

## Nursing Facility Cost Report (SNF-CR)

### Schedule 12.2: Ownership and Facility Information

#### Instructions

In the tab titled **Direct Indirect Owners**, list all nursing facility owner(s), address, whether ownership interest is direct or indirect, and the ownership share (%). In the tab titled **Facility Information**, list the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities owned, directly or indirectly, with an interest of 5% or more, by the nursing facility owners listed in the tab labeled "Direct Indirect Owners".

Upload the completed excel template by clicking **Upload File**.

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