

Skilled Nursing Facility Cost Report
LIFE CARE CENTER OF THE SOUTH SHORE
Filing Year: 2023

Date: 12/19/2024
Time: 1:29 PM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	LIFE CARE CENTER OF THE SOUTH SHORE
1.2	MassHealth Provider ID	110101458A
1.3	Federal Employer Tax ID	471277947
1.4	VPN	0950400
1.5	Is the above information correct?	Yes
1.6	Facility Number	00533
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	309 Driftway
1.11	City	Scituate
1.12	Zip	02066
1.13	Telephone	+1 (781) 545-1370
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	Partnership/Limited Liability Partnership (LLP)
1.18	List the name of the management company as reported on the management company cost report.	Life Care Centers of America, Inc.
1.19	List the name of the entity that holds the nursing facility license.	South Shore Medical Investors, LLC
1.20	List realty company names as reported on each realty company cost report.	South Shore Real Estate Investors, LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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

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

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

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	595,707		595,707
1.2	Commercial Managed Care	134,103		134,103
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	2,565,880	202,577	2,768,457
1.5	Medicare Managed Care (Part C)	147,560	45,189	192,749
1.6	MassHealth Fee-for-Service	4,573,881		4,573,881
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	99,732		99,732
1.9	OneCare	10,797		10,797
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,408,171		1,408,171
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	9,535,831	247,766	9,783,597

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

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Other Nursing Facility Revenue		
Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	550
3.2	Endowment and Other Non-Recoverable Revenue	47,808
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	31,681
3.7	Interest Income	563
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	6
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	729
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	81,337

Detail of Endowment and Non-Recoverable Revenue			
Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Stimulus	47,808
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		47,808

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	9,864,934

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SCHEDULE 3 : EXPENSES

Nursing Expenses

Table 1		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
1.1	Director of Nurses: Salaries	214,186		214,186
1.2	Director of Nurses: Employee Benefits	4,230		4,230
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	7,125		7,125
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6)			0
1.100	Subtotal: Director of Nurses Expenses	225,541		225,541
1.7	Registered Nurses: Salaries	654,027		654,027
1.8	Registered Nurses: Employee Benefits	39,446		39,446
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	66,450		66,450
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	42,500	0	42,500
1.200	Subtotal: Registered Nurses Expenses	802,423		802,423
1.12	Licensed Practical Nurses: Salaries	1,535,639		1,535,639
1.13	Licensed Practical Nurses: Employee Benefits	92,619		92,619
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	156,025		156,025
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	956	0	956
1.300	Subtotal: Licensed Practical Nurses Expenses	1,785,239		1,785,239
1.17	Certified Nurse Aides: Salaries	2,138,548		2,138,548
1.18	Certified Nurse Aides: Employee Benefits	128,982		128,982
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	217,282		217,282
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	0	0	0
1.400	Subtotal: Certified Nurse Aides Expenses	2,484,812		2,484,812

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training	2,200		2,200
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	2,200		2,200
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	5,300,215		5,300,215

Less: Nursing Recoverable Income

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
1.700	Subtotal: Nursing & Director of Nursing Recoverable Income	0		0
100	Total: Net Nursing Expenses Including Recoverable Income	5,300,215		5,300,215

Administrative and General Expenses

Table 2		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
2.1	Administration: Salaries			0
2.2	Administration: Employee Benefits			0
2.3	Administration: Payroll Taxes incl Workers Comp.			0
2.4	Administration: Purchased Service	179,960		179,960
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	179,960		179,960
2.7	Clerical Staff: Salaries	440,817		440,817
2.8	Clerical Staff: Employee Benefits	26,943		26,943
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	45,828		45,828
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	513,588		513,588
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	31,450		31,450
2.12	Office Supplies	36,876	265	36,611
2.13	Telecommunications (e.g. Internet, Phone)	20,428		20,428

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	5,500		5,500
2.16	Advertising: Help Wanted	96,836		96,836
2.17	Licenses and Dues: Patient Care Related Portion	17,585	1,916	15,669
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	6,149		6,149
2.20	Insurance: Malpractice & General Liability	92,152	40,054	52,098
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	5,346		5,346
2.23	Non-Allowable A & G Expenses	1,247,859	1,247,859	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		4,650	4,650
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		284,591	284,591
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		33,908	33,908
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
2.300	Subtotal: Other Administrative and General Expenses	1,560,181		593,236
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	2,253,729		1,286,784
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		6	6
2.500	Subtotal: Administrative & General Recoverable Income	0		6
200	Total: Net Administrative & General Expenses After Recoverable Income	2,253,729		1,286,778

