

**Skilled Nursing Facility Cost Report**  
**ST. FRANCIS REHAB & NURSING CENTER**  
Filing Year: 2022

Date: 11/28/2023  
Time: 10:17 AM

**SCHEDULE 1 : GENERAL INFORMATION**

<b>Facility Information</b>		
<b>Table 1</b>		1
Line #	Description	
1.1	Facility Name	ST. FRANCIS REHAB & NURSING CENTER
1.2	MassHealth Provider ID	110081997A
1.3	Federal Employer Tax ID	263398784
1.4	VPN	0941123
1.5	Is the above information correct?	Yes
1.6	Facility Number	00235
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	101 Plantation St
1.11	City	Worcester
1.12	Zip	01604
1.13	Telephone	+1 (508) 755-8605
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	Limited Liability Corporation (LLC)
1.18	List the name of the management company as reported on the management company cost report.	Landmark Management Solutions LLC
1.19	List the name of the entity that holds the nursing facility license.	Bentley Saint Francis, LLC
1.20	List realty company names as reported on each realty company cost report.	Bentley Saint Francis Real Estate, 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?	Yes

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<b>Contact Information</b>		
<b>Table 2</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
2.1	Contact Person Name	Stephen Duarte
2.2	Nursing Facility or Firm Name	Landmark Management Solutions LLC
2.3	Title	CFO
2.4	Street Address	57 Wingate Street
2.5	City	Haverhill
2.6	State	MA
2.7	Zip Code	01832
2.8	Phone Number	+1 (978) 372-4004
2.9	Email Address	sduarte@landmarkhealth.com

<b>Preparer Information</b>		
Please use this section to provide contact information for a "Preparer," who is the authorizing person of this report, and is not the "Owner." If you are the sole authorized individual completing this report, please check the box below in Line 3.1.		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	
3.1	<input type="checkbox"/> I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	
3.2	Preparer Name	Fran Petricone
3.3	Nursing Facility or Firm Name	Landmark Management Solutions LLC
3.4	Title	Preparer
3.5	Street Address	57 Wingate Street
3.6	City	Haverhill
3.7	State	MA
3.8	Zip Code	01832
3.9	Phone Number	+1 (978) 372-4004
3.10	Email Address	sduarte@landmarkhealth.com
3.11	Type of Accounting Service Performed	Other (Explain in Footnotes)

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<b>Owner Business Information</b>						
Please use this table to provide information on any other Massachusetts public payer programs that the direct and indirect owners of this facility operate.						
<b>Table 4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Line #	Service Type	Company Name	MassHealth Provider ID	Direct Owner/Partner Names	Indirect Owner/Partner Names	Parent Organization Names
4.1	Adult Day Health	Saint Francis Adult Day Health	1907107	Bentley Health Group LLC	Steven Raso, Steven V Raso Trust,	
4.2	Other	The Pavilion Rehab & Nursing Center	0940011	Bentley Health Group LLC	Steven Raso, Steven V Raso Trust,	
4.3	Other	St Joseph Rehab & Nursing Center	0940020	Bentley Health Group LLC	Steven Raso, Steven V Raso Trust,	
4.4	Other	Casa De Ramana Rehabilitation Center	0950745	Steven Raso		
4.5	Blank					
4.6						
4.7						
4.8						

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**SCHEDULE 2 : REVENUE**

<b>Nursing Facility Revenue</b>				
<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Payer</b>	<b>Routine Revenue</b>	<b>Ancillary Revenue</b>	<b>Total Revenue</b>
1.1	Private Pay	1,075,350	213	1,075,563
1.2	Commercial Managed Care	515,834	255,880	771,714
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	3,023,971	661,073	3,685,044
1.5	Medicare Managed Care (Part C)			0
1.6	MassHealth Fee-for-Service	6,467,116		6,467,116
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	2,229,976		2,229,976
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	1,036,582	53,738	1,090,320
1.15	Other Payer Revenue			0
<b>100</b>	<b>Total Nursing Facility Revenue</b>	<b>14,348,829</b>	<b>970,904</b>	<b>15,319,733</b>

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

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<b>Other Nursing Facility Revenue</b>		
<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Revenue</b>
3.1	Total Other Business Revenue	0
3.2	Endowment and Other Non-Recoverable Revenue	0
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	184,255
3.7	Interest Income	207
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	4,028
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	1,254,851
3.12	Fixed Cost Recoverable Revenue	
<b>300</b>	<b>Total Other Nursing Facility Revenue</b>	<b>1,443,341</b>

<b>Detail of Endowment and Non-Recoverable Revenue</b>			
<b>Table 4</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Type</b>	<b>Revenue</b>
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
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		
<b>400</b>	<b>Total Endowment and Non-Recoverable Revenue</b>		<b>0</b>

<b>Total Revenue</b>		
<b>Table 5</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Total</b>
<b>500</b>	<b>Total Revenue</b>	<b>16,763,074</b>

