

**REPORT
ON THE
RATE SETTING AUDIT**

**GRIDLEY HEALTHCARE & WELLNESS CENTRE
GRIDLEY, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1255656930**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Robert G. Kwick
Audit Supervisor: Delia Valencia
Auditor: Gene Bannister**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

September 3, 2013

Christian Marcheschi, Administrator
Gridley Healthcare & Wellness Centre
246 Spruce Street
Gridley, CA 95948

GRIDLEY HEALTHCARE & WELLNESS CENTRE
NATIONAL PROVIDER IDENTIFIER (NPI) 1255656930
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. 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 \$2,409, which resulted from Medi-Cal overpayments

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

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.

Christian Marcheschi
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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—Sacramento at (916) 650-6994.

Original Signed By

Robert G. Kvick, Chief
Audits Section—Sacramento
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:

GRIDLEY HEALTHCARE & WELLNESS CENTRE

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1255656930

OSHPD Facility No.:

206042213

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	\$ 1,759,550	\$ 66.97
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 497,236	\$ 18.93
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 466,590	\$ 17.76
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 479,920	\$ 18.27
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 16,464	\$ 0.63
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 14,382	\$ 0.55
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 31,183	\$ 1.19
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 273,307	\$ 10.40
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 240,124	\$ 9.14
11	Cost of Routine Service/Audited Total Costs	\$ 4,509,268.00	\$ 3,778,755	\$ 143.83
12	Total Patient Days (Adj)	26,272	26,272	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 171.64	\$ 143.83	
14	Overpayments (Adj 35)		\$ 2,409	
15	Medi-Cal Days (Adj 34)	20,390	20,269	
16	Medi-Cal Managed Care Days (Adj)		0	
INTERMEDIATE CARE				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
18	Total Patient Days (Adj)		0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj)	\$	\$ 0	
MENTALLY DISORDERED CARE				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
22	Total Patient Days (Adj)		0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj)	\$	\$ 0	
DEVELOPMENTALLY DISABLED CARE				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
26	Total Patient Days (Adj)		0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj)	\$	\$ 0	
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:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

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

Provider NPI:
1255656930

OSHPD Facility No.:
206042213

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	
50	Total Patient Days (Adj)		0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments (Adj)	\$	\$ 0	
HOSPICE INPATIENT CARE				
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
54	Total Patient Days (Adj)		0	
55	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
56	Overpayments (Adj)	\$	\$ 0	
OTHER ROUTINE SERVICES				
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
58	Total Patient Days (Adj)		0	
59	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
60	Overpayments (Adj)	\$	\$ 0	

**ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR**

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

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

Provider NPI:
1255656930

OSHPD Facility No.:
206042213

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	\$ 43,399	\$ 43,399		
160	Activities	36,272		\$ 36,272	
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	244,013	0	0	244,013
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	187,961	0	0	187,961
083	Speech Pathology	22,336	0	0	22,336
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	1,679,879	43,399	36,272	1,759,550
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	\$ 2,213,860	\$ 43,399	\$ 36,272	\$ 2,213,860

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 51,392	\$ 51,392										
010	Housekeeping	60,755	530	\$ 61,285									
060	Laundry and Linen	53,723	1,234	1,487	\$ 56,444								
065	Dietary	193,216	6,734	8,114	0	\$ 208,064							
155	Social Services	N/A	0	0	0	\$ -							
160	Activities	N/A	0	0	0	0	\$ -						
165	Administration	N/A	2,208	2,660	0	0	0	0		\$ 4,868	\$ 4,868		
166	Medical Records	47,802	684	824	0	0	0	0		49,310		\$ 49,310	
170	Inservice Education - Nursing	111,279	0	0	0	0	0	0	\$ 111,279				
ANCILLARY SERVICES													
075	Patient Supplies		2,321	2,797	0	0	0	0	0	5,118	263	2,665	\$ 8,046
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	52	522	574
080	Physical Therapy		437	526	0	0	0	0	0	963	299	3,027	4,289
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		437	526	0	0	0	0	0	963	232	2,351	3,547
083	Speech Pathology		290	350	0	0	0	0	0	640	32	327	999
085	Pharmacy		0	0	0	0	0	0	0	0	220	2,225	2,444
090	Laboratory		0	0	0	0	0	0	0	0	12	125	137
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	15	151	166
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		36,227	43,651	56,444	208,064	0	0	111,279	455,665	3,735	37,836	497,236 *
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		290	350	0	0	0	0	0	640	8	81	728
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 518,167	\$ 51,392	\$ 61,285	\$ 56,444	\$ 208,064	\$ -	\$ -	\$ 111,279	\$ 463,989	\$ 4,868	\$ 49,310	\$ 518,167

