

**Skilled Nursing Facility Cost Report**  
**LOOMIS LAKESIDE AT REEDS LANDING**  
Filing Year: 2023

Date: 12/19/2024  
Time: 1:02 PM

**SCHEDULE 1 : GENERAL INFORMATION**

<b>Facility Information</b>		
<b>Table 1</b>		1
Line #	Description	
1.1	Facility Name	LOOMIS LAKESIDE AT REEDS LANDING
1.2	MassHealth Provider ID	110083016A
1.3	Federal Employer Tax ID	043314106
1.4	VPN	0950028
1.5	Is the above information correct?	Yes
1.6	Facility Number	01117
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	807 WILBRAHAM ROAD - 1ST FLOOR DIVISION OF CCRC
1.11	City	SPRINGFIELD
1.12	Zip	01109
1.13	Telephone	+1 (413) 782-1800
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 with 501c(3) exemption)
1.18	List the name of the management company as reported on the management company cost report.	LOOMIS COMMUNITIES, INC.
1.19	List the name of the entity that holds the nursing facility license.	LOOMIS LAKESIDE AT REEDS LANDING
1.20	List realty company names as reported on each realty company cost report.	NONE
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

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<b>Contact Information</b>		
<b>Table 2</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
2.1	Contact Person Name	CARLY CAVANAUGH
2.2	Nursing Facility or Firm Name	LOOMIS LAKESIDE AT REEDS LANDING
2.3	Title	CFO
2.4	Street Address	246 NORTH MAIN STREET
2.5	City	SOUTH HADLEY
2.6	State	MA
2.7	Zip Code	01075
2.8	Phone Number	+1 (413) 532-1506
2.9	Email Address	CCAUNAUGH@LOOMISCOMMUNITIES.ORG

<b>Preparer Information</b>		
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.		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
3.1	<input type="checkbox"/> 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	JANET O'NEILL
3.3	Nursing Facility or Firm Name	MAYER HOFFMAN MCCANN, P.C.
3.4	Title	SHAREHOLDER
3.5	Street Address	500 BOYLSTON STREET
3.6	City	BOSTON
3.7	State	MA
3.8	Zip Code	02116
3.9	Phone Number	+1 (617) 761-0554
3.10	Email Address	JONEILL@CBIZ.COM
3.11	Type of Accounting Service Performed	Compilation

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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						

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**SCHEDULE 2 : REVENUE**

<b>Nursing Facility Revenue</b>				
<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Payer</b>	<b>Routine Revenue</b>	<b>Ancillary Revenue</b>	<b>Total Revenue</b>
1.1	Private Pay	2,725,280		2,725,280
1.2	Commercial Managed Care	7,153		7,153
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	1,359,964	181,763	1,541,727
1.5	Medicare Managed Care (Part C)	179,338		179,338
1.6	MassHealth Fee-for-Service	1,190,964		1,190,964
1.7	MassHealth Managed Care			0
1.8	Senior Care Options			0
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
<b>100</b>	<b>Total Nursing Facility Revenue</b>	<b>5,462,699</b>	<b>181,763</b>	<b>5,644,462</b>

<b>Detail of Ancillary Revenue</b>			
<b>Table 2</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Type</b>	<b>Ancillary Revenue</b>
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		
<b>200</b>	<b>Total Ancillary Revenue</b>		

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<b>Other Nursing Facility Revenue</b>		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Revenue</b>
3.1	Total Other Business Revenue	6,736,161
3.2	Endowment and Other Non-Recoverable Revenue	687,843
3.3	Laundry Revenue	10,118
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	
3.7	Interest Income	10,613
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	68,279
3.12	Fixed Cost Recoverable Revenue	
<b>300</b>	<b>Total Other Nursing Facility Revenue</b>	<b>7,513,014</b>

<b>Detail of Endowment and Non-Recoverable Revenue</b>			
<b>Table 4</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Type</b>	<b>Revenue</b>
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	REALIZED GAIN	107,243
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	UNREALIZED GAIN	348,283
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	INTEREST AND DIVIDENDS	121,223
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		111,094
<b>400</b>	<b>Total Endowment and Non-Recoverable Revenue</b>		<b>687,843</b>

<b>Total Revenue</b>		
<b>Table 5</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Total</b>
<b>500</b>	<b>Total Revenue</b>	<b>13,157,476</b>

