

**REPORT
ON THE
RATE SETTING AUDIT**

**ARBOR NURSING CENTER
LODI, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1396986436**

**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: Ron Leiss**



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

ARBOR NURSING CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1396986436
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 was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

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 Schedule.

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.

Carol Sparks
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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—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:
ARBOR NURSING CENTER

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

Provider NPI:
1396986436

OSHPD Facility No.:
206392330

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 4,051,695	\$ 97.58
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 867,880	\$ 20.90
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 946,667	\$ 22.80
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 1,093,354	\$ 26.33
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 51,162	\$ 1.23
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 30,846	\$ 0.74
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 102,462	\$ 2.47
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 453,154	\$ 10.91
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,044,061	\$ 25.14
11	Cost of Routine Service/Audited Total Costs	\$ 8,689,167.00	\$ 8,641,280	\$ 208.11
12	Total Patient Days (Adj)	41,522	41,522	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 209.27	\$ 208.11	
14	Overpayments (Adj)	\$ 0	\$ 0	
15	Medi-Cal Days (Adj 6)	31,354	31,554	
16	Medi-Cal Managed Care Days (Adj)		0	
INTERMEDIATE CARE				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
18	Total Patient Days (Adj)	0	0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj)	\$ 0	\$ 0	
MENTALLY DISORDERED CARE				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
22	Total Patient Days (Adj)	0	0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj)	\$ 0	\$ 0	
DEVELOPMENTALLY DISABLED CARE				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
26	Total Patient Days (Adj)	0	0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj)	\$ 0	\$ 0	
SUBACUTE CARE				
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
38	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
ARBOR NURSING CENTER

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

Provider NPI:
1396986436

OSHPD Facility No.:
206392330

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

**ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR**

Provider Name:
ARBOR NURSING CENTER

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

Provider NPI:
1396986436

OSHPD Facility No.:
206392330

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Svcs	Activities	Total
			155	160	
	GENERAL SERVICES				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 187,452	\$ 187,452		
160	Activities	124,642		\$ 124,642	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	ANCILLARY SERVICES				
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	0	0	0	0
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	0	0	0	0
083	Speech Pathology	0	0	0	0
085	Pharmacy	0	0	0	0
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	0	0	0	0
101	Subacute Care Ancillary Services	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0
	ROUTINE SERVICES				
105	Skilled Nursing Care	3,739,601	187,452	124,642	4,051,695 *
110	Intermediate Care	0	0	0	0 *
115	Mentally Disordered Care	0	0	0	0 *
120	Developmentally Disabled Care	0	0	0	0 *
125	Subacute Care	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0 *
128	Transitional Inpatient Care	0	0	0	0 *
130	Hospice Inpatient Care	0	0	0	0 *
135	Other Routine Services	0	0	0	0 *
	NONREIMBURSABLE				
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	TOTAL	\$ 4,051,695	\$ 187,452	\$ 124,642	\$ 4,051,695

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
ARBOR NURSING CENTER

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

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 Srvs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 99,036	\$ 99,036										
010	Housekeeping	214,923	1,273	\$ 216,196									
060	Laundry and Linen	75,726	1,902	4,206	\$ 81,835								
065	Dietary	358,786	5,958	13,176	0	\$ 377,921							
155	Social Services	N/A	323	714	0	0	\$ 1,037						
160	Activities	N/A	3,911	8,649	0	0	0	\$ 12,560					
165	Administration	N/A	9,771	21,607	0	0	0	0		\$ 31,378	\$ 31,378		
166	Medical Records	84,378	786	1,737	0	0	0	0		86,901		\$ 86,901	
170	Inservice Education - Nursing	70,174	1,303	2,881	0	0	0	0	\$ 74,358				
ANCILLARY SERVICES													
075	Patient Supplies		788	1,743	0	0	0	0	0	2,531	753	2,085	\$ 5,369
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		1,571	3,474	0	0	0	0	0	5,045	1,910	5,289	12,244
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		430	950	0	0	0	0	0	1,380	1,320	3,655	6,355
083	Speech Pathology		430	950	0	0	0	0	0	1,380	751	2,079	4,210
085	Pharmacy		0	0	0	0	0	0	0	0	1,169	3,238	4,407
090	Laboratory		0	0	0	0	0	0	0	0	134	370	503
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	68	189	257
101	Subacute Care Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES													
105	Skilled Nursing Care		70,090	154,999	81,835	377,921	1,037	12,560	74,358	772,799	25,224	69,856	867,880 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care		0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric		0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
NONREIMBURSABLE													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		501	1,108	0	0	0	0	0	1,608	50	139	1,798
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 903,023	\$ 99,036	\$ 216,196	\$ 81,835	\$ 377,921	\$ 1,037	\$ 12,560	\$ 74,358	\$ 784,744	\$ 31,378	\$ 86,901	\$ 903,023

