

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Yale New Haven Care Continuum d/b/a Grimes Center	
Address (No. & Street, City, State, Zip Code) 1354 Chapel Street, New Haven, CT 06511	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2027-C	RHNS	(Specify)	Medicare Provider 07-5275
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Medicaid Provider Numbers:	CCNH 20272	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a Grimes Center	2027-C	9/30/2019	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Yale New Haven Care Continuum d/b/a Grimes Center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Carol Work			Printed Name (Owner) Vincent Tamaro		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Yale New Haven Care Continuum d/b/a Grimes Center	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 1354 Chapel Street, New Haven, CT 06511				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 12/3/2019		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-867-8300		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Yale New Haven Care Continuum d/b/a Grimes Center		Address (No. & Street, City, State, Zip) 1354 Chapel Street, New Haven, CT 06511		
License Numbers:	CCNH 2027-C	RHNS	(Specify)	Medicare Provider No. 07-5275
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
N/A				
Administrator				
Name of Administrator Carol Work		Nursing Home Administrator's License No.:	001494	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				

**General Information and Questionnaire
Related Parties***

Name of Facility Yale New Haven Care Continuum d/b/a Grimes Center	License No. 2027-C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Bridgeport Hospital	267 Grant street, Bridgeport, CT 06610	<input type="radio"/>	<input checked="" type="radio"/>		Various	Page 31 / Line A8	3,500	3,500
Yale New Haven Hospital	20 York Street, New Haven, CT 06510	<input type="radio"/>	<input checked="" type="radio"/>		Various	Page 34 / Line B3	11,799,072	11,799,072
Medical Center Pharmacy and Home Care Center, Inc.	50 York Street, New Haven, CT 06511	<input type="radio"/>	<input checked="" type="radio"/>		Pharmacy	Page 34 / Line B3	551,536	551,536
Northeast Medical Group	99 Hawley Lane, 1st floor, Stratford CT 06614	<input type="radio"/>	<input checked="" type="radio"/>		Various	Page 34 / Line B3	419	419
Corporate Professional Business Services	789 Howard Ave, New Haven, CT 06519	<input type="radio"/>	<input checked="" type="radio"/>		Various	Page 34 / Line B3	655	655
Yale New Haven Health Services Corporation	789 Howard Ave, New Haven, CT 06519	<input type="radio"/>	<input checked="" type="radio"/>		Various	Page 34 / Line B3	457,736	457,736
Yale New Haven Hospital	20 York Street, New Haven, CT 06510	<input type="radio"/>	<input checked="" type="radio"/>		Pastor	Page 16 / Line m11	39,492	39,492
Yale New Haven Hospital	20 York Street, New Haven, CT 06510	<input type="radio"/>	<input checked="" type="radio"/>		Bookkeeper	Page 16 / Line m11	94,085	94,085
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Yale New Haven Care Continuum d/b/a Grimes	License No. 2027-C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

N/A

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

N/A

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility			License No.	Report for Year Ended			Page	of
Yale New Haven Care Continuum d/b/a Grimes Center			2027-C	9/30/2019			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
N/A	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No **Total *****

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Yale New Haven Care Continuum	License No. 2027-C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 KPMG LLP 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511 P.O. Box 120522, Dallas, TX 75312-0522
-----------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report and Reimbursement Advisory Services	\$ 8,331
2 Tax compliance and consulting service	\$ 5,663
3	\$
4	\$
	Charge for Services Provided
	\$ 13,994

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 N/A 2 3 4 5	Telephone Number
-------------------------------------------------------------------------	------------------

Address (*No. & Street, City, State, Zip Code*)

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Yale New Haven Care Continuum d/b/a Grimes Center			License No. 2027-C			Report for Year Ended 9/30/2019				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	104	104			104	104			102	102		
B. As of midnight of THIS report period	107	107			102	102			107	107		
3. Total Number of Days Care Provided During Period												
A. Medicare	9,395	9,395			6,827	6,827			2,568	2,568		
B. Medicaid (Conn.)	18,851	18,851			14,442	14,442			4,409	4,409		
C. Medicaid (other states)												
D. Private Pay	9,466	9,466			7,238	7,238			2,228	2,228		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	37,712	37,712			28,507	28,507			9,205	9,205		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	621	621			393	393			228	228		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	38,333	38,333			28,900	28,900			9,433	9,433		

Schedule of Resident Statistics (Cont'd)

