

**REPORT  
ON THE  
RATE SETTING AUDIT**

**CATERED MANOR NURSING CENTER  
LONG BEACH, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1780672428**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

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

**Section Chief: Margaret A. Varho  
Audit Supervisor: Felipe Avila  
Auditor: David Ellis**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

Date: May 9, 2013

Carol Sparks  
Director of Reimbursement  
Covenant Care, Inc.  
27071 Aliso Creek Road, Suite 100  
Aliso Viejo, CA 92656

CATERED MANOR NURSING CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1780672428  
FISCAL PERIOD ENDED DECEMBER 31, 2011

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, and was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, and the prior fiscal period's Medi-Cal program audit report.

In our opinion, the data presented in the accompanying Summary of Audited Facility Cost per Patient Day represents a proper determination of the allowable costs and patient days for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules
2. Audit adjustments that include a summary of the total due the State in the amount of \$7,671, 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.

Carol Sparks  
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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.

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

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

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

Certified

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

Provider Name:  
CATERED MANOR NURSING CENTER

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

Provider NPI:  
1780672428

OSHPD Facility No.:  
206190212

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SKILLED NURSING CARE</b>				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 2,352,981	\$ 97.26
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 554,243	\$ 22.91
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 435,015	\$ 17.98
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 473,635	\$ 19.58
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 17,060	\$ 0.71
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 14,797	\$ 0.61
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 50,836	\$ 2.10
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 244,398	\$ 10.10
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 597,001	\$ 24.68
11	Cost of Routine Service/Audited Total Costs	\$ 4,762,418	\$ 4,739,965	\$ 195.93
12	Total Patient Days (Adj )	24,192	\$ 24,192	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 196.86	\$ 195.93	
14	Overpayments (Adj 8)	\$ 0	\$ (7,671)	
15	Medi-Cal Days (Adj 7)	13,942	13,769	
16	Medi-Cal Managed Care Days (Adj )		0	
<b>INTERMEDIATE CARE</b>				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
18	Total Patient Days (Adj )	0	0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj )	\$ 0	\$ 0	
<b>MENTALLY DISORDERED CARE</b>				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
22	Total Patient Days (Adj )	0	0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj )	\$ 0	\$ 0	
<b>DEVELOPMENTALLY DISABLED CARE</b>				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
26	Total Patient Days (Adj )	0	0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj )	\$ 0	\$ 0	
<b>SUBACUTE CARE</b>				
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
38	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

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

**Provider Name:**  
CATERED MANOR NURSING CENTER

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

**Provider NPI:**  
1780672428

**OSHPD Facility No.:**  
206190212

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SUBACUTE CARE - PEDIATRIC</b>				
43	Cost of Routine Service (Subacute Care - Pediatric, Sch. 1, Ln 3)	\$ 0	\$ 0	
44	Cost of Ancillary Service (Subacute Care - Pediatric, Sch. 1, Ln. 1 + Ln. 2)	\$ 0	\$ 0	
45	Total Cost of Subacute Care - Pediatric Service (Ln. 43 + Ln. 44)	\$ 0	\$ 0	
46	Total Patient Days (Subacute Care - Pediatric, Sch. 1, Ln. 5)	0	0	
47	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
48	Amount Due Provider (State) (Subacute Care - Pediatric, Sch. 1, Ln. 9)	\$ 0	\$ 0	
<b>TRANSITIONAL INPATIENT CARE</b>				
49	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
50	Total Patient Days (Adj )	0	0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments (Adj )	\$ 0	\$ 0	
<b>HOSPICE INPATIENT CARE</b>				
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
54	Total Patient Days (Adj )	0	0	
55	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
56	Overpayments (Adj )	\$ 0	\$ 0	
<b>OTHER ROUTINE SERVICES</b>				
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
58	Total Patient Days (Adj )	0	0	
59	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
60	Overpayments (Adj )	\$ 0	\$ 0	

