

**REPORT  
ON THE  
RATE SETTING AUDIT**

**DEL MAR CONVALESCENT HOSPITAL  
ROSEMEAD, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1972609808**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

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

**Section Chief: Margaret A. Varho  
Audit Supervisor: Felipe Avila  
Auditor: Lang Doan**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

Date: May 14, 2013

William Presnell, CFO  
Sun Mar Management Services  
3050 Saturn Street, Suite 101  
Brea, CA 92821

DEL MAR CONVALESCENT HOSPITAL  
NATIONAL PROVIDER IDENTIFIER (NPI) 1972609808  
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. 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 and patient days 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 \$4,870, which resulted from Medi-Cal overpayments
3. Audited Allocation of Home Office Cost

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.

William Presnell  
Page 2

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 Rate Development Division.

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

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

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

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

**United States Postal Service (USPS)**

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

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

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

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

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

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

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

Certified

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

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

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

Provider NPI:  
1972609808

OSHPD Facility No.:  
206190233

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	\$ 1,452,900	\$ 70.90
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 347,494	\$ 16.96
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 425,583	\$ 20.77
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 311,519	\$ 15.20
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 23,366	\$ 1.14
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 11,244	\$ 0.55
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 19,691	\$ 0.96
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 232,269	\$ 11.34
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 307,973	\$ 15.03
11	Cost of Routine Service/Audited Total Costs	\$ 3,369,143	\$ 3,132,038	\$ 152.85
12	Total Patient Days (Adj )	20,491	20,491	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 164.42	\$ 152.85	
14	Overpayments (Adj 9)	\$ 0	\$ (4,870)	
15	Medi-Cal Days (Adj )	18,258	18,258	
16	Medi-Cal Managed Care Days (Adj )		0	
<b>INTERMEDIATE CARE</b>				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
18	Total Patient Days (Adj )	0	0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj )	\$ 0	\$ 0	
<b>MENTALLY DISORDERED CARE</b>				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
22	Total Patient Days (Adj )	0	0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj )	\$ 0	\$ 0	
<b>DEVELOPMENTALLY DISABLED CARE</b>				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
26	Total Patient Days (Adj )	0	0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj )	\$ 0	\$ 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:**  
DEL MAR CONVALESCENT HOSPITAL

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

**Provider NPI:**  
1972609808

**OSHPD Facility No.:**  
206190233

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	\$ 0	
50	Total Patient Days (Adj )	0	0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments (Adj )	\$ 0	\$ 0	
<b>HOSPICE INPATIENT CARE</b>				
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
54	Total Patient Days (Adj )	0	0	
55	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
56	Overpayments (Adj )	\$ 0	\$ 0	
<b>OTHER ROUTINE SERVICES</b>				
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
58	Total Patient Days (Adj )	0	0	
59	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
60	Overpayments (Adj )	\$ 0	\$ 0	

**ALLOCATION OF GENERAL SERVICES  
DIRECT CARE LABOR**

**Provider Name:**  
DEL MAR CONVALESCENT HOSPITAL

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

**Provider NPI:**  
1972609808

**OSHPD Facility No.:**  
206190233

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Svcs	Activities	Total
			155	160	
	<b>GENERAL SERVICES</b>				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 31,313	\$ 31,313		
160	Activities	38,981		\$ 38,981	
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	144,240	0	0	144,240
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	130,800	0	0	130,800
083	Speech Pathology	43,603	0	0	43,603
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	1,382,606	31,313	38,981	1,452,900 *
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>\$ 1,771,543</b>	<b>\$ 31,313</b>	<b>\$ 38,981</b>	<b>\$ 1,771,543</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