Name of Facility Yale New Haven Care Continuum d/b/a Grim			License No. 2027-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
N/A													
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	23	61		23									
Per Diem Rate													
a. One bed rm.	Various	274.61		500.00									
b. Two bed rms.	Various	274.61		470.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,797	1,797			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									8,851	8,851			
C. Other									34,380	34,380			
D. Total Physical Therapy Treatments									45,028	45,028			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									245	245			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									653	653			
C. Other									2,463	2,463			
D. Total Speech Therapy Treatments									3,361	3,361			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									894	894			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									7,313	7,313			
C. Other									30,902	30,902			
D. Total Occupational Therapy Treatments									39,109	39,109			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Yale New Haven Care Continuum d/b/a Grimes Center	2027-C	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	164,358	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	126,178	4,905				
5. Dietary Service						
a. Head Dietitian	58,978	1,248				
b. Food Service Supervisor	53,428	2,080				
c. Dietary Workers	490,502	25,229				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	315,380	17,414				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	74,725	2,080				
b. Other Maintenance Workers	51,540	2,300				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	107,661	6,507				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	217,939	4,160				
b. RN						
1. Direct Care	1,490,447	33,559				
2. Administrative**	708,754	15,605				
c. LPN						
1. Direct Care	1,018,972	33,246				
2. Administrative**						
d. Aides and Attendants	1,729,642	91,384				
e. Physical Therapists	819,894	20,176				
f. Speech Therapists	86,885	2,085				
g. Occupational Therapists	660,944	14,143				
h. Recreation Workers	70,835	3,293				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***	72,766	2,080				
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	156,208	4,160				
n. Marketing						
o. Other (Specify) See Attached Schedule	201,325	9,027				
<i>A-13. Total Salary Expenditures</i>	8,677,361	296,761				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Nursing Supply Coordinator	\$ 57,010	2,251				
Unit Secretary	100,759	4,782				
Medical Records	43,556	1,994				
Total	\$ 201,325	9,027	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Eyecare Specialist	\$ 673	Contracted				
Total	\$ 673	-	\$ -	-	\$ -	-

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility				License No.	Report for Year Ended				Page	of
Yale New Haven Care Continuum d/b/a Grimes Center				2027-C	9/30/2019				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include all employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Yale New Haven Care Continuum d/b/a Grimes Center				2027-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Carol Work	164,358			Non Discrim	Administrator	2,080	A2			
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Yale New Haven Care Continuum d/b/a Grimes Cer	2027-C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	6,589	Monthly Fee				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	12,408	177				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	20,565	Contracted				
b. LPN						
1. Direct Care	811,188	19,645				
2. Administrative***						
c. Aides	269,129	10,821				
d. Other						
12. Other (Specify)						
See Attached Schedule	673					
B-13 Total Fees Paid in Lieu of Salaries	1,120,552	30,643				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Yale New Haven Care Continuum d/b/a Grimes Center		License No. 2027-C	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
AAA Nursing Care LLC	3303 Main Street, Stratford, CT 06614	<input type="radio"/>	<input checked="" type="radio"/>	Contract LPN / CNAs	
Maxim Staffing Solutions	12588 Collections Center Drive, Chicago, IL 60693	<input type="radio"/>	<input checked="" type="radio"/>	Contract LPN / CNAs	
Favorite Healthcare Staffing	P.O. Box 803356, Kansas City, MO 64180-3356	<input type="radio"/>	<input checked="" type="radio"/>	Contract LPN / CNAs	
Harborside Rehabilitation LP	P.O. Box 301076, Dallas, TX 75303-1076	<input type="radio"/>	<input checked="" type="radio"/>	Contract LPN / CNAs	
Nursefinders Inc	2735 Collection Center Drive, Chicago, IL 60693-2735	<input type="radio"/>	<input checked="" type="radio"/>	Contract LPN / CNAs	
The Nurse Network LLC	653 Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	Contract LPN / CNAs	
Healthdrive Dental Group	888 Worcester Street, Wellesley, MA 02482-3744	<input type="radio"/>	<input checked="" type="radio"/>	Dentist	
Healthdrive Eye Care Group	888 Worcester Street, Wellesley, MA 02482-3744	<input type="radio"/>	<input checked="" type="radio"/>	Eye Care	
Foremost Rehab of CT, LLC	1157 Highland Avenue, Suite 101, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	Contract ST	
Celtic Consulting	507 East Main Street, Suite 308, Torrington, CT 06790	<input type="radio"/>	<input checked="" type="radio"/>	MDS Consulting	
Robert Badrigian DDS PC	5 South Main Street, Suite 515, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>	Dentist	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a Grimes	2027-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 71,380	71,380		
2. Disability Insurance	\$ 16,899	16,899		
3. Unemployment Insurance	\$ 12,046	12,046		
4. Social Security (F.I.C.A.)	\$ 639,246	639,246		
5. Health Insurance	\$ 1,516,781	1,516,781		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,984	2,984		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 18,565	18,565		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 14,429	14,429		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 1,180,082	1,180,082		
d. Accounting and Auditing	\$ 13,994	13,994		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 84,067	84,067		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 6,837	6,837		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 608,848	608,848		
Subtotal	\$ 4,186,158	4,186,158		

