

**REPORT  
ON THE  
RATE SETTING AUDIT**

**ALLIANCE NURSING AND REHABILITATION CENTER  
EL MONTE, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1003800343**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

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

**Section Chief: Daniel J. Giardinelli  
Audit Supervisor: Henry Kwan  
Auditor: Miriam Dau**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

July 12, 2013

Robert Sato, Controller  
Alliance Nursing and Rehabilitation Center  
3825 North Durfee Avenue  
El Monte, California 91732

ALLIANCE NURSING AND REHABILITATION CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1003800343  
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 that include a summary of the total due the State in the amount of \$21,803, which resulted from Medi-Cal overpayments

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

Robert Sato  
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Future Medi-Cal long-term care prospective rates may be affected by this examination. The extent to which the rates change will be determined by the Department's Fee-For-Service Rates Development Division.

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

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

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

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

**United States Postal Service (USPS)**

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

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

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

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq. If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

**Original Signed By**

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

Certified

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

## Provider Name:

ALLIANCE NURSING AND REHABILITATION CENTER

## Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

## Provider NPI:

1003800343

## OSHPD Facility No.:

206190507

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	\$ 3,574,203	\$ 78.78
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 929,196	\$ 20.48
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 785,573	\$ 17.32
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 718,336	\$ 15.83
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 49,012	\$ 1.08
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 26,799	\$ 0.59
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 109,917	\$ 2.42
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 507,759	\$ 11.19
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 734,978	\$ 16.20
11	Cost of Routine Service/Audited Total Costs	\$ 7,491,141	\$ 7,435,773	\$ 163.90
12	Total Patient Days (Adj )	45,367	45,367	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 165.12	\$ 163.90	
14	Overpayments (Adjs 17, 18)	\$ 0	\$ 21,803	
15	Medi-Cal Days (Adj 16)	35,427	34,963	
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:**  
ALLIANCE NURSING AND REHABILITATION CENTER

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

**Provider NPI:**  
1003800343

**OSHPD Facility No.:**  
206190507

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:  
ALLIANCE NURSING AND REHABILITATION CENTER

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

Provider NPI:  
1003800343

OSHPD Facility No.:  
206190507

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	\$ 173,139	\$ 173,139		
160	Activities	135,767		\$ 135,767	
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	351,160	0	0	351,160
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	256,001	0	0	256,001
083	Speech Pathology	99,799	0	0	99,799
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	3,265,297	173,139	135,767	3,574,203 *
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>\$ 4,281,163</b>	<b>\$ 173,139</b>	<b>\$ 135,767</b>	<b>\$ 4,281,163</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
ALLIANCE NURSING AND REHABILITATION CENTER

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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	\$ 41,874	\$ 41,874										
010	Housekeeping	213,291	141	\$ 213,432									
060	Laundry and Linen	142,564	3,055	15,622	\$ 161,241								
065	Dietary	379,437	4,705	24,064	0	\$ 408,206							
155	Social Services	N/A	490	2,504	0	0	\$ 2,994						
160	Activities	N/A	0	0	0	0	0	\$ -					
165	Administration	N/A	5,204	26,616	0	0	0	0		\$ 31,821	\$ 31,821		
166	Medical Records	133,233	888	4,540	0	0	0	0		138,660		\$ 138,660	
170	Inservice Education - Nursing	69,304	0	0	0	0	0	0	\$ 69,304				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		968	4,952	0	0	0	0	0	5,920	182	792	\$ 6,893
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	136	594	730
080	Physical Therapy		1,344	6,874	0	0	0	0	0	8,218	1,806	7,868	17,892
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		336	1,721	0	0	0	0	0	2,057	1,216	5,297	8,569
083	Speech Pathology		336	1,721	0	0	0	0	0	2,057	506	2,205	4,768
085	Pharmacy		0	0	0	0	0	0	0	0	1,460	6,363	7,823
090	Laboratory		0	0	0	0	0	0	0	0	87	379	466
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	164	717	881
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		24,068	123,089	161,241	408,206	2,994	0	69,304	788,903	26,186	114,107	929,196 *
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		180	921	0	0	0	0	0	1,101	53	232	1,386
145	Other Nonreimbursable		158	808	0	0	0	0	0	966	25	108	1,098
	<b>TOTAL</b>	<b>\$ 979,703</b>	<b>\$ 41,874</b>	<b>\$ 213,432</b>	<b>\$ 161,241</b>	<b>\$ 408,206</b>	<b>\$ 2,994</b>	<b>\$ -</b>	<b>\$ 69,304</b>	<b>\$ 809,222</b>	<b>\$ 31,821</b>	<b>\$ 138,660</b>	<b>\$ 979,703</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
ALLIANCE NURSING AND REHABILITATION CENTER