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**SCHEDULE 3 : EXPENSES**

**Nursing Expenses**

<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
1.1	Director of Nurses: Salaries	268,907		268,907
1.2	Director of Nurses: Employee Benefits	18,462		18,462
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	27,257		27,257
1.4	Director of Nurses Purchased Service: Per Diem			0
1.5	Director of Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.6	Director of Nurses Add-back (MGT-CR Sch 6 )			0
<b>1.100</b>	<b>Subtotal: Director of Nurses Expenses</b>	<b>314,626</b>		<b>314,626</b>
1.7	Registered Nurses: Salaries	1,307,104		1,307,104
1.8	Registered Nurses: Employee Benefits	89,740		89,740
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	132,490		132,490
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	22,779	0	22,779
<b>1.200</b>	<b>Subtotal: Registered Nurses Expenses</b>	<b>1,552,113</b>		<b>1,552,113</b>
1.12	Licensed Practical Nurses: Salaries	1,886,389		1,886,389
1.13	Licensed Practical Nurses: Employee Benefits	129,511		129,511
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	191,207		191,207
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	48,201	0	48,201
<b>1.300</b>	<b>Subtotal: Licensed Practical Nurses Expenses</b>	<b>2,255,308</b>		<b>2,255,308</b>
1.17	Certified Nurse Aides: Salaries	2,362,748		2,362,748
1.18	Certified Nurse Aides: Employee Benefits	162,215		162,215
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	239,490		239,490
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	16,168	0	16,168
<b>1.400</b>	<b>Subtotal: Certified Nurse Aides Expenses</b>	<b>2,780,621</b>		<b>2,780,621</b>

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1.22	Nurse's Aide Training Administration	1,000	1,000	0
1.23	Nursing Education and Training			0
1.24	This line description is intentionally left blank			0
1.25	This line description is intentionally left blank			0
<b>1.500</b>	<b>Subtotal: Other Nursing Expenses</b>	<b>1,000</b>		<b>0</b>
<b>1.600</b>	<b>Subtotal: Total Nursing Expenses Before Recoverable Income</b>	<b>6,903,668</b>		<b>6,902,668</b>

**Less: Nursing Recoverable Income**

1.26	Nursing & Director of Nursing Recoverable Income		0	
1.27	Nurses' Aide Training Recoverable Income		0	
<b>1.700</b>	<b>Subtotal: Nursing &amp; Director of Nursing Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>100</b>	<b>Total: Net Nursing Expenses Including Recoverable Income</b>	<b>6,903,668</b>		<b>6,902,668</b>

**Administrative and General Expenses**

<b>Table 2</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
2.1	Administration: Salaries	182,325		182,325
2.2	Administration: Employee Benefits	12,518		12,518
2.3	Administration: Payroll Taxes incl Workers Comp.	18,481		18,481
2.4	Administration: Purchased Service			0
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
<b>2.100</b>	<b>Subtotal: Administration &amp; Officers Expenses</b>	<b>213,324</b>		<b>213,324</b>
2.7	Clerical Staff: Salaries	412,444		412,444
2.8	Clerical Staff: Employee Benefits	28,317		28,317
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	41,806		41,806
2.10	Clerical Staff: Purchased Service			0
<b>2.200</b>	<b>Subtotal: Clerical Staff Expenses</b>	<b>482,567</b>		<b>482,567</b>
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	159,633		159,633
2.12	Office Supplies	86,217		86,217
2.13	Telecommunications (e.g. Internet, Phone)	33,215		33,215

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2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	3,405		3,405
2.16	Advertising: Help Wanted	67,658		67,658
2.17	Licenses and Dues: Patient Care Related Portion	18,362		18,362
2.18	Continuing Professional Education / Training and Development	453		453
2.19	Accounting Services (Not related to appeals)	65,415		65,415
2.20	Insurance: Malpractice & General Liability	227,462		227,462
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	30,264		30,264
2.23	Non-Allowable A & G Expenses	2,106,352	2,106,352	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		16,260	16,260
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		735,382	735,382
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		20,274	20,274
2.27	This line description is intentionally left blank			0
2.28	This line description is intentionally left blank			0
<b>2.300</b>	<b>Subtotal: Other Administrative and General Expenses</b>	<b>2,798,436</b>		<b>1,464,000</b>
<b>2.400</b>	<b>Subtotal: Total Administrative and General Expenses Before Recoverable Income</b>	<b>3,494,327</b>		<b>2,159,891</b>
<b>Less: Administrative &amp; General Recoverable Income</b>				
2.29	A & G Recoverable Income		4,028	4,028
<b>2.500</b>	<b>Subtotal: Administrative &amp; General Recoverable Income</b>	<b>0</b>		<b>4,028</b>
<b>200</b>	<b>Total: Net Administrative &amp; General Expenses After Recoverable Income</b>	<b>3,494,327</b>		<b>2,155,863</b>



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<b>Detail of Other A&amp;G Expenses</b>		
<b>Table 2A</b>	<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Amount</b>
2A.1	Admin Consultant	4,320
2A.2	Admin Purch Serv	3,367
2A.3	Flowers	1,761
2A.4	Bank charges	20,589
2A.5	Replace resident lost item	227
2A.6		
<b>2A.100</b>	<b>Subtotal: Other A&amp;G Expenses</b>	<b>30,264</b>

<b>Detail of Non-Allowable A &amp; G Expenses</b>		
<b>Table 2B</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>
2B.1	Advertising: Marketing	4,035
2B.2	Licenses and Dues: Not Related to Resident Care	1,514
2B.3	Accounting: Appeal Service	
2B.4	Legal: Appeal Service and DALA Filing Fees	
2B.5	Legal: Resident Care	
2B.6	Legal: Other	22,796
2B.7	Key Person Insurance	
2B.8	Management Company Fees	876,460
2B.9	Management Consultants	
2B.10	Interest on Working Capital	91,314
2B.11	Fines, Late Fees, Penalties, including Interest	63,064
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	147,401
2B.15	User Fee Assessment	899,768
2B.16	Other Non-Allowable A&G Expenses	
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
<b>2B.100</b>	<b>Total Non-Allowable A&amp;G Expenses</b>	<b>2,106,352</b>