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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	\$ 160,217	\$ 160,217										
010	Housekeeping	19,088	1,653	\$ 20,741									
060	Laundry and Linen	13,829	3,847	503	\$ 18,179								
065	Dietary	223,662	20,993	2,746	0	\$ 247,401							
155	Social Services	0	0	0	0	0	\$ -						
160	Activities	3,942	0	0	0	0	0	\$ 3,942					
165	Administration	N/A	6,883	900	0	0	0	0		\$ 7,784	\$ 7,784		
166	Medical Records	8,819	2,132	279	0	0	0	0		11,229		\$ 11,229	
170	Inservice Education - Nursing	0	0	0	0	0	0	0	\$ -				
ANCILLARY SERVICES													
075	Patient Supplies	183,034	7,237	947	0	0	0	0	0	191,217	421	607	\$ 192,245
077	Specialized Support Surfaces	43,322	0	0	0	0	0	0	0	43,322	82	119	43,523
080	Physical Therapy	0	1,362	178	0	0	0	0	0	1,540	478	689	2,707
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	1,362	178	0	0	0	0	0	1,540	371	535	2,447
083	Speech Pathology	0	905	118	0	0	0	0	0	1,023	52	74	1,149
085	Pharmacy	184,632	0	0	0	0	0	0	0	184,632	351	507	185,490
090	Laboratory	10,381	0	0	0	0	0	0	0	10,381	20	28	10,429
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	12,564	0	0	0	0	0	0	0	12,564	24	34	12,622
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	54,767	112,939	14,773	18,179	247,401	0	3,942	0	452,001	5,972	8,616	466,590 *
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	1,934	905	118	0	0	0	0	0	2,957	13	18	2,988
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 920,191	\$ 160,217	\$ 20,741	\$ 18,179	\$ 247,401	\$ -	\$ 3,942	\$ -	\$ 901,178	\$ 7,784	\$ 11,229	\$ 920,191

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

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

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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)	\$ 525,916	97%							
	Property Tax (line 40)	18,042	3%	\$ 543,958						
005	Plant Operations and Maintenance			2,530	\$ 2,530					
010	Housekeeping			5,587	26	\$ 5,613				
060	Laundry and Linen			13,001	61	136	\$ 13,198			
065	Dietary			70,942	331	743	0	\$ 72,016		
155	Social Services			0	0	0	0	0	\$ -	
160	Activities			0	0	0	0	0	0	\$ -
165	Administration			23,261	109	244	0	0	0	0
166	Medical Records			7,203	34	75	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			24,455	114	256	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			4,603	22	48	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			4,603	22	48	0	0	0	0
083	Speech Pathology			3,057	14	32	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			381,660	1,783	3,998	13,198	72,016	0	0
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
NONREIMBURSABLE										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			3,057	14	32	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 543,958	100%	\$ 543,958	\$ 2,530	\$ 5,613	\$ 13,198	\$ 72,016	\$ -	\$ -

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

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

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	Capital Related 97% Of Total	Property Tax 3% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 525,916	97%							
	Property Tax (line 40)	18,042	3%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 23,613	\$ 23,613				
166	Medical Records				7,312		\$ 7,312			
170	Inservice Education - Nursing			\$ -						
	ANCILLARY SERVICES									
075	Patient Supplies			0	24,826	1,276	395	\$ 26,497	\$ 25,618	\$ 879
077	Specialized Support Surfaces			0	0	250	77	327	317	11
080	Physical Therapy			0	4,673	1,449	449	6,571	6,353	218
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	4,673	1,126	349	6,147	5,944	204
083	Speech Pathology			0	3,103	156	48	3,308	3,198	110
085	Pharmacy			0	0	1,065	330	1,395	1,349	46
090	Laboratory			0	0	60	19	78	76	3
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	73	22	95	92	3
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			0	472,655	18,119	5,611	496,384	479,920	16,464
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	3,103	39	12	3,154	3,049	105
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 543,958	100%	\$ -	\$ 513,033	\$ 23,613	\$ 7,312	\$ 543,958	\$ 525,916	\$ 18,042