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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	\$ 291,749	\$ 291,749										
010	Housekeeping	33,844	979	\$ 34,823									
060	Laundry and Linen	9,416	21,283	2,549	\$ 33,248								
065	Dietary	232,556	32,783	3,926	0	\$ 269,266							
155	Social Services	2,713	3,411	409	0	0	\$ 6,533						
160	Activities	13,968	0	0	0	0	0	\$ 13,968					
165	Administration	N/A	36,261	4,343	0	0	0	0		\$ 40,604	\$ 40,604		
166	Medical Records	10,827	6,185	741	0	0	0	0		17,752		\$ 17,752	
170	Inservice Education - Nursing	0	0	0	0	0	0	0	\$ -				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	6,618	6,746	808	0	0	0	0	0	14,172	232	101	\$ 14,505
077	Specialized Support Surfaces	30,016	0	0	0	0	0	0	0	30,016	174	76	30,266
080	Physical Therapy	0	9,365	1,122	0	0	0	0	0	10,487	2,304	1,007	13,798
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	2,344	281	0	0	0	0	0	2,625	1,551	678	4,854
083	Speech Pathology	0	2,344	281	0	0	0	0	0	2,625	646	282	3,553
085	Pharmacy	321,462	0	0	0	0	0	0	0	321,462	1,863	815	324,140
090	Laboratory	19,164	0	0	0	0	0	0	0	19,164	111	49	19,324
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	36,210	0	0	0	0	0	0	0	36,210	210	92	36,512
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	226,761	167,692	20,083	33,248	269,266	6,533	13,968	0	737,551	33,414	14,609	785,573 *
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	5,522	1,255	150	0	0	0	0	0	6,927	68	30	7,025
145	Other Nonreimbursable	0	1,100	132	0	0	0	0	0	1,232	32	14	1,278
	<b>TOTAL</b>	<b>\$ 1,240,826</b>	<b>\$ 291,749</b>	<b>\$ 34,823</b>	<b>\$ 33,248</b>	<b>\$ 269,266</b>	<b>\$ 6,533</b>	<b>\$ 13,968</b>	<b>\$ -</b>	<b>\$ 1,182,470</b>	<b>\$ 40,604</b>	<b>\$ 17,752</b>	<b>\$ 1,240,826</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
ALLIANCE NURSING AND REHABILITATION CENTER

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

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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)	\$ 803,041	94%							
	Property Tax (line 40)	54,791	6%	\$ 857,832						
005	Plant Operations and Maintenance			8,870	\$ 8,870					
010	Housekeeping			2,850	30	\$ 2,880				
060	Laundry and Linen			61,932	647	211	\$ 62,790			
065	Dietary			95,397	997	325	0	\$ 96,718		
155	Social Services			9,927	104	34	0	0	\$ 10,065	
160	Activities			0	0	0	0	0	0	\$ -
165	Administration			105,516	1,102	359	0	0	0	0
166	Medical Records			17,997	188	61	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			19,630	205	67	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			27,252	285	93	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			6,821	71	23	0	0	0	0
083	Speech Pathology			6,821	71	23	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			487,966	5,099	1,661	62,790	96,718	10,065	0
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
<b>NONREIMBURSABLE</b>										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			3,651	38	12	0	0	0	0
145	Other Nonreimbursable			3,202	33	11	0	0	0	0
	<b>TOTAL</b>	<b>\$ 857,832</b>	<b>100%</b>	<b>\$ 857,832</b>	<b>\$ 8,870</b>	<b>\$ 2,880</b>	<b>\$ 62,790</b>	<b>\$ 96,718</b>	<b>\$ 10,065</b>	<b>\$ -</b>

