

**REPORT
ON THE
RATE SETTING AUDIT**

**ARDEN REHAB AND HEALTH CENTER
SACRAMENTO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1275539454**

**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: Allen Dervi
Auditors: Anita Keshishyan and Erica Nguyen**



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



EDMUND G. BROWN JR.
GOVERNOR

July 5, 2013

Hermann Muennichow, CPA
Muennichow & Associates, LLP
12814 Riverside Drive
North Hollywood, CA 91607

ARDEN REHAB AND HEALTH CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1275539454
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 \$282,314, 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.

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

cc: Administrator
Arden Rehab and Health Center
340 Alta Arden Expressway
Sacramento, CA 95825

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
ARDEN REHAB AND HEALTH CENTER

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

Provider NPI:
1275539454

OSHPD Facility No.:
206340788

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 4,668,059	\$ 107.36
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 979,712	\$ 22.53
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 896,856	\$ 20.63
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 538,530	\$ 12.39
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 27,029	\$ 0.62
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 35,215	\$ 0.81
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 331,563	\$ 7.63
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 490,813	\$ 11.29
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,523,665	\$ 35.04
11	Cost of Routine Service/Audited Total Costs	\$ 9,468,667	\$ 9,491,443	\$ 218.29
12	Total Patient Days (Adj)	43,480	43,480	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 217.77	\$ 218.29	
14	Overpayments (Adjs 11, 12)	\$ 0	\$ 282,314	
15	Medi-Cal Days (Adj 10)	35,374	33,872	
16	Medi-Cal Managed Care Days (Adj)		0	
INTERMEDIATE CARE				
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	
MENTALLY DISORDERED CARE				
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	
DEVELOPMENTALLY DISABLED CARE				
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	
SUBACUTE CARE				
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:
ARDEN REHAB AND HEALTH CENTER

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

Provider NPI:
1275539454

OSHPD Facility No.:
206340788

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SUBACUTE CARE - PEDIATRIC				
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	
TRANSITIONAL INPATIENT CARE				
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	
HOSPICE INPATIENT CARE				
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	
OTHER ROUTINE SERVICES				
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:
ARDEN REHAB AND HEALTH CENTER

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

Provider NPI:
1275539454

OSHPD Facility No.:
206340788

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Svcs	Activities	Total
			155	160	
GENERAL SERVICES					
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 88,290	\$ 88,290		
160	Activities	97,049		\$ 97,049	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
ANCILLARY SERVICES					
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	0	0	0	0
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	0	0	0	0
083	Speech Pathology	0	0	0	0
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
ROUTINE SERVICES					
105	Skilled Nursing Care	4,482,720	88,290	97,049	4,668,059 *
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 *
NONREIMBURSABLE					
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
TOTAL		\$ 4,668,059	\$ 88,290	\$ 97,049	\$ 4,668,059

* (To Schedule 1)

**ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR**

Provider Name:
ARDEN REHAB AND HEALTH CENTER

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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
	GENERAL SERVICES												
005	Plant Operations and Maintenance	\$ 94,914	\$ 94,914										
010	Housekeeping	198,811	1,262	\$ 200,073									
060	Laundry and Linen	87,466	3,914	8,361	\$ 99,741								
065	Dietary	485,652	10,576	22,595	0	\$ 518,823							
155	Social Services	N/A	1,024	2,188	0	0	\$ 3,213						
160	Activities	N/A	5,311	11,345	0	0	0	\$ 16,656					
165	Administration	N/A	6,984	14,920	0	0	0	0		\$ 21,904	\$ 21,904		
166	Medical Records	117,143	685	1,463	0	0	0	0		119,291		\$ 119,291	
170	Inservice Education - Nursing	36,058	1,502	3,209	0	0	0	0	\$ 40,768				
	ANCILLARY SERVICES												
075	Patient Supplies		880	1,880	0	0	0	0	0	2,760	52	283	\$ 3,095
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	94	514	608
080	Physical Therapy		979	2,092	0	0	0	0	0	3,071	1,140	6,209	10,420
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		979	2,092	0	0	0	0	0	3,071	941	5,125	9,137
083	Speech Pathology		979	2,092	0	0	0	0	0	3,071	375	2,040	5,486
085	Pharmacy		937	2,002	0	0	0	0	0	2,939	942	5,129	9,011
090	Laboratory		0	0	0	0	0	0	0	0	108	586	693
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	61	333	394
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
	ROUTINE SERVICES												
105	Skilled Nursing Care		58,496	124,967	99,741	518,823	3,213	16,656	40,768	862,664	18,158	98,890	979,712 *
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 *
	NONREIMBURSABLE												
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		406	866	0	0	0	0	0	1,272	33	182	1,487
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,020,044	\$ 94,914	\$ 200,073	\$ 99,741	\$ 518,823	\$ 3,213	\$ 16,656	\$ 40,768	\$ 878,849	\$ 21,904	\$ 119,291	\$ 1,020,044