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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. 43% of Total	DPH Licensing Fees 3% of Total	Professional Liability Ins. 6% of Total	Quality Assur. Fees 49% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 8,880												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	304,064												
	Total Costs Allocable as Administration	312,944	43%											
167	CDPH Licensing Fees	18,743	3%											
168	Professional Liability Insurance	40,639	6%											
169	Quality Assurance Fees	356,189	49%											
174	Caregiver Training	0	0%											
	Total	728,515	100%						\$ 728,515					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 5,118	\$ 191,217	\$ 24,826	\$ 221,162	39,374	\$ 16,914	\$ 1,013	\$ 2,196	\$ 19,251	\$ -
077	Specialized Support Surfaces			0	0	43,322	0	43,322	7,713	3,313	198	430	3,771	0
080	Physical Therapy			244,013	963	1,540	4,673	251,189	44,720	19,210	1,151	2,495	21,865	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			187,961	963	1,540	4,673	195,137	34,741	14,923	894	1,938	16,986	0
083	Speech Pathology			22,336	640	1,023	3,103	27,102	4,825	2,073	124	269	2,359	0
085	Pharmacy			0	0	184,632	0	184,632	32,870	14,120	846	1,834	16,071	0
090	Laboratory			0	0	10,381	0	10,381	1,848	794	48	103	904	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	12,564	0	12,564	2,237	961	58	125	1,094	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			1,759,550	455,665	452,001	472,655	3,139,871	558,995	240,124	14,382	31,183	273,307	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	640	2,957	3,103	6,700	1,193	512	31	67	583	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 728,515		\$ 2,213,860	\$ 463,989	\$ 901,178	\$ 513,033	\$ 4,092,060	\$ 728,515					
	Total Administrative Costs							\$ 728,515		\$ 312,944	\$ 18,743	\$ 40,639	\$ 356,189	\$ -
	Unit Cost Multiplier							0.17803136						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 54,178	\$ 19,013	\$ 30,925	\$ 104,116							
	TOTAL FACILITY COSTS							\$ 4,924,691						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj)	Plant Ops (SQ FT) 5 (Adj)	Hskpng (SQ FT) 10 (Adj)	Laundry (LBS) 60 (Adj)	Dietary (MEALS) 65 (Adj)	Soc Srvs (DIRECT EXP) 155 (Adj)	Activities (DIRECT EXP) 160 (Adj)	Inserv. Ed (DIRECT EXP) 170 (Adj)	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	72									
010	Housekeeping	159	159								
060	Laundry and Linen	370	370	370							
065	Dietary	2,019	2,019	2,019							
155	Social Services										
160	Activities										
165	Administration	662	662	662							
166	Medical Records	205	205	205							
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies	696	696	696						221,162	221,162
077	Specialized Support Surfaces									43,322	43,322
080	Physical Therapy	131	131	131						251,189	251,189
081	Respiratory Therapy									0	0
082	Occupational Therapy	131	131	131						195,137	195,137
083	Speech Pathology	87	87	87						27,102	27,102
085	Pharmacy									184,632	184,632
090	Laboratory									10,381	10,381
095	Home Health Services									0	0
100	Other Ancillary Services									12,564	12,564
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	10,862	10,862	10,862	259,570	77,871	1,734,646	1,734,646	1,734,646	3,139,871	3,139,871
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	87	87	87						6,700	6,700
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	15,481	15,409	15,250	259,570	77,871	1,734,646	1,734,646	1,734,646	4,092,060	4,092,060
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 43,399 0.025018938	\$ 36,272 0.020910318			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 51,392 3.33519372	\$ 61,285 4.01870792	\$ 56,444 0.21745172	\$ 208,064 2.67190003	\$ - 0.00000000	\$ - 0.00000000	\$ 111,279 0.06415084	\$ 4,868 0.00118969	\$ 49,310 0.01205006
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 160,217 10.39762477	\$ 20,741 1.36008015	\$ 18,179 0.07003641	\$ 247,401 3.17705958	\$ - 0.00000000	\$ 3,942 0.00227251	\$ - 0.00000000	\$ 7,784 0.00190212	\$ 11,229 0.00274418
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 543,958 35.13713584	\$ 2,530 0.16418157	\$ 5,613 0.36805964	\$ 13,198 0.05084436	\$ 72,016 0.92481761	\$ - 0.00000000	\$ - 0.00000000	\$ - 0.00000000	\$ 23,613 0.00577048	\$ 7,312 0.00178693

