

Rest Home Cost Report User Guide

The HCF-4 serves the dual purpose of being a report to the Center that accurately reflects the complete financial condition of the facility, and at the same time, a claim for reimbursement. To accomplish the latter, columns numbered 2 and 3, labeled "Self-Disallowed Expenses" and "Automatically Disallowed Expenses" on the Statement of Profit and Loss have been provided to report non-allowable expenses and additional costs allocated to the facility by the management and/or realty companies. Additionally, column 2, "Self-Disallowed Expenses", is to be used for reporting specific costs that are NOT "ordinary and necessary" from a generally-accepted accounting or IRS standpoint, and which are not directly related to the care of publicly-aided residents; thus not reimbursable under current regulations. It is expected that the preparers and signatories of this cost report have a strong understanding of the regulations that govern cost reporting and reimbursement (101 CMR 204.00).

Cell Key	
Blue	Input by Data Submitter
Orange	Computation
Yellow	Derived from another Tab
Dotted Blue	From Cell on this Tab
Red	Non-Allowable Expense
Red Border Blue	Accepts Negative values

Tips For Completing the Cost Report

Cost Report Due Date: **8/21/2023**

Use whole dollar amounts.

For accounts or fields with no amounts or entry, leave blank.

For assistance with completing this form, email the LTCF Help Desk at: Costreports.LTCF@Chiamass.gov

Cost Report Instructions

Detailed instructions for each line in the cost report is located at :

[Information for Data Submitters: Resident Care Facility Cost Reports](#)

- * Preparer is to refer to the instruction guide for properly completing this line.
- ** Preparer is required to provide details in the Footnotes schedule of this cost report.

Cost Report Schedule and Table Index

General Information	Facility Information	Table 1
	Other Business Activities	Table 1A
	Bed License Information	Table 1B
	Contact Information	Table 2
	Preparer Information	Table 3
Disclosures	Direct and Indirect Owners	Table 1
	Other Owned Facilities	Table 2
	Indebtedness	Table 3
	Related Party Transactions	Table 4
	Sole Proprietor, Partnership, Corporate Information	Table 5
	Five Highest Paid Salaries	Table 6
Balance Sheet	Current Assets	Table 1
	Fixed Assets	Table 2
	Deferred Charges and Other Assets	Table 3
	Current Liabilities	Table 4
	Long-Term Liabilities	Table 5
	Net Worth	Table 6
	Balance Sheet Check	Table 7
Profit Loss	Gross Income	Table 1
	Detail of Ancillary Services Expenses	Table 1A
	Expenses	Table 2
	Detail of Clerical Salaries	Table 2A
	Detail of Other Accounting Expenses	Table 2B
	Detail of Other Operating Expenses	Table 2C
	Detail of Other Rent Expenses	Table 2D
	Detail of Other Medical Services Expenses	Table 2E
	Reconciliation of Reported Operating Expenses to Allowable Operating Expenses	Table 3
	Reconciliation of Cost Reported Net Income to Financial Statement (Book) Net Income	Table 4
Resident Days	Resident Days January 1 - March 31	Table 1
	Resident Days April 1 - June 30	Table 2
	Resident Days July 1- September 30	Table 3
	Resident Days October 1 - December 31	Table 4
	Annual Resident Day January 1 - December 31	Table 5
	Additional Patient Day Information	Table 6
Claimed Fixed Assets	Claimed Fixed Asset Expenses	Table 1
	Other Claimed Fixed Asset Expenses	Table 2
	Total Claimed Fixed Asset Expenses	Table 3
	General Fixed Costs Information	Table 4
	Changes in Facility or Realty Company Ownership	Table 5
	New Facilities, Major Additions and Substantial Capital Expenditures	Table 6
	Determination of Need Project Details	Table 7
Mortgages & Notes	Mortgages and Notes Supporting Fixed Assets	Table 1
	Working Capital Debt	Table 2
Wages & Benefits	Detail of Staff, Hours, Salary, and Benefits by Position	Table 1
Footnotes	Footnotes and Explanations	Table 1
Certification	Certification by Preparer	Table 1
	Certification by Owner, Partner, or Officer	Table 2
HCF-3 RH - Management Company	Preparer to Complete Paper Version	NA
HCF-2 RH - Realty Company	Part I - Facility Specific Realty Company Information and Disclosures	Part I
	Part II - Condensed Facility Specific Realty Company Financial Information	Part II
	Part III - Facility Specific Realty Company Claimed Fixed Asset Expenses	Part III
	Part IV - Facility Specific Realty Company Mortgages & Notes Payable	Part IV

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : GENERAL INFORMATION

Please check one:

☐	New Facility Requesting a Rate	Refer to 101 CMR 204.00 for what type of cost data must be submitted.
☐	Private Facility Requesting a Public Rate	
☒	Annual Report	
☐	Report of Major Addition or Substantial Capital Expenditure	

Facility Information

Table 1		1
Line #	Description	
1.1	VPN	550-1547
1.2	Provider ID/MMIS ID	110062889 A
1.3	Balance Sheet Date (MM/DD/YYYY)	12/31/2022
1.4	Name of Facility	Lathrop Home
1.5	Street Address	215 South St.
1.6	City	Northampton
1.7	Zip	01060
1.8	Telephone	413-584-2865
1.9	Federal Employer Identification Number	042 104 372
1.10	Responsible Person's Name	Tracy Carroll
1.11	Responsible Person's Email	tracy@lathrophome.org
1.12	Responsible Person's Affiliation (Select from Dropdown Menu)	Officer
1.13	List Name of Person to Receive Rate Notifications	Tracy Carroll
1.14	List Email of Person to Receive Rate Notifications	tracy@lathrophome.org
1.15	Status (Select Profit/Non-Profit from Dropdown Menu)	Non-Profit
1.16	Legal Status (Select from Dropdown Menu)	8. Other Non-Profit
1.17	Does this facility have other business activities? If Yes, Explain in Table 1A.	No
1.18	Enter the number of Level IV licensed geriatric beds.	39
1.19	Enter the facility's constructed bed capacity.	42
1.20	Has there been a change in licensed beds during the year? If yes, complete Bed License Information Table 1B in the adjacent table.	no
1.21	Date of purchase by current owner (MM/DD/YYYY)	10/17/1884
1.22	Has the facility had a change in long-term financing during this cost report year?	No
1.23	Is the facility managed by a management company?	No
1.24	If line 1.23 is Yes, list the COMB# of the management company as reported on the management company cost report.	N/A
1.25	If line 1.23 is Yes, list the name of the management company as reported on the management company cost report.	N/A
1.26	Are you completing the HCF-2 RH (Realty Company Report) Tab in this Excel Workbook?	No
1.27	List realty company name(s) as reported on each realty company cost report.	N/A
1.28	Does the Balance Sheet schedule include any capitalized leases reported as assets? If yes, report the lease payments as a liability and include the lease on the Mortgages & Notes schedule.	No
1.29	Does the Profit Loss schedule include any expenses that have not been paid and reported as accrued liabilities, such as pension costs or self-insured workers' compensation? If yes, the unpaid or unfunded portions must be reported in column 2 of the Profit Loss schedule as self-disallowed expenses.	No
1.30	Does the Profit Loss schedule include any expenses for services of non-paid workers (volunteers) as provided in 101 CMR 204.07(6)? If yes, provide details of amounts and account numbers in the Footnotes schedule.	No
1.31	Did you report any employee's salary in more than one expense account? If yes, explain methodology of cost-splitting the salary in the Footnotes schedule.	Yes
1.32	Did you report any accrued expenses incurred in periods other than the current cost report period? If yes, you must report details of accrued expenses not related to the current cost report period in the Footnotes schedule.	No

Other Business Activities

Table 1A	1	2	
Line #	Other Business Activity	Select Yes/No from Dropdown Menu	
1A.1	Child Day Care	No	
1A.2	Adult Day Care	No	
1A.3	Assisted Living	Yes	
1A.4	Other:	No	Explain:

Bed License Information

Table 1B	1	2	3
Line #	Date From	Date To	# of Beds
1B.1	1/1/2022	12/31/2022	39
1B.2			
1B.3			

