

**REPORT
ON THE
RATE SETTING AUDIT**

**COVENANT VILLAGE CARE CENTER
TURLOCK, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1205906989**

**FISCAL PERIOD ENDED
JANUARY 31, 2011**

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

**Section Chief: Robert G. Kwick
Audit Supervisor: Gary Diffenderffer
Auditor: Janis Nelsen**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

July 30, 2013

Kalen Carlson, Controller
Covenant Retirement Communities
5700 Old Orchard Road, Suite 100
Skokie, IL 60077

COVENANT VILLAGE CARE CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1205906989
FISCAL PERIOD ENDED JANUARY 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 \$2,323, which resulted from Medi-Cal overpayments

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.

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—Sacramento at (916) 650-6994.

Original Signed By

Robert G. Kvick, Chief
Audits Section—Sacramento
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
COVENANT VILLAGE CARE CENTER

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011

Provider NPI:
1205906989

OSHPD Facility No.:
206504035

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	\$ 1,944,600	\$ 107.35
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 361,017	\$ 19.93
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 838,559	\$ 46.29
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 296,921	\$ 16.39
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 2,114	\$ 0.12
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 40,529	\$ 2.24
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 620,910	\$ 34.28
11	Cost of Routine Service/Audited Total Costs	\$ 4,308,996.00	\$ 4,104,650	\$ 226.59
12	Total Patient Days (Adj)	18,115	18,115	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 237.87	\$ 226.59	
14	Overpayments (Adj 12)	\$ 0	\$ 2,323	
15	Medi-Cal Days (Adj 11)	8,030	7,780	
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:
COVENANT VILLAGE CARE CENTER

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011

Provider NPI:
1205906989

OSHPD Facility No.:
206504035

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:
COVENANT VILLAGE CARE CENTER

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011

Provider NPI:
1205906989

OSHPD Facility No.:
206504035

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	\$ 46,464	\$ 46,464		
160	Activities	145,277		\$ 145,277	
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	19,675	0	0	19,675
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	1,752,859	46,464	145,277	1,944,600 *
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	\$ 1,964,275	\$ 46,464	\$ 145,277	\$ 1,964,275

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
COVENANT VILLAGE CARE CENTER

Provider NPI:
1205906989

OSHPD Facility Number:
206504035

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 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	\$ 135,446	\$ 135,446										
010	Housekeeping	144,778	-	\$ 144,778									
060	Laundry and Linen	5,612	2,487	2,659	\$ 10,758								
065	Dietary	0	10,462	11,183	0	\$ 21,645							
155	Social Services	N/A	0	0	0	0	\$ -						
160	Activities	N/A	0	0	0	0	0	\$ -					
165	Administration	N/A	24,350	26,028	0	0	0	0		\$ 50,378	\$ 50,378		
166	Medical Records	42,854	3,126	3,341	0	0	0	0		49,321		\$ 49,321	
170	Inservice Education - Nursing	59,170	0	0	0	0	0	0	\$ 59,170				
ANCILLARY SERVICES													
075	Patient Supplies		2,381	2,545	0	0	0	0	0	4,926	1,007	986	\$ 6,919
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		2,187	2,338	0	0	0	0	0	4,525	2,099	2,055	8,679
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		813	869	0	0	0	0	0	1,682	1,308	1,280	4,270
083	Speech Pathology		68	72	0	0	0	0	0	140	225	220	585
085	Pharmacy		0	0	0	0	0	0	0	0	410	401	811
090	Laboratory		0	0	0	0	0	0	0	0	176	173	349
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	269	263	532
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		87,655	93,694	10,758	21,645	0	0	59,170	272,923	44,514	43,580	361,017
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		1,916	2,048	0	0	0	0	0	3,965	371	363	4,698
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 387,860	\$ 135,446	\$ 144,778	\$ 10,758	\$ 21,645	\$ -	\$ -	\$ 59,170	\$ 288,160	\$ 50,378	\$ 49,321	\$ 387,860

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
COVENANT VILLAGE CARE CENTER

