

**REPORT
ON THE
RATE SETTING AUDIT**

**AVALON CARE CENTER - SONORA
SONORA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1356335384**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Michael Harrold
Audit Supervisor: Linda King
Auditor: Adrian Peña**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

July 16, 2013

David Slawson
Director of Finance
Avalon Health Care Management, Inc.
206 North 2100 West
Salt Lake City, Utah 84116

AVALON CARE CENTER - SONORA
NATIONAL PROVIDER IDENTIFIER (NPI) 1356335384
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 \$140, which resulted from Medi-Cal overpayments
3. Audited Allocation of Home Office Cost

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

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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 Rate Development Division.

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

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

David Slawson
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If you have questions regarding this report, you may call the Audits Section—Fresno at (559) 446-2458.

Original Signed by

Michael A. Harrold, Chief
Audits Section—Fresno
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
AVALON CARE CENTER - SONORA

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

Provider NPI:
1356335384

OSHPD Facility No.:
206554007

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	\$ 4,095,259	\$ 96.61
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 881,036	\$ 20.78
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 1,094,685	\$ 25.82
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 1,592,898	\$ 37.58
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 85,878	\$ 2.03
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 27,423	\$ 0.65
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 30,068	\$ 0.71
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 51,082	\$ 1.21
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 486,192	\$ 11.47
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 819,962	\$ 19.34
11	Cost of Routine Service/Audited Total Costs	\$ 9,599,008.00	\$ 9,164,482	\$ 216.19
12	Total Patient Days (Adj 21)	42,384	42,391	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 226.48	\$ 216.19	
14	Overpayments (Adj 23)	\$ 0	\$ (140)	
15	Medi-Cal Days (Adj 22)	31,986	31,833	
16	Medi-Cal Managed Care Days (Adj)		0	
INTERMEDIATE CARE				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
18	Total Patient Days (Adj)		0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj)	\$	\$ 0	
MENTALLY DISORDERED CARE				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
22	Total Patient Days (Adj)		0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj)	\$	\$ 0	
DEVELOPMENTALLY DISABLED CARE				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
26	Total Patient Days (Adj)		0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj)	\$	\$ 0	
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:
AVALON CARE CENTER - SONORA

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

Provider NPI:
1356335384

OSHPD Facility No.:
206554007

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

**ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR**

Provider Name:
AVALON CARE CENTER - SONORA

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

Provider NPI:
1356335384

OSHPD Facility No.:
206554007

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
	GENERAL SERVICES				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 111,258	\$ 111,258		
160	Activities	119,129		\$ 119,129	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	ANCILLARY SERVICES				
075	Patient Supplies	27,790	0	0	27,790
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	3,864,872	111,258	119,129	4,095,259 *
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	\$ 4,123,049	\$ 111,258	\$ 119,129	\$ 4,123,049

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
AVALON CARE CENTER - SONORA

Provider NPI:
1356335384

OSHPD Facility Number:
206554007

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	\$ 65,058	\$ 65,058										
010	Housekeeping	163,854	1,267	\$ 165,121									
060	Laundry and Linen	87,052	1,613	4,176	\$ 92,841								
065	Dietary	430,905	7,131	18,459	834	\$ 457,329							
155	Social Services	N/A	567	1,467	0	0	\$ 2,033						
160	Activities	N/A	836	2,163	12,224	0	0	\$ 15,222					
165	Administration	N/A	3,429	8,876	0	0	0	0		\$ 12,304	\$ 12,304		
166	Medical Records	71,667	540	1,398	0	0	0	0		73,605		\$ 73,605	
170	Inservice Education - Nursing	97,966	0	0	0	0	0	0	\$ 97,966				
ANCILLARY SERVICES													
075	Patient Supplies		836	2,163	0	0	0	0	0	2,998	134	804	\$ 3,936
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	207	1,241	1,448
080	Physical Therapy		2,671	6,914	1,987	0	0	0	0	11,572	610	3,649	15,831
081	Respiratory Therapy		0	0	0	0	0	0	0	0	25	148	173
082	Occupational Therapy		547	1,415	0	0	0	0	0	1,962	335	2,001	4,298
083	Speech Pathology		627	1,622	0	0	0	0	0	2,249	176	1,054	3,479
085	Pharmacy		0	0	0	0	0	0	0	0	300	1,792	2,092
090	Laboratory		0	0	0	0	0	0	0	0	20	118	137
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	13	76	89
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		44,409	114,951	76,475	457,329	2,033	15,222	97,966	808,385	10,406	62,245	881,036 *
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		587	1,519	1,322	0	0	0	0	3,427	80	476	3,982
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 916,502	\$ 65,058	\$ 165,121	\$ 92,841	\$ 457,329	\$ 2,033	\$ 15,222	\$ 97,966	\$ 830,593	\$ 12,304	\$ 73,605	\$ 916,502

