

Skilled Nursing Facility Cost Report
LOOMIS LAKESIDE AT REEDS LANDING
Filing Year: 2022

Date: 11/28/2023
Time: 10:44 AM

SCHEDULE 1 : GENERAL INFORMATION

Facility Information		
Table 1		1
Line #	Description	
1.1	Facility Name	LOOMIS LAKESIDE AT REEDS LANDING
1.2	MassHealth Provider ID	110083016A
1.3	Federal Employer Tax ID	043314106
1.4	VPN	0950028
1.5	Is the above information correct?	Yes
1.6	Facility Number	01117
1.7	This line is intentionally left blank	
1.8	Reporting Period From	01/01/2022
1.9	Reporting Period To	12/31/2022
1.10	Street Address	807 WILBRAHAM ROAD - 1ST FLOOR DIVISION OF CCRC
1.11	City	SPRINGFIELD
1.12	Zip	01109
1.13	Telephone	+1 (413) 782-1800
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	MA Corp (Chapter 156B with 501c(3) exemption)
1.18	List the name of the management company as reported on the management company cost report.	LOOMIS COMMUNITIES, INC.
1.19	List the name of the entity that holds the nursing facility license.	LOOMIS LAKESIDE AT REEDS LANDING
1.20	List realty company names as reported on each realty company cost report.	NONE
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

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

Preparer Information		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
Table 3		1
Line #	Description	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	JANET O'NEILL
3.3	Nursing Facility or Firm Name	MAYER HOFFMAN MCCANN, P.C.
3.4	Title	SHAREHOLDER
3.5	Street Address	500 BOYLSTON STREET
3.6	City	BOSTON
3.7	State	MA
3.8	Zip Code	02116
3.9	Phone Number	+1 (617) 761-0554
3.10	Email Address	JONEILL@CBIZ.COM
3.11	Type of Accounting Service Performed	Compilation

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

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SCHEDULE 2 : REVENUE

Nursing Facility Revenue				
Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	2,805,677		2,805,677
1.2	Commercial Managed Care			0
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	1,433,419	156,826	1,590,245
1.5	Medicare Managed Care (Part C)	170,834		170,834
1.6	MassHealth Fee-for-Service	1,167,551		1,167,551
1.7	MassHealth Managed Care			0
1.8	Senior Care Options			0
1.9	OneCare			0
1.10	PACE			0
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount			0
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	5,577,481	156,826	5,734,307

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	6,860,913
3.2	Endowment and Other Non-Recoverable Revenue	409,978
3.3	Laundry Revenue	211
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	
3.7	Interest Income	14,813
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	68,353
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	7,354,268

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)	Realized Gain	55,553
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Unrealized Loss	(651,175)
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Interest and Dividends	67,856
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		937,744
400	Total Endowment and Non-Recoverable Revenue		409,978

Total Revenue		
Table 5		1
Line #	Description	Total
500	Total Revenue	13,088,575

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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	133,336		133,336
1.2	Director of Nurses: Employee Benefits	4,282		4,282
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	12,289		12,289
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	149,907		149,907
1.7	Registered Nurses: Salaries	453,156		453,156
1.8	Registered Nurses: Employee Benefits	25,458		25,458
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	41,929		41,929
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	100,934	0	100,934
1.200	Subtotal: Registered Nurses Expenses	621,477		621,477
1.12	Licensed Practical Nurses: Salaries	444,278		444,278
1.13	Licensed Practical Nurses: Employee Benefits	32,859		32,859
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	41,620		41,620
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	80,055	0	80,055
1.300	Subtotal: Licensed Practical Nurses Expenses	598,812		598,812
1.17	Certified Nurse Aides: Salaries	679,457		679,457
1.18	Certified Nurse Aides: Employee Benefits	86,906		86,906
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	61,831		61,831
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	110,657	0	110,657
1.400	Subtotal: Certified Nurse Aides Expenses	938,851		938,851

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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	2,309,047		2,309,047