Provider NPI:
1205906989

OSHPD Facility Number:
206504035

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 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	\$ 184,623	\$ 184,623										
010	Housekeeping	22,054	0	\$ 22,054									
060	Laundry and Linen	62,920	3,390	405	\$ 66,715								
065	Dietary	427,034	14,261	1,703	0	\$ 442,998							
155	Social Services	0	0	0	0	\$ -							
160	Activities	43,445	0	0	0	0	0	\$ 43,445					
165	Administration	N/A	33,191	3,965	0	0	0	0		\$ 37,156	\$ 37,156		
166	Medical Records	0	4,261	509	0	0	0	0		4,770		\$ 4,770	
170	Inservice Education - Nursing	0	0	0	0	0	0	0	\$ -				
ANCILLARY SERVICES													
075	Patient Supplies	59,502	3,245	388	0	0	0	0	0	63,135	743	95	\$ 63,973
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	140,554	2,981	356	0	0	0	0	0	143,892	1,548	199	145,638
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	90,878	1,108	132	0	0	0	0	0	92,119	965	124	93,207
083	Speech Pathology	16,056	92	11	0	0	0	0	0	16,159	166	21	16,347
085	Pharmacy	30,006	0	0	0	0	0	0	0	30,006	302	39	30,347
090	Laboratory	12,904	0	0	0	0	0	0	0	12,904	130	17	13,051
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	0	0	0	0	0	0	0	0	0	198	25	224
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	114,602	119,481	14,272	66,715	442,998	0	43,445	0	801,513	32,831	4,215	838,559 *
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	15,677	2,612	312	0	0	0	0	0	18,601	273	35	18,909
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,220,255	\$ 184,623	\$ 22,054	\$ 66,715	\$ 442,998	\$ -	\$ 43,445	\$ -	\$ 1,178,329	\$ 37,156	\$ 4,770	\$ 1,220,255

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
COVENANT VILLAGE CARE CENTER

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011

Provider NPI:
1205906989

OSHPD Facility Number:
206504035

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)	\$ 322,037	100%							
	Property Tax (line 40)	0	0%	\$ 322,037						
005	Plant Operations and Maintenance			10,765	\$ 10,765					
010	Housekeeping			0	0	\$ -				
060	Laundry and Linen			5,716	198	0	\$ 5,914			
065	Dietary			24,043	832	0	0	\$ 24,875		
155	Social Services			0	0	0	0	0	\$ -	
160	Activities			0	0	0	0	0	0	\$ -
165	Administration			55,960	1,935	0	0	0	0	0
166	Medical Records			7,184	248	0	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			5,471	189	0	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			5,027	174	0	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			1,868	65	0	0	0	0	0
083	Speech Pathology			156	5	0	0	0	0	0
085	Pharmacy			0	0	0	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
ROUTINE SERVICES										
105	Skilled Nursing Care			201,443	6,967	0	5,914	24,875	0	0
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
NONREIMBURSABLE										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			4,404	152	0	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 322,037	100%	\$ 322,037	\$ 10,765	\$ -	\$ 5,914	\$ 24,875	\$ -	\$ -

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
COVENANT VILLAGE CARE CENTER

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011

Provider NPI:
1205906989

OSHPD Facility Number:
206504035

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 100% Of Total	Property Tax 0% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 322,037	100%							
	Property Tax (line 40)	0	0%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 57,895	\$ 57,895				
166	Medical Records				7,433		\$ 7,433			
170	Inservice Education - Nursing			\$ -						
	ANCILLARY SERVICES									
075	Patient Supplies			0	5,661	1,157	149	\$ 6,967	\$ 6,967	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	5,200	2,412	310	7,922	7,922	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	1,933	1,503	193	3,629	3,629	0
083	Speech Pathology			0	161	258	33	453	453	0
085	Pharmacy			0	0	471	60	532	532	0
090	Laboratory			0	0	203	26	229	229	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	309	40	349	349	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			0	239,198	51,156	6,567	296,921	296,921	0*
110	Intermediate Care			0	0	0	0	0	0	0*
115	Mentally Disordered Care			0	0	0	0	0	0	0*
120	Developmentally Disabled Care			0	0	0	0	0	0	0*
125	Subacute Care			0	0	0	0	0	0	0*
126	Subacute Care - Pediatric			0	0	0	0	0	0	0*
128	Transitional Inpatient Care			0	0	0	0	0	0	0*
130	Hospice Inpatient Care			0	0	0	0	0	0	0*
135	Other Routine Services			0	0	0	0	0	0	0*
	NONREIMBURSABLE									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	4,556	426	55	5,037	5,037	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 322,037	100%	\$ -	\$ 256,709	\$ 57,895	\$ 7,433	\$ 322,037	\$ 322,037	\$ -