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Sales & Use Tax	5,346
2A.100	Subtotal: Other A&G Expenses	5,346

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Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	92,471
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	10,336
2B.6	Legal: Other	4,671
2B.7	Key Person Insurance	
2B.8	Management Company Fees	490,647
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	1,902
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	4,189
2B.15	User Fee Assessment	633,661
2B.16	Other Non-Allowable A&G Expenses	9,982
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	1,247,859

Variable Expenses

Table 3		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
3.1	Staff Development Coordinator: Salaries	217,725		217,725
3.2	Staff Dev. Coord.: Employee Benefits	12,523		12,523
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	10,745		10,745
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	240,993		240,993
3.5	Plant Operation: Salaries	118,511		118,511
3.6	Plant Operation: Employee Benefits	7,246		7,246
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	11,695		11,695

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3.8	Plant Operation: Purchased Service	136,020	18,079	117,941
3.9	Plant Operation: Supplies and Expenses	18,563	3,670	14,893
3.10	Plant Operation: Utilities	199,999		199,999
3.11	Plant Operation: Repairs	91,969		91,969
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)		97,458	97,458
3.200	Subtotal: Plant Operation Expenses	584,003		659,712
3.13	Dietician: Salaries	91,786		91,786
3.14	Dietician: Employee Benefits	6,343		6,343
3.15	Dietician: Payroll Taxes incl Workers Comp.	11,474		11,474
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	109,603		109,603
3.18	Dietary: Salaries	560,338		560,338
3.19	Dietary: Employee Benefits	38,722		38,722
3.20	Dietary: Payroll Taxes incl Workers Comp.	52,069		52,069
3.21	Dietary: Food	333,218	2,846	330,372
3.22	Dietary: Purchased Service	13,719		13,719
3.23	Dietary: Supplies and Expenses	36,340	434	35,906
3.400	Subtotal: Dietary Expenses	1,034,406		1,031,126
3.24	Housekeeping/Laundry: Salaries	423,013		423,013
3.25	Housekeeping/Laundry: Employee Benefits	25,072		25,072
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	44,014		44,014
3.27	Housekeeping/Laundry: Purchased Service	4,800		4,800
3.28	Housekeeping/Laundry: Supplies and Expenses	69,876	170	69,706
3.29	Housekeeping/Laundry: Linen and Bedding	24,355	119	24,236
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	591,130		590,841
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
3.600	Subtotal: QA Professional Expenses	0		0
3.36	Unit Clerk & Medical Records: Salaries	33,719		33,719

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3.37	Unit Clerk & Medical Records: Employee Benefits	6,901		6,901
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	8,476		8,476
3.39	Unit Clerk & Medical Records: Purchased Service	10,787		10,787
3.700	Subtotal: Unit Clerk and Medical Record Expenses	59,883		59,883
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	189,100		189,100
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	14,762		14,762
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	19,942		19,942
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	64,239		64,239
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	288,043		288,043
3.44	Behavioral Health Specialist: Salaries			0
3.45	Behavioral Health Specialist: Employee Benefits			0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.			0
3.47	Behavioral Health Specialist: Purchased Service			0
3.900	Subtotal: Behavioral Health Specialist Expenses	0		0
3.48	Social Service Worker: Salaries	120,584		120,584
3.49	Social Service Worker: Employee Benefits	7,016		7,016
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	12,005		12,005
3.51	Social Service Worker: Purchased Service	28,095		28,095
3.1000	Subtotal: Social Service Worker Expenses	167,700		167,700
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
3.1100	Subtotal: Interpreters Expenses	0		0
3.56	Indirect Restorative Therapy: Salaries			0
3.57	Indirect Restorative Therapy: Employee Benefits			0
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.			0
3.59	Indirect Restorative Therapy: Consultants			0
3.60	Direct Restorative Therapy: Salaries	664,762	664,762	0