Provider NPI:  
1972609808

OSHPD Facility Number:  
206190233

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	\$ 13,872	\$ 13,872										
010	Housekeeping	82,351	22	\$ 82,373									
060	Laundry and Linen	39,614	1,647	9,794	\$ 51,055								
065	Dietary	142,376	1,568	9,324	0	\$ 153,267							
155	Social Services	N/A	182	1,081	0	0	\$ 1,263						
160	Activities	N/A	606	3,604	0	0	0	\$ 4,210					
165	Administration	N/A	2,261	13,445	0	0	0	0		\$ 15,706	\$ 15,706		
166	Medical Records	44,787	148	883	0	0	0	0		45,818		\$ 45,818	
170	Inservice Education - Nursing	41,890	182	1,081	0	0	0	0	\$ 43,153				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		240	1,426	0	0	0	0	0	1,666	120	351	\$ 2,137
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	110	322	432
080	Physical Therapy		278	1,656	0	0	0	0	0	1,934	838	2,446	5,219
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		316	1,880	0	0	0	0	0	2,197	775	2,261	5,232
083	Speech Pathology		58	345	0	0	0	0	0	403	247	722	1,372
085	Pharmacy		0	0	0	0	0	0	0	0	406	1,184	1,590
090	Laboratory		0	0	0	0	0	0	0	0	34	100	134
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	33	96	129
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		6,225	37,023	51,055	153,267	1,263	4,210	43,153	296,197	13,095	38,203	347,494 *
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		140	831	0	0	0	0	0	970	46	134	1,150
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 364,890</b>	<b>\$ 13,872</b>	<b>\$ 82,373</b>	<b>\$ 51,055</b>	<b>\$ 153,267</b>	<b>\$ 1,263</b>	<b>\$ 4,210</b>	<b>\$ 43,153</b>	<b>\$ 303,366</b>	<b>\$ 15,706</b>	<b>\$ 45,818</b>	<b>\$ 364,890</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

Provider NPI:  
1972609808

OSHPD Facility Number:  
206190233

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	\$ 102,809	\$ 102,809										
010	Housekeeping	17,115	163	\$ 17,278									
060	Laundry and Linen	7,739	12,204	2,054	\$ 21,998								
065	Dietary	101,863	11,618	1,956	0	\$ 115,437							
155	Social Services	0	1,347	227	0	0	\$ 1,574						
160	Activities	3,777	4,491	756	0	0	0	\$ 9,024					
165	Administration	N/A	16,754	2,820	0	0	0	0		\$ 19,574	\$ 19,574		
166	Medical Records	0	1,100	185	0	0	0	0		1,285		\$ 1,285	
170	Inservice Education - Nursing	1,200	1,347	227	0	0	0	0	\$ 2,774				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	12,187	1,777	299	0	0	0	0	0	14,263	150	10	\$ 14,423
077	Specialized Support Surfaces	20,541	0	0	0	0	0	0	0	20,541	138	9	20,688
080	Physical Therapy	0	2,063	347	0	0	0	0	0	2,411	1,045	69	3,524
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	2,343	394	0	0	0	0	0	2,738	966	63	3,767
083	Speech Pathology	0	430	72	0	0	0	0	0	502	308	20	831
085	Pharmacy	75,585	0	0	0	0	0	0	0	75,585	506	33	76,124
090	Laboratory	6,361	0	0	0	0	0	0	0	6,361	43	3	6,406
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	6,139	0	0	0	0	0	0	0	6,139	41	3	6,183
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	203,482	46,135	7,766	21,998	115,437	1,574	9,024	2,774	408,190	16,321	1,072	425,583 *
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	2,625	1,035	174	0	0	0	0	0	3,834	57	4	3,895
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 561,423</b>	<b>\$ 102,809</b>	<b>\$ 17,278</b>	<b>\$ 21,998</b>	<b>\$ 115,437</b>	<b>\$ 1,574</b>	<b>\$ 9,024</b>	<b>\$ 2,774</b>	<b>\$ 540,564</b>	<b>\$ 19,574</b>	<b>\$ 1,285</b>	<b>\$ 561,423</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