**Variable Expenses**

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<b>Table 3</b>		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
3.1	Staff Development Coordinator: Salaries	16,167		16,167
3.2	Staff Dev. Coord.: Employee Benefits	1,110		1,110
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	1,639		1,639
3.4	Staff Dev. Coord.: Purchased Service			0
<b>3.100</b>	<b>Subtotal: Staff Development Coordinator Expenses</b>	<b>18,916</b>		<b>18,916</b>
3.5	Plant Operation: Salaries	197,160		197,160
3.6	Plant Operation: Employee Benefits	13,536		13,536
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	19,984		19,984
3.8	Plant Operation: Purchased Service	137,903		137,903
3.9	Plant Operation: Supplies and Expenses	44,993		44,993
3.10	Plant Operation: Utilities	303,883		303,883
3.11	Plant Operation: Repairs	131,103		131,103
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)			0
<b>3.200</b>	<b>Subtotal: Plant Operation Expenses</b>	<b>848,562</b>		<b>848,562</b>
3.13	Dietician: Salaries	76,306		76,306
3.14	Dietician: Employee Benefits	5,239		5,239
3.15	Dietician: Payroll Taxes incl Workers Comp.	7,734		7,734
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
<b>3.300</b>	<b>Subtotal: Dietician Expenses</b>	<b>89,279</b>		<b>89,279</b>
3.18	Dietary: Salaries	524,147		524,147
3.19	Dietary: Employee Benefits	35,986		35,986
3.20	Dietary: Payroll Taxes incl Workers Comp.	53,128		53,128
3.21	Dietary: Food	462,596		462,596
3.22	Dietary: Purchased Service	22,918		22,918
3.23	Dietary: Supplies and Expenses	47,866		47,866
<b>3.400</b>	<b>Subtotal: Dietary Expenses</b>	<b>1,146,641</b>		<b>1,146,641</b>
3.24	Housekeeping/Laundry: Salaries			0
3.25	Housekeeping/Laundry: Employee Benefits			0
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.			0

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3.27	Housekeeping/Laundry: Purchased Service	532,735		532,735
3.28	Housekeeping/Laundry: Supplies and Expenses	29,758		29,758
3.29	Housekeeping/Laundry: Linen and Bedding	553		553
3.30	Housekeeping/Laundry: Special Cleaning			0
<b>3.500</b>	<b>Subtotal: Housekeeping/Laundry Expenses</b>	<b>563,046</b>		<b>563,046</b>
3.31	Quality Assurance (QA) Professional: Salaries			0
3.32	QA Professional: Employee Benefits			0
3.33	QA Professional: Payroll Taxes incl Workers Comp.			0
3.34	QA Professional: Purchased Service			0
3.35	QA Professional Add-back (MGT-CR, Sch. 6 col 13)			0
<b>3.600</b>	<b>Subtotal: QA Professional Expenses</b>	<b>0</b>		<b>0</b>
3.36	Unit Clerk & Medical Records: Salaries	110,623		110,623
3.37	Unit Clerk & Medical Records: Employee Benefits	7,595		7,595
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	11,213		11,213
3.39	Unit Clerk & Medical Records: Purchased Service			0
<b>3.700</b>	<b>Subtotal: Unit Clerk and Medical Record Expenses</b>	<b>129,431</b>		<b>129,431</b>
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	253,562		253,562
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	17,408		17,408
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	25,701		25,701
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service			0
<b>3.800</b>	<b>Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses</b>	<b>296,671</b>		<b>296,671</b>
3.44	Behavioral Health Specialist: Salaries			0
3.45	Behavioral Health Specialist: Employee Benefits			0
3.46	Behavioral Health Specialist: Payroll Taxes incl Workers Comp.			0
3.47	Behavioral Health Specialist: Purchased Service			0
<b>3.900</b>	<b>Subtotal: Behavioral Health Specialist Expenses</b>	<b>0</b>		<b>0</b>
3.48	Social Service Worker: Salaries	173,152		173,152
3.49	Social Service Worker: Employee Benefits	11,888		11,888
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	17,551		17,551
3.51	Social Service Worker: Purchased Service	13,088		13,088

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<b>3.1000</b>	<b>Subtotal: Social Service Worker Expenses</b>	<b>215,679</b>		<b>215,679</b>
3.52	Interpreters: Salaries			0
3.53	Interpreters: Employee Benefits			0
3.54	Interpreters: Payroll Taxes incl Workers Comp.			0
3.55	Interpreters: Purchased Service			0
<b>3.1100</b>	<b>Subtotal: Interpreters Expenses</b>	<b>0</b>		<b>0</b>
3.56	Indirect Restorative Therapy: Salaries	104,887		104,887
3.57	Indirect Restorative Therapy: Employee Benefits	7,201		7,201
3.58	Indirect Restorative Therapy: Payroll Taxes Incl Workers Comp.	10,631		10,631
3.59	Indirect Restorative Therapy: Consultants	8,870		8,870
3.60	Direct Restorative Therapy: Salaries	823,315	823,315	0
3.61	Direct Restorative Therapy: Benefits	139,977	139,977	0
3.62	Direct Restorative Therapy: Consultants	69,625	69,625	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
<b>3.1200</b>	<b>Subtotal: Restorative Therapy Expenses</b>	<b>1,164,506</b>		<b>131,589</b>
3.64	Recreational Therapy/Activities: Salaries	368,357		368,357
3.65	Recreational Therapy/Activities: Employee Benefits	25,290		25,290
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	37,337		37,337
3.67	Recreational Therapy/Activities: Purchased Service	33,596		33,596
3.68	Recreational Therapy/Activities: Supplies and Expenses	13,178		13,178
3.69	Recreational Therapy/Activities: Transportation	29,405	29,405	0
<b>3.1300</b>	<b>Subtotal: Recreational Therapy/Activities Expenses</b>	<b>507,163</b>		<b>477,758</b>
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
<b>3.1400</b>	<b>Subtotal: Resident Care Assistant Expenses</b>	<b>0</b>		<b>0</b>
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
<b>3.1500</b>	<b>Subtotal: Security Expenses</b>	<b>0</b>		<b>0</b>

