

Skilled Nursing Facility Cost Report**LIFE CARE CENTER OF ACTON**

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	LIFE CARE CENTER OF ACTON
1.2	MassHealth Provider ID	110026487D
1.3	Federal Employer Tax ID	620963862
1.4	VPN	0925284
1.5	Is the above information correct?	Yes
1.6	Facility Number	00286
1.7	This line is intentionally left blank	
1.8	Reporting Period From	01/01/2023
1.9	Reporting Period To	12/31/2023
1.10	Street Address	One Great Road
1.11	City	Acton
1.12	Zip	01720
1.13	Telephone	+1 (978) 263-9101
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	MA Corp (Chapter 156B)
1.18	List the name of the management company as reported on the management company cost report.	Life Care Centers of America, Inc.
1.19	List the name of the entity that holds the nursing facility license.	Life Care Centers of America, Inc.
1.20	List realty company names as reported on each realty company cost report.	Acton Medical Investors LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

Contact Information		
Table 2		1
Line #	Description	
2.1	Contact Person Name	Carolyn M. Ellis
2.2	Nursing Facility or Firm Name	Life Care Center of Acton
2.3	Title	Director of Reimbursement
2.4	Street Address	3570 Keith Street NW
2.5	City	Cleveland
2.6	State	TN
2.7	Zip Code	37312
2.8	Phone Number	+1 (423) 473-5768
2.9	Email Address	carolyn_ellis@lcca.com

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	[] I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Carolyn M. Ellis
3.3	Nursing Facility or Firm Name	Life Care Center of Acton
3.4	Title	Director of Reimbursment
3.5	Street Address	3570 Keith Street NW
3.6	City	Cleveland
3.7	State	TN
3.8	Zip Code	37312
3.9	Phone Number	+1 (423) 473-5768
3.10	Email Address	carolyn_ellis@lcca.com
3.11	Type of Accounting Service Performed	Compilation

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
 Filing Year: 2023

Date: 12/19/2024
 Time: 12:17 PM

Owner Business Information						
Please use this table to provide information on any other Massachusetts public payer programs that the direct and indirect owners of this facility operate.						
Table 4	1	2	3	4	5	6
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,988,952	567	1,989,519
1.2	Commercial Managed Care	168,780		168,780
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	2,017,766	79,928	2,097,694
1.5	Medicare Managed Care (Part C)	1,107,332	31,696	1,139,028
1.6	MassHealth Fee-for-Service	6,293,402		6,293,402
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	314,663		314,663
1.9	OneCare	54,371		54,371
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,541,142		1,541,142
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	13,486,408	112,191	13,598,599

Detail of Ancillary Revenue			
Table 2		1	2
Line #	Description	Type	Ancillary Revenue
2.1	Revenue from Prescription Drugs		
2.2	Revenue from Direct Therapy Services		
2.3	Other Ancillary Revenue: (Enter Description)		
2.4	Other Ancillary Revenue: (Enter Description)		
2.5	Other Ancillary Revenue		
200	Total Ancillary Revenue		

Skilled Nursing Facility Cost Report**LIFE CARE CENTER OF ACTON**

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

Other Nursing Facility Revenue

Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	49,872
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	201
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	51,634
3.7	Interest Income	10,603
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	9
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	105
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	112,424

Detail of Endowment and Non-Recoverable Revenue

Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Stimulus	49,872
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		49,872