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

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

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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	\$ 43,148	\$ 0	\$ 43,148	(Sch 3)
005	.20-.39	Fringe Benefits	6200	8,244	0	8,244	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	285,987	(125,770)	160,217	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 337,379	\$ (125,770)	\$ 211,609	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 49,644	\$ 0	\$ 49,644	(Sch 3)
010	.20-.39	Fringe Benefits	6300	11,111	0	11,111	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	19,088	0	19,088	(Sch 4)
010		Housekeeping - Total	6300	\$ 79,843	\$ 0	\$ 79,843	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	8,508	0	8,508	(Sch 5)
025		Depreciation: Equipment	7140	5,453	0	5,453	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	503,081	8,874	511,955	(Sch 5)
040		Property Taxes	7300	18,042	0	18,042	(Sch 5)
045		Property Insurance	7400	8,880	0	8,880	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$ 88,360	\$ (88,360)	\$ 0	(Sch 6)
057		Subtotal 005 - 055		\$ 1,049,546	\$ (205,256)	\$ 844,290	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 44,103	\$ 0	\$ 44,103	(Sch 3)
060	.20-.39	Fringe Benefits	6400	9,620	0	9,620	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	13,829	0	13,829	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 67,552	\$ 0	\$ 67,552	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 160,101	\$ 0	\$ 160,101	(Sch 3)
065	.20-.39	Fringe Benefits	6500	33,115	0	33,115	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	223,662	0	223,662	(Sch 4)
065		Dietary - Total	6500	\$ 416,878	\$ 0	\$ 416,878	
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	182,325	709	183,034	(Sch 4)
075		Patient Supplies - Total	8100	\$ 182,325	\$ 709	\$ 183,034	
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	43,322	0	43,322	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 43,322	\$ 0	\$ 43,322	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

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

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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	\$ 22,366	\$ 0	\$ 22,366	(Sch 2)
080	.20-.39	Fringe Benefits	8200	4,081	0	4,081	(Sch 2)
080	.79	Agency Staff	8200	217,566	0	217,566	(Sch 2)
080	.40-.99	Other - Nonlabor	8200		0	0	(Sch 4)
080		Physical Therapy - Total	8200	\$ 244,013	\$ 0	\$ 244,013	
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	187,961	0	187,961	(Sch 2)
082	.40-.99	Other - Nonlabor	8250		0	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 187,961	\$ 0	\$ 187,961	
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	22,336	0	22,336	(Sch 2)
083	.40-.99	Other - Nonlabor	8280		0	0	(Sch 4)
083		Speech Pathology - Total	8280	\$ 22,336	\$ 0	\$ 22,336	
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	184,632	0	184,632	(Sch 4)
085		Pharmacy - Total	8300	\$ 184,632	\$ 0	\$ 184,632	
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	10,381	0	10,381	(Sch 4)
090		Laboratory - Total	8400	\$ 10,381	\$ 0	\$ 10,381	
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	12,287	277	12,564	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 12,287	\$ 277	\$ 12,564	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

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

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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		\$ 887,257	\$ 986	\$ 888,243	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,493,510	\$ (103,221)	\$ 1,390,289	(Sch 2)
105	.20-.39	Fringe Benefits	6110	289,590	0	289,590	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	212,530	(157,763)	54,767	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,995,630	\$ (260,984)	\$ 1,734,646	
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:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

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

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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	1,934	0	1,934 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 1,934	\$ 0	\$ 1,934
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		\$ 1,997,564	\$ (260,984)	\$ 1,736,580
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 36,419	\$ 0	\$ 36,419 (Sch 2)
155	.20-.39	Fringe Benefits	6600	6,980	0	6,980 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600		0	0 (Sch 4)
155		Social Services - Total	6600	\$ 43,399	\$ 0	\$ 43,399

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

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

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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	\$ 27,158	\$ 0	\$ 27,158	(Sch 2)
160	.20-.39	Fringe Benefits	6700	9,114	0	9,114	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	3,942	0	3,942	(Sch 4)
160		Activities - Total	6700	\$ 40,214	\$ 0	\$ 40,214	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 228,244	\$ (9,500)	\$ 218,744	(Sch 6)
165	.20-.39	Fringe Benefits	6900	37,046	0	37,046	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	386,015	(337,741)	48,274	(Sch 6)
165		Administration - Total	6900	\$ 651,305	\$ (347,241)	\$ 304,064	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 39,196	\$ 0	\$ 39,196	(Sch 3)
166	.20-.39	Fringe Benefits	6900	8,606	0	8,606	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	8,819	0	8,819	(Sch 4)
166		Medical Records - Total	6900	\$ 56,621	\$ 0	\$ 56,621	
167		CDPH Licensing Fees	6900	\$ 18,743	\$ 0	\$ 18,743	(Sch 6)
168		Professional Liability Insurance	6900	\$ 41,888	\$ (1,249)	\$ 40,639	(Sch 6)
169		Quality Assurance Fees	6900	\$ 356,189	\$ 0	\$ 356,189	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 97,469	\$ 0	\$ 97,469	(Sch 3)
170	.20-.39	Fringe Benefits	6800	13,810	0	13,810	(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	\$ 111,279	\$ 0	\$ 111,279	
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		\$ 1,319,638	\$ (348,490)	\$ 971,148	
200		Total		\$ 5,738,435	\$ (813,744)	\$ 4,924,691	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 3,976	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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