\* (To Schedule 1)

## ALLOCATION OF CAPITAL COSTS

Provider Name:  
ALLIANCE NURSING AND REHABILITATION CENTER

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

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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)	\$ 803,041	94%							
	Property Tax (line 40)	54,791	6%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 106,977	\$ 106,977				
166	Medical Records				18,246		\$ 18,246			
170	Inservice Education - Nursing			\$ -						
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			0	19,902	611	104	\$ 20,617	\$ 19,300	\$ 1,317
077	Specialized Support Surfaces			0	0	458	78	537	502	34
080	Physical Therapy			0	27,629	6,070	1,035	34,734	32,516	2,219
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	6,915	4,086	697	11,699	10,952	747
083	Speech Pathology			0	6,915	1,701	290	8,907	8,338	569
085	Pharmacy			0	0	4,909	837	5,746	5,379	367
090	Laboratory			0	0	293	50	343	321	22
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	553	94	647	606	41
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	664,299	88,034	15,015	767,348	718,336	49,012
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	3,701	179	31	3,911	3,661	250
145	Other Nonreimbursable			0	3,247	83	14	3,344	3,130	214
	<b>TOTAL</b>	\$ 857,832	100%	\$ -	\$ 732,608	\$ 106,977	\$ 18,246	\$ 857,832	\$ 803,041	\$ 54,791

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
ALLIANCE NURSING AND REHABILITATION CENTER

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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. 53% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 8% of Total	Quality Assur. Fees 37% of Total	Caregiver Training 0% of Total
	<b>GENERAL SERVICES</b>													
045	Property Insurance	\$ 5,820												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor) Total Costs Allocable as Administration	887,311 893,131	53%											
167	CDPH Licensing Fees	32,566	2%											
168	Professional Liability Insurance	133,569	8%											
169	Quality Assurance Fees	617,019	37%											
174	Caregiver Training	0	0%											
	Total	1,676,285	100%						\$ 1,676,285					
	<b>ANCILLARY SERVICES</b>													
075	Patient Supplies			\$ -	\$ 5,920	\$ 14,172	\$ 19,902	\$ 39,994	9,570	\$ 5,099	\$ 186	\$ 763	\$ 3,523	\$ -
077	Specialized Support Surfaces			0	0	30,016	0	30,016	7,182	3,827	140	572	2,644	0
080	Physical Therapy			351,160	8,218	10,487	27,629	397,494	95,113	50,677	1,848	7,579	35,010	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			256,001	2,057	2,625	6,915	267,598	64,032	34,116	1,244	5,102	23,569	0
083	Speech Pathology			99,799	2,057	2,625	6,915	111,396	26,655	14,202	518	2,124	9,811	0
085	Pharmacy			0	0	321,462	0	321,462	76,920	40,983	1,494	6,129	28,313	0
090	Laboratory			0	0	19,164	0	19,164	4,586	2,443	89	365	1,688	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	36,210	0	36,210	8,664	4,616	168	690	3,189	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			3,574,203	788,903	737,551	664,299	5,764,955	1,379,453	734,978	26,799	109,917	507,759	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	1,101	6,927	3,701	11,729	2,807	1,495	55	224	1,033	0
145	Other Nonreimbursable			0	966	1,232	3,247	5,445	1,303	694	25	104	480	0
	<b>SUBTOTAL</b>	\$ 1,676,285		\$ 4,281,163	\$ 809,222	\$ 1,182,470	\$ 732,608	\$ 7,005,463	\$ 1,676,285					
	Total Administrative Costs							\$ 1,676,285		\$ 893,131	\$ 32,566	\$ 133,569	\$ 617,019	\$ -
	Unit Cost Multiplier							0.23928254						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 170,481	\$ 58,356	\$ 125,224	\$ 354,061							
	<b>TOTAL FACILITY COSTS</b>							\$ 9,035,809						