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**SCHEDULE 3 : EXPENSES**

**Nursing Expenses**

<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
1.1	Director of Nurses: Salaries	135,091		135,091
1.2	Director of Nurses: Employee Benefits	5,013		5,013
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	12,508		12,508
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
<b>1.100</b>	<b>Subtotal: Director of Nurses Expenses</b>	<b>152,612</b>		<b>152,612</b>
1.7	Registered Nurses: Salaries	411,626		411,626
1.8	Registered Nurses: Employee Benefits	30,827		30,827
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	38,175		38,175
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	30,724	0	30,724
<b>1.200</b>	<b>Subtotal: Registered Nurses Expenses</b>	<b>511,352</b>		<b>511,352</b>
1.12	Licensed Practical Nurses: Salaries	555,380		555,380
1.13	Licensed Practical Nurses: Employee Benefits	40,574		40,574
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	51,021		51,021
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	65,720	541	65,179
<b>1.300</b>	<b>Subtotal: Licensed Practical Nurses Expenses</b>	<b>712,695</b>		<b>712,154</b>
1.17	Certified Nurse Aides: Salaries	693,011		693,011
1.18	Certified Nurse Aides: Employee Benefits	77,080		77,080
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	63,459		63,459
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	103,175	12,863	90,312
<b>1.400</b>	<b>Subtotal: Certified Nurse Aides Expenses</b>	<b>936,725</b>		<b>923,862</b>

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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
<b>1.500</b>	<b>Subtotal: Other Nursing Expenses</b>	<b>0</b>		<b>0</b>
<b>1.600</b>	<b>Subtotal: Total Nursing Expenses Before Recoverable Income</b>	<b>2,313,384</b>		<b>2,299,980</b>

**Less: Nursing Recoverable Income**

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
<b>1.700</b>	<b>Subtotal: Nursing &amp; Director of Nursing Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>100</b>	<b>Total: Net Nursing Expenses Including Recoverable Income</b>	<b>2,313,384</b>		<b>2,299,980</b>

**Administrative and General Expenses**

<b>Table 2</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
2.1	Administration: Salaries	38,692		38,692
2.2	Administration: Employee Benefits	3,777		3,777
2.3	Administration: Payroll Taxes incl Workers Comp.	3,294		3,294
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)		156,490	156,490
<b>2.100</b>	<b>Subtotal: Administration &amp; Officers Expenses</b>	<b>45,763</b>		<b>202,253</b>
2.7	Clerical Staff: Salaries	9,789		9,789
2.8	Clerical Staff: Employee Benefits	3,985		3,985
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	3,256		3,256
2.10	Clerical Staff: Purchased Service			0
<b>2.200</b>	<b>Subtotal: Clerical Staff Expenses</b>	<b>17,030</b>		<b>17,030</b>
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	6,969		6,969
2.13	Telecommunications (e.g. Internet, Phone)			0

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	1,378		1,378
2.16	Advertising: Help Wanted	2,429		2,429
2.17	Licenses and Dues: Patient Care Related Portion	12,671		12,671
2.18	Continuing Professional Education / Training and Development	4,340		4,340
2.19	Accounting Services (Not related to appeals)	13,215		13,215
2.20	Insurance: Malpractice & General Liability	25,479		25,479
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	27,037		27,037
2.23	Non-Allowable A & G Expenses	285,190	285,190	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)			0
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		156,490	156,490
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		2,606	2,606
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
<b>2.300</b>	<b>Subtotal: Other Administrative and General Expenses</b>	<b>378,708</b>		<b>252,614</b>
<b>2.400</b>	<b>Subtotal: Total Administrative and General Expenses Before Recoverable Income</b>	<b>441,501</b>		<b>471,897</b>
<b>Less: Administrative &amp; General Recoverable Income</b>				
2.29	A & G Recoverable Income		0	0
<b>2.500</b>	<b>Subtotal: Administrative &amp; General Recoverable Income</b>	<b>0</b>		
<b>200</b>	<b>Total: Net Administrative &amp; General Expenses After Recoverable Income</b>	<b>441,501</b>		<b>471,897</b>



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<i>Detail of Other A&amp;G Expenses</i>		
Table 2A	1	2
Line #	Description	Amount
2A.1	SOFTWARE LICENSES	14,306
2A.2	EXCISE TAXES	2,694
2A.3	INVESTMENT FEES	2,337
2A.4	CONSULTANT	3,443
2A.5	GENERAL INSURANCE	1,308
2A.6	DONATIONS	426
2A.7	OUTSIDE LABOR	499
2A.8	FILING FEES	217
2A.9	SUBSCRIPTIONS	180
2A.10	ENTERTAINMENT	1,627
<b>2A.100</b>	<b>Subtotal: Other A&amp;G Expenses</b>	<b>27,037</b>

