

**REPORT  
ON THE  
RATE SETTING AUDIT  
TEMPLE GARDEN HOMES V  
TEMPLE CITY, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1366580052  
FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

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

**Section Chief: Daniel J. Giardinelli  
Audit Supervisor: Celia Aviña  
Auditor: Ruth Kadomiya**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

June 17, 2013

Flora I. Pilpa, President  
Temple Garden Homes  
5120 Baldwin Avenue  
Temple City, CA 91780-3901

TEMPLE GARDEN HOMES V  
NATIONAL PROVIDER IDENTIFIER (NPI) 1366580052  
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	\$	328,524	\$ 150.01
Net Audit Adjustment		<u>(36,563)</u>	<u>(16.69)</u>
Audited Cost/Cost Per Day	\$	<u>291,961</u>	\$ <u>133.32</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 Fee-For-Service Rates Development 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—Burbank at (818) 295-2620.

**Original Signed By**

Daniel J. Giardinelli, Chief  
Audits Section—Burbank  
Financial Audits Branch

Certified

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

**Provider:**  
TEMPLE GARDEN HOMES V

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

**Provider NPI:**  
1366580052

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

	<b>AS REPORTED</b>	<b>AS AUDITED</b>
1. Medi-Cal Client Days (Adj )	2,190	2,190
2. Medi-Cal Managed Care Days (Adj )	0	0
3. Other Client Days (Adj )	0	0
4. Total Client Days	<u>2,190</u>	<u>2,190</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>328,524</u>	\$ <u>291,961</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>150.01</u>	\$ <u>133.32</u>

**SHARE OF COST**

1. Share of Cost Audit Adjustment (Adj )	\$ <u>NA</u>	\$ <u>0</u>
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**OVERPAYMENTS**

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:  
TEMPLE GARDEN HOMES V

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

Provider NPI:  
1366580052

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		\$ 0	\$	\$ 0
050	Leases and Rentals		0		0
055	Real Property Taxes		6,565		6,565
060	Personal Property Taxes		0		0
065	Mortgage Interest	1	24,447	(24,447)	0
070	Property Insurance		0		0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 31,012	\$ (24,447)	\$ 6,565
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance	3,4,5	\$ 16,689	\$ (4,379)	\$ 12,310
085	Utilities	19	6,701	(318)	6,383
090	Client Transportation (excluding Adult Day Services)	6,7,8,9	2,183	(1,527)	656
095	Dietary	10	7,953	(1,674)	6,279
100	Personal Care and Laundry	11	5,736	(76)	5,660
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 39,262	\$ (7,974)	\$ 31,288
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 70,274	\$ (32,421)	\$ 37,853
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 10,758	\$	\$ 10,758
120	QMRP Fringe Benefits	18	1,769	(18)	1,751
125	Lead Salaries		83,798		83,798
130	Lead Fringe Benefits	18	13,779	(139)	13,640
135	Aides Salaries		11,812		11,812
140	Aides Fringe Benefits	18	1,942	(20)	1,922
145	Other Salaries		0		0
150	Other Fringe Benefits		0		0
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 123,858	\$ (177)	\$ 123,681

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
TEMPLE GARDEN HOMES V

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

Provider NPI:  
1366580052

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		\$ 150	\$	\$ 150
165	Speech Pathology Consultant		0		0
170	Physical Therapy Consultant		385		385
175	Occupational Therapy Consultant		390		390
180	Pharmacist Consultant		0		0
185	Nurse Consultant	18	41,257	(74)	41,183
190	Psychologist Consultant		0		0
195	Physician Consultant		0		0
200	Recreational Consultant		0		0
205	Social Service Consultant		0		0
210	Other Consultant		5,181		5,181
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 47,363	\$ (74)	\$ 47,289
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries **		\$ 41,496	\$	\$ 41,496
225	Administrative Fringe Benefits	18	6,823	(69)	6,754
226	Quality Assurance Fees (excluding Adult Day Services)	2	20,462	(2,052)	18,410
230	Other General and Administrative*** (Excluding Adult Day Services)	12,13,14,15,16,17	18,248	(1,770)	16,478
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 87,029	\$ (3,891)	\$ 83,138
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 328,524	\$ (36,563)	\$ 291,961
	<b>NON-CLIENT CARE EXPENSES</b>		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$ 0	\$	\$ 0
241	Adult Day Services and Related Transportation		109,854		109,854
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 438,378	\$ (36,563)	\$ 401,815