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3.61	Direct Restorative Therapy: Benefits	103,828	103,828	0
3.62	Direct Restorative Therapy: Consultants	5,998	5,998	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	774,588		0
3.64	Recreational Therapy/Activities: Salaries	221,817		221,817
3.65	Recreational Therapy/Activities: Employee Benefits	41,432		41,432
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	25,430		25,430
3.67	Recreational Therapy/Activities: Purchased Service	12,332		12,332
3.68	Recreational Therapy/Activities: Supplies and Expenses	9,147		9,147
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	310,158		310,158
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	2,088	663	1,425
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	887		887
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	25,600		25,600
3.83	Physician Services: Advisory Physician	202		202
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	147,163	147,163	0
3.88	Personal Protective Equipment			0

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3.89	House Supplies Not Resold	144,436	1,858	142,578
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	144,091	144,091	0
3.92	Pharmacy Consultant	16,183		16,183
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
3.1600	Subtotal: Other Variable Expenses	480,650		186,875
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	4,641,157		3,644,934
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		729	729
3.1800	Subtotal: Variable Recoverable Income	0		729
300	Total: Net Variable Expenses Including Recoverable Income	4,641,157		3,644,205

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Capital & Fixed Cost Expenses				
Table 4		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	9,779	(164,598)	174,377
4.2	Long-Term Interest Expense SNF-CR			0
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			0
4.7	Building Insurance Expense REA-CR		68,636	68,636
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR		53,367	53,367
4.10	Personal Property Tax Expense SNF-CR	221		221
4.11	Personal Property Tax Expense REA-CR		3,611	3,611
4.12	Other Fixed Cost Expenses SNF-CR	49,808		49,808
4.13	Other Fixed Cost Expenses REA-CR		15,378	15,378
4.14	Real Property Rent Expense SNF-CR	404,227	404,227	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	464,035		365,398
Less: Capital & Fixed Cost Expense Recoverable Income				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
4.200	Subtotal: Capital & Fixed Cost Recoverable Income	0		0
400	Total: Net Capital & Fixed Cost Expenses Including Recoverable Income	464,035		365,398

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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	12,659,136		10,597,331
<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	12,659,136		10,596,596

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SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES

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

Other Business Revenue			
Table 2			1
Line / Column #	Account	Description	Reported
2.1	3025.3	Adult Day Health Revenue	
2.2	3025.6	Child Day Care Revenue	
2.3	3025.4	Assisted Living Revenue	
2.4	3025.5	Outpatient Services Revenue	
2.5	3025.7	Other Special Program Revenue	
2.6	3026.1	Hospital Revenue – Other Business	
2.7	3026.3	Residential Care Revenue	
2.8	3026.2	Other	550
200	3026.0	TOTAL OTHER BUSINESS REVENUE	550

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

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

Financial Statement of Operations

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	9,783,597
1A.2	Other Revenue	80,774
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	9,864,371
1A.4	Salaries and Wages	7,698,829
1A.5	Employee Benefits	452,237
1A.6	Supplies and Other (including Payroll Taxes)	4,492,200
1A.7	Interest Expense	1,902
1A.8	Provision for Bad Debt	4,189
1A.9	Depreciation and Amortization Expenses	9,779
1A.200	Total Operating Expenses	12,659,136
1A.300	Income(Loss) from Operations	(2,794,765)
	Non-Operating Income and Expenses	
1A.10	Interest Income	563
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	(2,794,202)
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	(2,794,202)

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

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

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	9,864,934
2.2	Total Nursing Expenses (Schedule 3)	5,300,215
2.3	Total Administrative and General Expenses (Schedule 3)	2,253,729
2.4	Total Variable Expenses (Schedule 3)	4,641,157
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	464,035
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	12,659,136
200	Cost Reported Net Income(Loss)	(2,794,202)

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)		(2,794,202)
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)		(2,794,202)

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

Current Assets		
Table 1		1
Line #	Description	Account Balance
1.1	Cash and Cash Equivalents	259,220
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	898,417
1.6	Less Reserve for Bad Debt	(126,526)
1.100	Subtotal: Net Patient Accounts Receivable	771,891
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	208,833
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	12,328
1.12	Prepaid Interest	
1.13	Prepaid Insurance	
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	
1.16	Capitalized Pre-Opening Costs	2,536
1.17	Other Current Assets	0
100	Total Current Assets	1,254,808

