

**REPORT  
ON THE  
RATE SETTING AUDIT**

**DIAMOND RIDGE HEALTHCARE CENTER  
PITTSBURG, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1457471401**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

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

**Section Chief: Robert G. Kwick  
Audit Supervisor: Kelly Ostrom  
Auditors: Ahsan Hafeez and Janice Varrone**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

June 27, 2013

Walter Turpin  
District Reimbursement Manager  
Sava Senior Care Administrative Services, LLC  
5300 West Sam Houston Parkway North, Suite 100  
Houston, TX 77041

DIAMOND RIDGE HEALTHCARE CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1457471401  
FISCAL PERIOD ENDED DECEMBER 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 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.

Walter Turpin  
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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 (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:

Diamond Ridge Healthcare Center

## Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

## Provider NPI:

1457471401

## OSHPD Facility No.:

206074002

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	\$ 5,306,874	\$ 127.61
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 1,313,619	\$ 31.59
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 797,276	\$ 19.17
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 1,179,525	\$ 28.36
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 70,717	\$ 1.70
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 28,488	\$ 0.69
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 202,148	\$ 4.86
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 451,614	\$ 10.86
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,277,642	\$ 30.72
11	Cost of Routine Service/Audited Total Costs	\$ 10,946,170.00	\$ 10,627,903	\$ 255.56
12	Total Patient Days (Adj )	41,586	41,586	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 263.22	\$ 255.56	
14	Overpayments (Adj )	\$	\$ 0	
15	Medi-Cal Days (Adj 4 )	28,997	28,844	
16	Medi-Cal Managed Care Days (Adj )		0	
<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:**  
Diamond Ridge Healthcare Center

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

**Provider NPI:**  
1457471401

**OSHPD Facility No.:**  
206074002

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:  
Diamond Ridge Healthcare Center

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

Provider NPI:  
1457471401

OSHPD Facility No.:  
206074002

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	\$ 110,553	\$ 110,553		
160	Activities	121,102		\$ 121,102	
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	592,542	0	0	592,542
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	393,576	0	0	393,576
083	Speech Pathology	111,342	0	0	111,342
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	5,075,219	110,553	121,102	5,306,874 *
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>\$ 6,404,334</b>	<b>\$ 110,553</b>	<b>\$ 121,102</b>	<b>\$ 6,404,334</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
Diamond Ridge Healthcare Center

Provider NPI:  
1457471401

OSHPD Facility Number:  
206074002

Fiscal Period:  
JANUARY 1, 2011 THROUGH DECEMBER 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	\$ 111,676	\$ 111,676										
010	Housekeeping	341,900	598	\$ 342,498									
060	Laundry and Linen	135,531	3,646	11,241	\$ 150,418								
065	Dietary	555,549	13,883	42,807	0	\$ 612,239							
155	Social Services	N/A	405	1,249	0	0	\$ 1,654						
160	Activities	N/A	884	2,725	0	0	0	\$ 3,609					
165	Administration	N/A	7,991	24,640	0	0	0	0		\$ 32,631	\$ 32,631		
166	Medical Records	122,202	1,740	5,365	0	0	0	0		129,307		\$ 129,307	
170	Inservice Education - Nursing	101,501	0	0	0	0	0	0	\$ 101,501				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		1,975	6,089	0	0	0	0	0	8,064	446	1,766	\$ 10,276
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	256	1,014	1,270
080	Physical Therapy		2,016	6,217	0	0	0	0	0	8,233	2,015	7,984	18,231
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	1,259	4,990	6,249
083	Speech Pathology		0	0	0	0	0	0	0	0	355	1,407	1,762
085	Pharmacy		0	0	0	0	0	0	0	0	1,450	5,748	7,198
090	Laboratory		0	0	0	0	0	0	0	0	268	1,063	1,331
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	408	1,617	2,025
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		77,097	237,723	150,418	612,239	1,654	3,609	101,501	1,184,242	26,070	103,308	1,313,619 *
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		1,386	4,272	0	0	0	0	0	5,658	100	397	6,155
145	Other Nonreimbursable		55	170	0	0	0	0	0	226	3	13	242
	<b>TOTAL</b>	<b>\$ 1,368,359</b>	<b>\$ 111,676</b>	<b>\$ 342,498</b>	<b>\$ 150,418</b>	<b>\$ 612,239</b>	<b>\$ 1,654</b>	<b>\$ 3,609</b>	<b>\$ 101,501</b>	<b>\$ 1,206,421</b>	<b>\$ 32,631</b>	<b>\$ 129,307</b>	<b>\$ 1,368,359</b>