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
AVALON CARE CENTER - SONORA

Provider NPI:
1356335384

OSHPD Facility Number:
206554007

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 Srvs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 374,126	\$ 374,126										
010	Housekeeping	23,507	7,284	\$ 30,791									
060	Laundry and Linen	213,671	9,278	779	\$ 223,727								
065	Dietary	359,509	41,009	3,442	2,010	\$ 405,970							
155	Social Services	2,233	3,259	274	0	0	\$ 5,765						
160	Activities	16,887	4,805	403	29,456	0	0	\$ 51,552					
165	Administration	N/A	19,718	1,655	0	0	0	0		\$ 21,374	\$ 21,374		
166	Medical Records	1,976	3,105	261	0	0	0	0		5,342		\$ 5,342	
170	Inservice Education - Nursing	10,417	0	0	0	0	0	0	\$ 10,417				
ANCILLARY SERVICES													
075	Patient Supplies	37,337	4,805	403	0	0	0	0	0	42,545	233	58	\$ 42,837
077	Specialized Support Surfaces	150,669	0	0	0	0	0	0	0	150,669	360	90	151,119
080	Physical Therapy	331,523	15,361	1,289	4,788	0	0	0	0	352,961	1,060	265	354,285
081	Respiratory Therapy	17,955	0	0	0	0	0	0	0	17,955	43	11	18,009
082	Occupational Therapy	221,757	3,144	264	0	0	0	0	0	225,165	581	145	225,891
083	Speech Pathology	103,676	3,604	302	0	0	0	0	0	107,582	306	77	107,965
085	Pharmacy	217,567	0	0	0	0	0	0	0	217,567	520	130	218,217
090	Laboratory	14,279	0	0	0	0	0	0	0	14,279	34	9	14,322
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	9,286	0	0	0	0	0	0	0	9,286	22	6	9,314
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	137,285	255,381	21,436	184,287	405,970	5,765	51,552	10,417	1,072,093	18,075	4,518	1,094,685 *
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	29,779	3,374	283	3,186	0	0	0	0	36,622	138	35	36,794
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 2,273,439	\$ 374,126	\$ 30,791	\$ 223,727	\$ 405,970	\$ 5,765	\$ 51,552	\$ 10,417	\$ 2,246,723	\$ 21,374	\$ 5,342	\$ 2,273,439

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
 AVALON CARE CENTER - SONORA