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<b>Detail of Non-Allowable A &amp; G Expenses</b>		
<b>Table 2B</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>
2B.1	Advertising: Marketing	
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	
2B.6	Legal: Other	1,658
2B.7	Key Person Insurance	
2B.8	Management Company Fees	222,994
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	60,538
2B.15	User Fee Assessment	
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
<b>2B.100</b>	<b>Total Non-Allowable A&amp;G Expenses</b>	<b>285,190</b>

<b>Variable Expenses</b>				
<b>Table 3</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
3.1	Staff Development Coordinator: Salaries			0
3.2	Staff Dev. Coord.: Employee Benefits			0
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.			0
3.4	Staff Dev. Coord.: Purchased Service			0
<b>3.100</b>	<b>Subtotal: Staff Development Coordinator Expenses</b>	<b>0</b>		<b>0</b>
3.5	Plant Operation: Salaries	23,269		23,269
3.6	Plant Operation: Employee Benefits	3,100		3,100
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	2,087		2,087

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3.8	Plant Operation: Purchased Service	55,853		55,853
3.9	Plant Operation: Supplies and Expenses	12,713		12,713
3.10	Plant Operation: Utilities	95,631		95,631
3.11	Plant Operation: Repairs	848		848
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
<b>3.200</b>	<b>Subtotal: Plant Operation Expenses</b>	<b>193,501</b>		<b>193,501</b>
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
<b>3.300</b>	<b>Subtotal: Dietician Expenses</b>	<b>0</b>		<b>0</b>
3.18	Dietary: Salaries	412,681		412,681
3.19	Dietary: Employee Benefits	21,137		21,137
3.20	Dietary: Payroll Taxes incl Workers Comp.	38,440		38,440
3.21	Dietary: Food	243,881		243,881
3.22	Dietary: Purchased Service	91,377		91,377
3.23	Dietary: Supplies and Expenses	40,131		40,131
<b>3.400</b>	<b>Subtotal: Dietary Expenses</b>	<b>847,647</b>		<b>847,647</b>
3.24	Housekeeping/Laundry: Salaries	41,766		41,766
3.25	Housekeeping/Laundry: Employee Benefits	4,866		4,866
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	3,831		3,831
3.27	Housekeeping/Laundry: Purchased Service	9,096		9,096
3.28	Housekeeping/Laundry: Supplies and Expenses	4,610		4,610
3.29	Housekeeping/Laundry: Linen and Bedding	308		308
3.30	Housekeeping/Laundry: Special Cleaning			0
<b>3.500</b>	<b>Subtotal: Housekeeping/Laundry Expenses</b>	<b>64,477</b>		<b>64,477</b>
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
<b>3.600</b>	<b>Subtotal: QA Professional Expenses</b>	<b>0</b>		<b>0</b>
3.36	Unit Clerk & Medical Records: Salaries	38,117		38,117

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3.37	Unit Clerk & Medical Records: Employee Benefits	5,748		5,748
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	3,536		3,536
3.39	Unit Clerk & Medical Records: Purchased Service	114,634		114,634
<b>3.700</b>	<b>Subtotal: Unit Clerk and Medical Record Expenses</b>	<b>162,035</b>		<b>162,035</b>
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	96,040		96,040
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	19,737		19,737
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	8,192		8,192
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
<b>3.800</b>	<b>Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses</b>	<b>123,969</b>		<b>123,969</b>
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
<b>3.900</b>	<b>Subtotal: Behavioral Health Specialist Expenses</b>	<b>0</b>		<b>0</b>
3.48	Social Service Worker: Salaries	76,160		76,160
3.49	Social Service Worker: Employee Benefits			0
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	7,189		7,189
3.51	Social Service Worker: Purchased Service	3,600		3,600
<b>3.1000</b>	<b>Subtotal: Social Service Worker Expenses</b>	<b>86,949</b>		<b>86,949</b>
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
<b>3.1100</b>	<b>Subtotal: Interpreters Expenses</b>	<b>0</b>		<b>0</b>
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		0	0

