

**REPORT  
ON THE  
RATE SETTING AUDIT**

**APPLEWOOD CARE CENTER  
SACRAMENTO, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1801897533**

**FISCAL PERIOD ENDED  
MARCH 31, 2011**

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

**Section Chief: Robert G. Kvick  
Audit Supervisor: Gary Diffenderffer  
Auditors: Firas Yaghmour and Lucille Ramos**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

June 24, 2013

Jim Kline, Controller  
Riverside Health Care  
1469 Humboldt Road, Suite 175  
Chico, CA 95828

APPLEWOOD CARE CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1801897533  
FISCAL PERIOD ENDED MARCH 31, 2011

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. We also examined the facility's use of and Records of Noncovered Services deducted from patient share of cost. 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 Summary of Audited Facility Cost per Patient Day represents a proper determination of the allowable costs, patient days, and use of share of cost for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules
2. Audit adjustments that include a summary of the total due the State in the amount of \$4,610, which resulted from Medi-Cal overpayments

The audit settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

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.

Jim Kline  
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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—Sacramento at (916) 650-6994.

**Original Signed By**

Robert G. Kvick, Chief  
Audits Section—Sacramento  
Financial Audits Branch

Certified

## SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:  
APPLEWOOD CARE CENTER

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:  
1801897533

OSHPD Facility No.:  
206340998

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SKILLED NURSING CARE</b>				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 1,297,470	\$ 83.63
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 376,187	\$ 24.25
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 297,571	\$ 19.18
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 20,042	\$ 1.29
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 16,014	\$ 1.03
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 13,684	\$ 0.88
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 33,517	\$ 2.16
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 180,171	\$ 11.61
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 280,500	\$ 18.08
11	Cost of Routine Service/Audited Total Costs	\$ 2,528,270.00	\$ 2,515,156	\$ 162.11
12	Total Patient Days (Adj )	15,515	15,515	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 162.96	\$ 162.11	
14	Overpayments (Adj 18,19)		\$ 4,610	
15	Medi-Cal Days (Adj 17)	13,117	12,672	
16	Medi-Cal Managed Care Days (Adj 16)		445	
<b>INTERMEDIATE CARE</b>				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
18	Total Patient Days (Adj )		0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj )	\$	\$ 0	
<b>MENTALLY DISORDERED CARE</b>				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
22	Total Patient Days (Adj )		0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj )	\$	\$ 0	
<b>DEVELOPMENTALLY DISABLED CARE</b>				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
26	Total Patient Days (Adj )		0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj )	\$	\$ 0	
<b>SUBACUTE CARE</b>				
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
38	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

## SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:  
APPLEWOOD CARE CENTER

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:  
1801897533

OSHPD Facility No.:  
206340998

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SUBACUTE CARE - PEDIATRIC</b>				
43	Cost of Routine Service (Subacute Care - Pediatric, Sch. 1, Ln 3)	\$ 0	\$ 0	
44	Cost of Ancillary Service (Subacute Care - Pediatric, Sch. 1, Ln. 1 + Ln. 2)	\$ 0	\$ 0	
45	Total Cost of Subacute Care - Pediatric Service (Ln. 43 + Ln. 44)	\$ 0	\$ 0	
46	Total Patient Days (Subacute Care - Pediatric, Sch. 1, Ln. 5)	0	0	
47	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
48	Amount Due Provider (State) (Subacute Care - Pediatric, Sch. 1, Ln. 9)	\$ 0	\$ 0	
<b>TRANSITIONAL INPATIENT CARE</b>				
49	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
50	Total Patient Days (Adj )		0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments (Adj )	\$	\$ 0	
<b>HOSPICE INPATIENT CARE</b>				
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
54	Total Patient Days (Adj )		0	
55	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
56	Overpayments (Adj )	\$	\$ 0	
<b>OTHER ROUTINE SERVICES</b>				
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
58	Total Patient Days (Adj )		0	
59	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
60	Overpayments (Adj )	\$	\$ 0	