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

Provider NPI:
 1356335384

OSHPD Facility Number:
 206554007

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)	\$ 1,756,352	95%							
	Property Tax (line 40)	94,690	5%	\$ 1,851,042						
005	Plant Operations and Maintenance			41,112	\$ 41,112					
010	Housekeeping			35,239	800	\$ 36,040				
060	Laundry and Linen			44,883	1,020	911	\$ 46,814			
065	Dietary			198,390	4,506	4,029	421	\$ 207,346		
155	Social Services			15,765	358	320	0	0	\$ 16,443	
160	Activities			23,245	528	472	6,164	0	0	\$ 30,409
165	Administration			95,393	2,167	1,937	0	0	0	0
166	Medical Records			15,023	341	305	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			23,245	528	472	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			74,311	1,688	1,509	1,002	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			15,208	345	309	0	0	0	0
083	Speech Pathology			17,434	396	354	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
ROUTINE SERVICES										
105	Skilled Nursing Care			1,235,471	28,064	25,089	38,562	207,346	16,443	30,409
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			16,321	371	331	667	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 1,851,042	100%	\$ 1,851,042	\$ 41,112	\$ 36,040	\$ 46,814	\$ 207,346	\$ 16,443	\$ 30,409

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
AVALON CARE CENTER - SONORA

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

Provider NPI:
1356335384

OSHPD Facility Number:
206554007

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)	\$ 1,756,352	95%							
	Property Tax (line 40)	94,690	5%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 99,497	\$ 99,497				
166	Medical Records				15,669		\$ 15,669			
170	Inservice Education - Nursing			\$ -						
	ANCILLARY SERVICES									
075	Patient Supplies			0	24,246	1,086	171	\$ 25,503	\$ 24,198	\$ 1,305
077	Specialized Support Surfaces			0	0	1,678	264	1,942	1,842	99
080	Physical Therapy			0	78,510	4,933	777	84,220	79,912	4,308
081	Respiratory Therapy			0	0	200	31	231	220	12
082	Occupational Therapy			0	15,863	2,705	426	18,994	18,023	972
083	Speech Pathology			0	18,184	1,425	224	19,834	18,819	1,015
085	Pharmacy			0	0	2,422	381	2,804	2,660	143
090	Laboratory			0	0	159	25	184	175	9
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	103	16	120	114	6
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			0	1,581,383	84,142	13,251	1,678,776	1,592,898	85,878
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	17,690	643	101	18,434	17,491	943
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 1,851,042	100%	\$ -	\$ 1,735,876	\$ 99,497	\$ 15,669	\$ 1,851,042	\$ 1,756,352	\$ 94,690

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
AVALON CARE CENTER - SONORA

Provider NPI:
1356335384

OSHPD Facility Number:
206554007

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. 58% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 2% of Total	Quality Assur. Fees 34% of Total	Caregiver Training 4% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 13,820												
055	Interest - Other	810												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	954,969												
	Total Costs Allocable as Administration	969,599	58%											
167	CDPH Licensing Fees	32,427	2%											
168	Professional Liability Insurance	35,555	2%											
169	Quality Assurance Fees	574,919	34%											
174	Caregiver Training	60,404	4%											
	Total	1,672,904	100%						\$ 1,672,904					
ANCILLARY SERVICES														
075	Patient Supplies			\$ 27,790	\$ 2,998	\$ 42,545	\$ 24,246	\$ 97,579	18,267	\$ 10,588	\$ 354	\$ 388	\$ 6,278	\$ 660
077	Specialized Support Surfaces			0	0	150,669	0	150,669	28,206	16,348	547	599	9,693	1,018
080	Physical Therapy			0	11,572	352,961	78,510	443,043	82,940	48,071	1,608	1,763	28,503	2,995
081	Respiratory Therapy			0	0	17,955	0	17,955	3,361	1,948	65	71	1,155	121
082	Occupational Therapy			0	1,962	225,165	15,863	242,989	45,489	26,365	882	967	15,633	1,642
083	Speech Pathology			0	2,249	107,582	18,184	128,015	23,965	13,890	465	509	8,236	865
085	Pharmacy			0	0	217,567	0	217,567	40,730	23,606	789	866	13,997	1,471
090	Laboratory			0	0	14,279	0	14,279	2,673	1,549	52	57	919	97
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	9,286	0	9,286	1,738	1,008	34	37	597	63
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			4,095,259	808,385	1,072,093	1,581,383	7,557,120	1,414,726	819,962	27,423	30,068	486,192	51,082
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	3,427	36,622	17,690	57,739	10,809	6,265	210	230	3,715	390
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 1,672,904		\$ 4,123,049	\$ 830,593	\$ 2,246,723	\$ 1,735,876	\$ 8,936,241	\$ 1,672,904					
	Total Administrative Costs							\$ 1,672,904		\$ 969,599	\$ 32,427	\$ 35,555	\$ 574,919	\$ 60,404
	Unit Cost Multiplier							0.18720444						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 85,909	\$ 26,716	\$ 115,166	\$ 227,791							
	TOTAL FACILITY COSTS							\$ 10,836,936						