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
ARDEN REHAB AND HEALTH CENTER

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 340,468	\$ 340,468										
010	Housekeeping	36,842	4,525	\$ 41,367									
060	Laundry and Linen	23,074	14,040	1,729	\$ 38,843								
065	Dietary	252,129	37,939	4,672	0	\$ 294,739							
155	Social Services	3,975	3,674	452	0	0	\$ 8,102						
160	Activities	20,427	19,050	2,346	0	0	0	\$ 41,823					
165	Administration	N/A	25,052	3,085	0	0	0	0		\$ 28,137	\$ 28,137		
166	Medical Records	16,834	2,457	303	0	0	0	0		19,593		\$ 19,593	
170	Inservice Education - Nursing	3,528	5,387	663	0	0	0	0	\$ 9,579				
ANCILLARY SERVICES													
075	Patient Supplies	7,771	3,157	389	0	0	0	0	0	11,317	67	46	\$ 11,430
077	Specialized Support Surfaces	35,934	0	0	0	0	0	0	0	35,934	121	84	36,140
080	Physical Therapy	420,615	3,513	433	0	0	0	0	0	424,560	1,464	1,020	427,044
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	344,874	3,513	433	0	0	0	0	0	348,819	1,209	842	350,870
083	Speech Pathology	129,254	3,513	433	0	0	0	0	0	133,199	481	335	134,016
085	Pharmacy	345,744	3,362	414	0	0	0	0	0	349,520	1,210	842	351,572
090	Laboratory	40,927	0	0	0	0	0	0	0	40,927	138	96	41,161
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	23,250	0	0	0	0	0	0	0	23,250	78	55	23,383
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
ROUTINE SERVICES													
105	Skilled Nursing Care	228,532	209,832	25,838	38,843	294,739	8,102	41,823	9,579	857,288	23,325	16,242	896,856 *
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 *
NONREIMBURSABLE													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	7,155	1,455	179	0	0	0	0	0	8,789	43	30	8,861
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 2,281,333	\$ 340,468	\$ 41,367	\$ 38,843	\$ 294,739	\$ 8,102	\$ 41,823	\$ 9,579	\$ 2,233,603	\$ 28,137	\$ 19,593	\$ 2,281,333

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ARDEN REHAB AND HEALTH CENTER

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

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 578,509	95%							
	Property Tax (line 40)	29,036	5%	\$ 607,545						
005	Plant Operations and Maintenance			31,191	\$ 31,191					
010	Housekeeping			7,661	415	\$ 8,075				
060	Laundry and Linen			23,767	1,286	337	\$ 25,391			
065	Dietary			64,224	3,476	912	0	\$ 68,611		
155	Social Services			6,220	337	88	0	0	\$ 6,645	
160	Activities			32,249	1,745	458	0	0	0	\$ 34,452
165	Administration			42,408	2,295	602	0	0	0	0
166	Medical Records			4,159	225	59	0	0	0	0
170	Inservice Education - Nursing			9,120	494	130	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			5,344	289	76	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			5,946	322	84	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			5,946	322	84	0	0	0	0
083	Speech Pathology			5,946	322	84	0	0	0	0
085	Pharmacy			5,691	308	81	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
	ROUTINE SERVICES									
105	Skilled Nursing Care			355,210	19,223	5,044	25,391	68,611	6,645	34,452
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
	NONREIMBURSABLE									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			2,462	133	35	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 607,545	100%	\$ 607,545	\$ 31,191	\$ 8,075	\$ 25,391	\$ 68,611	\$ 6,645	\$ 34,452