**ALLOCATION OF GENERAL SERVICES  
DIRECT CARE LABOR**

**Provider Name:**  
APPLEWOOD CARE CENTER

**Fiscal Period:**  
APRIL 1, 2010 THROUGH MARCH 31, 2011

**Provider NPI:**  
1801897533

**OSHPD Facility No.:**  
206340998

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
	<b>GENERAL SERVICES</b>				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 22,378	\$ 22,378		
160	Activities	59,043		\$ 59,043	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	<b>ANCILLARY SERVICES</b>				
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	38,559	0	0	38,559
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	35,971	0	0	35,971
083	Speech Pathology	38,271	0	0	38,271
085	Pharmacy	0	0	0	0
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	0	0	0	0
101	Subacute Care Ancillary Services	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0
	<b>ROUTINE SERVICES</b>				
105	Skilled Nursing Care	1,216,049	22,378	59,043	1,297,470 *
110	Intermediate Care	0	0	0	0 *
115	Mentally Disordered Care	0	0	0	0 *
120	Developmentally Disabled Care	0	0	0	0 *
125	Subacute Care	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0 *
128	Transitional Inpatient Care	0	0	0	0 *
130	Hospice Inpatient Care	0	0	0	0 *
135	Other Routine Services	0	0	0	0 *
	<b>NONREIMBURSABLE</b>				
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	<b>TOTAL</b>	<b>\$ 1,410,271</b>	<b>\$ 22,378</b>	<b>\$ 59,043</b>	<b>\$ 1,410,271</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
APPLEWOOD CARE CENTER

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 41,901	\$ 41,901										
010	Housekeeping	58,270	-	\$ 58,270									
060	Laundry and Linen	55,378	2,264	3,148	\$ 60,790								
065	Dietary	148,795	5,511	7,664	0	\$ 161,970							
155	Social Services	N/A	707	984	0	0	\$ 1,691						
160	Activities	N/A	0	0	0	0	0	\$ -					
165	Administration	N/A	1,662	2,312	0	0	0	0		\$ 3,974	\$ 3,974		
166	Medical Records	41,242	0	0	0	0	0	0		41,242		\$ 41,242	
170	Inservice Education - Nursing	34,390	0	0	0	0	0	0	\$ 34,390				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		0	0	0	0	0	0	0	0	12	125	\$ 137
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	1	15	17
080	Physical Therapy		0	0	0	0	0	0	0	0	73	759	832
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		0	0	0	0	0	0	0	0	68	708	777
083	Speech Pathology		0	0	0	0	0	0	0	0	73	754	826
085	Pharmacy		0	0	0	0	0	0	0	0	13	134	147
090	Laboratory		0	0	0	0	0	0	0	0	8	78	86
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services		0	0	0	0	0	0	0	0	5	47	52
101	Subacute Care Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care		31,403	43,671	60,790	161,970	1,691	0	34,390	333,914	3,716	38,557	376,187*
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0*
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0*
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0*
125	Subacute Care		0	0	0	0	0	0	0	0	0	0	0*
126	Subacute Care - Pediatric		0	0	0	0	0	0	0	0	0	0	0*
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0*
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0*
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0*
<b>NONREIMBURSABLE</b>													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		354	492	0	0	0	0	0	846	6	64	915
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 379,976</b>	<b>\$ 41,901</b>	<b>\$ 58,270</b>	<b>\$ 60,790</b>	<b>\$ 161,970</b>	<b>\$ 1,691</b>	<b>\$ -</b>	<b>\$ 34,390</b>	<b>\$ 334,760</b>	<b>\$ 3,974</b>	<b>\$ 41,242</b>	<b>\$ 379,976</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
APPLEWOOD CARE CENTER

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 94,419	\$ 94,419										
010	Housekeeping	14,121	0	\$ 14,121									
060	Laundry and Linen	9,350	5,101	763	\$ 15,214								
065	Dietary	98,561	12,418	1,857	0	\$ 112,836							
155	Social Services	138	1,594	238	0	0	\$ 1,971						
160	Activities	9,430	0	0	0	0	0	\$ 9,430					
165	Administration	N/A	3,746	560	0	0	0	0		\$ 4,306	\$ 4,306		
166	Medical Records	1,523	0	0	0	0	0	0		1,523		\$ 1,523	
170	Inservice Education - Nursing	1,097	0	0	0	0	0	0	\$ 1,097				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	6,344	0	0	0	0	0	0	0	6,344	13	5	\$ 6,362
077	Specialized Support Surfaces	784	0	0	0	0	0	0	0	784	2	1	786
080	Physical Therapy	0	0	0	0	0	0	0	0	0	79	28	107
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	0	0	0	0	0	0	0	0	74	26	100
083	Speech Pathology	0	0	0	0	0	0	0	0	0	79	28	107
085	Pharmacy	6,830	0	0	0	0	0	0	0	6,830	14	5	6,849
090	Laboratory	3,979	0	0	0	0	0	0	0	3,979	8	3	3,990
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	2,397	0	0	0	0	0	0	0	2,397	5	2	2,404
101	Subacute Care Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care	70,228	70,762	10,583	15,214	112,836	1,971	9,430	1,097	292,121	4,026	1,424	297,571 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care	0	0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
<b>NONREIMBURSABLE</b>													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	1,164	797	119	0	0	0	0	0	2,080	7	2	2,089
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 320,365</b>	<b>\$ 94,419</b>	<b>\$ 14,121</b>	<b>\$ 15,214</b>	<b>\$ 112,836</b>	<b>\$ 1,971</b>	<b>\$ 9,430</b>	<b>\$ 1,097</b>	<b>\$ 314,536</b>	<b>\$ 4,306</b>	<b>\$ 1,523</b>	<b>\$ 320,365</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
APPLEWOOD CARE CENTER