*(To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
AVALON CARE CENTER - SONORA

Provider NPI:
1356335384

OSHPD Facility Number:
206554007

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 19)	Plant Ops (SQ FT) 5 (Adj 19)	Hskpng (SQ FT) 10 (Adj 19)	Laundry (LBS) 60 (Adj 20)	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)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	665									
010	Housekeeping	570	570								
060	Laundry and Linen	726	726	726							
065	Dietary	3,209	3,209	3,209	4,099						
155	Social Services	255	255	255							
160	Activities	376	376	376	60,060						
165	Administration	1,543	1,543	1,543							
166	Medical Records	243	243	243							
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies	376	376	376						97,579	97,579
077	Specialized Support Surfaces									150,669	150,669
080	Physical Therapy	1,202	1,202	1,202	9,762					443,043	443,043
081	Respiratory Therapy									17,955	17,955
082	Occupational Therapy	246	246	246						242,989	242,989
083	Speech Pathology	282	282	282						128,015	128,015
085	Pharmacy									217,567	217,567
090	Laboratory									14,279	14,279
095	Home Health Services									0	0
100	Other Ancillary Services									9,286	9,286
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	19,984	19,984	19,984	375,753	127,152	4,002,157	4,002,157	4,002,157	7,557,120	7,557,120
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	264	264	264	6,496					57,739	57,739
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	29,941	29,276	28,706	456,170	127,152	4,002,157	4,002,157	4,002,157	8,936,241	8,936,241
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 111,258 0.027799509	\$ 119,129 0.029766199			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 65,058 2.22222981	\$ 165,121 5.75213095	\$ 92,841 0.20352366	\$ 457,329 3.59671077	\$ 2,033 0.00050809	\$ 15,222 0.00380345	\$ 97,966 0.02447830	\$ 12,304 0.00137691	\$ 73,605 0.00823666
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 374,126 12.77927313	\$ 30,791 1.07263937	\$ 223,727 0.49044762	\$ 405,970 3.19279392	\$ 5,765 0.00144053	\$ 51,552 0.01288096	\$ 10,417 0.00260285	\$ 21,374 0.00239178	\$ 5,342 0.00059779
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 1,851,042 61.82298520	\$ 41,112 1.40429994	\$ 36,040 1.25547107	\$ 46,814 0.10262508	\$ 207,346 1.63069260	\$ 16,443 0.00410856	\$ 30,409 0.00759820	\$ - 0.00000000	\$ 99,497 0.01113409	\$ 15,669 0.00175346

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
AVALON CARE CENTER - SONORA