Contact Information

Table 2		1
Line #	Description	
2.1	Contact Person Name	Tracy Carroll
2.2	Residential Care Facility or Firm Name	Lathrop Home
2.3	Title	Business Office Manager
2.4	Street Address	215 South St.
2.5	City	Northampton
2.6	State	MA
2.7	Zip Code	01060
2.8	Phone Number	413-584-2865
2.9	Email Address	tracy@lathrophome.org

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	Jo Landers
3.3	Preparer's Affiliation	Outsourced Bookkeeping Firm
3.4	Nursing Facility or Firm Name	Jo Landers Inc Bookkeeping & Payroll
3.5	Title	President
3.6	Street Address	6 Service Center Road, Ste 3
3.7	City	Northampton
3.8	State	MA
3.9	Zip Code	01060
3.10	Phone Number	413-296-2702
3.11	Email Address	jo@jolanderson.com

3.12	Type of Accounting Service Performed	Compilation
------	--------------------------------------	-------------

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : DISCLOSURES

IMPORTANT: This schedule is an integral part of the HCF-4 cost report. This schedule must be completed in its entirety. When completing this schedule the following definitions of direct and indirect beneficial owner apply: 1) A **direct owner** is defined as a person or entity having any rights or benefits of ownership and having an **interest of record** in any partnership, joint venture, corporation or other entity. 2) An **indirect beneficial owner** is defined as a person having any benefits or rights of ownership, either direct or indirect, through one or more intermediaries, through any understanding or relationship with a person or entity, **resulting in benefits of ownership which are not of record**. It is incumbent upon the owner to fully disclose such interest. This schedule **MUST** be completed in entirety.

Direct and Indirect Owners

List all direct and indirect owners with an interest of 5% or more in this facility. If the facility is owned by a corporation, chain, or trust, list the name of the corporation, chain, or beneficial owner under "Owner Name".

Table 1	1	2	3	4	5
Line #	Owner Name (Last, First)	Address	Percent Ownership	Select Ownership Type	Select Direct or Indirect?
1.1	N/A				
1.2					
1.3					
1.4					
1.5					
1.6					

Other Owned Facilities

List the name(s) of any other nursing and/or residential care facilities in which the owners listed in Table 1 own, directly or indirectly, an interest of 5% or more.

Table 2	1	2	3	4	5
Line #	Nursing and/or Rest Home	VPN	Name of Owner	Company Address	% Ownership
2.1	N/A				
2.2					
2.3					
2.4					
2.5					

Indebtedness

List any indebtedness (mortgages, deeds, trust instruments, notes, or other financial information) of (1) the facility to the direct or indirect owners listed in Table 1 or (2) that the direct or indirect owners listed in Table 1 owe to the facility.

Table 3	1	2	3	4	5	6	7
Line #	Select type of debt	Select Payable From	Original Debt Amount	Date Issued	Balance 12/31	Select Payable To	List Owners Name
3.1							
3.2							
3.3							
3.4							
3.5							

Related Party Transactions

Indicate any entity, person, or related party as defined in 101 CMR 204.00 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.)

Table 4	1	2	3	4	5	6	7	8
Line #	Entity/Person	Goody/Services	Billing/Compensation	Mark up	Cost	Account Posted	Name of Owner	% Ownership
4.1	N/A				-			
4.2					-			
4.3					-			
4.4					-			
4.5					-			
4.6					-			

Sole Proprietor, Partnership, or Corporate Information

This schedule is used to report the names of the legal owners of the business and to disclose the salary and other compensation paid to owners as well as what accounts were charged. Sole proprietors should report the same amount as reported in the draw account and under no circumstances should any amount be claimed for personal services in an account other than draw. If additional space is needed, use the Footnotes and Explanations Tab.

Table 5	1	2	3	4	5	6	7	8	9	10	11	12
Line #	Select Owner, Partner, Officer	Owner Name	Owner Title	% Time Devoted	Salary	Employee Benefits	Payroll Taxes	Workers' Comp.	Gr. Life/Health Ins.	Draw	Other	Total
5.1												-
5.2												-
5.3												-
5.4												-
5.5												-
5.6												-
5.7												-
5.8												-

Five Highest Paid Salaries

List the names, salaries, and benefits of the five employees who have the highest compensation being claimed on this report.

Table 6	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Line #	Name	Title	% Time Devoted - Administrative	% Time Devoted - Plant Operation, Maintenance, and Security	% Time Devoted - Medical Services	% Time Devoted - Other	Total Time (Must equal 100%)	Salary	Employee Benefits	Payroll Taxes	Workers' Comp.	Gr. Life/Health Ins.	Draw	Other	Total
6.1	Tracy Carroll	Executive Director	75.00%	25.00%			100.00%	92,895	3,418	7,565	56	11,244			115,179
6.2	Michelle Wood	Business Office Manager	100.00%				100.00%	61,659	2,063	5,176	37	4,844			73,779
6.3	Robert Laptew	Nursing Support Specialist			100.00%		100.00%	66,591	366	5,553	1,365	8,304			82,179
6.4	Linda Thoun Quinn	Wellness Director	25.00%		75.00%		100.00%	80,340	372	6,805	56				87,373
6.5	Elizabeth Kelly	Charge Nurse			100.00%		100.00%	89,355	336	7,295	1,832	8,876			107,693

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : BALANCE SHEET

Current Assets

Table 1			1
Line #	Account #	Description	Account Balance
		Cash and Cash Equivalents	
1.1	1020.0	Cash - Checking Account	163,754
1.2	1030.0	Cash - On Hand	18,693
1.3	1040.0	Temporary Investments	87,858
1.4	1050.0	Other Cash	
1.100	1010.0	Total Cash and Cash Equivalents	270,305
		Accounts Receivable	
1.5	1080.0	Private Patients	(5,607)
1.6	1100.2	Publicly-Aided - MA LV IV (Billed)	223,919
1.7	1104.1	Publicly-Aided - MA Commission for the Blind LV IV	
1.8	1101.2	Publicly-Aided - VA and Other Public	
1.9	1140.0	Reserve for Bad Debts	
1.200	1060.0	Total Accounts Receivable	218,312
		Loans Receivable	
1.10	1160.0	Loans Receivable from Officers/Owners	-
1.11	1170.0	Loans Receivable from Employees	-
1.12	1180.0	Loans Receivable from Affiliates/Related Parties	-
1.13	1185.0	Other Loans Receivable	-
1.300	1150.0	Total Loans Receivable	-
1.14	1190.0	Interest Receivable	
1.15	1210.0	Supply Inventory	
		Prepaid Expenses	
1.16	1270.0	Prepaid Interest	
1.17	1280.0	Prepaid Insurance	41,552
1.18	1290.0	Prepaid Taxes	
1.19	1295.0	Capitalized Pre-Opening Costs *	
1.20	1300.0	Other Prepaid Expenses *	5,976
1.400	1260.0	Subtotal Prepaid Expenses	47,528
1.21	1310.0	Other Current Assets	46,180.00
100	1005.0	Total Current Assets	582,325

Fixed Assets

Do not report fully depreciated assets on this table.