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

Provider NPI:  
1972609808

OSHPD Facility Number:  
206190233

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)	\$ 347,452	93%							
	Property Tax (line 40)	26,061	7%	\$ 373,513						
005	Plant Operations and Maintenance			19,690	\$ 19,690					
010	Housekeeping			560	31	\$ 591				
060	Laundry and Linen			42,002	2,337	70	\$ 44,409			
065	Dietary			39,986	2,225	67	0	\$ 42,278		
155	Social Services			4,637	258	8	0	0	\$ 4,903	
160	Activities			15,457	860	26	0	0	0	\$ 16,343
165	Administration			57,660	3,209	96	0	0	0	0
166	Medical Records			3,786	211	6	0	0	0	0
170	Inservice Education - Nursing			4,637	258	8	0	0	0	0
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			6,115	340	10	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			7,101	395	12	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			8,064	449	13	0	0	0	0
083	Speech Pathology			1,478	82	2	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			158,778	8,836	266	44,409	42,278	4,903	16,343
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			3,562	198	6	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 373,513</b>	<b>100%</b>	<b>\$ 373,513</b>	<b>\$ 19,690</b>	<b>\$ 591</b>	<b>\$ 44,409</b>	<b>\$ 42,278</b>	<b>\$ 4,903</b>	<b>\$ 16,343</b>

\* (To Schedule 1)

## ALLOCATION OF CAPITAL COSTS

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

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

Provider NPI:  
1972609808

OSHPD Facility Number:  
206190233

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 93% Of Total	Property Tax 7% Of Total
	<b>GENERAL SERVICES</b>									
	Capital Related (excluding lines 40 & 45)	\$ 347,452	93%							
	Property Tax (line 40)	26,061	7%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 60,965	\$ 60,965				
166	Medical Records				4,003		\$ 4,003			
170	Inservice Education - Nursing			\$ 4,903						
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			0	6,466	467	31	\$ 6,964	\$ 6,478	\$ 486
077	Specialized Support Surfaces			0	0	428	28	456	425	32
080	Physical Therapy			0	7,508	3,255	214	10,976	10,211	766
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	8,527	3,008	197	11,732	10,913	819
083	Speech Pathology			0	1,563	961	63	2,587	2,406	180
085	Pharmacy			0	0	1,576	103	1,679	1,562	117
090	Laboratory			0	0	133	9	141	131	10
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	128	8	136	127	10
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			4,903	280,715	50,832	3,337	334,884	311,519	23,366
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	3,766	179	12	3,956	3,680	276
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 373,513	100%	\$ 4,903	\$ 308,545	\$ 60,965	\$ 4,003	\$ 373,513	\$ 347,452	\$ 26,061

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

Provider NPI:  
1972609808

OSHPD Facility Number:  
206190233

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. 54% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 3% of Total	Quality Assur. Fees 41% of Total	Caregiver Training 0% of Total
<b>GENERAL SERVICES</b>														
045	Property Insurance	\$ 3,913												
055	Interest - Other	10,271												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	355,183												
	Total Costs Allocable as Administration	369,367	54%											
167	CDPH Licensing Fees	13,486	2%											
168	Professional Liability Insurance	23,616	3%											
169	Quality Assurance Fees	278,572	41%											
174	Caregiver Training	0	0%											
	Total	685,041	100%						\$ 685,041					
<b>ANCILLARY SERVICES</b>														
075	Patient Supplies			\$ -	\$ 1,666	\$ 14,263	\$ 6,466	\$ 22,395	5,247	\$ 2,829	\$ 103	\$ 181	\$ 2,134	\$ -
077	Specialized Support Surfaces			0	0	20,541	0	20,541	4,812	2,595	95	166	1,957	0
080	Physical Therapy			144,240	1,934	2,411	7,508	156,093	36,570	19,718	720	1,261	14,871	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			130,800	2,197	2,738	8,527	144,261	33,798	18,223	665	1,165	13,744	0
083	Speech Pathology			43,603	403	502	1,563	46,071	10,794	5,820	212	372	4,389	0
085	Pharmacy			0	0	75,585	0	75,585	17,708	9,548	349	610	7,201	0
090	Laboratory			0	0	6,361	0	6,361	1,490	804	29	51	606	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	6,139	0	6,139	1,438	775	28	50	585	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			1,452,900	296,197	408,190	280,715	2,438,002	571,177	307,973	11,244	19,691	232,269	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	970	3,834	3,766	8,570	2,008	1,083	40	69	816	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	<b>SUBTOTAL</b>	\$ 685,041		\$ 1,771,543	\$ 303,366	\$ 540,564	\$ 308,545	\$ 2,924,018	\$ 685,041					
	Total Administrative Costs							\$ 685,041		\$ 369,367	\$ 13,486	\$ 23,616	\$ 278,572	\$ -
	Unit Cost Multiplier							0.23428072						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 61,524	\$ 20,859	\$ 64,968	\$ 147,351							
	<b>TOTAL FACILITY COSTS</b>							\$ 3,756,410						