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

Provider NPI:
1356335384

OSHPD Facility Number:
206554007

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	\$ 48,157	\$ (100)	\$ 48,057	(Sch 3)
005	.20-.39	Fringe Benefits	6200	32,783	(15,782)	17,001	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	379,827	(5,701)	374,126	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 460,767	\$ (21,583)	\$ 439,184	
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	163,854	0	163,854	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	23,507	0	23,507	(Sch 4)
010		Housekeeping - Total	6300	\$ 187,361	\$ 0	\$ 187,361	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 48,574	\$ 0	\$ 48,574	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	3,707	0	3,707	(Sch 5)
025		Depreciation: Equipment	7140	316,740	0	316,740	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	5,083	0	5,083	(Sch 5)
035		Leases and Rentals	7200	29,095	5,701	34,796	(Sch 5)
040		Property Taxes	7300	94,690	0	94,690	(Sch 5)
045		Property Insurance	7400	13,820	0	13,820	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500	1,323,455	23,997	1,347,452	(Sch 5)
055		Interest - Other	7600	\$ 24,807	\$ (23,997)	\$ 810	(Sch 6)
057		Subtotal 005 - 055		\$ 2,508,099	\$ (15,882)	\$ 2,492,217	
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	87,052	0	87,052	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	213,671	0	213,671	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 300,723	\$ 0	\$ 300,723	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 367,413	\$ (76,727)	\$ 290,686	(Sch 3)
065	.20-.39	Fringe Benefits	6500	155,903	(15,684)	140,219	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	359,509	0	359,509	(Sch 4)
065		Dietary - Total	6500	\$ 882,825	\$ (92,411)	\$ 790,414	
070		Provision for Bad Debts	7700	\$ 0	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 21,007	\$ 0	\$ 21,007	(Sch 2)
075	.20-.39	Fringe Benefits	8100	9,295	(2,512)	6,783	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	37,337	0	37,337	(Sch 4)
075		Patient Supplies - Total	8100	\$ 67,639	\$ (2,512)	\$ 65,127	
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	150,669	0	150,669	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 150,669	\$ 0	\$ 150,669	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
AVALON CARE CENTER - SONORA

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

Provider NPI:
1356335384

OSHPD Facility Number:
206554007

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	331,523	0	331,523	(Sch 4)
080		Physical Therapy - Total	8200	\$ 331,523	\$ 0	\$ 331,523	
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	17,955	0	17,955	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 17,955	\$ 0	\$ 17,955	
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	221,757	0	221,757	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 221,757	\$ 0	\$ 221,757	
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	103,676	0	103,676	(Sch 4)
083		Speech Pathology - Total	8280	\$ 103,676	\$ 0	\$ 103,676	
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	217,567	0	217,567	(Sch 4)
085		Pharmacy - Total	8300	\$ 217,567	\$ 0	\$ 217,567	
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	14,279	0	14,279	(Sch 4)
090		Laboratory - Total	8400	\$ 14,279	\$ 0	\$ 14,279	
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	9,286	0	9,286	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 9,286	\$ 0	\$ 9,286	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
AVALON CARE CENTER - SONORA

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

Provider NPI:
1356335384

OSHPD Facility Number:
206554007

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		\$ 1,134,351	\$ (2,512)	\$ 1,131,839	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 3,011,804	\$ (20,897)	\$ 2,990,907	(Sch 2)
105	.20-.39	Fringe Benefits	6110	1,052,346	(178,381)	873,965	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	137,285	0	137,285	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 4,201,435	\$ (199,278)	\$ 4,002,157	
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:
AVALON CARE CENTER - SONORA

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

Provider NPI:
1356335384

OSHPD Facility Number:
206554007

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	29,779	0	29,779 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 29,779	\$ 0	\$ 29,779
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		\$ 4,231,214	\$ (199,278)	\$ 4,031,936
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 90,229	\$ 0	\$ 90,229 (Sch 2)
155	.20-.39	Fringe Benefits	6600	20,801	228	21,029 (Sch 2)
155	.49	Agency Staff	6600	0	0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	2,233	0	2,233 (Sch 4)
155		Social Services - Total	6600	\$ 113,263	\$ 228	\$ 113,491

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
AVALON CARE CENTER - SONORA