\* (To Schedule 1)

**ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR**

**Provider Name:**  
Diamond Ridge Healthcare Center

**Provider NPI:**  
1457471401

**OSHPD Facility Number:**  
206074002

**Fiscal Period:**  
JANUARY 1, 2011 THROUGH DECEMBER 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	\$ 327,888	\$ 327,888										
010	Housekeeping	28,505	1,757	\$ 30,262									
060	Laundry and Linen	17,358	10,704	993	\$ 29,055								
065	Dietary	253,204	40,761	3,782	0	\$ 297,748							
155	Social Services	3,122	1,189	110	0	0	\$ 4,422						
160	Activities	11,821	2,595	241	0	0	0	\$ 14,657					
165	Administration	N/A	23,462	2,177	0	0	0	0		\$ 25,639	\$ 25,639		
166	Medical Records	6,901	5,109	474	0	0	0	0		12,484		\$ 12,484	
170	Inservice Education - Nursing	42	0	0	0	0	0	0	\$ 42				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	105,663	5,798	538	0	0	0	0	0	111,999	350	171	\$ 112,520
077	Specialized Support Surfaces	82,628	0	0	0	0	0	0	0	82,628	201	98	82,927
080	Physical Therapy	18,730	5,920	549	0	0	0	0	0	25,199	1,583	771	27,553
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	12,833	0	0	0	0	0	0	0	12,833	989	482	14,304
083	Speech Pathology	3,253	0	0	0	0	0	0	0	3,253	279	136	3,668
085	Pharmacy	468,136	0	0	0	0	0	0	0	468,136	1,140	555	469,831
090	Laboratory	86,580	0	0	0	0	0	0	0	86,580	211	103	86,893
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	131,731	0	0	0	0	0	0	0	131,731	321	156	132,208
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	173,528	226,363	21,004	29,055	297,748	4,422	14,657	42	766,819	20,484	9,974	797,276 *
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	5,551	4,068	377	0	0	0	0	0	9,996	79	38	10,114
145	Other Nonreimbursable	0	162	15	0	0	0	0	0	177	3	1	181
	<b>TOTAL</b>	<b>\$ 1,737,474</b>	<b>\$ 327,888</b>	<b>\$ 30,262</b>	<b>\$ 29,055</b>	<b>\$ 297,748</b>	<b>\$ 4,422</b>	<b>\$ 14,657</b>	<b>\$ 42</b>	<b>\$ 1,699,351</b>	<b>\$ 25,639</b>	<b>\$ 12,484</b>	<b>\$ 1,737,474</b>

(To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
Diamond Ridge Healthcare Center

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

Provider NPI:  
1457471401

OSHPD Facility Number:  
206074002

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)	\$ 1,263,570	94%							
	Property Tax (line 40)	75,756	6%	\$ 1,339,326						
005	Plant Operations and Maintenance			61,769	\$ 61,769					
010	Housekeeping			6,846	331	\$ 7,177				
060	Laundry and Linen			41,706	2,016	236	\$ 43,958			
065	Dietary			158,819	7,679	897	0	\$ 167,395		
155	Social Services			4,634	224	26	0	0	\$ 4,884	
160	Activities			10,111	489	57	0	0	0	\$ 10,656
165	Administration			91,416	4,420	516	0	0	0	0
166	Medical Records			19,905	962	112	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			22,591	1,092	128	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			23,065	1,115	130	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			881,984	42,643	4,981	43,958	167,395	4,884	10,656
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			15,850	766	90	0	0	0	0
145	Other Nonreimbursable			632	31	4	0	0	0	0
	<b>TOTAL</b>	<b>\$ 1,339,326</b>	<b>100%</b>	<b>\$ 1,339,326</b>	<b>\$ 61,769</b>	<b>\$ 7,177</b>	<b>\$ 43,958</b>	<b>\$ 167,395</b>	<b>\$ 4,884</b>	<b>\$ 10,656</b>

