	212	2,760	1,184				124	4,907
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)												
Nursing Leave of Absence (Unpaid)												
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
<b>Quarter 3 Totals</b>				627	212	2,760	1,184				124	4,907
<b>Quarter 4</b>												
Nursing				578	246	3,016	1,210				182	5,232
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)												
Nursing Leave of Absence (Unpaid)												
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
<b>Quarter 4 Totals</b>				578	246	3,016	1,210				182	5,232

	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				2,589	1,127	11,557	5,017				662	20,952
Resident Care												
Pediatrics												
Ventilator Unit												
Head Trauma/ABI												
Other Medicaid Special Contract												
Nursing Leave of Absence (Paid)												
Nursing Leave of Absence (Unpaid)												
Residential Leave of Absence (Paid)												
Residential Leave of Absence (Unpaid)												
<b>GRAND ANNUAL TOTALS</b>				2,589	1,127	11,557	5,017				662	20,952

0140.0	Number of Admissions During Year	122
0140.1	Number of Massachusetts Medicaid Admissions During Year	11
0150.0	Number of Discharges During Year	129
0190.0	Average Length of Stay	162



**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>		

(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>			
<b>Unregistered/Other Non-Allowable</b>			
<b>Total</b>	<b>XXXXXXXXXX</b>		

(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			
Unregistered/Other Non-Allowable			
Total	XXXXXXXXXX		

(7341.2)

(6042.2)

## (D) NURSES AIDES PURCHASED SERVICE NURSING (6052.2)

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

(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	77,179	7848.2	126,713	7835.2	155,293
Hours*	7847.2	1,369	7849.2	2,887	7836.2	5,541

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

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

	Account	RN	Account	LPN	Account	CNA
Wages*	7850.2	20,080	7851.2	33,740	7852.2	45,057

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

	Account	RN	Account	LPN	Account	CNA
Wages*	7853.2	1	7854.2	1	7855.2	1

\*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>
Ronald Doty, Jr	From: 11/05/2018 To: 02/19/2020	5185	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	83,632
9270.2	Payroll Taxes	6,478
9270.3	Workers' Compensation	482
9270.4	Group Health/Life Insurance	6,605
9270.5	Pension	478
9270.6	Other Benefits	1,290
9272.0	TOTAL ADMINISTRATOR COMPENSATION	98,965

**Staff and Hours by Position**

Position	Account	Number of Staff	Account	Total Hours
Staff Development	7210.2		7310.2	
Plant Operations	7211.2	1	7311.2	1,985
Dietary Staff	7212.2		7312.2	
Dietician	7213.2		7313.2	
Laundry Staff	7214.2		7314.2	
Housekeeping Staff	7215.2		7315.2	
Quality Assurance	7216.2		7316.2	
Ward Clerks/Medical Records	7217.2		7317.2	
MMQ Nurses	7218.2		7318.2	
MDS Coordinator	7232.2	1	7332.2	1,803
Social Service Staff	7220.2	1	7320.2	2,160
Interpreters	7233.2		7333.2	
Restorative – Indirect	7221.2		7321.2	
Restorative – Direct	7222.2		7322.2	
Recreational Staff	7223.2	2	7323.2	4,986
Administrator	7224.2	1	7324.2	1,428
Officer	7225.2		7325.2	
Clerical Staff	7226.2	4	7326.2	7,661
Admin.In training	7227.2		7327.2	
DON	7228.2	1	7328.2	3,531
RNs	7229.2	10	7329.2	20,727
LPNs	7230.2	11	7330.2	24,028
CNAs	7231.2	22	7331.2	45,476
Totals		54		113,785

Schedule 17: Proprietorship/Partnership/Corporation Information

Corporation

Last Name

Hollinger

First Name

Brad

Title

owner

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

Last Name

First Name

Title

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

Last Name

First Name

Title

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

**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** Mumuni

**First Name** Issufu

**Title** RN

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7710.1)
6030.1	100	3,120	165,887	3,508	12,851	956	13,102	0	0	196,304

**Last Name** Glockner

**First Name** Tracy

**Title** LPN

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7711.1)
6041.1	100	3,287	138,842	2,936	10,756	800	10,966	0	0	164,300

