

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

SCHEDULE 1 : GENERAL INFORMATION**Facility Information**

Table 1		1
Line #	Description	
1.1	Facility Name	THE HIGHLANDS
1.2	MassHealth Provider ID	110026348A
1.3	Federal Employer Tax ID	341991266
1.4	VPN	0920321
1.5	Is the above information correct?	Yes
1.6	Facility Number	01010
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	335 Nichols Road
1.11	City	Fitchburg
1.12	Zip	01420
1.13	Telephone	+1 (978) 343-4411
1.14	Is this a hospital-based nursing facility?	No
1.15	Does the provider have pediatric beds?	No
1.16	Does the provider have an executed special contract with MassHealth (e.g. ventilator unit, acquired brain injury, etc.)?	No
1.17	Legal Status	Partnership/Limited Liability Partnership (LLP)
1.18	List the name of the management company as reported on the management company cost report.	Life Care Centers of America, Inc.
1.19	List the name of the entity that holds the nursing facility license.	Highlands Medical Investors, LLC
1.20	List realty company names as reported on each realty company cost report.	Highland Real Estate Investor, LLC
1.21	Do the direct and indirect owners of this facility operate any other Massachusetts public payer programs that are provided to facility residents?	No

Skilled Nursing Facility Cost Report
THE HIGHLANDS
Filing Year: 2022

Date: 11/28/2023
Time: 11:50 AM

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

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

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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						

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

SCHEDULE 2 : REVENUE**Nursing Facility Revenue**

Table 1		1	2	3
Line #	Payer	Routine Revenue	Ancillary Revenue	Total Revenue
1.1	Private Pay	2,263,736	62	2,263,798
1.2	Commercial Managed Care	56,353		56,353
1.3	Commercial Non-Managed Care			0
1.4	Medicare Fee-For-Service	4,776,118	124,554	4,900,672
1.5	Medicare Managed Care (Part C)	1,215,864	127,790	1,343,654
1.6	MassHealth Fee-for-Service	6,307,316		6,307,316
1.7	MassHealth Managed Care			0
1.8	Senior Care Options	676,058		676,058
1.9	OneCare			0
1.10	PACE	694,765		694,765
1.11	Medicaid Out-of-State			0
1.12	Medicaid Patient Paid Amount	1,473,569		1,473,569
1.13	DTA & EAEDC			0
1.14	Veteran's Affairs & Other Public			0
1.15	Other Payer Revenue			0
100	Total Nursing Facility Revenue	17,463,779	252,406	17,716,185

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		

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

Other Nursing Facility Revenue

Table 3		1
Line #	Description	Revenue
3.1	Total Other Business Revenue	1,632
3.2	Endowment and Other Non-Recoverable Revenue	937,495
3.3	Laundry Revenue	
3.4	Vending Machine Revenue	149
3.5	Recovery of Bad Debts	
3.6	Prior Year Retroactive Revenue	46,026
3.7	Interest Income	1,396
3.8	Nurses' Aide Training Revenue	
3.9	Administrative and General Recoverable Revenue	3,132
3.10	Nursing Recoverable Revenue	
3.11	Variable Recoverable Revenue	53,033
3.12	Fixed Cost Recoverable Revenue	
300	Total Other Nursing Facility Revenue	1,042,863

Detail of Endowment and Non-Recoverable Revenue

Table 4		1	2
Line #	Description	Type	Revenue
4.1	Other Endowment and Non-Recoverable Revenue: (Enter Description)	Covid Stimulus	937,495
4.2	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.3	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.4	Other Endowment and Non-Recoverable Revenue: (Enter Description)		
4.5	Other Endowment and Non-Recoverable Revenue		
400	Total Endowment and Non-Recoverable Revenue		937,495