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	13,711,023

Skilled Nursing Facility Cost Report

LIFE CARE CENTER OF ACTON

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

SCHEDULE 3 : EXPENSES

Nursing Expenses

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	241,410		241,410
1.2	Director of Nurses: Employee Benefits	10,028		10,028
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	14,251		14,251
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	265,689		265,689
1.7	Registered Nurses: Salaries	505,103		505,103
1.8	Registered Nurses: Employee Benefits	36,932		36,932
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	52,486		52,486
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	96,250	0	96,250
1.200	Subtotal: Registered Nurses Expenses	690,771		690,771
1.12	Licensed Practical Nurses: Salaries	1,986,275		1,986,275
1.13	Licensed Practical Nurses: Employee Benefits	145,232		145,232
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	206,397		206,397
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	695,068	0	695,068
1.300	Subtotal: Licensed Practical Nurses Expenses	3,032,972		3,032,972
1.17	Certified Nurse Aides: Salaries	2,295,791		2,295,791
1.18	Certified Nurse Aides: Employee Benefits	167,863		167,863
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	238,559		238,559
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	246,336	0	246,336
1.400	Subtotal: Certified Nurse Aides Expenses	2,948,549		2,948,549

Skilled Nursing Facility Cost Report

LIFE CARE CENTER OF ACTON

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	6,937,981		6,937,981

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	6,937,981		6,937,981

Administrative and General Expenses

Table 2		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
2.1	Administration: Salaries			0
2.2	Administration: Employee Benefits			0
2.3	Administration: Payroll Taxes incl Workers Comp.			0
2.4	Administration: Purchased Service	174,165		174,165
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	174,165		174,165
2.7	Clerical Staff: Salaries	330,570		330,570
2.8	Clerical Staff: Employee Benefits	27,533		27,533
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	37,445		37,445
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	395,548		395,548
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	48,576		48,576
2.12	Office Supplies	41,792	276	41,516
2.13	Telecommunications (e.g. Internet, Phone)	25,360		25,360

Skilled Nursing Facility Cost Report

LIFE CARE CENTER OF ACTON

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	4,279		4,279
2.16	Advertising: Help Wanted	66,983		66,983
2.17	Licenses and Dues: Patient Care Related Portion	38,059	2,602	35,457
2.18	Continuing Professional Education / Training and Development	60		60
2.19	Accounting Services (Not related to appeals)	5,250		5,250
2.20	Insurance: Malpractice & General Liability	96,519	37,026	59,493
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	4,715		4,715
2.23	Non-Allowable A & G Expenses	2,161,829	2,161,829	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		4,650	4,650
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		386,113	386,113
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		46,004	46,004
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	2,493,422		728,456
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,063,135		1,298,169
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		9	9
2.500	Subtotal: Administrative & General Recoverable Income	0		9
200	Total: Net Administrative & General Expenses After Recoverable Income	3,063,135		1,298,160

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Sales & Use Tax	4,715
2A.100	Subtotal: Other A&G Expenses	4,715

Skilled Nursing Facility Cost Report**LIFE CARE CENTER OF ACTON**

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	77,754
2B.2	Licenses and Dues: Not Related to Resident Care	
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	18,861
2B.6	Legal: Other	38,264
2B.7	Key Person Insurance	
2B.8	Management Company Fees	660,566
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	38,985
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	449,836
2B.15	User Fee Assessment	865,834
2B.16	Other Non-Allowable A&G Expenses	11,729
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	2,161,829

Variable Expenses

Table 3		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
3.1	Staff Development Coordinator: Salaries	81,084		81,084
3.2	Staff Dev. Coord.: Employee Benefits	5,812		5,812
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	5,260		5,260
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	92,156		92,156
3.5	Plant Operation: Salaries	122,050		122,050
3.6	Plant Operation: Employee Benefits	9,022		9,022
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	12,581		12,581