\* (To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

Provider NPI:  
1972609808

OSHPD Facility Number:  
206190233

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	879									
010	Housekeeping	25	25								
060	Laundry and Linen	1,875	1,875	1,875							
065	Dietary	1,785	1,785	1,785							
155	Social Services	207	207	207							
160	Activities	690	690	690							
165	Administration	2,574	2,574	2,574							
166	Medical Records	169	169	169							
170	Inservice Education - Nursing	207	207	207							
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	273	273	273						22,395	22,395
077	Specialized Support Surfaces									20,541	20,541
080	Physical Therapy	317	317	317						156,093	156,093
081	Respiratory Therapy									0	0
082	Occupational Therapy	360	360	360						144,261	144,261
083	Speech Pathology	66	66	66						46,071	46,071
085	Pharmacy									75,585	75,585
090	Laboratory									6,361	6,361
095	Home Health Services									0	0
100	Other Ancillary Services									6,139	6,139
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	7,088	7,088	7,088	201,730	60,519	1,586,088	1,586,088	1,586,088	2,438,002	2,438,002
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	159	159	159						8,570	8,570
145	Other Nonreimbursable									0	0
	<b>TOTAL STATISTICS</b>	16,674	15,795	15,770	201,730	60,519	1,586,088	1,586,088	1,586,088	2,924,018	2,924,018
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 31,313 0.019742284	\$ 38,981 0.02457682			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 13,872 0.87825261	\$ 82,373 5.22339609	\$ 51,055 0.25308378	\$ 153,267 2.53255082	\$ 1,263 0.00079633	\$ 4,210 0.00265442	\$ 43,153 0.02720722	\$ 15,706 0.00537125	\$ 45,818 0.01566960
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 102,809 6.50895853	\$ 17,278 1.09560710	\$ 21,998 0.10904457	\$ 115,437 1.90745303	\$ 1,574 0.00099247	\$ 9,024 0.00568957	\$ 2,774 0.00174905	\$ 19,574 0.00669427	\$ 1,285 0.00043952
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 373,513 22.40092359	\$ 19,690 1.24662310	\$ 591 0.03748818	\$ 44,409 0.22014297	\$ 42,278 0.69858701	\$ 4,903 0.00309113	\$ 16,343 0.01030376	\$ 4,903 0.00309113	\$ 60,965 0.02084983	\$ 4,003 0.00136893

