

**REPORT
ON THE
RATE SETTING AUDIT**

**HY-LOND HEALTH CARE CENTER - MERCED
MERCED, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1700870797**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Michael Harrold
Audit Supervisor: Linda King
Auditor: John Abdallah**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

July 16, 2013

David Slawson
Director of Finance
Avalon Health Care Management, Inc.
206 North 2100 West
Salt Lake City, Utah 84116

HY-LOND HEALTH CARE CENTER - MERCED
NATIONAL PROVIDER IDENTIFIER (NPI) 1700870797
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 Schedule
3. Audited Allocation of Home Office Cost

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

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

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Fresno at (559) 446-2458.

Original Signed by

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

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:

HY-LOND HEALTH CARE CENTER - MERCED

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1700870797

OSHPD Facility No.:

206240909

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	\$ 3,563,253	\$ 86.37
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 814,412	\$ 19.74
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 698,852	\$ 16.94
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 527,305	\$ 12.78
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 34,656	\$ 0.84
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 21,537	\$ 0.52
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 21,532	\$ 0.52
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 36,581	\$ 0.89
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 417,989	\$ 10.13
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 669,800	\$ 16.23
11	Cost of Routine Service/Audited Total Costs	\$ 7,095,843.00	\$ 6,805,917	\$ 164.96
12	Total Patient Days (Adj 21)	41,259	41,258	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 171.98	\$ 164.96	
14	Overpayments (Adj)	\$	\$ 0	
15	Medi-Cal Days (Adj 22)	26,535	748	
16	Medi-Cal Managed Care Days (Adj 23)		25,849	
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:

HY-LOND HEALTH CARE CENTER - MERCED

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1700870797

OSHPD Facility No.:

206240909

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:
HY-LOND HEALTH CARE CENTER - MERCED

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

Provider NPI:
1700870797

OSHPD Facility No.:
206240909

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	\$ 94,142	\$ 94,142		
160	Activities	81,113		\$ 81,113	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	ANCILLARY SERVICES				
075	Patient Supplies	32,202	0	0	32,202
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	0	0	0	0
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	0	0	0	0
083	Speech Pathology	0	0	0	0
085	Pharmacy	0	0	0	0
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	0	0	0	0
101	Subacute Care Ancillary Services	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0
	ROUTINE SERVICES				
105	Skilled Nursing Care	3,387,998	94,142	81,113	3,563,253 *
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	\$ 3,595,455	\$ 94,142	\$ 81,113	\$ 3,595,455

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Srvs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 76,514	\$ 76,514										
010	Housekeeping	124,959	538	\$ 125,497									
060	Laundry and Linen	80,082	1,386	2,290	\$ 83,758								
065	Dietary	403,840	10,981	18,139	4,230	\$ 437,189							
155	Social Services	N/A	414	684	0	0	\$ 1,098						
160	Activities	N/A	1,021	1,687	0	0	0	\$ 2,708					
165	Administration	N/A	3,917	6,471	0	0	0	0		\$ 10,388	\$ 10,388		
166	Medical Records	92,975	909	1,501	0	0	0	0		95,385		\$ 95,385	
170	Inservice Education - Nursing	76,926	0	0	0	0	0	0	\$ 76,926				
ANCILLARY SERVICES													
075	Patient Supplies		1,429	2,361	0	0	0	0	0	3,791	230	2,112	\$ 6,133
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	101	929	1,030
080	Physical Therapy		1,927	3,183	2,270	0	0	0	0	7,380	696	6,391	14,466
081	Respiratory Therapy		0	0	0	0	0	0	0	0	55	502	556
082	Occupational Therapy		529	874	0	0	0	0	0	1,403	643	5,901	7,947
083	Speech Pathology		224	371	0	0	0	0	0	595	156	1,428	2,179
085	Pharmacy		0	0	0	0	0	0	0	0	439	4,029	4,467
090	Laboratory		0	0	0	0	0	0	0	0	58	535	593
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	103	948	1,052
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		52,924	87,419	75,827	437,189	1,098	2,708	76,926	734,091	7,888	72,432	814,412 *
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		313	518	1,432	0	0	0	0	2,264	19	178	2,461
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 855,296	\$ 76,514	\$ 125,497	\$ 83,758	\$ 437,189	\$ 1,098	\$ 2,708	\$ 76,926	\$ 749,523	\$ 10,388	\$ 95,385	\$ 855,296