Skilled Nursing Facility Cost Report**LIFE CARE CENTER OF ACTON**

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

3.8	Plant Operation: Purchased Service	237,331	24,899	212,432
3.9	Plant Operation: Supplies and Expenses	40,829	4,881	35,948
3.10	Plant Operation: Utilities	294,257		294,257
3.11	Plant Operation: Repairs	102,655		102,655
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)		24,572	24,572
3.200	Subtotal: Plant Operation Expenses	818,725		813,517
3.13	Dietician: Salaries	92,143		92,143
3.14	Dietician: Employee Benefits	6,658		6,658
3.15	Dietician: Payroll Taxes incl Workers Comp.	12,543		12,543
3.16	Dietician: Purchased Service	1,505		1,505
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	112,849		112,849
3.18	Dietary: Salaries	619,144		619,144
3.19	Dietary: Employee Benefits	44,736		44,736
3.20	Dietary: Payroll Taxes incl Workers Comp.	60,902		60,902
3.21	Dietary: Food	422,503	3,348	419,155
3.22	Dietary: Purchased Service	7,742		7,742
3.23	Dietary: Supplies and Expenses	67,295	381	66,914
3.400	Subtotal: Dietary Expenses	1,222,322		1,218,593
3.24	Housekeeping/Laundry: Salaries	431,859		431,859
3.25	Housekeeping/Laundry: Employee Benefits	31,045		31,045
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	44,780		44,780
3.27	Housekeeping/Laundry: Purchased Service	4,000		4,000
3.28	Housekeeping/Laundry: Supplies and Expenses	65,299	447	64,852
3.29	Housekeeping/Laundry: Linen and Bedding	32,350	13	32,337
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	609,333		608,873
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	80,512		80,512

Skilled Nursing Facility Cost Report

LIFE CARE CENTER OF ACTON

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

3.37	Unit Clerk & Medical Records: Employee Benefits	6,873		6,873
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	10,058		10,058
3.39	Unit Clerk & Medical Records: Purchased Service	454		454
3.700	Subtotal: Unit Clerk and Medical Record Expenses	97,897		97,897
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	146,223		146,223
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	14,186		14,186
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	15,280		15,280
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	39,419		39,419
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	215,108		215,108
3.44	Behavioral Health Specialist: Salaries			0
3.45	Behavioral Health Specialist: Employee Benefits			0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.			0
3.47	Behavioral Health Specialist: Purchased Service			0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	147,561		147,561
3.49	Social Service Worker: Employee Benefits	10,583		10,583
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	14,406		14,406
3.51	Social Service Worker: Purchased Service	7,831		7,831
3.1000	Subtotal: Social Service Worker Expenses	180,381		180,381
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries	430,221	430,221	0

Skilled Nursing Facility Cost Report

LIFE CARE CENTER OF ACTON

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

3.61	Direct Restorative Therapy: Benefits	77,144	77,144	0
3.62	Direct Restorative Therapy: Consultants	4,437	4,437	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	511,802		0
3.64	Recreational Therapy/Activities: Salaries	174,958		174,958
3.65	Recreational Therapy/Activities: Employee Benefits	30,434		30,434
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	20,916		20,916
3.67	Recreational Therapy/Activities: Purchased Service	14,049		14,049
3.68	Recreational Therapy/Activities: Supplies and Expenses	2,136		2,136
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	242,493		242,493
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	8,911	986	7,925
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	511		511
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	35,750		35,750
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	192,708	192,708	0
3.88	Personal Protective Equipment			0

Skilled Nursing Facility Cost Report**LIFE CARE CENTER OF ACTON**

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

3.89	House Supplies Not Resold	167,292	1,345	165,947
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	153,214	153,214	0
3.92	Pharmacy Consultant	22,368		22,368
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	580,754		232,501
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,683,820		3,814,368
Less: Variable Recoverable Income				
3.96	Vending Machine Income		201	201
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		105	105
3.1800	Subtotal: Variable Recoverable Income	0		306
300	Total: Net Variable Expenses Including Recoverable Income	4,683,820		3,814,062

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	1,234	(246,537)	247,771
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		91,183	91,183
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR			0
4.7	Building Insurance Expense REA-CR		78,671	78,671
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR		74,139	74,139
4.10	Personal Property Tax Expense SNF-CR	1,281		1,281
4.11	Personal Property Tax Expense REA-CR		8,788	8,788
4.12	Other Fixed Cost Expenses SNF-CR	9,528		9,528
4.13	Other Fixed Cost Expenses REA-CR		39,006	39,006
4.14	Real Property Rent Expense SNF-CR	810,533	810,533	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	822,576		550,367
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	822,576		550,367