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

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

Provider NPI:  
1972609808

OSHPD Facility Number:  
206190233

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	\$ 0	\$ 0	\$ 0	(Sch 3)
005	.20-.39	Fringe Benefits	6200	0	0	0	(Sch 3)
005	.79	Agency Staff	6200	14,134	(262)	13,872	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	102,809	0	102,809	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 116,943	\$ (262)	\$ 116,681	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 0	\$ 0	\$ 0	(Sch 3)
010	.20-.39	Fringe Benefits	6300	0	0	0	(Sch 3)
010	.79	Agency Staff	6300	83,905	(1,554)	82,351	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	17,163	(48)	17,115	(Sch 4)
010		Housekeeping - Total	6300	\$ 101,068	\$ (1,602)	\$ 99,466	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 0	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	4,234	0	4,234	(Sch 5)
025		Depreciation: Equipment	7140	22,848	0	22,848	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	320,370	0	320,370	(Sch 5)
040		Property Taxes	7300	26,061	0	26,061	(Sch 5)
045		Property Insurance	7400	3,913	0	3,913	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	0	0	0	(Sch 6)
055		Interest - Other	7600	\$ 10,298	\$ (27)	\$ 10,271	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 605,735	\$ (1,891)	\$ 603,844	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 0	\$ 0	\$ 0	(Sch 3)
060	.20-.39	Fringe Benefits	6400	0	0	0	(Sch 3)
060	.79	Agency Staff	6400	40,361	(747)	39,614	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	7,798	(59)	7,739	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 48,159	\$ (806)	\$ 47,353	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 0	\$ 0	\$ 0	(Sch 3)
065	.20-.39	Fringe Benefits	6500	0	0	0	(Sch 3)
065	.79	Agency Staff	6500	145,064	(2,688)	142,376	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	173,360	(71,497)	101,863	(Sch 4)
065		Dietary - Total	6500	\$ 318,424	\$ (74,185)	\$ 244,239	
070		Provision for Bad Debts	7700	\$ 0	0	\$ 0	
		<b>Ancillary Services</b>					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 0	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	12,187	0	12,187	(Sch 4)
075		Patient Supplies - Total	8100	\$ 12,187	\$ 0	\$ 12,187	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$ 0	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150	0	0	0	N/A
077	.79	Agency Staff	8150	0	0	0	N/A
077	.40-.99	Other - Nonlabor	8150	20,541	0	20,541	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 20,541	\$ 0	\$ 20,541	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

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

Provider NPI:  
1972609808

OSHPD Facility Number:  
206190233

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	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200	0	0	0	(Sch 2)
080	.79	Agency Staff	8200	144,240	0	144,240	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	0	0	0	(Sch 4)
080		Physical Therapy - Total	8200	\$ 144,240	\$ 0	\$ 144,240	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$ 0	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	0	0	0	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	0	0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$ 0	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250	0	0	0	(Sch 2)
082	.79	Agency Staff	8250	130,800	0	130,800	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	0	0	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 130,800	\$ 0	\$ 130,800	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 0	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280	0	0	0	(Sch 2)
083	.79	Agency Staff	8280	43,603	0	43,603	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	0	0	0	(Sch 4)
083		Speech Pathology - Total	8280	\$ 43,603	\$ 0	\$ 43,603	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$ 0	\$ 0	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300	0	0	0	(Sch 2)
085	.79	Agency Staff	8300	0	0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	75,585	0	75,585	(Sch 4)
085		Pharmacy - Total	8300	\$ 75,585	\$ 0	\$ 75,585	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	\$ 0	\$ 0	\$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400	0	0	0	(Sch 2)
090	.79	Agency Staff	8400	0	0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	6,361	0	6,361	(Sch 4)
090		Laboratory - Total	8400	\$ 6,361	\$ 0	\$ 6,361	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	\$ 0	\$ 0	\$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800	0	0	0	(Sch 2)
095	.79	Agency Staff	8800	0	0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800	0	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	\$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900	0	0	0	(Sch 2)
100	.79	Agency Staff	8900	0	0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	6,139	0	6,139	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 6,139	\$ 0	\$ 6,139	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