**ALLOCATION OF GENERAL SERVICES  
DIRECT CARE LABOR**

**Provider Name:**  
CATERED MANOR NURSING CENTER

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

**Provider NPI:**  
1780672428

**OSHPD Facility No.:**  
206190212

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
	<b>GENERAL SERVICES</b>				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 103,234	\$ 103,234		
160	Activities	90,521		\$ 90,521	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	<b>ANCILLARY SERVICES</b>				
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	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
	<b>ROUTINE SERVICES</b>				
105	Skilled Nursing Care	2,159,226	103,234	90,521	2,352,981
110	Intermediate Care	0	0	0	0
115	Mentally Disordered Care	0	0	0	0
120	Developmentally Disabled Care	0	0	0	0
125	Subacute Care	0	0	0	0
126	Subacute Care - Pediatric	0	0	0	0
128	Transitional Inpatient Care	0	0	0	0
130	Hospice Inpatient Care	0	0	0	0
135	Other Routine Services	0	0	0	0
	<b>NONREIMBURSABLE</b>				
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	<b>TOTAL</b>	<b>\$ 2,352,981</b>	<b>\$ 103,234</b>	<b>\$ 90,521</b>	<b>\$ 2,352,981</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
CATERED MANOR NURSING CENTER

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 59,616	\$ 59,616										
010	Housekeeping	87,961	2,236	\$ 90,197									
060	Laundry and Linen	46,313	1,690	2,657	\$ 50,660								
065	Dietary	217,838	4,820	7,577	0	\$ 230,236							
155	Social Services	N/A	377	592	0	0	\$ 969						
160	Activities	N/A	1,266	1,991	0	0	0	\$ 3,257					
165	Administration	N/A	4,091	6,430	0	0	0	0		\$ 10,521	\$ 10,521		
166	Medical Records	93,964	1,502	2,361	0	0	0	0		97,826		\$ 97,826	
170	Inservice Education - Nursing	88,643	466	733	0	0	0	0	\$ 89,842				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		466	733	0	0	0	0	0	1,199	121	1,121	\$ 2,440
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		1,634	2,568	0	0	0	0	0	4,201	644	5,986	10,831
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		1,210	1,902	0	0	0	0	0	3,112	747	6,947	10,806
083	Speech Pathology		824	1,295	0	0	0	0	0	2,119	128	1,194	3,442
085	Pharmacy		155	244	0	0	0	0	0	400	832	7,732	8,963
090	Laboratory		0	0	0	0	0	0	0	0	122	1,135	1,257
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	92	852	944
101	Subacute Care Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care		38,413	60,383	50,660	230,236	969	3,257	89,842	473,759	7,816	72,668	554,243 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care		0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric		0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
<b>NONREIMBURSABLE</b>													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		466	733	0	0	0	0	0	1,199	21	192	1,412
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 594,335</b>	<b>\$ 59,616</b>	<b>\$ 90,197</b>	<b>\$ 50,660</b>	<b>\$ 230,236</b>	<b>\$ 969</b>	<b>\$ 3,257</b>	<b>\$ 89,842</b>	<b>\$ 485,987</b>	<b>\$ 10,521</b>	<b>\$ 97,826</b>	<b>\$ 594,335</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
CATERED MANOR NURSING CENTER