\* (To Schedule 1)

## ALLOCATION OF CAPITAL COSTS

Provider Name:  
Diamond Ridge Healthcare Center

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

Provider NPI:  
1457471401

OSHPD Facility Number:  
206074002

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 94% Of Total	Property Tax 6% Of Total
	<b>GENERAL SERVICES</b>									
	Capital Related (excluding lines 40 & 45)	\$ 1,263,570	94%							
	Property Tax (line 40)	75,756	6%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 96,352	\$ 96,352				
166	Medical Records				20,980		\$ 20,980			
170	Inservice Education - Nursing			\$ -						
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			0	23,810	1,316	287	\$ 25,413	\$ 23,976	\$ 1,437
077	Specialized Support Surfaces			0	0	756	165	921	868	52
080	Physical Therapy			0	24,310	5,949	1,295	31,554	29,770	1,785
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	0	3,718	810	4,528	4,271	256
083	Speech Pathology			0	0	1,048	228	1,277	1,204	72
085	Pharmacy			0	0	4,283	933	5,215	4,920	295
090	Laboratory			0	0	792	172	965	910	55
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	1,205	262	1,468	1,385	83
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	1,156,501	76,979	16,761	1,250,242	1,179,525	70,717
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	16,706	296	64	17,067	16,101	965
145	Other Nonreimbursable			0	666	10	2	678	640	38
	<b>TOTAL</b>	\$ 1,339,326	100%	\$ -	\$ 1,221,994	\$ 96,352	\$ 20,980	\$ 1,339,326	\$ 1,263,570	\$ 75,756

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
Diamond Ridge Healthcare Center

Provider NPI:  
1457471401

OSHPD Facility Number:  
206074002

Fiscal Period:  
JANUARY 1, 2011 THROUGH DECEMBER 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. 65% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 10% of Total	Quality Assur. Fees 23% of Total	Caregiver Training 0% of Total
<b>GENERAL SERVICES</b>														
045	Property Insurance	\$ 15,641												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,583,546												
	Total Costs Allocable as Administration	1,599,187	65%											
167	CDPH Licensing Fees	35,657	1%											
168	Professional Liability Insurance	253,023	10%											
169	Quality Assurance Fees	565,272	23%											
174	Caregiver Training	0	0%											
	Total	2,453,139	100%						\$ 2,453,139					
<b>ANCILLARY SERVICES</b>														
075	Patient Supplies			\$ -	\$ 8,064	\$ 111,999	\$ 23,810	\$ 143,873	33,511	\$ 21,846	\$ 487	\$ 3,456	\$ 7,722	\$ -
077	Specialized Support Surfaces			0	0	82,628	0	82,628	19,246	12,546	280	1,985	4,435	0
080	Physical Therapy			592,542	8,233	25,199	24,310	650,284	151,464	98,739	2,202	15,622	34,902	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			393,576	0	12,833	0	406,409	94,661	61,709	1,376	9,764	21,813	0
083	Speech Pathology			111,342	0	3,253	0	114,595	26,691	17,400	388	2,753	6,150	0
085	Pharmacy			0	0	468,136	0	468,136	109,038	71,081	1,585	11,246	25,125	0
090	Laboratory			0	0	86,580	0	86,580	20,166	13,146	293	2,080	4,647	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	131,731	0	131,731	30,683	20,002	446	3,165	7,070	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			5,306,874	1,184,242	766,819	1,156,501	8,414,436	1,959,892	1,277,642	28,488	202,148	451,614	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	5,658	9,996	16,706	32,360	7,537	4,914	110	777	1,737	0
145	Other Nonreimbursable			0	226	177	666	1,069	249	162	4	26	57	0
	<b>SUBTOTAL</b>	\$ 2,453,139		\$ 6,404,334	\$ 1,206,421	\$ 1,699,351	\$ 1,221,994	\$ 10,532,101	\$ 2,453,139					
	Total Administrative Costs							\$ 2,453,139		\$ 1,599,187	\$ 35,657	\$ 253,023	\$ 565,272	\$ -
	Unit Cost Multiplier							0.23292020						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 161,938	\$ 38,123	\$ 117,332	\$ 317,392							
	<b>TOTAL FACILITY COSTS</b>							\$ 13,302,632						