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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
TEMPLE GARDEN HOMES V							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1366580052		19
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col				
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>										
1	4	65	4	2	65	2	Mortgage Interest To eliminate mortgage interest due to the lack of sufficient documentation 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	\$24,447	(\$24,447)	\$0
2	4.1	226	4	2	226	2	Quality Assurance Fees To adjust quality assurance expense to agree with expense applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1, 2304 and 2306	\$20,462	(\$2,052)	\$18,410
	4	80	4	2	80	2	Home Operations and Maintenance	\$16,689		
3							To eliminate home maintenance expense due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)		(\$2,300)	
4							To eliminate home maintenance expenses due to insufficient documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304		(1,726)	
5							To eliminate house supplies expenses due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)		<u>(353)</u> <u>(\$4,379)</u>	\$12,310

Provider Name							Fiscal Period	Provider NPI	Adjustments	
TEMPLE GARDEN HOMES V							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1366580052	19	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Cost Report			Audit Report						
	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col				
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>										
	4	90	4	2	90	2	Client Transportation	\$2,183		
6							To eliminate gasoline expense due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)		(\$119)	
7							To eliminate auto registration expense due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)		(255)	
8							To eliminate auto insurance expense due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)		(703)	
9							To eliminate auto repair expense due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)		<u>(450)</u> <u>(\$1,527)</u>	\$656
10	4	95	4	2	95	2	Dietary To eliminate plane fare, Forest Lawn and groceries expenses due to lack of documentation and not related to patient care. 42 CFR 413.9(c)(3), 413.20 and 413.24 CMS Pub. 15-1 Sections 2102.3, 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)	\$7,953	(\$1,674)	\$6,279
11	4	100	4	2	100	2	Personal Care and Laundry To eliminate prescription drug costs not included in the routine rate. CCR, Title 22, Section 51510.2(b)(4)(k)	\$5,736	(\$76)	\$5,660

Provider Name				Fiscal Period				Provider NPI		Adjustments
TEMPLE GARDEN HOMES V				JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1366580052		19
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col				
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>										
	4.1	230	4	2	230	2	Other General and Administrative	\$18,248		
12							To eliminate cellphone expenses for calls made out of the country as being not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105		(\$404)	
13							To eliminate cellphone expense due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)		(498)	
14							To eliminate prescription drug costs not included in the routine rate. CCR, Title 22, Section 51510.2(b)(4)(k)		(23)	
15							To eliminate postage expenses due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)		(220)	
16							To eliminate gasoline expense purchased in Nevada as not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105		(25)	
17							To eliminate Inservice and Meeting expenses due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)		<u>(600)</u> <u>(\$1,770)</u>	\$16,478

Provider Name							Fiscal Period	Provider NPI		Adjustments
TEMPLE GARDEN HOMES V							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1366580052		19
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col				
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>										
18	4.1	120	4	2	120	2	QMRP Fringe Benefits	\$1,769	(\$18)	\$1,751
	4.1	130	4	2	130	2	Lead Benefits	13,779	(139)	13,640
	4.1	140	4	2	140	2	Aides Benefits	1,942	(20)	1,922
	4.1	185	4	2	185	2	Nurse Consultant	41,257	(74)	41,183
	4.1	225	4	2	225	2	Administrative Fringe Benefits	6,823	(69)	6,754
							To eliminate life insurance expense due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)			
19	4	85	4	2	85	2	Utilities	\$6,701	(\$318)	\$6,383
							To eliminate electric expense due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Welfare and Institutions Code, Section 14124.2(b)			