\* (To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
ALLIANCE NURSING AND REHABILITATION CENTER

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 15)	Plant Ops (SQ FT) 5 (Adj 15)	Hskpng (SQ FT) 10 (Adj 15)	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	277									
010	Housekeeping	89	89								
060	Laundry and Linen	1,934	1,934	1,934							
065	Dietary	2,979	2,979	2,979							
155	Social Services	310	310	310							
160	Activities										
165	Administration	3,295	3,295	3,295							
166	Medical Records	562	562	562							
170	Inservice Education - Nursing										
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	613	613	613						39,994	39,994
077	Specialized Support Surfaces									30,016	30,016
080	Physical Therapy	851	851	851						397,494	397,494
081	Respiratory Therapy									0	0
082	Occupational Therapy	213	213	213						267,598	267,598
083	Speech Pathology	213	213	213						111,396	111,396
085	Pharmacy									321,462	321,462
090	Laboratory									19,164	19,164
095	Home Health Services									0	0
100	Other Ancillary Services									36,210	36,210
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	15,238	15,238	15,238	445,200	133,560	3,492,058	3,492,058	3,492,058	5,764,955	5,764,955
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	114	114	114						11,729	11,729
145	Other Nonreimbursable	100	100	100						5,445	5,445
	<b>TOTAL STATISTICS</b>	<b>26,788</b>	<b>26,511</b>	<b>26,422</b>	<b>445,200</b>	<b>133,560</b>	<b>3,492,058</b>	<b>3,492,058</b>	<b>3,492,058</b>	<b>7,005,463</b>	<b>7,005,463</b>
	<b>TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)</b>						\$ 173,139 0.049580792	\$ 135,767 0.038878793			
	<b>TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)</b>		\$ 41,874 1.57949530	\$ 213,432 8.07779786	\$ 161,241 0.36217701	\$ 408,206 3.05634978	\$ 2,994 0.00085731	\$ - 0.00000000	\$ 69,304 0.01984618	\$ 31,821 0.00454228	\$ 138,660 0.01979318
	<b>TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)</b>		\$ 291,749 11.00482819	\$ 34,823 1.31797100	\$ 33,248 0.07468170	\$ 269,266 2.01606483	\$ 6,533 0.00187084	\$ 13,968 0.00399993	\$ - 0.00000000	\$ 40,604 0.00579599	\$ 17,752 0.00253408
	<b>TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)</b>	\$ 857,832 32.02299537	\$ 8,870 0.33459205	\$ 2,880 0.10899346	\$ 62,790 0.14103856	\$ 96,718 0.72415352	\$ 10,065 0.00288215	\$ - 0.00000000	\$ - 0.00000000	\$ 106,977 0.01527057	\$ 18,246 0.00260457

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
ALLIANCE NURSING AND REHABILITATION CENTER

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

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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	\$ 34,070	\$ 0	\$ 34,070	(Sch 3)
005	.20-.39	Fringe Benefits	6200	7,804	0	7,804	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	291,749	0	291,749	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 333,623	\$ 0	\$ 333,623	
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	213,291	0	213,291	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	33,844	0	33,844	(Sch 4)
010		Housekeeping - Total	6300	\$ 247,135	\$ 0	\$ 247,135	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 0	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	7,225	0	7,225	(Sch 5)
025		Depreciation: Equipment	7140	44,496	0	44,496	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	698,696	52,624	751,320	(Sch 5)
040		Property Taxes	7300	62,423	(7,632)	54,791	(Sch 5)
045		Property Insurance	7400	5,820	0	5,820	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	0	0	0	(Sch 6)
055		Interest - Other	7600	\$ 0	\$ 0	\$ 0	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 1,399,418	\$ 44,992	\$ 1,444,410	
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	142,564	0	142,564	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	9,416	0	9,416	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 151,980	\$ 0	\$ 151,980	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 1,599	\$ 0	\$ 1,599	(Sch 3)
065	.20-.39	Fringe Benefits	6500	1,372	0	1,372	(Sch 3)
065	.79	Agency Staff	6500	376,466	0	376,466	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	232,556	0	232,556	(Sch 4)
065		Dietary - Total	6500	\$ 611,993	\$ 0	\$ 611,993	
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	6,618	0	6,618	(Sch 4)
075		Patient Supplies - Total	8100	\$ 6,618	\$ 0	\$ 6,618	
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	30,016	0	30,016	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 30,016	\$ 0	\$ 30,016	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
ALLIANCE NURSING AND REHABILITATION CENTER