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
COVENANT VILLAGE CARE CENTER

Provider NPI:
1205906989

OSHPD Facility Number:
206504035

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 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. 94% of Total	DPH Licensing Fees 0% of Total	Professional Liability Ins. 6% of Total	Quality Assur. Fees 0% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 16,718												
055	Interest - Other	141,183												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	544,808												
	Total Costs Allocable as Administration	702,709	94%											
167	CDPH Licensing Fees	2,392	0%											
168	Professional Liability Insurance	45,868	6%											
169	Quality Assurance Fees	0	0%											
174	Caregiver Training	0	0%											
	Total	750,969	100%						\$ 750,969					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 4,926	\$ 63,135	\$ 5,661	\$ 73,721	15,014	\$ 14,049	\$ 48	\$ 917	\$ -	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	4,525	143,892	5,200	153,617	31,285	29,274	100	1,911	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	1,682	92,119	1,933	95,733	19,496	18,244	62	1,191	0	0
083	Speech Pathology			0	140	16,159	161	16,461	3,352	3,137	11	205	0	0
085	Pharmacy			0	0	30,006	0	30,006	6,111	5,718	19	373	0	0
090	Laboratory			0	0	12,904	0	12,904	2,628	2,459	8	161	0	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			19,675	0	0	0	19,675	4,007	3,749	13	245	0	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			1,944,600	272,923	801,513	239,198	3,258,234	663,553	620,910	2,114	40,529	0	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	3,965	18,601	4,556	27,122	5,523	5,169	18	337	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 750,969		\$ 1,964,275	\$ 288,160	\$ 1,178,329	\$ 256,709	\$ 3,687,473	\$ 750,969					
	Total Administrative Costs							\$ 750,969		\$ 702,709	\$ 2,392	\$ 45,868	\$ -	\$ -
	Unit Cost Multiplier							0.20365408						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 99,700	\$ 41,926	\$ 65,328	\$ 206,954							
	TOTAL FACILITY COSTS							\$ 4,645,396						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
COVENANT VILLAGE CARE CENTER

Provider NPI:
1205906989

OSHPD Facility Number:
206504035

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 7, 10)	Plant Ops (SQ FT) 5 (Adj 7, 10)	Hskpng (SQ FT) 10 (Adj 7, 10)	Laundry (LBS) 60 (Adj 8)	Dietary (MEALS) 65 (Adj 9)	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	484									
010	Housekeeping										
060	Laundry and Linen	257	257	257							
065	Dietary	1,081	1,081	1,081							
155	Social Services										
160	Activities										
165	Administration	2,516	2,516	2,516							
166	Medical Records	323	323	323							
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies	246	246	246						73,721	73,721
077	Specialized Support Surfaces									0	0
080	Physical Therapy	226	226	226						153,617	153,617
081	Respiratory Therapy									0	0
082	Occupational Therapy	84	84	84						95,733	95,733
083	Speech Pathology	7	7	7						16,461	16,461
085	Pharmacy									30,006	30,006
090	Laboratory									12,904	12,904
095	Home Health Services									0	0
100	Other Ancillary Services									19,675	19,675
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	9,057	9,057	9,057	122,870	53,949	1,867,461	1,867,461	1,867,461	3,258,234	3,258,234
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	198	198	198						27,122	27,122
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	14,479	13,995	13,995	122,870	53,949	1,867,461	1,867,461	1,867,461	3,687,473	3,687,473
	TOTAL DIRECT SALARIES COSTS - SCH. 2						\$ 46,464	\$ 145,277			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.024880841	0.07779386			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		\$ 135,446	\$ 144,778	\$ 10,758	\$ 21,645	\$ -	\$ -	\$ 59,170	\$ 50,378	\$ 49,321
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		9.67817078	10.34498035	0.08755555	0.40121275	0.00000000	0.00000000	0.03168473	0.01366200	0.01337541
	TOTAL INDIRECT OTHER COSTS - SCH. 4		\$ 184,623	\$ 22,054	\$ 66,715	\$ 442,998	\$ -	\$ 43,445	\$ -	\$ 37,156	\$ 4,770
	UNIT COST MULTIPLIER (INDIRECT OTHER)		13.19206860	1.57584852	0.54297513	8.21142409	0.00000000	0.02326421	0.00000000	0.01007630	0.00129358
	TOTAL CAPITAL COSTS - SCH. 5	\$ 322,037	\$ 10,765	\$ -	\$ 5,914	\$ 24,875	\$ -	\$ -	\$ -	\$ 57,895	\$ 7,433
	UNIT COST MULTIPLIER (CAPITAL COSTS)	22.24166034	0.76920069	0.00000000	0.04813047	0.46107881	0.00000000	0.00000000	0.00000000	0.01570054	0.00201561

