

**REPORT
ON THE
RATE SETTING AUDIT
HOLLENBECK PALMS
LOS ANGELES, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1831186345
FISCAL PERIOD ENDED
JUNE 30, 2011**

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

**Section Chief: Daniel J. Giardinelli
Audit Supervisor: Henry Kwan
Auditor: Jimmy Lee**



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



EDMUND G. BROWN JR.
GOVERNOR

June 26, 2013

Johnny Young, Controller
Hollenbeck Palms
573 South Boyle Avenue
Los Angeles, California 90033

HOLLENBECK PALMS
NATIONAL PROVIDER IDENTIFIER 1831186345
FISCAL PERIOD ENDED JUNE 30, 2011

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. We also examined the facility's use of and Records of Noncovered Services deducted from patient share of cost. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

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

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules
2. Audit adjustments that include a summary of the total due the State in the amount of \$3,526, which resulted from Medi-Cal overpayments

The audit settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s) of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

Johnny Young
Page 2

Future Medi-Cal long-term care prospective rates may be affected by this examination. The extent to which the rates change will be determined by the Department's Fee-For-Service Rates Development Division.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq. If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

Original Signed By

Daniel J. Giardinelli, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
HOLLENBECK PALMS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1831186345

OSHPD Facility No.:
206190378

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	\$ 3,420,878	\$ 102.05
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 960,866	\$ 28.66
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 770,939	\$ 23.00
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 247,618	\$ 7.39
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 3,822	\$ 0.11
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 11,878	\$ 0.35
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 25,265	\$ 0.75
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,030,981	\$ 30.75
11	Cost of Routine Service/Audited Total Costs	\$ 7,183,930	\$ 6,472,248	\$ 193.07
12	Total Patient Days (Adj)	33,523	33,523	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 214.30	\$ 193.07	
14	Overpayments (Adj 15)	\$ 0	\$ 3,526	
15	Medi-Cal Days (Adj 14)	13,024	12,793	
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:
HOLLENBECK PALMS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1831186345

OSHPD Facility No.:
206190378

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:
HOLLENBECK PALMS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1831186345

OSHPD Facility No.:
206190378

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
	GENERAL SERVICES				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 91,086	\$ 91,086		
160	Activities	156,890		\$ 156,890	
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	249,048	0	0	249,048
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	198,931	0	0	198,931
083	Speech Pathology	92,612	0	0	92,612
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	3,172,902	91,086	156,890	3,420,878 *
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	\$ 3,961,469	\$ 91,086	\$ 156,890	\$ 3,961,469

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
HOLLENBECK PALMS

Provider NPI:
1831186345

OSHPD Facility Number:
206190378

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 123,596	\$ 123,596										
010	Housekeeping	83,133	1,302	\$ 84,435									
060	Laundry and Linen	67,177	1,199	828	\$ 69,204								
065	Dietary	510,599	12,861	8,880	0	\$ 532,340							
155	Social Services	N/A	387	267	0	0	\$ 654						
160	Activities	N/A	3,156	2,179	0	0	0	\$ 5,335					
165	Administration	N/A	8,032	5,546	0	0	0	0		\$ 13,578	\$ 13,578		
166	Medical Records	121,486	1,831	1,264	0	0	0	0		124,580		\$ 124,580	
170	Inservice Education - Nursing	93,683	1,073	741	0	0	0	0	\$ 95,497				
ANCILLARY SERVICES													
075	Patient Supplies		789	545	0	0	0	0	0	1,334	122	1,116	\$ 2,572
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		1,326	915	0	0	0	0	0	2,241	508	4,662	7,411
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		0	0	0	0	0	0	0	0	393	3,608	4,001
083	Speech Pathology		0	0	0	0	0	0	0	0	183	1,680	1,863
085	Pharmacy		284	196	0	0	0	0	0	480	607	5,570	6,657
090	Laboratory		0	0	0	0	0	0	0	0	63	580	643
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services		126	87	0	0	0	0	0	213	86	789	1,089
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		89,904	62,072	69,204	532,340	654	5,335	95,497	855,006	10,404	95,456	960,866 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care		0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric		0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
NONREIMBURSABLE													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		1,326	915	0	0	0	0	0	2,241	127	1,166	3,534
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	1,085	9,954	11,039
	TOTAL	\$ 999,674	\$ 123,596	\$ 84,435	\$ 69,204	\$ 532,340	\$ 654	\$ 5,335	\$ 95,497	\$ 861,515	\$ 13,578	\$ 124,580	\$ 999,674