Skilled Nursing Facility Cost Report**LIFE CARE CENTER OF ACTON**

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	15,507,512		12,600,885
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	15,507,512		12,600,570

Skilled Nursing Facility Cost Report**LIFE CARE CENTER OF ACTON**

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES**Other Business Activities**

Table 1		1
Line / Column #	Other Business Activity	Select Yes/No from Dropdown Menu
1.1	Adult Day Health	No
1.2	Child Day Care	No
1.3	Assisted Living	No
1.4	Outpatient Services	No
1.5	Chapter 766 Education Program	No
1.6	Ventilator Program	No
1.7	Acquired Brain Injury Unit	No
1.8	MS/ALS Program	No
1.9	Other Special Program	No
1.10	Hospital – Other Business	No
1.11	Residential Care	No
1.12	Does the nursing facility have other business activities not listed above?	No
1.13	Describe the other business activities:	

Other Business Revenue

Table 2			1
Line / Column #	Account	Description	Reported
2.1	3025.3	Adult Day Health Revenue	
2.2	3025.6	Child Day Care Revenue	
2.3	3025.4	Assisted Living Revenue	
2.4	3025.5	Outpatient Services Revenue	
2.5	3025.7	Other Special Program Revenue	
2.6	3026.1	Hospital Revenue – Other Business	
2.7	3026.3	Residential Care Revenue	
2.8	3026.2	Other	
200	3026.0	TOTAL OTHER BUSINESS REVENUE	0

Skilled Nursing Facility Cost Report**LIFE CARE CENTER OF ACTON**

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

Other Business Expenses					
Table 3			1	2	3
Line / Column #	Account	Description	Reported	Non-Allowable Expenses	Total Allowable Expenses
3.1	8040.0	Adult Day Health Expenses		0	
3.2	8041.0	Child Day Care Expenses		0	
3.3	8045.0	Assisted Living Expenses		0	
3.4	8046.0	Outpatient Service Expenses		0	
3.5	8047.0	Chapter 766 Education Program Expenses		0	
3.6	8048.0	Ventilator Program Expenses		0	
3.7	8049.0	Acquired Brain Injury Unit Expenses		0	
3.8	8042.0	MS/ALS Program Expenses		0	
3.9	8050.0	Other Special Program Expenses		0	
3.10	8060.0	Hospital Expenses - Other Business		0	
3.11	8065.0	Other		0	
300	8070.0	TOTAL OTHER BUSINESS EXPENSES	0	0	

Skilled Nursing Facility Cost Report**LIFE CARE CENTER OF ACTON**

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

SCHEDULE 5 : STATEMENT OF OPERATIONS AND RECONCILIATION OF FINANCIAL TO COST REPORTED NET INCOME**Financial Statement of Operations**

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	13,598,599
1A.2	Other Revenue	101,821
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	13,700,420
1A.4	Salaries and Wages	7,762,545
1A.5	Employee Benefits	546,936
1A.6	Supplies and Other (including Payroll Taxes)	6,707,976
1A.7	Interest Expense	38,985
1A.8	Provision for Bad Debt	449,836
1A.9	Depreciation and Amortization Expenses	1,234
1A.200	Total Operating Expenses	15,507,512
1A.300	Income(Loss) from Operations	(1,807,092)
	Non-Operating Income and Expenses	
1A.10	Interest Income	10,603
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(1,796,489)
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	(1,796,489)

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

<i>Detail of Extraordinary Items</i>		
Table 1C	1	2
Line #	Description	Amount
1C.1		
1C.100	Subtotal: Cumulative Extraordinary Items	0

<i>Detail of Changes in Accounting Principles</i>		
Table 1D	1	2
Line #	Description	Amount
1D.1		
1D.100	Subtotal: Cumulative Changes in Accounting Principles	0

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	13,711,023
2.2	Total Nursing Expenses (Schedule 3)	6,937,981
2.3	Total Administrative and General Expenses (Schedule 3)	3,063,135
2.4	Total Variable Expenses (Schedule 3)	4,683,820
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	822,576
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	15,507,512
200	Cost Reported Net Income(Loss)	(1,796,489)