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3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	375,970	375,970	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
<b>3.1200</b>	<b>Subtotal: Restorative Therapy Expenses</b>	<b>375,970</b>		<b>0</b>
3.64	Recreational Therapy/Activities: Salaries	189,081		189,081
3.65	Recreational Therapy/Activities: Employee Benefits	21,993		21,993
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	11,534		11,534
3.67	Recreational Therapy/Activities: Purchased Service	4,320		4,320
3.68	Recreational Therapy/Activities: Supplies and Expenses	7,253		7,253
3.69	Recreational Therapy/Activities: Transportation		0	0
<b>3.1300</b>	<b>Subtotal: Recreational Therapy/Activities Expenses</b>	<b>234,181</b>		<b>234,181</b>
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
<b>3.1400</b>	<b>Subtotal: Resident Care Assistant Expenses</b>	<b>0</b>		<b>0</b>
3.74	Security: Salaries	93,801		93,801
3.75	Security: Employee Benefits	11,461		11,461
3.76	Security: Payroll Taxes including Workers Comp.	8,513		8,513
3.77	Security: Purchased Service			0
<b>3.1500</b>	<b>Subtotal: Security Expenses</b>	<b>113,775</b>		<b>113,775</b>
3.78	Travel: Motor Vehicle Expense	30,674		30,674
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	19,840		19,840
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	1,400		1,400
3.87	Legend Drugs	107,549	107,549	0
3.88	Personal Protective Equipment			0

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3.89	House Supplies Not Resold	119,380		119,380
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	26,825	26,825	0
3.92	Pharmacy Consultant	5,688		5,688
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
<b>3.1600</b>	<b>Subtotal: Other Variable Expenses</b>	<b>311,356</b>		<b>176,982</b>
<b>3.1700</b>	<b>Subtotal: Total Variable Expenses Before Recoverable Income</b>	<b>2,513,860</b>		<b>2,003,516</b>
<b>Less: Variable Recoverable Income</b>				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		10,118	10,118
3.98	Other Variable Recoverable Income		68,279	68,279
<b>3.1800</b>	<b>Subtotal: Variable Recoverable Income</b>	<b>0</b>		<b>78,397</b>
<b>300</b>	<b>Total: Net Variable Expenses Including Recoverable Income</b>	<b>2,513,860</b>		<b>1,925,119</b>

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<b>Capital &amp; Fixed Cost Expenses</b>				
<b>Table 4</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
4.1	Depreciation Expense	1,345,586	1,218,708	126,878
4.2	Long-Term Interest Expense SNF-CR	6,810		6,810
4.3	Long-Term Interest Expense REA-CR			0
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	11,269		11,269
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR			0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR			0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR		0	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
<b>4.100</b>	<b>Subtotal: Total Capital &amp; Fixed Cost Expenses Before Recoverable Income</b>	<b>1,363,665</b>		<b>144,957</b>
<b>Less: Capital &amp; Fixed Cost Expense Recoverable Income</b>				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
<b>4.200</b>	<b>Subtotal: Capital &amp; Fixed Cost Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>400</b>	<b>Total: Net Capital &amp; Fixed Cost Expenses Including Recoverable Income</b>	<b>1,363,665</b>		<b>144,957</b>

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<i>Total Combined Expenses Before Recoverable Income</i>				
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	6,632,410		4,920,350
<i>Total Combined Expenses Net of Recoverable Income</i>				
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	6,632,410		4,841,953



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**SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES**

<b>Other Business Activities</b>		
<b>Table 1</b>		<b>1</b>
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	Yes
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 NON-NURSING FACILITY EXPENSES

<b>Other Business Revenue</b>			
<b>Table 2</b>			<b>1</b>
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	6,736,161
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	
<b>200</b>	<b>3026.0</b>	<b>TOTAL OTHER BUSINESS REVENUE</b>	<b>6,736,161</b>

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<b>Other Business Expenses</b>					
<b>Table 3</b>			<b>1</b>	<b>2</b>	<b>3</b>
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	1,029,098	1,029,098	
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	5,613,587	5,613,587	
<b>300</b>	<b>8070.0</b>	<b>TOTAL OTHER BUSINESS EXPENSES</b>	<b>6,642,685</b>	<b>6,642,685</b>	

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**SCHEDULE 5 : STATEMENT OF OPERATIONS AND RECONCILIATION OF FINANCIAL TO COST REPORTED NET INCOME**