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
HOLLENBECK PALMS

Provider NPI:
1831186345

OSHPD Facility Number:
206190378

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 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	\$ 244,397	\$ 244,397										
010	Housekeeping	19,862	2,574	\$ 22,436									
060	Laundry and Linen	7,947	2,372	220	\$ 10,539								
065	Dietary	290,401	25,432	2,360	0	\$ 318,193							
155	Social Services	19,678	765	71	0	0	\$ 20,513						
160	Activities	15,928	6,241	579	0	0	0	\$ 22,748					
165	Administration	N/A	15,883	1,474	0	0	0	0		\$ 17,357	\$ 17,357		
166	Medical Records	3,321	3,620	336	0	0	0	0		7,277		\$ 7,277	
170	Inservice Education - Nursing	1,054	2,122	197	0	0	0	0	\$ 3,373				
ANCILLARY SERVICES													
075	Patient Supplies	56,807	1,560	145	0	0	0	0	0	58,512	156	65	\$ 58,733
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	0	2,621	243	0	0	0	0	0	2,864	649	272	3,786
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	0	0	0	0	0	0	0	0	503	211	713
083	Speech Pathology	0	0	0	0	0	0	0	0	0	234	98	332
085	Pharmacy	305,368	562	52	0	0	0	0	0	305,982	776	325	307,083
090	Laboratory	31,964	0	0	0	0	0	0	0	31,964	81	34	32,079
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	42,759	250	23	0	0	0	0	0	43,032	110	46	43,188
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	182,430	177,774	16,494	10,539	318,193	20,513	22,748	3,373	752,064	13,299	5,576	770,939 *
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	56,308	2,621	243	0	0	0	0	0	59,172	162	68	59,403
145	Other Nonreimbursable	548,810	0	0	0	0	0	0	0	548,810	1,387	581	550,778
	TOTAL	\$ 1,827,034	\$ 244,397	\$ 22,436	\$ 10,539	\$ 318,193	\$ 20,513	\$ 22,748	\$ 3,373	\$ 1,802,400	\$ 17,357	\$ 7,277	\$ 1,827,034

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
HOLLENBECK PALMS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1831186345

OSHPD Facility Number:
206190378

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)	\$ 260,744	98%							
	Property Tax (line 40)	4,025	2%	\$ 264,769						
005	Plant Operations and Maintenance			11,249	\$ 11,249					
010	Housekeeping			2,671	118	\$ 2,789				
060	Laundry and Linen			2,460	109	27	\$ 2,597			
065	Dietary			26,381	1,171	293	0	\$ 27,845		
155	Social Services			793	35	9	0	0	\$ 837	
160	Activities			6,474	287	72	0	0	0	\$ 6,833
165	Administration			16,476	731	183	0	0	0	0
166	Medical Records			3,755	167	42	0	0	0	0
170	Inservice Education - Nursing			2,201	98	24	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			1,618	72	18	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			2,719	121	30	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			583	26	6	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			259	11	3	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			184,411	8,182	2,050	2,597	27,845	837	6,833
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			2,719	121	30	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 264,769	100%	\$ 264,769	\$ 11,249	\$ 2,789	\$ 2,597	\$ 27,845	\$ 837	\$ 6,833

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
HOLLENBECK PALMS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1831186345