Total Revenue

Table 5		1
Line #	Description	Total
500	Total Revenue	18,759,048

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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	300,893		300,893
1.2	Director of Nurses: Employee Benefits	8,406		8,406
1.3	Director of Nurses: Payroll Taxes incl Workers Comp.	12,088		12,088
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	321,387		321,387
1.7	Registered Nurses: Salaries	1,203,200		1,203,200
1.8	Registered Nurses: Employee Benefits	75,420		75,420
1.9	Registered Nurses: Payroll Taxes incl Workers Comp.	108,275		108,275
1.10	Registered Nurses Purchased Service: Per Diem			0
1.11	Registered Nurses Purchased Service: Temporary Agency Staff	0	0	0
1.200	Subtotal: Registered Nurses Expenses	1,386,895		1,386,895
1.12	Licensed Practical Nurses: Salaries	2,207,282		2,207,282
1.13	Licensed Practical Nurses: Employee Benefits	138,358		138,358
1.14	Licensed Practical Nurses: Payroll Taxes incl Workers Comp.	198,633		198,633
1.15	Licensed Practical Nurses Purchased Service: Per Diem			0
1.16	Licensed Practical Nurses Purchased Service: Temporary Agency Staff	98,253	0	98,253
1.300	Subtotal: Licensed Practical Nurses Expenses	2,642,526		2,642,526
1.17	Certified Nurse Aides: Salaries	2,674,887		2,674,887
1.18	Certified Nurse Aides: Employee Benefits	167,669		167,669
1.19	Certified Nurse Aides: Payroll Taxes incl Workers Comp.	240,712		240,712
1.20	Certified Nurse Aides Purchased Service: Per Diem			0
1.21	Certified Nurse Aides Purchased Service: Temporary Agency Staff	13,211	0	13,211
1.400	Subtotal: Certified Nurse Aides Expenses	3,096,479		3,096,479

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

1.22	Nurse's Aide Training Administration		0	0
1.23	Nursing Education and Training	163		163
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	163		163
1.600	Subtotal: Total Nursing Expenses Before Recoverable Income	7,447,450		7,447,450

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	7,447,450		7,447,450

Administrative and General Expenses

Table 2		1	2	3
Line #	Description	Reported Expenses	Non-Allowable Expenses and Add -backs	Total Allowable Expenses
2.1	Administration: Salaries			0
2.2	Administration: Employee Benefits	46,543	46,543	0
2.3	Administration: Payroll Taxes incl Workers Comp.			0
2.4	Administration: Purchased Service	137,718		137,718
2.5	Officers: Total Compensation		0	0
2.6	Management Company Administration Add-Back (MGT-CR Sch. 6)			0
2.100	Subtotal: Administration & Officers Expenses	184,261		137,718
2.7	Clerical Staff: Salaries	428,390		428,390
2.8	Clerical Staff: Employee Benefits	29,376		29,376
2.9	Clerical Staff: Payroll Taxes incl Workers Comp.	41,633		41,633
2.10	Clerical Staff: Purchased Service			0
2.200	Subtotal: Clerical Staff Expenses	499,399		499,399
2.11	Electronic Data Processing, Payroll, and Bookkeeping Services	65,026		65,026
2.12	Office Supplies	39,656	160	39,496
2.13	Telecommunications (e.g. Internet, Phone)	31,320		31,320

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

2.14	Other Telecommunications (e.g. tablets to support family and resident communications)			0
2.15	Travel: Conventions & Meetings	4,912	107	4,805
2.16	Advertising: Help Wanted	67,652		67,652
2.17	Licenses and Dues: Patient Care Related Portion	49,800	2,669	47,131
2.18	Continuing Professional Education / Training and Development			0
2.19	Accounting Services (Not related to appeals)	951		951
2.20	Insurance: Malpractice & General Liability	151,508	56,414	95,094
2.21	Insurance: Department of Unemployment Assistance (DUA) Claims - A & G Portion			0
2.22	Other A & G Expenses	10,732		10,732
2.23	Non-Allowable A & G Expenses	2,047,631	2,047,631	0
2.24	Realty Company Other Expenses Add-back (REA-CR, Sch. 2)		6,760	6,760
2.25	Management Company Allocated A & G Expenses (MGT-CR, Sch. 6)		491,090	491,090
2.26	Management Company Allocated Fixed Cost Expenses (MGT-CR, Sch. 6)		63,108	63,108
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	2,469,188		923,165
2.400	Subtotal: Total Administrative and General Expenses Before Recoverable Income	3,152,848		1,560,282
Less: Administrative & General Recoverable Income				
2.29	A & G Recoverable Income		3,132	3,132
2.500	Subtotal: Administrative & General Recoverable Income	0		3,132
200	Total: Net Administrative & General Expenses After Recoverable Income	3,152,848		1,557,150

Detail of Other A&G Expenses

Table 2A	1	2
Line #	Description	Amount
2A.1	Sales & Use Tax	10,732
2A.100	Subtotal: Other A&G Expenses	10,732