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

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	21,621
2.4	Equipment	10,962
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	32,583

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	2,458,847
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	6,500
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	2,465,347

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

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	3,752,738

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	292,522
5.2	Accrued Expenses	165,422
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	254,505
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	216,319
5.10	Other Current Liabilities	0
500	Total Current Liabilities	928,768

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1		
5A.100	Subtotal: Other Current Liabilities	0

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	8,242,105
6.3	Other Long-Term Debt	2,395,597
600	Total Non-Current Liabilities	10,637,702

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	11,566,470

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

Table 8		
Table 8B		1
Proprietorship, Partnership, or Limited Liability Company (LLC)		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	(4,942,354)
8B.2	Prior Period Adjustment(s)	0
8B.3	Capital Contributions During the Year	
8B.4	SNF-CR Net Income/(Loss)	(2,794,202)
8B.5	Proprietor/Partner Drawings	(77,176)
8B.100	Owner's Equity Balance: Current Year	(7,813,732)

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

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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)	3,752,738

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SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0			0	0
1.3	Improvements	103,271		(9,145)	94,126	(67,649)	(4,856)	(72,505)	21,621
1.4	Equipment	85,242			85,242	(69,357)	(4,923)	(74,280)	10,962
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles	46,549			46,549	(46,549)		(46,549)	0
100	Total	235,062	0	(9,145)	225,917	(183,555)	(9,779)	(193,334)	32,583

Claimed Fixed Assets

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

Table 2		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR						0				
2.2	Land REA-CR	97,500					97,500				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	1,140,185					1,140,185			28,505	28,505
2.5	Improvements SNF-CR	103,271					103,271	5.00%	4,856	308	5,164
2.6	Improvements REA-CR	2,010,017		38,376		(48,868)	1,999,525	5.00%		99,976	99,976
2.7	Equipment SNF-CR	85,242					85,242	10.00%	4,923	3,601	8,524

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2.8	Equipment REA-CR	338,213		75,458		(91,593)	322,078	10.00%		32,208	32,208
2.9	Software/Limited Life Assets SNF-CR						0	33.33%	0		0
2.10	Software/Limited Life Assets REA-CR						0	33.33%			0
200	Total Claimed Fixed Assets	3,774,428	0	113,834	0	(140,461)	3,747,801		9,779	164,598	174,377

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1976
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2023
3.3	What was the value from the most recent municipal property assessment for this facility?	5,575,400
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?	60
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	20,904
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	13,144
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	1
3.10	What is the total acreage of the facility site?	5.0
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

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	211,432

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(2,794,203)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	9,778
2.3	Increases (Decreases) to Cash Provided by Operating Activities	77,119
200	Net Cash from Operating Activities	(2,707,306)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	
3.2	Cash Flows from Other Investing Activities	84,772
300	Net Cash from Investing Activities	84,772

Cash Flows from Financing Activities

Table 4		1
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	
4.3	Cash Flows from Other Financing Activities	2,670,322
400	Net Cash from Financing Activities	2,670,322

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	47,788
500	Cash and Cash Equivalents (End of Year)	259,220

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SCHEDULE 9 : LICENSURE & PATIENT STATISTICS

Bed Licensure

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	11/01/2020	117			117	117
1.2					0	
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.	117				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	1,166	288		3,673	216	22,728
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)	28	16				388
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	1,194	304	0	3,673	216	23,116

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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
	359	20						28,450
								0
								0
								0
								0
								0
								0
								0
								0
								432
								0
								0
								0
0	359	20	0	0	0	0	0	28,882

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Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	366
3.2	0140.1	Number of MassHealth Admissions During Year	126
3.3	0150.0	Number of Discharges During Year	385
3.4	0190.0	Average Length of Stay	75
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	130
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	83

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SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES

<i>Detail of Staff Nursing Services Wages and Hours</i>							
Table 1		1	2	3	4	5	6
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	567,363	11,830.9	1,105,543	28,669.3	1,543,480	57,733.2
1.2	Total Overtime Wages	53,633	834.1	323,130	3,200.0	355,631	8,493.0
1.3	Total Shift Differential	33,031		106,966		239,437	
1.4	Total Other Differentials						
100	Total	654,027	12,665.0	1,535,639	31,869.3	2,138,548	66,226.2