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
COVENANT VILLAGE CARE CENTER

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011

Provider NPI:
1205906989

OSHPD Facility Number:
206504035

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	\$ 88,530	\$ 0	\$ 88,530	(Sch 3)
005	.20-.39	Fringe Benefits	6200	46,916	0	46,916	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	184,623	0	184,623	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 320,069	\$ 0	\$ 320,069	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 96,876	\$ 0	\$ 96,876	(Sch 3)
010	.20-.39	Fringe Benefits	6300	47,902	0	47,902	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	22,054	0	22,054	(Sch 4)
010		Housekeeping - Total	6300	\$ 166,832	\$ 0	\$ 166,832	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 111,851	\$ 0	\$ 111,851	(Sch 5)
020		Depreciation: Leasehold Improvements	7130		0	0	(Sch 5)
025		Depreciation: Equipment	7140	26,134	0	26,134	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	3,011	0	3,011	(Sch 5)
035		Leases and Rentals	7200		42,000	42,000	(Sch 5)
040		Property Taxes	7300		0	0	(Sch 5)
045		Property Insurance	7400	16,718	0	16,718	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	139,041	0	139,041	(Sch 6)
055		Interest - Other	7600	\$ 141,183	\$ 0	\$ 141,183	(Sch 6)
057		Subtotal 005 - 055		\$ 924,839	\$ 42,000	\$ 966,839	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 4,467	\$ 0	\$ 4,467	(Sch 3)
060	.20-.39	Fringe Benefits	6400	1,145	0	1,145	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	62,920	0	62,920	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 68,532	\$ 0	\$ 68,532	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$	\$ 0	\$ 0	(Sch 3)
065	.20-.39	Fringe Benefits	6500		0	0	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	427,034	0	427,034	(Sch 4)
065		Dietary - Total	6500	\$ 427,034	\$ 0	\$ 427,034	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	59,502	0	59,502	(Sch 4)
075		Patient Supplies - Total	8100	\$ 59,502	\$ 0	\$ 59,502	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150		0	0	N/A
077	.79	Agency Staff	8150		0	0	N/A
077	.40-.99	Other - Nonlabor	8150		0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
COVENANT VILLAGE CARE CENTER