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities
				Various	5	10	60	65	155	160
<b>GENERAL SERVICES</b>										
	Capital Related (excluding lines 40 & 45)	\$ 20,265	56%							
	Property Tax (line 40)	16,193	44%	\$ 36,458						
005	Plant Operations and Maintenance			0	\$ -					
010	Housekeeping			0	0	\$ -				
060	Laundry and Linen			1,970	0	0	\$ 1,970			
065	Dietary			4,795	0	0	0	\$ 4,795		
155	Social Services			616	0	0	0	0	\$ 616	
160	Activities			0	0	0	0	0	0	\$ -
165	Administration			1,447	0	0	0	0	0	0
166	Medical Records			0	0	0	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			0	0	0	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	0	0	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	0	0	0	0	0	0
083	Speech Pathology			0	0	0	0	0	0	0
085	Pharmacy			0	0	0	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care			27,323	0	0	1,970	4,795	616	0
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
<b>NONREIMBURSABLE</b>										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			308	0	0	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 36,458</b>	<b>100%</b>	<b>\$ 36,458</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,970</b>	<b>\$ 4,795</b>	<b>\$ 616</b>	<b>\$ -</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
APPLEWOOD CARE CENTER

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	Capital Related 56% Of Total	Property Tax 44% Of Total
	<b>GENERAL SERVICES</b>									
	Capital Related (excluding lines 40 & 45)	\$ 20,265	56%							
	Property Tax (line 40)	16,193	44%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 1,447	\$ 1,447				
166	Medical Records				0		\$ -			
170	Inservice Education - Nursing			\$ -						
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			0	0	4	0	\$ 4	\$ 2	\$ 2
077	Specialized Support Surfaces			0	0	1	0	1	0	0
080	Physical Therapy			0	0	27	0	27	15	12
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	0	25	0	25	14	11
083	Speech Pathology			0	0	26	0	26	15	12
085	Pharmacy			0	0	5	0	5	3	2
090	Laboratory			0	0	3	0	3	2	1
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	2	0	2	1	1
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
	<b>ROUTINE SERVICES</b>									
105	Skilled Nursing Care			0	34,704	1,352	0	36,056	20,042	16,014*
110	Intermediate Care			0	0	0	0	0	0	0*
115	Mentally Disordered Care			0	0	0	0	0	0	0*
120	Developmentally Disabled Care			0	0	0	0	0	0	0*
125	Subacute Care			0	0	0	0	0	0	0*
126	Subacute Care - Pediatric			0	0	0	0	0	0	0*
128	Transitional Inpatient Care			0	0	0	0	0	0	0*
130	Hospice Inpatient Care			0	0	0	0	0	0	0*
135	Other Routine Services			0	0	0	0	0	0	0*
	<b>NONREIMBURSABLE</b>									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	308	2	0	310	172	138
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 36,458	100%	\$ -	\$ 35,011	\$ 1,447	\$ -	\$ 36,458	\$ 20,265	\$ 16,193