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

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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	351,160	0	351,160	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	0	0	0	(Sch 4)
080		Physical Therapy - Total	8200	\$ 351,160	\$ 0	\$ 351,160	
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	256,001	0	256,001	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	0	0	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 256,001	\$ 0	\$ 256,001	
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	99,799	0	99,799	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	0	0	0	(Sch 4)
083		Speech Pathology - Total	8280	\$ 99,799	\$ 0	\$ 99,799	
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	321,462	0	321,462	(Sch 4)
085		Pharmacy - Total	8300	\$ 321,462	\$ 0	\$ 321,462	
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	19,164	0	19,164	(Sch 4)
090		Laboratory - Total	8400	\$ 19,164	\$ 0	\$ 19,164	
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	36,210	0	36,210	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 36,210	\$ 0	\$ 36,210	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
ALLIANCE NURSING AND REHABILITATION CENTER

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

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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		\$ 1,120,430	\$ 0	\$ 1,120,430	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 2,605,845	\$ 0	\$ 2,605,845	(Sch 2)
105	.20-.39	Fringe Benefits	6110	659,452	0	659,452	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	271,238	(44,477)	226,761	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 3,536,535	\$ (44,477)	\$ 3,492,058	
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:  
ALLIANCE NURSING AND REHABILITATION CENTER

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

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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	5,522	0	5,522 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 5,522	\$ 0	\$ 5,522
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>		\$ 3,542,057	\$ (44,477)	\$ 3,497,580
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 143,307	\$ 0	\$ 143,307 (Sch 2)
155	.20-.39	Fringe Benefits	6600	29,832	0	29,832 (Sch 2)
155	.49	Agency Staff	6600	0	0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	2,713	0	2,713 (Sch 4)
155		Social Services - Total	6600	\$ 175,852	\$ 0	\$ 175,852

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
ALLIANCE NURSING AND REHABILITATION CENTER

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

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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	\$ 111,833	\$ 0	\$ 111,833	(Sch 2)
160	.20-.39	Fringe Benefits	6700	23,934	0	23,934	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	13,968	0	13,968	(Sch 4)
160		Activities - Total	6700	\$ 149,735	\$ 0	\$ 149,735	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 283,038	\$ 0	\$ 283,038	(Sch 6)
165	.20-.39	Fringe Benefits	6900	94,628	0	94,628	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	592,739	(83,094)	509,645	(Sch 6)
165		Administration - Total	6900	\$ 970,405	\$ (83,094)	\$ 887,311	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 77,182	\$ 0	\$ 77,182	(Sch 3)
166	.20-.39	Fringe Benefits	6900	56,051	0	56,051	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	10,827	0	10,827	(Sch 4)
166		Medical Records - Total	6900	\$ 144,060	\$ 0	\$ 144,060	
167		CDPH Licensing Fees	6900	\$ 32,566	\$ 0	\$ 32,566	(Sch 6)
168		Professional Liability Insurance	6900	\$ 133,569	\$ 0	\$ 133,569	(Sch 6)
169		Quality Assurance Fees	6900	\$ 617,019	\$ 0	\$ 617,019	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 57,146	\$ 0	\$ 57,146	(Sch 3)
170	.20-.39	Fringe Benefits	6800	12,158	0	12,158	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	0	0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 69,304	\$ 0	\$ 69,304	
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>		\$ 2,292,510	\$ (83,094)	\$ 2,209,416	
200		<b>Total</b>		\$ 9,118,388	\$ (82,579)	\$ 9,035,809	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 121,554	
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\* For informational purposes only, this amount is included in various cost centers above.