OSHPD Facility Number:
206190378

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 98% Of Total	Property Tax 2% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 260,744	98%							
	Property Tax (line 40)	4,025	2%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 17,390	\$ 17,390				
166	Medical Records				3,963		\$ 3,963			
170	Inservice Education - Nursing			\$ 2,323						
	ANCILLARY SERVICES									
075	Patient Supplies			0	1,708	156	36	\$ 1,900	\$ 1,871	\$ 29
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	2,870	651	148	3,669	3,613	56
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	0	504	115	618	609	9
083	Speech Pathology			0	0	234	53	288	284	4
085	Pharmacy			0	615	777	177	1,570	1,546	24
090	Laboratory			0	0	81	18	99	98	2
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	273	110	25	409	402	6
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			2,323	235,079	13,325	3,037	251,440	247,618	3,822
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	2,870	163	37	3,070	3,023	47
145	Other Nonreimbursable			0	0	1,389	317	1,706	1,680	26
	TOTAL	\$ 264,769	100%	\$ 2,323	\$ 243,415	\$ 17,390	\$ 3,963	\$ 264,769	\$ 260,744	\$ 4,025

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
HOLLENBECK PALMS

Provider NPI:
1831186345

OSHPD Facility Number:
206190378

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 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. 97% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 2% of Total	Quality Assur. Fees 0% of Total	Caregiver Training 0% of Total
	GENERAL SERVICES													
045	Property Insurance	\$ 11,595												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,333,943												
	Total Costs Allocable as Administration	1,345,538	97%											
167	CDPH Licensing Fees	15,502	1%											
168	Professional Liability Insurance	32,974	2%											
169	Quality Assurance Fees	0	0%											
174	Caregiver Training	0	0%											
	Total	1,394,014	100%						\$ 1,394,014					
	ANCILLARY SERVICES													
075	Patient Supplies			\$ -	\$ 1,334	\$ 58,512	\$ 1,708	\$ 61,554	12,492	\$ 12,058	\$ 139	\$ 295	\$ -	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			249,048	2,241	2,864	2,870	257,023	52,163	50,349	580	1,234	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			198,931	0	0	0	198,931	40,373	38,969	449	955	0	0
083	Speech Pathology			92,612	0	0	0	92,612	18,795	18,142	209	445	0	0
085	Pharmacy			0	480	305,982	615	307,077	62,321	60,154	693	1,474	0	0
090	Laboratory			0	0	31,964	0	31,964	6,487	6,261	72	153	0	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	213	43,032	273	43,519	8,832	8,525	98	209	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
	ROUTINE SERVICES													
105	Skilled Nursing Care			3,420,878	855,006	752,064	235,079	5,263,027	1,068,124	1,030,981	11,878	25,265	0	0
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE													
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	2,241	59,172	2,870	64,283	13,046	12,593	145	309	0	0
145	Other Nonreimbursable			0	0	548,810	0	548,810	111,380	107,507	1,239	2,635	0	0
	SUBTOTAL	\$ 1,394,014		\$ 3,961,469	\$ 861,515	\$ 1,802,400	\$ 243,415	\$ 6,868,800	\$ 1,394,014					
	Total Administrative Costs							\$ 1,394,014		\$ 1,345,538	\$ 15,502	\$ 32,974	\$ -	\$ -
	Unit Cost Multiplier							0.20294870						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 138,159	\$ 24,634	\$ 21,354	\$ 184,146							
	TOTAL FACILITY COSTS							\$ 8,446,960						