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

Provider NPI:
1356335384

OSHPD Facility Number:
206554007

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	\$ 93,345	\$ 0	\$ 93,345	(Sch 2)
160	.20-.39	Fringe Benefits	6700	32,274	(6,490)	25,784	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	16,887	0	16,887	(Sch 4)
160		Activities - Total	6700	\$ 142,506	\$ (6,490)	\$ 136,016	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 243,256	\$ 82,525	\$ 325,781	(Sch 6)
165	.20-.39	Fringe Benefits	6900	73,591	(17,533)	56,058	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	671,810	(98,680)	573,130	(Sch 6)
165		Administration - Total	6900	\$ 988,657	\$ (33,688)	\$ 954,969	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 55,847	\$ 0	\$ 55,847	(Sch 3)
166	.20-.39	Fringe Benefits	6900	27,459	(11,639)	15,820	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	1,976	0	1,976	(Sch 4)
166		Medical Records - Total	6900	\$ 85,282	\$ (11,639)	\$ 73,643	
167		CDPH Licensing Fees	6900	\$ 33,753	\$ (1,326)	\$ 32,427	(Sch 6)
168		Professional Liability Insurance	6900	\$ 137,868	\$ (102,313)	\$ 35,555	(Sch 6)
169		Quality Assurance Fees	6900	\$ 574,919	\$ 0	\$ 574,919	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 82,654	\$ 0	\$ 82,654	(Sch 3)
170	.20-.39	Fringe Benefits	6800	15,312	0	15,312	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	10,417	0	10,417	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 108,383	\$ 0	\$ 108,383	
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	71,103	(10,699)	60,404	(Sch 6)
174		Caregiver Training - Total	6900	\$ 71,103	\$ (10,699)	\$ 60,404	
		Subtotal 155 - 174		\$ 2,255,734	\$ (165,927)	\$ 2,089,807	
200		Total		\$ 11,312,946	\$ (476,010)	\$ 10,836,936	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 79,832
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
AVALON CARE CENTER - SONORA

Provider NPI:
1356335384

OSHPD Facility Number:
206554007

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

Line No.	Sub No.		TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7-10	AUDIT ADJ 11	AUDIT ADJ 12-13
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	(10,699)								
200		Total	<u>(\$476,010)</u> (To Sch 8)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(33,231)</u>	<u>(137,868)</u>	<u>(5,170)</u>

Provider Name							Fiscal Period		Provider NPI		Adjustments
AVALON CARE CENTER - SONORA							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1356335384		23
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	N/A			8	210	N/A	Total Facility Group Health Insurance Costs To include Group Health Insurance in the audit report for information purposes only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$0	\$79,832	\$79,832	

Provider Name							Fiscal Period	Provider NPI		Adjustments	
AVALON CARE CENTER - SONORA							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1356335384		23	
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	065	1	8A-1	065	1	Dietary - Salaries and Wages	\$367,413	(\$69,639)	\$297,774 *	
	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	243,256	69,639	312,895 *	
							To reclassify dietary management fee revenue to the proper cost center to agree with the provider's records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
3	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$3,011,804	(\$12,886)	\$2,998,918 *	
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	1,052,346	(4,589)	1,047,757 *	
	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	* 312,895	12,886	325,781	
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	73,591	4,589	78,180 *	
							To reclassify the modified duty salary and benefits expense for proper cost determination and due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4 and 2302.8 CCR, Title 22, Section 52000				
4	10.5	055	4	8A-1	055	4	Interest - Other	\$24,807	(\$23,997)	\$810	
	10.5	050	4	8A-1	050	4	Interest - Property, Plant, and Equipment	1,323,455	23,997	1,347,452	
							To reclassify interest expense and loan fees to the appropriate cost center to agree with the provider's records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
5	10.5	167	4	8A-1	167	4	Administration - CDPH Licensing Fees	\$33,753	(\$1,326)	\$32,427	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	671,810	1,326	673,136 *	
							To adjust the DHS licensing fees to agree with the invoiced amount. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
AVALON CARE CENTER - SONORA							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1356335384		23
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>										
6	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	\$379,827	(\$5,701)	\$374,126
	10.5	035	4	8A-1	035	4	Leases and Rentals	29,095	5,701	34,796
							To reclassify equipment rental expenses for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000(e) and 52501			