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	2,309,047		2,309,047

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	25,551		25,551
2.2	Administration: Employee Benefits	3,493		3,493
2.3	Administration: Payroll Taxes incl Workers Comp.	3,050		3,050
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)		174,538	174,538
2.100	Subtotal: Administration & Officers Expenses	32,094		206,632
2.7	Clerical Staff: Salaries	18,837		18,837
2.8	Clerical Staff: Employee Benefits	4,726		4,726
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	741		741
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	24,304		24,304
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services			0
2.12	Office Supplies	7,896		7,896
2.13	Telecommunications (e.g. Internet, Phone)			0

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	1,203		1,203
2.16	Advertising: Help Wanted	2,555		2,555
2.17	Licenses and Dues: Patient Care Related Portion	9,834		9,834
2.18	Continuing Professional Education / Training and Development	3,312		3,312
2.19	Accounting Services (Not related to appeals)	12,283		12,283
2.20	Insurance: Malpractice & General Liability	24,306		24,306
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	25,855		25,855
2.23	Non-Allowable A & G Expenses	475,298	475,298	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)			0
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		174,538	174,538
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		2,637	2,637
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	562,542		264,419
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	618,940		495,355
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		0	0
2.500	Subtotal: Administrative & General Recoverable Income	0		
200	Total: Net Administrative & General Expenses After Recoverable Income	618,940		495,355

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<i>Detail of Other A&G Expenses</i>		
Table 2A	1	2
Line #	Description	Amount
2A.1	SOFTWARE LICENSES	16,844
2A.2	EXCISE TAXES	3,334
2A.3	INVESTMENT FEES	2,089
2A.4	CONSULTANT	682
2A.5	GENERAL INSURANCE	1,309
2A.6	DONATIONS	744
2A.7	OUTSIDE LABOR	489
2A.8	FILING FEES	281
2A.9	SUBSCRIPTIONS	80
2A.10	BANK FEES	3
2A.100	Subtotal: Other A&G Expenses	25,855

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Detail of Non-Allowable A & G Expenses		
Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	
2B.2	Licenses and Dues: Not Related to Resident Care	
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	3,868
2B.7	Key Person Insurance	
2B.8	Management Company Fees	250,933
2B.9	Management Consultants	
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	22
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	220,475
2B.15	User Fee Assessment	
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	475,298

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			0
3.2	Staff Dev. Coord.: Employee Benefits			0
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.			0
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	0		0
3.5	Plant Operation: Salaries	106,366		106,366
3.6	Plant Operation: Employee Benefits	3,644		3,644
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	1,422		1,422

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3.8	Plant Operation: Purchased Service	47,059		47,059
3.9	Plant Operation: Supplies and Expenses	10,532		10,532
3.10	Plant Operation: Utilities	105,651		105,651
3.11	Plant Operation: Repairs	2,809		2,809
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
3.200	Subtotal: Plant Operation Expenses	277,483		277,483
3.13	Dietician: Salaries			0
3.14	Dietician: Employee Benefits			0
3.15	Dietician: Payroll Taxes incl Workers Comp.			0
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	0		0
3.18	Dietary: Salaries	430,725		430,725
3.19	Dietary: Employee Benefits	26,633		26,633
3.20	Dietary: Payroll Taxes incl Workers Comp.	40,995		40,995
3.21	Dietary: Food	241,531		241,531
3.22	Dietary: Purchased Service	110,110		110,110
3.23	Dietary: Supplies and Expenses	43,193		43,193
3.400	Subtotal: Dietary Expenses	893,187		893,187
3.24	Housekeeping/Laundry: Salaries	39,460		39,460
3.25	Housekeeping/Laundry: Employee Benefits	4,726		4,726
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	3,721		3,721
3.27	Housekeeping/Laundry: Purchased Service	9,378		9,378
3.28	Housekeeping/Laundry: Supplies and Expenses	3,597		3,597
3.29	Housekeeping/Laundry: Linen and Bedding	3,897		3,897
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	64,779		64,779
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	49,680		49,680