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011

Provider NPI:
1205906989

OSHPD Facility Number:
206504035

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	(Sch 2)
080	.20-.39	Fringe Benefits	8200		0	0	(Sch 2)
080	.79	Agency Staff	8200		0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	140,554	0	140,554	(Sch 4)
080		Physical Therapy - Total	8200	\$ 140,554	\$ 0	\$ 140,554	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220		0	0	(Sch 2)
081	.79	Agency Staff	8220		0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220		0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250		0	0	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	90,878	0	90,878	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 90,878	\$ 0	\$ 90,878	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280		0	0	(Sch 2)
083	.79	Agency Staff	8280		0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	16,056	0	16,056	(Sch 4)
083		Speech Pathology - Total	8280	\$ 16,056	\$ 0	\$ 16,056	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$	\$ 0	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300		0	0	(Sch 2)
085	.79	Agency Staff	8300		0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	30,006	0	30,006	(Sch 4)
085		Pharmacy - Total	8300	\$ 30,006	\$ 0	\$ 30,006	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	\$	\$ 0	\$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400		0	0	(Sch 2)
090	.79	Agency Staff	8400		0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	12,904	0	12,904	(Sch 4)
090		Laboratory - Total	8400	\$ 12,904	\$ 0	\$ 12,904	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	\$	\$ 0	\$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800		0	0	(Sch 2)
095	.79	Agency Staff	8800		0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800		0	0	(Sch 4)
095		Home Health Services - Total	8800	\$ 0	\$ 0	\$ 0	
100		Other Ancillary Services					
100	.01-.19	Salaries and Wages	8900	\$ 15,602	\$ (4,677)	\$ 10,925	(Sch 2)
100	.20-.39	Fringe Benefits	8900	8,750	0	8,750	(Sch 2)
100	.79	Agency Staff	8900		0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	(4,677)	4,677	0	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 19,675	\$ 0	\$ 19,675	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
COVENANT VILLAGE CARE CENTER

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011

Provider NPI:
1205906989

OSHPD Facility Number:
206504035

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
101		Subacute Care Ancillary Services					
101	.01-.19	Salaries and Wages	8100-8900	\$	\$ 0	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
101	.79	Agency Staff	8100-8900		0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
101		Subacute Care Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
102		Subacute Care - Pediatric Ancillary Services					
102	.01-.19	Salaries and Wages	8100-8900	\$	\$ 0	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
102	.79	Agency Staff	8100-8900		0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 369,575	\$ 0	\$ 369,575	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,272,221	\$ 0	\$ 1,272,221	(Sch 2)
105	.20-.39	Fringe Benefits	6110	480,638	0	480,638	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	114,602	0	114,602	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,867,461	\$ 0	\$ 1,867,461	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	\$	\$ 0	\$ 0	
110	.20-.39	Fringe Benefits	6120		0	0	
110	.49	Agency Staff	6120		0	0	
110	.40-.99	Other - Nonlabor	6120		0	0	
110		Intermediate Care - Total	6120	\$ 0	\$ 0	\$ 0	(Sch 2)
115		Mentally Disordered Care					
115	.01-.19	Salaries and Wages	6130	\$	\$ 0	\$ 0	
115	.20-.39	Fringe Benefits	6130		0	0	
115	.49	Agency Staff	6130		0	0	
115	.40-.99	Other - Nonlabor	6130		0	0	
115		Mentally Disordered Care - Total	6130	\$ 0	\$ 0	\$ 0	(Sch 2)
120		Developmentally Disabled Care					
120	.01-.19	Salaries and Wages	6140	\$	\$ 0	\$ 0	
120	.20-.39	Fringe Benefits	6140		0	0	
120	.49	Agency Staff	6140		0	0	
120	.40-.99	Other - Nonlabor	6140		0	0	
120		Developmentally Disabled Care - Total	6140	\$ 0	\$ 0	\$ 0	(Sch 2)
125		Subacute Care					
125	.01-.19	Salaries and Wages	6150	\$	\$ 0	\$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150		0	0	(Sch 2)
125	.49	Agency Staff	6150		0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150		0	0	(Sch 4)
125		Subacute Care - Total	6150	\$ 0	\$ 0	\$ 0	
126		Subacute Care - Pediatric					
126	.01-.19	Salaries and Wages	6160	\$	\$ 0	\$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160		0	0	(Sch 2)
126	.49	Agency Staff	6160		0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160		0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
COVENANT VILLAGE CARE CENTER