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

Detail of Non-Allowable A & G Expenses

Table 2B		1
Line #	Description	Reported Expenses
2B.1	Advertising: Marketing	122,622
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	11,110
2B.6	Legal: Other	22,193
2B.7	Key Person Insurance	
2B.8	Management Company Fees	
2B.9	Management Consultants	886,740
2B.10	Interest on Working Capital	
2B.11	Fines, Late Fees, Penalties, including Interest	1,932
2B.12	State and Federal Income Taxes	
2B.13	Pre-Opening Expenses	
2B.14	Bad Debt Expense	59,335
2B.15	User Fee Assessment	936,074
2B.16	Other Non-Allowable A&G Expenses	7,625
2B.17	This line description is intentionally left blank	
2B.18	This line description is intentionally left blank	
2B.100	Total Non-Allowable A&G Expenses	2,047,631

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	136,073		136,073
3.2	Staff Dev. Coord.: Employee Benefits	8,172		8,172
3.3	Staff Dev. Coord.: Payroll Taxes incl Workers Comp.	7,188		7,188
3.4	Staff Dev. Coord.: Purchased Service			0
3.100	Subtotal: Staff Development Coordinator Expenses	151,433		151,433
3.5	Plant Operation: Salaries	183,618		183,618
3.6	Plant Operation: Employee Benefits	11,563		11,563
3.7	Plant Operation: Payroll Taxes incl Workers Comp.	16,368		16,368

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

3.8	Plant Operation: Purchased Service	211,628	24,898	186,730
3.9	Plant Operation: Supplies and Expenses	31,488	2,853	28,635
3.10	Plant Operation: Utilities	559,092		559,092
3.11	Plant Operation: Repairs	99,476		99,476
3.12	REA-CR Utilities/Plant Operations Add-back (REA-CR, Schedule 2)		31,445	31,445
3.200	Subtotal: Plant Operation Expenses	1,113,233		1,116,927
3.13	Dietician: Salaries	91,656		91,656
3.14	Dietician: Employee Benefits	5,702		5,702
3.15	Dietician: Payroll Taxes incl Workers Comp.	10,127		10,127
3.16	Dietician: Purchased Service			0
3.17	Dietician Add-back (MGT-CR, Sch. 6 col 11)			0
3.300	Subtotal: Dietician Expenses	107,485		107,485
3.18	Dietary: Salaries	659,677		659,677
3.19	Dietary: Employee Benefits	41,041		41,041
3.20	Dietary: Payroll Taxes incl Workers Comp.	59,327		59,327
3.21	Dietary: Food	490,005	4,174	485,831
3.22	Dietary: Purchased Service	4,833		4,833
3.23	Dietary: Supplies and Expenses	61,583	562	61,021
3.400	Subtotal: Dietary Expenses	1,316,466		1,311,730
3.24	Housekeeping/Laundry: Salaries	527,566		527,566
3.25	Housekeeping/Laundry: Employee Benefits	32,701		32,701
3.26	Housekeeping/Laundry: Payroll Taxes incl Workers Comp.	51,041		51,041
3.27	Housekeeping/Laundry: Purchased Service	2,700		2,700
3.28	Housekeeping/Laundry: Supplies and Expenses	59,836	441	59,395
3.29	Housekeeping/Laundry: Linen and Bedding	32,824	267	32,557
3.30	Housekeeping/Laundry: Special Cleaning			0
3.500	Subtotal: Housekeeping/Laundry Expenses	706,668		705,960
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	88,935		88,935

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

3.37	Unit Clerk & Medical Records: Employee Benefits	11,501		11,501
3.38	Unit Clerk & Medical Records: Payroll Taxes incl Workers Comp.	14,160		14,160
3.39	Unit Clerk & Medical Records: Purchased Service			0
3.700	Subtotal: Unit Clerk and Medical Record Expenses	114,596		114,596
3.40	Mgmt. Minute Questionnaire (MMQ) Evaluation Nurse/Minimum Data Set (MDS) Coordinator: Salaries	235,557		235,557
3.41	MMQ Evaluation Nurse/MDS Coordinator: Employee Benefits	18,523		18,523
3.42	MMQ Evaluation Nurse/MDS Coordinator: Payroll Taxes Incl Workers Comp.	21,296		21,296
3.43	MMQ Evaluation Nurse/MDS Coordinator: Purchased Service	38,052		38,052
3.800	Subtotal: MMQ Evaluation Nurse/MDS Coordinator Expenses	313,428		313,428
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	135,540		135,540
3.49	Social Service Worker: Employee Benefits	8,558		8,558
3.50	Social Service Worker: Payroll Taxes incl Workers Comp.	11,679		11,679
3.51	Social Service Worker: Purchased Service	9,960		9,960
3.1000	Subtotal: Social Service Worker Expenses	165,737		165,737
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	869,924	869,924	0