\* (To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
Diamond Ridge Healthcare Center

Provider NPI:  
1457471401

OSHPD Facility Number:  
206074002

Fiscal Period:  
JANUARY 1, 2011 THROUGH DECEMBER 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 Srvs (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	1,173									
010	Housekeeping	130	130								
060	Laundry and Linen	792	792	792							
065	Dietary	3,016	3,016	3,016							
155	Social Services	88	88	88							
160	Activities	192	192	192							
165	Administration	1,736	1,736	1,736							
166	Medical Records	378	378	378							
170	Inservice Education - Nursing										
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	429	429	429						143,873	143,873
077	Specialized Support Surfaces									82,628	82,628
080	Physical Therapy	438	438	438						650,284	650,284
081	Respiratory Therapy									0	0
082	Occupational Therapy									406,409	406,409
083	Speech Pathology									114,595	114,595
085	Pharmacy									468,136	468,136
090	Laboratory									86,580	86,580
095	Home Health Services									0	0
100	Other Ancillary Services									131,731	131,731
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	16,749	16,749	16,749	415,860	124,758	5,248,747	5,248,747	5,248,747	8,414,436	8,414,436
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	301	301	301						32,360	32,360
145	Other Nonreimbursable	12	12	12						1,069	1,069
	<b>TOTAL STATISTICS</b>	25,434	24,261	24,131	415,860	124,758	5,248,747	5,248,747	5,248,747	10,532,101	10,532,101
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 110,553 0.021062741	\$ 121,102 0.023072554			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 111,676 4.60310787	\$ 342,498 14.19329510	\$ 150,418 0.36170286	\$ 612,239 4.90741236	\$ 1,654 0.00031514	\$ 3,609 0.00068758	\$ 101,501 0.01933814	\$ 32,631 0.00309820	\$ 129,307 0.01227742
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 327,888 13.51502411	\$ 30,262 1.25406958	\$ 29,055 0.06986756	\$ 297,748 2.38660115	\$ 4,422 0.00084243	\$ 14,657 0.00279241	\$ 42 0.00000800	\$ 25,639 0.00243438	\$ 12,484 0.00118530
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 1,339,326 52.65888181	\$ 61,769 2.54601494	\$ 7,177 0.29740320	\$ 43,958 0.10570341	\$ 167,395 1.34175714	\$ 4,884 0.00093055	\$ 10,656 0.00203028	\$ - 0.00000000	\$ 96,352 0.00914841	\$ 20,980 0.00199199

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
Diamond Ridge Healthcare Center

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

Provider NPI:  
1457471401

OSHPD Facility Number:  
206074002

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	\$ 92,885	\$ 0	\$ 92,885	(Sch 3)
005	.20-.39	Fringe Benefits	6200	20,069	(1,278)	18,791	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	327,888	0	327,888	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 440,842	\$ (1,278)	\$ 439,564	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 233,197	\$ 0	\$ 233,197	(Sch 3)
010	.20-.39	Fringe Benefits	6300	111,912	(3,209)	108,703	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	28,505	0	28,505	(Sch 4)
010		Housekeeping - Total	6300	\$ 373,614	\$ (3,209)	\$ 370,405	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	29,093	0	29,093	(Sch 5)
025		Depreciation: Equipment	7140	38,521	0	38,521	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	1,195,956	0	1,195,956	(Sch 5)
040		Property Taxes	7300	75,756	0	75,756	(Sch 5)
045		Property Insurance	7400	15,641	0	15,641	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$	\$ 0	\$ 0	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 2,169,423	\$ (4,487)	\$ 2,164,936	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 92,418	\$ 0	\$ 92,418	(Sch 3)
060	.20-.39	Fringe Benefits	6400	44,385	(1,272)	43,113	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	17,358	0	17,358	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 154,161	\$ (1,272)	\$ 152,889	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 400,342	\$ 0	\$ 400,342	(Sch 3)
065	.20-.39	Fringe Benefits	6500	160,716	(5,509)	155,207	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	253,204	0	253,204	(Sch 4)
065		Dietary - Total	6500	\$ 814,262	\$ (5,509)	\$ 808,753	
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	105,663	0	105,663	(Sch 4)
075		Patient Supplies - Total	8100	\$ 105,663	\$ 0	\$ 105,663	
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	82,628	0	82,628	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 82,628	\$ 0	\$ 82,628	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
Diamond Ridge Healthcare Center