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

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	\$ 249,776	\$ 249,776										
010	Housekeeping	20,447	1,756	\$ 22,203									
060	Laundry and Linen	17,002	4,526	405	\$ 21,933								
065	Dietary	306,703	35,847	3,209	1,108	\$ 346,867							
155	Social Services	2,120	1,352	121	0	0	\$ 3,593						
160	Activities	14,421	3,333	298	0	0	0	\$ 18,052					
165	Administration	N/A	12,788	1,145	0	0	0	0		\$ 13,933	\$ 13,933		
166	Medical Records	1,861	2,967	266	0	0	0	0		5,094		\$ 5,094	
170	Inservice Education - Nursing	780	0	0	0	0	0	0	\$ 780				
ANCILLARY SERVICES													
075	Patient Supplies	108,322	4,666	418	0	0	0	0	0	113,406	309	113	\$ 113,827
077	Specialized Support Surfaces	70,705	0	0	0	0	0	0	0	70,705	136	50	70,890
080	Physical Therapy	456,006	6,291	563	594	0	0	0	0	463,454	933	341	464,729
081	Respiratory Therapy	38,201	0	0	0	0	0	0	0	38,201	73	27	38,301
082	Occupational Therapy	441,764	1,728	155	0	0	0	0	0	443,646	862	315	444,823
083	Speech Pathology	105,556	732	66	0	0	0	0	0	106,354	209	76	106,639
085	Pharmacy	306,712	0	0	0	0	0	0	0	306,712	588	215	307,516
090	Laboratory	40,709	0	0	0	0	0	0	0	40,709	78	29	40,816
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	72,211	0	0	0	0	0	0	0	72,211	139	51	72,400
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	107,023	172,767	15,466	19,856	346,867	3,593	18,052	780	684,405	10,580	3,868	698,852 *
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	7,080	1,023	92	375	0	0	0	0	8,570	26	9	8,605
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 2,367,399	\$ 249,776	\$ 22,203	\$ 21,933	\$ 346,867	\$ 3,593	\$ 18,052	\$ 780	\$ 2,348,373	\$ 13,933	\$ 5,094	\$ 2,367,399

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

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

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

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)	\$ 569,637	94%							
	Property Tax (line 40)	37,438	6%	\$ 607,075						
005	Plant Operations and Maintenance			14,479	\$ 14,479					
010	Housekeeping			4,166	102	\$ 4,267				
060	Laundry and Linen			10,737	262	78	\$ 11,077			
065	Dietary			85,048	2,078	617	559	\$ 88,302		
155	Social Services			3,208	78	23	0	0	\$ 3,309	
160	Activities			7,908	193	57	0	0	0	\$ 8,158
165	Administration			30,339	741	220	0	0	0	0
166	Medical Records			7,039	172	51	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			11,071	270	80	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			14,925	365	108	300	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			4,099	100	30	0	0	0	0
083	Speech Pathology			1,737	42	13	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			409,892	10,015	2,973	10,028	88,302	3,309	8,158
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			2,428	59	18	189	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 607,075	100%	\$ 607,075	\$ 14,479	\$ 4,267	\$ 11,077	\$ 88,302	\$ 3,309	\$ 8,158