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3.78	Travel: Motor Vehicle Expense	212		212
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	78,000		78,000
3.83	Physician Services: Advisory Physician			0
3.84	Physician Services: Utilization Review Committee			0
3.85	Physician Services: Employee Physicals			0
3.86	Physician Services: Other	1,446		1,446
3.87	Legend Drugs	443,434	443,434	0
3.88	Personal Protective Equipment	68,285		68,285
3.89	House Supplies Not Resold	304,035		304,035
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents		0	0
3.92	Pharmacy Consultant	23,088		23,088
3.93	This line description is intentionally left blank			0
3.94	This line description is intentionally left blank			0
3.95	This line description is intentionally left blank			0
<b>3.1600</b>	<b>Subtotal: Other Variable Expenses</b>	<b>918,500</b>		<b>475,066</b>
<b>3.1700</b>	<b>Subtotal: Total Variable Expenses Before Recoverable Income</b>	<b>5,898,394</b>		<b>4,392,638</b>
<b>Less: Variable Recoverable Income</b>				
3.96	Vending Machine Income		0	0
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		1,254,851	1,254,851
<b>3.1800</b>	<b>Subtotal: Variable Recoverable Income</b>	<b>0</b>		<b>1,254,851</b>
<b>300</b>	<b>Total: Net Variable Expenses Including Recoverable Income</b>	<b>5,898,394</b>		<b>3,137,787</b>

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<b>Capital &amp; Fixed Cost Expenses</b>				
<b>Table 4</b>		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
4.1	Depreciation Expense	148,844	(137,883)	286,727
4.2	Long-Term Interest Expense SNF-CR	11,202	207	10,995
4.3	Long-Term Interest Expense REA-CR		137,384	137,384
4.4	MA Corp. Excise Tax - Non-Income Portion SNF-CR			0
4.5	MA Corp. Excise Tax - Non-Income Portion REA-CR			0
4.6	Building Insurance Expense SNF-CR			0
4.7	Building Insurance Expense REA-CR		36,563	36,563
4.8	Real Estate Tax Expense SNF-CR			0
4.9	Real Estate Tax Expense REA-CR		203,737	203,737
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	77,479		77,479
4.13	Other Fixed Cost Expenses REA-CR		25,812	25,812
4.14	Real Property Rent Expense SNF-CR	833,180	833,180	0
4.15	This line description is intentionally left blank			0
4.16	This line description is intentionally left blank			0
<b>4.100</b>	<b>Subtotal: Total Capital &amp; Fixed Cost Expenses Before Recoverable Income</b>	<b>1,070,705</b>		<b>778,697</b>
<b>Less: Capital &amp; Fixed Cost Expense Recoverable Income</b>				
4.17	Fixed Cost Recoverable Income SNF-CR		0	0
4.18	Fixed Cost Recoverable Income REA-CR			0
<b>4.200</b>	<b>Subtotal: Capital &amp; Fixed Cost Recoverable Income</b>	<b>0</b>		<b>0</b>
<b>400</b>	<b>Total: Net Capital &amp; Fixed Cost Expenses Including Recoverable Income</b>	<b>1,070,705</b>		<b>778,697</b>

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<b>Total Combined Expenses Before Recoverable Income</b>				
<b>Table 5</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
<b>500</b>	<b>Total Combined Expenses Before Recoverable Income</b>	<b>17,367,094</b>		<b>14,233,894</b>
<b>Total Combined Expenses Net of Recoverable Income</b>				
<b>Table 6</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Reported Expenses</b>	<b>Non-Allowable Expenses and Add -backs</b>	<b>Total Allowable Expenses</b>
<b>600</b>	<b>Total Combined Expenses Net of Recoverable Income</b>	<b>17,367,094</b>		<b>12,975,015</b>

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

<b>Other Business Activities</b>		
<b>Table 1</b>		<b>1</b>
Line / Column #	Other Business Activity	Select Yes/No from Dropdown Menu
1.1	Adult Day Health	No
1.2	Child Day Care	No
1.3	Assisted Living	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:	

<b>Other Business Revenue</b>			
<b>Table 2</b>			<b>1</b>
Line / Column #	Account	Description	Reported
2.1	3025.3	Adult Day Health Revenue	
2.2	3025.6	Child Day Care Revenue	
2.3	3025.4	Assisted Living Revenue	
2.4	3025.5	Outpatient Services Revenue	
2.5	3025.7	Other Special Program Revenue	
2.6	3026.1	Hospital Revenue – Other Business	
2.7	3026.3	Residential Care Revenue	
2.8	3026.2	Other	
<b>200</b>	<b>3026.0</b>	<b>TOTAL OTHER BUSINESS REVENUE</b>	<b>0</b>



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<b>Other Business Expenses</b>					
<b>Table 3</b>			<b>1</b>	<b>2</b>	<b>3</b>
Line / Column #	Account	Description	Reported	Non-Allowable Expenses	Total Allowable Expenses
3.1	8040.0	Adult Day Health Expenses		0	
3.2	8041.0	Child Day Care Expenses		0	
3.3	8045.0	Assisted Living Expenses		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	
<b>300</b>	<b>8070.0</b>	<b>TOTAL OTHER BUSINESS EXPENSES</b>	<b>0</b>	<b>0</b>	