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ARDEN REHAB AND HEALTH CENTER

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

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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 95% Of Total	Property Tax 5% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 578,509	95%							
	Property Tax (line 40)	29,036	5%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 45,306	\$ 45,306				
166	Medical Records				4,443		\$ 4,443			
170	Inservice Education - Nursing			\$ 9,743						
	ANCILLARY SERVICES									
075	Patient Supplies			0	5,709	108	11	\$ 5,828	\$ 5,549	\$ 279
077	Specialized Support Surfaces			0	0	195	19	214	204	10
080	Physical Therapy			0	6,353	2,358	231	8,942	8,514	427
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	6,353	1,946	191	8,490	8,084	406
083	Speech Pathology			0	6,353	775	76	7,203	6,859	344
085	Pharmacy			0	6,080	1,948	191	8,219	7,826	393
090	Laboratory			0	0	222	22	244	233	12
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	126	12	139	132	7
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
	ROUTINE SERVICES									
105	Skilled Nursing Care			9,743	524,319	37,558	3,683	565,560	538,530	27,029 *
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 *
	NONREIMBURSABLE									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	2,631	69	7	2,706	2,577	129
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 607,545	100%	\$ 9,743	\$ 557,796	\$ 45,306	\$ 4,443	\$ 607,545	\$ 578,509	\$ 29,036

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
ARDEN REHAB AND HEALTH CENTER

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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. 64% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 14% of Total	Quality Assur. Fees 21% of Total	Caregiver Training 0% of Total
	GENERAL SERVICES													
045	Property Insurance	\$ 28,910												
055	Interest - Other	3,434												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,805,645												
	Total Costs Allocable as Administration	1,837,989	64%											
167	CDPH Licensing Fees	42,480	1%											
168	Professional Liability Insurance	399,963	14%											
169	Quality Assurance Fees	592,065	21%											
174	Caregiver Training	0	0%											
	Total	2,872,497	100%						\$ 2,872,497					
	ANCILLARY SERVICES													
075	Patient Supplies			\$ -	\$ 2,760	\$ 11,317	\$ 5,709	\$ 19,787	6,816	\$ 4,362	\$ 101	\$ 949	\$ 1,405	\$ -
077	Specialized Support Surfaces			0	0	35,934	0	35,934	12,379	7,921	183	1,724	2,552	0
080	Physical Therapy			0	3,071	424,560	6,353	433,984	149,505	95,662	2,211	20,817	30,815	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	3,071	348,819	6,353	358,243	123,413	78,966	1,825	17,184	25,437	0
083	Speech Pathology			0	3,071	133,199	6,353	142,623	49,133	31,438	727	6,841	10,127	0
085	Pharmacy			0	2,939	349,520	6,080	358,539	123,514	79,032	1,827	17,198	25,458	0
090	Laboratory			0	0	40,927	0	40,927	14,099	9,021	209	1,963	2,906	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	23,250	0	23,250	8,009	5,125	118	1,115	1,651	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
	ROUTINE SERVICES													
105	Skilled Nursing Care			4,668,059	862,664	857,288	524,319	6,912,330	2,381,256	1,523,665	35,215	331,563	490,813	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
	NONREIMBURSABLE													
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	1,272	8,789	2,631	12,691	4,372	2,797	65	609	901	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 2,872,497		\$ 4,668,059	\$ 878,849	\$ 2,233,603	\$ 557,796	\$ 8,338,308	\$ 2,872,497					
	Total Administrative Costs							\$ 2,872,497		\$ 1,837,989	\$ 42,480	\$ 399,963	\$ 592,065	\$ -
	Unit Cost Multiplier							0.34449400						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 141,195	\$ 47,730	\$ 49,749	\$ 238,673							
	TOTAL FACILITY COSTS							\$ 11,449,478						

(To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
ARDEN REHAB AND HEALTH CENTER