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Yale New Haven Care Continuum d/b/a Grimes Center	2027-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	4,186,158	4,186,158			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 12,864	12,864			
5. Education Expenses Related to Seminars and Conventions	\$ 1,170	1,170			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 4,645	4,645			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 1,200	1,200			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 4,161	4,161			
7. Postage	\$ 365	365			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 16,688	16,688			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 408,155	408,155			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 191,368	191,368			
C-14 Total Administrative & General Expenditures	\$ 4,826,774	4,826,774			

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	-		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Marketing and Promotional	\$ 1,200		
Total Other Advertising	\$ 1,200	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
Leading Age Dues	\$ 10,204		
CHEFA Dues	6,484		
Total Dues	\$ 16,688	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Assessments and fees	\$ 2,720		
Miscellaneous Expense	2,178		
Billing Solutions	1,582		
Courier Service	2,194		
Employee Survey	10,074		
Accrual for PIP Payout	165,948		
Employee Assistance Program	4,626		
Treasurer State of CT Fees	954		
Florist	506		
Medicare Enrollment Fee	586		
Total Other Administrative and General	\$ 191,368	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Yale New Haven Care Continuum d/b/a C	License No. 2027-C	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility Yale New Haven Care Continuum d/b/a Grimes Center		License No. 2027-C	Report for Year Ended 9/30/2019	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 438,679	438,679		
2.	Non-Food Supplies	\$			
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 700	700		
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 439,379	439,379		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a Grimes Center	2027-C	9/30/2019	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	63,463	63,463	
c. Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$	63,463	63,463	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Yale New Haven Care Continuum d/b/a Grime	2027-C	9/30/2019	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	46	46		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$	43,745	43,745		
c. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	43,791	43,791		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	935,464	935,464		
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	539,308	539,308		
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$	156,858	156,858		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	156,216	156,216		
f. X-rays and Related Radiological Procedures***	\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	94	94		
i. Recreation	\$	20,538	20,538		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	30,921	30,921		
5M. Total Resident Care Expenditures (5a - 5j)	\$	1,839,399	1,839,399		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Report of Expenditures
Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility Yale New Haven Care Continuum d/b/a Grimes Center				License No. 2027-C	Report for Year Ended 9/30/2019	Page of 21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
American Medical Response	Atlanta, GA 30384-0296	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Patient transport	156,858			20	5d
Wescom Solutions, DBA Pointclickcare	P.O. Box 674802, Detroit, MI 48267-4801	<input type="radio"/>	<input checked="" type="radio"/>	N/A	AR System Support	42,356			16	m11
Technical Gas Products	Industrial Road, 1B Suite 1, Wallingford, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Oxygen Provider	49,190			20	5e2
Feury Image Group, Inc.	85 Avenue K, Newark, NJ 07105	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Uniforms	15,799			15	1a8
O2 Safe Respiratory	Industrial Road, 1B Suite 1, Wallingford, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Oxygen Provider	107,026			20	5e2
Press Ganey Associates Inc.	Milwaukee, WI 53288-0335	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Employee survey	10,074			16	m13
Comcast Corporation	P.O. Box 70219, Philadelphia, PA 19176	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Cable TV Service	12,018			20	5i
Cross charge of a portion of pastor's time from YNHHC to YNHCC	20 York Street, New Haven, CT 06510	<input checked="" type="radio"/>	<input type="radio"/>	Employee	Salary and Fringe	39,492			16	m11
Cross charge of bookkeeper's (DD) time from parent company to	20 York Street, New Haven, CT 06510	<input checked="" type="radio"/>	<input type="radio"/>	Employee	Salary and Fringe	94,085			16	m11
Unitex Textile Rental Inc.	565 Taxter Rd Suite 620, Elmsford, NY 10523	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Linen rentals	63,463			19	3b
Reitman Personnel Services	163 Cedar Street, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Contracted Housekeeping	43,745			20	4b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Yale New Haven Care Continuum d/b/a Grim	2027-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 511,884	511,884				
b. Heat	\$					
c. Light & Power	\$ 248,524	248,524				
d. Water	\$ 45,264	45,264				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 5,133	5,133				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 810,805	810,805				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 432,199	432,199				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 36,339	36,339				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 468,538	468,538				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 7,686	7,686				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 7,686	7,686				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 476,224	476,224				