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
APPLEWOOD CARE CENTER

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Accum Costs (From Sch 2)	Accum Costs (From Sch 3)	Accum Costs (From Sch 4)	Accum Costs (From Sch 5)	Total Accum Costs	Allocated Admin. Costs	Admin. 55% of Total	DPH Licensing Fees 3% of Total	Professional Liability Ins. 7% of Total	Quality Assur. Fees 35% of Total	Caregiver Training 0% of Total
<b>GENERAL SERVICES</b>														
045	Property Insurance	\$ 3,990												
055	Interest - Other	879												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	295,165												
	Total Costs Allocable as Administration	300,034	55%											
167	CDPH Licensing Fees	14,637	3%											
168	Professional Liability Insurance	35,851	7%											
169	Quality Assurance Fees	192,718	35%											
174	Caregiver Training	0	0%											
	Total	543,240	100%						\$ 543,240					
<b>ANCILLARY SERVICES</b>														
075	Patient Supplies			\$ -	\$ -	\$ 6,344	\$ -	\$ 6,344	1,645	\$ 909	\$ 44	\$ 109	\$ 584	\$ -
077	Specialized Support Surfaces			0	0	784	0	784	203	112	5	13	72	0
080	Physical Therapy			38,559	0	0	0	38,559	10,000	5,523	269	660	3,548	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			35,971	0	0	0	35,971	9,329	5,153	251	616	3,310	0
083	Speech Pathology			38,271	0	0	0	38,271	9,926	5,482	267	655	3,521	0
085	Pharmacy			0	0	6,830	0	6,830	1,771	978	48	117	628	0
090	Laboratory			0	0	3,979	0	3,979	1,032	570	28	68	366	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	2,397	0	2,397	622	343	17	41	221	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>														
105	Skilled Nursing Care			1,297,470	333,914	292,121	34,704	1,958,209	507,872	280,500	13,684	33,517	180,171	0
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE</b>														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	846	2,080	308	3,234	839	463	23	55	298	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	<b>SUBTOTAL</b>	\$ 543,240		\$ 1,410,271	\$ 334,760	\$ 314,536	\$ 35,011	\$ 2,094,578	\$ 543,240					
	Total Administrative Costs							\$ 543,240		\$ 300,034	\$ 14,637	\$ 35,851	\$ 192,718	\$ -
	Unit Cost Multiplier							0.25935538						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 45,216	\$ 5,829	\$ 1,447	\$ 52,492							
	<b>TOTAL FACILITY COSTS</b>							\$ 2,690,310						

\*(To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
APPLEWOOD CARE CENTER

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj )	Plant Ops (SQ FT) 5 (Adj )	Hskpng (SQ FT) 10 (Adj )	Laundry (LBS) 60 (Adj )	Dietary (MEALS) 65 (Adj )	Soc Svcs (DIRECT EXP) 155 (Adj )	Activities (DIRECT EXP) 160 (Adj )	Inserv. Ed (DIRECT EXP) 170 (Adj )	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	<b>GENERAL SERVICES</b>										
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen	320	320	320							
065	Dietary	779	779	779							
155	Social Services	100	100	100							
160	Activities										
165	Administration	235	235	235							
166	Medical Records										
170	Inservice Education - Nursing										
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies									6,344	6,344
077	Specialized Support Surfaces									784	784
080	Physical Therapy									38,559	38,559
081	Respiratory Therapy									0	0
082	Occupational Therapy									35,971	35,971
083	Speech Pathology									38,271	38,271
085	Pharmacy									6,830	6,830
090	Laboratory									3,979	3,979
095	Home Health Services									0	0
100	Other Ancillary Services									2,397	2,397
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	4,439	4,439	4,439	129,212	45,969	1,286,277	1,286,277	1,286,277	1,958,209	1,958,209
110	Intermediate Care						0	0	0	0	0
115	Mentally Disordered Care						0	0	0	0	0
120	Developmentally Disabled Care						0	0	0	0	0
125	Subacute Care						0	0	0	0	0
126	Subacute Care - Pediatric						0	0	0	0	0
128	Transitional Inpatient Care						0	0	0	0	0
130	Hospice Inpatient Care						0	0	0	0	0
135	Other Routine Services						0	0	0	0	0
	<b>NONREIMBURSABLE</b>										
139	Residential Care									0	0
140	Beauty and Barber	50	50	50						3,234	3,234
145	Other Nonreimbursable									0	0
	<b>TOTAL STATISTICS</b>	5,923	5,923	5,923	129,212	45,969	1,286,277	1,286,277	1,286,277	2,094,578	2,094,578
	<b>TOTAL DIRECT SALARIES COSTS - SCH. 2</b>						\$ 22,378	\$ 59,043			
	<b>UNIT COST MULTIPLIER (DIRECT SALARIES)</b>						0.017397497	0.045902243			
	<b>TOTAL INDIRECT SALARIES COSTS - SCH. 3</b>		\$ 41,901	\$ 58,270	\$ 60,790	\$ 161,970	\$ 1,691	\$ -	\$ 34,390	\$ 3,974	\$ 41,242
	<b>UNIT COST MULTIPLIER (INDIRECT SALARIES)</b>		7.07428668	9.83791997	0.47046641	3.52345296	0.00131482	0.00000000	0.02673608	0.00189746	0.01968989
	<b>TOTAL INDIRECT OTHER COSTS - SCH. 4</b>		\$ 94,419	\$ 14,121	\$ 15,214	\$ 112,836	\$ 1,971	\$ 9,430	\$ 1,097	\$ 4,306	\$ 1,523
	<b>UNIT COST MULTIPLIER (INDIRECT OTHER)</b>		15.94107716	2.38409590	0.11774491	2.45461746	0.00153195	0.00733124	0.00085285	0.00205598	0.00072712
	<b>TOTAL CAPITAL COSTS - SCH. 5</b>	\$ 36,458	\$ -	\$ -	\$ 1,970	\$ 4,795	\$ 616	\$ -	\$ -	\$ 1,447	\$ -
	<b>UNIT COST MULTIPLIER (CAPITAL COSTS)</b>	6.15532669	0.00000000	0.00000000	0.01524398	0.10430942	0.00047854	0.00000000	0.00000000	0.00069059	0.00000000