Reconciliation Between Financial Statement and Cost Report Net Income			
Table 3		1	2
Line #	Description	Describe Reconciling Item	Amount
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		(1,796,489)
3.2	Reconciling Item		
3.3	Reconciling Item		
3.4	Reconciling Item		
3.5	Reconciling Item		
3.6	Net Income(Loss) on Cost Report Statement of Operations (Table 2)		(1,796,489)

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

SCHEDULE 6 : BALANCE SHEET AND RECONCILIATION OF OWNER'S EQUITY

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	2,332
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	2,142,308
1.6	Less Reserve for Bad Debt	(371,302)
1.100	Subtotal: Net Patient Accounts Receivable	1,771,006
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	140,061
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	2,592
1.12	Prepaid Interest	
1.13	Prepaid Insurance	
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	
1.16	Capitalized Pre-Opening Costs	3,831
1.17	Other Current Assets	0
100	Total Current Assets	1,919,822

Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1		
1A.100	Subtotal: Other Current Assets	0

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	
2.4	Equipment	
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	0

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	8,488,425
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	14,990
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	8,503,415

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1		
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	0

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	10,423,237

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	462,324
5.2	Accrued Expenses	264,118
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	344,259
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	579,534
500	Total Current Liabilities	1,650,235

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	Operating Lease Liability - Current	281,623
5A.2	Deferred Revenue	48,134
5A.3	Misc Restricted Funds	148,799
5A.4	Accrued Liability Risks	100,978
5A.100	Subtotal: Other Current Liabilities	579,534

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	27,573,844
6.3	Other Long-Term Debt	7,886,740
600	Total Non-Current Liabilities	35,460,584

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	37,110,819

Reconciliation of Owner's Equity or Net Assets for Not-for-Profits

Table 8						
Table 8C		1	2	3	4	5
Corporation						
Line #	Description	Capital Stock	Treasury Stock	Additional Paid-in	Retained Earnings	Total
8C.1	Owner's Equity Balance: Prior Year			127,613	(25,057,154)	(24,929,541)
8C.2	Prior Period Adjustment(s)				0	0
8C.3	Sale of Capital Stock					0
8C.4	Purchase or Sale Treasury Stock					0
8C.5	Additional Paid-in Capital			38,448		38,448
8C.6	SNF-CR Net Income/(Loss)				(1,796,489)	(1,796,489)
8C.7	Dividends Paid					0
8C.100	Owner's Equity Balance: Current Year	0	0	166,061	(26,853,643)	(26,687,582)

Prior Period Adjustments

NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.

Table 8D	1	2
Line #	Description	Amount
8D.1		
8D.100	Subtotal: Prior Period Adjustments	0

Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	10,423,237

Skilled Nursing Facility Cost Report**LIFE CARE CENTER OF ACTON**

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION**Financial Statement Fixed Assets**

Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation on Beginning Balance	Current Year Depreciation	Accumulated Depreciation on Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0			0	0
1.3	Improvements	195,888			195,888	(194,654)	(1,234)	(195,888)	0
1.4	Equipment				0			0	0
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles	74,323			74,323	(74,323)		(74,323)	0
100	Total	270,211	0	0	270,211	(268,977)	(1,234)	(270,211)	0

Claimed Fixed Assets

Note: This table does not include all fixed assets for the facility; only those that can be claimed as nursing facility fixed assets.

