

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

Filing Year: 2022

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SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	LIFE CARE CENTER OF LEOMINSTER
1.2	MassHealth Provider ID	110026341A
1.3	Federal Employer Tax ID	341991264
1.4	VPN	0920240
1.5	Is the above information correct?	Yes
1.6	Facility Number	00162
1.7	This line is intentionally left blank	
1.8	Reporting Period From	01/01/2022
1.9	Reporting Period To	12/31/2022
1.10	Street Address	370 West Street
1.11	City	Leominster
1.12	Zip	01453
1.13	Telephone	+1 (978) 537-0771
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.	Fairlawn Medical Investors, LLC
1.20	List realty company names as reported on each realty company cost report.	Leominster Real Estate investor, 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 Leominster
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 Leominster
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

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Owner Business Information

Please use this table to provide information on any other Massachusetts public payer programs that the direct and indirect owners of this facility operate.

Table 4	1	2	3	4	5	6
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1						
4.2						
4.3						
4.4						
4.5						
4.6						
4.7						
4.8						

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	1,686,936	498	1,687,434
1.2	Commercial Managed Care	80,125		80,125
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	4,265,225	124,148	4,389,373
1.5	Medicare Managed Care (Part C)	1,078,799	63,000	1,141,799
1.6	MassHealth Fee-for-Service	4,239,461		4,239,461
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	692,869		692,869
1.9	OneCare	62,317		62,317
1.10	PACE	1,194,991		1,194,991
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	858,711		858,711
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	14,159,434	187,646	14,347,080

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	957
3.2	Endowment and Other Non-Recoverable Revenue	774,979
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	709
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	16,194
3.7	Interest Income	1,069
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	1,616
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	61,404
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	856,928

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	774,979
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		774,979

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	15,204,008

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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	230,658		230,658
1.2	Director of Nurses: Employee Benefits	14,398		14,398
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	14,412		14,412
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	259,468		259,468
1.7	Registered Nurses: Salaries	1,048,168		1,048,168
1.8	Registered Nurses: Employee Benefits	96,032		96,032
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	95,886		95,886
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	1,804	0	1,804
1.200	Subtotal: Registered Nurses Expenses	1,241,890		1,241,890
1.12	Licensed Practical Nurses: Salaries	1,364,766		1,364,766
1.13	Licensed Practical Nurses: Employee Benefits	125,038		125,038
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	124,849		124,849
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	159,408	0	159,408
1.300	Subtotal: Licensed Practical Nurses Expenses	1,774,061		1,774,061
1.17	Certified Nurse Aides: Salaries	2,184,815		2,184,815
1.18	Certified Nurse Aides: Employee Benefits	200,170		200,170
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	199,867		199,867
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	83,242	0	83,242
1.400	Subtotal: Certified Nurse Aides Expenses	2,668,094		2,668,094

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1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
1.500	Subtotal: Other Nursing Expenses	0		0
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	5,943,513		5,943,513

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	5,943,513		5,943,513

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	53,226	53,226	0
2.3	Administration: Payroll Taxes incl Workers Comp.			0
2.4	Administration: Purchased Service	130,939		130,939
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	184,165		130,939
2.7	Clerical Staff: Salaries	359,794		359,794
2.8	Clerical Staff: Employee Benefits	24,264		24,264
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	39,110		39,110
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	423,168		423,168
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	64,521		64,521
2.12	Office Supplies	54,083	201	53,882
2.13	Telecommunications (e.g. Internet, Phone)	28,465		28,465

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	3,585		3,585
2.16	Advertising: Help Wanted	33,276		33,276
2.17	Licenses and Dues: Patient Care Related Portion	19,383	2,115	17,268
2.18	Continuing Professional Education / Training and Development	27		27
2.19	Accounting Services (Not related to appeals)	951		951
2.20	Insurance: Malpractice & General Liability	110,396	40,780	69,616
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	9,386		9,386
2.23	Non-Allowable A & G Expenses	2,932,900	2,932,900	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		62	62
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		372,555	372,555
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		47,876	47,876
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	3,256,973		701,470
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,864,306		1,255,577
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		1,616	1,616
2.500	Subtotal: Administrative & General Recoverable Income	0		1,616
200	Total: Net Administrative & General Expenses After Recoverable Income	3,864,306		1,253,961

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Sales & Use Tax	9,386
2A.100	Subtotal: Other A&G Expenses	9,386