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

Provider NPI:  
1457471401

OSHPD Facility Number:  
206074002

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	\$ 489,990	\$ 0	\$ 489,990	(Sch 2)
080	.20-.39	Fringe Benefits	8200	109,295	(6,743)	102,552	(Sch 2)
080	.79	Agency Staff	8200		0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	18,730	0	18,730	(Sch 4)
080		Physical Therapy - Total	8200	\$ 618,015	\$ (6,743)	\$ 611,272	
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	\$ 310,824	\$ 0	\$ 310,824	(Sch 2)
082	.20-.39	Fringe Benefits	8250	87,029	(4,277)	82,752	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	12,833	0	12,833	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 410,686	\$ (4,277)	\$ 406,409	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 90,270	\$ 0	\$ 90,270	(Sch 2)
083	.20-.39	Fringe Benefits	8280	22,314	(1,242)	21,072	(Sch 2)
083	.79	Agency Staff	8280		0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	3,253	0	3,253	(Sch 4)
083		Speech Pathology - Total	8280	\$ 115,837	\$ (1,242)	\$ 114,595	
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	468,136	0	468,136	(Sch 4)
085		Pharmacy - Total	8300	\$ 468,136	\$ 0	\$ 468,136	
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	86,580	0	86,580	(Sch 4)
090		Laboratory - Total	8400	\$ 86,580	\$ 0	\$ 86,580	
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	131,731	0	131,731	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 131,731	\$ 0	\$ 131,731	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
Diamond Ridge Healthcare Center

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

Provider NPI:  
1457471401

OSHPD Facility Number:  
206074002

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		\$ 2,019,276	\$ (12,262)	\$ 2,007,014	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 3,847,742	\$ 0	\$ 3,847,742	(Sch 2)
105	.20-.39	Fringe Benefits	6110	1,280,424	(52,947)	1,227,477	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	173,528	0	173,528	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 5,301,694	\$ (52,947)	\$ 5,248,747	
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:  
Diamond Ridge Healthcare Center

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

Provider NPI:  
1457471401

OSHPD Facility Number:  
206074002

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	5,551	0	5,551 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 5,551	\$ 0	\$ 5,551
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>		\$ 5,307,245	\$ (52,947)	\$ 5,254,298
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 85,857	\$ 0	\$ 85,857 (Sch 2)
155	.20-.39	Fringe Benefits	6600	25,877	(1,181)	24,696 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	3,122	0	3,122 (Sch 4)
155		Social Services - Total	6600	\$ 114,856	\$ (1,181)	\$ 113,675

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
Diamond Ridge Healthcare Center

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

Provider NPI:  
1457471401

OSHPD Facility Number:  
206074002

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	\$ 91,764	\$ 0	\$ 91,764	(Sch 2)
160	.20-.39	Fringe Benefits	6700	30,601	(1,263)	29,338	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	11,821	0	11,821	(Sch 4)
160		Activities - Total	6700	\$ 134,186	\$ (1,263)	\$ 132,923	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 480,078	\$ 0	\$ 480,078	(Sch 6)
165	.20-.39	Fringe Benefits	6900	186,574	(7,890)	178,684	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	1,039,259	(114,475)	924,784	(Sch 6)
165		Administration - Total	6900	\$ 1,705,911	\$ (122,365)	\$ 1,583,546	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 96,199	\$ 0	\$ 96,199	(Sch 3)
166	.20-.39	Fringe Benefits	6900	26,003	0	26,003	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	6,901	0	6,901	(Sch 4)
166		Medical Records - Total	6900	\$ 129,103	\$ 0	\$ 129,103	
167		CDPH Licensing Fees	6900	\$ 35,657	\$ 0	\$ 35,657	(Sch 6)
168		Professional Liability Insurance	6900	\$ 435,531	\$ (182,508)	\$ 253,023	(Sch 6)
169		Quality Assurance Fees	6900	\$ 565,272	\$ 0	\$ 565,272	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 79,725	\$ 0	\$ 79,725	(Sch 3)
170	.20-.39	Fringe Benefits	6800	22,873	(1,097)	21,776	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	42	0	42	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 102,640	\$ (1,097)	\$ 101,543	
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>		\$ 3,223,156	\$ (308,414)	\$ 2,914,742	
200		<b>Total</b>		\$ 13,687,523	\$ (384,891)	\$ 13,302,632	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 617,754	
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\* For informational purposes only, this amount is included in various cost centers above.