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
ARBOR NURSING CENTER

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 236,098	\$ 236,098										
010	Housekeeping	99,522	3,034	\$ 102,556									
060	Laundry and Linen	25,432	4,535	1,995	\$ 31,962								
065	Dietary	329,849	14,204	6,250	0	\$ 350,304							
155	Social Services	24,241	770	339	0	0	\$ 25,350						
160	Activities	17,231	9,324	4,103	0	0	0	\$ 30,658					
165	Administration	N/A	23,293	10,250	0	0	0	0		\$ 33,543	\$ 33,543		
166	Medical Records	56,503	1,873	824	0	0	0	0		59,200		\$ 59,200	
170	Inservice Education - Nursing	0	3,106	1,367	0	0	0	0	\$ 4,472				
ANCILLARY SERVICES													
075	Patient Supplies	185,983	1,879	827	0	0	0	0	0	188,689	805	1,420	\$ 190,914
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	480,011	3,745	1,648	0	0	0	0	0	485,404	2,042	3,603	491,049
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	344,220	1,024	451	0	0	0	0	0	345,695	1,411	2,490	349,596
083	Speech Pathology	192,287	1,024	451	0	0	0	0	0	193,762	803	1,417	195,981
085	Pharmacy	312,163	0	0	0	0	0	0	0	312,163	1,250	2,206	315,618
090	Laboratory	35,650	0	0	0	0	0	0	0	35,650	143	252	36,045
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	18,214	0	0	0	0	0	0	0	18,214	73	129	18,416
101	Subacute Care Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES													
105	Skilled Nursing Care	188,750	167,092	73,526	31,962	350,304	25,350	30,658	4,472	872,114	26,964	47,589	946,667 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care	0	0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
NONREIMBURSABLE													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	3,862	1,194	525	0	0	0	0	0	5,581	54	95	5,730
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 2,550,016	\$ 236,098	\$ 102,556	\$ 31,962	\$ 350,304	\$ 25,350	\$ 30,658	\$ 4,472	\$ 2,457,273	\$ 33,543	\$ 59,200	\$ 2,550,016

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ARBOR NURSING CENTER

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

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities
				Various	5	10	60	65	155	160
GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	\$ 1,162,183	96%							
	Property Tax (line 40)	54,383	4%	\$ 1,216,566						
005	Plant Operations and Maintenance			33,544	\$ 33,544					
010	Housekeeping			15,203	431	\$ 15,634				
060	Laundry and Linen			22,722	644	304	\$ 23,671			
065	Dietary			71,174	2,018	953	0	\$ 74,145		
155	Social Services			3,858	109	52	0	0	\$ 4,019	
160	Activities			46,719	1,325	625	0	0	0	\$ 48,669
165	Administration			116,717	3,309	1,562	0	0	0	0
166	Medical Records			9,383	266	126	0	0	0	0
170	Inservice Education - Nursing			15,562	441	208	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			9,416	267	126	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			18,766	532	251	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			5,133	146	69	0	0	0	0
083	Speech Pathology			5,133	146	69	0	0	0	0
085	Pharmacy			0	0	0	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
ROUTINE SERVICES										
105	Skilled Nursing Care			837,253	23,740	11,208	23,671	74,145	4,019	48,669
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
NONREIMBURSABLE										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			5,983	170	80	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 1,216,566	100%	\$ 1,216,566	\$ 33,544	\$ 15,634	\$ 23,671	\$ 74,145	\$ 4,019	\$ 48,669