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
APPLEWOOD CARE CENTER

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
005		Plant Operations and Maintenance					
005	.01-.19	Salaries and Wages	6200	\$ 32,199	\$ 0	\$ 32,199	(Sch 3)
005	.20-.39	Fringe Benefits	6200	9,658	44	9,702	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	94,419	0	94,419	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 136,276	\$ 44	\$ 136,320	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 39,255	\$ 0	\$ 39,255	(Sch 3)
010	.20-.39	Fringe Benefits	6300	10,670	58	10,728	(Sch 3)
010	.79	Agency Staff	6300	8,287	0	8,287	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	14,121	0	14,121	(Sch 4)
010		Housekeeping - Total	6300	\$ 72,333	\$ 58	\$ 72,391	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	4,891	0	4,891	(Sch 5)
025		Depreciation: Equipment	7140	9,102	0	9,102	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200		6,272	6,272	(Sch 5)
040		Property Taxes	7300	16,193	0	16,193	(Sch 5)
045		Property Insurance	7400	3,990	0	3,990	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$	\$ 879	\$ 879	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 242,785	\$ 7,253	\$ 250,038	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 38,493	\$ 0	\$ 38,493	(Sch 3)
060	.20-.39	Fringe Benefits	6400	10,892	56	10,948	(Sch 3)
060	.79	Agency Staff	6400	5,937	0	5,937	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	9,350	0	9,350	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 64,672	\$ 56	\$ 64,728	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 118,503	\$ 0	\$ 118,503	(Sch 3)
065	.20-.39	Fringe Benefits	6500	30,137	155	30,292	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	98,561	0	98,561	(Sch 4)
065		Dietary - Total	6500	\$ 247,201	\$ 155	\$ 247,356	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		<b>Ancillary Services</b>					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	2,737	3,607	6,344	(Sch 4)
075		Patient Supplies - Total	8100	\$ 2,737	\$ 3,607	\$ 6,344	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150		0	0	N/A
077	.79	Agency Staff	8150		0	0	N/A
077	.40-.99	Other - Nonlabor	8150		784	784	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 784	\$ 784	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
APPLEWOOD CARE CENTER

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	\$	\$ 0	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200		0	0	(Sch 2)
080	.79	Agency Staff	8200	38,559	0	38,559	(Sch 2)
080	.40-.99	Other - Nonlabor	8200		0	0	(Sch 4)
080		Physical Therapy - Total	8200	\$ 38,559	\$ 0	\$ 38,559	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220		0	0	(Sch 2)
081	.79	Agency Staff	8220		0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220		0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250		0	0	(Sch 2)
082	.79	Agency Staff	8250	35,971	0	35,971	(Sch 2)
082	.40-.99	Other - Nonlabor	8250		0	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 35,971	\$ 0	\$ 35,971	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280		0	0	(Sch 2)
083	.79	Agency Staff	8280	38,271	0	38,271	(Sch 2)
083	.40-.99	Other - Nonlabor	8280		0	0	(Sch 4)
083		Speech Pathology - Total	8280	\$ 38,271	\$ 0	\$ 38,271	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$	\$ 0	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300		0	0	(Sch 2)
085	.79	Agency Staff	8300		0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	6,830	0	6,830	(Sch 4)
085		Pharmacy - Total	8300	\$ 6,830	\$ 0	\$ 6,830	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	\$	\$ 0	\$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400		0	0	(Sch 2)
090	.79	Agency Staff	8400		0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	3,979	0	3,979	(Sch 4)
090		Laboratory - Total	8400	\$ 3,979	\$ 0	\$ 3,979	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	\$	\$ 0	\$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800		0	0	(Sch 2)
095	.79	Agency Staff	8800		0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800		0	0	(Sch 4)
095		Home Health Services - Total	8800	\$ 0	\$ 0	\$ 0	
100		Other Ancillary Services					
100	.01-.19	Salaries and Wages	8900	\$	\$ 0	\$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900		0	0	(Sch 2)
100	.79	Agency Staff	8900		0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	2,397	0	2,397	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 2,397	\$ 0	\$ 2,397	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
APPLEWOOD CARE CENTER