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

**Financial Statement of Operations**

<b>Table 1</b>		
<b>Table 1A</b>		1
<b>For Profit</b>		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	15,503,988
1A.2	Other Revenue	
1A.3	Net Assets Released from Restriction	
<b>1A.100</b>	<b>Total Operating Revenue</b>	<b>15,503,988</b>
1A.4	Salaries and Wages	9,067,594
1A.5	Employee Benefits	1,541,642
1A.6	Supplies and Other (including Payroll Taxes)	6,359,098
1A.7	Interest Expense	102,515
1A.8	Provision for Bad Debt	147,401
1A.9	Depreciation and Amortization Expenses	148,844
<b>1A.200</b>	<b>Total Operating Expenses</b>	<b>17,367,094</b>
<b>1A.300</b>	<b>Income(Loss) from Operations</b>	<b>(1,863,106)</b>
	<b>Non-Operating Income and Expenses</b>	
1A.10	Interest Income	207
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)	4,526
<b>1A.400</b>	<b>Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles</b>	<b>(1,858,373)</b>
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	1,254,353
1A.17	Cumulative Change in Accounting Principles	0
<b>1A.500</b>	<b>Financial Statement Net Income(Loss)</b>	<b>(604,020)</b>

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<i>Detail of Extraordinary Items</i>		
Table 1C	1	2
Line #	Description	Amount
1C.1	COVID and other grants	1,254,353
<b>1C.100</b>	<b>Subtotal: Cumulative Extraordinary Items</b>	<b>1,254,353</b>

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

<i>Cost Reported Statement of Operations</i>		
Table 2		1
Line #	Description	Reported
2.1	Total Revenues (Schedule 2)	16,763,074
2.2	Total Nursing Expenses (Schedule 3)	6,903,668
2.3	Total Administrative and General Expenses (Schedule 3)	3,494,327
2.4	Total Variable Expenses (Schedule 3)	5,898,394
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	1,070,705
2.6	Total Other Business Expenses (Schedule 4)	0
<b>2.100</b>	<b>Subtotal: Total Facility Expenses</b>	<b>17,367,094</b>
<b>200</b>	<b>Cost Reported Net Income(Loss)</b>	<b>(604,020)</b>

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<b>Reconciliation Between Financial Statement and Cost Report Net Income</b>			
<b>Table 3</b>		<b>1</b>	<b>2</b>
<b>Line #</b>	<b>Description</b>	<b>Describe Reconciling Item</b>	<b>Amount</b>
3.1	Net Income(Loss) on Financial Statement of Operations (Table 1)		(604,020)
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)		(604,020)

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

<b>Current Assets</b>		
<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Account Balance</b>
1.1	Cash and Cash Equivalents	20,330
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	2,134,937
1.6	Less Reserve for Bad Debt	(150,230)
<b>1.100</b>	<b>Subtotal: Net Patient Accounts Receivable</b>	<b>1,984,707</b>
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	3,368,854
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	8,926
1.12	Prepaid Interest	
1.13	Prepaid Insurance	83,856
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	62,896
1.16	Capitalized Pre-Opening Costs	
1.17	Other Current Assets	0
<b>100</b>	<b>Total Current Assets</b>	<b>5,529,569</b>

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

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<b>Non-Current Fixed Assets</b>		
<b>Table 2</b>		<b>1</b>
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	
2.4	Equipment	596,285
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
<b>200</b>	<b>Total Non-Current Fixed Assets</b>	596,285

<b>Other Non-Current Assets</b>		
<b>Table 3</b>		<b>1</b>
Line #	Description	Account Balance
3.1	Long-Term Investments	6,819
3.2	Non-Current Assets Whose Use is Limited	
3.3	Other Deferred Charges and Non-Current Assets	1,677,782
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	58,028
3.6	Accumulated Amortization of Mortgage Acquisition Costs	(3,137)
<b>3.100</b>	<b>Net Mortgage Acquisition Costs</b>	54,891
<b>300</b>	<b>Total Non-Current Assets</b>	1,739,492

<b>Detail of Other Deferred Charges and Non-Current Assets</b>		
<b>Table 3A</b>	<b>1</b>	<b>2</b>
Line #	Description	Account Balance
3A.1	Restricted cash	15,486
3A.2	Other Long Term AR	95,650
3A.3	Right to Use Assets - Building	1,566,646
<b>3A.100</b>	<b>Subtotal: Other Deferred Charges and Non-Current Assets</b>	1,677,782

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<b>Total Assets</b>		
<b>Table 4</b>		<b>1</b>
Line #	Description	Account Balance
<b>400</b>	<b>Total Assets</b>	7,865,346

<b>Current Liabilities</b>		
<b>Table 5</b>		<b>1</b>
Line #	Description	Account Balance
5.1	Trade Payables	1,298,517
5.2	Accrued Expenses	634,667
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	601,971
5.7	Accrued Salaries and Payroll Liabilities	396,225
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	4,703
5.10	Other Current Liabilities	1,611,944
<b>500</b>	<b>Total Current Liabilities</b>	4,548,027

<b>Detail of Other Current Liabilities</b>		
<b>Table 5A</b>	<b>1</b>	<b>2</b>
Line #	Description	Account Balance
5A.1	Deferred Revenue	7,280
5A.2	Current Portion Operating Lease	572,681
5A.3	Operating Lease	1,031,983
<b>5A.100</b>	<b>Subtotal: Other Current Liabilities</b>	1,611,944

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**Non-Current Liabilities**

<b>Table 6</b>		<b>1</b>
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	6,334,739
6.3	Other Long-Term Debt	64,682
<b>600</b>	<b>Total Non-Current Liabilities</b>	<b>6,399,421</b>

**Total Liabilities**

<b>Table 7</b>		<b>1</b>
Line #	Description	Account Balance
<b>700</b>	<b>Total Liabilities</b>	<b>10,947,448</b>