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ARBOR NURSING CENTER

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

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

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 96% Of Total	Property Tax 4% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 1,162,183	96%							
	Property Tax (line 40)	54,383	4%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 121,588	\$ 121,588				
166	Medical Records				9,775		\$ 9,775			
170	Inservice Education - Nursing			\$ 16,212						
	ANCILLARY SERVICES									
075	Patient Supplies			0	9,809	2,917	235	\$ 12,961	\$ 12,381	\$ 579
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	19,550	7,401	595	27,545	26,314	1,231
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	5,347	5,114	411	10,872	10,386	486
083	Speech Pathology			0	5,347	2,909	234	8,490	8,111	380
085	Pharmacy			0	0	4,530	364	4,894	4,675	219
090	Laboratory			0	0	517	42	559	534	25
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	264	21	286	273	13
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
	ROUTINE SERVICES									
105	Skilled Nursing Care			16,212	1,038,917	97,741	7,858	1,144,516	1,093,354	51,162
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
	NONREIMBURSABLE									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	6,233	195	16	6,443	6,155	288
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 1,216,566	100%	\$ 16,212	\$ 1,085,203	\$ 121,588	\$ 9,775	\$ 1,216,566	\$ 1,162,183	\$ 54,383

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
ARBOR NURSING CENTER

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Accum Costs (From Sch 2)	Accum Costs (From Sch 3)	Accum Costs (From Sch 4)	Accum Costs (From Sch 5)	Total Accum Costs	Allocated Admin. Costs	Admin. 64% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 6% of Total	Quality Assur. Fees 28% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 20,966												
055	Interest - Other	57,179												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,220,654												
	Total Costs Allocable as Administration	1,298,799	64%											
167	CDPH Licensing Fees	38,372	2%											
168	Professional Liability Insurance	127,462	6%											
169	Quality Assurance Fees	563,718	28%											
174	Caregiver Training	0	0%											
	Total	2,028,351	100%						\$ 2,028,351					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 2,531	\$ 188,689	\$ 9,809	\$ 201,029	48,665	\$ 31,161	\$ 921	\$ 3,058	\$ 13,525	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	5,045	485,404	19,550	509,999	123,460	79,054	2,336	7,758	34,312	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	1,380	345,695	5,347	352,422	85,314	54,628	1,614	5,361	23,710	0
083	Speech Pathology			0	1,380	193,762	5,347	200,489	48,534	31,077	918	3,050	13,489	0
085	Pharmacy			0	0	312,163	0	312,163	75,568	48,388	1,430	4,749	21,002	0
090	Laboratory			0	0	35,650	0	35,650	8,630	5,526	163	542	2,398	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	18,214	0	18,214	4,409	2,823	83	277	1,225	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES														
105	Skilled Nursing Care			4,051,695	772,799	872,114	1,038,917	6,735,526	1,630,523	1,044,061	30,846	102,462	453,154	0*
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0*
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0*
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0*
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0*
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0*
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0*
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0*
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0*
NONREIMBURSABLE														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	1,608	5,581	6,233	13,423	3,249	2,081	61	204	903	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 2,028,351		\$ 4,051,695	\$ 784,744	\$ 2,457,273	\$ 1,085,203	\$ 8,378,915	\$ 2,028,351					
	Total Administrative Costs							\$ 2,028,351		\$ 1,298,799	\$ 38,372	\$ 127,462	\$ 563,718	\$ -
	Unit Cost Multiplier							0.24207800						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 118,279	\$ 92,743	\$ 131,363	\$ 342,385							
	TOTAL FACILITY COSTS							\$ 10,749,651						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
ARBOR NURSING CENTER