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

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Detail of Staff and Hours by Position

Table 3		1	2	3
Line #	Description	Number of Staff	Total Full Time Equivalents	Total Hours
3.1	Staff Development	3	1.7	5,288.6
3.2	Plant Operations	4	1.7	3,637.0
3.3	Dietary Staff	21	10.0	20,871.1
3.4	Dietician	1	0.8	1,729.7
3.5	Housekeeping/Laundry Staff	26	10.0	20,702.8
3.6	Unit Clerk & Medical Records Staff	3	2.3	4,693.7
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	7	2.4	5,018.5
3.9	Social Services Staff	2	1.4	2,914.1
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	28	7.5	15,596.4
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	12	5.1	10,646.2
3.14	Administration and Officers	2	1.0	1,977.4
3.15	Security Staff			
3.16	Clerical Staff	19	7.7	15,913.4
3.17	Director of Nurses	1	0.5	938.9
3.18	Registered Nurses	28	6.0	12,665.0
3.19	Licensed Practical Nurses	31	15.3	31,869.3
3.20	Certified Nurse Aides	53	31.8	66,226.2
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
300	Total	241	105.2	220,688.3

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Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies									
Registered Temporary Nursing Service Agencies										
4.2	MAS Medical Staffing Corporation (Londonderry, NH)	TEJU	475.0	42,500	12.8	956				
4.200	Subtotal: Registered Temporary Nursing Service Agencies		475.0	42,500	12.8	956	0.0	0	0.0	0
400	Total Temporary Nursing Service Agency Expenses		475.0	42,500	12.8	956	0.0	0	0.0	0
Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)										
	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.									
Table 5	1	2	3	4	5	6	7	8		
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/ Draws	Other	TOTAL		
5.1	Lujares	Cheryl	LPN Unit Nurse	Nursing	178,179			178,179		
5.2	Muyizzi	Solomon	LPN Unit Nurse	Nursing	175,319			175,319		
5.3	Siddall	Patrice	LPN Unit Nurse	Nursing	137,414			137,414		
5.4	Civil	Wyldie	CNA	Nursing	125,134			125,134		
5.5	Wurtzbarger	Lauren	LPN Unit Nurse	Nursing	121,676			121,676		

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

SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT

Mortgages and Notes Supporting Fixed Assets

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

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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
					0				0
					0		0	0	0

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

SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES

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

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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:

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
04/19/2024 12:04PM	(1) Footnotes and Explanations	Footnotes and Explanations.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	Carolyn Ellis
04/19/2024 12:04PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Carolyn Ellis
04/19/2024 12:05PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Carolyn Ellis
04/19/2024 12:05PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Carolyn Ellis
04/19/2024 12:05PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Carolyn Ellis

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

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

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Section B - Certification by Owner, Partner, or Officer

A) ACCURACY OF REPORTED COSTS: I declare and affirm under the penalties of perjury that this cost report and supporting schedules have been examined by me and, to the best of my knowledge and belief, are a true and correct statement of total operating expenditures, balance sheet, earnings and expenses, and other required information. Further, I declare that the report and supplemental information were prepared from the books and records of the provider, unless otherwise noted, in accordance with applicable federal and state laws, regulations and instructions. I understand that any payment resulting from this report will be from state and federal funds and that any false statements or documents, or the concealment of a material fact, may be prosecuted under applicable federal and state laws. I also understand that this report and supporting schedules are subject to audit and verification by the Center for Health Information and Analysis or any other state or federal agency or their subcontractors. I will keep all records, books, and other information pertaining to this cost report for a period of five years. If there is an unresolved audit exception, I will keep these records until all issues are resolved.

B) USE OF PUBLIC FUNDS: Section 681 of Chapter 26 of the Acts of 2003 requires that a nursing home or health care facility receiving public funds must certify that these funds shall not be used directly or indirectly for political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing. In accordance with Section 681, I hereby certify to the best of my knowledge, by said signature, that from and after the date of this certification, the facility shall not use public funds received from the Commonwealth of Massachusetts, directly or indirectly, for purposes of political contributions, lobbying activities, entertainment expenses or efforts to assist, promote, deter or discourage union organizing.

This certification is signed under pains and penalties of perjury.

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

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

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

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request