Line No.	Sub No.		AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ 12	AUDIT ADJ 13	AUDIT ADJ 14	AUDIT ADJ 15	AUDIT ADJ 16	AUDIT ADJ 17	AUDIT ADJ 18
174	3	Caregiver Training - Agency Staff									
174	4	Caregiver Training - Other - Nonlabor									
200		Total	<u>(4,985)</u>	<u>(3,547)</u>	<u>(21,721)</u>	<u>(93,693)</u>	<u>(88,360)</u>	<u>(3,600)</u>	<u>(99,621)</u>	<u>(41,288)</u>	<u>(37,518)</u>

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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

Line No.	Sub No.		AUDIT ADJ 19	AUDIT ADJ 20	AUDIT ADJ 21	AUDIT ADJ 22	AUDIT ADJ 23	AUDIT ADJ 24	AUDIT ADJ 25	AUDIT ADJ 26	AUDIT ADJ 27
174	3	Caregiver Training - Agency Staff									
174	4	Caregiver Training - Other - Nonlabor									
200		Total	<u>(74,896)</u>	<u>(3,075)</u>	<u>(9,500)</u>	<u>(1,775)</u>	<u>(3,498)</u>	<u>(14,448)</u>	<u>(19,551)</u>	<u>(33,705)</u>	<u>(35,025)</u>

Provider Name:
GRIDLEY HEALTHCARE & WELLNESS CENTRE

Provider NPI:
1255656930

OSHPD Facility Number:
206042213

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

Line No.	Sub No.		AUDIT ADJ 28	AUDIT ADJ 29	AUDIT ADJ 30	AUDIT ADJ 31	AUDIT ADJ 32	AUDIT ADJ 33			
174	3	Caregiver Training - Agency Staff									
174	4	Caregiver Training - Other - Nonlabor									
200		Total	<u>(5,864)</u>	<u>(6,335)</u>	<u>(9,366)</u>	<u>(27,900)</u>	<u>(27,204)</u>	<u>(147,269)</u>	<u>0</u>	<u>0</u>	<u>0</u>

Provider Name							Fiscal Period			Provider NPI		Adjustments
GRIDLEY HEALTHCARE & WELLNESS CENTRE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1255656930		35
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 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$3,976	\$3,976

Provider Name							Fiscal Period	Provider NPI		Adjustments
GRIDLEY HEALTHCARE & WELLNESS CENTRE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1255656930		35
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>RECLASSIFICATIONS OF REPORTED COSTS</u>										
2	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	\$285,987	(\$1,824)	\$284,163 *
	10.5	035	4	8A-1	035	4	Leases and Rentals	503,081	1,824	504,905 *
							To reclassify equipment lease expense to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000(e) and 52501			
3	10.5	035	4	8A-1	035	4	Leases and Rentals	* \$504,905	\$374	\$505,279 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	386,015	(374)	385,641 *
							To reclassify lease expense to the appropriate cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000(e) and 52501			
4	10.5	035	4	8A-1	035	4	Leases and Rentals	* \$505,279	\$6,376	\$511,655 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 385,641	(6,376)	379,264 *
							To reclassify lease expense to the appropriate cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000(e) and 52501			
5	10.5	035	4	8A-1	035	4	Leases and Rentals	* \$511,655	\$300	\$511,955
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 379,264	(300)	378,964 *
							To reclassify lease expense to the appropriate cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000(e) and 52501			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
GRIDLEY HEALTHCARE & WELLNESS CENTRE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1255656930		35	
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>RECLASSIFICATIONS OF REPORTED COSTS</u>											
6	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	\$182,325	\$709	\$183,034	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	212,530	(709)	211,821 *	
							To reclassify patient supplies expense to the appropriate ancillary cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2202.8, 2203.2, 2300 and 2304 CCR, Title 22, Sections 51123 and 51511				
7	10.5	100	4	8A-1	100	4	Other Ancillary Services - Other - Nonlabor	\$12,287	\$125	\$12,412 *	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 211,821	(125)	211,696 *	
							To reclassify medical transportation expense from Skilled Nursing to an ancillary cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Sections 51123 and 51511				
8	10.5	100	4	8A-1	100	4	Other Ancillary Services - Other - Nonlabor	* \$12,412	\$152	\$12,564	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 211,696	(152)	211,544 *	
							To reclassify client reimbursement expense from Skilled Nursing to an ancillary cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Sections 51123 and 51511				
9	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$378,964	\$1,249	\$380,213 *	
	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	41,888	(1,249)	40,639	
							To reclassify finance fees and taxes associated with liability insurance to the Administration cost center. 42 CFR 413.24 / CMS Pub. 15-1, Section 2162 CCR, Title 22, Sections 52000(b) and 52501				