Table 2			1	2	3
Line #	Account #	Description	Cost	Accumulated Depreciation	Net Book Value
2.1	1510.0	Land	6,000		6,000
2.2	1520.0	Building	246,000	(241,695.00)	4,305
2.3	1610.0	Building Improvements	1,995,921	(969,331.00)	1,026,590
2.4	1625.0	Leasehold Improvements			0
2.5	1630.0	Other Improvements			0
2.6	1650.0	Equipment	229,471	(170,381.00)	59,090
2.7	1700.0	Motor Vehicles			0
2.8	1710.0	Software/Limited Life Assets			0
200	1500.0	Total Non-Current Fixed Assets			1,095,985

Deferred Charges and Other Assets

Table 3			1
Line #	Account #	Description	Account Balance
3.1	1910.0	Organization Expense	
3.2	1940.0	Purchased Goodwill	
3.3	1950.0	Leasehold Deposits	
3.4	1960.0	Utility Deposits	
3.5	1970.0	Cash Surrender Value of Officer Life Insur.	
3.6	1975.1	Mortgage Acquisition Costs *	
3.7	1975.2	Accumulated Amortization of Mortgage Acquisition Costs	

3.8	1975.0	Unamortized Mortgage Acquisition Costs	-
3.9	1979.0	Construction in Progress *	
3.10	1980.0	Other **	4,334,528
3.100	1900.0	Total Deferred Charges and Other Assets	4,334,528
300	1000.0	Total Assets	6,012,838

Current Liabilities			
Table 4			1
Line #	Account #	Description	Account Balance
		Accounts Payable	
4.1	2020.0	Trade Payables	20,620
4.2	2030.0	Accrued Expenses	19,801
4.3	2047.0	Due to Commonwealth of MA	-
4.100	2010.0	Total Accounts Payable	40,421
4.4	2050.0	Patient Funds Due	
		Notes and Loans Payable (See Mortgages & Notes Schedule)	
4.5	2110.0	Officer, Owner, or Related Parties	
4.6	2120.0	Subsidiaries and Affiliates	
4.7	2130.0	Banks	
4.8	2140.0	Motor Vehicles	
4.9	2150.0	Other Short-Term Financing	
4.10	2160.0	Payment Due Within One Year on Long-Term Debt *	
4.200	2100.0	Total Notes and Loans Payable	-
		Accrued Salaries and Payroll Liabilities	
4.11	2190.0	Accrued Salaries	53,554
4.12	2200.0	Accrued Payroll Tax Withheld	6,691
4.13	2210.0	Accrued Employee Taxes Payable	
4.14	2220.0	Other Payroll Liabilities	40,515
4.300	2180.0	Total Accrued Salaries and Payroll Liabilities	100,760
		Other Current Liabilities	
4.15	2260.0	State and Federal Taxes Payable	
4.16	2270.0	Accrued Interest Payable	
4.17	2290.0	Other Current Liabilities	
4.400	2250.0	Total Other Current Liabilities	0
400	2005.0	Total Current Liabilities	141,181

Long-Term Liabilities			
Table 5			1
Line #	Account #	Description	Account Balance
		Long-Term Liabilities (See Mortgages & Notes Schedule)	
5.1	2310.0	Mortgages *	
5.2	2320.0	Other Long Term Debt *	
5.100	2300.0	Total Long-Term Liabilities	0
500	N/A	Total Liabilities	141,181

Net Worth			
Table 6			1
Line #	Account #	Description	Account Balance
		Proprietorship or Partnership Capital	
6.1	2520.0	Capital	
6.2	2530.0	Proprietor Drawings	
6.3	2540.0	Partner Drawings	
6.4	2550.0	Net Profit(Loss) - Current Year	(566,069)
6.100	2510.0	Total Proprietorship or Partnership Capital	(566,069)
6.5	2620.0	Capital Stock	
6.6	2630.0	Additional Paid in Capital	
6.7	2640.0	Treasury Stock	
6.8	2650.0	Retained Earnings	6,437,726
6.200	2610.0	Total Corporation Capital	6,437,726
600	2000.0	Total Liabilities and Net Worth	6,012,838

Balance Sheet Check			
Table 7			1
Line #	Account #	Description	Account Balance
7.1	1000.0	Total Assets	6,012,838

7.2	2000.0	Total Liabilities and Net Worth	6,012,838
		Difference	Balance Sheet Check Passed

Footnote Legend

- * Preparer is to refer to the instruction guide for properly completing this line. A link to the instructions is provided in the User Guide Tab.
- ** Preparer is required to provide details in the Footnotes schedule of this cost report.

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE - Profit Loss Statement

Gross Income			
Table 1			1
Line #	Account #	Description	Reported Amount
1.1	3021.1	Private	130,784
1.2	3022.5	OTA	2,340,615
1.3	3022.8	MA DTA Patient Resource Income	19,968
1.4	3022.7	Non-MA DTA	
1.5	3023.1	MA Commission for the Blind	
1.6	3023.2	VA and Other Public	
1.7	3025.3	Adult Day Care Income	1,773
1.8	3026.2	Other Non-Nursing Income	
1.9		COVID-Related Supplemental Payments	120,176
Ancillary services (Use Table 1A to Right to Reimburse Expenses)			
1.10	3031.1	Private	
1.11	3032.5	Medicaid (DMA)	
1.12	3032.7	Non-MA Medicaid	
1.13	3033.1	MA Commission for the Blind	
1.14	3033.2	VA & Other Public	
1.100	3030.0	Total Ancillary Services	0
Miscellaneous and Recoverable Income			
1.15	3120.0	Endowment & Other Nonrecoverable **	(548,403)
1.16	3140.0	Laundry Recoverable Income	
1.17	3150.0	Vending Machines Recoverable Income	
1.18	3160.0	Real Estate Recovery	
1.19	3170.0	Prior Year Retrospective Adjustment	
1.20	3180.0	Interest Income	83
1.21	3194.0	Operating Costs Recoverable	
1.22	3196.0	Field Costs Recoverable	
1.200	3130.0	Total Miscellaneous and Recoverable Income	(548,320)
100	3000.0	Total Gross Income	2,104,934

Report these amounts on non-allowable expenses				
Line #	Account #			
1A.1				
1A.2				
1A.3				
1A.4				
1A.5				
1A.100				