Provider Name:  
Diamond Ridge Healthcare Center

Provider NPI:  
1457471401

OSHPD Facility Number:  
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Fiscal Period:  
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 1B	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
005	1	Plant Operations and Maintenance - Salaries and Wages	0							
005	2	Plant Operations and Maintenance - Fringe Benefits	(1,278)	(1,278)						
005	3	Plant Operations and Maintenance - Agency Staff	0							
005	4	Plant Operations and Maintenance - Other - Nonlabor	0							
010	1	Housekeeping - Salaries and Wages	0							
010	2	Housekeeping - Fringe Benefits	(3,209)	(3,209)						
010	3	Housekeeping - Agency Staff	0							
010	4	Housekeeping - Other - Nonlabor	0							
015	4	Depreciation: Buildings and Improvements	0							
020	4	Depreciation: Leasehold Improvements	0							
025	4	Depreciation: Equipment	0							
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	0							
040	4	Property Taxes	0							
045	4	Property Insurance	0							
050	4	Interest - Property, Plant, and Equipment	0							
055	4	Interest - Other	0							
060	1	Laundry and Linen - Salaries and Wages	0							
060	2	Laundry and Linen - Fringe Benefits	(1,272)	(1,272)						
060	3	Laundry and Linen - Agency Staff	0							
060	4	Laundry and Linen - Other - Nonlabor	0							
065	1	Dietary - Salaries and Wages	0							
065	2	Dietary - Fringe Benefits	(5,509)	(5,509)						
065	3	Dietary - Agency Staff	0							
065	4	Dietary - Other - Nonlabor	0							
070	4	Provision for Bad Debts	0							
075	1	Patient Supplies - Salaries and Wages	0							
075	2	Patient Supplies - Fringe Benefits	0							
075	3	Patient Supplies - Agency Staff	0							
075	4	Patient Supplies - Other - Nonlabor	0							
077	1	Specialized Support Surfaces - Salaries and Wages	0							
077	2	Specialized Support Surfaces - Fringe Benefits	0							
077	3	Specialized Support Surfaces - Agency Staff	0							
077	4	Specialized Support Surfaces - Other - Nonlabor	0							
080	1	Physical Therapy - Salaries and Wages	0							
080	2	Physical Therapy - Fringe Benefits	(6,743)	(6,743)						
080	3	Physical Therapy - Agency Staff	0							
080	4	Physical Therapy - Other - Nonlabor	0							
081	1	Respiratory Therapy - Salaries and Wages	0							
081	2	Respiratory Therapy - Fringe Benefits	0							
081	3	Respiratory Therapy - Agency Staff	0							
081	4	Respiratory Therapy - Other - Nonlabor	0							
082	1	Occupational Therapy - Salaries and Wages	0							
082	2	Occupational Therapy - Fringe Benefits	(4,277)	(4,277)						
082	3	Occupational Therapy - Agency Staff	0							
082	4	Occupational Therapy - Other - Nonlabor	0							
083	1	Speech Pathology - Salaries and Wages	0							
083	2	Speech Pathology - Fringe Benefits	(1,242)	(1,242)						
083	3	Speech Pathology - Agency Staff	0							