*(To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
HOLLENBECK PALMS

Provider NPI:
1831186345

OSHPD Facility Number:
206190378

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 13)	Plant Ops (SQ FT) 5 (Adj 13)	Hskpng (SQ FT) 10 (Adj 13)	Laundry (LBS) 60 (Adj)	Dietary (MEALS) 65 (Adj)	Soc Srvs (DIRECT EXP) 155 (Adj)	Activities (DIRECT EXP) 160 (Adj)	Inserv. Ed (DIRECT EXP) 170 (Adj)	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	695									
010	Housekeeping	165	165								
060	Laundry and Linen	152	152	152							
065	Dietary	1,630	1,630	1,630							
155	Social Services	49	49	49							
160	Activities	400	400	400							
165	Administration	1,018	1,018	1,018							
166	Medical Records	232	232	232							
170	Inservice Education - Nursing	136	136	136							
	ANCILLARY SERVICES										
075	Patient Supplies	100	100	100						61,554	61,554
077	Specialized Support Surfaces	0	0	0						0	0
080	Physical Therapy	168	168	168						257,023	257,023
081	Respiratory Therapy	0	0	0						0	0
082	Occupational Therapy	0	0	0						198,931	198,931
083	Speech Pathology	0	0	0						92,612	92,612
085	Pharmacy	36	36	36						307,077	307,077
090	Laboratory	0	0	0						31,964	31,964
095	Home Health Services	0	0	0						0	0
100	Other Ancillary Services	16	16	16						43,519	43,519
101	Subacute Care Ancillary Services	0	0	0						0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0						0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	11,394	11,394	11,394	167,150	100,290	3,355,332	3,355,332	3,355,332	5,263,027	5,263,027
110	Intermediate Care	0	0	0			0	0	0	0	0
115	Mentally Disordered Care	0	0	0			0	0	0	0	0
120	Developmentally Disabled Care	0	0	0			0	0	0	0	0
125	Subacute Care	0	0	0			0	0	0	0	0
126	Subacute Care - Pediatric	0	0	0			0	0	0	0	0
128	Transitional Inpatient Care	0	0	0			0	0	0	0	0
130	Hospice Inpatient Care	0	0	0			0	0	0	0	0
135	Other Routine Services	0	0	0			0	0	0	0	0
	NONREIMBURSABLE										
139	Residential Care	0	0	0						0	0
140	Beauty and Barber	168	168	168						64,283	64,283
145	Other Nonreimbursable	0	0	0						548,810	548,810
	TOTAL STATISTICS	16,359	15,664	15,499	167,150	100,290	3,355,332	3,355,332	3,355,332	6,868,800	6,868,800
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 91,086 0.027146643	\$ 156,890 0.046758413			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 123,596 7.89044944	\$ 84,435 5.44776593	\$ 69,204 0.41402578	\$ 532,340 5.30800968	\$ 654 0.00019479	\$ 5,335 0.00159009	\$ 95,497 0.02846127	\$ 13,578 0.00197681	\$ 124,580 0.01813715
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 244,397 15.60246425	\$ 22,436 1.44760350	\$ 10,539 0.06304882	\$ 318,193 3.17272520	\$ 20,513 0.00611369	\$ 22,748 0.00677967	\$ 3,373 0.00100521	\$ 17,357 0.00252693	\$ 7,277 0.00105937
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 264,769 16.18491350	\$ 11,249 0.71811254	\$ 2,789 0.17994705	\$ 2,597 0.01553462	\$ 27,845 0.27764728	\$ 837 0.00024947	\$ 6,833 0.00203652	\$ 2,323 0.00069242	\$ 17,390 0.00253181	\$ 3,963 0.00057699

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HOLLENBECK PALMS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1831186345

OSHPD Facility Number:
206190378

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	\$ 128,465	\$ (40,362)	\$ 88,103	(Sch 3)
005	.20-.39	Fringe Benefits	6200	51,753	(16,260)	35,493	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	340,995	(96,598)	244,397	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 521,213	\$ (153,220)	\$ 367,993	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 27,660	\$ (8,690)	\$ 18,970	(Sch 3)
010	.20-.39	Fringe Benefits	6300	11,143	(3,501)	7,642	(Sch 3)
010	.79	Agency Staff	6300	0	56,521	56,521	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	112,276	(92,414)	19,862	(Sch 4)
010		Housekeeping - Total	6300	\$ 151,079	\$ (48,084)	\$ 102,995	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 297,521	\$ (93,477)	\$ 204,044	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	0	0	0	(Sch 5)
025		Depreciation: Equipment	7140	74,407	(23,378)	51,029	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	0	5,671	5,671	(Sch 5)
040		Property Taxes	7300	7,376	(3,351)	4,025	(Sch 5)
045		Property Insurance	7400	16,907	(5,312)	11,595	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	0	0	0	(Sch 6)
055		Interest - Other	7600	\$ 90,863	\$ (90,863)	\$ 0	(Sch 6)
057		Subtotal 005 - 055		\$ 1,159,366	\$ (412,014)	\$ 747,352	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 116,492	\$ (68,606)	\$ 47,886	(Sch 3)
060	.20-.39	Fringe Benefits	6400	46,930	(27,639)	19,291	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	27,437	(19,490)	7,947	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 190,859	\$ (115,735)	\$ 75,124	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 296,302	\$ 25	\$ 296,327	(Sch 3)
065	.20-.39	Fringe Benefits	6500	119,367	10	119,377	(Sch 3)
065	.79	Agency Staff	6500	0	94,895	94,895	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	387,589	(97,188)	290,401	(Sch 4)
065		Dietary - Total	6500	\$ 803,258	\$ (2,258)	\$ 801,000	
070		Provision for Bad Debts	7700	\$ 0	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 0	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	56,807	0	56,807	(Sch 4)
075		Patient Supplies - Total	8100	\$ 56,807	\$ 0	\$ 56,807	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$ 0	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150	0	0	0	N/A
077	.79	Agency Staff	8150	0	0	0	N/A
077	.40-.99	Other - Nonlabor	8150	0	0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HOLLENBECK PALMS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1831186345