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

3.61	Direct Restorative Therapy: Benefits	126,896	126,896	0
3.62	Direct Restorative Therapy: Consultants	5,133	5,133	0
3.63	Indirect Restorative Add-back (MGT-CR, Sch. 6 col 12)			0
3.1200	Subtotal: Restorative Therapy Expenses	1,001,953		0
3.64	Recreational Therapy/Activities: Salaries	436,221		436,221
3.65	Recreational Therapy/Activities: Employee Benefits	74,369		74,369
3.66	Recreational Therapy/Activities: Payroll Taxes incl Workers Comp	48,415		48,415
3.67	Recreational Therapy/Activities: Purchased Service	13,895		13,895
3.68	Recreational Therapy/Activities: Supplies and Expenses	12,610		12,610
3.69	Recreational Therapy/Activities: Transportation		0	0
3.1300	Subtotal: Recreational Therapy/Activities Expenses	585,510		585,510
3.70	Resident Care Assistant: Salaries			0
3.71	Resident Care Assistant: Employee Benefits			0
3.72	Resident Care Assistant: Payroll Taxes incl Workers Comp.			0
3.73	Resident Care Assistant: Purchased Service			0
3.1400	Subtotal: Resident Care Assistant Expenses	0		0
3.74	Security: Salaries			0
3.75	Security: Employee Benefits			0
3.76	Security: Payroll Taxes including Workers Comp.			0
3.77	Security: Purchased Service			0
3.1500	Subtotal: Security Expenses	0		0
3.78	Travel: Motor Vehicle Expense	1,645		1,645
3.79	Variable Other Required Education			0
3.80	Variable Job Related Education	1,872		1,872
3.81	Insurance: Department of Unemployment Assistance (DUA) Claims: Variable Portion			0
3.82	Physician Services: Medical Director	42,000		42,000
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			0
3.87	Legend Drugs	261,826	261,826	0
3.88	Personal Protective Equipment			0

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

3.89	House Supplies Not Resold	461,885	2,577	459,308
3.90	House Supplies Resold to Private Residents		0	0
3.91	House Supplies Resold to Public Residents	181,960	181,960	0
3.92	Pharmacy Consultant	26,310		26,310
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	977,498		531,135
3.1700	Subtotal: Total Variable Expenses Before Recoverable Income	6,554,007		5,103,941
Less: Variable Recoverable Income				
3.96	Vending Machine Income		149	149
3.97	Laundry Income		0	0
3.98	Other Variable Recoverable Income		53,033	53,033
3.1800	Subtotal: Variable Recoverable Income	0		53,182
300	Total: Net Variable Expenses Including Recoverable Income	6,554,007		5,050,759

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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	0	(422,381)	422,381
4.2	Long-Term Interest Expense SNF-CR			0
4.3	Long-Term Interest Expense REA-CR		156,652	156,652
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	64,926	64,926	0
4.7	Building Insurance Expense REA-CR		63,804	63,804
4.8	Real Estate Tax Expense SNF-CR	94,745	94,745	0
4.9	Real Estate Tax Expense REA-CR		95,473	95,473
4.10	Personal Property Tax Expense SNF-CR	1,337		1,337
4.11	Personal Property Tax Expense REA-CR		8,558	8,558
4.12	Other Fixed Cost Expenses SNF-CR	10,421		10,421
4.13	Other Fixed Cost Expenses REA-CR		100	100
4.14	Real Property Rent Expense SNF-CR	696,532	696,532	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	867,961		758,726
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	867,961		758,726

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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	18,022,266		14,870,399
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	18,022,266		14,814,085

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

SCHEDULE 4 : OTHER BUSINESS REVENUES AND EXPENSES**Other Business Activities**

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

Other Business Revenue

Table 2			1
Line / Column #	Account	Description	Reported
2.1	3025.3	Adult Day Health Revenue	
2.2	3025.6	Child Day Care Revenue	
2.3	3025.4	Assisted Living Revenue	
2.4	3025.5	Outpatient Services Revenue	
2.5	3025.7	Other Special Program Revenue	
2.6	3026.1	Hospital Revenue – Other Business	
2.7	3026.3	Residential Care Revenue	
2.8	3026.2	Other	1,632
200	3026.0	TOTAL OTHER BUSINESS REVENUE	1,632

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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