Provider Name:  
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Provider NPI:  
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Fiscal Period:  
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 1B	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
083	4	Speech Pathology - Other - Nonlabor	0							
085	1	Pharmacy - Salaries and Wages	0							
085	2	Pharmacy - Fringe Benefits	0							
085	3	Pharmacy - Agency Staff	0							
085	4	Pharmacy - Other - Nonlabor	0							
090	1	Laboratory - Salaries and Wages	0							
090	2	Laboratory - Fringe Benefits	0							
090	3	Laboratory - Agency Staff	0							
090	4	Laboratory - Other - Nonlabor	0							
095	1	Home Health Services - Salaries and Wages	0							
095	2	Home Health Services - Fringe Benefits	0							
095	3	Home Health Services - Agency Staff	0							
095	4	Home Health Services - Other - Nonlabor	0							
100	1	Other Ancillary Services - Salaries and Wages	0							
100	2	Other Ancillary Services - Fringe Benefits	0							
100	3	Other Ancillary Services - Agency Staff	0							
100	4	Other Ancillary Services - Other - Nonlabor	0							
101	1	Subacute Care Ancillary Services - Salaries and Wages	0							
101	2	Subacute Care Ancillary Services - Fringe Benefits	0							
101	3	Subacute Care Ancillary Services - Agency Staff	0							
101	4	Subacute Care Ancillary Services - Other - Nonlabor	0							
102	1	Subacute Pediatric Ancillary Services - Salaries and Wages	0							
102	2	Subacute Pediatric Ancillary Services - Fringe Benefits	0							
102	3	Subacute Pediatric Ancillary Services - Agency Staff	0							
102	4	Subacute Pediatric Ancillary Services - Other - Nonlabor	0							
105	1	Skilled Nursing Care - Salaries and Wages	0							
105	2	Skilled Nursing Care - Fringe Benefits	(52,947)	(52,947)						
105	3	Skilled Nursing Care - Agency Staff	0							
105	4	Skilled Nursing Care - Other - Nonlabor	0							
110	1	Intermediate Care - Salaries and Wages	0							
110	2	Intermediate Care - Fringe Benefits	0							
110	3	Intermediate Care - Agency Staff	0							
110	4	Intermediate Care - Other - Nonlabor	0							
115	1	Mentally Disordered Care - Salaries and Wages	0							
115	2	Mentally Disordered Care - Fringe Benefits	0							
115	3	Mentally Disordered Care - Agency Staff	0							
115	4	Mentally Disordered Care - Other - Nonlabor	0							
120	1	Developmentally Disabled Care - Salaries and Wages	0							
120	2	Developmentally Disabled Care - Fringe Benefits	0							
120	3	Developmentally Disabled Care - Agency Staff	0							
120	4	Developmentally Disabled Care - Other - Nonlabor	0							
125	1	Subacute Care - Salaries and Wages	0							
125	2	Subacute Care - Fringe Benefits	0							
125	3	Subacute Care - Agency Staff	0							
125	4	Subacute Care - Other - Nonlabor	0							
126	1	Subacute Care - Pediatric - Salaries and Wages	0							
126	2	Subacute Care - Pediatric - Fringe Benefits	0							
126	3	Subacute Care - Pediatric - Agency Staff	0							
126	4	Subacute Care - Pediatric - Other - Nonlabor	0							

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

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 1B	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
128	1	Transitional Inpatient Care - Salaries and Wages	0							
128	2	Transitional Inpatient Care - Fringe Benefits	0							
128	3	Transitional Inpatient Care - Agency Staff	0							
128	4	Transitional Inpatient Care - Other - Nonlabor	0							
130	1	Hospice Inpatient Care - Salaries and Wages	0							
130	2	Hospice Inpatient Care - Fringe Benefits	0							
130	3	Hospice Inpatient Care - Agency Staff	0							
130	4	Hospice Inpatient Care - Other - Nonlabor	0							
135	1	Other Routine Services - Salaries and Wages	0							
135	2	Other Routine Services - Fringe Benefits	0							
135	3	Other Routine Services - Agency Staff	0							
135	4	Other Routine Services - Other - Nonlabor	0							
139	1	Residential Care - Salaries and Wages	0							
139	2	Residential Care - Fringe Benefits	0							
139	3	Residential Care - Agency Staff	0							
139	4	Residential Care - Other - Nonlabor	0							
140	1	Beauty and Barber - Salaries and Wages	0							
140	2	Beauty and Barber - Fringe Benefits	0							
140	3	Beauty and Barber - Agency Staff	0							
140	4	Beauty and Barber - Other - Nonlabor	0							
145	1	Other Nonreimbursable - Salaries and Wages	0							
145	2	Other Nonreimbursable - Fringe Benefits	0							
145	3	Other Nonreimbursable - Agency Staff	0							
145	4	Other Nonreimbursable - Other - Nonlabor	0							
155	1	Social Services - Salaries and Wages	0							
155	2	Social Services - Fringe Benefits	(1,181)	(1,181)						
155	3	Social Services - Agency Staff	0							
155	4	Social Services - Other - Nonlabor	0							
160	1	Activities - Salaries and Wages	0							
160	2	Activities - Fringe Benefits	(1,263)	(1,263)						
160	3	Activities - Agency Staff	0							
160	4	Activities - Other - Nonlabor	0							
165	1	Administration - Salaries and Wages	0							
165	2	Administration - Fringe Benefits	(7,890)	(7,890)						
165	3	Administration - Agency Staff	0							
165	4	Administration - Other - Nonlabor	(114,475)		(114,475)					
166	1	Medical Records - Salaries and Wages	0							
166	2	Medical Records - Fringe Benefits	0							
166	3	Medical Records - Agency Staff	0							
166	4	Medical Records - Other - Nonlabor	0							
167	4	CDPH Licensing Fees	0							
168	4	Professional Liability Insurance	(182,508)			(182,508)				
169	4	Quality Assurance Fees	0							
170	1	Inservice Education - Nursing - Salaries and Wages	0							
170	2	Inservice Education - Nursing - Fringe Benefits	(1,097)	(1,097)						
170	3	Inservice Education - Nursing - Agency Staff	0							
170	4	Inservice Education - Nursing - Other - Nonlabor	0							
174	1	Caregiver Training - Salaries and Wages	0							
174	2	Caregiver Training - Fringe Benefits	0							