**Financial Statement of Operations**

<b>Table 1</b>		
<b>Table 1B</b>		
<b>Not-For-Profit</b>		
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
1B.1	Net Patient Service Revenue	12,380,623
1B.2	Other Revenue	113,077
1B.3	Net Assets Released from Restriction	
<b>1B.100</b>	<b>Total Operating Revenue</b>	<b>12,493,700</b>
1B.4	Salaries and Wages	5,189,860
1B.5	Employee Benefits	786,723
1B.6	Supplies and Other (including Payroll Taxes)	5,885,575
1B.7	Interest Expense	6,810
1B.8	Provision for Bad Debt	60,538
1B.9	Depreciation and Amortization Expenses	1,345,589
<b>1B.200</b>	<b>Total Operating Expenses</b>	<b>13,275,095</b>
<b>1B.300</b>	<b>Income(Loss) from Operations</b>	<b>(781,395)</b>
	<b>Non-Operating Income and Expenses</b>	
1B.10	Interest Income	10,613
1B.11	Investment Income	477,749
1B.12	Realized Gain(Loss) from Investments	99,000
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1B.14	Other Non-Operating Income(Expense)	76,414
	<b>Other Changes in Net Assets Without Donor Restrictions</b>	
1B.15	Contributions, Gifts, and Other	
1B.16	Extraordinary Items	0
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	
1B.20	Other Changes in Net Assets Without Donor Restrictions	
<b>1B.400</b>	<b>Financial Statement Excess (Deficiency) of Revenues over Expenses</b>	<b>(117,619)</b>

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

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

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	13,157,476
2.2	Total Nursing Expenses (Schedule 3)	2,313,384
2.3	Total Administrative and General Expenses (Schedule 3)	441,501
2.4	Total Variable Expenses (Schedule 3)	2,513,860
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,363,665
2.6	Total Other Business Expenses (Schedule 4)	6,642,685
<b>2.100</b>	<b>Subtotal: Total Facility Expenses</b>	<b>13,275,095</b>
<b>200</b>	<b>Cost Reported Net Income(Loss)</b>	<b>(117,619)</b>

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)		(117,619)
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)		(117,619)

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

<b>Current Assets</b>		
<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
1.1	Cash and Cash Equivalents	346,736
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	1,290,665
1.6	Less Reserve for Bad Debt	(174,005)
<b>1.100</b>	<b>Subtotal: Net Patient Accounts Receivable</b>	<b>1,116,660</b>
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	305,407
1.12	Prepaid Interest	
1.13	Prepaid Insurance	73,487
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	100,712
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	25,333
<b>100</b>	<b>Total Current Assets</b>	<b>1,968,335</b>

<b>Detail of Other Current Assets</b>		
<b>Table 1A</b>	<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
1A.1	INVENTORY - FOOD	24,094
1A.2	INVENTORY - STORE	1,239
<b>1A.100</b>	<b>Subtotal: Other Current Assets</b>	<b>25,333</b>

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<b>Non-Current Fixed Assets</b>		
<b>Table 2</b>		<b>1</b>
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	12,259,953
2.3	Improvements	4,095,127
2.4	Equipment	322,780
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
<b>200</b>	<b>Total Non-Current Fixed Assets</b>	<b>16,677,860</b>

<b>Other Non-Current Assets</b>		
<b>Table 3</b>		<b>1</b>
Line #	Description	Account Balance
3.1	Long-Term Investments	4,662,482
3.2	Non-Current Assets Whose Use is Limited	637,782
3.3	Other Deferred Charges and Non-Current Assets	1,409,206
3.4	Construction in Progress	196,141
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
<b>3.100</b>	<b>Net Mortgage Acquisition Costs</b>	<b>0</b>
<b>300</b>	<b>Total Non-Current Assets</b>	<b>6,905,611</b>

<b>Detail of Other Deferred Charges and Non-Current Assets</b>		
<b>Table 3A</b>	<b>1</b>	<b>2</b>
Line #	Description	Account Balance
3A.1	RIGHT OF USE ASSET	1,409,206
<b>3A.100</b>	<b>Subtotal: Other Deferred Charges and Non-Current Assets</b>	<b>1,409,206</b>

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<b>Total Assets</b>		
<b>Table 4</b>		<b>1</b>
Line #	Description	Account Balance
<b>400</b>	<b>Total Assets</b>	25,551,806

<b>Current Liabilities</b>		
<b>Table 5</b>		<b>1</b>
Line #	Description	Account Balance
5.1	Trade Payables	575,697
5.2	Accrued Expenses	417,160
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	7,509,220
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	298,992
5.7	Accrued Salaries and Payroll Liabilities	432,992
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	2,583,746
<b>500</b>	<b>Total Current Liabilities</b>	11,817,807