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

**Table 8**

<b>Table 8B</b>		<b>1</b>
<b>Proprietorship, Partnership, or Limited Liability Company (LLC)</b>		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	(2,478,082)
8B.2	Prior Period Adjustment(s)	0
8B.3	Capital Contributions During the Year	
8B.4	SNF-CR Net Income/(Loss)	(604,020)
8B.5	Proprietor/Partner Drawings	
<b>8B.100</b>	<b>Owner's Equity Balance: Current Year</b>	<b>(3,082,102)</b>

**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.**

<b>Table 8D</b>	<b>1</b>	<b>2</b>
Line #	Description	Amount
8D.1		
<b>8D.100</b>	<b>Subtotal: Prior Period Adjustments</b>	<b>0</b>



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<i>Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)</i>		
<b>Table 9</b>		<b>1</b>
Line #	Description	Account Balance
<b>900</b>	<b>Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)</b>	7,865,346

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

<b>Financial Statement Fixed Assets</b>									
<b>Table 1</b>		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0			0	0
1.3	Improvements				0			0	0
1.4	Equipment	1,151,788	248,733		1,400,521	(655,392)	(148,844)	(804,236)	596,285
1.5	Software/Limited Life Assets	26,551			26,551	(26,551)		(26,551)	0
1.6	Motor Vehicles				0			0	0
<b>100</b>	<b>Total</b>	<b>1,178,339</b>	<b>248,733</b>	<b>0</b>	<b>1,427,072</b>	<b>(681,943)</b>	<b>(148,844)</b>	<b>(830,787)</b>	<b>596,285</b>

**Claimed Fixed Assets**

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

<b>Table 2</b>		1	2	3	4	5	6	7	8	9	10
Line #	Description	Allowable Cost Basis Beginning Balance	Claimed Additions From Renovations (DON)	Claimed Other Additions	Claimed Deletions From Renovations (DON)	Claimed Other Deletions	Allowable Cost Basis Ending Balance	Depreciation %	Financial Statement Depreciation Expense	Non-Allowable Expenses and Add-backs	Claimed Net Depreciation Expense
2.1	Land SNF-CR	45,000					45,000				
2.2	Land REA-CR						0				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	2,939,953					2,939,953			73,499	73,499
2.5	Improvements SNF-CR	1,800					1,800	5.00%	0	90	90
2.6	Improvements REA-CR	1,312,921					1,312,921	5.00%		75,358	75,358
2.7	Equipment SNF-CR	1,048,537		248,733			1,297,270	10.00%	148,844	(19,117)	129,727

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2.8	Equipment REA-CR					0	10.00%			0	
2.9	Software/Limited Life Assets SNF-CR	24,184				24,184	33.33%	0	8,053	8,053	
2.10	Software/Limited Life Assets REA-CR					0	33.33%			0	
200	Total Claimed Fixed Assets	5,372,395	0	248,733	0	0	5,621,128		148,844	137,883	286,727

**General Fixed Cost Information**

<b>Table 3</b>		<b>1</b>
Line #	Description	
3.1	What is the original year the facility was built?	1988
3.2	What was the date of the most recent assessed property value of this facility?	02/25/2019
3.3	What was the value from the most recent municipal property assessment for this facility?	5,590,000
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?	94
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	29,475
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	26,104
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	5,699
3.10	What is the total acreage of the facility site?	0.1
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?	Yes

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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**

<b>Table 1</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
1.1	Cash and Cash Equivalents (Beginning of Year)	30,523

**Cash Flows from Operating Activities**

<b>Table 2</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
2.1	Change in Net Assets (Net Income)	(604,020)
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	387,559
2.3	Increases (Decreases) to Cash Provided by Operating Activities	(435,366)
<b>200</b>	<b>Net Cash from Operating Activities</b>	<b>(651,827)</b>

**Cash Flows from Investing Activities**

<b>Table 3</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
3.1	Capital Expenditures	(248,733)
3.2	Cash Flows from Other Investing Activities	1,259,086
<b>300</b>	<b>Net Cash from Investing Activities</b>	<b>1,010,353</b>

**Cash Flows from Financing Activities**

<b>Table 4</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
4.1	Proceeds from Issuance of Long-Term Debt	1,098,358
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	(1,467,077)
4.3	Cash Flows from Other Financing Activities	
<b>400</b>	<b>Net Cash from Financing Activities</b>	<b>(368,719)</b>

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

<b>Table 5</b>		<b>1</b>
<b>Line #</b>	<b>Description</b>	<b>Reported</b>
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	<b>(10,193)</b>
<b>500</b>	<b>Cash and Cash Equivalents (End of Year)</b>	<b>20,330</b>

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**SCHEDULE 9 : LICENSURE & PATIENT STATISTICS**

**Bed Licensure**

<b>Table 1</b>	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	01/20/2021	137			137	140
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.	137				
1.7	Is above listed bed licensure information correct?	Yes				

**Patient Statistics - Days**

<b>Table 2</b>		1	2	3	4	5	6
Line #	Description	Private Pay	Commercial Managed Care	Commercial Non-Managed Care	Medicare Fee-For-Service	Medicare Managed Care (Part C)	MassHealth Fee-for-Service
2.1	Nursing	2,315	8,399	441	4,596	684	25,881
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)						306
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
<b>200</b>	<b>Total</b>	<b>2,315</b>	<b>8,399</b>	<b>441</b>	<b>4,596</b>	<b>684</b>	<b>26,187</b>

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7	8	9	10	11	12	13	14	15
MassHealth Managed Care	Senior Care Options	OneCare	PACE	Out-of- State Medicaid	Veteran's Affairs & Other Public	DTA & EAEDC	Other	Total
					2,408			44,724
								0
								0
								0
								0
								0
								0
								0
								0
								306
								0
								0
								0
0	0	0	0	0	2,408	0	0	45,030