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	196,500					196,500				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	4,396,206					4,396,206			109,905	109,905
2.5	Improvements SNF-CR	117,484				(117,484)	0	5.00%	1,234	(1,234)	0
2.6	Improvements REA-CR	1,843,684		84,007		(52,775)	1,874,916	5.00%		93,746	93,746
2.7	Equipment SNF-CR						0	10.00%	0		0

Skilled Nursing Facility Cost Report

LIFE CARE CENTER OF ACTON

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

2.8	Equipment REA-CR	453,015		24,952		(36,769)	441,198	10.00%		44,120	44,120
2.9	Software/Limited Life Assets SNF-CR						0	33.33%	0		0
2.10	Software/Limited Life Assets REA-CR						0	33.33%			0
200	Total Claimed Fixed Assets	7,006,889	0	108,959	0	(207,028)	6,908,820		1,234	246,537	247,771

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1969
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2023
3.3	What was the value from the most recent municipal property assessment for this facility?	4,156,900
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	70
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	34,963
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	20,319
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	130
3.10	What is the total acreage of the facility site?	8.9
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

Changes in Facility or Realty Company Ownership					
Table 4	1	2	3	4	5
Line #	Type of Ownership Change	Transaction Date	Purchased From	Purchased By	Sale Price
4.1					
4.2					
4.3					

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	2,741

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(1,796,486)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	1,234
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(525,816)
200	Net Cash from Operating Activities	(2,321,068)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	
3.2	Cash Flows from Other Investing Activities	159,496
300	Net Cash from Investing Activities	159,496

Cash Flows from Financing Activities

Table 4		1
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	
4.3	Cash Flows from Other Financing Activities	2,161,163
400	Net Cash from Financing Activities	2,161,163

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(409)
500	Cash and Cash Equivalents (End of Year)	2,332

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

SCHEDULE 9 : LICENSURE & PATIENT STATISTICS

Bed Licensure

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	08/05/2021	134			134	155
1.2	08/05/2023	134	0		134	155
1.3					0	
1.4					0	
1.5					0	
1.6	List the number of certified Medicare beds at the close of this reporting period.	155				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	3,992	437		2,996	2,182	27,950
2.2	Residential Care						
2.3	Pediatrics						
2.4	Ventilator Unit						
2.5	Head Trauma/ABI						
2.6	Amyotrophic Lateral Sclerosis (ALS)						
2.7	Multiple Sclerosis (MS)						
2.8	Other Medicaid Special Contract						
2.9	Nursing Leave of Absence (Paid)	87	6				351
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	4,079	443	0	2,996	2,182	28,301

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of-State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
	1,039	145						38,741
								0
								0
								0
								0
								0
								0
								0
								0
								444
								0
								0
								0
0	1,039	145	0	0	0	0	0	39,185

Skilled Nursing Facility Cost Report**LIFE CARE CENTER OF ACTON**

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	548
3.2	0140.1	Number of MassHealth Admissions During Year	162
3.3	0150.0	Number of Discharges During Year	549
3.4	0190.0	Average Length of Stay	71
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	235
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	109

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	429,335	9,628.7	1,472,855	37,971.1	1,539,409	61,626.1
1.2	Total Overtime Wages	43,203	704.3	391,589	3,935.1	473,093	13,136.0
1.3	Total Shift Differential	32,565		121,831		283,289	
1.4	Total Other Differentials						
100	Total	505,103	10,333.0	1,986,275	41,906.2	2,295,791	74,762.1

<i>Detail of Nursing Services Shift Differentials</i>						
Table 2		1	2	3	4	5
Line #	Description	Median Hourly Shift Differential: Weekday Evening	Median Hourly Shift Differential: Weekday Night	Median Hourly Shift Differential: Weekend Day	Median Hourly Shift Differential: Weekend Evening	Median Hourly Shift Differential: Weekend Night
2.1	Registered Nurses	4.00	4.00	5.00	7.00	7.00
2.2	Licensed Practical Nurses	4.00	4.00	5.00	7.00	7.00
2.3	Certified Nurse Aides	4.00	4.00	5.00	7.00	7.00