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3.37	Unit Clerk & Medical Records: Employee Benefits	18,672		18,672
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	4,130		4,130
3.39	Unit Clerk & Medical Records: Purchased Service	105,132		105,132
3.700	Subtotal: Unit Clerk and Medical Record Expenses	177,614		177,614
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	91,470		91,470
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	10,698		10,698
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	7,651		7,651
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	109,819		109,819
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	63,854		63,854
3.49	Social Service Worker: Employee Benefits	1,350		1,350
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	10,595		10,595
3.51	Social Service Worker: Purchased Service	8,190		8,190
3.1000	Subtotal: Social Service Worker Expenses	83,989		83,989
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		0	0

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3.61	Direct Restorative Therapy: Benefits		0	0
3.62	Direct Restorative Therapy: Consultants	307,051	307,051	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	307,051		0
3.64	Recreational Therapy/Activities: Salaries	51,423		51,423
3.65	Recreational Therapy/Activities: Employee Benefits	21,609		21,609
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	11,238		11,238
3.67	Recreational Therapy/Activities: Purchased Service	2,362		2,362
3.68	Recreational Therapy/Activities: Supplies and Expenses	55		55
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	86,687		86,687
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	30,467		30,467
3.75	Security: Employee Benefits	1,278		1,278
3.76	Security: Payroll Taxes including Workers Comp.	576		576
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	32,321		32,321
3.78	Travel: Motor Vehicle Expense	36,578		36,578
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education			0
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	20,090		20,090
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	5,950		5,950
3.87	Legend Drugs	73,653	73,653	0
3.88	Personal Protective Equipment			0

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3.89	House Supplies Not Resold	214,561		214,561
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	42,023	42,023	0
3.92	Pharmacy Consultant	1,974		1,974
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	394,829		279,153
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	2,427,759		2,005,032
Less: Variable Recoverable Income				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		211	211
3.98	Other Variable Recoverable Income		68,353	68,353
3.1800	Subtotal: Variable Recoverable Income	0		68,564
300	Total: Net Variable Expenses Including Recoverable Income	2,427,759		1,936,468

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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	1,373,107	1,244,343	128,764
4.2	Long-Term Interest Expense SNF-CR	8,226		8,226
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	10,567		10,567
4.7	Building Insurance Expense REA-CR			0
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR			0
4.10	Personal Property Tax Expense SNF-CR			0
4.11	Personal Property Tax Expense REA-CR			0
4.12	Other Fixed Cost Expenses SNF-CR			0
4.13	Other Fixed Cost Expenses REA-CR			0
4.14	Real Property Rent Expense SNF-CR		0	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
4.100	Subtotal: Total Capital & Fixed Cost Expenses Before Recoverable Income	1,391,900		147,557
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	1,391,900		147,557

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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	6,747,646		4,956,991
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	6,747,646		4,888,427

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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	Yes
1.4	Outpatient Services	No
1.5	Chapter 766 Education Program	No
1.6	Ventilator Program	No
1.7	Acquired Brain Injury Unit	No
1.8	MS/ALS Program	No
1.9	Other Special Program	No
1.10	Hospital – Other Business	No
1.11	Residential Care	No
1.12	Does the nursing facility have other business activities not listed above?	No
1.13	Describe the other business activities:	Other Non-Nursing Facility Expenses

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	6,860,913
2.4	3025.5	Outpatient Services Revenue	
2.5	3025.7	Other Special Program Revenue	
2.6	3026.1	Hospital Revenue – Other Business	
2.7	3026.3	Residential Care Revenue	
2.8	3026.2	Other	
200	3026.0	TOTAL OTHER BUSINESS REVENUE	6,860,913