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
101		Subacute Care Ancillary Services					
101	.01-.19	Salaries and Wages	8100-8900	\$	\$ 0	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
101	.79	Agency Staff	8100-8900		0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
101		Subacute Care Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
102		Subacute Care - Pediatric Ancillary Services					
102	.01-.19	Salaries and Wages	8100-8900	\$	\$ 0	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
102	.79	Agency Staff	8100-8900		0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 128,744	\$ 4,391	\$ 133,135	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 967,106	\$ 0	\$ 967,106	(Sch 2)
105	.20-.39	Fringe Benefits	6110	247,847	1,096	248,943	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	103,191	(32,963)	70,228	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,318,144	\$ (31,867)	\$ 1,286,277	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	\$	\$ 0	\$ 0	
110	.20-.39	Fringe Benefits	6120		0	0	
110	.49	Agency Staff	6120		0	0	
110	.40-.99	Other - Nonlabor	6120		0	0	
110		Intermediate Care - Total	6120	\$ 0	\$ 0	\$ 0	(Sch 2)
115		Mentally Disordered Care					
115	.01-.19	Salaries and Wages	6130	\$	\$ 0	\$ 0	
115	.20-.39	Fringe Benefits	6130		0	0	
115	.49	Agency Staff	6130		0	0	
115	.40-.99	Other - Nonlabor	6130		0	0	
115		Mentally Disordered Care - Total	6130	\$ 0	\$ 0	\$ 0	(Sch 2)
120		Developmentally Disabled Care					
120	.01-.19	Salaries and Wages	6140	\$	\$ 0	\$ 0	
120	.20-.39	Fringe Benefits	6140		0	0	
120	.49	Agency Staff	6140		0	0	
120	.40-.99	Other - Nonlabor	6140		0	0	
120		Developmentally Disabled Care - Total	6140	\$ 0	\$ 0	\$ 0	(Sch 2)
125		Subacute Care					
125	.01-.19	Salaries and Wages	6150	\$	\$ 0	\$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150		0	0	(Sch 2)
125	.49	Agency Staff	6150		0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150		0	0	(Sch 4)
125		Subacute Care - Total	6150	\$ 0	\$ 0	\$ 0	
126		Subacute Care - Pediatric					
126	.01-.19	Salaries and Wages	6160	\$	\$ 0	\$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160		0	0	(Sch 2)
126	.49	Agency Staff	6160		0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160		0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
APPLEWOOD CARE CENTER

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
128		Transitional Inpatient Care				
128	.01-.19	Salaries and Wages	6170	\$	\$ 0	\$ 0
128	.20-.39	Fringe Benefits	6170		0	0
128	.49	Agency Staff	6170		0	0
128	.40-.99	Other - Nonlabor	6170		0	0
128		Transitional Inpatient Care - Total	6170	\$ 0	\$ 0	\$ 0 (Sch 2)
130		Hospice Inpatient Care				
130	.01-.19	Salaries and Wages	6180	\$	\$ 0	\$ 0
130	.20-.39	Fringe Benefits	6180		0	0
130	.49	Agency Staff	6180		0	0
130	.40-.99	Other - Nonlabor	6180		0	0
130		Hospice Inpatient Care - Total	6180	\$ 0	\$ 0	\$ 0 (Sch 2)
135		Other Routine Services				
135	.01-.19	Salaries and Wages	6190	\$	\$ 0	\$ 0
135	.20-.39	Fringe Benefits	6190		0	0
135	.49	Agency Staff	6190		0	0
135	.40-.99	Other - Nonlabor	6190		0	0
135		Other Routine Services - Total	6190	\$ 0	\$ 0	\$ 0 (Sch 2)
		<b>Other Nonreimbursable</b>				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
139	.49	Agency Staff	9100		0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$	\$ 0	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900		0	0 (Sch 2)
140	.49	Agency Staff	8900		0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	1,164	0	1,164 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 1,164	\$ 0	\$ 1,164
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
145	.49	Agency Staff	9100		0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		<b>Subtotal 105 - 145</b>		\$ 1,319,308	\$ (31,867)	\$ 1,287,441
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 16,899	\$ 0	\$ 16,899 (Sch 2)
155	.20-.39	Fringe Benefits	6600	5,447	32	5,479 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	138	0	138 (Sch 4)
155		Social Services - Total	6600	\$ 22,484	\$ 32	\$ 22,516