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 100,140	\$ 100,140										
010	Housekeeping	30,803	3,756	\$ 34,559									
060	Laundry and Linen	13,334	2,839	1,018	\$ 17,191								
065	Dietary	140,898	8,097	2,903	0	\$ 151,899							
155	Social Services	8,163	633	227	0	0	\$ 9,022						
160	Activities	7,659	2,127	763	0	0	0	\$ 10,549					
165	Administration	N/A	6,872	2,464	0	0	0	0		\$ 9,335	\$ 9,335		
166	Medical Records	30,154	2,522	904	0	0	0	0		33,581		\$ 33,581	
170	Inservice Education - Nursing	0	783	281	0	0	0	0	\$ 1,064				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	50,037	783	281	0	0	0	0	0	51,101	107	385	\$ 51,592
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	279,601	2,744	984	0	0	0	0	0	283,329	571	2,055	285,955
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	334,399	2,032	729	0	0	0	0	0	337,160	663	2,385	340,207
083	Speech Pathology	48,598	1,384	496	0	0	0	0	0	50,478	114	410	51,002
085	Pharmacy	389,378	261	94	0	0	0	0	0	389,733	738	2,654	393,124
090	Laboratory	57,465	0	0	0	0	0	0	0	57,465	108	389	57,963
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	43,153	0	0	0	0	0	0	0	43,153	81	292	43,527
101	Subacute Care Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care	125,751	64,525	23,136	17,191	151,899	9,022	10,549	1,064	403,136	6,935	24,945	435,015 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care	0	0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
<b>NONREIMBURSABLE</b>													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	3,014	783	281	0	0	0	0	0	4,078	18	66	4,162
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 1,662,547</b>	<b>\$ 100,140</b>	<b>\$ 34,559</b>	<b>\$ 17,191</b>	<b>\$ 151,899</b>	<b>\$ 9,022</b>	<b>\$ 10,549</b>	<b>\$ 1,064</b>	<b>\$ 1,619,631</b>	<b>\$ 9,335</b>	<b>\$ 33,581</b>	<b>\$ 1,662,547</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
CATERED MANOR NURSING CENTER

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

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities
				Various	5	10	60	65	155	160
<b>GENERAL SERVICES</b>										
	Capital Related (excluding lines 40 & 45)	\$ 530,937	97%							
	Property Tax (line 40)	19,124	3%	\$ 550,061						
005	Plant Operations and Maintenance			20,087	\$ 20,087					
010	Housekeeping			19,878	753	\$ 20,632				
060	Laundry and Linen			15,024	569	608	\$ 16,201			
065	Dietary			42,853	1,624	1,733	0	\$ 46,211		
155	Social Services			3,348	127	135	0	0	\$ 3,610	
160	Activities			11,257	427	455	0	0	0	\$ 12,139
165	Administration			36,367	1,378	1,471	0	0	0	0
166	Medical Records			13,350	506	540	0	0	0	0
170	Inservice Education - Nursing			4,143	157	168	0	0	0	0
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			4,143	157	168	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			14,522	550	587	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			10,755	408	435	0	0	0	0
083	Speech Pathology			7,324	278	296	0	0	0	0
085	Pharmacy			1,381	52	56	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care			341,486	12,943	13,812	16,201	46,211	3,610	12,139
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
<b>NONREIMBURSABLE</b>										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			4,143	157	168	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 550,061</b>	<b>100%</b>	<b>\$ 550,061</b>	<b>\$ 20,087</b>	<b>\$ 20,632</b>	<b>\$ 16,201</b>	<b>\$ 46,211</b>	<b>\$ 3,610</b>	<b>\$ 12,139</b>

\* (To Schedule 1)

## ALLOCATION OF CAPITAL COSTS

Provider Name:  
CATERED MANOR NURSING CENTER

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

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

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 97% Of Total	Property Tax 3% Of Total
	<b>GENERAL SERVICES</b>									
	Capital Related (excluding lines 40 & 45)	\$ 530,937	97%							
	Property Tax (line 40)	19,124	3%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 39,216	\$ 39,216				
166	Medical Records				14,396		\$ 14,396			
170	Inservice Education - Nursing			\$ 4,468						
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			0	4,468	449	165	\$ 5,082	\$ 4,905	\$ 177
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	15,659	2,400	881	18,940	18,281	658
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	11,598	2,785	1,022	15,405	14,869	536
083	Speech Pathology			0	7,897	479	176	8,552	8,255	297
085	Pharmacy			0	1,489	3,099	1,138	5,726	5,527	199
090	Laboratory			0	0	455	167	622	600	22
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	342	125	467	451	16
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
	<b>ROUTINE SERVICES</b>									
105	Skilled Nursing Care			4,468	450,870	29,131	10,694	490,695	473,635	17,060
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
	<b>NONREIMBURSABLE</b>									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	4,468	77	28	4,573	4,414	159
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 550,061	100%	\$ 4,468	\$ 496,449	\$ 39,216	\$ 14,396	\$ 550,061	\$ 530,937	\$ 19,124

