

**REPORT  
ON THE  
RATE SETTING AUDIT**

**BALBOA NURSING AND REHABILITATION CENTER  
SAN DIEGO, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1578521274**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

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

**Section Chief: Patricia M. Fox  
Audit Supervisor: Woosung Lee  
Auditor: Kate Vvedenskaya**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

June 28, 2013

Administrator  
Balboa Nursing and Rehabilitation Center  
3520 Fourth Avenue  
San Diego, CA 92103

BALBOA NURSING AND REHABILITATION CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1578521274  
FISCAL PERIOD ENDED DECEMBER 31, 2011

We have reviewed 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.

This report includes the summary of Facility Cost per Patient Day and supporting schedules and audit adjustments that include a summary of the total due the State in the amount of \$45,214, which resulted from Medi-Cal overpayments. The data presented in these schedules represents the reported Medi-Cal program costs for the above fiscal period. Please note that the cost per day in the accompanying schedules may differ from the facility's filed Integrated Disclosure and Medi-Cal Cost Report due to the fact that the schedules used reported statistics on page 10.7 and the reported cost on page 10.5 of the Disclosure Report. These pages are specifically designed for the cost per day calculation under the AB 1629 reimbursement methodology.

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.

Administrator  
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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—San Diego at (619) 688-3200.

Originally signed by:

Patricia M. Fox, Chief  
Audits Section—San Diego  
Financial Audits Branch

Certified

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

## Provider Name:

BALBOA NURSING AND REHABILITATION CENTER

## Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

## NPI:

1578521274

## OSHPD Facility No.:

206370719

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	\$ 6,672,569	\$ 116.21
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 1,307,867	\$ 22.78
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 1,100,167	\$ 19.16
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 850,787	\$ 14.82
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 24,143	\$ 0.42
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 43,208	\$ 0.75
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 46,082	\$ 0.80
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 585,514	\$ 10.20
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,510,506	\$ 26.31
11	Cost of Routine Service/Audited Total Costs	\$ 11,979,620.00	\$ 12,140,843	\$ 211.44
12	Total Patient Days (Adj )	57,420	57,420	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 208.63	\$ 211.44	
14	Overpayments (Adj 5)	\$ 0	\$ 45,214	
15	Medi-Cal Days (Adj 2)	36,147	36,078	
16	Medi-Cal Managed Care Days (Adj 3)		2,801	
<b>INTERMEDIATE CARE</b>				
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	
<b>MENTALLY DISORDERED CARE</b>				
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	
<b>DEVELOPMENTALLY DISABLED CARE</b>				
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	
<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:

BALBOA NURSING AND REHABILITATION CENTER

## Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

## NPI:

1578521274

## OSHPD Facility No.:

206370719

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	
50	Total Patient Days (Adj )		0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments (Adj )	\$	\$ 0	
<b>HOSPICE INPATIENT CARE</b>				
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	
<b>OTHER ROUTINE SERVICES</b>				
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:  
BALBOA NURSING AND REHABILITATION CENTER

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

NPI:  
1578521274

OSHPD Facility No.:  
206370719

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	\$ 181,150	\$ 181,150		
160	Activities	188,447		\$ 188,447	
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	823,598	0	0	823,598
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	429,926	0	0	429,926
083	Speech Pathology	149,946	0	0	149,946
085	Pharmacy	0	0	0	0
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	79,294	0	0	79,294
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	6,302,972	181,150	188,447	6,672,569 *
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>\$ 8,155,333</b>	<b>\$ 181,150</b>	<b>\$ 188,447</b>	<b>\$ 8,155,333</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
BALBOA NURSING AND REHABILITATION CENTER