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	333,786
2B.2	Licenses and Dues: Not Related to Resident Care	
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	10,230
2B.7	Key Person Insurance	
2B.8	Management Company Fees	
2B.9	Management Consultants	717,868
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	9,765
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	71,661
2B.15	User Fee Assessment	679,167
2B.16	Other Non-Allowable A&G Expenses	1,110,423
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	2,932,900

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	119,335		119,335
3.2	Staff Dev. Coord.: Employee Benefits	8,821		8,821
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	6,930		6,930
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	135,086		135,086
3.5	Plant Operation: Salaries	197,080		197,080
3.6	Plant Operation: Employee Benefits	14,810		14,810
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	17,777		17,777

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3.8	Plant Operation: Purchased Service	139,286	21,310	117,976
3.9	Plant Operation: Supplies and Expenses	36,570	5,482	31,088
3.10	Plant Operation: Utilities	237,172		237,172
3.11	Plant Operation: Repairs	44,218		44,218
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	686,913		660,121
3.13	Dietician: Salaries	69,427		69,427
3.14	Dietician: Employee Benefits	5,208		5,208
3.15	Dietician: Payroll Taxes incl Workers Comp.	7,887		7,887
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	82,522		82,522
3.18	Dietary: Salaries	641,257		641,257
3.19	Dietary: Employee Benefits	48,099		48,099
3.20	Dietary: Payroll Taxes incl Workers Comp.	60,140		60,140
3.21	Dietary: Food	360,203	3,592	356,611
3.22	Dietary: Purchased Service	3,776		3,776
3.23	Dietary: Supplies and Expenses	48,942	282	48,660
3.400	Subtotal: Dietary Expenses	1,162,417		1,158,543
3.24	Housekeeping/Laundry: Salaries	401,647		401,647
3.25	Housekeeping/Laundry: Employee Benefits	31,284		31,284
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	37,900		37,900
3.27	Housekeeping/Laundry: Purchased Service	620		620
3.28	Housekeeping/Laundry: Supplies and Expenses	48,889	456	48,433
3.29	Housekeeping/Laundry: Linen and Bedding	23,839	281	23,558
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	544,179		543,442
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	77,494		77,494

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3.37	Unit Clerk & Medical Records: Employee Benefits	9,251		9,251
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	10,260		10,260
3.39	Unit Clerk & Medical Records: Purchased Service	36,864		36,864
3.700	Subtotal: Unit Clerk and Medical Record Expenses	133,869		133,869
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	213,536		213,536
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	18,010		18,010
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	19,077		19,077
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	30,384		30,384
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	281,007		281,007
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	91,054		91,054
3.49	Social Service Worker: Employee Benefits	7,008		7,008
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	8,399		8,399
3.51	Social Service Worker: Purchased Service	7,200		7,200
3.1000	Subtotal: Social Service Worker Expenses	113,661		113,661
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	969,100	969,100	0

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3.61	Direct Restorative Therapy: Benefits	160,643	160,643	0
3.62	Direct Restorative Therapy: Consultants	3,608	3,608	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	1,133,351		0
3.64	Recreational Therapy/Activities: Salaries	253,167		253,167
3.65	Recreational Therapy/Activities: Employee Benefits	52,617		52,617
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	25,207		25,207
3.67	Recreational Therapy/Activities: Purchased Service	7,161		7,161
3.68	Recreational Therapy/Activities: Supplies and Expenses	6,666		6,666
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	344,818		344,818
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	4,022		4,022
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	1,643		1,643
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	60,000	21,720	38,280
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other			0
3.87	Legend Drugs	312,941	312,941	0
3.88	Personal Protective Equipment			0

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3.89	House Supplies Not Resold	444,627	2,362	442,265
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	232,638	232,638	0
3.92	Pharmacy Consultant	22,794		22,794
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	1,078,665		509,004
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	5,696,488		3,962,073
Less: Variable Recoverable Income				
3.96	Vending Machine Income		709	709
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		61,404	61,404
3.1800	Subtotal: Variable Recoverable Income	0		62,113
300	Total: Net Variable Expenses Including Recoverable Income	5,696,488		3,899,960

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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	73,501	(114,599)	188,100
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		117,197	117,197
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	34,203		34,203
4.7	Building Insurance Expense REA-CR		1,056	1,056
4.8	Real Estate Tax Expense SNF-CR	46,986		46,986
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR	4,147		4,147
4.11	Personal Property Tax Expense REA-CR		6,737	6,737
4.12	Other Fixed Cost Expenses SNF-CR	554		554
4.13	Other Fixed Cost Expenses REA-CR		100	100
4.14	Real Property Rent Expense SNF-CR	320,097	320,097	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	479,488		399,080
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	479,488		399,080