Financial Statement of Operations

Table 1		
Table 1A		1
For Profit		
Line #	Description	Reported
1A.1	Net Patient Service Revenue	17,716,185
1A.2	Other Revenue	1,041,467
1A.3	Net Assets Released from Restriction	
1A.100	Total Operating Revenue	18,757,652
1A.4	Salaries and Wages	10,323,136
1A.5	Employee Benefits	677,902
1A.6	Supplies and Other (including Payroll Taxes)	6,982,181
1A.7	Interest Expense	(20,288)
1A.8	Provision for Bad Debt	59,335
1A.9	Depreciation and Amortization Expenses	
1A.200	Total Operating Expenses	18,022,266
1A.300	Income(Loss) from Operations	735,386
	Non-Operating Income and Expenses	
1A.10	Interest Income	1,396
1A.11	Investment Income	
1A.12	Realized Gain(Loss) from Investments	
1A.13	Realized Gain(Loss) from Sale or Disposal of Equipment	
1A.14	Other Non-Operating Income(Expense)	
1A.400	Total Income(Loss) Before Taxes, Extraordinary Items, and Changes in Accounting Principles	736,782
1A.15	Provision for Income Tax	
1A.16	Extraordinary Items	0
1A.17	Cumulative Change in Accounting Principles	0
1A.500	Financial Statement Net Income(Loss)	736,782

Skilled Nursing Facility Cost Report
THE HIGHLANDS
Filing Year: 2022

Date: 11/28/2023
Time: 11:50 AM

<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)	18,759,048
2.2	Total Nursing Expenses (Schedule 3)	7,447,450
2.3	Total Administrative and General Expenses (Schedule 3)	3,152,848
2.4	Total Variable Expenses (Schedule 3)	6,554,007
2.5	Total Capital and Fixed Cost Expenses (Schedule 3)	867,961
2.6	Total Other Business Expenses (Schedule 4)	0
2.100	Subtotal: Total Facility Expenses	18,022,266
200	Cost Reported Net Income(Loss)	736,782

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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)		736,782
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)		736,782

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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	985,763
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	1,954,728
1.6	Less Reserve for Bad Debt	(67,099)
1.100	Subtotal: Net Patient Accounts Receivable	1,887,629
1.7	Receivable from Officers/Owners/Employees	
1.8	Receivable from Affiliates/Related Parties	137,266
1.9	Interest Receivable	
1.10	Supply Inventory	
1.11	Other Receivables	1,980
1.12	Prepaid Interest	
1.13	Prepaid Insurance	2,269
1.14	Prepaid Taxes	
1.15	Other Prepaid Expenses	
1.16	Capitalized Pre-Opening Costs	63,178
1.17	Other Current Assets	0
100	Total Current Assets	3,078,085

Detail of Other Current Assets

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

Skilled Nursing Facility Cost Report
THE HIGHLANDS
Filing Year: 2022

Date: 11/28/2023
Time: 11:50 AM

Non-Current Fixed Assets		
Table 2		1
Line #	Description	Account Balance
2.1	Land	
2.2	Buildings	
2.3	Improvements	
2.4	Equipment	
2.5	Software/Limited Life Assets	
2.6	Motor Vehicles	
200	Total Non-Current Fixed Assets	0

Other Non-Current Assets		
Table 3		1
Line #	Description	Account Balance
3.1	Long-Term Investments	
3.2	Non-Current Assets Whose Use is Limited	8,411,684
3.3	Other Deferred Charges and Non-Current Assets	0
3.4	Construction in Progress	
3.5	Mortgage Acquisition Costs	
3.6	Accumulated Amortization of Mortgage Acquisition Costs	
3.100	Net Mortgage Acquisition Costs	0
300	Total Non-Current Assets	8,411,684

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

Skilled Nursing Facility Cost Report
THE HIGHLANDS
Filing Year: 2022

Date: 11/28/2023
Time: 11:50 AM

Total Assets		
Table 4		1
Line #	Description	Account Balance
400	Total Assets	11,489,769

Current Liabilities		
Table 5		1
Line #	Description	Account Balance
5.1	Trade Payables	331,588
5.2	Accrued Expenses	235,384
5.3	Due to Insurance Payers	
5.4	Patient Funds Due	
5.5	Long-Term Debt, Current Portion - Related Parties, Subsidiaries, and Affiliates	
5.6	Long-Term Debt, Current Portion - Banks, Mortgages, Other	
5.7	Accrued Salaries and Payroll Liabilities	397,810
5.8	State and Federal Taxes Payable	
5.9	Accrued Interest Payable	591,995
5.10	Other Current Liabilities	0
500	Total Current Liabilities	1,556,777