NPI:  
1578521274

OSHPD Facility Number:  
206370719

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	\$ 208,654	\$ 208,654										
010	Housekeeping	362,468	-	\$ 362,468									
060	Laundry and Linen	92,966	1,195	2,076	\$ 96,237								
065	Dietary	583,047	18,926	32,878	0	\$ 634,851							
155	Social Services	N/A	0	0	0	0	\$ -						
160	Activities	N/A	0	0	0	0	0	\$ -					
165	Administration	N/A	12,200	21,193	0	0	0	0		\$ 33,392	\$ 33,392		
166	Medical Records	121,518	2,004	3,481	0	0	0	0		127,004		\$ 127,004	
170	Inservice Education - Nursing	176,549	0	0	0	0	0	0	\$ 176,549				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		6,661	11,571	0	0	0	0	0	18,232	684	2,602	\$ 21,519
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		0	0	0	0	0	0	0	0	2,193	8,339	10,532
081	Respiratory Therapy		0	0	0	0	0	0	0	0	66	251	316
082	Occupational Therapy		0	0	0	0	0	0	0	0	1,106	4,206	5,312
083	Speech Pathology		0	0	0	0	0	0	0	0	389	1,478	1,866
085	Pharmacy		0	0	0	0	0	0	0	0	1,324	5,037	6,361
090	Laboratory		0	0	0	0	0	0	0	0	287	1,092	1,379
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	429	1,631	2,060
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		102,297	177,708	96,237	634,851	0	0	176,549	1,187,643	25,029	95,195	1,307,867
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		1,421	2,469	0	0	0	0	0	3,890	41	156	4,087
145	Other Nonreimbursable		63,950	111,091	0	0	0	0	0	175,041	1,845	7,016	183,902
	<b>TOTAL</b>	<b>\$ 1,545,202</b>	<b>\$ 208,654</b>	<b>\$ 362,468</b>	<b>\$ 96,237</b>	<b>\$ 634,851</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 176,549</b>	<b>\$ 1,384,806</b>	<b>\$ 33,392</b>	<b>\$ 127,004</b>	<b>\$ 1,545,202</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
BALBOA NURSING AND REHABILITATION CENTER

NPI:  
1578521274

OSHPD Facility Number:  
206370719

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	\$ 333,635	\$ 333,635										
010	Housekeeping	63,287	0	\$ 63,287									
060	Laundry and Linen	27,429	1,911	363	\$ 29,703								
065	Dietary	363,314	30,263	5,741	0	\$ 399,317							
155	Social Services	3,878	0	0	0	0	\$ 3,878						
160	Activities	10,854	0	0	0	0	0	\$ 10,854					
165	Administration	N/A	19,507	3,700	0	0	0	0		\$ 23,207	\$ 23,207		
166	Medical Records	19,751	3,205	608	0	0	0	0		23,563		\$ 23,563	
170	Inservice Education - Nursing	1,517	0	0	0	0	0	0	\$ 1,517				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	191,280	10,651	2,020	0	0	0	0	0	203,951	475	483	\$ 204,909
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	28,792	0	0	0	0	0	0	0	28,792	1,524	1,547	31,863
081	Respiratory Therapy	25,615	0	0	0	0	0	0	0	25,615	46	46	25,707
082	Occupational Therapy	31	0	0	0	0	0	0	0	31	769	780	1,580
083	Speech Pathology	1,113	0	0	0	0	0	0	0	1,113	270	274	1,657
085	Pharmacy	514,832	0	0	0	0	0	0	0	514,832	920	934	516,687
090	Laboratory	111,605	0	0	0	0	0	0	0	111,605	200	203	112,007
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	87,420	0	0	0	0	0	0	0	87,420	298	303	88,021
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	425,241	163,572	31,028	29,703	399,317	3,878	10,854	1,517	1,065,110	17,395	17,662	1,100,167 *
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	0	2,272	431	0	0	0	0	0	2,703	28	29	2,761
145	Other Nonreimbursable	0	102,254	19,397	0	0	0	0	0	121,651	1,282	1,302	124,235
	<b>TOTAL</b>	<b>\$ 2,209,594</b>	<b>\$ 333,635</b>	<b>\$ 63,287</b>	<b>\$ 29,703</b>	<b>\$ 399,317</b>	<b>\$ 3,878</b>	<b>\$ 10,854</b>	<b>\$ 1,517</b>	<b>\$ 2,162,823</b>	<b>\$ 23,207</b>	<b>\$ 23,563</b>	<b>\$ 2,209,594</b>

\* (To Schedule 1)