<b>Detail of Other Current Liabilities</b>		
<b>Table 5A</b>	<b>1</b>	<b>2</b>
Line #	Description	Account Balance
5A.1	MEALS TAX PAYABLE	110
5A.2	SALES TAX PAYABLE	13
5A.3	USER FEE PAYABLE	21,984
5A.4	CURRENT PORTION OF REFUNDABLE ENTRANCE FEES	2,558,523
5A.5	SECURITY DEPOSITS	3,116
<b>5A.100</b>	<b>Subtotal: Other Current Liabilities</b>	2,583,746



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<b>Non-Current Liabilities</b>		
<b>Table 6</b>		<b>1</b>
Line #	Description	Account Balance
6.1	Mortgages Payable	1,174,078
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	16,676,990
<b>600</b>	<b>Total Non-Current Liabilities</b>	<b>17,851,068</b>

<b>Total Liabilities</b>		
<b>Table 7</b>		<b>1</b>
Line #	Description	Account Balance
<b>700</b>	<b>Total Liabilities</b>	<b>29,668,875</b>

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

<b>Table 8</b>				
<b>Table 8A</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Not-for-Profits</b>				
Line #	Description	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
8A.1	Net Assets Balance: Prior Year	(4,106,968)	107,518	(3,999,450)
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(117,619)		(117,619)
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other	(18,231)	18,231	0
<b>8A.100</b>	<b>Net Assets Balance: Current Year</b>	<b>(4,242,818)</b>	<b>125,749</b>	<b>(4,117,069)</b>

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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)	25,551,806

**SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION**

<b>Financial Statement Fixed Assets</b>									
<b>Table 1</b>		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 Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building	18,987,829			18,987,829	(6,247,314)	(480,562)	(6,727,876)	12,259,953
1.3	Improvements	9,905,330	746,771		10,652,101	(5,772,185)	(784,789)	(6,556,974)	4,095,127
1.4	Equipment	1,621,838	31,130		1,652,968	(1,249,953)	(80,235)	(1,330,188)	322,780
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles	167,822			167,822	(167,822)		(167,822)	0
<b>100</b>	<b>Total</b>	<b>30,682,819</b>	<b>777,901</b>	<b>0</b>	<b>31,460,720</b>	<b>(13,437,274)</b>	<b>(1,345,586)</b>	<b>(14,782,860)</b>	<b>16,677,860</b>

**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.

<b>Table 2</b>		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						0				
2.3	Building SNF-CR	2,251,459					2,251,459		480,562	(435,248)	45,314
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR	6,952,934		746,771			7,699,705	5.00%	784,789	(710,790)	73,999
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	843,115		31,130			874,245	10.00%	80,235	(72,670)	7,565

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2.8	Equipment REA-CR					0	10.00%			0
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
<b>200</b>	<b>Total Claimed Fixed Assets</b>	<b>10,047,508</b>	<b>0</b>	<b>777,901</b>	<b>0</b>	<b>0</b>	<b>10,825,409</b>	<b>1,345,586</b>	<b>(1,218,708)</b>	<b>126,878</b>

**General Fixed Cost Information**

<b>Table 3</b>		<b>1</b>
Line #	Description	
3.1	What is the original year the facility was built?	1995
3.2	What was the date of the most recent assessed property value of this facility?	07/02/2019
3.3	What was the value from the most recent municipal property assessment for this facility?	25,300,000
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?	42
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	12,000
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	12,000
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	10,684
3.10	What is the total acreage of the facility site?	23.2
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					

**SCHEDULE 8 : STATEMENT OF CASH FLOWS**

**Beginning Cash and Cash Equivalents Balance**

<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
1.1	Cash and Cash Equivalents (Beginning of Year)	1,012,712

**Cash Flows from Operating Activities**

<b>Table 2</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
2.1	Change in Net Assets (Net Income)	117,619
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	1,677,974
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(1,345,586)
<b>200</b>	<b>Net Cash from Operating Activities</b>	<b>450,007</b>

**Cash Flows from Investing Activities**

<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
3.1	Capital Expenditures	(777,901)
3.2	Cash Flows from Other Investing Activities	
<b>300</b>	<b>Net Cash from Investing Activities</b>	<b>(777,901)</b>

**Cash Flows from Financing Activities**

<b>Table 4</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
4.1	Proceeds from Issuance of Long-Term Debt	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	(338,082)
4.3	Cash Flows from Other Financing Activities	
<b>400</b>	<b>Net Cash from Financing Activities</b>	<b>(338,082)</b>