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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	1,462,292	1,462,292	
3.4	8046.0	Outpatient Service Expenses		0	
3.5	8047.0	Chapter 766 Education Program Expenses		0	
3.6	8048.0	Ventilator Program Expenses		0	
3.7	8049.0	Acquired Brain Injury Unit Expenses		0	
3.8	8042.0	MS/ALS Program Expenses		0	
3.9	8050.0	Other Special Program Expenses		0	
3.10	8060.0	Hospital Expenses - Other Business		0	
3.11	8065.0	Other	5,414,791	5,414,791	
300	8070.0	TOTAL OTHER BUSINESS EXPENSES	6,877,083	6,877,083	

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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 1B		
Not-For-Profit		
Line #	Description	Reported
1B.1	Net Patient Service Revenue	12,595,220
1B.2	Other Revenue	819,810
1B.3	Net Assets Released from Restriction	
1B.100	Total Operating Revenue	13,415,030
1B.4	Salaries and Wages	5,189,670
1B.5	Employee Benefits	770,602
1B.6	Supplies and Other (including Payroll Taxes)	7,237,646
1B.7	Interest Expense	8,226
1B.8	Provision for Bad Debt	220,475
1B.9	Depreciation and Amortization Expenses	1,373,106
1B.200	Total Operating Expenses	14,799,725
1B.300	Income(Loss) from Operations	(1,384,695)
	Non-Operating Income and Expenses	
1B.10	Interest Income	14,813
1B.11	Investment Income	587,498
1B.12	Realized Gain(Loss) from Investments	59,402
1B.13	Realized Gain(Loss) from Sale or Disposal of Equipment	330
1B.14	Other Non-Operating Income(Expense)	186,498
	Other Changes in Net Assets Without Donor Restrictions	
1B.15	Contributions, Gifts, and Other	
1B.16	Extraordinary Items	0
1B.17	Cumulative Effect of Changes in Accounting Principles	0
1B.18	Change in Beneficial Interest in Net Assets Without Donor Restrictions	
1B.19	Unrealized Gain(Loss) on Investments from Net Assets Without Donor Restrictions	
1B.20	Other Changes in Net Assets Without Donor Restrictions	
1B.400	Financial Statement Excess (Deficiency) of Revenues over Expenses	(536,154)

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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)	13,088,575
2.2	Total Nursing Expenses (Schedule 3)	2,309,047
2.3	Total Administrative and General Expenses (Schedule 3)	618,940
2.4	Total Variable Expenses (Schedule 3)	2,427,759
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,391,900
2.6	Total Other Business Expenses (Schedule 4)	6,877,083
2.100	Subtotal: Total Facility Expenses	13,624,729
200	Cost Reported Net Income(Loss)	(536,154)

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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)		(536,154)
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)		(536,154)

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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	1,012,712
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	819,680
1.6	Less Reserve for Bad Debt	(163,608)
1.100	Subtotal: Net Patient Accounts Receivable	656,072
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	346,657
1.12	Prepaid Interest	
1.13	Prepaid Insurance	66,506
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	103,390
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	28,600
100	Total Current Assets	2,213,937

Detail of Other Current Assets		
Table 1A	1	2
Line #	Description	Account Balance
1A.1	INVENTORY - FOOD	27,078
1A.2	INVENTORY - STORE	1,522
1A.100	Subtotal: Other Current Assets	28,600

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Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	12,740,515
2.3	Improvements	4,133,145
2.4	Equipment	371,885
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	17,245,545

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	4,086,008
3.2	Non-Current Assets Whose Use is Limited	637,782
3.3	Other Deferred Charges and Non-Current Assets	1,407,946
3.4	Construction in Progress	95,643
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	6,227,379

Detail of Other Deferred Charges and Non-Current Assets		
Table 3A	1	2
Line #	Description	Account Balance
3A.1	RIGHT OF USE ASSET	1,407,946
3A.100	Subtotal: Other Deferred Charges and Non-Current Assets	1,407,946

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Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	25,686,861