OSHPD Facility Number:
206190378

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	\$ 0	\$ 0	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200	0	0	0	(Sch 2)
080	.79	Agency Staff	8200	249,048	0	249,048	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	0	0	0	(Sch 4)
080		Physical Therapy - Total	8200	\$ 249,048	\$ 0	\$ 249,048	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$ 0	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	0	0	0	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	0	0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$ 0	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250	0	0	0	(Sch 2)
082	.79	Agency Staff	8250	198,931	0	198,931	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	0	0	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 198,931	\$ 0	\$ 198,931	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 0	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280	0	0	0	(Sch 2)
083	.79	Agency Staff	8280	92,612	0	92,612	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	0	0	0	(Sch 4)
083		Speech Pathology - Total	8280	\$ 92,612	\$ 0	\$ 92,612	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$ 0	\$ 0	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300	0	0	0	(Sch 2)
085	.79	Agency Staff	8300	0	0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	305,368	0	305,368	(Sch 4)
085		Pharmacy - Total	8300	\$ 305,368	\$ 0	\$ 305,368	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	\$ 0	\$ 0	\$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400	0	0	0	(Sch 2)
090	.79	Agency Staff	8400	0	0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	31,964	0	31,964	(Sch 4)
090		Laboratory - Total	8400	\$ 31,964	\$ 0	\$ 31,964	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	\$ 0	\$ 0	\$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800	0	0	0	(Sch 2)
095	.79	Agency Staff	8800	0	0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800	0	0	0	(Sch 4)
095		Home Health Services - Total	8800	\$ 0	\$ 0	\$ 0	
100		Other Ancillary Services					
100	.01-.19	Salaries and Wages	8900	\$ 0	\$ 0	\$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900	0	0	0	(Sch 2)
100	.79	Agency Staff	8900	0	0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	42,759	0	42,759	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 42,759	\$ 0	\$ 42,759	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HOLLENBECK PALMS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1831186345

OSHPD Facility Number:
206190378

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	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
101	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900	0	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	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
102	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 977,489	\$ 0	\$ 977,489	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 2,225,897	\$ (157,601)	\$ 2,068,296	(Sch 2)
105	.20-.39	Fringe Benefits	6110	896,719	157,601	1,054,320	(Sch 2)
105	.49	Agency Staff	6110	71,524	(21,238)	50,286	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	158,492	23,938	182,430	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 3,352,632	\$ 2,700	\$ 3,355,332	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	\$ 0	\$ 0	\$ 0	
110	.20-.39	Fringe Benefits	6120	0	0	0	
110	.49	Agency Staff	6120	0	0	0	
110	.40-.99	Other - Nonlabor	6120	0	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	\$ 0	
115	.20-.39	Fringe Benefits	6130	0	0	0	
115	.49	Agency Staff	6130	0	0	0	
115	.40-.99	Other - Nonlabor	6130	0	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	\$ 0	
120	.20-.39	Fringe Benefits	6140	0	0	0	
120	.49	Agency Staff	6140	0	0	0	
120	.40-.99	Other - Nonlabor	6140	0	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	\$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150	0	0	0	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	0	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	\$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160	0	0	0	(Sch 2)
126	.49	Agency Staff	6160	0	0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160	0	0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HOLLENBECK PALMS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1831186345