Table 2		1	2	3	4	
Line #	Account #	Description	Reported Expenses	Self Disallowed Expenses (999.0)	Automatically Disallowed Expenses (999.0)	Total Allowable Expenses
Administrative Expenses						
2.1	4110.1	Administrative/Responsible Person Salaries	97,171			97,171
2.2	4121.1	Officer Salaries*			0	0
Other Expenses						
2.3	4140.1	Clerical Salaries (Use Table 2A to Reimburse Salaries)	131,728			131,728
2.4	4150.3	Electronic Data Processing, Payroll, and Bookkeeping Services	6,488			6,488
2.5	4160.1	Management Fees			0	0
2.6	4160.6	Management Consultants*			0	0
2.100	4120.0	Total Other Expenses	138,216		0	138,216
2.200	4100.0	Total Administrative Expenses	235,387		0	235,387
General Supplies & Expenses						
2.7	4250.0	Office Supplies	18,724			18,724
2.8	4261.5	Phone	5,047			5,047
2.9	4262.6	Director's Advertising	7,089	(7,089)		0
2.300	4260.0	Total Telephone Expenses	12,136	0	(7,089)	5,047
Travel Expenses						
2.10	4270.5	Motor Vehicle Expenses*	3,349			3,349
2.11	4280.5	Conventions and Meetings				0
2.400	4270.0	Total Travel Expenses	3,349	0		3,349
Advertising Expenses						
2.12	4297.7	Help Wanted	6,985			6,985
2.13	4298.7	Promotional			0	0
2.500	4290.0	Total Advertising Expenses	6,985	0	0	6,985
Licenses and Fees Expenses						
2.14	4301.7	Licenses and Fees: Patient Care Related Portion	4,093			4,093
2.15	4302.3	Licenses and Fees: Not Related to Patient Care	3,308		(1,398)	1,910
2.600	4300.0	Total Licenses and Fees Expenses	5,401		(1,398)	4,003
Education and Training Expenses						
2.16	4306.1	Staff Development: Coordinator Salary				0
2.17	4306.2	Administration Training				0
2.18	4306.3	Other Required Education				0
2.19	4306.4	Job Related Education	1,277			1,277
2.700	4300.0	Total Education and Training Expenses	1,277	0		1,277
Employee Benefits						
2.20	4310.1	Employee Benefits - Pensions **	29,340			29,340
2.21	4310.2	Employee Benefits - Other	2,911			2,911
2.22	4319.2	Officer Profit Sharing and Other Benefits			0	0
2.800	4310.0	Total Employee Benefits	32,251	0	0	32,251
Accounting Expenses						
2.23	4350.3	Accounting: Appraisal Services			0	0
2.24	4350.3	Accounting: Other (Use Table 2B to Reimburse Expenses)	6,740			6,740
2.900	4340.0	Total Accounting Expenses	6,740	0	0	6,740
Legal Expenses						
2.25	4380.3	Legal: Appraisal Service				0
2.26	4385.7	Legal: Division of Administrative Law Appeals - Filing Fees				0
2.27	4390.7	Other Legal				0
2.1000	4370.0	Total Legal Expenses	0	0	0	0
Payroll Taxes						
2.28	4411.1	Payroll Taxes - Other	150,439			150,439
2.29	4411.2	Payroll Taxes - Officers				0
2.1100	4400.0	Total Payroll Taxes	150,439	0	0	150,439
Insurance Expenses						
2.30	4428.7	Insurance: Department of Unemployment Assistance Claims (DUAC) - A&G Portion				0
2.31	4431.7	Insurance: Maintenance and General Liability *	41,341			41,341
2.32	4432.7	Key Person Insurance				0
2.33	4590.8	Insurance: Building Improvements and Equipment	9,417		(9,417)	0
2.34	4424.1	Workers' Comp - Other	15,896			15,896
2.35	4424.2	Workers' Comp - Officers				0
2.36	4426.1	Group Life/Health - Other	164,339			164,339
2.37	4426.2	Group Life/Health - Officers				0
2.1200	4420.0	Total Insurance Expenses	234,813	0	(9,417)	225,396
2.38	4415.0	Interest on Late Payments, Penalties	120			120
2.39	4430.0	Interest on Working Capital				0
2.40	4430.0	Pre-Opening Expenses				0
2.41	4443.00	Other Operating Expenses (Use Table 2C to Right to Reimburse Expenses)	7,317			7,317
2.1300	4430.0	Total General Supplies and Expenses	484,752	0	(18,134)	466,618
2.42	4510.0	Real Estate Taxes				0
2.43	4515.8	Personal Property Taxes*				0
2.44	4520.8	Interest Long Term (See Mortgages & Notes Schedule)				0
2.45	4525.8	Rent - Real Property				0
2.46	4538.8	Other Rent (Use Table 2D to Right to Reimburse Expenses)	875			875
2.47	4550.8	Depreciation - Building	2,460		(2,460)	0
2.48	4560.8	Depreciation - Building Improvements	15,506		(15,506)	0
2.49	4567.8	Depreciation - Leasehold Improvements				0
2.50	4568.8	Depreciation - Other Improvements	5,455		(5,455)	0
2.51	4570.8	Depreciation - Equipment	16,390		(16,390)	0
2.52	4585.8	Depreciation - Software/Limited Life Assets				0
2.1400	4540.0	Total Fixed Costs	76,686		(76,686)	0
Plant Operations, Maintenance & Security						
2.53	5105.1	Plant Operations, Maintenance & Security - Salaries	61,019			61,019
2.54	5110.3	Plant Operations, Maintenance & Security - Purchased Service	45,262			45,262
2.55	5115.5	Plant Operations, Maintenance & Security - Supplies and Expenses	36,165			36,165
2.56	5120.5	Plant Operations, Maintenance & Security - Utilities	85,263			85,263
2.57	5130.7	Plant Operations, Maintenance & Security - Repairs	5,423			5,423
2.1500	5100.0	Total Plant Operation, Maintenance & Security	233,132	0		233,132
Dietary						
2.58	5205.1	Dietary - Salaries	343,820			343,820
2.59	5220.5	Dietary - Food	118,895			118,895
2.60	5231.3	Dietary - Purchased Service				0
2.61	5231.1	Dietician - Salary				0
2.62	5233.3	Dietician - Purchased Service	1,900			1,900
2.63	5235.3	Dietary - Supplies and Expenses	25,072			25,072
2.1600	5200.0	Total Dietary	491,628	0		491,628
Laundry						
2.64	5310.1	Laundry - Salaries	19,429			19,429
2.65	5320.3	Laundry - Purchased Service				0
2.66	5330.5	Laundry - Supplies and Expenses				0
2.67	5340.5	Laundry - Lines and Bedding	1,344			1,344
2.1700	5300.0	Total Laundry	20,773			20,773
Housekeeping						
2.68	5410.1	Housekeeping - Salaries	362,521			362,521
2.69	5415.3	Housekeeping - Purchased Service				0
2.70	5420.5	Housekeeping - Supplies and Expenses	35,481			35,481
2.1800	5400.0	Total Housekeeping	398,002	0		398,002
Nursing						
Registered Nurses						
2.71	6030.1	RN Salaries	433,206			433,206
2.72	6035.3	RN Purchased Service				0
2.73	6041.1	LPN Salaries	60,017			60,017
2.74	6043.3	LPN Purchased Service				0
Nurses Aides						
2.75	6051.1	Nurses Aides Salaries	312,893			312,893
2.76	6052.3	Nurses Aides Purchased Service				0
2.1900	6000.0	Total Nursing	806,196	0		806,196
Medical Services						
2.77	6501.1	Quality Assurance Professional				0
2.78	6507.1	Community Support Coordinator				0
Physician Services						

Line #	Account #	Expense Classification	Amount
1A.1			
1A.2			
1A.3			
1A.4			
1A.5			
1A.100		Total Ancillary Expenses	0

Line #	Employee Name	Job Title	Brief Job Description	Gross Salary
2A.1	Deborah Drexel	Part-Time Receptionist	Concierge Admin Support	6,352
2A.2	Patricia Glantz	Part-Time Receptionist	Concierge Admin Support	25,900
2A.3	Joanne Gustafson	Part-Time Receptionist	Concierge Admin Support	6,581
2A.4	Kim Paradis Miller	Business Office Manager	A/P, Payroll, Financials, H/R, A/R	28,234
2A.5	Michelle Wood	Business Office Manager	A/P, Payroll, Financials, H/R, A/R	64,659
2A.6				
2A.7				
2A.8				
2A.9				
2A.10				
2A.11				
2A.12				
2A.13				
2A.14				
2A.15				
2A.16				
2A.100			Total Clerical Salaries	131,728

Note: Use Column 2 of the main expense schedule to disclose any disallowed salaries for clerical staff not worked on other business activities.

Table 2B : Detail of Other Accounting Expenses						
Part I: Purchased Service Accounting Expenses						
Line #	Vendor Name	Date Occurred (MM/DD/YYYY)	Amount	Select Code	Brief Description of Service	
2B.1	Bernice Lord, CPA	6/15/2022	3,870	F	Progress Billing- Audit, Form 990, Form PC, Cost Report	
2B.2	Bernice Lord, CPA	6/28/2022	3,870	C	Final Billing - Audit, Form 990, Form PC, Cost Report	
2B.3	Jo Landers Inc	12/31/2022	2,000	H	1/2 December Bookkeeping Services	
2B.4						
2B.5						
2B.100		Sub-Total	9,740			
Part II: Employee's Responsibilities Only						
Line #	Employee Name	Job Title	Salary	Select Code	Description of Responsibilities	% of time
2B.6						
2B.7						
2B.8						
2B.9						
2B.200		Sub-Total	0			
2B.300		Total Other Accounting	9,740			
Accounting Expense Codes						
A. HCF-4 Cost Report Prep		B. Personal Tax Prep		C. SEC Filings		
D. Medicare Cost Report Prep		E. Management Advisory Services		F. Other Allowable Accounting (Explain)		
G. Corporate Tax Prep		H. Certified Financial Statement Audit		I. Other Non-Allowable Accounting (Explain)		
Explain if using Code H and/or I:		The organization hired an outsourced accounting firm for ongoing bookkeeping services.				