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

Provider NPI:  
1972609808

OSHPD Facility Number:  
206190233

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	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
101	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900	0	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	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
102	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 439,456	\$ 0	\$ 439,456	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,123,009	\$ (6,862)	\$ 1,116,147	(Sch 2)
105	.20-.39	Fringe Benefits	6110	271,256	(4,797)	266,459	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	213,299	(9,817)	203,482	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,607,564	\$ (21,476)	\$ 1,586,088	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	\$ 0	\$ 0	\$ 0	
110	.20-.39	Fringe Benefits	6120	0	0	0	
110	.49	Agency Staff	6120	0	0	0	
110	.40-.99	Other - Nonlabor	6120	0	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	\$ 0	
115	.20-.39	Fringe Benefits	6130	0	0	0	
115	.49	Agency Staff	6130	0	0	0	
115	.40-.99	Other - Nonlabor	6130	0	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	\$ 0	
120	.20-.39	Fringe Benefits	6140	0	0	0	
120	.49	Agency Staff	6140	0	0	0	
120	.40-.99	Other - Nonlabor	6140	0	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	\$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150	0	0	0	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	0	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	\$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160	0	0	0	(Sch 2)
126	.49	Agency Staff	6160	0	0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160	0	0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

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

Provider NPI:  
1972609808

OSHPD Facility Number:  
206190233

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	\$ 0
128	.20-.39	Fringe Benefits	6170	0	0	0
128	.49	Agency Staff	6170	0	0	0
128	.40-.99	Other - Nonlabor	6170	0	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	\$ 0
130	.20-.39	Fringe Benefits	6180	0	0	0
130	.49	Agency Staff	6180	0	0	0
130	.40-.99	Other - Nonlabor	6180	0	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	\$ 0
135	.20-.39	Fringe Benefits	6190	0	0	0
135	.49	Agency Staff	6190	0	0	0
135	.40-.99	Other - Nonlabor	6190	0	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	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100	0	0	0 (Sch 2)
139	.49	Agency Staff	9100	0	0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100	0	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	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900	0	0	0 (Sch 2)
140	.49	Agency Staff	8900	0	0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	2,625	0	2,625 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 2,625	\$ 0	\$ 2,625
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100	0	0	0 (Sch 2)
145	.49	Agency Staff	9100	0	0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100	0	0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		<b>Subtotal 105 - 145</b>		\$ 1,610,189	\$ (21,476)	\$ 1,588,713
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 23,877	\$ 0	\$ 23,877 (Sch 2)
155	.20-.39	Fringe Benefits	6600	7,491	(55)	7,436 (Sch 2)
155	.49	Agency Staff	6600	0	0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	0	0	0 (Sch 4)
155		Social Services - Total	6600	\$ 31,368	\$ (55)	\$ 31,313

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
DEL MAR CONVALESCENT HOSPITAL

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

Provider NPI:  
1972609808

OSHPD Facility Number:  
206190233

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	\$ 31,966	\$ 0	\$ 31,966	(Sch 2)
160	.20-.39	Fringe Benefits	6700	7,082	(67)	7,015	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	3,777	0	3,777	(Sch 4)
160		Activities - Total	6700	\$ 42,825	\$ (67)	\$ 42,758	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 113,667	\$ 761	\$ 114,428	(Sch 6)
165	.20-.39	Fringe Benefits	6900	23,815	167	23,982	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	413,446	(196,673)	216,773	(Sch 6)
165		Administration - Total	6900	\$ 550,928	\$ (195,745)	\$ 355,183	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 37,029	\$ 0	\$ 37,029	(Sch 3)
166	.20-.39	Fringe Benefits	6900	7,758	0	7,758	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 4)
166		Medical Records - Total	6900	\$ 44,787	\$ 0	\$ 44,787	
167		CDPH Licensing Fees	6900	\$ 13,486	\$ 0	\$ 13,486	(Sch 6)
168		Professional Liability Insurance	6900	\$ 23,616	\$ 0	\$ 23,616	(Sch 6)
169		Quality Assurance Fees	6900	\$ 278,572	\$ 0	\$ 278,572	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 32,988	\$ 0	\$ 32,988	(Sch 3)
170	.20-.39	Fringe Benefits	6800	8,973	(71)	8,902	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	1,200	0	1,200	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 43,161	\$ (71)	\$ 43,090	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900	0	0	0	(Sch 6)
174	.49	Agency Staff	6900	0	0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		<b>Subtotal 155 - 174</b>		\$ 1,028,743	\$ (195,938)	\$ 832,805	
200		<b>Total</b>		\$ 4,050,706	\$ (294,296)	\$ 3,756,410	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 58,005	
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\* For informational purposes only, this amount is included in various cost centers above.









