

**REPORT  
ON THE  
RATE SETTING AUDIT**

**HOBACK  
NORWALK, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1669509279**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

**Audits Section—Santa Ana  
Financial Audits Branch  
Audits and Investigations  
Department of Health Care Services**

**Section Chief: Margaret A. Varho  
Audit Supervisor: Stan Van Arsdale  
Auditor: Claudia Arrieta**



TOBY DOUGLAS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

Date: January 11, 2013

Cheryl Loflin-Wertz, President  
Harbor Health Care, Inc.  
16917 Clark Avenue  
Bellflower, CA 90706

HOBACK  
NATIONAL PROVIDER IDENTIFIER (NPI) 1669509279  
FISCAL PERIOD ENDED DECEMBER 31, 2011

We have examined the facility's financial records/Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the data presented in the accompanying audit report schedules represent a proper determination of the allowable costs, and patient days for the above fiscal period in accordance with Medi-Cal reimbursement principles. The results of our examination are as follows:

<u>COST AND COST PER DAY</u>		<u>COST</u>	<u>COST PER DAY</u>
Reported Cost/Cost Per Day	\$	343,413	\$ 156.95
Net Audit Adjustment		(6,557)	(3.13)
Audited Cost/Cost Per Day	\$	<u>336,857</u>	\$ <u>153.82</u>

This audit report includes the:

1. Audit Report Schedules 1 and 2
2. Audit Adjustments Schedule

Future Medi-Cal long-term care prospective rates may be affected by this examination. The extent to which the rates change will be determined by the Department's Medi-Cal Benefits, Waiver Analysis and Rates Division.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals  
1029 J Street, Suite 200  
Sacramento, CA 95814  
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

**United States Postal Service (USPS)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
PO Box 997413  
Sacramento, CA 95899

**Courier (UPS, FedEx, etc.)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
1501 Capitol Avenue, Suite 71.5001  
Sacramento, CA 95814  
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Santa Ana at (714) 558-4434.

***(Original signed by Margaret Varho)***

Margaret A. Varho, Chief  
Audits Section—Santa Ana  
Financial Audits Branch

Certified

**SUMMARY OF AUDITED FACILITY CENSUS  
AND AUDITED CLIENT COST PER DAY**

**Provider:**  
HOBACK

**Fiscal Period:**  
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

**Provider NPI:**  
1669509279

<b>SUMMARY OF AUDITED FACILITY CENSUS AND AUDITED CLIENT COST PER DAY</b>	<b>AS REPORTED</b>	<b>AS AUDITED</b>
1. Medi-Cal Client Days (Adj 5)	2,188	2,190
2. Medi-Cal Managed Care Days (Adj )	0	0
3. Other Client Days (Adj )	0	0
4. Total Client Days	<u>2,188</u>	<u>2,190</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>343,413</u>	\$ <u>336,857</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>156.95</u>	\$ <u>153.82</u>
<b>SHARE OF COST</b>		
1. Share of Cost Audit Adjustment (Adj )	\$ <u>NA</u>	\$ <u>0</u>
<b>OVERPAYMENTS</b>		
1. Duplicate Payments (Adj )	\$ <u>0</u>	\$ <u>0</u>
2. Credit Balances (Adj )	\$ <u>0</u>	\$ <u>0</u>
3. Total Overpayments	\$ <u>0</u>	\$ <u>0</u>

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
HOBACK

Fiscal Period:  
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:  
1669509279

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	<b>EXPENSES: CLIENT SERVICES</b>				
	<b>Basic Facility Cost - Property Expenses</b>				
045	Depreciation and Amortization		\$ 1,194	\$	\$ 1,194
050	Leases and Rentals		27,600		27,600
055	Real Property Taxes				0
060	Personal Property Taxes				0
065	Mortgage Interest				0
070	Property Insurance	4	1,256	(646)	610
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 30,050	\$ (646)	\$ 29,404
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance		\$ 8,188	\$	\$ 8,188
085	Utilities		7,218		7,218
090	Client Transportation (excluding Adult Day Services)				0
095	Dietary		11,474		11,474
100	Personal Care and Laundry		995		995
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 27,874	\$ 0	\$ 27,875
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 57,924	\$ (646)	\$ 57,279
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries	1	\$ 17,074	\$ (683)	\$ 16,391
120	QMRP Fringe Benefits		3,604		3,604
125	Lead Salaries		15,614		15,614
130	Lead Fringe Benefits		3,164		3,164
135	Aides Salaries	2	106,169	(4,552)	101,617
140	Aides Fringe Benefits	3	21,515	(676)	20,839
145	Other Salaries		596		596
150	Other Fringe Benefits		121		121
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 167,857	\$ (5,911)	\$ 161,946

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
HOBACK

Fiscal Period:  
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:  
1669509279

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	<b>EXPENSES: CONSULTANT COSTS</b>				
160	Dietician Consultant		\$ 1,200	\$	\$ 1,200
165	Speech Pathology Consultant				0
170	Physical Therapy Consultant		1,060		1,060
175	Occupational Therapy Consultant		800		800
180	Pharmacist Consultant		360		360
185	Nurse Consultant		13,677		13,677
190	Psychologist Consultant				0
195	Physician Consultant				0
200	Recreational Consultant		320		320
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 17,417	\$ 0	\$ 17,417
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries **		\$	\$	\$ 0
225	Administrative Fringe Benefits				0
226	Quality Assurance Fees (excluding Adult Day Services)		36,799		36,799
230	Other General and Administrative*** (Excluding Adult Day Services)		63,416		63,416
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 100,215	\$ 0	\$ 100,215
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 343,413	\$ (6,557)	\$ 336,857
	<b>NON-CLIENT CARE EXPENSES</b>		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
241	Adult Day Services and Related Transportation				0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 343,413	\$ (6,557)	\$ 336,857

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\*\* List only direct administrative salaries incurred at the facility level

\*\*\* List allocated administrative costs on Line 230

Provider Name		Fiscal Period				Provider NPI		Adjustments		
HOBACK		JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1669509279		5		
Adj. No.	MC530 Page or Exhibit	Report References			Line	Sub No	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Cost Report	Line	Col.						
<b>ADJUSTMENTS TO REPORTED COSTS</b>										
1	4.1	115	4	2	115	3	QMRP Salaries To reconcile the reported expenses to agree with the provider's general ledger 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 230.	\$17,074	(\$683)	\$16,391
2	4.1	135	4	2	135	3	Aides Salaries To reconcile the reported expenses to agree with the provider's general ledger. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	\$106,169	(\$4,552)	\$101,617
3	4.1	140	4	2	140	3	Aides Fringe Benefits To reconcile the reported expenses to agree with the provider's general ledger. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	\$21,515	(\$676)	\$20,839
4	4	070	4	2	070	3	Property Insurance To adjust property insurance expense to agree with provider records. 42 CFR 413.24 / CMS Pub. 15-1, Section 2161A	\$1,256	(\$646)	\$610

Provider Name		Fiscal Period		Provider NPI		Adjustments			
HOBACK		JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1669509279		5			
Adj. No.	Page or Exhibit	Report References			Line	Sub No	As Reported	Increase (Decrease)	As Adjusted
		Cost Report	Sch.	Col.					
5	2	3	1	1	1		2,188	2	2,190
<p>Medi-Cal Client Days                      To adjust client days to include bed hold days.                      42 CFR 413.20 and 413.50                      CMS Pub. 15-1, Sections 2205 and 2304                      CCR, Title 22, Section 51535</p>									
<b>ADJUSTMENT TO REPORTED PATIENT DAYS</b>									