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

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

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

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 94% Of Total	Property Tax 6% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 569,637	94%							
	Property Tax (line 40)	37,438	6%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 31,301	\$ 31,301				
166	Medical Records				7,262		\$ 7,262			
170	Inservice Education - Nursing			\$ -						
	ANCILLARY SERVICES									
075	Patient Supplies			0	11,422	693	161	\$ 12,276	\$ 11,519	\$ 757
077	Specialized Support Surfaces			0	0	305	71	375	352	23
080	Physical Therapy			0	15,698	2,097	487	18,281	17,154	1,127
081	Respiratory Therapy			0	0	165	38	203	190	13
082	Occupational Therapy			0	4,229	1,937	449	6,614	6,206	408
083	Speech Pathology			0	1,793	469	109	2,370	2,224	146
085	Pharmacy			0	0	1,322	307	1,629	1,528	100
090	Laboratory			0	0	175	41	216	203	13
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	311	72	383	360	24
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	532,677	23,769	5,515	561,961	527,305	34,656 *
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	2,694	58	14	2,766	2,596	171
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 607,075	100%	\$ -	\$ 568,512	\$ 31,301	\$ 7,262	\$ 607,075	\$ 569,637	\$ 37,438

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

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. 57% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 2% of Total	Quality Assur. Fees 36% of Total	Caregiver Training 3% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 11,097												
055	Interest - Other	808												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	870,145												
	Total Costs Allocable as Administration	882,050	57%											
167	CDPH Licensing Fees	28,362	2%											
168	Professional Liability Insurance	28,355	2%											
169	Quality Assurance Fees	550,443	36%											
174	Caregiver Training	48,173	3%											
	Total	1,537,383	100%						\$ 1,537,383					
ANCILLARY SERVICES														
075	Patient Supplies			\$ 32,202	\$ 3,791	\$ 113,406	\$ 11,422	\$ 160,820	34,047	\$ 19,534	\$ 628	\$ 628	\$ 12,190	\$ 1,067
077	Specialized Support Surfaces			0	0	70,705	0	70,705	14,969	8,588	276	276	5,359	469
080	Physical Therapy			0	7,380	463,454	15,698	486,531	103,002	59,096	1,900	1,900	36,879	3,228
081	Respiratory Therapy			0	0	38,201	0	38,201	8,087	4,640	149	149	2,896	253
082	Occupational Therapy			0	1,403	443,646	4,229	449,278	95,115	54,571	1,755	1,754	34,055	2,980
083	Speech Pathology			0	595	106,354	1,793	108,741	23,021	13,208	425	425	8,243	721
085	Pharmacy			0	0	306,712	0	306,712	64,933	37,254	1,198	1,198	23,249	2,035
090	Laboratory			0	0	40,709	0	40,709	8,618	4,945	159	159	3,086	270
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	72,211	0	72,211	15,288	8,771	282	282	5,474	479
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			3,563,253	734,091	684,405	532,677	5,514,426	1,167,439	669,800	21,537	21,532	417,989	36,581
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	2,264	8,570	2,694	13,528	2,864	1,643	53	53	1,025	90
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 1,537,383		\$ 3,595,455	\$ 749,523	\$ 2,348,373	\$ 568,512	\$ 7,261,863	\$ 1,537,383					
	Total Administrative Costs							\$ 1,537,383		\$ 882,050	\$ 28,362	\$ 28,355	\$ 550,443	\$ 48,173
	Unit Cost Multiplier							0.21170641						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 105,773	\$ 19,026	\$ 38,563	\$ 163,362							
	TOTAL FACILITY COSTS							\$ 8,962,608						