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj)	Plant Ops (SQ FT) 5 (Adj 7)	Hskpng (SQ FT) 10 (Adj 7)	Laundry (LBS) 60 (Adj 8)	Dietary (MEALS) 65 (Adj 9)	Soc Svcs (DIRECT EXP) 155 (Adj)	Activities (DIRECT EXP) 160 (Adj)	Inserv. Ed (DIRECT EXP) 170 (Adj)	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	1,710									
010	Housekeeping	420	420								
060	Laundry and Linen	1,303	1,303	1,303							
065	Dietary	3,521	3,521	3,521							
155	Social Services	341	341	341							
160	Activities	1,768	1,768	1,768							
165	Administration	2,325	2,325	2,325							
166	Medical Records	228	228	228							
170	Inservice Education - Nursing	500	500	500							
	ANCILLARY SERVICES										
075	Patient Supplies	293	293	293						19,787	19,787
077	Specialized Support Surfaces									35,934	35,934
080	Physical Therapy	326	326	326						433,984	433,984
081	Respiratory Therapy									0	0
082	Occupational Therapy	326	326	326						358,243	358,243
083	Speech Pathology	326	326	326						142,623	142,623
085	Pharmacy	312	312	312						358,539	358,539
090	Laboratory									40,927	40,927
095	Home Health Services									0	0
100	Other Ancillary Services									23,250	23,250
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	19,474	19,474	19,474	113,048	130,440	4,711,252	4,711,252	4,711,252	6,912,330	6,912,330
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
	NONREIMBURSABLE										
139	Residential Care									0	0
140	Beauty and Barber	135	135	135						12,691	12,691
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	33,308	31,598	31,178	113,048	130,440	4,711,252	4,711,252	4,711,252	8,338,308	8,338,308
	TOTAL DIRECT SALARIES COSTS - SCH. 2						\$ 88,290	\$ 97,049			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.018740241	0.020599408			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		\$ 94,914	\$ 200,073	\$ 99,741	\$ 518,823	\$ 3,213	\$ 16,656	\$ 40,768	\$ 21,904	\$ 119,291
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		3.00379771	6.41710806	0.88229283	3.97748397	0.00068188	0.00353540	0.00865342	0.00262687	0.01430638
	TOTAL INDIRECT OTHER COSTS - SCH. 4		\$ 340,468	\$ 41,367	\$ 38,843	\$ 294,739	\$ 8,102	\$ 41,823	\$ 9,579	\$ 28,137	\$ 19,593
	UNIT COST MULTIPLIER (INDIRECT OTHER)		10.77498576	1.32681679	0.34359430	2.25957871	0.00171965	0.00887726	0.00203320	0.00337439	0.00234978
	TOTAL CAPITAL COSTS - SCH. 5	\$ 607,545	\$ 31,191	\$ 8,075	\$ 25,391	\$ 68,611	\$ 6,645	\$ 34,452	\$ 9,743	\$ 45,306	\$ 4,443
	UNIT COST MULTIPLIER (CAPITAL COSTS)	18.24021256	0.98711195	0.25901201	0.22460102	0.52599962	0.00141042	0.00731267	0.00206806	0.00543344	0.00053283

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ARDEN REHAB AND HEALTH CENTER

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

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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	\$ 76,819	\$ 0	\$ 76,819	(Sch 3)
005	.20-.39	Fringe Benefits	6200	18,095	0	18,095	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	340,824	(356)	340,468	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 435,738	\$ (356)	\$ 435,382	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 159,960	\$ 0	\$ 159,960	(Sch 3)
010	.20-.39	Fringe Benefits	6300	38,851	0	38,851	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	36,842	0	36,842	(Sch 4)
010		Housekeeping - Total	6300	\$ 235,653	\$ 0	\$ 235,653	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 0	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	1,846	0	1,846	(Sch 5)
025		Depreciation: Equipment	7140	1,173	0	1,173	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	540,199	35,291	575,490	(Sch 5)
040		Property Taxes	7300	26,040	2,996	29,036	(Sch 5)
045		Property Insurance	7400	28,910	0	28,910	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500	0	0	0	(Sch 5)
055		Interest - Other	7600	\$ 3,434	\$ 0	\$ 3,434	(Sch 6)
057		Subtotal 005 - 055		\$ 1,272,993	\$ 37,931	\$ 1,310,924	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 69,629	\$ 0	\$ 69,629	(Sch 3)
060	.20-.39	Fringe Benefits	6400	17,837	0	17,837	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	23,074	0	23,074	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 110,540	\$ 0	\$ 110,540	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 388,766	\$ 0	\$ 388,766	(Sch 3)
065	.20-.39	Fringe Benefits	6500	96,886	0	96,886	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	253,144	(1,015)	252,129	(Sch 4)
065		Dietary - Total	6500	\$ 738,796	\$ (1,015)	\$ 737,781	
070		Provision for Bad Debts	7700	\$ 0	0	\$ 0	
		Ancillary Services					
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	7,771	0	7,771	(Sch 4)
075		Patient Supplies - Total	8100	\$ 7,771	\$ 0	\$ 7,771	
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	35,934	0	35,934	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 35,934	\$ 0	\$ 35,934	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ARDEN REHAB AND HEALTH CENTER