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Total Combined Expenses Before Recoverable Income				
Table 5		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
500	Total Combined Expenses Before Recoverable Income	15,983,795		11,560,243
Total Combined Expenses Net of Recoverable Income				
Table 6		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
600	Total Combined Expenses Net of Recoverable Income	15,983,795		11,496,514

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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	957
200	3026.0	TOTAL OTHER BUSINESS REVENUE	957

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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	14,347,080
1A.2	Other Revenue	855,859
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	15,202,939
1A.4	Salaries and Wages	8,467,728
1A.5	Employee Benefits	708,234
1A.6	Supplies and Other (including Payroll Taxes)	6,652,905
1A.7	Interest Expense	9,765
1A.8	Provision for Bad Debt	71,661
1A.9	Depreciation and Amortization Expenses	73,502
1A.200	Total Operating Expenses	15,983,795
1A.300	Income(Loss) from Operations	(780,856)
	Non-Operating Income and Expenses	
1A.10	Interest Income	1,069
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	(779,787)
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)	(779,787)

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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)	15,204,008
2.2	Total Nursing Expenses (Schedule 3)	5,943,513
2.3	Total Administrative and General Expenses (Schedule 3)	3,864,306
2.4	Total Variable Expenses (Schedule 3)	5,696,488
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	479,488
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	15,983,795
200	Cost Reported Net Income(Loss)	(779,787)

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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)		(779,787)
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)		(779,787)

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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	909,481
1.2	Short-Term Investments	
1.3	Current Portion Assets Whose Use is Limited	
1.4	Other Cash and Equivalents	
1.5	Payer Accounts Receivable	2,084,293
1.6	Less Reserve for Bad Debt	(187,499)
1.100	Subtotal: Net Patient Accounts Receivable	1,896,794
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	25,268
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	
1.12	Prepaid Interest	
1.13	Prepaid Insurance	
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	
1.16	Capitalized Pre-Opening Costs	72,627
1.17	Other Current Assets	0
100	Total Current Assets	2,904,170

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	193,433
2.4	Equipment	172,540
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	365,973

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	4,526,125
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	
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	4,526,125

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	7,796,268

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	330,912
5.2	Accrued Expenses	186,202
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	310,157
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	355,485
5.10	Other Current Liabilities	0
500	Total Current Liabilities	1,182,756

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	(33,549)
6.3	Other Long-Term Debt	4,386,038
600	Total Non-Current Liabilities	4,352,489

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	5,535,245

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	2,340,810
8B.2	Prior Period Adjustment(s)	0
8B.3	Capital Contributions During the Year	1,450,000
8B.4	SNF-CR Net Income/(Loss)	(779,787)
8B.5	Proprietor/Partner Drawings	(750,000)
8B.100	Owner's Equity Balance: Current Year	2,261,023

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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<i>Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)</i>		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	7,796,268

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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	386,137	28,602		414,739	(187,363)	(33,943)	(221,306)	193,433
1.4	Equipment	378,481	54,928		433,409	(221,311)	(39,558)	(260,869)	172,540
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles	51,890			51,890	(51,890)		(51,890)	0
100	Total	816,508	83,530	0	900,038	(460,564)	(73,501)	(534,065)	365,973

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	27,773					27,773				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	2,368,901					2,368,901			59,223	59,223
2.5	Improvements SNF-CR	386,137		28,602		(1,567)	413,172	5.00%	33,943	(13,284)	20,659
2.6	Improvements REA-CR	1,322,411					1,322,411	5.00%		66,121	66,121
2.7	Equipment SNF-CR	368,609		54,928		(2,559)	420,978	10.00%	39,558	2,539	42,097

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2.8	Equipment REA-CR	40,875					40,875	10.00%			0
2.9	Software/Limited Life Assets SNF-CR						0	33.33%	0		0
2.10	Software/Limited Life Assets REA-CR						0	33.33%			0
200	Total Claimed Fixed Assets	4,514,706	0	83,530	0	(4,126)	4,594,110		73,501	114,599	188,100

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1975
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2022
3.3	What was the value from the most recent municipal property assessment for this facility?	3,194,200
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?	68
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	29,828
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	14,913
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	183
3.10	What is the total acreage of the facility site?	3.5
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

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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)	2,010,666