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	-		
Waste Removal	\$ 5,133		
Total Other Repairs and Maintenance	\$ 5,133	\$ -	\$ -

Depreciation Schedule

Name of Facility Yale New Haven Care Continuum d/b/a Grimes Center			License No. 2027-C			Report for Year Ended 9/30/2019			Page 23	of 37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements												
1. Acquired prior to this report period	231,484		231,484	231,484	S/L	Various						
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period	10,831,043		10,831,043	9,246,409	S/L	Various	431,371					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	24,840		24,840		S/L	30	828					
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period	837,294		837,294	837,294	S/L	Various						
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	1,509,829		1,509,829	1,401,887	S/L	Various	34,403	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)			Var	Var	19,365		19,365		S/L	10	1,936	
D-3. Subtotal												
E. Total Depreciation												
										36,339		
										468,538		

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/1/2019	Soffit Replacement	\$ 24,840	30	\$ 828
Total additions for Building Improvement		\$ 24,840		\$ 828 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/1/2018	Medline - 10 Hospital Beds	\$ 19,365	10	\$ 1,936
Total additions for Movable Equipmen		\$ 19,365		\$ 1,936 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvemen		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Yale New Haven Care Continuum d/b/a Grimes Center			2027-C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var		72,467	40,762	S/L	Var	7,686	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									7,686
D. Total Amortization									7,686

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Yale New Haven Care Continuum d/b	License No. 2027-C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		09/12/12		
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		09/12/12		
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage				
7. Acquisition Cost				
a. Land		1,580,000		
b. Building		2,127,000		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b	2027-C	9/30/2019	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage				
	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage				
	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage				
	\$			
Name of Lender	Rate			
Address of Lender				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)				

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility		License No.		Report for Year Ended		Page	of
Yale New Haven Care Continuum		2027-C		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 17,991	17,991		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) Malpractice Insurance				\$ 66,382	66,382		
14d. Total Insurance Expenditures (14a + b + c)				\$ 84,373	84,373		
15. Total All Expenditures (A-13 thru C-14)				\$ 18,382,121	18,382,121		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Yale New Haven Care Continuum d/b/a Grimes Center			2027-C	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 660,944	660,944		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 673	673		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 1,180,082	1,180,082		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	15	1a9	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 14,429	14,429		
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 5,374	5,374		
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 1,200	1,200		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 4,161	4,161		
23.			Other - See attached Schedule	\$ 211,437	211,437		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 2,078,300	2,078,300		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	12o	Eyecare Specialist	\$ 673		
Total Other Fees Adjustments			\$ 673	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Non Routine Bank Charges	\$ 482		
16	m11	Purchased Service - Pastor	39,492		
16	m13	Accrual for PIP Payout	165,948		
16	m13	Florist	506		
16	m13	Medicare Enrollment Fee	586		
16	m11	Catering Service (Dept Meetings)	2,245		
16	m13	Misc Expenses	2,178		
Total Other A&G Adjustments			\$ 211,437	\$ -	\$ -

D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility				License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a Grimes Center				2027-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,078,300	2,078,300		
Page 20 - Resident Care Supplies***							
27.	20	5a1	Prescription Drugs	\$ 935,464	935,464		
28.	20	5d	Ambulance/Limousine	\$ 156,858	156,858		
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 94	94		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 156,216	156,216		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 24,818	24,818		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 303	303		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 3,091	3,091		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 3,355,144	3,355,144		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Medical Records Income	\$ 1,374		
30	IV 8	Miscellaneous Income	135		
30	IV 8	Vending Machine Income	1,473		
30	IV 8	Paramedic Svs Billable Calls Income	109		
Total Other Adjustments			\$ 3,091	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Yale New Haven Care Continuum d/b/a	G12027-C	9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,013,894	10,013,894			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,789,161)	(4,789,161)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 6,192,277	6,192,277			
b. Medicare Room and Board Contractual Allowance **	\$ (1,833,866)	(1,833,866)			
4. a. Private-Pay Residents and Other	\$ 4,844,922	4,844,922			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,156,262)	(1,156,262)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$				
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$				
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ 732,346	732,346			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 807,374	807,374			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,811,524	14,811,524			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 4,387	4,387			
8. Other (<i>Specify</i>)	\$ 3,361	3,361			
V. Total Other Revenue (1 thru 8)	\$ 7,748	7,748			
VI. Total All Revenue (III +V)	\$ 14,819,272	14,819,272			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Lab Revenue	\$ 586,003		
30 II 6a	X-Ray Revenue	224,021		
30 II 6a	Cont Adj - Lab Revenue	(259,365)		
30 II 6a	Cont Adj - X-Ray Revenue	(7,347)		
30 II 6a	Cont Allow Med B	(9,237)		
30 II 6a	DME Revenue	361		
30 II 6a	Revenue Med B	110,764		
30 II 6a	Revenue Med A	87,146		
Total Other Resident Revenue - Medicare		\$ 732,346	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Revenue HMO	\$ 807,374		
Total Other Resident Revenue		\$ 807,374	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Other operating income	\$ 135		
30 IV 8	Medical Records Revenue	1,374		
30 IV 8	Vending machine revenue	1,473		
30 IV 8	LMH Paramedic svcs billable calls	109		
30 IV 8	Audiologist Credit with no current year expenses	270		
Total Other Revenue		\$ 3,361	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a	2027-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	46,701
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,345,810
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	5,300
a. Prepaid Expenses - Other	5,100			
b. Prepaid Insurance	200			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	3,500
Intercompany Receivables - Bridgeport Hospita	3,500			