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
APPLEWOOD CARE CENTER

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
160		Activities					
160	.01-.19	Salaries and Wages	6700	\$ 46,474	\$ 0	\$ 46,474	(Sch 2)
160	.20-.39	Fringe Benefits	6700	12,520	49	12,569	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	9,430	0	9,430	(Sch 4)
160		Activities - Total	6700	\$ 68,424	\$ 49	\$ 68,473	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 86,820	\$ 0	\$ 86,820	(Sch 6)
165	.20-.39	Fringe Benefits	6900	29,549	135	29,684	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	163,931	14,730	178,661	(Sch 6)
165		Administration - Total	6900	\$ 280,300	\$ 14,865	\$ 295,165	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 30,770	\$ 0	\$ 30,770	(Sch 3)
166	.20-.39	Fringe Benefits	6900	10,472	0	10,472	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	1,523	0	1,523	(Sch 4)
166		Medical Records - Total	6900	\$ 42,765	\$ 0	\$ 42,765	
167		CDPH Licensing Fees	6900	\$ 14,637	\$ 0	\$ 14,637	(Sch 6)
168		Professional Liability Insurance	6900	\$ 36,730	\$ (879)	\$ 35,851	(Sch 6)
169		Quality Assurance Fees	6900	\$ 192,718	\$ 0	\$ 192,718	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 23,304	\$ 0	\$ 23,304	(Sch 3)
170	.20-.39	Fringe Benefits	6800	11,039	47	11,086	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	1,097	0	1,097	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 35,440	\$ 47	\$ 35,487	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900		0	0	(Sch 6)
174	.49	Agency Staff	6900		0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900		0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		<b>Subtotal 155 - 174</b>		\$ 693,498	\$ 14,114	\$ 707,612	
200		<b>Total</b>		\$ 2,696,208	\$ (5,898)	\$ 2,690,310	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 20,993	
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\* For informational purposes only, this amount is included in various cost centers above.















Provider Name:  
APPLEWOOD CARE CENTER

Provider NPI:  
1801897533

OSHPD Facility Number:  
206340998

Fiscal Period:  
APRIL 1, 2010 THROUGH MARCH 31, 2011

Line No.	Sub No.		AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ 12	AUDIT ADJ 13	AUDIT ADJ 14	AUDIT ADJ 15	AUDIT ADJ	AUDIT ADJ
174	3	Caregiver Training - Agency Staff									
174	4	Caregiver Training - Other - Nonlabor									
200		Total	<u>1,672</u>	<u>(2,000)</u>	<u>(165)</u>	<u>(504)</u>	<u>(883)</u>	<u>(214)</u>	<u>(3,804)</u>	<u>0</u>	<u>0</u>

Provider Name							Fiscal Period	Provider NPI		Adjustments
APPLEWOOD CARE CENTER							APRIL 1, 2010 THROUGH MARCH 31, 2011	1801897533		19
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<b><u>MEMORANDUM ADJUSTMENT</u></b>										
A	N/A			8	210	N/A	Total Facility Group Health Insurance To include Group Health Insurance in the audit report for informational purposes only. 42 CFR 413.20 and 413.24 CMS Pub 15-1, Sections 2300 and 2304	\$0	\$20,993	\$20,993

Provider Name							Fiscal Period	Provider NPI		Adjustments	
APPLEWOOD CARE CENTER							APRIL 1, 2010 THROUGH MARCH 31, 2011	1801897533		19	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<b><u>RECLASSIFICATIONS OF REPORTED COSTS</u></b>											
1	10.5	035	4	8A-1	035	4	Leases and Rentals	\$0	\$6,272	\$6,272	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	163,931	(6,272)	157,659 *	
							To reclassify PointClickCare software rental from the using cost centers to the Leases and Rentals cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000(e) and 52501 OSHPD, LTC Manual, Chapter 3220.3, Section 7200				
2	10.5	055	4	8A-1	055	4	Interest - Other	\$0	\$879	\$879	
	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	36,730	(879)	35,851	
							To reclassify finance fees associated with liability insurance to the appropriate cost center. 42 CFR 413.24 / CMS Pub. 15-1, Section 2162 CCR, Title 22, Sections 52000(b) and 52501				
3	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	\$2,737	\$1,180	\$3,917 *	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	103,191	(1,180)	102,011 *	
							To reclassify oxygen expenses from Skilled Nursing to an ancillary cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Section 51511(C)				
4	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	* \$3,917	\$1,839	\$5,756 *	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 102,011	(1,839)	100,172 *	
							To reclassify pharmaceuticals expense from Skilled Nursing to an ancillary cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Section 51511(C)				