*(To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

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 20)	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	650									
010	Housekeeping	187	187								
060	Laundry and Linen	482	482	482							
065	Dietary	3,818	3,818	3,818	4,167						
155	Social Services	144	144	144							
160	Activities	355	355	355							
165	Administration	1,362	1,362	1,362							
166	Medical Records	316	316	316							
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies	497	497	497						160,820	160,820
077	Specialized Support Surfaces									70,705	70,705
080	Physical Therapy	670	670	670	2,236					486,531	486,531
081	Respiratory Therapy									38,201	38,201
082	Occupational Therapy	184	184	184						449,278	449,278
083	Speech Pathology	78	78	78						108,741	108,741
085	Pharmacy									306,712	306,712
090	Laboratory									40,709	40,709
095	Home Health Services									0	0
100	Other Ancillary Services									72,211	72,211
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	18,401	18,401	18,401	74,704	123,777	3,495,021	3,495,021	3,495,021	5,514,426	5,514,426
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	109	109	109	1,411					13,528	13,528
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	27,253	26,603	26,416	82,518	123,777	3,495,021	3,495,021	3,495,021	7,261,863	7,261,863
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 94,142 0.026936033	\$ 81,113 0.023208158			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 76,514 2.87614179	\$ 125,497 4.75078886	\$ 83,758 1.01502921	\$ 437,189 3.53207177	\$ 1,098 0.00031424	\$ 2,708 0.00077469	\$ 76,926 0.02201017	\$ 10,388 0.00143047	\$ 95,385 0.01313507
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 249,776 9.38901628	\$ 22,203 0.84050371	\$ 21,933 0.26579205	\$ 346,867 2.80235313	\$ 3,593 0.00102805	\$ 18,052 0.00516520	\$ 780 0.00022318	\$ 13,933 0.00191860	\$ 5,094 0.00070141
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 607,075 22.27552930	\$ 14,479 0.54426546	\$ 4,267 0.16154231	\$ 11,077 0.13423743	\$ 88,302 0.71339677	\$ 3,309 0.00094687	\$ 8,158 0.00233429	\$ - 0.00000000	\$ 31,301 0.00431027	\$ 7,262 0.00100003

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

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

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

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	\$ 59,289	\$ (80)	\$ 59,209	(Sch 3)
005	.20-.39	Fringe Benefits	6200	18,133	(828)	17,305	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	264,230	(14,454)	249,776	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 341,652	\$ (15,362)	\$ 326,290	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$	\$ 0	\$ 0	(Sch 3)
010	.20-.39	Fringe Benefits	6300		0	0	(Sch 3)
010	.79	Agency Staff	6300	124,959	0	124,959	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	20,447	0	20,447	(Sch 4)
010		Housekeeping - Total	6300	\$ 145,406	\$ 0	\$ 145,406	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 118,204	\$ 0	\$ 118,204	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	6,937	0	6,937	(Sch 5)
025		Depreciation: Equipment	7140	55,749	0	55,749	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	29,172	0	29,172	(Sch 5)
035		Leases and Rentals	7200	18,724	6,499	25,223	(Sch 5)
040		Property Taxes	7300	38,131	(693)	37,438	(Sch 5)
045		Property Insurance	7400	11,097	0	11,097	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	334,352	0	334,352	(Sch 6)
055		Interest - Other	7600	\$ 61,940	\$ (61,132)	\$ 808	(Sch 6)
057		Subtotal 005 - 055		\$ 1,161,364	\$ (70,688)	\$ 1,090,676	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$	\$ 0	\$ 0	(Sch 3)
060	.20-.39	Fringe Benefits	6400		0	0	(Sch 3)
060	.79	Agency Staff	6400	80,082	0	80,082	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	17,002	0	17,002	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 97,084	\$ 0	\$ 97,084	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 322,760	\$ (5,653)	\$ 317,107	(Sch 3)
065	.20-.39	Fringe Benefits	6500	92,753	(6,020)	86,733	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	307,587	(884)	306,703	(Sch 4)
065		Dietary - Total	6500	\$ 723,100	\$ (12,557)	\$ 710,543	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 24,795	\$ 0	\$ 24,795	(Sch 2)
075	.20-.39	Fringe Benefits	8100	8,328	(921)	7,407	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	108,322	0	108,322	(Sch 4)
075		Patient Supplies - Total	8100	\$ 141,445	\$ (921)	\$ 140,524	
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	70,705	0	70,705	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 70,705	\$ 0	\$ 70,705	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

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

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	\$	\$ 0	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200		0	0	(Sch 2)
080	.79	Agency Staff	8200		0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	456,006	0	456,006	(Sch 4)
080		Physical Therapy - Total	8200	\$ 456,006	\$ 0	\$ 456,006	
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	38,201	0	38,201	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 38,201	\$ 0	\$ 38,201	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250		0	0	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	441,764	0	441,764	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 441,764	\$ 0	\$ 441,764	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280		0	0	(Sch 2)
083	.79	Agency Staff	8280		0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	105,556	0	105,556	(Sch 4)
083		Speech Pathology - Total	8280	\$ 105,556	\$ 0	\$ 105,556	
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	306,712	0	306,712	(Sch 4)
085		Pharmacy - Total	8300	\$ 306,712	\$ 0	\$ 306,712	
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	40,709	0	40,709	(Sch 4)
090		Laboratory - Total	8400	\$ 40,709	\$ 0	\$ 40,709	
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	72,211	0	72,211	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 72,211	\$ 0	\$ 72,211	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