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

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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	0	0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	420,615	0	420,615	(Sch 4)
080		Physical Therapy - Total	8200	\$ 420,615	\$ 0	\$ 420,615	
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	0	0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	344,874	0	344,874	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 344,874	\$ 0	\$ 344,874	
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	0	0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	129,254	0	129,254	(Sch 4)
083		Speech Pathology - Total	8280	\$ 129,254	\$ 0	\$ 129,254	
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	345,744	0	345,744	(Sch 4)
085		Pharmacy - Total	8300	\$ 345,744	\$ 0	\$ 345,744	
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	40,927	0	40,927	(Sch 4)
090		Laboratory - Total	8400	\$ 40,927	\$ 0	\$ 40,927	
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	23,250	0	23,250	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 23,250	\$ 0	\$ 23,250	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ARDEN REHAB AND HEALTH CENTER

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

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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		\$ 1,348,369	\$ 0	\$ 1,348,369	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 3,589,641	\$ 0	\$ 3,589,641	(Sch 2)
105	.20-.39	Fringe Benefits	6110	893,079	0	893,079	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	242,874	(14,342)	228,532	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 4,725,594	\$ (14,342)	\$ 4,711,252	
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)

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
 ARDEN REHAB AND HEALTH CENTER

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

Provider NPI:
 1275539454

OSHPD Facility Number:
 206340788

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
126	.40-.99	Other - Nonlabor	6160	0	0	0
126		Subacute Care - Pediatric - Total	6160	\$ 0	\$ 0	\$ 0

(Sch 4)

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ARDEN REHAB AND HEALTH CENTER

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

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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)
		Other Nonreimbursable				
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	0	7,155	7,155 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 0	\$ 7,155	\$ 7,155
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		Subtotal 105 - 145		\$ 4,725,594	\$ (7,187)	\$ 4,718,407
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 71,914	\$ 0	\$ 71,914 (Sch 2)
155	.20-.39	Fringe Benefits	6600	16,376	0	16,376 (Sch 2)
155	.49	Agency Staff	6600	0	0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	3,975	0	3,975 (Sch 4)
155		Social Services - Total	6600	\$ 92,265	\$ 0	\$ 92,265

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ARDEN REHAB AND HEALTH CENTER

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

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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	\$ 78,148	\$ 0	\$ 78,148	(Sch 2)
160	.20-.39	Fringe Benefits	6700	18,901	0	18,901	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	20,427	0	20,427	(Sch 4)
160		Activities - Total	6700	\$ 117,476	\$ 0	\$ 117,476	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 398,927	\$ 0	\$ 398,927	(Sch 6)
165	.20-.39	Fringe Benefits	6900	173,663	0	173,663	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	1,238,181	(5,126)	1,233,055	(Sch 6)
165		Administration - Total	6900	\$ 1,810,771	\$ (5,126)	\$ 1,805,645	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 92,685	\$ 0	\$ 92,685	(Sch 3)
166	.20-.39	Fringe Benefits	6900	24,458	0	24,458	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	16,834	0	16,834	(Sch 4)
166		Medical Records - Total	6900	\$ 133,977	\$ 0	\$ 133,977	
167		CDPH Licensing Fees	6900	\$ 42,480	\$ 0	\$ 42,480	(Sch 6)
168		Professional Liability Insurance	6900	\$ 408,915	\$ (8,952)	\$ 399,963	(Sch 6)
169		Quality Assurance Fees	6900	\$ 592,065	\$ 0	\$ 592,065	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 31,295	\$ 0	\$ 31,295	(Sch 3)
170	.20-.39	Fringe Benefits	6800	4,763	0	4,763	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	3,528	0	3,528	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 39,586	\$ 0	\$ 39,586	
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	
		Subtotal 155 - 174		\$ 3,237,535	\$ (14,078)	\$ 3,223,457	
200		Total		\$ 11,433,827	\$ 15,651	\$ 11,449,478	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 13,255	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
ARDEN REHAB AND HEALTH CENTER

