

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**EL RANCHO VISTA HEALTH CARE CENTER
PICO RIVERA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1346569258**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Michael Harrold
Auditor: Emilee Hogg**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 16, 2014

Chondala Yanguba, Administrator
El Rancho Vista Health Care Center
8925 Mines Avenue
Pico Rivera, CA 90660

In the Matter of:

EL RANCHO VISTA HEALTH CARE CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1346569258
FISCAL PERIOD ENDED DECEMBER 31, 2011
CASE NUMBER NF14-1211-626G-RD

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated April 16, 2014 the following revisions are made to the Medi-Cal audit report dated November 14, 2013.

SUMMARY OF REVISIONS

OVERPAYMENTS

Audited Amount Due State	\$ 62,374
Revision	<u>(5,648)</u>
Revised Amount Due State	\$ <u>56,726</u>

Enclosed are the revised schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary.

Chondala Yanguba
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Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Original Signed by

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

cc: Michael Lesnick
Axiom Healthcare Group
18627 Brookhurst Street, #341
Fountain Valley, CA 92708-6748

SUMMARY OF REVISED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
EL RANCHO VISTA HEALTH CARE CENTER

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

NPI:
1346569258

OSHPD Facility No.:
206190028

Line No.	PROGRAM DESCRIPTION	AS AUDITED	AS REVISED	REVISED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 2,207,514	\$ 75.08
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 623,196	\$ 21.19
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 656,743	\$ 22.34
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 447,353	\$ 15.21
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 15,321	\$ 0.52
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 15,293	\$ 0.52
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 37,637	\$ 1.28
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 310,798	\$ 10.57
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 608,369	\$ 20.69
11	Cost of Routine Service/Audited Total Costs	\$ 4,922,225	\$ 4,922,225	\$ 167.40
12	Total Patient Days (Rev)	29,404	29,404	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 167.40	\$ 167.40	
14	Overpayments (Rev 1)	\$ (62,374)	\$ (56,726)	
15	Medi-Cal Days (Rev)	21,194	21,194	
16	Medi-Cal Managed Care Days (Rev)		0	
INTERMEDIATE CARE				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
18	Total Patient Days (Rev)	0	0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Rev)	\$ 0	\$ 0	
21	Medi-Cal Days (Rev)	0	0	
MENTALLY DISORDERED CARE				
22	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
23	Total Patient Days (Rev)	0	0	
24	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
25	Overpayments (Rev)	\$ 0	\$ 0	
DEVELOPMENTALLY DISABLED CARE				
26	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
27	Total Patient Days (Rev)	0	0	
28	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
29	Overpayments (Rev)	\$ 0	\$ 0	
30	Medi-Cal Days (Rev)	0	0	
SUBACUTE CARE				
31	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00
32	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00
33	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00
34	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00
35	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00
36	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00
37	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00
38	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00
39	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
40	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00
41	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00
42	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
43	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
44	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

SUMMARY OF REVISED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
EL RANCHO VISTA HEALTH CARE CENTER

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

NPI:
1346569258

OSHPD Facility No.:
206190028

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

Provider Name							Fiscal Period	NPI	Revisions	
EL RANCHO VISTA HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1346569258	1	
Report References							Explanation of Audit Revision	As Audited	Revision	As Revised
Cost Report			Audit Report							
Rev. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
1	N/A			1	14	N/A	Overpayments Appeal Finding - Issue #1, Audit Adjustment #4	\$62,374	(\$5,648)	\$56,726