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<b>Patient Statistics - Summary</b>			
<b>Table 3</b>			<b>1</b>
<b>Line #</b>	<b>Account</b>	<b>Description</b>	<b>Reported</b>
3.1	0140.0	Number of Admissions During Year	290
3.2	0140.1	Number of MassHealth Admissions During Year	9
3.3	0150.0	Number of Discharges During Year	242
3.4	0190.0	Average Length of Stay	164
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	264
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	130



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

**Detail of Staff Nursing Services Wages and Hours**

<b>Table 1</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Line #	Description	RN Wages	RN Hours	LPN Wages	LPN Hours	CNA Wages	CNA Hours
1.1	Total Base Wages	864,640	21,084.4	1,338,886	37,856.3	1,486,934	76,703.7
1.2	Total Overtime Wages	168,260	2,727.8	192,574	3,876.6	380,048	9,214.1
1.3	Total Shift Differential	76,798		145,730		209,664	
1.4	Total Other Differentials						
<b>100</b>	<b>Total</b>	<b>1,109,698</b>	<b>23,812.2</b>	<b>1,677,190</b>	<b>41,732.9</b>	<b>2,076,646</b>	<b>85,917.8</b>

**Detail of Nursing Services Shift Differentials**

<b>Table 2</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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	2.75	3.00	3.00	3.50	4.00
2.2	Licensed Practical Nurses	2.75	3.00	3.00	3.50	4.00
2.3	Certified Nurse Aides	2.75	3.00	3.00	3.50	4.00

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***Detail of Staff and Hours by Position***

<b>Table 3</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>Line #</b>	<b>Description</b>	<b>Number of Staff</b>	<b>Total Full Time Equivalents</b>	<b>Total Hours</b>
3.1	Staff Development	1	0.2	362.8
3.2	Plant Operations	3	3.4	7,032.3
3.3	Dietary Staff	11	11.6	24,146.6
3.4	Dietician	1	0.7	1,440.6
3.5	Housekeeping/Laundry Staff			
3.6	Unit Clerk & Medical Records Staff	2	2.2	4,496.5
3.7	Quality Assurance	2	1.9	4,129.0
3.8	MMQ Nurses and MDS Coordinator			
3.9	Social Services Staff	2	2.0	4,190.7
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	8	8.4	17,460.7
3.12	Restorative Therapy - Indirect Staff	1	1.1	2,224.4
3.13	Recreational Staff	7	7.2	15,071.8
3.14	Administration and Officers	1	0.1	2,005.4
3.15	Security Staff			
3.16	Clerical Staff	6	5.9	12,368.3
3.17	Director of Nurses	2	2.0	4,225.9
3.18	Registered Nurses	10	12.1	23,812.2
3.19	Licensed Practical Nurses	18	21.5	41,732.9
3.20	Certified Nurse Aides	36	43.2	85,917.8
3.21	Resident Care Assistants			
3.22	Behavioral Health Specialist Staff			
3.23	This line is intentionally left blank			
3.24	This line is intentionally left blank			
<b>300</b>	<b>Total</b>	<b>111</b>	<b>123.5</b>	<b>250,617.9</b>

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<b>Detail of Purchased Nursing Services</b>										
<b>Table 4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>Line #</b>	<b>Temporary Nursing Services Agency Name</b>	<b>DPH Registration #</b>	<b>RN Total Hours of Service</b>	<b>RN Total Charges</b>	<b>LPN Total Hours of Service</b>	<b>LPN Total Charges</b>	<b>CNA Total Hours of Service</b>	<b>CNA Total Charges</b>	<b>DON Total Hours of Service</b>	<b>DON Total Charges</b>
<b>Unregistered Temporary Nursing Service Agencies</b>										
4.1	<b>Total Unregistered Temporary Nursing Service Agencies</b>									
<b>Registered Temporary Nursing Service Agencies</b>										
4.2	Intelycare, Inc.	TM7F		1,082	15.7	11,765	116.3	2,330	52.5	
4.3	Paramount Healthcare Services	TNVC		21,697	304.0	36,436	463.3	12,986	169.5	
4.4	Mas Medical Staffing, Corp	TJ4S						852	15.2	
4.200	<b>Subtotal: Registered Temporary Nursing Service Agencies</b>		<b>0.0</b>	<b>22,779</b>	<b>319.7</b>	<b>48,201</b>	<b>579.6</b>	<b>16,168</b>	<b>237.2</b>	<b>0</b>
<b>400</b>	<b>Total Temporary Nursing Service Agency Expenses</b>		<b>0.0</b>	<b>22,779</b>	<b>319.7</b>	<b>48,201</b>	<b>579.6</b>	<b>16,168</b>	<b>237.2</b>	<b>0</b>

**Five Highest Paid Salaries (including salaries, payroll taxes, workers' compensation, all fringe benefits, and draws)**

	<b>NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.</b>							
<b>Table 5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Line #</b>	<b>Last Name</b>	<b>First Name</b>	<b>Title</b>	<b>Primary Expense Category</b>	<b>Salary &amp; Benefits</b>	<b>Dividends/ Draws</b>	<b>Other</b>	<b>TOTAL</b>
5.1	Akanboke	Maxwell	RN	Nursing	185,162			<b>185,162</b>
5.2	Coleman	Christian	Nursing Supervisor	Nursing	178,707			<b>178,707</b>
5.3	Gilmore	Karin	MMQ	Nursing	158,022			<b>158,022</b>
5.4	Johnson	Susan	LPN	Nursing	147,951			<b>147,951</b>
5.5	Welch	Pamela	DON	Nursing	173,309			<b>173,309</b>