Provider NPI:
1275539454

OSHPD Facility Number:
206340788

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

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ	AUDIT ADJ
005	1	Plant Operations and Maintenance - Salaries and Wages	0							
005	2	Plant Operations and Maintenance - Fringe Benefits	0							
005	3	Plant Operations and Maintenance - Agency Staff	0							
005	4	Plant Operations and Maintenance - Other - Nonlabor	(356)	(356)						
010	1	Housekeeping - Salaries and Wages	0							
010	2	Housekeeping - Fringe Benefits	0							
010	3	Housekeeping - Agency Staff	0							
010	4	Housekeeping - Other - Nonlabor	0							
015	4	Depreciation: Buildings and Improvements	0							
020	4	Depreciation: Leasehold Improvements	0							
025	4	Depreciation: Equipment	0							
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	35,291	35,291						
040	4	Property Taxes	2,996				2,996			
045	4	Property Insurance	0							
050	4	Interest - Property, Plant, and Equipment	0							
055	4	Interest - Other	0							
060	1	Laundry and Linen - Salaries and Wages	0							
060	2	Laundry and Linen - Fringe Benefits	0							
060	3	Laundry and Linen - Agency Staff	0							
060	4	Laundry and Linen - Other - Nonlabor	0							
065	1	Dietary - Salaries and Wages	0							
065	2	Dietary - Fringe Benefits	0							
065	3	Dietary - Agency Staff	0							
065	4	Dietary - Other - Nonlabor	(1,015)	(1,015)						
070	4	Provision for Bad Debts	0							
075	1	Patient Supplies - Salaries and Wages	0							
075	2	Patient Supplies - Fringe Benefits	0							
075	3	Patient Supplies - Agency Staff	0							
075	4	Patient Supplies - Other - Nonlabor	0							
077	1	Specialized Support Surfaces - Salaries and Wages	0							
077	2	Specialized Support Surfaces - Fringe Benefits	0							
077	3	Specialized Support Surfaces - Agency Staff	0							
077	4	Specialized Support Surfaces - Other - Nonlabor	0							
080	1	Physical Therapy - Salaries and Wages	0							
080	2	Physical Therapy - Fringe Benefits	0							
080	3	Physical Therapy - Agency Staff	0							
080	4	Physical Therapy - Other - Nonlabor	0							
081	1	Respiratory Therapy - Salaries and Wages	0							
081	2	Respiratory Therapy - Fringe Benefits	0							
081	3	Respiratory Therapy - Agency Staff	0							
081	4	Respiratory Therapy - Other - Nonlabor	0							
082	1	Occupational Therapy - Salaries and Wages	0							
082	2	Occupational Therapy - Fringe Benefits	0							
082	3	Occupational Therapy - Agency Staff	0							
082	4	Occupational Therapy - Other - Nonlabor	0							
083	1	Speech Pathology - Salaries and Wages	0							
083	2	Speech Pathology - Fringe Benefits	0							
083	3	Speech Pathology - Agency Staff	0							

Provider Name							Fiscal Period			Provider NPI		Adjustments
ARDEN REHAB AND HEALTH CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1275539454		12
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 total group health insurance cost for informational purposes. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$13,255	\$13,255