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

Detail of Staff and Hours by Position				
Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	1	1.2	2,506.2
3.2	Plant Operations	2	2.0	4,136.2
3.3	Dietary Staff	17	13.1	27,269.9
3.4	Dietician	1	1.0	1,986.7
3.5	Housekeeping/Laundry Staff	16	10.8	22,491.0
3.6	Unit Clerk & Medical Records Staff	3	1.9	3,919.4
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	7	2.1	4,294.4
3.9	Social Services Staff	2	1.9	3,938.1
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	16	4.8	9,896.2
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	15	4.3	9,024.4
3.14	Administration and Officers	1	1.0	2,080.0
3.15	Security Staff			
3.16	Clerical Staff	22	6.7	13,908.4
3.17	Director of Nurses	1	1.0	2,136.9
3.18	Registered Nurses	13	5.0	10,333.0
3.19	Licensed Practical Nurses	30	19.1	41,906.2
3.20	Certified Nurse Aides	71	35.9	74,762.1
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	218	111.8	234,589.1

Skilled Nursing Facility Cost Report

LIFE CARE CENTER OF ACTON

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies									
Registered Temporary Nursing Service Agencies										
4.2	Mas Medical Staffing, Corp	TJ4S			4,976.9	421,675	45.2	1,536		
4.3	Omni Healthcare Staffing INC	T6MI			473.0	32,695				
4.4	Other		149.0	12,080	2,071.8	158,605	603.0	23,786		
4.5	HANDS-ON AMERICA SERVICES,INC		1,098.5	84,170	1,200.3	82,093	5,622.5	221,014		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		1,247.5	96,250	8,722.0	695,068	6,270.7	246,336	0.0	0
400	Total Temporary Nursing Service Agency Expenses		1,247.5	96,250	8,722.0	695,068	6,270.7	246,336	0.0	0
Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)										
	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.									
Table 5	1	2	3	4	5	6	7	8		
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/ Draws	Other	TOTAL		
5.1	Hadija	Victorian	LPN Unit Nurse	Nursing	223,593			223,593		
5.2	Mukami	Williams	LPN Unit Nurse	Nursing	189,367			189,367		
5.3	Foye	Christopher	ED	Administrative & General	186,639			186,639		
5.4	Kinyanjui	Virginia	LPN Unit Nurse	Nursing	157,795			157,795		
5.5	Lafortune	Kenee	DON	Nursing	135,032			135,032		

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
 Filing Year: 2023

Date: 12/19/2024
 Time: 12:17 PM

Earnings and Compensation Disclosures									
Table 6	NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.								
Table 6C	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Dividends	Other Compensation	TOTAL
Corporation									
6C.1									0
6C.2									0
6C.3									0
									0

SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT

Mortgages and Notes Supporting Fixed Assets

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs
1.1										
100	TOTALS								0	0

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
 Filing Year: 2023

Date: 12/19/2024
 Time: 12:17 PM

11	12	13	14	15	16	17	18	19	20
Beginnin g Loan Balance: Jan 1	Beginnin g Balance - New Loans	Principal Payment s	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expense s	Total Amortiza tion, Interest and Period Expense s
					0				0
					0		0	0	0

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
 Filing Year: 2023

Date: 12/19/2024
 Time: 12:17 PM

Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginning Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1							0		
200	Total Working Capital Interest						0		0

Skilled Nursing Facility Cost Report

LIFE CARE CENTER OF ACTON

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

UPLOADS REQUIRED
(1) Footnotes and Explanations
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
(2) Ownership and Facility Information
<i>Upload Type: Excel Template</i>
List the names of all direct and indirect nursing facility owners and the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities that are owned, directly or indirectly by the facility owners that have an interest of 5% or more. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you <i>MUST</i> use the file name "Ownership and Facility Information".
(3) Related Party Debt
<i>Upload Type: Excel Template</i>
List any indebtedness (mortgages, deeds, trust instruments, notes or other financial information) between the nursing facility and any related party of the facility or the direct or indirect owners as reported on the template uploaded in accordance with Schedule 12, Section (2) Ownership and Facility Information. Example: If the owner borrowed monies from the facility, report the owner as 'Borrower'. If the nursing facility borrowed monies from the owner, list the nursing facility as 'Borrower'. Note: This information must be submitted in the format of the template provided. In order for the file to be accepted, you <i>MUST</i> use the file name "Related Party Debt".
(4) Related Party Transactions
<i>Upload Type: Excel Template</i>
Indicate any entity or person as defined as a "related party" in 101 CMR 206.00 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.) Note: This information must be submitted in the format of the template provided.
(5) Financial Statements
<i>Upload Type: Excel, PDF</i>
Providers must upload financial statements (audited, unaudited, reviewed, or compiled financial statements). As noted below, preparing financial statements is not intended to be an additional requirement for the sole purposes of complying with CHIA's reporting requirements in Section 7.03 (d) of Title 957 of the Code of Massachusetts Regulations (CMR):