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

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**SCHEDULE 11 : NOTES PAYABLE AND WORKING CAPITAL DEBT**

**Mortgages and Notes Supporting Fixed Assets**

Table 1	1	2	3	4	5	6	7	8	9	10
Line / Column #	Type of Notes Payable	Lender Name	Related Party	Date Mortgage Acquired	Due Date	Number of Months Amortized	Monthly Payments	Original Loan Amount	Mortgage Acquisition Costs	Amortization of Mortgage Acquisition Costs
1.1	Capital Lease	Ascentium	No	10/20/2020	09/20/2020	24	2,009	46,000		
1.2	Capital Lease	Northstar Leasing	No	08/21/2021	07/21/2026	60	557	26,280		
1.3	Capital Lease	Northstar Leasing	No	12/11/2017	11/15/2022	60	149	6,803		
1.4	Capital Lease	Northstar Leasing 1	No	12/31/2019	12/01/2024	60	391	14,865		
1.5	Capital Lease	Blue Street 2020	No	08/01/2020	07/01/2023	36	1,051	29,788		
1.6	Capital Lease	Blue Street 2021	No	10/01/2021	09/01/2024	36	1,009	28,604		
1.7	Capital Lease	Blue Street IT 2022	No	04/01/2022	03/31/2025	36	439	13,685		
1.8	Other	North Star 2	No	06/10/2020	05/31/2027	60	457	27,409		
1.9	Other	North Star 3	No	12/15/2022	11/30/2027	60	472	28,368		
1.10	Other	UBEO	No	07/01/2022	06/30/2027	60	185	11,156		
1.11	Other	CIT	No	07/01/2022	04/30/2024	28	1,647	46,113		
1.12	Other	Pitney Bowes	No	01/01/2022	09/30/2024	33	92	3,063		
1.13	Other	Ecolab	No	09/11/2022	08/31/2023	12	339	4,064		
1.14	Other	St Francis RE	Yes	01/01/2022	08/31/2025	44	54,167	2,383,333		
<b>100</b>	<b>TOTALS</b>								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
17,774		17,774			0	17.050%	340		340
24,846		3,891			20,955	17.270%	3,993		3,993
1,495		1,495			0	18.430%	142		142
10,353		2,788			7,565	19.660%	1,735		1,735
17,504		10,435			7,069	16.260%	1,942		1,942
26,066		7,478			18,588	16.260%	3,624		3,624
	13,685	2,524			11,161	16.260%	1,501		1,501
	27,409	11,297			16,112	20.510%	1,959		1,959
	28,368	10,584			17,784	20.510%	4,157		4,157
	11,156	2,692			8,464	8.000%			0
	46,113	21,032			25,081	8.000%			0
	3,063	1,238			1,825	8.000%			0
	4,064	1,417			2,647	8.000%			0
	2,383,333	816,687			1,566,646	8.000%			0
					1,703,897		19,393	0	19,393

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<b>Working Capital Debt</b>									
<b>Table 2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Line / Column #</b>	<b>Lender Name</b>	<b>Related Party</b>	<b>Beginning Balance: Jan 1</b>	<b>Amount</b>	<b>Start Date</b>	<b>Principal Payment</b>	<b>Ending Balance: Dec 31</b>	<b>Interest Rate %</b>	<b>Interest Expense</b>
2.1	Fifth Third Bank	No	13,440	820,638	12/23/2020	834,078	0	4.500%	
2.2	CNH	No		1,098,358		555,776	542,582	8.250%	58,973
<b>200</b>	<b>Total Working Capital Interest</b>						542,582		58,973

**SCHEDULE 12 : FOOTNOTES AND OTHER DISCLOSURES**

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



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If a Provider or its parent organization is required or elects to obtain independent audited financial statements for purposes other than 957 CMR 7.00, the Provider must file a complete copy of its audited financial statements with the Center, that most closely correspond to the Provider's Nursing Facility cost report fiscal period. If the Provider or its parent organization does not obtain audited financial statements but is required or elects to obtain reviewed or compiled financial statements for purposes other than 957 CMR 7.00, the Provider must file with the Center a complete copy of its financial statements that most closely correspond to the Nursing Facility cost report fiscal period.

Please select one option from the menu, and upload applicable statements for choices A or B. These options are listed in descending order of preference:

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
08/27/2023 7:52PM	(1) Footnotes and Explanations	Footnotes.pdf	application/pdf	Francine Petricone
08/27/2023 7:52PM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Francine Petricone
08/27/2023 7:53PM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Francine Petricone
09/16/2023 3:50PM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Francine Petricone
09/16/2023 8:48PM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Francine Petricone

**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	Fran Petricone
1.2	Nursing Facility or Firm Name	Landmark Management Solutions LLC
1.3	Title	Preparer
1.4	Street Address	57 Wingate Street
1.5	City	Haverhill
1.6	State	MA
1.7	Zip Code	01832
1.8	Phone Number	+1 (978) 372-4004
1.9	Email Address	sduarte@landmarkhealth.com
1.10	Is this information correct?	Yes
1.11	<b>[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.</b>	
1.12	Date of Authorization:	09/17/2023

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	<b>[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.</b>	
2.2	Date of Authorization	09/18/2023
2.3	Last Name	Duarte
2.4	First Name	Stephen
2.5	Middle Name	J.
2.6	Title	Corporate Controller
2.7	Is this information correct?	Yes

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

*Please submit all request to [Costreports.LTCF@CHIAMass.gov](mailto:Costreports.LTCF@CHIAMass.gov) along with the following information:*

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request