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011

Provider NPI:
1205906989

OSHPD Facility Number:
206504035

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
128		Transitional Inpatient Care				
128	.01-.19	Salaries and Wages	6170	\$	\$ 0	\$ 0
128	.20-.39	Fringe Benefits	6170		0	0
128	.49	Agency Staff	6170		0	0
128	.40-.99	Other - Nonlabor	6170		0	0
128		Transitional Inpatient Care - Total	6170	\$ 0	\$ 0	\$ 0 (Sch 2)
130		Hospice Inpatient Care				
130	.01-.19	Salaries and Wages	6180	\$	\$ 0	\$ 0
130	.20-.39	Fringe Benefits	6180		0	0
130	.49	Agency Staff	6180		0	0
130	.40-.99	Other - Nonlabor	6180		0	0
130		Hospice Inpatient Care - Total	6180	\$ 0	\$ 0	\$ 0 (Sch 2)
135		Other Routine Services				
135	.01-.19	Salaries and Wages	6190	\$	\$ 0	\$ 0
135	.20-.39	Fringe Benefits	6190		0	0
135	.49	Agency Staff	6190		0	0
135	.40-.99	Other - Nonlabor	6190		0	0
135		Other Routine Services - Total	6190	\$ 0	\$ 0	\$ 0 (Sch 2)
		Other Nonreimbursable				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
139	.49	Agency Staff	9100		0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$	\$ 0	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900		0	0 (Sch 2)
140	.49	Agency Staff	8900		0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	15,677	0	15,677 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 15,677	\$ 0	\$ 15,677
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
145	.49	Agency Staff	9100		0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 1,883,138	\$ 0	\$ 1,883,138
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 33,078	\$ 0	\$ 33,078 (Sch 2)
155	.20-.39	Fringe Benefits	6600	13,386	0	13,386 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600		0	0 (Sch 4)
155		Social Services - Total	6600	\$ 46,464	\$ 0	\$ 46,464

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
COVENANT VILLAGE CARE CENTER

Fiscal Period:
FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011

Provider NPI:
1205906989

OSHPD Facility Number:
206504035

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	\$ 101,013	\$ 0	\$ 101,013	(Sch 2)
160	.20-.39	Fringe Benefits	6700	44,264	0	44,264	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	43,445	0	43,445	(Sch 4)
160		Activities - Total	6700	\$ 188,722	\$ 0	\$ 188,722	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 181,750	\$ 0	\$ 181,750	(Sch 6)
165	.20-.39	Fringe Benefits	6900	63,636	0	63,636	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	607,588	(308,166)	299,422	(Sch 6)
165		Administration - Total	6900	\$ 852,974	\$ (308,166)	\$ 544,808	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 33,894	\$ 0	\$ 33,894	(Sch 3)
166	.20-.39	Fringe Benefits	6900	8,960	0	8,960	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900		0	0	(Sch 4)
166		Medical Records - Total	6900	\$ 42,854	\$ 0	\$ 42,854	
167		CDPH Licensing Fees	6900	\$	\$ 2,392	\$ 2,392	(Sch 6)
168		Professional Liability Insurance	6900	\$	\$ 45,868	\$ 45,868	(Sch 6)
169		Quality Assurance Fees	6900	\$	\$ 0	\$ 0	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 43,592	\$ 0	\$ 43,592	(Sch 3)
170	.20-.39	Fringe Benefits	6800	15,578	0	15,578	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800		0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 59,170	\$ 0	\$ 59,170	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900		0	0	(Sch 6)
174	.49	Agency Staff	6900		0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900		0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 1,190,184	\$ (259,906)	\$ 930,278	
200		Total		\$ 4,863,302	\$ (217,906)	\$ 4,645,396	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 260,629	
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* For informational purposes only, this amount is included in various cost centers above.

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FEBRUARY 1, 2010 THROUGH JANUARY 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	0							
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	42,000	42,000						
040	4	Property Taxes	0							
045	4	Property Insurance	0							
050	4	Interest - Property, Plant, and Equipment	0							
055	4	Interest - Other	0							
060	1	Laundry and Linen - Salaries and Wages	0							
060	2	Laundry and Linen - Fringe Benefits	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	0							
070	4	Provision for Bad Debts	0							
075	1	Patient Supplies - Salaries and Wages	0							
075	2	Patient Supplies - Fringe Benefits	0							
075	3	Patient Supplies - Agency Staff	0							
075	4	Patient Supplies - Other - Nonlabor	0							
077	1	Specialized Support Surfaces - Salaries and Wages	0							
077	2	Specialized Support Surfaces - Fringe Benefits	0							
077	3	Specialized Support Surfaces - Agency Staff	0							
077	4	Specialized Support Surfaces - Other - Nonlabor	0							
080	1	Physical Therapy - Salaries and Wages	0							
080	2	Physical Therapy - Fringe Benefits	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							