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

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

Non-Current Liabilities		
Table 6		1
Line #	Description	Account Balance
6.1	Mortgages Payable	
6.2	Due to Related Parties, Subsidiaries, and Affiliates	32,609
6.3	Other Long-Term Debt	8,076,357
600	Total Non-Current Liabilities	8,108,966

Total Liabilities		
Table 7		1
Line #	Description	Account Balance
700	Total Liabilities	9,665,743

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

Table 8		
Table 8B		1
Proprietorship, Partnership, or Limited Liability Company (LLC)		
Line #	Description	Amount
8B.1	Owner's Equity Balance: Prior Year	690,980
8B.2	Prior Period Adjustment(s)	0
8B.3	Capital Contributions During the Year	417,264
8B.4	SNF-CR Net Income/(Loss)	736,782
8B.5	Proprietor/Partner Drawings	(21,000)
8B.100	Owner's Equity Balance: Current Year	1,824,026

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

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

<i>Total Liabilities and Owner's Equity (or Net Assets for Not-for-Profits)</i>		
Table 9		1
Line #	Description	Account Balance
900	Total Liabilities and Owner's Equity (or Net Assets for Not-For-Profit)	11,489,769

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

SCHEDULE 7 : DETAIL OF FIXED ASSETS AND DEPRECIATION

Financial Statement Fixed Assets									
Table 1		1	2	3	4	5	6	7	8
Line #	Description	Fixed Asset Cost Beginning Balance	Current Year Additions	Current Year Deletions	Fixed Asset Cost Ending Balance	Accumulated Depreciation Beginning Balance	Current Year Depreciation	Accumulated Depreciation Ending Balance	Financial Statement Net Book Value
1.1	Land				0				0
1.2	Building				0			0	0
1.3	Improvements				0			0	0
1.4	Equipment				0			0	0
1.5	Software/Limited Life Assets				0			0	0
1.6	Motor Vehicles	48,952			48,952	(48,952)		(48,952)	0
100	Total	48,952	0	0	48,952	(48,952)	0	(48,952)	0

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	280,359					280,359				
2.3	Building SNF-CR						0		0		0
2.4	Building REA-CR	4,761,344					4,761,344			119,034	119,034
2.5	Improvements SNF-CR						0	5.00%	0		0
2.6	Improvements REA-CR	4,645,998		112,705			4,758,703	5.00%		237,935	237,935
2.7	Equipment SNF-CR						0	10.00%	0		0

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

2.8	Equipment REA-CR	590,987		94,794		(31,658)	654,123	10.00%		65,412	65,412
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	10,278,688	0	207,499	0	(31,658)	10,454,529		0	422,381	422,381

General Fixed Cost Information

Table 3		1
Line #	Description	
3.1	What is the original year the facility was built?	1948
3.2	What was the date of the most recent assessed property value of this facility?	01/01/2022
3.3	What was the value from the most recent municipal property assessment for this facility?	5,786,600
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?	88
3.7	What is the total gross square footage of the facility used for patient care, including common areas and therapy rooms?	43,929
3.8	What is the square footage applicable to nursing facility resident rooms, including nurse stations?	24,893
3.9	What is the square footage applicable to other business activities, e.g. adult day health, child day care, etc.	381
3.10	What is the total acreage of the facility site?	5.9
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

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

Changes in Facility or Realty Company Ownership

Table 4	1	2	3	4	5
Line #	Type of Ownership Change	Transaction Date	Purchased From	Purchased By	Sale Price
4.1					
4.2					
4.3					

SCHEDULE 8 : STATEMENT OF CASH FLOWS

Beginning Cash and Cash Equivalents Balance

Table 1		1
Line #	Description	Reported
1.1	Cash and Cash Equivalents (Beginning of Year)	904,851

Cash Flows from Operating Activities

Table 2		1
Line #	Description	Reported
2.1	Change in Net Assets (Net Income)	736,787
2.2	Adjustments to Reconcile Changes in Net Assets (Net Income)	
2.3	Increases (Decreases) to Cash Provided by Operating Activities	7,468,226
200	Net Cash from Operating Activities	8,205,013

Cash Flows from Investing Activities

Table 3		1
Line #	Description	Reported
3.1	Capital Expenditures	
3.2	Cash Flows from Other Investing Activities	(8,303,598)
300	Net Cash from Investing Activities	(8,303,598)