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

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
101		Subacute Care Ancillary Services					
101	.01-.19	Salaries and Wages	8100-8900	\$	\$ 0	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
101	.79	Agency Staff	8100-8900		0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
101		Subacute Care Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
102		Subacute Care - Pediatric Ancillary Services					
102	.01-.19	Salaries and Wages	8100-8900	\$	\$ 0	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
102	.79	Agency Staff	8100-8900		0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 1,673,309	\$ (921)	\$ 1,672,388	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 2,641,529	\$ (6,389)	\$ 2,635,140	(Sch 2)
105	.20-.39	Fringe Benefits	6110	786,572	(33,714)	752,858	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	110,851	(3,828)	107,023	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 3,538,952	\$ (43,931)	\$ 3,495,021	
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:
HY-LOND HEALTH CARE CENTER - MERCED

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

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

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	7,080	0	7,080 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 7,080	\$ 0	\$ 7,080
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
145	.49	Agency Staff	9100		0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 3,546,032	\$ (43,931)	\$ 3,502,101
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 73,221	\$ 0	\$ 73,221 (Sch 2)
155	.20-.39	Fringe Benefits	6600	20,381	540	20,921 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	2,120	0	2,120 (Sch 4)
155		Social Services - Total	6600	\$ 95,722	\$ 540	\$ 96,262

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

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

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

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	\$ 61,705	\$ 0	\$ 61,705	(Sch 2)
160	.20-.39	Fringe Benefits	6700	19,470	(62)	19,408	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	14,421	0	14,421	(Sch 4)
160		Activities - Total	6700	\$ 95,596	\$ (62)	\$ 95,534	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 272,536	\$ 0	\$ 272,536	(Sch 6)
165	.20-.39	Fringe Benefits	6900	103,890	(27,877)	76,013	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	583,690	(62,094)	521,596	(Sch 6)
165		Administration - Total	6900	\$ 960,116	\$ (89,971)	\$ 870,145	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 70,071	\$ 0	\$ 70,071	(Sch 3)
166	.20-.39	Fringe Benefits	6900	22,502	402	22,904	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	1,861	0	1,861	(Sch 4)
166		Medical Records - Total	6900	\$ 94,434	\$ 402	\$ 94,836	
167		CDPH Licensing Fees	6900	\$ 28,362	\$ 0	\$ 28,362	(Sch 6)
168		Professional Liability Insurance	6900	\$ 139,304	\$ (110,949)	\$ 28,355	(Sch 6)
169		Quality Assurance Fees	6900	\$ 550,443	\$ 0	\$ 550,443	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 68,035	\$ 0	\$ 68,035	(Sch 3)
170	.20-.39	Fringe Benefits	6800	8,891	0	8,891	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	780	0	780	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 77,706	\$ 0	\$ 77,706	
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	56,705	(8,532)	48,173	(Sch 6)
174		Caregiver Training - Total	6900	\$ 56,705	\$ (8,532)	\$ 48,173	
		Subtotal 155 - 174		\$ 2,098,388	\$ (208,572)	\$ 1,889,816	
200		Total		\$ 9,299,277	\$ (336,669)	\$ 8,962,608	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 25,596
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

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

Line No.	Sub No.		TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5-6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	(8,532)								
200		Total	<u>(\$336,669)</u> (To Sch 8)	<u>0</u>	<u>(693)</u>	<u>(61,132)</u>	<u>(8,839)</u>	<u>(139,304)</u>	<u>(191,645)</u>	<u>(188,889)</u>	<u>286,458</u>