**Last Name** Osallo

**First Name** Jacqueline

**Title** Nurse Supervisor

Account	% Time Devoted	# of Hours	Salary	Emp. Benefits	Payroll Taxes	Workers' Comp	Gr.Life/Hlth Ins.	Draw	Other	Total (7712.1)
6030.1	100	2,721	114,184	2,415	8,846	658	9,018	0	0	135,121

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 *
Mortgage	OMEGA	No	09/01/2019	08/01/2029	120	106,535	8,410,029	0	0	8,236,328	562,167	7,674,161	9	0	0
Totals	XXXX	XX	XXXXXX	XXXX	XXX	XXX	XXXXXX	0	0	XXXX	XXXX	7,674,161	XXXX	0	0

\*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
-------------	----------------	---------------------------------------	--------	----------------	----------------------	-----------------------	----------------	-------------------------------------

Total Working Capital Interest

(4430.0) 3

0

Total Working Capital Debt

(2100.0 less 2160.0)

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.**

7013554 PATIENT RELATED / DME -SKILLED OUTSIDE SERVICES 4,792 3 4440  
7013599 PATIENT RELATED / DME -SKILLED OTHER/ MISC EXPENSES 10,761 3 4440  
7013597 PATIENT RELATED / DME -SKILLED SPECIAL PROJECT COST 1,171 3 4440  
7153554 RADIOLOGY - SKILLED OUTSIDE SERVICES 17,778 3 4440  
7303554 LABORATORY - SKILLED OUTSIDE SERVICES 38,685 3 4440  
7743462 AMBULANCE - SKILLED AMBULANCE/PT TRNSPRT 5,168 3 4440  
78354.35

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

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

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

**HCF-2-NH Deferred Charges and Other Assets**

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

**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			
2120.0	Subsidiaries and Affiliates			
2130.0	Banks			
2150.0	Other Short-Term Financing			
2160.0	Payments Due w/in one year on long-term debt			
2100.0	<b>Total Current Long-Term Debt</b>			
2240.0	Accrued Taxes - Realty and Management			
2295.0	Other Current Liabilities			
<b>2005.0</b>	<b>TOTAL CURRENT LIABILITIES</b>			
<b>Long Term Liabilities</b>				
2310.0	Mortgages			
2320.0	Other Long-Term Debt			
<b>2300.0</b>	<b>TOTAL LONG-TERM LIABILITIES</b>			

**Net Worth – Not-For-Profit**

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

**Net Worth – Proprietorship or Partnership**

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

**Net Worth – Corporate**

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

<b>2500.0</b>	<b>TOTAL NET WORTH</b>			
---------------	------------------------	--	--	--

<b>2000.0</b>	<b>TOTAL LIABILITIES AND NET WORTH (2005.0 + 2300.0 + 2500.0)</b>			
---------------	---	--	--	--

\* See Instructions

## Schedule 22: Realty Company Statement of Income and Expense

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

### INCOME

3510.0	Rental from Nursing Facility		
3520.0	Other Rental *		
3530.0	Other Income *		
3540.0	Recoverable Fixed Income		
<b>3500.0</b>	<b>TOTAL INCOME</b>		

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

<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:	THE MEADOWS OF CENTRAL MASSACHUSETTS
Preparer's Last Name:	Rossey
Middle Name:	A.
First Name :	Kimberly
Title :	Reimbursement Manager
Preparer's Address:	Vibra Healthcare - Finance
Phone Number:(###-###-####)	717-591-5794
Type of service performed by preparer:	Audit

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

Signature of authorized Cost Report Submitter:	Rossey,A.,Kimberly - Ros17711
Date of Authorization (MO/DA/YR):	06/23/2021
Submitter's acknowledgement:	X

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

CERTIFICATION BY OWNER,PARTNER OR OFFICER

Provider Name :THE MEADOWS OF CENTRAL MASSACHUSETTS

Vendor Payment Number :0950238

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:	Fegan
First Name :	Clint
Middle Name:	T.
Title :	Chief Financial Office

**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:	Fegan,T.,Clint - Feg17343
Date of Authorization (MO/DA/YR):	06/30/2021
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:	Fegan
First Name :	Clint
Middle Name:	T.
Title :	Chief Financial Office

**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:	Fegan, T., Clint - Feg17343
Date of Authorization (MO/DA/YR):	06/30/2021
Submitter's acknowledgement:	X



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