Skilled Nursing Facility Cost Report

LIFE CARE CENTER OF ACTON

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

If a Provider or its parent organization is required or elects to obtain independent audited financial statements for purposes other than 957 CMR 7.00, the Provider must file a complete copy of its audited financial statements with the Center, that most closely correspond to the Provider's Nursing Facility cost report fiscal period. If the Provider or its parent organization does not obtain audited financial statements but is required or elects to obtain reviewed or compiled financial statements for purposes other than 957 CMR 7.00, the Provider must file with the Center a complete copy of its financial statements that most closely correspond to the Nursing Facility cost report fiscal period.

Please select one option from the menu, and upload applicable statements for choices A or B. These options are listed in descending order of preference:

B) Unaudited Financial Statements: Unaudited financial statements for the reporting year.

Note: If A or B is selected, providers need to upload financial statements and MUST use the file name "Financial Statements". If C is selected, an upload is not required.

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
04/17/2024 9:22AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Carolyn Ellis
04/17/2024 9:23AM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Carolyn Ellis
04/17/2024 9:25AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Carolyn Ellis
04/18/2024 2:22PM	(1) Footnotes and Explanations	Footnotes and Explanations.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	Carolyn Ellis
04/18/2024 2:22PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Carolyn Ellis

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF ACTON
Filing Year: 2023

Date: 12/19/2024
Time: 12:17 PM

SCHEDULE 13 : SUBMISSION AND ATTESTATION

Electronic signatures are required to submit this Cost Report. There are two sections that require signature: (A) Certification by Preparer (Other than Owner, Partner, or Officer) and (B) Certifications by Owner, Partner, or Officer.

Section A - Certification by Preparer (Other than Owner, Partner, or Officer)

Note: The information in the table below is sourced from Schedule 1, Table 3 of this report.

1.1	Preparer Name	Carolyn M. Ellis
1.2	Nursing Facility or Firm Name	Life Care Center of Acton
1.3	Title	Director of Reimbursement
1.4	Street Address	3570 Keith Street NW
1.5	City	Cleveland
1.6	State	TN
1.7	Zip Code	37312
1.8	Phone Number	+1 (423) 473-5768
1.9	Email Address	carolyn_ellis@lcca.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	11/14/2024

Please note this button does not submit the Cost Report for CHIA review, and is solely for your internal review purposes.
If the report needs to be unlocked by the Preparer, uncheck the attestation box on Line 1.11 and click the Save and Validate button.

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Skilled Nursing Facility Cost Report

LIFE CARE CENTER OF ACTON

Filing Year: 2023

Date: 12/19/2024

Time: 12:17 PM

Section B - Certification by Owner, Partner, or Officer

A) ACCURACY OF REPORTED COSTS: 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, and other required information. 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 federal and state laws, 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.

B) USE OF PUBLIC FUNDS: 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, I hereby certify to the best of my 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.

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	04/22/2024
2.3	Last Name	Preston
2.4	First Name	Forrest
2.5	Middle Name	L.
2.6	Title	Owner
2.7	Is this information correct?	Yes

Please note once the Submit button is clicked, this Cost Report and all attachments will be submitted to CHIA for review and finalized. This Cost Report can then only be reopened by contacting CHIA and submitting a request.

Please submit all request to Costreports.LTCF@CHIAMass.gov along with the following information:

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request