Line #	Description	Amount
2C.1	Office Fees	988
2C.2	Credit Fees	777
2C.4	Staff Recognition	5,602
2C.100	Total	7,317

Line #	Description	Amount
2D.1	Equipment Rental	875
2D.2		
2D.3		
2D.100	Total	875

Table 2E: Detail of Other Medical Services Expenses

2.79	6514.3	Employee Physicals					0
2.80	6515.3	Other Medical Services Expenses (Use Table 2E to Reimburse Expenses)					5,494
2.2000	6520.0	Total Physician Services	6,494	0			6,494
Medical Supplies & Drugs							
2.81	6520.5	Legend Drugs				0	0
2.82	6521.5	Invoice Supplies Not Resold	49,935				49,935
2.83	6523.5	Resold to Private Patients				0	0
2.2100	6520.0	Total Medical Supplies and Drugs	49,935	0		0	49,935
2.84	6530.0	Pharmacy Consultants					0
2.85	6540.0	Social Service Worker (Including Behavioral Health)					0
2.2200	6500.0	Total Medical Services	58,429	0	0	0	58,429
Restorative & Recreational Therapy							
Restorative Therapy							
2.86	7011.1	Indirect Restorative Therapy Salaries					0
2.87	7012.1	Direct Restorative Therapy Salaries					0
2.88	7012.2	Direct Restorative Therapy Benefits				0	0
2.89	7013.3	Indirect Restorative Therapy Consultants					0
2.90	7014.3	Direct Restorative Therapy Consultants					0
2.2300	7020.0	Total Restorative Therapy	0	0		0	0
Recreational Therapy							
2.92	7021.1	Recreational Therapy - Salaries	45,365				45,365
2.92	7022.3	Recreational Therapy - Purchased Service					3,158
2.93	7023.5	Recreational Therapy - Supplies and Expenses	7,741				7,741
2.94	7024.6	Recreational Therapy - Transportation				0	0
2.2400	7020.0	Total Recreational Therapy	53,106	0		0	53,106
2.2500	7000.0	Total Restorative & Recreational Therapy	53,106	0	0	0	53,106
Bad Accts - Fees Adjusted Day Care							
2.95	8010.0	Bad Accounts - Refunds, Taxes, Day Care				0	0
2.96	8015.0	Fines, Late Charges, and Penalties				0	0
2.97	8025.5	State & Federal Income Taxes				0	0
2.98	8027.7	Massachusetts Excise Tax				0	0
2.99	8030.0	Refunds and Allowances				0	0
2.101	8040.0	Adult Day Care Costs*				0	0
2.102	8065.0	Other Non-Nursing Costs*				0	0
2.2600	8000.0	Total Bad Accts - Taxes-Refunds-Day Care	0			0	0
200	4000.0	Total Expenses	2,962,892	0	(84,620)		2,962,292
			A/C # 4000.0		A/C #9945.0		A/C # 9935.0

Line #	Description	Amount
2E.1	Medical Director - Joshua Minto	5,494
2E.2	Electronic Medical Records	5,154
2E.3		
2E.4	Total	6,494

Reconciliation of Reported Operating Expenses to Allowable Operating Expenses		
Table 3		1
Line #	Account #	Description
3.1	4000.0	Total Reported Operating Expenses
3.2	7943.0	Less: Self-Disallowed Expenses
3.3	9939.0	Less: Automatically Disallowed Expenses
3.100	4001.1	Total Non-Allowable Expenses
3.4	7960.1	Allocated Administrative and General From Management Company (HCF-3)
3.5	9952.2	Other Operating Expense Add-Back from Realty Company (HCF-2 RH)
3.6	9963.3	Allocated Other Operating Expense Add-Back from Management Company
3.7	9961.3	Allocated Fixed Asset Expenses from Management Company (HCF-3)
3.8	9500.0	Claimed Fixed Asset Expenses from Claimed Fixed Assets Schedule
3.9	9302.6	Allocated Direct Variable (Dietician, Indirect Therapy & CNA Management Company Add-Back Expenses
3.10	9302.6	Allocated Direct Director of Nurses Management Company Add-Back Expenses
3.200	4001.2	Total Allowable Add-Back Expenses
3.41	N/A	Less: Recoverable Income (offsetting operating expense)
300	4002.0	Total Allowable Operating Expenses Claimed

Reconciliation of Cost Report Net Income to Financial Statement (Book) Net Income		
Table 4		1
Line #	Account #	Description
Cost Report Net Income		
4.1	3000.0	Total Cost Report Income
4.2	4000.0	Total Cost Report Expenses
4.100		Net Income (Loss) Cost Report
Financial Statement Net Income		
4.3		Financial Statement Reported Income
4.4		Financial Statement Reported Expenses
4.200		Net Income (Loss) Financial Statement
Variance		
4.5		Variance Between Cost Report and Financial Statements: Income
4.6		Variance Between Cost Report and Financial Statements: Expenses
4.7		Variance Between Cost Report and Financial Statements: Net Income
Reconciling Items		
4.8		Gain (Loss) on sale of equipment
4.9		Reconciling Item: Explain
4.10		Reconciling Item: Explain
4.11		Reconciling Item: Explain
4.12		Reconciling Item: Explain
4.13		Reconciling Item: Explain
4.300		Total Reconciling Items
Reconciliation		
400		Difference between Total Reconciling Items and Variance Between Cost Report and Financial Statements: Net Income ***

Footnote Legend
 * Preparer is to refer to the instruction guide for properly completing this line. A link to the instructions is provided in the User Guide Tab.
 ** Preparer is required to provide details in the Footnotes schedule of this cost report.
 *** This should be zero. The variance in the net income should be accounted for by the reconciling items.

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : RESIDENT DAYS

Resident Days January 1 - March 31

Table 1	Account #		1
Line #		Payer Description	Reported Days
1.1	0210.5 & 0210.0	DTA Days	1,391
1.2	0212.5 & 0212.0	Massachusetts EAEDC	1,866
1.3	0215.4 & 0215.0	Non-Massachusetts DTA	
1.4	0260.5 & 0260.0	MA Commission for the Blind	
1.5	0270.5 & 0270.0	Veterans Administration and Other Public **	
1.6	0290.5 & 0290.0	Private	180
100	0200.0	Total Resident Days January 1 - March 31	3,437

Resident Days April 1 - June 30

Table 2	Account #		1
Line #		Payer Description	Reported Days
2.1	0310.5 & 0310.0	DTA Days	1,364
2.2	0312.5 & 0312.0	Massachusetts EAEDC	1,987
2.3	0315.4 & 0315.0	Non-Massachusetts DTA	
2.4	0360.5 & 0360.0	MA Commission for the Blind	
2.5	0370.5 & 0370.0	Veterans Administration and Other Public **	
2.6	0390.5 & 0390.0	Private	182
200	0300.0	Total Resident Days April 1 - June 30	3,533

Resident Days July 1 - September 30

Table 3	Account #		1
Line #		Payer Description	Reported Days
3.1	0410.5 & 0410.0	DTA Days	1,441
3.2	0412.5 & 0412.0	Massachusetts EAEDC	1,865
3.3	0415.4 & 0415.0	Non-Massachusetts DTA	
3.4	0460.5 & 0460.0	MA Commission for the Blind	
3.5	0470.5 & 0470.0	Veterans Administration and Other Public **	
3.6	0490.5 & 0490.0	Private	184
300	0400.0	Total Resident Days July 1 - September 30	3,490

Resident Days October 1 - December 31

Table 4	Account #		1
Line #		Payer Description	Reported Days
4.1	0510.5 & 0510.0	DTA Days	1,472
4.2	0512.5 & 0512.0	Massachusetts EAEDC	1,899
4.3	0515.4 & 0515.0	Non-Massachusetts DTA	
4.4	0560.5 & 0560.0	MA Commission for the Blind	
4.5	0570.5 & 0570.0	Veterans Administration and Other Public **	
4.6	0590.5 & 0590.0	Private	184
400	0500.0	Total Resident Days October 1 - December 31	3,555

Annual Resident Days January 1-December 31

Table 5	Account #		1
Line #		Payer Description	Total Reported Days
5.1	0610.5 & 0610.0	DTA Days	5,668
5.2	0612.5 & 0612.0	Massachusetts EAEDC	7,617
5.3	0615.4 & 0615.0	Non-Massachusetts DTA	0
5.4	0660.5 & 0660.0	MA Commission for the Blind	0
5.5	0670.5 & 0670.0	Veterans Administration and Other Public **	0
5.6	0690.5 & 0690.0	Private	730
500	0600.0	Total Annual Resident Days	14,015

Additional Patient Day Information

Table 6		1	
---------	--	---	--

Line #		Description	Reported Admission/Community Support Days
6.1	0140.0	Number of Admissions	4
6.2	0150.0	Number of Discharges	5
6.3	0170.0	Number of Public Community Support Admissions	
6.4	0175.0	Number of Total Community Support Admissions	
6.5	0180.0	Public Community Support Resident Days	
6.6	0182.0	Private Community Support Resident Days	
600	0185.0	Total Community Support Resident Days	0

Footnote Legend

** Preparer is required to provide details in the Footnotes schedule of this cost report.

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : CLAIMED FIXED ASSETS

Claimed Fixed Asset Expenses

Note: This table does not include all fixed assets for the facility; only those that can be claimed as residential care facility fixed assets. Allowable basis is the portion of fixed assets used for the care of publicly-aided residents. Claimed deletions include retired, sold, written-off, damaged, and fully depreciated assets. If the facility runs other non-nursing or residential care programs, such as an adult day care program, the related fixed asset expenses must be NOT be reported on this schedule and the allocation methodology for allocating fixed asset expenses must be reported in the Footnotes and Explanations schedule.