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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
128	1	Transitional Inpatient Care - Salaries and Wages	0							
128	2	Transitional Inpatient Care - Fringe Benefits	0							
128	3	Transitional Inpatient Care - Agency Staff	0							
128	4	Transitional Inpatient Care - Other - Nonlabor	0							
130	1	Hospice Inpatient Care - Salaries and Wages	0							
130	2	Hospice Inpatient Care - Fringe Benefits	0							
130	3	Hospice Inpatient Care - Agency Staff	0							
130	4	Hospice Inpatient Care - Other - Nonlabor	0							
135	1	Other Routine Services - Salaries and Wages	0							
135	2	Other Routine Services - Fringe Benefits	0							
135	3	Other Routine Services - Agency Staff	0							
135	4	Other Routine Services - Other - Nonlabor	0							
139	1	Residential Care - Salaries and Wages	0							
139	2	Residential Care - Fringe Benefits	0							
139	3	Residential Care - Agency Staff	0							
139	4	Residential Care - Other - Nonlabor	0							
140	1	Beauty and Barber - Salaries and Wages	0							
140	2	Beauty and Barber - Fringe Benefits	0							
140	3	Beauty and Barber - Agency Staff	0							
140	4	Beauty and Barber - Other - Nonlabor	0							
145	1	Other Nonreimbursable - Salaries and Wages	0							
145	2	Other Nonreimbursable - Fringe Benefits	0							
145	3	Other Nonreimbursable - Agency Staff	0							
145	4	Other Nonreimbursable - Other - Nonlabor	0							
155	1	Social Services - Salaries and Wages	0							
155	2	Social Services - Fringe Benefits	0							
155	3	Social Services - Agency Staff	0							
155	4	Social Services - Other - Nonlabor	0							
160	1	Activities - Salaries and Wages	0							
160	2	Activities - Fringe Benefits	0							
160	3	Activities - Agency Staff	0							
160	4	Activities - Other - Nonlabor	0							
165	1	Administration - Salaries and Wages	0							
165	2	Administration - Fringe Benefits	0							
165	3	Administration - Agency Staff	0							
165	4	Administration - Other - Nonlabor	(308,166)	(42,000)		(2,392)	(45,868)	(217,906)		
166	1	Medical Records - Salaries and Wages	0							
166	2	Medical Records - Fringe Benefits	0							
166	3	Medical Records - Agency Staff	0							
166	4	Medical Records - Other - Nonlabor	0							
167	4	CDPH Licensing Fees	2,392			2,392				
168	4	Professional Liability Insurance	45,868				45,868			
169	4	Quality Assurance Fees	0							
170	1	Inservice Education - Nursing - Salaries and Wages	0							
170	2	Inservice Education - Nursing - Fringe Benefits	0							
170	3	Inservice Education - Nursing - Agency Staff	0							
170	4	Inservice Education - Nursing - Other - Nonlabor	0							
174	1	Caregiver Training - Salaries and Wages	0							
174	2	Caregiver Training - Fringe Benefits	0							

Provider Name							Fiscal Period			Provider NPI		Adjustments
COVENANT VILLAGE CARE CENTER							FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011			1205906989		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	N/A			8	210	N/A	Total Facility Group Health Insurance To include Group Health Insurance in the audit report for informational purposes only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2300 and 2304			\$0	\$260,629	\$260,629

Provider Name							Fiscal Period	Provider NPI	Adjustments		
COVENANT VILLAGE CARE CENTER							FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011	1205906989	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	035	4	8A-1	035	4	Leases and Rentals	\$0	\$42,000	\$42,000	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To reclassify computer hardware and software purchases allocated from home office 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, Section 52000(e) and 52501	607,588	(42,000)	565,588 *	
3	10.5	100	1	8A-1	100	1	Other Ancillary Services - Salaries and Wages	\$15,602	(\$4,677)	\$10,925	
	10.5	100	4	8A-1	100	4	Other Ancillary Services - Other - Nonlabor To reclassify ancillary services expenses to the appropriate cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8	(4,677)	4,677	0	
4	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$565,588	(\$2,392)	\$563,196 *	
	10.5	167	4	8A-1	167	4	Administration - CDPH Licensing Fees To reclassify license fee expenses to the appropriate cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8	0	2,392	2,392	
5	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$563,196	(\$45,868)	\$517,328 *	
	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance To reclassify insurance expense 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	45,868	45,868	