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

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 Svcs (DIRECT EXP) 155 (Adj)	Activities (DIRECT EXP) 160 (Adj)	Inserv. Ed (DIRECT EXP) 170 (Adj)	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	1,026									
010	Housekeeping	465	465								
060	Laundry and Linen	695	695	695							
065	Dietary	2,177	2,177	2,177							
155	Social Services	118	118	118							
160	Activities	1,429	1,429	1,429							
165	Administration	3,570	3,570	3,570							
166	Medical Records	287	287	287							
170	Inservice Education - Nursing	476	476	476							
	ANCILLARY SERVICES										
075	Patient Supplies	288	288	288						201,029	201,029
077	Specialized Support Surfaces									0	0
080	Physical Therapy	574	574	574						509,999	509,999
081	Respiratory Therapy									0	0
082	Occupational Therapy	157	157	157						352,422	352,422
083	Speech Pathology	157	157	157						200,489	200,489
085	Pharmacy									312,163	312,163
090	Laboratory									35,650	35,650
095	Home Health Services									0	0
100	Other Ancillary Services									18,214	18,214
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	25,609	25,609	25,609	83,044	122,736	3,928,351	3,928,351	3,928,351	6,735,526	6,735,526
110	Intermediate Care						0	0	0	0	0
115	Mentally Disordered Care						0	0	0	0	0
120	Developmentally Disabled Care						0	0	0	0	0
125	Subacute Care						0	0	0	0	0
126	Subacute Care - Pediatric						0	0	0	0	0
128	Transitional Inpatient Care						0	0	0	0	0
130	Hospice Inpatient Care						0	0	0	0	0
135	Other Routine Services						0	0	0	0	0
	NONREIMBURSABLE										
139	Residential Care									0	0
140	Beauty and Barber	183	183	183						13,423	13,423
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	37,211	36,185	35,720	83,044	122,736	3,928,351	3,928,351	3,928,351	8,378,915	8,378,915
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 187,452 0.047717732	\$ 124,642 0.031728835			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 99,036 2.73693519	\$ 216,196 6.05251050	\$ 81,835 0.98543742	\$ 377,921 3.07913427	\$ 1,037 0.00026402	\$ 12,560 0.00319730	\$ 74,358 0.01892850	\$ 31,378 0.00374492	\$ 86,901 0.01037134
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 236,098 6.52474782	\$ 102,556 2.87110884	\$ 31,962 0.38488175	\$ 350,304 2.85412414	\$ 25,350 0.00645302	\$ 30,658 0.00780421	\$ 4,472 0.00113850	\$ 33,543 0.00400329	\$ 59,200 0.00706531
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 1,216,566 32.69371960	\$ 33,544 0.92700722	\$ 15,634 0.43767184	\$ 23,671 0.28503669	\$ 74,145 0.60410258	\$ 4,019 0.00102305	\$ 48,669 0.01238928	\$ 16,212 0.00412687	\$ 121,588 0.01451124	\$ 9,775 0.00116659

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ARBOR NURSING CENTER

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

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

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	\$ 81,749	\$ 0	\$ 81,749	(Sch 3)
005	.20-.39	Fringe Benefits	6200	17,287	0	17,287	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	236,098	0	236,098	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 335,134	\$ 0	\$ 335,134	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 171,259	\$ 0	\$ 171,259	(Sch 3)
010	.20-.39	Fringe Benefits	6300	43,664	0	43,664	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	99,522	0	99,522	(Sch 4)
010		Housekeeping - Total	6300	\$ 314,445	\$ 0	\$ 314,445	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	20,138	0	20,138	(Sch 5)
025		Depreciation: Equipment	7140	59,507	371	59,878	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	125,000	0	125,000	(Sch 5)
035		Leases and Rentals	7200	957,167	0	957,167	(Sch 5)
040		Property Taxes	7300	54,383	0	54,383	(Sch 5)
045		Property Insurance	7400	20,966	0	20,966	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$ 57,179	\$ 0	\$ 57,179	(Sch 6)
057		Subtotal 005 - 055		\$ 1,943,919	\$ 371	\$ 1,944,290	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 58,662	\$ 0	\$ 58,662	(Sch 3)
060	.20-.39	Fringe Benefits	6400	17,064	0	17,064	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	25,432	0	25,432	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 101,158	\$ 0	\$ 101,158	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 284,875	\$ 0	\$ 284,875	(Sch 3)
065	.20-.39	Fringe Benefits	6500	73,911	0	73,911	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	329,849	0	329,849	(Sch 4)
065		Dietary - Total	6500	\$ 688,635	\$ 0	\$ 688,635	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	175,996	9,987	185,983	(Sch 4)
075		Patient Supplies - Total	8100	\$ 175,996	\$ 9,987	\$ 185,983	
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:
ARBOR NURSING CENTER