Table 1		1	2	3	4	5	6	7	8	9
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions	Claimed Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Depreciation HCF-4	Non-Allowable Depreciation Expense	Add-Backs from HCF-2 RH if applicable	Claimed Net Depreciation Expense
1.1	Land HCF-4	6,000			6,000					
1.2	Land HCF-2				0					
1.3	Building HCF-4	246,000			246,000		241,695			241,695
1.4	Building HCF-2				0					0
1.5	Improvements HCF-4	1,759,903	236,018		1,995,921	5.00%	969,331			969,331
1.6	Improvements HCF-2				0	5.00%				0
1.7	Equipment HCF-4	232,350			232,350	10.00%	170,381			170,381
1.8	Equipment HCF-2				0	10.00%				0
1.9	Software/Limited Life Assets HCF-4				0	33.33%				0
1.10	Software/Limited Life Assets HCF-2				0	33.33%				0
100	Total Claimed Fixed Asset Depreciation Expense	2,244,253	236,018	0	2,480,271		1,381,407	0	0	1,381,407

Other Claimed Fixed Asset Expenses

Report other claimed fixed asset expenses other than depreciation below. If the facility runs other non-nursing or residential care programs, such as an adult day care program, the related fixed asset expenses must NOT be reported on this schedule and the allocation methodology for allocating fixed asset expenses must be reported in the Footnotes and Explanations schedule.

Table 2		1	2	3
Line #	Description	Claimed Fixed Asset Expenses - Rest Home (HCF-4)	Claimed Fixed Asset Expenses - Realty Company (HCF-2 RH)	Total Other Claimed Fixed Asset Expenses
2.1	Long-Term Interest Claimed *		-	0
2.2	MA Corporate Excise Tax - Non-Income Portion		-	0
2.3	Building Insurance		-	0
2.4	Real Estate Taxes		-	0
2.5	Personal Property Taxes		-	0
2.6	Other Claimed Fixed Assets**		-	0
200	Total Claimed Fixed Asset Other Expenses	0	0	0

Total Claimed Fixed Asset Expenses

Table 3		1
Line #	Description	Total
300	Total Fixed Assets Expenses Claimed	1,381,407

A/C 9500.0

General Fixed Cost Information

Table 4		1
Line #	Description	
4.1	Is this a new facility?	
4.2	What is the year the facility was built? (YYYY)	
4.3	Was there a change of ownership of this facility during the reporting period?	
4.4	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	

Changes in Facility or Realty Company Ownership

Table 5	1	2	3	4	5
Line #	Select Type of Ownership Change	Transaction Date	Purchased From	Purchased By	Sale Price

5.1	Sale of Residential Care Facility Between Current Owners (e.g. related parties)				
5.2	Sale of Residential Care Facility to Unrelated Third Party				
5.3	Sale of Realty Company				

New Facilities, Major Additions, and Substantial Capital Expenditures				
Table 6		1	2	
Line #	Description	Response	Reference	
6.1	Is this a new facility? If so, does this cost report project the reasonably anticipated costs and anticipated resident days for a twelve-month period?		Refer to regulation 101 CMR 204.08(1)(a)	
6.2	Did your facility have any major additions that became operational during the year? If so, does this cost report project the reasonably anticipated costs and anticipated resident days for a twelve-month period?		Refer to regulation 101 CMR 204.08(1)(a)	
6.3	If yes to the above question(s), provide the date the facility or major additions became operational. (MM/DD/YYYY)		Refer to regulation 101 CMR 204.08(1)(a)	
6.4	Did your facility file a petition with CHIA for an administrative adjustment for substantial capital expenditures during the year?		Refer to regulation 101 CMR 204.08(2)(a) 1.	
6.5	If yes to question 6.4, provide the date of the petition. (MM/DD/YYYY)		Refer to regulation 101 CMR 204.08(2)(a) 1.	
6.6	Were the substantial capital expenditures subject to a Determination of Need (DON) approval by the Department of Public Health (DPH)? If yes, complete DON Schedule below.		Refer to regulation 101 CMR 204.08(2)(a) 1.	
6.7	If yes to question 6.6, list expenditures.	Equipment	Improvements	Limited Life Assets

Determination of Need (DON) Project Details			
Table 7		1	
Line #	Description	Response	
7.1	List the DON project number.		
7.2	Please briefly describe the DON project.		
7.3	What is the date of the original DON approval? (MM/DD/YYYY)		
7.4	What is the approved Maximum Capital Expenditure of the original DON?		
7.5	Has this facility received a letter from the DPH Office of Determination of Need approving any significant change in the capital project resulting in an increase in the Maximum Capital Expenditure?		
7.6	What is the date that assets were placed into service this period? (MM/DD/YYYY)		
7.7	List the net book value and category of fixed assets that were written off or retired during this reporting year as a result of the DON project.	Equipment	Improvements
			Limited Life Assets

Footnote Legend

* Preparer is to refer to the instruction guide for properly completing this line. A link to the instructions is provided in the User Guide Tab.

** Preparer is required to provide details in the Footnotes schedule of this cost report.

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE - MORTGAGES AND NOTES

IMPORTANT NOTE: Report all mortgages and notes payable whether or not interest expense is incurred on this schedule. Each new note should be reported with all data fields completely filled in. New mortgages or enhancements of existing mortgages must be reported on a separate line. Total Mortgages and Notes as of December 31 and Total Expenses must match amounts reported on the Balance Sheet and the Profit or Loss schedules.

Mortgages and Notes Supporting Fixed Assets																				
Table 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Line #	Select Type of Notes Payable	Lender Name	Related Party Yes/No Selection	Date Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs	Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Fixed Interest (Amortization, Interest and Period Expenses)
1.1																-				-
1.2																-				-
1.3																-				-
1.4																-				-
1.5																-				-
1.6																-				-
1.7																-				-
1.8																-				-
100	TOTALS								-	-						-		-	-	-
										(A)								(B)	(C)	(A) + (B) + (C)

Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line #	Lender Name	Related Party Yes/No Selection	Beginning Balance: Jan 1	New Loan Amount	Start Date	Principal Payments	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1							-		
2.2							-		
2.3							-		
2.4							-		
2.5							-		
2.6							-		
200	TOTALS						-		-
						A/C # 2100.0 less 2160.0		A/C # 4430.0	