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
CATERED MANOR NURSING CENTER

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

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. 66% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 6% of Total	Quality Assur. Fees 27% of Total	Caregiver Training 0% of Total
<b>GENERAL SERVICES</b>														
045	Property Insurance	\$ 11,602												
055	Interest - Other	31,880												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	760,206												
	Total Costs Allocable as Administration	803,688	66%											
167	CDPH Licensing Fees	19,920	2%											
168	Professional Liability Insurance	68,436	6%											
169	Quality Assurance Fees	329,010	27%											
174	Caregiver Training	0	0%											
	Total	1,221,054	100%						\$ 1,221,054					
<b>ANCILLARY SERVICES</b>														
075	Patient Supplies			\$ -	\$ 1,199	\$ 51,101	\$ 4,468	\$ 56,767	13,989	\$ 9,207	\$ 228	\$ 784	\$ 3,769	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	4,201	283,329	15,659	303,189	74,714	49,176	1,219	4,187	20,131	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	3,112	337,160	11,598	351,869	86,710	57,072	1,415	4,860	23,364	0
083	Speech Pathology			0	2,119	50,478	7,897	60,494	14,907	9,812	243	836	4,017	0
085	Pharmacy			0	400	389,733	1,489	391,621	96,506	63,519	1,574	5,409	26,003	0
090	Laboratory			0	0	57,465	0	57,465	14,161	9,321	231	794	3,816	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	43,153	0	43,153	10,634	6,999	173	596	2,865	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>														
105	Skilled Nursing Care			2,352,981	473,759	403,136	450,870	3,680,746	907,032	597,001	14,797	50,836	244,398	0
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE</b>														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	1,199	4,078	4,468	9,744	2,401	1,580	39	135	647	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	<b>SUBTOTAL</b>	\$ 1,221,054		\$ 2,352,981	\$ 485,987	\$ 1,619,631	\$ 496,449	\$ 4,955,048	\$ 1,221,054					
	Total Administrative Costs							\$ 1,221,054		\$ 803,688	\$ 19,920	\$ 68,436	\$ 329,010	\$ -
	Unit Cost Multiplier							0.24642625						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 108,348	\$ 42,916	\$ 53,612	\$ 204,876							
	<b>TOTAL FACILITY COSTS</b>							\$ 6,380,978						

\*(To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
CATERED MANOR NURSING CENTER

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj )	Plant Ops (SQ FT) 5 (Adj )	Hskpng (SQ FT) 10 (Adj )	Laundry (LBS) 60 (Adj )	Dietary (MEALS) 65 (Adj )	Soc Srvs (DIRECT EXP) 155 (Adj )	Activities (DIRECT EXP) 160 (Adj )	Inserv. Ed (DIRECT EXP) 170 (Adj )	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	<b>GENERAL SERVICES</b>										
005	Plant Operations and Maintenance	480									
010	Housekeeping	475	475								
060	Laundry and Linen	359	359	359							
065	Dietary	1,024	1,024	1,024							
155	Social Services	80	80	80							
160	Activities	269	269	269							
165	Administration	869	869	869							
166	Medical Records	319	319	319							
170	Inservice Education - Nursing	99	99	99							
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	99	99	99						56,767	56,767
077	Specialized Support Surfaces									0	0
080	Physical Therapy	347	347	347						303,189	303,189
081	Respiratory Therapy									0	0
082	Occupational Therapy	257	257	257						351,869	351,869
083	Speech Pathology	175	175	175						60,494	60,494
085	Pharmacy	33	33	33						391,621	391,621
090	Laboratory									57,465	57,465
095	Home Health Services									0	0
100	Other Ancillary Services									43,153	43,153
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	8,160	8,160	8,160	48,384	71,640	2,284,977	2,284,977	2,284,977	3,680,746	3,680,746
110	Intermediate Care						0	0	0	0	0
115	Mentally Disordered Care						0	0	0	0	0
120	Developmentally Disabled Care						0	0	0	0	0
125	Subacute Care						0	0	0	0	0
126	Subacute Care - Pediatric						0	0	0	0	0
128	Transitional Inpatient Care						0	0	0	0	0
130	Hospice Inpatient Care						0	0	0	0	0
135	Other Routine Services						0	0	0	0	0
	<b>NONREIMBURSABLE</b>										
139	Residential Care									0	0
140	Beauty and Barber	99	99	99						9,744	9,744
145	Other Nonreimbursable									0	0
	<b>TOTAL STATISTICS</b>	13,144	12,664	12,189	48,384	71,640	2,284,977	2,284,977	2,284,977	4,955,048	4,955,048
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 103,234 0.045179448	\$ 90,521 0.039615716			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 59,616 4.70751737	\$ 90,197 7.39987454	\$ 50,660 1.04703112	\$ 230,236 3.21379075	\$ 969 0.00042390	\$ 3,257 0.00142535	\$ 89,842 0.03931840	\$ 10,521 0.00212335	\$ 97,826 0.01974275
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 100,140 7.90745420	\$ 34,559 2.83526464	\$ 17,191 0.35529588	\$ 151,899 2.12030352	\$ 9,022 0.00394858	\$ 10,549 0.00461659	\$ 1,064 0.00046544	\$ 9,335 0.00188402	\$ 33,581 0.00677711
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 550,061 41.84882836	\$ 20,087 1.58618427	\$ 20,632 1.69264345	\$ 16,201 0.33483855	\$ 46,211 0.64504076	\$ 3,610 0.00157998	\$ 12,139 0.00531268	\$ 4,468 0.00195522	\$ 39,216 0.00791434	\$ 14,396 0.00290526