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

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	\$	\$ 0	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200		0	0	(Sch 2)
080	.79	Agency Staff	8200		0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	480,011	0	480,011	(Sch 4)
080		Physical Therapy - Total	8200	\$ 480,011	\$ 0	\$ 480,011	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220		0	0	(Sch 2)
081	.79	Agency Staff	8220		0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220		0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250		0	0	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	344,220	0	344,220	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 344,220	\$ 0	\$ 344,220	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280		0	0	(Sch 2)
083	.79	Agency Staff	8280		0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	192,287	0	192,287	(Sch 4)
083		Speech Pathology - Total	8280	\$ 192,287	\$ 0	\$ 192,287	
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	312,163	0	312,163	(Sch 4)
085		Pharmacy - Total	8300	\$ 312,163	\$ 0	\$ 312,163	
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	35,650	0	35,650	(Sch 4)
090		Laboratory - Total	8400	\$ 35,650	\$ 0	\$ 35,650	
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	(Sch 2)
100	.20-.39	Fringe Benefits	8900		0	0	(Sch 2)
100	.79	Agency Staff	8900		0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	18,214	0	18,214	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 18,214	\$ 0	\$ 18,214	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ARBOR NURSING CENTER

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

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

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		\$ 1,558,541	\$ 9,987	\$ 1,568,528	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 3,012,086	\$ (3,805)	\$ 3,008,281	(Sch 2)
105	.20-.39	Fringe Benefits	6110	732,048	(728)	731,320	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	199,465	(10,715)	188,750	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 3,943,599	\$ (15,248)	\$ 3,928,351	
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:
ARBOR NURSING CENTER

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

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

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

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ARBOR NURSING CENTER

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

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
128		Transitional Inpatient Care				
128	.01-.19	Salaries and Wages	6170	\$	\$ 0	\$ 0
128	.20-.39	Fringe Benefits	6170		0	0
128	.49	Agency Staff	6170		0	0
128	.40-.99	Other - Nonlabor	6170		0	0
128		Transitional Inpatient Care - Total	6170	\$ 0	\$ 0	\$ 0 (Sch 2)
130		Hospice Inpatient Care				
130	.01-.19	Salaries and Wages	6180	\$	\$ 0	\$ 0
130	.20-.39	Fringe Benefits	6180		0	0
130	.49	Agency Staff	6180		0	0
130	.40-.99	Other - Nonlabor	6180		0	0
130		Hospice Inpatient Care - Total	6180	\$ 0	\$ 0	\$ 0 (Sch 2)
135		Other Routine Services				
135	.01-.19	Salaries and Wages	6190	\$	\$ 0	\$ 0
135	.20-.39	Fringe Benefits	6190		0	0
135	.49	Agency Staff	6190		0	0
135	.40-.99	Other - Nonlabor	6190		0	0
135		Other Routine Services - Total	6190	\$ 0	\$ 0	\$ 0 (Sch 2)
		Other Nonreimbursable				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
139	.49	Agency Staff	9100		0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$	\$ 0	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900		0	0 (Sch 2)
140	.49	Agency Staff	8900		0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	3,862	0	3,862 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 3,862	\$ 0	\$ 3,862
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
145	.49	Agency Staff	9100		0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 3,947,461	\$ (15,248)	\$ 3,932,213
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 148,431	\$ 0	\$ 148,431 (Sch 2)
155	.20-.39	Fringe Benefits	6600	39,021	0	39,021 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	24,241	0	24,241 (Sch 4)
155		Social Services - Total	6600	\$ 211,693	\$ 0	\$ 211,693