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : WAGES AND BENEFITS

Detail of Staff, Hours, Salary, and Benefits by Position

Table 1		1	2	3	4	5	6	7
Line #	Description	Number of FTE (Round to one decimal place)	Number of Staff (Round to one decimal place)	Total Hours (Round to one decimal place)	Total Salaries	Group Life/Health Benefits	Pensions	Other Benefits
1.1	Staff Development	00,000.0						
		7110.2	7210.2	7310.2	4306.1	7410.2	7510.2	7610.2
1.2	Maintenance Staff	00,001.1	1.0	2190.8	60,171	6,577	1,767	
		7111.2	7211.2	7311.2	5105.1	7411.2	7511.2	7611.2
1.3	Dietary Staff	00,008.3	13.0	17180.2	318,396	36,606	2,821	19,032
		7112.2	7212.2	7312.2	5205.1	7412.2	7512.2	7612.2
1.4	Dietician	00,000.0						
		7113.2	7213.2	7313.2	5231.1	7413.2	7513.2	7613.2
1.5	Laundry Staff	00,000.9	1.0	1971.6	31,171	6,577	-	366
		7114.2	7214.2	7314.2	5310.1	7414.2	7514.2	7614.2
1.6	Housekeeping Staff	00,004.2	5.0	8785.8	152,287	33,167	3,265	1,673
		7115.2	7215.2	7315.2	5410.1	7415.2	7515.2	7615.2
1.7	Quality Assurance	00,000.0						
		7116.2	7216.2	7316.2	6504.1	7416.2	7516.2	7616.2
1.8	Community Support Coordinator	00,000.0						
		7119.2	7219.2	7319.2	6507.1	7419.2	7519.2	7619.2
1.9	Social Services Staff	00,000.0						
		7120.2	7220.2	7320.2	6540.0	7420.2	7520.2	7620.2
1.10	Restorative - Indirect Salaries	00,000.0						
		7121.2	7221.2	7321.2	7011.1	7421.2	7521.2	7621.2
1.11	Restorative - Direct Salaries	00,000.0						
		7122.2	7222.2	7322.2	7012.1	7422.2	7522.2	7622.2
1.12	Recreational Staff	00,001.0	1.0	2143.8	44,973	6,577	-	366
		7123.2	7223.2	7323.2	7021.1	7423.2	7523.2	7623.2
1.13	Administrator	00,001.0	1.0	1976.0	94,327	10,293	1,431	632
		7124.2	7224.2	7324.2	4110.1	7424.2	7524.2	7624.2
1.14	Officer	00,000.0						
		7125.2	7225.2	7325.2	4125.1	7425.2	7525.2	7625.2
1.15	Clerical Staff	00,002.1	5.0	4457.9	130,182	4,844	9,259	-
		7126.2	7226.2	7326.2	4140.1	7426.2	7526.2	7626.2
1.16	RNs	00,005.5	11.0	11395.5	443,031	24,661	8,050	2,672
		7129.2	7229.2	7329.2	6030.1	7429.2	7529.2	7629.2
1.17	LPNs	00,000.9	1.0	1847.6	60,037	8,876		366
		7130.2	7230.2	7330.2	6041.1	7430.2	7530.2	7630.2
1.18	Nurses Aides	00,007.4	22.0	15354.0	312,893	23,451	2,747	1,218
		7131.2	7231.2	7331.2	6051.1	7431.2	7531.2	7631.2

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : FOOTNOTES AND EXPLANATIONS

[illegible]

[illegible]

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE : CERTIFICATIONS

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

Table 1		1
1.1	Firm Name / Realty Company	Jo Landers Inc Bookkeeping & Payroll
1.2	Preparer's Last Name	Landers
1.3	Preparer's First Name	Jo
1.4	Preparer's Middle Name	
1.5	Title	President
1.6	Street Address	6 Service Center Road, Ste 3
1.7	City	Northampton
1.8	State	MA
1.9	Zip Code	01060
1.10	Phone Number	413-296-2702
1.11	Email Address	jo@jolanders.com
1.12	By checking this box and completing line 1.13, Date of Authorization, 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.	
1.13	Date of Authorization:	9/6/2023



Certification by Owner, Partner, or Officer

Table 2		1
2.1	Last Name	Bugbee

2.2	First Name	Colleen	
2.3	Middle Name	Theresa	
2.4	Title	Board Treasurer	
2.5	By checking this box and completing line 2.6, Date of Authorization, 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.		☒
2.6	Date of Authorization	9/6/2023	

RESIDENTIAL CARE FACILITY FY2022 COST REPORT (HCF-4)

SCHEDULE - Condensed Realty Company Cost Report (HCF-2 RH)

The HCF-2 RH must be completed when expenses are included in the HCF-4 Profit or Loss Schedule account # 8525. "Net Expenses for Real Property". This schedule must be completed whenever rent is paid to an individual, partnership, trust, trust or other entity whether affiliated or not with the residential care facility. The HCF-2 RH serves the dual purpose of being a report to the Center by the individual or business entity which owns the real property to accurately reflect the complete financial condition AND a claim for reimbursement.

Part I: Facility Specific Realty Company Information and Disclosures

Facility Information		
Line #	Description	
1.1	Realty Company Name	
1.2	City	
1.3	Realty Company Address	
1.4	Realty Company Phone	
1.5	Realty Company Address	
1.6	City	
1.7	State	
1.8	Zip	

IMPORTANT: Tables 2 through 6 are an integral part of the HCF-4 cost report. These tables must be completed in its entirety. When completing these tables the following definitions of direct and indirect beneficial owner apply: 1) A **direct owner** is defined as a person or entity having any rights or benefits of ownership and having an **interest of record** in a partnership, joint venture, corporation or other entity; and 2) An **indirect beneficial owner** is defined as a person having any benefits or rights of ownership, either direct or indirect, through one or more intermediaries, through any understanding or relationship with a person or entity, **resulting in benefits of ownership which are not of record**. It is incumbent upon the owner to fully disclose such interests. These tables MUST be completed in its entirety.

Direct and Indirect Owners

List all direct and indirect owners with an interest of 1% or more in this realty company. If the realty company is owned by a corporation, trust, or trust, list the name of the corporation, trust, or trust, and the name of the owner under "Owner Name".

Line #	Owner Name (Last, First)	Address	Percent Ownership	Indirect Ownership Type	Direct or Indirect
2.1					
2.2					
2.3					
2.4					
2.5					
2.6					

Other Owned Facilities

List the name(s) of any other nursing and/or residential care facilities in which the owners listed in Table 2 own, directly or indirectly, an interest of 1% or more.

Line #	Facility Name/Address	City	Name of Owner	Company Address	% Ownership
3.1					
3.2					
3.3					
3.4					
3.5					

Liabilities

List any liabilities (mortgages, deeds, trust instruments, notes, or other financial information) of (1) the realty company to the direct or indirect owners listed in Table 2 or (2) the direct or indirect owners listed in Table 2 to the realty company.

Line #	Select type of debt	Select Payable From	Original Debt Amount	Days Past Due	Address (City)	Interest Payable To	List Owners Name
4.1							
4.2							
4.3							
4.4							

Related Party Transactions

Indicate any entity, person, or related party as defined in 48C CMR 240.00 and that (1) provides services, facilities, goods and/or supplies to this realty company, or (2) receives any salary, fee, or other compensation from this realty company, indicate the amount paid by this realty company for this reporting year. (Attach an addendum if necessary.)

Line #	Entity/Person	Organization	Address/Contact Information	Month	Cost	Amount Paid	Name of Owner	% Ownership
5.1								
5.2								
5.3								
5.4								
5.5								

Proprietor, Partnership, or Corporate Information

This schedule is used to report the names of the business and to disclose the salary and other compensation paid to owners as well as what accounts were charged. Sole proprietors should report the same amount as reported in the above account and under no circumstances should any amount be claimed for personal services in an account other than those. If additional space is needed, use the Facilities and Equipment Tab.

Line #	Entity Name, Person, Office	Owner Name	Owner Title	% Time Received	Salary	Employee Benefits	Payroll Taxes	Workers Comp	Gr. Life/Health Ins.	Gr. Pension	Other	Gr. Total
6.1												
6.2												
6.3												
6.4												
6.5												
6.6												
6.7												
6.8												
6.9												

Five Highest Paid Salaries

List the names, salaries, and benefits of the five employees who have the highest compensation being claimed on this report.

Line #	Name	Title	% Time Received - Administration	% Time Received - Front Operations, Maintenance, and Security	% Time Received - Medical Services	% Time Received - Other	Total Time Received (80%)	Salary	Employee Benefits	Payroll Taxes	Workers Comp	Gr. Life/Health Ins.	Gr. Pension	Other	Total
7.1								\$ 6,000							
7.2								\$ 6,000							
7.3								\$ 6,000							
7.4								\$ 6,000							
7.5								\$ 6,000							

Part II: Condensed Facility Specific Realty Company Financial Information

NOTE: Reported amount should be the amount reported on the facility specific realty company financial statements.