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	452,312
5.2	Accrued Expenses	98,422
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	7,552,847
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	337,397
5.7	Accrued Salaries and Payroll Liabilities	441,871
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	
5.10	Other Current Liabilities	2,577,132
500	Total Current Liabilities	11,459,981

Detail of Other Current Liabilities		
Table 5A	1	2
Line #	Description	Account Balance
5A.1	MEALS TAX PAYABLE	405
5A.2	SALES TAX PAYABLE	9
5A.3	USER FEE PAYABLE	6,824
5A.4	CURRENT PORTION OF REFUNDABLE ENTRANCE FEES	2,566,778
5A.5	SECURITY DEPOSITS	3,116
5A.100	Subtotal: Other Current Liabilities	2,577,132

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Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	1,473,755
6.2	Due to Related Parties, Subsidiaries, and Affiliates	
6.3	Other Long-Term Debt	16,752,575
600	Total Non-Current Liabilities	18,226,330

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	29,686,311

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

Table 8				
Table 8A		1	2	3
Not-for-Profits				
Line #	Description	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
8A.1	Net Assets Balance: Prior Year	(3,570,814)	107,518	(3,463,296)
8A.2	Prior Period Adjustment(s)	0		0
8A.3	SNF-CR Excess (Deficiency) of Revenues Over Expenses	(536,154)		(536,154)
8A.4	Gain/(Loss) Realized on Investments			0
8A.5	Contributions, Gifts and Other			0
8A.6	Change in Unrealized Gains/(Losses) on Investments			0
8A.7	Net Assets Released from Donor Restriction			0
8A.8	Net Assets - Other			0
8A.100	Net Assets Balance: Current Year	(4,106,968)	107,518	(3,999,450)

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Prior Period Adjustments		
NOTE: Disclose all facts relative to adjustments and explain any impact on reimbursable costs as reported in prior year(s) cost report identifying the specific cost centers affected.		
Table 8D	1	2
Line #	Description	Amount
8D.1		
8D.100	Subtotal: Prior Period Adjustments	0
Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	25,686,861

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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 on Beginning Balance	Current Year Depreciation	Accumulated Depreciation on Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building	18,987,829			18,987,829	(5,766,753)	(480,561)	(6,247,314)	12,740,515
1.3	Improvements	8,839,706	1,065,624		9,905,330	(4,986,850)	(785,335)	(5,772,185)	4,133,145
1.4	Equipment	1,480,535	141,303		1,621,838	(1,150,246)	(99,707)	(1,249,953)	371,885
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles	167,822			167,822	(160,318)	(7,504)	(167,822)	0
100	Total	29,475,892	1,206,927	0	30,682,819	(12,064,167)	(1,373,107)	(13,437,274)	17,245,545

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						0				
2.3	Building SNF-CR	2,251,459					2,251,459		480,561	(435,249)	45,312
2.4	Building REA-CR						0				0
2.5	Improvements SNF-CR	5,887,310		1,065,624			6,952,934	5.00%	785,335	(711,285)	74,050
2.6	Improvements REA-CR						0	5.00%			0
2.7	Equipment SNF-CR	701,812		141,303			843,115	10.00%	99,707	(90,305)	9,402

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2.8	Equipment REA-CR					0	10.00%			0
2.9	Software/Limited Life Assets SNF-CR					0	33.33%	0		0
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0
200	Total Claimed Fixed Assets	8,840,581	0	1,206,927	0	0	10,047,508	1,365,603	(1,236,839)	128,764

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1995
3.2	What was the date of the most recent assessed property value of this facility?	07/02/2019
3.3	What was the value from the most recent municipal property assessment for this facility?	25,300,000
3.4	Was there a change of ownership of this facility during the reporting period?	No
3.5	Was there a change of ownership of company that owns the real assets of the facility (realty company) during the reporting period?	No
3.6	What is the number of nursing facility resident rooms?	42
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	12,000
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	12,000
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	10,684
3.10	What is the total acreage of the facility site?	23.2
3.11	Were any current year fixed asset additions or renovations subject to a Determination of Need (DON) project?	No
3.12	Were there any claimed additions or renovations this year that were not part of a DON?	No