## ALLOCATION OF CAPITAL COSTS

Provider Name:  
BALBOA NURSING AND REHABILITATION CENTER

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

NPI:  
1578521274

OSHPD Facility Number:  
206370719

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital Various	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Svcs 155	Activities 160
	<b>GENERAL SERVICES</b>									
	Capital Related (excluding lines 40 & 45)	\$ 1,334,085	97%							
	Property Tax (line 40)	37,857	3%	\$ 1,371,942						
005	Plant Operations and Maintenance			17,877	\$ 17,877					
010	Housekeeping			0	0	\$ -				
060	Laundry and Linen			7,756	102	0	\$ 7,859			
065	Dietary			122,822	1,622	0	0	\$ 124,443		
155	Social Services			0	0	0	0	0	\$ -	
160	Activities			0	0	0	0	0	0	\$ -
165	Administration			79,170	1,045	0	0	0	0	0
166	Medical Records			13,006	172	0	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			43,226	571	0	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	0	0	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	0	0	0	0	0	0
083	Speech Pathology			0	0	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
	<b>ROUTINE SERVICES</b>									
105	Skilled Nursing Care			663,861	8,765	0	7,859	124,443	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
	<b>NONREIMBURSABLE</b>									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			9,222	122	0	0	0	0	0
145	Other Nonreimbursable			415,002	5,479	0	0	0	0	0
	<b>TOTAL</b>	\$ 1,371,942	100%	\$ 1,371,942	\$ 17,877	\$ -	\$ 7,859	\$ 124,443	\$ -	\$ -

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
BALBOA NURSING AND REHABILITATION CENTER

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

NPI:  
1578521274

OSHPD Facility Number:  
206370719

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)	\$ 1,334,085	97%							
	Property Tax (line 40)	37,857	3%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 80,215	\$ 80,215				
166	Medical Records				13,177		\$ 13,177			
170	Inservice Education - Nursing			\$ -						
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			0	43,797	1,644	270	\$ 45,711	\$ 44,449	\$ 1,261
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	0	5,267	865	6,132	5,963	169
081	Respiratory Therapy			0	0	158	26	184	179	5
082	Occupational Therapy			0	0	2,657	436	3,093	3,008	85
083	Speech Pathology			0	0	933	153	1,087	1,057	30
085	Pharmacy			0	0	3,181	523	3,704	3,602	102
090	Laboratory			0	0	690	113	803	781	22
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	1,030	169	1,199	1,166	33
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care			0	804,928	60,125	9,877	874,929	850,787	24,143 *
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	9,344	98	16	9,459	9,198	261
145	Other Nonreimbursable			0	420,481	4,432	728	425,641	413,895	11,745
	<b>TOTAL</b>	<b>\$ 1,371,942</b>	<b>100%</b>	<b>\$ -</b>	<b>\$ 1,278,550</b>	<b>\$ 80,215</b>	<b>\$ 13,177</b>	<b>\$ 1,371,942</b>	<b>\$ 1,334,085</b>	<b>\$ 37,857</b>

(To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
BALBOA NURSING AND REHABILITATION CENTER

NPI:  
1578521274

OSHPD Facility Number:  
206370719

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. 69% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 2% of Total	Quality Assur. Fees 27% of Total	Caregiver Training 0% of Total
	<b>GENERAL SERVICES</b>													
045	Property Insurance	\$ 14,924												
055	Interest - Other	61,222												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,939,080												
	Total Costs Allocable as Administration	2,015,226	69%											
167	CDPH Licensing Fees	57,645	2%											
168	Professional Liability Insurance	61,480	2%											
169	Quality Assurance Fees	781,158	27%											
174	Caregiver Training	0	0%											
	Total	2,915,509	100%						\$ 2,915,509					
	<b>ANCILLARY SERVICES</b>													
075	Patient Supplies			\$ -	\$ 18,232	\$ 203,951	\$ 43,797	\$ 265,980	59,736	\$ 41,290	\$ 1,181	\$ 1,260	\$ 16,005	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			823,598	0	28,792	0	852,390	191,438	132,323	3,785	4,037	51,292	0
081	Respiratory Therapy			0	0	25,615	0	25,615	5,753	3,976	114	121	1,541	0
082	Occupational Therapy			429,926	0	31	0	429,957	96,564	66,746	1,909	2,036	25,873	0
083	Speech Pathology			149,946	0	1,113	0	151,059	33,926	23,450	671	715	9,090	0
085	Pharmacy			0	0	514,832	0	514,832	115,626	79,922	2,286	2,438	30,980	0
090	Laboratory			0	0	111,605	0	111,605	25,065	17,325	496	529	6,716	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			79,294	0	87,420	0	166,714	37,442	25,880	740	790	10,032	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			6,672,569	1,187,643	1,065,110	804,928	9,730,250	2,185,310	1,510,506	43,208	46,082	585,514	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	3,890	2,703	9,344	15,937	3,579	2,474	71	75	959	0
145	Other Nonreimbursable			0	175,041	121,651	420,481	717,173	161,069	111,333	3,185	3,397	43,156	0
	<b>SUBTOTAL</b>	\$ 2,915,509		\$ 8,155,333	\$ 1,384,806	\$ 2,162,823	\$ 1,278,550	\$ 12,981,512	\$ 2,915,509					
	Total Administrative Costs							\$ 2,915,509		\$ 2,015,226	\$ 57,645	\$ 61,480	\$ 781,158	\$ -
	Unit Cost Multiplier							0.22458932						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 160,396	\$ 46,771	\$ 93,392	\$ 300,559							
	<b>TOTAL FACILITY COSTS</b>							\$ 16,197,580						