Cash Flows from Financing Activities

Table 4		1
Line #	Description	Reported
4.1	Proceeds from Issuance of Long-Term Debt	
4.2	Payments on Long-Term Debt and Capital Lease Expenditures	
4.3	Cash Flows from Other Financing Activities	179,497
400	Net Cash from Financing Activities	179,497

Net Increase (Decrease) in Cash and Cash Equivalents

Table 5		1
Line #	Description	Reported
5.1	Net Increase/(Decrease) in Cash and Cash Equivalents	80,912
500	Cash and Cash Equivalents (End of Year)	985,763

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

SCHEDULE 9 : LICENSURE & PATIENT STATISTICS

Bed Licensure

Table 1	1	2	3	4	5	6
Line #	DPH Licensure Issue Date	Skilled Nursing (Level I,II, & III)	Residential Care (Level IV)	Pediatric	Total Licensed Beds	Constructed Capacity
1.1	07/02/2021	168			168	168
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.	168				
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	5,261			7,343	2,320	30,154
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)	93	127				359
2.10	Nursing Leave of Absence (Unpaid)						
2.11	Residential Leave of Absence (Paid)						
2.12	Residential Leave of Absence (Unpaid)						
200	Total	5,354	127	0	7,343	2,320	30,513

Skilled Nursing Facility Cost Report
THE HIGHLANDS
Filing Year: 2022

Date: 11/28/2023
Time: 11:50 AM

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
	2,586		2,237					49,901
								0
								0
								0
								0
								0
								0
								0
								0
								579
								0
								0
								0
0	2,586	0	2,237	0	0	0	0	50,480

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

Patient Statistics - Summary

Table 3			1
Line #	Account	Description	Reported
3.1	0140.0	Number of Admissions During Year	719
3.2	0140.1	Number of MassHealth Admissions During Year	177
3.3	0150.0	Number of Discharges During Year	727
3.4	0190.0	Average Length of Stay	69
3.5	0160.0	Number of Unduplicated Residents (<= 100 day stay)	265
3.6	0170.0	Number of Unduplicated Residents (> 100 day stay)	147

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

SCHEDULE 10 : DETAIL OF FACILITY COMPENSATION AND PURCHASED NURSING SERVICES***Detail of Staff Nursing Services Wages and Hours***

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	996,921	12,212.8	1,775,782	44,692.5	2,234,096	100,505.7
1.2	Total Overtime Wages	168,386	2,548.5	335,559	5,727.8	218,324	6,619.0
1.3	Total Shift Differential	37,893		95,941		222,467	
1.4	Total Other Differentials						
100	Total	1,203,200	14,761.3	2,207,282	50,420.3	2,674,887	107,124.7

Detail of Nursing Services Shift Differentials

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	3.00	3.00	1.00	4.00	4.00
2.2	Licensed Practical Nurses	3.00	3.00	1.00	4.00	4.00
2.3	Certified Nurse Aides	3.00	3.00	1.00	4.00	4.00

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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	6	1.9	4,054.3
3.2	Plant Operations	4	3.0	6,334.9
3.3	Dietary Staff	42	14.7	30,578.2
3.4	Dietician	1	1.1	2,229.9
3.5	Housekeeping/Laundry Staff	44	13.7	28,492.9
3.6	Unit Clerk & Medical Records Staff	6	3.2	6,611.0
3.7	Quality Assurance			
3.8	MMQ Nurses and MDS Coordinator	5	3.5	7,229.5
3.9	Social Services Staff	2	2.0	4,262.3
3.10	Interpreters			
3.11	Restorative Therapy - Direct Staff	23	11.9	24,700.2
3.12	Restorative Therapy - Indirect Staff			
3.13	Recreational Staff	28	9.6	19,876.3
3.14	Administration and Officers	1	1.0	2,080.0
3.15	Security Staff			
3.16	Clerical Staff	21	8.8	18,319.5
3.17	Director of Nurses	1	1.0	2,087.4
3.18	Registered Nurses	29	9.8	14,761.3
3.19	Licensed Practical Nurses	47	24.2	50,420.3
3.20	Certified Nurse Aides	126	51.5	107,124.7
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	386	160.9	329,162.7