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<i>Changes in Facility or Realty Company Ownership</i>					
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)	3,222,399

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	(536,154)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	1,229,571
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(1,373,106)
200	Net Cash from Operating Activities	(679,689)

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	(1,206,927)
3.2	Cash Flows from Other Investing Activities	
300	Net Cash from Investing Activities	(1,206,927)

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	(323,071)
4.3	Cash Flows from Other Financing Activities	
400	Net Cash from Financing Activities	(323,071)

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	(2,209,687)
500	Cash and Cash Equivalents (End of Year)	1,012,712

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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	08/18/2021	42			42	42
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.	42				
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	6,082			2,261	353	5,053
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)	21					6
2.10	Nursing Leave of Absence (Unpaid)					1	
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	6,103	0	0	2,261	354	5,059

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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
							618	14,367
								0
								0
								0
								0
								0
								0
								0
								0
								27
								1
								0
								0
0	0	0	0	0	0	0	618	14,395

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Patient Statistics - Summary			
Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	102
3.2	0140.1	Number of MassHealth Admissions During Year	
3.3	0150.0	Number of Discharges During Year	99
3.4	0190.0	Average Length of Stay	217
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	3
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	95

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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	430,184	10,099.7	439,296	11,368.7	653,140	18,260.3
1.2	Total Overtime Wages	9,731	536.3	5,978	435.3	6,841	853.2
1.3	Total Shift Differential	10,114		7,826		31,307	
1.4	Total Other Differentials						
100	Total	450,029	10,636.0	453,100	11,804.0	691,288	19,113.5

<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	1.00	1.00	2.00	1.00	3.00
2.2	Licensed Practical Nurses	1.00	1.00	2.00	1.00	3.00
2.3	Certified Nurse Aides	1.00	1.00	2.00	1.00	3.00

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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		0.0	0.0
3.2	Plant Operations	5	4.1	8,126.8
3.3	Dietary Staff	75	33.0	65,140.6
3.4	Dietician		0.0	0.0
3.5	Housekeeping/Laundry Staff	15	13.3	26,251.4
3.6	Unit Clerk & Medical Records Staff	2	1.1	2,256.5
3.7	Quality Assurance		0.0	0.0
3.8	MMQ Nurses and MDS Coordinator	1	1.0	2,080.0
3.9	Social Services Staff	7	2.2	4,645.7
3.10	Interpreters		0.0	0.0
3.11	Restorative Therapy - Direct Staff		0.0	0.0
3.12	Restorative Therapy - Indirect Staff		0.0	0.0
3.13	Recreational Staff	3	3.2	6,307.0
3.14	Administration and Officers	2	2.0	4,143.8
3.15	Security Staff	6	2.5	4,891.8
3.16	Clerical Staff		0.0	0.0
3.17	Director of Nurses	1	1.0	2,080.0
3.18	Registered Nurses	13	5.1	10,636.0
3.19	Licensed Practical Nurses	16	5.8	11,804.0
3.20	Certified Nurse Aides	33	16.4	19,113.5
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	179	90.7	167,477.1

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<i>Detail of Purchased Nursing Services</i>										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies									
Registered Temporary Nursing Service Agencies										
4.2	Allegiance Nursing LLC	TOJ9			47.7	3,151	428.3	14,786		
4.3	Agapes Medical Staffing INC	TIV8			16.0	850				
4.4		TOIY					568.3	20,530		
4.5	Excel Nursing Services, Inc.	TG6V	624.8	49,839	128.3	8,767	1,025.0	34,714		
4.6	First Choice Staffing Services, LLC	T6U0					117.3	4,332		
4.7	General Healthcare Resources, LLC	TQFN			28.0	1,488				
4.8	Intelycare, Inc.	TM7F	401.0	32,503	416.8	28,347	470.0	18,117		
4.9	Intelycare, Inc.	TM7F	8.0	600			7.6	264		
4.10	MAS Medical Staffing (Springfield)	TTE4			398.9	26,551	287.9	10,291		
4.11	Norton and Associates Inc	TOWP					39.5	1,006		
4.12	Staffing Experts, LLC (1)	TAMP	178.8	14,445	180.0	10,901	90.0	3,130		
4.13	WW Staffing LLC	TR7R	47.3	3,547			88.0	3,487		
4.200	Subtotal: Registered Temporary Nursing Service Agencies		1,259.9	100,934	1,215.7	80,055	3,121.9	110,657	0.0	0
400	Total Temporary Nursing Service Agency Expenses		1,259.9	100,934	1,215.7	80,055	3,121.9	110,657	0.0	0