Provider Name							Fiscal Period	Provider NPI		Adjustments
GRIDLEY HEALTHCARE & WELLNESS CENTRE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1255656930		35
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>										
10	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	*	\$284,163	
							To eliminate utilities television and internet expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(\$4,985)
11							To eliminate purchased services expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(3,547)
12							To eliminate contract labor other expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(21,721)
13							To eliminate repairs and maintenance general expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(93,693)
										(\$123,946)
										\$160,217
14	10.5	055	4	8A-1	055	4	Interest - Other		\$88,360	
							To eliminate interest expense due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 202.1, 2300, and 2304 W&I Code 14124.2(b)			(\$88,360)
										\$0

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
GRIDLEY HEALTHCARE & WELLNESS CENTRE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1255656930		35
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>										
15	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$1,493,510		
							To eliminate bonus staff incentive expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)		(\$3,600)	
16							To eliminate salary wages director executive regular expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)		(99,621)	\$1,390,289
									(\$103,221)	
17	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* \$211,544		
							To eliminate supplies minor equipment expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)		(\$41,288)	
18							To eliminate contract labor other expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)		(37,518)	\$132,738 *
									(\$78,806)	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
GRIDLEY HEALTHCARE & WELLNESS CENTRE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1255656930		35
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				
ADJUSTMENTS TO REPORTED COSTS										
19	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	*	\$132,738	
							To eliminate purchased services expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(\$74,896)
20							To eliminate professional dues licenses and fees expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(3,075) (\$77,971) \$54,767
21	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages To eliminate bonus staff incentive expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)		\$228,244	(\$9,500) \$218,744
22	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$380,213	
							To eliminate insurance EPLI expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(\$1,775)
23							To eliminate other general and administrative expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(3,498) (\$5,273) \$374,940 *

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
GRIDLEY HEALTHCARE & WELLNESS CENTRE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1255656930		35
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>											
24	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$374,940		
							To eliminate travel expenses due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(\$14,448)	
25							To eliminate other insurance expenses due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(19,551)	
26							To eliminate professional services legal expenses due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(33,705)	
27							To eliminate I/C Administrative Services expenses due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2150, 2153, 2300, and 2304 W&I Code 14124.2(b)			(35,025)	
28							To eliminate purchased services expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(5,864)	
										(\$108,593)	
										\$266,347 *	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
GRIDLEY HEALTHCARE & WELLNESS CENTRE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1255656930		35
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>											
29	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$266,347		
							To eliminate VCPI expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(\$6,335)	
30							To eliminate computer data license service contracts expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(9,366)	
31							To eliminate outside consultant medical director expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(27,900)	
32							To eliminate recruiting fees expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(27,204)	
33							To eliminate contract labor other expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)			(147,269)	
										(\$218,074)	\$48,274

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
GRIDLEY HEALTHCARE & WELLNESS CENTRE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1255656930		35
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>											
34	4.1	5	2	1	15	N/A	Medi-Cal Days	20,390	(121)	20,269	
							To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through July 31, 2013 Report Date: August 6, 2013 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				

Provider Name							Fiscal Period			Provider NPI		Adjustments
GRIDLEY HEALTHCARE & WELLNESS CENTRE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1255656930		35
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>												
35	Not Reported			1	14		Overpayments To recover Medi-Cal overpayments due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51476 W&I Code 14124.2(b)		\$0	\$2,409	\$2,409	