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

Detail of Purchased Nursing Services										
Table 4	1	2	3	4	5	6	7	8	9	10
Line #	Temporary Nursing Services Agency Name	DPH Registration #	RN Total Hours of Service	RN Total Charges	LPN Total Hours of Service	LPN Total Charges	CNA Total Hours of Service	CNA Total Charges	DON Total Hours of Service	DON Total Charges
Unregistered Temporary Nursing Service Agencies										
4.1	Total Unregistered Temporary Nursing Service Agencies									
Registered Temporary Nursing Service Agencies										
4.2	Norton and Associates Inc	TOWP			0.0		100.5	4,769		
4.3	MAS Medical Staffing Corporation (Londonderry, NH)	TEJU			151.7	9,725	238.2	8,442		
4.4			0.0		343.4	22,578				
4.5					852.1	65,950				
4.200	Subtotal: Registered Temporary Nursing Service Agencies		0.0	0	1,347.2	98,253	338.7	13,211	0.0	0
400	Total Temporary Nursing Service Agency Expenses		0.0	0	1,347.2	98,253	338.7	13,211	0.0	0

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

	NOTE: List the names and compensation of the <u>five</u> persons who have the highest compensation paid by this facility.									
Table 5	1	2	3	4	5	6	7	8		
Line #	Last Name	First Name	Title	Primary Expense Category	Salary & Benefits	Dividends/ Draws	Other	TOTAL		
5.1	Cutler	Rhonda	RN Unit Nurse	Nursing	293,323			293,323		
5.2	Favreau	Donna	LPN Unit Nurse	Nursing	241,176			241,176		
5.3	Mallet	Crystal	LPN Unit Nurse	Nursing	162,638			162,638		
5.4	Canessa	Iris	LPN Unit Nurse	Nursing	149,693			149,693		
5.5	Bonilla-Teiada	Carlos	ED	Administrative & General	145,971			145,971		

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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

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

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

11	12	13	14	15	16	17	18	19	20
Beginning Loan Balance: Jan 1	Beginning Balance - New Loans	Principal Payments	Pay Off Amount	Pay Off Date	Ending Loan Balance: Dec 31	Interest Rate %	Interest Expense	Period Expenses	Total Amortization, Interest and Period Expenses
					0				0
					0		0	0	0

Skilled Nursing Facility Cost Report**THE HIGHLANDS**

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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):

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

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

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

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

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

File Submission History

Date Uploaded	File	File Name	File Type	Uploaded By
08/31/2023 11:32AM	(2) Ownership and Facility Information	Ownership And Facility Information.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Carolyn Ellis
08/31/2023 11:33AM	(3) Related Party Debt	Related Party Debt.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Carolyn Ellis
08/31/2023 11:33AM	(5) Financial Statements	Financial Statements.pdf	application/pdf	Carolyn Ellis
09/08/2023 10:36AM	(4) Related Party Transactions	Related Party Transactions.xlsx	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet	Carolyn Ellis

Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

SCHEDULE 13 : SUBMISSION AND ATTESTATION

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

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

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

1.1	Preparer Name	Carolyn M. Ellis
1.2	Nursing Facility or Firm Name	The Highlands
1.3	Title	Director of Reimbursement
1.4	Street Address	3570 Keith Street NW
1.5	City	Cleveland
1.6	State	TN
1.7	Zip Code	37312
1.8	Phone Number	+1 (423) 473-5768
1.9	Email Address	carolyn_ellis@lcca.com
1.10	Is this information correct?	Yes
1.11	[x] By checking this box, I hereby certify that I am the Preparer of this report noted above and I attest, to the best of my knowledge and belief, that this cost report is a true, correct, and complete statement. This report is subject to audit and verification by the Center for Health Information and Analysis.	
1.12	Date of Authorization:	09/12/2023

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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Skilled Nursing Facility Cost Report

THE HIGHLANDS

Filing Year: 2022

Date: 11/28/2023

Time: 11:50 AM

Section B - Certification by Owner, Partner, or Officer

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

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

This certification is signed under pains and penalties of perjury.

2.1	[x] By checking this box, I hereby certify that under pains and penalties of perjury, that the above statements entitled A) Accuracy of Reported Costs and B) Use of Public Funds are correct and true, to the best of my knowledge and belief. This report is subject to audit and verification by the Center for Health Information and Analysis.	
2.2	Date of Authorization	09/12/2023
2.3	Last Name	Preston
2.4	First Name	Forrest
2.5	Middle Name	L.
2.6	Title	Owner
2.7	Is this information correct?	Yes

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

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

a) User Name

b) User E-Mail Address

c) Organization Name

d) Applicable Filing Year

e) Reason for request