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,401,311
B. Fixed Assets				
1. Land			\$	1,580,000
2. Land Improvements	*Historical Cost	231,484	\$	
	Accum. Depreciation	231,484		Net
3. Buildings	*Historical Cost	10,855,883	\$	1,177,275
	Accum. Depreciation	9,678,608		Net
4. Leasehold Improvements	*Historical Cost	72,467	\$	24,019
	Accum. Depreciation	48,448		Net
5. Non-Movable Equipment	*Historical Cost	837,294	\$	
	Accum. Depreciation	837,294		Net
6. Movable Equipment	*Historical Cost	1,529,194	\$	90,968
	Accum. Depreciation	1,438,226		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	675,240
F/S vs C/R NBV	675,240			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,547,502

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

Schedule of Other Current Assets (Itemize) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
33	A12	Accrued Taxes / State Taxes	\$ 144,089
33	A12	Other accrued expenses	624,559
33	A12	Flex dependent care / Spending Medical	1,013
33	A12	Garnishments	2,688
33	A12	Gift Shop PR Reduction	301
33	A12	TSA Fidelity	8,416
33	A12	Union Dues / United Way	534
33	A12	Third Party Liability Insurance	397,062
33	A12	Patient Trust Fund	25,003
Total Other Current Liabilities (Itemize)			\$ 1,203,665

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a	2027-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	5,948,813
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
3. Buildings		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	700,999
Intangible Assets		701,000		
Rounding		(1)		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	700,999
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,649,812

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of	
Yale New Haven Care Continuum d/b/a Grims	2027-C	9/30/2019	33	37	
Account			Amount		
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable			\$		
2. Notes Payable (<i>itemize</i>)			\$		

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$		
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 800,249		
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$		
6. Accrued Payroll Taxes Payable			\$ 56,981		
7. Medicare Final Settlement Payable			\$		
8. Medicare Current Financing Payable			\$		
9. Mortgage Payable (<i>Current Portion</i>)			\$		
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$		
11. Accrued Income Taxes*			\$		
12. Other Current Liabilities (<i>itemize</i>)			\$ 1,203,665		

See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 2,060,895		

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Yale New Haven Care Continuum d/b/a Grif		License No. 2027-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,060,895	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 12,809,418	
Name and Address of Lender	Amount	Loan Date			
YNHH/MCP/NMG/CPBS/ YNHHS	12,809,418				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 4,000,000	
Long Term Liability due to YNH		4,000,000			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 16,809,418	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 18,870,313	

G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/	2027-C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(8,967,035)
6. Gain or Loss for Period	10/1/2018	thru 9/30/2019	\$	(3,253,466)
7. Total Net Worth			\$	(12,220,501)
C. Total Reserves and Net Worth			\$	(12,220,501)
D. Total Liabilities, Reserves, and Net Worth			\$	6,649,812

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Yale New Haven Care Continuum d/b/a	2027-C	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(8,967,034)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,819,272
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	18,072,738
D. Net Income or Deficit			\$	(3,253,466)
E. Balance			\$	(12,220,500)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Expenses Per Page 27			\$18,382,121	
(Less) F/S vs C/R Depreciation			(309,383)	
Total Expenses per F/S			\$18,072,738	
Rounding				(1)
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(1)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(12,220,501)
				09/30/19

I. Preparer's/Reviewer's Certification

Name of Facility Yale New Haven Care Continuum d/b/a	License No. 2027-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Matthew S. Bavolack				
Address Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Debbie Bielefield			203-688-6140	
Contact Email Address				
deborah.bielefield@ynhh.org				