Provider Name							Fiscal Period	Provider NPI		Adjustments	
AVALON CARE CENTER - SONORA							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1356335384		23	
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>											
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$673,136		
7							To eliminate accounting fees in connection with a fair hearing or other litigation against California Department of Health Care Services and due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W & I Code, Sections 14126.023(a)(3)(B) and 14126.023(a)(3)(C)			(\$2,437)	
8							To eliminate bank fees due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code Section 14124.2(b)			(5,052)	
9							To eliminate telephone expense not related to the facility. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(18,873)	
10							To eliminate travel expenses due to lack of and insufficient documentation, not related to patient care and not related to the facility. 42 CFR 413.9(c)(3), 413.20 and 413.24 CMS Pub. 15-1, Sections 2102, 2102.3, 2105, 2300 and 2304 W&I Code Section 14124.2(b)			<u>(6,869)</u> (\$33,231)	\$639,905 *
11	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance To eliminate liability insurance expense from the facility cost report for inclusion with audited home office costs in conjunction with adjustment 14. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2162.5, 2162.7, 2300 and 2304		\$137,868	(\$137,868)	\$0 *

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
AVALON CARE CENTER - SONORA							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1356335384		23
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 COSTS</u>										
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$639,905	
12							To eliminate telephone expense for patient phone lines, that is not included in the routine rate. CMS Pub. 15-1, Section 2304 CCR, Title 22, Section 51511(c)			(\$2,315)
13							To eliminate marketing expense that is not allowable and not included in the daily rate. 42 CFR 413.5, 413.9 and 413.24 CMS Pub. 15-1, Sections 2136.2, 2304 and 2328			<u>(2,855)</u> (\$5,170) \$634,735 *
14	10.5	005	1	8A-1	005	1	Plant Operations and Maintenance - Salaries and Wages		\$48,157	(\$100) \$48,057
	10.5	065	1	8A-1	065	1	Dietary - Salaries and Wages	*	297,774	(7,088) 290,686
	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	*	2,998,918	(8,011) 2,990,907
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	634,735	(61,605) 573,130
	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	*	0	35,555 35,555
	10.5	174	4	8A-1	174	4	Caregiver Training - Other - Nonlabor To adjust home office costs to agree with the Avalon Health Care Management Inc. Home Office Audit Report for fiscal period ended December 31, 2011. 42 CFR 413.17 CMS Pub. 15-1, Sections 2150.2 and 2304		71,103	(10,699) 60,404

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
AVALON CARE CENTER - SONORA							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1356335384		23	
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 COSTS</u>											
15	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	\$32,783	(\$1,409)	\$31,374 *	
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	155,903	(16,436)	139,467 *	
	10.5	075	2	8A-1	075	2	Patient Supplies - Fringe Benefits	9,295	(694)	8,601 *	
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	* 1,047,757	(97,605)	950,152 *	
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	20,801	(2,880)	17,921 *	
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	32,274	(3,012)	29,262 *	
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	* 78,180	(7,105)	71,075 *	
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	27,459	(1,787)	25,672 *	
							To eliminate worker's compensation insurance expense from the facility cost report for inclusion with audited home office costs in conjunction with adjustment 16. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304				
16	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	* \$31,374	\$3,079	\$34,453 *	
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	* 139,467	35,911	175,378 *	
	10.5	075	2	8A-1	075	2	Patient Supplies - Fringe Benefits	* 8,601	1,516	10,117 *	
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	* 950,152	213,257	1,163,409 *	
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	* 17,921	6,293	24,214 *	
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	* 29,262	6,581	35,843 *	
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	* 71,075	15,524	86,599 *	
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	* 25,672	3,904	29,576 *	
							To include audited worker's compensation insurance paid claims and premium payments expense from the home office allocation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
AVALON CARE CENTER - SONORA							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1356335384		23	
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 COSTS</u>											
17	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	*	\$34,453	(\$20,910)	\$13,543 *
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	*	175,378	(42,125)	133,253 *
	10.5	075	2	8A-1	075	2	Patient Supplies - Fringe Benefits	*	10,117	(3,994)	6,123 *
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	*	1,163,409	(346,791)	816,618 *
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	*	24,214	(3,816)	20,398 *
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	*	35,843	(12,052)	23,791 *
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	*	86,599	(36,592)	50,007 *
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	*	29,576	(16,482)	13,094 *
							To eliminate reported health insurance expense for inclusion with audited home office costs in conjunction with adjustment 18. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2162.5, 2162.7, 2300 and 2304				
18	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	*	\$13,543	\$3,458	\$17,001
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	*	133,253	6,966	140,219
	10.5	075	2	8A-1	075	2	Patient Supplies - Fringe Benefits	*	6,123	660	6,783
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	*	816,618	57,347	873,965
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	*	20,398	631	21,029
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	*	23,791	1,993	25,784
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	*	50,007	6,051	56,058
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	*	13,094	2,726	15,820
							To include audited health insurance paid claims and premium payments expense from the home office allocation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				