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(779,797)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	70,472
2.3	Increases (Decreases) to Cash Provided by Operating Activities	3,568,090
200	Net Cash from Operating Activities	2,858,765

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	
3.2	Cash Flows from Other Investing Activities	(4,407,520)
300	Net Cash from Investing Activities	(4,407,520)

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	447,570
400	Net Cash from Financing Activities	447,570

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(1,101,185)
500	Cash and Cash Equivalents (End of Year)	909,481

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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	07/02/2021	133			133	133
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.	133				
1.7	Is above listed bed licensure information correct?	Yes				

Patient Statistics - Days

Table 2		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	3,848	92		6,564	2,126	19,496
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)	39	63				244
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	3,887	155	0	6,564	2,126	19,740

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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
	2,049	115	3,699					37,989
								0
								0
								0
								0
								0
								0
								0
								0
								346
								0
								0
								0
0	2,049	115	3,699	0	0	0	0	38,335

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Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	728
3.2	0140.1	Number of MassHealth Admissions During Year	105
3.3	0150.0	Number of Discharges During Year	742
3.4	0190.0	Average Length of Stay	52
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	401
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	101

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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	769,318	18,733.7	1,206,811	30,264.3	1,756,434	80,713.3
1.2	Total Overtime Wages	233,749	3,900.9	102,523	4,499.4	259,265	7,878.0
1.3	Total Shift Differential	45,101		55,432		169,116	
1.4	Total Other Differentials						
100	Total	1,048,168	22,634.6	1,364,766	34,763.7	2,184,815	88,591.3

<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	3.00	2.00	6.00	5.00
2.2	Licensed Practical Nurses	4.00	3.00	2.00	6.00	5.00
2.3	Certified Nurse Aides	4.00	3.00	2.00	6.00	5.00

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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	5	1.7	3,623.0
3.2	Plant Operations	4	2.9	5,959.3
3.3	Dietary Staff	43	15.1	31,370.8
3.4	Dietician	3	0.8	1,657.7
3.5	Housekeeping/Laundry Staff	27	10.5	21,839.8
3.6	Unit Clerk & Medical Records Staff	4	2.4	4,947.8
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	5	2.8	5,862.5
3.9	Social Services Staff	2	1.1	2,251.7
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	21	11.2	23,233.1
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	23	6.2	12,986.2
3.14	Administration and Officers	2	0.9	1,789.4
3.15	Security Staff			
3.16	Clerical Staff	21	8.6	17,957.5
3.17	Director of Nurses	2	1.2	2,488.1
3.18	Registered Nurses	31	10.1	22,634.6
3.19	Licensed Practical Nurses	38	16.7	34,763.7
3.20	Certified Nurse Aides	148	42.6	88,591.3
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	379	134.8	281,956.5

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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	Norton and Associates Inc	TOWP			105.0	3,423	399.5	11,675		
4.3	MAS Medical Staffing Corporation (Londonderry, NH)	TEJU	25.5	1,804	2,309.3	155,985	1,761.8	71,567		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		25.5	1,804	2,414.3	159,408	2,161.3	83,242	0.0	0
400	Total Temporary Nursing Service Agency Expenses		25.5	1,804	2,414.3	159,408	2,161.3	83,242	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	Ahmer	Junaid	RN Unit Nurse	Nursing	255,504			255,504
5.2	Ataba	Lawrence	CNA	Nursing	177,253			177,253
5.3	Durrett	Lisa	RN Unit Nurse	Nursing	174,263			174,263
5.4	Walls	Pamela	Director of Rehab	Other	131,774			131,774
5.5	Amico	Lynette	LPN Unit Nurse	Nursing	126,623			126,623

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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

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

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SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT**Mortgages and Notes Supporting Fixed Assets**

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgag e Acquired	Due Date	Number of Months Amortize d	Monthly Payment s	Original Loan Amount	Mortgag e Acquisiti on Costs	Amortiza tion of Mortgag e Acquisiti on Costs
1.1										
100	TOTALS								0	0

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11	12	13	14	15	16	17	18	19	20
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 Amortization, Interest and Period Expenses
					0				0
					0		0	0	0

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Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginnin g 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 MUST 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 MUST 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
08/31/2023 11:34AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Carolyn Ellis
08/31/2023 11:35AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Carolyn Ellis
08/31/2023 11:35AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Carolyn Ellis
09/08/2023 3:21PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	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 Leominster
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:	09/11/2023

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	09/12/2023
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