\* (To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
BALBOA NURSING AND REHABILITATION CENTER

NPI:  
1578521274

OSHPD Facility Number:  
206370719

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 4)	Plant Ops (SQ FT) 5 (Adj 4)	Hskpng (SQ FT) 10 (Adj 4)	Laundry (LBS) 60	Dietary (MEALS) 65	Soc Srvs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	Inserv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	<b>GENERAL SERVICES</b>										
005	Plant Operations and Maintenance	378									
010	Housekeeping										
060	Laundry and Linen	164	164	164							
065	Dietary	2,597	2,597	2,597							
155	Social Services										
160	Activities										
165	Administration	1,674	1,674	1,674							
166	Medical Records	275	275	275							
170	Inservice Education - Nursing										
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	914	914	914						265,980	265,980
077	Specialized Support Surfaces									0	0
080	Physical Therapy									852,390	852,390
081	Respiratory Therapy									25,615	25,615
082	Occupational Therapy									429,957	429,957
083	Speech Pathology									151,059	151,059
085	Pharmacy									514,832	514,832
090	Laboratory									111,605	111,605
095	Home Health Services									0	0
100	Other Ancillary Services									166,714	166,714
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	14,037	14,037	14,037	282,605	169,563	6,728,213	6,728,213	6,728,213	9,730,250	9,730,250
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	195	195	195						15,937	15,937
145	Other Nonreimbursable	8,775	8,775	8,775						717,173	717,173
	<b>TOTAL STATISTICS</b>	29,009	28,631	28,631	282,605	169,563	6,728,213	6,728,213	6,728,213	12,981,512	12,981,512
	<b>TOTAL DIRECT SALARIES COSTS - SCH. 2</b>						\$ 181,150	\$ 188,447			
	<b>UNIT COST MULTIPLIER (DIRECT SALARIES)</b>						0.02692394	0.028008477			
	<b>TOTAL INDIRECT SALARIES COSTS - SCH. 3</b>		\$ 208,654	\$ 362,468	\$ 96,237	\$ 634,851	\$ -	\$ -	\$ 176,549	\$ 33,392	\$ 127,004
	<b>UNIT COST MULTIPLIER (INDIRECT SALARIES)</b>		7.28769516	12.65998393	0.34053686	3.74404276	0.00000000	0.00000000	0.02624010	0.00257231	0.00978342
	<b>TOTAL INDIRECT OTHER COSTS - SCH. 4</b>		\$ 333,635	\$ 63,287	\$ 29,703	\$ 399,317	\$ 3,878	\$ 10,854	\$ 1,517	\$ 23,207	\$ 23,563
	<b>UNIT COST MULTIPLIER (INDIRECT OTHER)</b>		11.65292864	2.21043624	0.10510285	2.35497814	0.00057638	0.00161321	0.00022547	0.00178772	0.00181515
	<b>TOTAL CAPITAL COSTS - SCH. 5</b>	\$ 1,371,942	\$ 17,877	\$ -	\$ 7,859	\$ 124,443	\$ -	\$ -	\$ -	\$ 80,215	\$ 13,177
	<b>UNIT COST MULTIPLIER (CAPITAL COSTS)</b>	47.29366748	0.62439336	0.00000000	0.02780758	0.73390542	0.00000000	0.00000000	0.00000000	0.00617916	0.00101510