Provider Name:
HY-LOND HEALTH CARE CENTER - MERCED

Provider NPI:
1700870797

OSHPD Facility Number:
206240909

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

Line No.	Sub No.		AUDIT ADJ 11	AUDIT ADJ 12-15	AUDIT ADJ 16	AUDIT ADJ 17-19	AUDIT ADJ				
174	3	Caregiver Training - Agency Staff									
174	4	Caregiver Training - Other - Nonlabor			(8,532)						
200		Total	25,596	(12,990)	(41,403)	(3,828)	0	0	0	0	0

Provider Name							Fiscal Period			Provider NPI		Adjustments
HY-LOND HEALTH CARE CENTER - MERCED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1700870797		23
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No						
<u>MEMORANDUM ADJUSTMENT</u>												
1	N/A			8	210	N/A	Total Facility Group Health Insurance To include group health insurance for informational purposes only 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$0	\$25,596	\$25,596		

Provider Name							Fiscal Period		Provider NPI		Adjustments
HY-LOND HEALTH CARE CENTER - MERCED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1700870797		23
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>RECLASSIFICATION OF REPORTED COSTS</u>											
2	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	\$264,230	(\$5,615)	\$258,615 *	
	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor	307,587	(884)	306,703	
	10.5	035	4	8A-1	035	4	Leases and Rentals	18,724	6,499	25,223	
							To reclassify equipment rent expenses from the using cost centers to the Leases and Rentals 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
HY-LOND HEALTH CARE CENTER - MERCED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1700870797		23
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										
3	10.5	040	4	8A-1	040	4	Property Taxes To adjust the reported property taxes expense to agree with the property tax statements. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$38,131	(\$693)	\$37,438
4	10.5	055	4	8A-1	055	4	Interest - Other To adjust interest expense due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$61,940	(\$61,132)	\$808
	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	* \$258,615		
5							To adjust maintenance and repairs expense to agree with the expense applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1, 2304 and 2306		(\$7,329)	
6							To eliminate building repairs and maintenance expense due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304		(1,510) (\$8,839)	\$249,776
7	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance To eliminate liability insurance expenses from the facility cost report for inclusion through the audited home office costs. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2162.5, 2162.7, 2300 and 2304	\$139,304	(\$139,304)	\$0 *

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
HY-LOND HEALTH CARE CENTER - MERCED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1700870797		23
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										
8	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	\$18,133	(\$3,096)	\$15,037 *
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	92,753	(15,592)	77,161 *
	10.5	075	2	8A-1	075	2	Patient Supplies - Fringe Benefits	8,328	(1,381)	6,947 *
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	786,572	(146,112)	640,460 *
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	20,381	(4,064)	16,317 *
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	19,470	(3,455)	16,015 *
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	103,890	(13,932)	89,958 *
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	22,502	(4,013)	18,489 *
							To eliminate worker's compensation insurance expenses from the facility cost report for inclusion with audited home office costs. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			
9	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	* \$15,037	(\$2,730)	\$12,307 *
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	* 77,161	(15,887)	61,274 *
	10.5	075	2	8A-1	075	2	Patient Supplies - Fringe Benefits	* 6,947	(1,855)	5,092 *
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	* 640,460	(122,615)	517,845 *
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	* 16,317	(1,702)	14,615 *
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	* 16,015	(2,049)	13,966 *
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	* 89,958	(40,220)	49,738 *
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	* 18,489	(1,831)	16,658 *
							To eliminate health insurance expense from the facility cost report for inclusion with audited home office costs. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			

Provider Name							Fiscal Period	Provider NPI		Adjustments	
HY-LOND HEALTH CARE CENTER - MERCED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1700870797		23	
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											
10	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	*	\$12,307	\$4,628	\$16,935 *
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	*	61,274	23,306	84,580 *
	10.5	075	2	8A-1	075	2	Patient Supplies - Fringe Benefits	*	5,092	2,064	7,156 *
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	*	517,845	218,398	736,243 *
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	*	14,615	6,075	20,690 *
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	*	13,966	5,164	19,130 *
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	*	49,738	20,825	70,563 *
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	*	16,658	5,998	22,656 *
							To include worker's compensation insurance paid claims and premium payments expense from the home office allocation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
11	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	*	\$16,935	\$370	\$17,305
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	*	84,580	2,153	86,733
	10.5	075	2	8A-1	075	2	Patient Supplies - Fringe Benefits	*	7,156	251	7,407
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	*	736,243	16,615	752,858
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	*	20,690	231	20,921
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	*	19,130	278	19,408
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	*	70,563	5,450	76,013
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	*	22,656	248	22,904
							To include health insurance paid claims and premium payments expense from the home office allocation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2162.5, 2162.7, 2300 and 2304				