Income			
Line #	Account #	Description	Reported Amount
8.1	2000.0	Income - Real Estate	
8.2	2000.0	Income - Real Estate	
8.3	2000.0	Income - Real Estate	
8.4	2000.0	Income - Real Estate	
8.5	2000.0	Income - Real Estate	
8.6	2000.0	Income - Real Estate	
8.7	2000.0	Income - Real Estate	
8.8	2000.0	Income - Real Estate	
8.9	2000.0	Income - Real Estate	
8.10	2000.0	Income - Real Estate	
8.11	2000.0	Income - Real Estate	
8.12	2000.0	Income - Real Estate	
8.13	2000.0	Income - Real Estate	
8.14	2000.0	Income - Real Estate	
8.15	2000.0	Income - Real Estate	
8.16	2000.0	Income - Real Estate	
8.17	2000.0	Income - Real Estate	
8.18	2000.0	Income - Real Estate	
8.19	2000.0	Income - Real Estate	
8.20	2000.0	Income - Real Estate	
8.21	2000.0	Income - Real Estate	
8.22	2000.0	Income - Real Estate	
8.23	2000.0	Income - Real Estate	
8.24	2000.0	Income - Real Estate	
8.25	2000.0	Income - Real Estate	
8.26	2000.0	Income - Real Estate	
8.27	2000.0	Income - Real Estate	
8.28	2000.0	Income - Real Estate	
8.29	2000.0	Income - Real Estate	
8.30	2000.0	Income - Real Estate	
8.31	2000.0	Income - Real Estate	
8.32	2000.0	Income - Real Estate	
8.33	2000.0	Income - Real Estate	
8.34	2000.0	Income - Real Estate	
8.35	2000.0	Income - Real Estate	
8.36	2000.0	Income - Real Estate	
8.37	2000.0	Income - Real Estate	
8.38	2000.0	Income - Real Estate	
8.39	2000.0	Income - Real Estate	
8.40	2000.0	Income - Real Estate	
8.41	2000.0	Income - Real Estate	
8.42	2000.0	Income - Real Estate	
8.43	2000.0	Income - Real Estate	
8.44	2000.0	Income - Real Estate	
8.45	2000.0	Income - Real Estate	
8.46	2000.0	Income - Real Estate	
8.47	2000.0	Income - Real Estate	
8.48	2000.0	Income - Real Estate	
8.49	2000.0	Income - Real Estate	
8.50	2000.0	Income - Real Estate	
8.51	2000.0	Income - Real Estate	
8.52	2000.0	Income - Real Estate	
8.53	2000.0	Income - Real Estate	
8.54	2000.0	Income - Real Estate	
8.55	2000.0	Income - Real Estate	
8.56	2000.0	Income - Real Estate	
8.57	2000.0	Income - Real Estate	
8.58	2000.0	Income - Real Estate	
8.59	2000.0	Income - Real Estate	
8.60	2000.0	Income - Real Estate	
8.61	2000.0	Income - Real Estate	
8.62	2000.0	Income - Real Estate	
8.63	2000.0	Income - Real Estate	
8.64	2000.0	Income - Real Estate	
8.65	2000.0	Income - Real Estate	
8.66	2000.0	Income - Real Estate	
8.67	2000.0	Income - Real Estate	
8.68	2000.0	Income - Real Estate	
8.69	2000.0	Income - Real Estate	
8.70	2000.0	Income - Real Estate	
8.71	2000.0	Income - Real Estate	
8.72	2000.0	Income - Real Estate	
8.73	2000.0	Income - Real Estate	
8.74	2000.0	Income - Real Estate	
8.75	2000.0	Income - Real Estate	
8.76	2000.0	Income - Real Estate	
8.77	2000.0	Income - Real Estate	
8.78	2000.0	Income - Real Estate	
8.79	2000.0	Income - Real Estate	
8.80	2000.0	Income - Real Estate	
8.81	2000.0	Income - Real Estate	
8.82	2000.0	Income - Real Estate	
8.83	2000.0	Income - Real Estate	
8.84	2000.0	Income - Real Estate	
8.85	2000.0	Income - Real Estate	
8.86	2000.0	Income - Real Estate	
8.87	2000.0	Income - Real Estate	
8.88	2000.0	Income - Real Estate	
8.89	2000.0	Income - Real Estate	
8.90	2000.0	Income - Real Estate	
8.91	2000.0	Income - Real Estate	
8.92	2000.0	Income - Real Estate	
8.93	2000.0	Income - Real Estate	
8.94	2000.0	Income - Real Estate	
8.95	2000.0	Income - Real Estate	
8.96	2000.0	Income - Real Estate	
8.97	2000.0	Income - Real Estate	
8.98	2000.0	Income - Real Estate	
8.99	2000.0	Income - Real Estate	
8.100	2000.0	Income - Real Estate	

Part III: Facility Specific Realty Company Claimed Fixed Asset Expenses

Claimed Fixed Asset Depreciation Expenses

Note: This table does not include all fixed assets for the realty company, only those that can be claimed as residential care facility fixed assets. Allowable basis is the portion of fixed assets used for the care of qualifying related residents. Claimed expenses include original, sale, written-off, damaged, and fully depreciated assets. If the realty company owns fixed assets of other nursing, non-nursing or residential care programs, such as in an adult day care program, the related fixed asset expenses must be reported as disclosed on this schedule in column "Non-allowable Depreciation Expense". The allocation methodology for allocating fixed asset expenses must be reported in the business and depreciation schedule.

Table 1	1	2	3	4	5	6	7	8
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions	Claimed Dispositions	Allowable Cost Basis Ending Balance	Depreciation %	Depreciation Expense Reported on Financial Statements	Non-Allowable Depreciation Expense or Add-Backs
1.1	Land M/F 2				0			0
1.2	Building M/F 2				0	1.00%		0
1.3	Improvements M/F 2				0	33.33%		0
1.4	Equipment M/F 2				0	33.33%		0
1.5	Software Licenses (see Asset M/F 2)				0	33.33%		0
100	Total Claimed Fixed Asset Depreciation Expense	0			0		0	0

Claimed Other Fixed Asset Expenses

Table 2	1
Line #	Description
2.1	Long-Term Debt Capitalized Costs M/F 2
2.2	Net Capitalized Asset Tax - Non-income
2.3	Debt
2.4	Real Estate Taxes
2.5	Insurance Expenses
2.6	Other M/F 2
200	Total Claimed Fixed Asset Other Expenses

Total Claimed Fixed Asset Expenses

Table 3	1
Line #	Description
300	Total Claimed Fixed Asset Expenses

Detail of Other Operating Expenses A/C # 9502.2

Table 4	1	2	3
Line #	Expense Description	Reported Expense	Amount Not Deductible
4.1	Contract & Service		
4.2	Management Fee		
4.3	Real Estate		
4.4	Other M/F 2		
400	Total Other Operating Expenses	0	0

Part IV: Facility Specific Realty Company Mortgages and Notes Payable

SCHEDULE Mortgages & Notes

Supplemental Note 1: Report of mortgages and notes payable whether or not interest expense is incurred on this schedule. Each new note should be reported with all data fields completely filled in. New mortgages or enhancements of existing mortgages must be reported on a separate line. Total Mortgages and Notes as of December 31 and Total Expenses must match amounts reported in Part II Financial information above.

Mortgages and Notes Supporting Fixed Assets

Table 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Line #	Select Type of Notes Payable	Lender Name	Related Party/Select Yes/No	Date Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs	Beginning Loan Balance (Line 1)	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance (Line 1)	Interest Rate %	Interest Expense (B)	Period Expenses (C)	Total Fixed Interest (Interest Expense, Interest and Period Expense) (B + C1 + C2)
1.1																				
1.2																				
1.3																				
1.4																				
1.5																				
1.6																				
1.7																				
1.8																				
100	TOTALS								0	0									0	0

Equity Sum of A/C # 1400.0, 1400.0, and 1400.0

Equity A/C # 9502.0

Working Capital Debt

Table 2	1	2	3	4	5	6	7	8	9
Line #	Lender Name	Related Party/Select Yes/No	Business Balance (Line 1)	New Loan Amount	Loan Date	Principal Payment	Endline Balance (Line 1)	Interest Rate %	Interest Expense
2.1									
2.2									
2.3									
2.4									
2.5									
2.6									
200	TOTALS								0

Equity Sum of A/C # 1400.0, 1400.0, and 1400.0

Equity A/C # 9502.0