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
APPLEWOOD CARE CENTER							APRIL 1, 2010 THROUGH MARCH 31, 2011	1801897533		19	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<b><u>RECLASSIFICATIONS OF REPORTED COSTS</u></b>											
5	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	*	\$5,756	\$588	\$6,344
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	*	100,172	(588)	99,584 *
							To reclassify custom recliner expense from Skilled Nursing to an ancillary cost center 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Section 51511(C)				
6	10.5	077	4	8A-1	077	4	Specialized Support Surfaces		\$0	\$784	\$784
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	*	99,584	(784)	98,800 *
							To reclassify bed rental expense from Skilled Nursing to an ancillary cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Section 51511(C)				
7	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	*	\$98,800	(\$4,200)	\$94,600 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	157,659	4,200	161,859 *
							To reclassify Medliance LLC consulting costs to the appropriate cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8 OSHPD, LTC Manual, Chapter 3220.2, Section 6900				
8	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	*	\$94,600	(\$20,820)	\$73,780 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	161,859	20,820	182,679 *
							To reclassify post monthly home office costs to the appropriate cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8 OSHPD, LTC Manual, Chapter 3220.2, Section 6900				

Provider Name							Fiscal Period	Provider NPI		Adjustments
APPLEWOOD CARE CENTER							APRIL 1, 2010 THROUGH MARCH 31, 2011	1801897533		19
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Cost Report			Audit Report						
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>										
9	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	\$9,658	\$44	\$9,702
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	10,670	58	10,728
	10.5	060	2	8A-1	060	2	Laundry and Linen - Fringe Benefits	10,892	56	10,948
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	30,137	155	30,292
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	247,847	1,096	248,943
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	5,447	32	5,479
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	12,520	49	12,569
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	29,549	135	29,684
	10.5	170	2	8A-1	170	2	Inservice Education - Nursing - Fringe Benefits	11,039	47	11,086
							To adjust total workers' compensation to agree with the provider's support documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2161, 2300, and 2304			
10	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* \$73,780		
							To eliminate floor expenses due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)		(\$2,000)	
11							To eliminate smoker aprons expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105		(165)	
12							To eliminate memory boxes expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105		(504)	
13							To eliminate equipment rental expenses due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)		(883) (\$3,552)	\$70,228

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
APPLEWOOD CARE CENTER							APRIL 1, 2010 THROUGH MARCH 31, 2011		1801897533		19
Report References							Explanation of Audit Adjustments				
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No		As Reported	Increase (Decrease)	As Adjusted	
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>											
14	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$182,679		
							To eliminate dues and subscriptions expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(\$214)	
15							To adjust reported home office costs to agree with the Riverside Health Care Home Office Audit Report for fiscal period ended June 30, 2010. 42 CFR 413.17 and 413.24 / CMS Pub. 15-1, Sections 2150.2 and 2304			(3,804) (\$4,018)	\$178,661

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
APPLEWOOD CARE CENTER							APRIL 1, 2010 THROUGH MARCH 31, 2011			1801897533		19
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No						
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>												
16	Not Reported			1	16	N/A	Medi-Cal Managed Care Days To include Medi-Cal Managed Care days as agreed upon by provider. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304			0	445	445

Provider Name							Fiscal Period		Provider NPI		Adjustments
APPLEWOOD CARE CENTER							APRIL 1, 2010 THROUGH MARCH 31, 2011		1801897533		19
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<b><u>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA</u></b>											
17	4.1	5	2	1	15	N/A	Medi-Cal Patient Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: April 1, 2010 through March 31, 2011 Payment Period: April 1, 2010 through November 19, 2012 Report Date: November 19, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541	13,117	(445)	12,672	

Provider Name							Fiscal Period			Provider NPI		Adjustments
APPLEWOOD CARE CENTER							APRIL 1, 2010 THROUGH MARCH 31, 2011			1801897533		19
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No						
<b><u>ADJUSTMENTS TO OTHER MATTERS</u></b>												
18	Not Reported			1	14	N/A	Overpayments		\$0			
							To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1			\$2,805		
19							To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1			1,805		
										\$4,610	\$4,610	