Provider Name							Fiscal Period			Provider NPI		Adjustments
DEL MAR CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1972609808		9
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>												
1	Not Reported			8	210		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	\$58,005	\$58,005	

Provider Name							Fiscal Period	Provider NPI		Adjustments
DEL MAR CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1972609808		9
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>										
2	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	\$213,299	(\$8,673)	\$204,626 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	413,446	8,673	422,119 *
							To reclassify payroll processing fees to the Administration cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4 and 2302.8			
3	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$1,123,009	(\$6,862)	\$1,116,147
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	271,256	(1,604)	269,652 *
	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	113,667	6,862	120,529 *
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	23,815	1,604	25,419 *
							To reclassify the patient supply clerk's salaries and benefits expense to the Administration cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 52000			

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
DEL MAR CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1972609808		9
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>										
4	10.5	005	3	8A-1	005	3	Plant Operations and Maintenance - Agency Staff	\$14,134	(\$262)	\$13,872
	10.5	010	3	8A-1	010	3	Housekeeping - Agency Staff	83,905	(1,554)	82,351
	10.5	010	4	8A-1	010	4	Housekeeping - Other - Nonlabor	17,163	(48)	17,115
	10.5	055	4	8A-1	055	4	Interest - Other	10,298	(27)	10,271
	10.5	060	3	8A-1	060	3	Laundry and Linen - Agency Staff	40,361	(747)	39,614
	10.5	060	4	8A-1	060	4	Laundry and Linen - Other - Nonlabor	7,798	(59)	7,739
	10.5	065	3	8A-1	065	3	Dietary - Agency Staff	145,064	(2,688)	142,376
	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor	173,360	(71,497)	101,863
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 204,626	(1,144)	203,482
							To eliminate the profits from related party transactions. 42 CFR 413.17 / CMS Pub. 15-1, Sections 900 and 1005			
5	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	* \$120,529	(\$6,101)	\$114,428
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	* 25,419	(1,327)	24,092 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 422,119	(1,391)	420,728 *
							To eliminate nonallowable marketing expense. 42 CFR 413.5, 413.9 and 413.24 CMS Pub. 15-1, Sections 2136.2 and 2304			

Provider Name							Fiscal Period	Provider NPI		Adjustments	
DEL MAR CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1972609808		9	
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>											
6	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To adjust medical director fees to the accrual basis. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1 and 2304	*	\$420,728	(\$1,000)	\$419,728 *
7	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To reconcile the reported home office costs to agree with the Sun Mar Management Services Audited Home Office Audit Report for fiscal period ending December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	*	\$419,728	(\$202,955)	\$216,773
8	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	*	\$269,652	(\$3,193)	\$266,459
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits		7,491	(55)	7,436
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits		7,082	(67)	7,015
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	*	24,092	(110)	23,982
	10.5	170	2	8A-1	170	2	Inservice Education - Nursing - Fringe Benefits To reconcile the reported workers compensation insurance to agree with the amount paid. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2162.2, 2162.5, 2162.9, 2300 and 2304		8,973	(71)	8,902

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments			
DEL MAR CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1972609808		9			
Report References							Explanation of Audit Adjustments								
Cost Report				Audit Report									As Reported	Increase (Decrease)	As Adjusted
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No									
<u>ADJUSTMENT TO OTHER MATTERS</u>															
9	Not Reported			1	14		Overpayments 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	\$0	\$4,870	\$4,870					