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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	Todd	Lori	Executive Director	Administrative & General	190,923			190,923
5.2	Willetts	Linda	Director of Nursing	Nursing	131,517			131,517
5.3	Rygiel	Nancy	Assistant Director of Nursing	Nursing	99,764			99,764
5.4	Lewis	Kathleen	Nurse Supervisor	Nursing	99,665			99,665
5.5	George	Christine	Nurse Supervisor	Nursing	95,215			95,215

Earnings and Compensation Disclosures

Table 6	NOTE: This schedule is used to report the name(s) of the Owner, Partner, or Officer and disclose all salary and benefits, drawings and dividends, and other compensation as well as the accounts that were charged.								
Table 6C	1	2	3	4	5	6	7	8	9
Line #	Last Name	First Name	Title	Primary Expense Category	Total Hours	Salary & Benefits	Dividends	Other Compensation	TOTAL
Corporation									
6C.1	Todd	Lori	Executive Director	Administrative & General	2,080	190,923			190,923
6C.2									0
6C.3									0
									190,923

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SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT

Mortgages and Notes Supporting Fixed Assets

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs
1.1	1st Mortgage	Peoples	No	08/17/2009	08/17/2029	240	23,498	3,500,000		
1.2	2nd Mortgage	Bay State Health FNC	No	08/17/2009	07/17/2024	180	10,694	1,008,239		
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
1,125,984		323,071			802,913		6,498	322,415	328,913
1,008,239					1,008,239		1,728		1,728
					1,811,152		8,226	322,415	330,641

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Working Capital Debt									
Table 2	1	2	3	4	5	6	7	8	9
Line / Column #	Lender Name	Related Party	Beginning Balance: Jan 1	Amount	Start Date	Principal Payment	Ending Balance: Dec 31	Interest Rate %	Interest Expense
2.1	VARIOUS RELATED PARTY	Yes	7,929,913		01/01/2020	377,066	7,552,847		
200	Total Working Capital Interest						7,552,847		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:

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
09/20/2023 2:13PM	(1) Footnotes and Explanations	Footnotes and Explanations.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	Sherilyn Friedman
09/20/2023 2:14PM	(4) Related Party Transactions	RelatedPartyTransactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Sherilyn Friedman
09/22/2023 10:26AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Janet O'Neill
09/22/2023 10:31AM	(2) Ownership and Facility Information	Ownership and Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Janet O'Neill
09/22/2023 10:31AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Janet O'Neill

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SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	JANET O'NEILL
1.2	Nursing Facility or Firm Name	MAYER HOFFMAN MCCANN, P.C.
1.3	Title	SHAREHOLDER
1.4	Street Address	500 BOYLSTON STREET
1.5	City	BOSTON
1.6	State	MA
1.7	Zip Code	02116
1.8	Phone Number	+1 (617) 761-0554
1.9	Email Address	JONEILL@CBIZ.COM
1.10	Is this information correct?	Yes
1.11	[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:	09/22/2023

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	09/22/2023
2.3	Last Name	Cavanaugh
2.4	First Name	Carly
2.5	Middle Name	T.
2.6	Title	Controller
2.7	Is this information correct?	Yes

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

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

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request