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
BALBOA NURSING AND REHABILITATION CENTER

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

NPI:  
1578521274

OSHPD Facility Number:  
206370719

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	\$ 163,695	\$ 0	\$ 163,695	(Sch 3)
005	.20-.39	Fringe Benefits	6200	44,959	0	44,959	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	333,635	0	333,635	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 542,289	\$ 0	\$ 542,289	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 277,016	\$ 0	\$ 277,016	(Sch 3)
010	.20-.39	Fringe Benefits	6300	85,452	0	85,452	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	63,287	0	63,287	(Sch 4)
010		Housekeeping - Total	6300	\$ 425,755	\$ 0	\$ 425,755	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130		0	0	(Sch 5)
025		Depreciation: Equipment	7140	303,452	0	303,452	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	1,030,633	0	1,030,633	(Sch 5)
040		Property Taxes	7300	37,857	0	37,857	(Sch 5)
045		Property Insurance	7400	14,924	0	14,924	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$ 61,222	\$ 0	\$ 61,222	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 2,416,132	\$ 0	\$ 2,416,132	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 69,491	\$ 0	\$ 69,491	(Sch 3)
060	.20-.39	Fringe Benefits	6400	23,475	0	23,475	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	27,429	0	27,429	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 120,395	\$ 0	\$ 120,395	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 441,969	\$ 0	\$ 441,969	(Sch 3)
065	.20-.39	Fringe Benefits	6500	141,078	0	141,078	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	363,314	0	363,314	(Sch 4)
065		Dietary - Total	6500	\$ 946,361	\$ 0	\$ 946,361	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		<b>Ancillary Services</b>					
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	191,280	0	191,280	(Sch 4)
075		Patient Supplies - Total	8100	\$ 191,280	\$ 0	\$ 191,280	
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:

BALBOA NURSING AND REHABILITATION CENTER

## Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

## NPI:

1578521274

## OSHPD Facility Number:

206370719

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	\$ 525,752	\$ 0	\$ 525,752	(Sch 2)
080	.20-.39	Fringe Benefits	8200	144,749	0	144,749	(Sch 2)
080	.79	Agency Staff	8200	153,097	0	153,097	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	28,792	0	28,792	(Sch 4)
080		Physical Therapy - Total	8200	\$ 852,390	\$ 0	\$ 852,390	
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	25,615	0	25,615	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 25,615	\$ 0	\$ 25,615	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$ 222,389	\$ 0	\$ 222,389	(Sch 2)
082	.20-.39	Fringe Benefits	8250	42,717	0	42,717	(Sch 2)
082	.79	Agency Staff	8250	164,820	0	164,820	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	31	0	31	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 429,957	\$ 0	\$ 429,957	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 102,528	\$ 0	\$ 102,528	(Sch 2)
083	.20-.39	Fringe Benefits	8280	33,756	0	33,756	(Sch 2)
083	.79	Agency Staff	8280	13,662	0	13,662	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	1,113	0	1,113	(Sch 4)
083		Speech Pathology - Total	8280	\$ 151,059	\$ 0	\$ 151,059	
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	514,832	0	514,832	(Sch 4)
085		Pharmacy - Total	8300	\$ 514,832	\$ 0	\$ 514,832	
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	111,605	0	111,605	(Sch 4)
090		Laboratory - Total	8400	\$ 111,605	\$ 0	\$ 111,605	
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	\$ 63,568	\$ 0	\$ 63,568	(Sch 2)
100	.20-.39	Fringe Benefits	8900	15,726	0	15,726	(Sch 2)
100	.79	Agency Staff	8900		0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	87,420	0	87,420	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 166,714	\$ 0	\$ 166,714	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
BALBOA NURSING AND REHABILITATION CENTER

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

NPI:  
1578521274

OSHPD Facility Number:  
206370719

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		\$ 2,443,452	\$ 0	\$ 2,443,452	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 5,070,291	\$ 0	\$ 5,070,291	(Sch 2)
105	.20-.39	Fringe Benefits	6110	1,232,681	0	1,232,681	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	425,241	0	425,241	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 6,728,213	\$ 0	\$ 6,728,213	
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)

## SUMMARY OF AUDITED PROGRAM EXPENSES

## Provider Name:

BALBOA NURSING AND REHABILITATION CENTER

## Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

## NPI:

1578521274

## OSHPD Facility Number:

206370719

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	(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		0	0	(Sch 4)
140		Beauty and Barber - Total	8900	\$ 0	\$ 0	\$ 0	
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>		\$ 6,728,213	\$ 0	\$ 6,728,213	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	\$ 141,331	\$ 0	\$ 141,331	(Sch 2)
155	.20-.39	Fringe Benefits	6600	39,819	0	39,819	(Sch 2)
155	.49	Agency Staff	6600		0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600	3,878	0	3,878	(Sch 4)
155		Social Services - Total	6600	\$ 185,028	\$ 0	\$ 185,028	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
BALBOA NURSING AND REHABILITATION CENTER