Provider Name:  
Diamond Ridge Healthcare Center

Provider NPI:  
1457471401

OSHPD Facility Number:  
206074002

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

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 1B	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ				
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	0								
200		Total	<u>(\$384,891)</u> (To Sch 8)	<u>(87,908)</u>	<u>(114,475)</u>	<u>(182,508)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Provider Name							Fiscal Period			Provider NPI		Adjustments
DIAMOND RIDGE HEALTHCARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1457471401		4
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>MEMORANDUM ADJUSTMENT</u>												
1A	Not Reported			8	210	N/A	Total Facility Group Health Insurance To include Group Health Insurance in the audit for informational purposes only. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$617,754	\$617,754

Provider Name							Fiscal Period	Provider NPI		Adjustments
DIAMOND RIDGE HEALTHCARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1457471401		4
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>ADJUSTMENTS TO REPORTED COSTS</b>										
1B	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	\$20,069	(\$1,278)	\$18,791
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	111,912	(3,209)	108,703
	10.5	060	2	8A-1	060	2	Laundry and Linen - Fringe Benefits	44,385	(1,272)	43,113
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	160,716	(5,509)	155,207
	10.5	080	2	8A-1	080	2	Physical Therapy - Fringe Benefits	109,295	(6,743)	102,552
	10.5	082	2	8A-1	082	2	Occupational Therapy - Fringe Benefits	87,029	(4,277)	82,752
	10.5	083	2	8A-1	083	2	Speech Pathology - Fringe Benefits	22,314	(1,242)	21,072
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	1,280,424	(52,947)	1,227,477
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	25,877	(1,181)	24,696
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	30,601	(1,263)	29,338
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	186,574	(7,890)	178,684
	10.5	170	2	8A-1	170	2	Inservice Education - Nursing - Fringe Benefits	22,873	(1,097)	21,776
							To adjust insurance paid claims subject to the first dollar loss limitation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2161, 2162.2, 2161.4, 2162.5, 2162.7, 2300, and 2304			
2	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	\$1,039,259	(\$114,475)	\$924,784
							To adjust reported home office costs to agree with the Sava Senior Care Equity Holdings, LLC Home Office Audit Report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304			
3	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	\$435,531	(\$182,508)	\$253,023
							To adjust liability paid claims subject to the first dollar loss limitation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2161, 2162.2, 2161.4, 2162.5, 2162.7, 2300, and 2304			

Provider Name							Fiscal Period			Provider NPI		Adjustments
DIAMOND RIDGE HEALTHCARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1457471401		4
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>												
4	4.1	5	2	1	15	N/A	Medi-Cal Days			28,997	(153)	28,844
							To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through October 30, 2012 Report Date: January 16, 2013 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					