Provider Name							Fiscal Period	Provider NPI		Adjustments
HY-LOND HEALTH CARE CENTER - MERCED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1700870797		23
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										
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	\$583,690		
12							To eliminate travel expenses due to insufficient and lack of documentation. and not related to patient care. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)		(\$779)	
13							To eliminate marketing expenses not related to patient care and due to insufficient documentation. 42 CFR 413.5, 413.9 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2136.2 and 2304		(2,896)	
14							To eliminate accounting fees in connection with a fair hearing or other litigation against the California Department of Health Care Services and due to insufficient documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14126.023(a)(3)(B) and 14126.023(a)(3)(C)		(2,477)	
15							To eliminate bank charge fees due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304		(6,838) (\$12,990)	\$570,700 *
16	10.5	005	1	8A-1	005	1	Plant Operations and Maintenance - Salaries and Wages	\$59,289	(\$80)	\$59,209
	10.5	065	1	8A-1	065	1	Dietary - Salaries and Wages	322,760	(5,653)	317,107
	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	2,641,529	(6,389)	2,635,140
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 570,700	(49,104)	521,596
	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	* 0	28,355	28,355
	10.5	174	4	8A-1	174	4	Caregiver Training - Other - Nonlabor	56,705	(8,532)	48,173
							To adjust reported home office costs to agree with the Avalon Health Care, Inc. Home Office Audit Report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
HY-LOND HEALTH CARE CENTER - MERCED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1700870797		23
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>										
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	\$110,851		
17							To eliminate pharmacist consultant expenses due to insufficient documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304		(\$825)	
18							To eliminate over the counter supplies expenses due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304		(2,628)	
19							To eliminate separately billable lancets and test strips not included in the rate. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2203.1, 2203.2, 2300 and 2304 CCR, Title 22, Section 51511(c)		<u>(375)</u> (\$3,828)	\$107,023

Provider Name							Fiscal Period			Provider NPI		Adjustments
HY-LOND HEALTH CARE CENTER - MERCED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1700870797		23
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>												
20	10.7	65	4	7	65	N/A	Dietary (Pounds of Laundry)	0	4,167	4,167		
	10.7	80	4	7	80	N/A	Physical Therapy	0	2,236	2,236		
	10.7	105	4	7	105	N/A	Skilled Nursing Care	82,518	(7,814)	74,704		
	10.7	140	4	7	140	N/A	Beauty and Barber	0	1,411	1,411		
							To adjust laundry statistics to agree with the provider's records and prior year audit in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306					

Provider Name							Fiscal Period		Provider NPI		Adjustments
HY-LOND HEALTH CARE CENTER - MERCED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1700870797		23
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 PATIENT DAYS</u>											
21	4.1	5	6	1	12	N/A	Total Patient Days To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2205, 2300 and 2304	41,259	(1)	41,258	
22	4.1	5	2	1	15	N/A	Medi-Cal Days To adjust reported Medi-Cal Nursing facility days based on the following Fiscal Intermediary Payment Data: Report Date: 09/10/2012 Payment Period: 01/01/2011 through 08/31/2012 Service Period: 01/01/2011 through 12/31/2011 42 CFR 413.20, 413.24, 413.50, 413.53, 413.54, 413.60 and 433.139 CMS Pub. 15-1, Sections 2304, 2404 and 2408 CCR, Title 22, Section 51541	26,535	(25,787)	748	
23	N/A			1	16	N/A	Medi-Cal Managed Care Days To include Medi-Cal Managed Care days to agree with the provider's patient census records. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304	0	25,849	25,849	