OSHPD Facility Number:
206190378

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	\$ 0
128	.20-.39	Fringe Benefits	6170	0	0	0
128	.49	Agency Staff	6170	0	0	0
128	.40-.99	Other - Nonlabor	6170	0	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	\$ 0
130	.20-.39	Fringe Benefits	6180	0	0	0
130	.49	Agency Staff	6180	0	0	0
130	.40-.99	Other - Nonlabor	6180	0	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	\$ 0
135	.20-.39	Fringe Benefits	6190	0	0	0
135	.49	Agency Staff	6190	0	0	0
135	.40-.99	Other - Nonlabor	6190	0	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	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100	0	0	0 (Sch 2)
139	.49	Agency Staff	9100	0	0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100	0	0	0 (Sch 4)
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$ 0	\$ 0	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900	0	0	0 (Sch 2)
140	.49	Agency Staff	8900	0	0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	56,308	0	56,308 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 56,308	\$ 0	\$ 56,308
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100	0	0	0 (Sch 2)
145	.49	Agency Staff	9100	0	0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100	548,810	0	548,810 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 548,810	\$ 0	\$ 548,810
146		Subtotal 105 - 145		\$ 3,957,750	\$ 2,700	\$ 3,960,450
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 64,929	\$ 0	\$ 64,929 (Sch 2)
155	.20-.39	Fringe Benefits	6600	26,157	0	26,157 (Sch 2)
155	.49	Agency Staff	6600	0	0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	19,678	0	19,678 (Sch 4)
155		Social Services - Total	6600	\$ 110,764	\$ 0	\$ 110,764

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HOLLENBECK PALMS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1831186345

OSHPD Facility Number:
206190378

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	\$ 115,314	\$ (3,478)	\$ 111,836	(Sch 2)
160	.20-.39	Fringe Benefits	6700	54,138	(9,084)	45,054	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	15,928	0	15,928	(Sch 4)
160		Activities - Total	6700	\$ 185,380	\$ (12,562)	\$ 172,818	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 650,032	\$ (48,640)	\$ 601,392	(Sch 6)
165	.20-.39	Fringe Benefits	6900	212,451	26,465	238,916	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	478,874	14,761	493,635	(Sch 6)
165		Administration - Total	6900	\$ 1,341,357	\$ (7,414)	\$ 1,333,943	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 86,599	\$ 0	\$ 86,599	(Sch 3)
166	.20-.39	Fringe Benefits	6900	34,887	0	34,887	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	3,321	0	3,321	(Sch 4)
166		Medical Records - Total	6900	\$ 124,807	\$ 0	\$ 124,807	
167		CDPH Licensing Fees	6900	\$ 30,422	\$ (14,920)	\$ 15,502	(Sch 6)
168		Professional Liability Insurance	6900	\$ 209,905	\$ (176,931)	\$ 32,974	(Sch 6)
169		Quality Assurance Fees	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 66,780	\$ 0	\$ 66,780	(Sch 3)
170	.20-.39	Fringe Benefits	6800	26,903	0	26,903	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	1,054	0	1,054	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 94,737	\$ 0	\$ 94,737	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900	0	0	0	(Sch 6)
174	.49	Agency Staff	6900	0	0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 2,097,372	\$ (211,827)	\$ 1,885,545	
200		Total		\$ 9,186,094	\$ (739,134)	\$ 8,446,960	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 185,193	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name							Fiscal Period			Provider NPI		Adjustments
HOLLENBECK PALMS							JULY 1, 2010 THROUGH JUNE 30, 2011			1831186345		15
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	N/A	Total Facility Group Health Insurance To include group health insurance in the audit for informational purpose only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$185,193	\$185,193