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ARBOR NURSING CENTER

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

Provider NPI:
1396986436

OSHPD Facility Number:
206392330

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	\$ 97,705	\$ 0	\$ 97,705	(Sch 2)
160	.20-.39	Fringe Benefits	6700	26,937	0	26,937	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	17,231	0	17,231	(Sch 4)
160		Activities - Total	6700	\$ 141,873	\$ 0	\$ 141,873	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 413,874	\$ 0	\$ 413,874	(Sch 6)
165	.20-.39	Fringe Benefits	6900	99,815	0	99,815	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	701,704	5,261	706,965	(Sch 6)
165		Administration - Total	6900	\$ 1,215,393	\$ 5,261	\$ 1,220,654	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 68,550	\$ 0	\$ 68,550	(Sch 3)
166	.20-.39	Fringe Benefits	6900	15,828	0	15,828	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	56,503	0	56,503	(Sch 4)
166		Medical Records - Total	6900	\$ 140,881	\$ 0	\$ 140,881	
167		CDPH Licensing Fees	6900	\$ 38,372	\$ 0	\$ 38,372	(Sch 6)
168		Professional Liability Insurance	6900	\$ 127,462	\$ 0	\$ 127,462	(Sch 6)
169		Quality Assurance Fees	6900	\$ 563,718	\$ 0	\$ 563,718	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 57,600	\$ 0	\$ 57,600	(Sch 3)
170	.20-.39	Fringe Benefits	6800	12,574	0	12,574	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800		0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 70,174	\$ 0	\$ 70,174	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900		0	0	(Sch 6)
174	.49	Agency Staff	6900		0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900		0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 2,509,566	\$ 5,261	\$ 2,514,827	
200		Total		\$ 10,749,280	\$ 371	\$ 10,749,651	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 238,468	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name							Fiscal Period			Provider NPI		Adjustments
ARBOR NURSING CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1396986436		6
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 purposes only. 42 CFR 413.20 and 413.24/CMS Pub. 15-1, Sections 2300 and 2304	\$0	\$238,468	\$238,468		

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
ARBOR NURSING CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1396986436		6	
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					
RECLASSIFICATIONS OF REPORTED COSTS											
2	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	\$175,996	\$6,644	\$182,640 *	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	199,465	(6,644)	192,821 *	
							To reclassify oxygen expense to the appropriate cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Section 51511				
3	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	* \$182,640	\$3,343	\$185,983	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 192,821	(3,343)	189,478 *	
							To reclassify alternating mattress expense that is not part of the skilled nursing rate to an ancillary cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51511(c) and 51511.5(c)				

Provider Name							Fiscal Period	Provider NPI		Adjustments
ARBOR NURSING CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1396986436		6
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENTS TO REPORTED COSTS</u>										
4	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$3,012,086	(\$3,805)	\$3,008,281
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	732,048	(728)	731,320
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 189,478	(728)	188,750
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	701,704	5,261	706,965
							To adjust reported home office costs to agree with the Covenant Care, LLC Home Office Cost Report for the fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 / CMS Pub. 15-1, Sections 2150.2 and 2304			
5	10.5	025	4	8A-1	025	4	Depreciation - Equipment	\$59,507	\$371	\$59,878
							To include mattress depreciation expense which was established during the FYE 12/31/10 Medi-Cal Cost Report Audit. 42 CFR 413.20 and 413.134 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
ARBOR NURSING CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1396986436		6
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				
ADJUSTMENT TO REPORTED PATIENT DAYS										
6	4.1	5	2	1	15	N/A	Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 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	31,354	200	31,554