**Net Increase (Decrease) in Cash and Cash Equivalents**

<b>Table 5</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(665,976)
<b>500</b>	<b>Cash and Cash Equivalents (End of Year)</b>	<b>346,736</b>

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**SCHEDULE 9 : LICENSURE & PATIENT STATISTICS**

**Bed Licensure**

<b>Table 1</b>	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	08/18/2021	42			42	42
1.2	08/18/2023	42	0		42	42
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.	42				
1.7	Is above listed bed licensure information correct?	Yes				

**Patient Statistics - Days**

<b>Table 2</b>		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	6,276	62		2,052	533	4,897
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)						
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
<b>200</b>	<b>Total</b>	<b>6,276</b>	<b>62</b>	<b>0</b>	<b>2,052</b>	<b>533</b>	<b>4,897</b>

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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
								13,820
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
0	0	0	0	0	0	0	0	13,820



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<b>Patient Statistics - Summary</b>			
<b>Table 3</b>			<b>1</b>
<b>Line #</b>	<b>Account</b>	<b>Description</b>	<b>Reported</b>
3.1	0140.0	Number of Admissions During Year	155
3.2	0140.1	Number of MassHealth Admissions During Year	1
3.3	0150.0	Number of Discharges During Year	158
3.4	0190.0	Average Length of Stay	237
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	153
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	43

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**SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES**

<i>Detail of Staff Nursing Services Wages and Hours</i>							
<b>Table 1</b>		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	425,518	9,187.8	550,200	13,210.7	691,453	31,586.9
1.2	Total Overtime Wages	19,780	318.0	22,556	400.5	19,971	677.5
1.3	Total Shift Differential	3,906		9,860		26,182	
1.4	Total Other Differentials						
<b>100</b>	<b>Total</b>	<b>449,204</b>	<b>9,505.8</b>	<b>582,616</b>	<b>13,611.2</b>	<b>737,606</b>	<b>32,264.4</b>

<i>Detail of Nursing Services Shift Differentials</i>						
<b>Table 2</b>		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	1.00	1.00	2.00	1.00	3.00
2.2	Licensed Practical Nurses	1.00	1.00	2.00	1.00	3.00
2.3	Certified Nurse Aides	1.00	1.00	2.00	1.00	3.00

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<b>Detail of Staff and Hours by Position</b>				
<b>Table 3</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Number of Staff</b>	<b>Total Full Time Equivalents</b>	<b>Total Hours</b>
3.1	Staff Development			
3.2	Plant Operations	8	4.2	8,208.3
3.3	Dietary Staff	85	33.4	65,053.4
3.4	Dietician			
3.5	Housekeeping/Laundry Staff	14	13.5	26,285.3
3.6	Unit Clerk & Medical Records Staff	3	0.9	1,779.5
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	1	1.0	2,080.0
3.9	Social Services Staff	8	2.7	5,393.5
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff			
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	4	3.2	6,182.8
3.14	Administration and Officers	1	1.1	2,120.0
3.15	Security Staff	6	2.5	4,928.4
3.16	Clerical Staff	2	1.0	2,025.3
3.17	Director of Nurses	1	1.0	2,088.0
3.18	Registered Nurses	9	4.7	9,505.8
3.19	Licensed Practical Nurses	16	6.8	13,611.2
3.20	Certified Nurse Aides	32	16.2	32,264.4
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			
<b>300</b>	<b>Total</b>	<b>190</b>	<b>92.2</b>	<b>181,525.9</b>