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
CATERED MANOR NURSING CENTER

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

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

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	\$ 46,324	\$ 0	\$ 46,324	(Sch 3)
005	.20-.39	Fringe Benefits	6200	13,292	0	13,292	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	100,140	0	100,140	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 159,756	\$ 0	\$ 159,756	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 66,865	\$ 0	\$ 66,865	(Sch 3)
010	.20-.39	Fringe Benefits	6300	21,096	0	21,096	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	30,803	0	30,803	(Sch 4)
010		Housekeeping - Total	6300	\$ 118,764	\$ 0	\$ 118,764	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 0	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	18,837	0	18,837	(Sch 5)
025		Depreciation: Equipment	7140	17,138	267	17,405	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	494,695	0	494,695	(Sch 5)
040		Property Taxes	7300	19,124	0	19,124	(Sch 5)
045		Property Insurance	7400	11,602	0	11,602	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	0	0	0	(Sch 6)
055		Interest - Other	7600	\$ 31,880	\$ 0	\$ 31,880	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 871,796	\$ 267	\$ 872,063	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 35,130	\$ 0	\$ 35,130	(Sch 3)
060	.20-.39	Fringe Benefits	6400	11,183	0	11,183	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	13,334	0	13,334	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 59,647	\$ 0	\$ 59,647	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 166,507	\$ 0	\$ 166,507	(Sch 3)
065	.20-.39	Fringe Benefits	6500	51,331	0	51,331	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	140,898	0	140,898	(Sch 4)
065		Dietary - Total	6500	\$ 358,736	\$ 0	\$ 358,736	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		<b>Ancillary Services</b>					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 0	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	40,197	9,840	50,037	(Sch 4)
075		Patient Supplies - Total	8100	\$ 40,197	\$ 9,840	\$ 50,037	
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:  
CATERED MANOR NURSING CENTER

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

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

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	279,601	0	279,601	(Sch 4)
080		Physical Therapy - Total	8200	\$ 279,601	\$ 0	\$ 279,601	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$ 0	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	0	0	0	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	0	0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$ 0	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250	0	0	0	(Sch 2)
082	.79	Agency Staff	8250	0	0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	334,399	0	334,399	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 334,399	\$ 0	\$ 334,399	
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	48,598	0	48,598	(Sch 4)
083		Speech Pathology - Total	8280	\$ 48,598	\$ 0	\$ 48,598	
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	389,378	0	389,378	(Sch 4)
085		Pharmacy - Total	8300	\$ 389,378	\$ 0	\$ 389,378	
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	57,465	0	57,465	(Sch 4)
090		Laboratory - Total	8400	\$ 57,465	\$ 0	\$ 57,465	
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	\$ 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	40,294	2,859	43,153	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 40,294	\$ 2,859	\$ 43,153	

## SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
CATERED MANOR NURSING CENTER

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

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

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		\$ 1,189,932	\$ 12,699	\$ 1,202,631	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,685,904	\$ (2,311)	\$ 1,683,593	(Sch 2)
105	.20-.39	Fringe Benefits	6110	476,076	(443)	475,633	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	138,892	(13,141)	125,751	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 2,300,872	\$ (15,895)	\$ 2,284,977	
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:**  
CATERED MANOR NURSING CENTER

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

**Provider NPI:**  
1780672428

**OSHPD Facility Number:**  
206190212

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
CATERED MANOR NURSING CENTER

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

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

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)
		<b>Other Nonreimbursable</b>				
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	\$ 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	3,014	0	3,014 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 3,014	\$ 0	\$ 3,014
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		<b>Subtotal 105 - 145</b>		\$ 2,303,886	\$ (15,895)	\$ 2,287,991
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 78,966	\$ 0	\$ 78,966 (Sch 2)
155	.20-.39	Fringe Benefits	6600	24,268	0	24,268 (Sch 2)
155	.49	Agency Staff	6600	0	0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	8,163	0	8,163 (Sch 4)
155		Social Services - Total	6600	\$ 111,397	\$ 0	\$ 111,397

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
CATERED MANOR NURSING CENTER

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

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

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	\$ 69,085	\$ 0	\$ 69,085	(Sch 2)
160	.20-.39	Fringe Benefits	6700	21,436	0	21,436	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	7,659	0	7,659	(Sch 4)
160		Activities - Total	6700	\$ 98,180	\$ 0	\$ 98,180	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 246,593	\$ 0	\$ 246,593	(Sch 6)
165	.20-.39	Fringe Benefits	6900	83,933	0	83,933	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	426,483	3,197	429,680	(Sch 6)
165		Administration - Total	6900	\$ 757,009	\$ 3,197	\$ 760,206	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 73,468	\$ 0	\$ 73,468	(Sch 3)
166	.20-.39	Fringe Benefits	6900	20,496	0	20,496	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	30,154	0	30,154	(Sch 4)
166		Medical Records - Total	6900	\$ 124,118	\$ 0	\$ 124,118	
167		CDPH Licensing Fees	6900	\$ 19,920	\$ 0	\$ 19,920	(Sch 6)
168		Professional Liability Insurance	6900	\$ 68,436	\$ 0	\$ 68,436	(Sch 6)
169		Quality Assurance Fees	6900	\$ 329,010	\$ 0	\$ 329,010	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 68,677	\$ 0	\$ 68,677	(Sch 3)
170	.20-.39	Fringe Benefits	6800	19,966	0	19,966	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	0	0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 88,643	\$ 0	\$ 88,643	
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	
		<b>Subtotal 155 - 174</b>		\$ 1,596,713	\$ 3,197	\$ 1,599,910	
200		<b>Total</b>		\$ 6,380,710	\$ 268	\$ 6,380,978	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 188,973	
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\* For informational purposes only, this amount is included in various cost centers above.