Provider Name							Fiscal Period	Provider NPI		Adjustments	
HOLLENBECK PALMS							JULY 1, 2010 THROUGH JUNE 30, 2011	1831186345		15	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Cost Report			Audit Report							
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>											
2	10.5	010	4	8A-1	010	4	Housekeeping - Other - Nonlabor	\$112,276	(\$56,521)	\$55,755 *	
	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor	387,589	(94,895)	292,694 *	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	158,492	(50,286)	108,206 *	
	10.5	010	3	8A-1	010	3	Housekeeping - Agency Staff	0	56,521	56,521	
	10.5	065	3	8A-1	065	3	Dietary - Agency Staff	0	94,895	94,895	
	10.5	105	3	8A-1	105	3	Skilled Nursing Care - Agency Staff	71,524	50,286	121,810 *	
							To reclassify agency expenses to the appropriate cost centers. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8 Medi-Cal Bulletin #375				
3	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	\$478,874	(\$15,502)	\$463,372 *	
	10.5	167	4	8A-1	167	4	Administration - CDPH Licensing Fees	30,422	15,502	45,924 *	
							To reclassify facility license fees to the facility licensing fees cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000 and 52506				
4	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$463,372	(\$32,974)	\$430,398 *	
	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	209,905	32,974	242,879 *	
							To reclassify liability insurance expense to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
HOLLENBECK PALMS							JULY 1, 2010 THROUGH JUNE 30, 2011		1831186345		15
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>											
5	10.5	040	4	8A-1	040	4	Property Taxes To eliminate property taxes not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2122.2F	\$7,376	(\$1,033)	\$6,343 *	
6	10.5	055	4	8A-1	055	4	Interest - Other To eliminate interest expense not related to patient care. 42 CFR 413.9(c)(3) and 413.153 CMS Pub. 15-1, Sections 202.1, 202.2, and 2102.3	\$90,863	(\$62,315)	\$28,548 *	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
HOLLENBECK PALMS							JULY 1, 2010 THROUGH JUNE 30, 2011	1831186345		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Cost Report			Audit Report						
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENTS TO REPORTED COSTS</u>										
7	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	\$340,995	(\$496)	\$340,499 *
	10.5	035	4	8A-1	035	4	Leases and Rentals	0	5,671	5,671
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To reclassify leases and rental expenses to the appropriate cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8	* 430,398	(10,373)	420,025 *
8	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	* \$340,499	\$9,395	\$349,894 *
	10.5	010	4	8A-1	010	4	Housekeeping - Other - Nonlabor	* 55,755	(618)	55,137 *
	10.5	060	4	8A-1	060	4	Laundry and Linen - Other - Nonlabor	27,437	(279)	27,158 *
	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor	* 292,694	(2,328)	290,366 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To reclassify repairs and maintenance expense to the appropriate cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8	* 420,025	(12,371)	407,654 *
9	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$2,225,897	(\$157,601)	\$2,068,296
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	896,719	157,601	1,054,320
	10.5	105	3	8A-1	105	3	Skilled Nursing Care - Agency Staff	* 121,810	(71,524)	50,286
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 108,206	71,524	179,730 *
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	54,138	(7,683)	46,455 *
	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	650,032	10,320	660,352 *
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	212,451	49,821	262,272 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 407,654	159,666	567,320 *
	10.5	167	4	8A-1	167	4	Administration - CDPH Licensing Fees	* 45,924	(30,422)	15,502
	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance To adjust reported expenses to agree with the provider's trial balance. 42 CFR 413.20 and 412.24 CMS Pub. 15-1, Sections 2300 and 2304	* 242,879	(209,905)	32,974