Provider Name							Fiscal Period	Provider NPI		Adjustments	
ARDEN REHAB AND HEALTH CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1275539454		12	
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>RECLASSIFICATIONS OF REPORTED COSTS</u>											
2	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	\$340,824	(\$356)	\$340,468	
	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor	253,144	(1,015)	252,129	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	242,874	(19,842)	223,032 *	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	1,238,181	(14,078)	1,224,103 *	
	10.5	035	4	8A-1	035	4	Leases and Rentals	540,199	35,291	575,490	
							To reclassify lease expenses from the using cost centers to the Leases and Rentals cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000(e) and 52501 W&I Code 14126.023				
3	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	\$408,915	(\$8,952)	\$399,963	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 1,224,103	8,952	1,233,055	
							To reclassify all other insurance expense from the Professional Liability Insurance cost center to Administration cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2304 and 2162 CCR, Title 22, Sections 52000(b), 52501 and 52507				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
ARDEN REHAB AND HEALTH CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1275539454		12	
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>ADJUSTMENTS TO REPORTED COSTS</u>											
4	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor To include utilization expense for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	*	\$223,032	\$5,500	\$228,532
5	10.5	040	4	8A-1	040	4	Property Taxes To adjust the reported property tax expense to agree with the provider's paid invoices. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304		\$26,040	\$2,996	\$29,036
6	10.5	140	4	8A-1	140	4	Beauty and Barber To include beauty and barber cost 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		\$0	\$7,155	\$7,155

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
ARDEN REHAB AND HEALTH CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1275539454		12
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					
<u>ADJUSTMENTS TO REPORTED STATISTICS</u>											
7	10.7	010	2	7	010	N/A	Housekeeping (Square Feet)	0	420	420	
	10.7	060	2, 3	7	060	N/A	Laundry and Linen	0	1,303	1,303	
	10.7	065	2, 3	7	065	N/A	Dietary	0	3,521	3,521	
	10.7	075	2, 3	7	075	N/A	Patient Supplies	0	293	293	
	10.7	080	2, 3	7	080	N/A	Physical Therapy	0	326	326	
	10.7	082	2, 3	7	082	N/A	Occupational Therapy	0	326	326	
	10.7	083	2, 3	7	083	N/A	Speech Pathology	0	326	326	
	10.7	085	2, 3	7	085	N/A	Pharmacy	0	312	312	
	10.7	105	2, 3	7	105	N/A	Skilled Nursing Care	0	19,474	19,474	
	10.7	140	2, 3	7	140	N/A	Beauty and Barber	0	135	135	
	10.7	155	2, 3	7	155	N/A	Social Services	0	341	341	
	10.7	160	2, 3	7	160	N/A	Activities	0	1,768	1,768	
	10.7	165	2, 3	7	165	N/A	Administration	0	2,325	2,325	
	10.7	166	2, 3	7	166	N/A	Medical Records	0	228	228	
	10.7	170	2, 3	7	170	N/A	Inservice Education - Nursing	0	500	500	
	10.7	175	2	7	N/A	N/A	Total Statistics - Square Feet	0	31,598	31,598	
	10.7	175	3	7	N/A	N/A	Total Statistics - Square Feet	0	31,178	31,178	
							To establish the proper square footage statistics in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306				
8	10.7	105	4	7	105		Skilled Nursing Care (Pounds of Laundry)	0	113,048	113,048	
	10.7	175	4	7	N/A		Total - Pounds of Laundry	0	113,048	113,048	
							To establish the proper laundry pounds statistics in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306				
9	10.7	105	5	7	105		Skilled Nursing Care (Meals Served)	0	130,440	130,440	
	10.7	175	5	7	N/A		Total - Meals Served	0	130,440	130,440	
							To establish the proper patient meals statistics 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
ARDEN REHAB AND HEALTH CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1275539454		12
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA</u>										
10	4.1	5	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 October 2, 2012 Report Date: October 2, 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	35,374	(1,502)	33,872	

Provider Name							Fiscal Period			Provider NPI		Adjustments
ARDEN REHAB AND HEALTH CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1275539454		12
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>ADJUSTMENTS TO OTHER MATTERS</u>												
11	Not Reported			1	14		Overpayments To recover Medi-Cal overpayments for the bedhold days. 42 CFR 433.139, 413.20 and 413.24 CMS Pub. 15-1, Sections 2205.1 and 2409 CCR, Title 22, Sections 51458.1 and 51535.1(b)		\$0	\$563	\$563 *	
12	Not Reported			1	14		Overpayment 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	*	\$563	\$281,751	\$282,314	

*Balance carried forward from prior/to subsequent adjustments