Provider Name							Fiscal Period	Provider NPI		Adjustments	
COVENANT VILLAGE CARE CENTER							FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011	1205906989		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 COSTS</u>											
6	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To adjust reported home office costs to agree with the Covenant Retirement Communities Home Office Audit Report for fiscal period ended January 31, 2011 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	*	\$517,328	(\$217,906)	\$299,422

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
COVENANT VILLAGE CARE CENTER							FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011		1205906989		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	075	1,2,3	7	075	N/A	Patient Supplies (Square Feet)	0	246	246	
	10.7	080	1,2,3	7	080	N/A	Physical Therapy	0	226	226	
	10.7	082	1,2,3	7	082	N/A	Occupational Therapy	0	84	84	
	10.7	083	1,2,3	7	083	N/A	Speech Pathology	0	7	7	
	10.7	105	1,2,3	7	105	N/A	Skilled Nursing Care	0	8,470	8,470 *	
	10.7	140	1,2,3	7	140	N/A	Beauty and Barber	0	98	98 *	
	10.7	175	1	7	N/A	N/A	Total Square Feet - Capital	0	9,131	9,131 *	
	10.7	175	2	7	N/A	N/A	Total Square Feet - Plant Operations and Maintenance	0	9,131	9,131 *	
	10.7	175	3	7	N/A	N/A	Total Square Feet - Housekeeping	0	9,131	9,131 *	
8	10.7	105	4	7	105	N/A	Skilled Nusing Care (Pounds of Laundry)	0	122,870	122,870	
9	10.7	105	6	7	105	N/A	Skilled Nuring Case (Meals Served)	0	53,949	53,949	
To reconcile the provider's reported statistics on page 10.7 to the provider's reported statistics on page 11(1). 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304											
10	10.7	005	1	7	005	N/A	Plant Operations and Maintenance (Square Feet)	0	484	484	
	10.7	010	1,2	7	010	N/A	Housekeeping	0	257	257	
	10.7	060	1,2,3	7	060	N/A	Laundry and Linen	0	1,081	1,081	
	10.7	105	1,2,3	7	105	N/A	Skilled Nursing Care	*	8,470	9,057	
	10.7	140	1,2,3	7	140	N/A	Beauty and Barber	*	98	198	
	10.7	165	1,2,3	7	165	N/A	Administration	0	2,516	2,516	
	10.7	166	1,2,3	7	166	N/A	Medical Records	0	323	323	
	10.7	175	1	7	N/A	N/A	Total Square Feet - Capital	*	9,131	14,479	
	10.7	175	2	7	N/A	N/A	Total Square Feet - Plant Operations and Maintenance	*	9,131	13,995	
	10.7	175	3	7	N/A	N/A	Total Square Feet - Housekeeping	*	9,131	13,995	
To adjust square feet statistics to agree with the provider's records in order to properly allocate indirect costs. 42 CFR 413.24 CMS Pub. 15-1, Sections 2300 and 2306											

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COVENANT VILLAGE CARE CENTER							FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011		1205906989		12
Report References							Explanation of Audit Adjustments				
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No	As Reported	Increase (Decrease)	As Adjusted		
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>											
11	4.1	5	2	1	15	N/A	8,030	(250)	7,780		
Medi-Cal Patient Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: February 1, 2010 through January 31, 2011 Payment Period: February 1, 2010 through November 19, 2012 Report Date: November 20, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541											

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COVENANT VILLAGE CARE CENTER							FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011			1205906989		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 OTHER MATTERS</u>												
12	Not Reported			1	14	N/A	Overpayments To recover Medi-Cal overpayments because the share of cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1			\$0	\$2,323	\$2,323