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
HOLLENBECK PALMS							JULY 1, 2010 THROUGH JUNE 30, 2011	1831186345		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Cost Report			Audit Report						
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENTS TO REPORTED COSTS</u>										
10	10.5	005	1	8A-1	005	1	Plant Operations and Maintenance - Salaries and Wages	\$128,465	(\$40,362)	\$88,103
	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	51,753	(16,260)	35,493
	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	* 349,894	(107,136)	242,758 *
	10.5	010	1	8A-1	010	1	Housekeeping - Salaries and Wages	27,660	(8,690)	18,970
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	11,143	(3,501)	7,642
	10.5	010	4	8A-1	010	4	Housekeeping - Other - Nonlabor	* 55,137	(35,275)	19,862
	10.5	015	4	8A-1	015	4	Depreciation - Buildings and Improvements	297,521	(93,477)	204,044
	10.5	025	4	8A-1	025	4	Depreciation - Equipment	74,407	(23,378)	51,029
	10.5	040	4	8A-1	040	4	Property Taxes	* 6,343	(2,318)	4,025
	10.5	045	4	8A-1	045	4	Property Insurance	16,907	(5,312)	11,595
	10.5	055	4	8A-1	055	4	Interest - Other	* 28,548	(28,548)	0
	10.5	060	1	8A-1	060	1	Laundry and Linen - Salaries and Wages	116,492	(68,606)	47,886
	10.5	060	2	8A-1	060	2	Laundry and Linen - Fringe Benefits	46,930	(27,639)	19,291
	10.5	060	4	8A-1	060	4	Laundry and Linen - Other - Nonlabor	* 27,158	(16,159)	10,999 *
	10.5	065	1	8A-1	065	1	Dietary - Salaries and Wages	296,302	25	296,327
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	119,367	10	119,377
	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor	* 290,366	35	290,401
	10.5	160	1	8A-1	160	1	Activities - Salaries and Wages	115,314	(3,478)	111,836
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	* 46,455	(1,401)	45,054
	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	* 660,352	(58,960)	601,392
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	* 262,272	(23,356)	238,916
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 567,320	(73,685)	493,635
							To adjust for Skilled Nursing program costs as a result of the addition of Residential units (Magnolia Court) for proper cost determination. 42 CFR 413.24 / CMS Pub. 15-1, Section 2302.8 OSHPD Manual, Section 4020			
11	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	* \$242,758	\$1,639	\$244,397
	10.5	060	4	8A-1	060	4	Laundry and Linen - Other - Nonlabor	* 10,999	(3,052)	7,947
							To reclassify waste management fee expense to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8			

Provider Name							Fiscal Period		Provider NPI		Adjustments
HOLLENBECK PALMS							JULY 1, 2010 THROUGH JUNE 30, 2011		1831186345		15
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>											
12	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor To reverse the provider's inpatient utilization review expense adjustment for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	*	\$179,730	\$2,700	\$182,430

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
HOLLENBECK PALMS							JULY 1, 2010 THROUGH JUNE 30, 2011		1831186345		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>ADJUSTMENT TO REPORTED STATISTICS</u>											
13	10.7	060	3	7	060	3	Laundry and Linen (Square Feet)	0	152	152	
	10.7	075	1,2,3	7	075	1,2,3	Patient Supplies	136	(36)	100	
	10.7	085	1,2,3	7	085	1,2,3	Pharmacy	0	36	36	
	10.7	145	1,2,3	7	145	1,2,3	Other Nonreimbursable	70,558	(70,558)	0	
	10.7	155	1,2,3	7	155	1,2,3	Social Services	449	(400)	49	
	10.7	160	1,2,3	7	160	1,2,3	Activities	0	400	400	
	10.7	165	1	7	165	1	Administration	1,154	(136)	1,018	
	10.7	165	2,3	7	165	2,3	Administration	0	1,018	1,018	
	10.7	170	1,2,3	7	170	1,2,3	Inservice Education - Nursing	0	136	136	
	10.7	175	1	7	175	1	Total - Square Feet	86,917	(70,558)	16,359	
	10.7	175	2	7	175	2	Total - Square Feet	85,068	(69,404)	15,664	
	10.7	175	3	7	175	3	Total - Square Feet	84,751	(69,252)	15,499	
To adjust square footage statistics to agree with the prior year's audit findings. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306											

Provider Name							Fiscal Period			Provider NPI		Adjustments
HOLLENBECK PALMS							JULY 1, 2010 THROUGH JUNE 30, 2011			1831186345		15
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No						
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>												
14	4.1	5	2	1	15	N/A	Skilled Nursing Care - Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: July 1, 2010 through June 30, 2011 Payment Period: July 1, 2010 through June 30, 2012 Report Date: July 24, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541			13,024	(231)	12,793

Provider Name							Fiscal Period			Provider NPI		Adjustments
HOLLENBECK PALMS							JULY 1, 2010 THROUGH JUNE 30, 2011			1831186345		15
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>												
15	Not Reported			1	14	N/A	Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1		\$0	\$3,526	\$3,526	