Provider Name							Fiscal Period		Provider NPI		Adjustments
AVALON CARE CENTER - SONORA							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1356335384		23
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>											
19	10.7	005	1	7	005	N/A	Plant Operations and Maintenance (Square Feet)	545	120	665	
	10.7	010	1, 2	7	010	N/A	Housekeeping	498	72	570	
	10.7	060	1, 2, 3	7	060	N/A	Laundry and Linen	680	46	726	
	10.7	065	1, 2, 3	7	065	N/A	Dietary	3,087	122	3,209	
	10.7	075	1, 2, 3	7	075	N/A	Patient Supplies	345	31	376	
	10.7	082	1, 2, 3	7	082	N/A	Occupational Therapy	236	10	246	
	10.7	083	1, 2, 3	7	083	N/A	Speech Pathology	299	(17)	282	
	10.7	105	1, 2, 3	7	105	N/A	Skilled Nursing Care	20,007	(23)	19,984	
	10.7	160	1, 2, 3	7	160	N/A	Activities	619	(243)	376	
	10.7	165	1, 2, 3	7	165	N/A	Administration	1,719	(176)	1,543	
	10.7	175	1	7	N/A	N/A	Total Statistics - Capital	29,999	(58)	29,941	
	10.7	175	2	7	N/A	N/A	Total Statistics - Plant Operations	29,454	(178)	29,276	
	10.7	175	3	7	N/A	N/A	Total Statistics - Housekeeping	28,956	(250)	28,706	
To adjust the square footage statistics to agree with the provider's records in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306											
20	10.7	065	4	7	065	N/A	Dietary (Laundry Pounds)	0	4,099	4,099	
	10.7	080	4	7	080	N/A	Physical Therapy	0	9,762	9,762	
	10.7	105	4	7	105	N/A	Skilled Nursing Care	396,110	(20,357)	375,753	
	10.7	140	4	7	140	N/A	Beauty and Barber	0	6,496	6,496	
To adjust laundry pounds statistics to agree with the provider's records 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
AVALON CARE CENTER - SONORA							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1356335384		23
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 PATIENT DAYS</u>											
21	11(2)	105	1	1	12	N/A	Total Patient Days To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2205, 2300 and 2304	42,384	7	42,391	
22	4.1	5	2	1	15	N/A	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 July 31, 2012 Report Date: August 24, 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	31,986	(153)	31,833	

Provider Name							Fiscal Period			Provider NPI		Adjustments
AVALON CARE CENTER - SONORA							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1356335384		23
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 OTHER MATTERS</u>												
23	N/A			1	14	N/A	Medi-Cal Overpayments To recover Medi-Cal overpayments due to lack of documentation. 42 CFR 413.20, 413.24 and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51476 W & I Code Section 14124.2(b)			\$0	\$140	\$140