Provider Name:  
ALLIANCE NURSING AND REHABILITATION CENTER

Provider NPI:  
1003800343

OSHPD Facility Number:  
206190507

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

Line No.	Sub No.	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJS 6 - 9	AUDIT ADJ 10 - 14	AUDIT ADJ	AUDIT ADJ
174	3	Caregiver Training - Agency Staff	0							
174	4	Caregiver Training - Other - Nonlabor	0							
200			<u>(\$82,579)</u>	<u>0</u>	<u>(7,632)</u>	<u>(22,568)</u>	<u>(5,784)</u>	<u>(46,595)</u>	<u>0</u>	<u>0</u>
		Total	(To Sch 8)							

Provider Name							Fiscal Period			Provider NPI		Adjustments
ALLIANCE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1003800343		18
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>												
1	Not Reported			8	210		Total Facility Group Health Insurance To include group health insurance costs for informational purpose: 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$121,554	\$121,554

Provider Name							Fiscal Period	Provider NPI		Adjustments
ALLIANCE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1003800343		18
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	035	4	8A-1	035	4	Leases and Rentals	\$698,696	\$21,909	\$720,605 *
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor To reclassify equipment rental expenses to the appropriate cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8	271,238	(21,909)	249,329 *
3	10.5	035	4	8A-1	035	4	Leases and Rentals	\$720,605	\$30,715	\$751,320
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To reclassify equipment rental expenses to the appropriate cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8	592,739	(30,715)	562,024 *

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
ALLIANCE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1003800343		18
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>										
4	10.5	040	4	8A-1	040	4	Property Taxes To adjust property taxes to agree with the property tax statements. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52506 and 52501	\$62,423	(\$7,632)	\$54,791
5	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor To eliminate items not included in the routine rate. CCR, Title 22, 51511(c)	* \$249,329	(\$22,568)	\$226,761
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$562,024		
6							To eliminate prior year mileage expenses not applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1, 2304, and 2306		(\$500)	
7							To eliminate auto insurance expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2104.3		(3,668)	
8							To eliminate transportation expense not included in the routine rate. CCR, Title 22, 51511(c)		(1,115)	
9							To eliminate reimbursement expense due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304		<u>(501)</u> <u>(\$5,784)</u>	\$556,240 *

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
ALLIANCE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1003800343		18
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>											
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$556,240		
10							To eliminate auto lease expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2104.3			(\$8,366)	
11							To adjust reported equipment rental expenses to agree with the provider's amortization schedule for propriety. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(4,762)	
12							To eliminate cable television costs not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105			(15,676)	
13							To eliminate photography and picture frame expenses not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105			(12,355)	
14							To eliminate storage rental expenses due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			<u>(5,436)</u> <u>(\$46,595)</u>	\$509,645

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
ALLIANCE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1003800343		18
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<b><u>ADJUSTMENT TO REPORTED STATISTICS</u></b>											
15	10.7	105	1,2,3	7	105	N/A	Skilled Nursing Care (Square Feet)	16,287	(1,049)	15,238	
	10.7	145	1,2,3	7	145	N/A	Other Nonreimbursable	0	100	100	
	10.7	165	1,2,3	7	165	N/A	Administration	2,346	949	3,295	
							To adjust square footage statistics to agree with the prior year audit report in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306				

Provider Name							Fiscal Period	Provider NPI		Adjustments
ALLIANCE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1003800343		18
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<b><u>ADJUSTMENT TO REPORTED PATIENT DAYS</u></b>										
16	4.1	005	2	1	15	Medi-Cal Days 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 June 30, 2012 Report Date: July 20, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541	35,427	(464)	34,963	

Provider Name							Fiscal Period			Provider NPI		Adjustments
ALLIANCE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1003800343		18
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No						
<b><u>ADJUSTMENTS TO OTHER MATTERS</u></b>												
	Not Reported			1	14		Overpayments			\$0		
17							To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1				\$2,394	
18							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				<u>19,409</u> <u>\$21,803</u>	\$21,803