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

NPI:  
1578521274

OSHPD Facility Number:  
206370719

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	\$ 144,516	\$ 0	\$ 144,516	(Sch 2)
160	.20-.39	Fringe Benefits	6700	43,931	0	43,931	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	10,854	0	10,854	(Sch 4)
160		Activities - Total	6700	\$ 199,301	\$ 0	\$ 199,301	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 730,270	\$ 0	\$ 730,270	(Sch 6)
165	.20-.39	Fringe Benefits	6900	214,013	0	214,013	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	994,797	0	994,797	(Sch 6)
165		Administration - Total	6900	\$ 1,939,080	\$ 0	\$ 1,939,080	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 95,963	\$ 0	\$ 95,963	(Sch 3)
166	.20-.39	Fringe Benefits	6900	25,555	0	25,555	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	19,751	0	19,751	(Sch 4)
166		Medical Records - Total	6900	\$ 141,269	\$ 0	\$ 141,269	
167		CDPH Licensing Fees	6900	\$ 57,645	\$ 0	\$ 57,645	(Sch 6)
168		Professional Liability Insurance	6900	\$ 61,480	\$ 0	\$ 61,480	(Sch 6)
169		Quality Assurance Fees	6900	\$ 781,158	\$ 0	\$ 781,158	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 137,363	\$ 0	\$ 137,363	(Sch 3)
170	.20-.39	Fringe Benefits	6800	39,186	0	39,186	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	1,517	0	1,517	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 178,066	\$ 0	\$ 178,066	
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>		\$ 3,543,027	\$ 0	\$ 3,543,027	
200		<b>Total</b>		\$ 16,197,580	\$ 0	\$ 16,197,580	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 338,262	
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\* For informational purposes only, this amount is included in various cost centers above.

Provider Name:  
BALBOA NURSING AND REHABILITATION CENTER

NPI:  
1578521274

OSHPD Facility Number:  
206370719

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

Line No.	Sub No.	TOTAL ADJ (Pages 1,2,3&4)	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	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	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							





**Provider Name:**  
BALBOA NURSING AND REHABILITATION CENTER

**NPI:**  
1578521274

**OSHPD Facility Number:** 206370719  
**Fiscal Period:** JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Line No.	Sub No.	Description	TOTAL ADJ (Pages 1,2,3&4)	AUDIT ADJ						
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							
174	3	Caregiver Training - Agency Staff	0							
174	4	Caregiver Training - Other - Nonlabor	0							
200			<u>\$0</u>	<u>0</u>						
		Total	(To Sch 8)							

Provider Name							Fiscal Period	NPI	Adjustments	
BALBOA NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1578521274	5	
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		Total Facility Group Health Insurance To reflect Group Health Insurance in the audit report for information purposes only 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$0	\$338,262	\$338,262

Provider Name							Fiscal Period	NPI	Adjustments	
BALBOA NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1578521274	5	
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>ADJUSTMENTS TO REPORTED PATIENT DAYS</b>										
2	4.1	5	2	1	15		Skilled Nursing Care—Medi-Cal Day: To adjust Medi-Cal days to agree with the following Fiscal Intermediary payment data Service Period: January 1, 2011 through December 31, 201 Payment Period: January 1, 2011 through April 30, 201 Reports Dated: May 30, 201; 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	36,147	(69)	36,078
3	N/A			1	16		Skilled Nursing Care—Medi-Cal Managed Care Day To reflect Medi-Cal Managed Care days as indicated in the provider documentation 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	0	2,801	2,801

Provider Name							Fiscal Period	NPI	Adjustments	
BALBOA NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1578521274		5
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.				
<b><u>ADJUSTMENT TO REPORTED STATISTICS</u></b>										
4	10.7	145	1,2,3	7	145		Other Nonreimbursable (Square Feet) To include square feet statistics not reported on page 10.7 to match the audit report for the fiscal year December 31, 2010 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code, Section 14126.023	0	8,775	8,775

Provider Name							Fiscal Period	NPI	Adjustments	
BALBOA NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1578521274	5	
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>										
5	N/A			1	14		Medi-Cal Overpayments To recover Medi-Cal overpayments pertaining to Share of Cost because of insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)	\$0	\$45,214	\$45,214