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<i>Detail of Purchased Nursing Services</i>										
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
<b>Unregistered Temporary Nursing Service Agencies</b>										
4.1	<b>Total Unregistered Temporary Nursing Service Agencies</b>				8.0	541	336.8	12,863		
<b>Registered Temporary Nursing Service Agencies</b>										
4.2	All American Healthcare Services, Inc.	TOIY	21.0	1,234	359.3	23,112	1,065.5	36,188		
4.3	Allegiance Nursing LLC	TOJ9			45.0	2,905	160.5	5,129		
4.4	Excel Nursing Services, Inc.	TG6V	22.5	1,750	24.3	1,499	378.5	14,250		
4.5	First Choice Staffing Services, LLC	T6U0					7.8	268		
4.6	General Healthcare Resources, LLC	TQFN			18.0	957				
4.7	Intelycare, Inc.	TM7F	228.7	17,243	420.0	28,690	837.7	29,888		
4.8	MAS Medical Staffing (Springfield)	TTE4			15.4	1,037	108.0	3,581		
4.9	Norton and Associates Inc	TOWP	21.5	1,615						
4.10	Staffing Experts, LLC (1)	TAMP	118.3	8,882	101.5	6,497	7.3	258		
4.11	WW Staffing LLC	TR7R			7.5	482	21.3	750		
4.200	<b>Subtotal: Registered Temporary Nursing Service Agencies</b>		<b>412.0</b>	<b>30,724</b>	<b>991.0</b>	<b>65,179</b>	<b>2,586.6</b>	<b>90,312</b>	<b>0.0</b>	<b>0</b>
<b>400</b>	<b>Total Temporary Nursing Service Agency Expenses</b>		<b>412.0</b>	<b>30,724</b>	<b>999.0</b>	<b>65,720</b>	<b>2,923.4</b>	<b>103,175</b>	<b>0.0</b>	<b>0</b>

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<b>Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)</b>								
	<b>NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.</b>							
<b>Table 5</b>	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	TODD	LORI	ADMINISTRATOR	Administrative & General	178,547			<b>178,547</b>
5.2	WILLETS	LYNDA	DIRECTOR OF NURSING	Nursing	133,875			<b>133,875</b>
5.3	GEORGE	CHRISTINE	NURSING SUPERVISOR	Nursing	111,837			<b>111,837</b>
5.4	RYGIEL	NANCY	ASSISTANT DIRECTOR OF NURSING	Nursing	102,898			<b>102,898</b>
5.5	LAPOINTE	BRIAN	FACILITIES DIRECTOR	Plant & Operations	95,837			<b>95,837</b>

<b>Earnings and Compensation Disclosures</b>									
<b>Table 6</b>	<b>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.</b>								
<b>Table 6C</b>	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
<b>Corporation</b>									
6C.1	TODD	LORI	ADMINISTRATOR	Administrative & General	2,080	178,547			<b>178,547</b>
6C.2									<b>0</b>
6C.3									<b>0</b>
									<b>178,547</b>

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**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	1st Mortgage	PEOPLES	No	08/17/2009	08/17/2029	240	23,498	3,500,000		
1.2	2nd Mortgage	BAY STATE HEALTH FNC	No	08/17/2009	07/17/2024	180	10,694	1,008,239		
<b>100</b>	<b>TOTALS</b>								0	0

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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
802,913		338,082			464,831		5,380		5,380
1,008,239					1,008,239		1,430		1,430
					1,473,070		6,810	0	6,810

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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	VARIOUS RELATED PARTY	Yes	7,552,847		01/01/2020	43,627	7,509,220		
200	Total Working Capital Interest						7,509,220		0



**SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES**

UPLOADS REQUIRED
<b>(1) Footnotes and Explanations</b>
<i>Upload Type: Excel, Word, or PDF</i>
This section is used to provide detail to any of the information included in this report.
<b>(2) Ownership and Facility Information</b>
<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. <b>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".</b>
<b>(3) Related Party Debt</b>
<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'. <b>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".</b>
<b>(4) Related Party Transactions</b>
<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.) <b>Note: This information must be submitted in the format of the template provided.</b>
<b>(5) Financial Statements</b>
<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):

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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:

A) Financial Statements: Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA).

**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
04/30/2024 6:37PM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Sherilyn Friedman
04/30/2024 6:39PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Sherilyn Friedman
04/30/2024 6:39PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Sherilyn Friedman
05/01/2024 10:57AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Sherilyn Friedman
05/01/2024 12:18PM	(1) Footnotes and Explanations	Footnotes and Explanations.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	Sherilyn Friedman

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**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	JANET O'NEILL
1.2	Nursing Facility or Firm Name	MAYER HOFFMAN MCCANN, P.C.
1.3	Title	SHAREHOLDER
1.4	Street Address	500 BOYLSTON STREET
1.5	City	BOSTON
1.6	State	MA
1.7	Zip Code	02116
1.8	Phone Number	+1 (617) 761-0554
1.9	Email Address	JONEILL@CBIZ.COM
1.10	Is this information correct?	Yes
1.11	<b>[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.</b>	
1.12	Date of Authorization:	10/24/2024

*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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**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	<b>[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.</b>	
2.2	Date of Authorization	05/01/2024
2.3	Last Name	Cavanaugh
2.4	First Name	Carly
2.5	Middle Name	T.
2.6	Title	Controller
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](mailto: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*