Provider Name:  
CATERED MANOR NURSING CENTER

Provider NPI:  
1780672428

OSHPD Facility Number:  
206190212

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

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ	AUDIT ADJ
005	1	Plant Operations and Maintenance - Salaries and Wages	0							
005	2	Plant Operations and Maintenance - Fringe Benefits	0							
005	3	Plant Operations and Maintenance - Agency Staff	0							
005	4	Plant Operations and Maintenance - Other - Nonlabor	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	267					267		
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	0							
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	9,840	2,287	7,553					
077	1	Specialized Support Surfaces - Salaries and Wages	0							
077	2	Specialized Support Surfaces - Fringe Benefits	0							
077	3	Specialized Support Surfaces - Agency Staff	0							
077	4	Specialized Support Surfaces - Other - Nonlabor	0							
080	1	Physical Therapy - Salaries and Wages	0							
080	2	Physical Therapy - Fringe Benefits	0							
080	3	Physical Therapy - Agency Staff	0							
080	4	Physical Therapy - Other - Nonlabor	0							
081	1	Respiratory Therapy - Salaries and Wages	0							
081	2	Respiratory Therapy - Fringe Benefits	0							
081	3	Respiratory Therapy - Agency Staff	0							
081	4	Respiratory Therapy - Other - Nonlabor	0							
082	1	Occupational Therapy - Salaries and Wages	0							
082	2	Occupational Therapy - Fringe Benefits	0							
082	3	Occupational Therapy - Agency Staff	0							
082	4	Occupational Therapy - Other - Nonlabor	0							
083	1	Speech Pathology - Salaries and Wages	0							
083	2	Speech Pathology - Fringe Benefits	0							
083	3	Speech Pathology - Agency Staff	0							







Provider Name							Fiscal Period			Provider NPI		Adjustments	
CATERED MANOR NURSING CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1780672428		8	
Report References							Explanation of Audit Adjustments			As Reported		Increase (Decrease)	As Adjusted
Cost Report			Audit Report										
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No							
<u>MEMORANDUM ADJUSTMENT</u>													
1	Not Reported			8	210		Total Facility Group Health Insurance To include Group Health Insurance in the audit for informational purpose only. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 230			\$0	\$188,973	\$188,973	

Provider Name							Fiscal Period	Provider NPI		Adjustments
CATERED MANOR NURSING CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1780672428		8
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Cost Report			Audit Report						
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<b><u>RECLASSIFICATIONS OF REPORTED COSTS</u></b>										
2	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	\$40,197	\$2,287	\$42,484 *
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor To reclassify alternating mattress expense not included in the routine rate to a separately billable cost center for proper cost determination. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR Title 22, Sections 51511(c)	138,892	(2,287)	136,605 *
3	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	* \$42,484	\$7,553	\$50,037
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor To reclassify oxygen expense not included in the routine rate to a separately billable cost center for proper cost determination. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR Title 22, Section 51511(c)	* 136,605	(7,553)	129,052 *
4	10.5	100	4	8A-1	100	4	Other Ancillary Services - Other - Nonlabor	\$40,294	\$2,859	\$43,153
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor To reclassify x-ray and laboratory expense not included in the routine rate to a separately billable cost center for proper cost determination. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR Title 22, Section 51511	* 129,052	(2,859)	126,193 *

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
CATERED MANOR NURSING CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1780672428		8
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>										
5	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$1,685,904	(\$2,311)	\$1,683,593
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	476,076	(443)	475,633
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 126,193	(442)	125,751
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	426,483	3,197	429,680
							To adjust the reported home office costs to agree with the filed Covenant Care, LLC Home Office Cost Report for the fiscal period ended December 31, 2011. 42 CFR 413.17 / CMS Pub. 15-1, Sections 2150.2 and 2304			
6	10.5	025	4	8A-1	025	4	Depreciation - Equipment	\$17,138	\$267	\$17,405
							To include mattress depreciation expense based on the useful life that was established during the prior year's Medi-Cal Cost Report audit. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 104.8, 108.1, 108.2 and 2300			

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
CATERED MANOR NURSING CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1780672428		8
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<b><u>ADJUSTMENT TO REPORTED PATIENT DAYS</u></b>										
7	4.1	5	2	1	15	Medi-Cal Days To reflect Medi-Cal patient days based on the following Fiscal Intermediary Payment Data. Service Period: January 01, 2011 through December 31, 2011 Payment Period: January 01, 2011 through October 15, 2012 Report Date: October 16, 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	13,942	(173)	13,769	

Provider Name							Fiscal Period			Provider NPI		Adjustments
CATERED MANOR NURSING CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1780672428		8
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>												
8	Not Reported			1	14		Overpayments To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR Title 22, Sections 50761 and 51458.1		\$0	\$7,671	\$7,671	