

**REPORT
ON THE
RATE SETTING AUDIT**

**HEALDSBURG SENIOR LIVING COMMUNITY
HEALDSBURG, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1699837229**

**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

August 8, 2013

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

HEALDSBURG SENIOR LIVING COMMUNITY
NATIONAL PROVIDER IDENTIFIER (NPI) 1699837229
FISCAL PERIOD ENDED DECEMBER 31, 2011

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, 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
Page 2

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:
HEALDSBURG SENIOR LIVING COMMUNITY

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

Provider NPI:
1699837229

OSHPD Facility No.:
206490954

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	\$ 1,613,567	\$ 132.17
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 396,881	\$ 32.51
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 257,624	\$ 21.10
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 310,048	\$ 25.40
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 37,921	\$ 3.11
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 4,256	\$ 0.35
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 25,828	\$ 2.12
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 18,207	\$ 1.49
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 77,187	\$ 6.32
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 368,578	\$ 30.19
11	Cost of Routine Service/Audited Total Costs	\$ 3,494,298.00	\$ 3,110,097	\$ 254.76
12	Total Patient Days (Adj 18)	12,207	12,208	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 286.25	\$ 254.76	
14	Overpayments (Adj)		\$ 0	
15	Medi-Cal Days (Adj 19)	6,058	66	
16	Medi-Cal Managed Care Days (Adj 20)		5,983	
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:
HEALDSBURG SENIOR LIVING COMMUNITY

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

Provider NPI:
1699837229

OSHPD Facility No.:
206490954

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:
HEALDSBURG SENIOR LIVING COMMUNITY

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

Provider NPI:
1699837229

OSHPD Facility No.:
206490954

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	\$ 52,091	\$ 52,091		
160	Activities	144,809		\$ 144,809	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	ANCILLARY SERVICES				
075	Patient Supplies	7,723	0	0	7,723
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	1,468,139	52,091	93,337	1,613,567
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	834,733	0	51,472	886,205
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	TOTAL	\$ 2,507,495	\$ 52,091	\$ 144,809	\$ 2,507,495

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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	\$ 97,554	\$ 97,554										
010	Housekeeping	74,853	460	\$ 75,313									
060	Laundry and Linen	26,504	2,914	2,260	\$ 31,678								
065	Dietary	475,686	9,349	7,252	902	\$ 493,189							
155	Social Services	N/A	2,160	1,676	0	0	\$ 3,836						
160	Activities	N/A	2,158	1,674	0	0	0	\$ 3,832					
165	Administration	N/A	9,586	7,435	0	0	0	0	\$ 17,021	\$ 17,021			
166	Medical Records	34,793	337	262	0	0	0	0	35,392		\$ 35,392		
170	Inservice Education - Nursing	120,891	0	0	0	0	0	0	\$ 120,891				
ANCILLARY SERVICES													
075	Patient Supplies		202	156	0	0	0	0	0	358	63	130	\$ 551
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	53	110	163
080	Physical Therapy		375	291	510	0	0	0	0	1,175	602	1,251	3,028
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		375	291	0	0	0	0	0	665	455	947	2,068
083	Speech Pathology		375	291	0	0	0	0	0	665	79	165	910
085	Pharmacy		0	0	0	0	0	0	0	0	310	645	955
090	Laboratory		0	0	0	0	0	0	0	0	36	75	112
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	47	97	144
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		15,885	12,321	18,942	198,077	3,836	2,470	120,891	372,422	7,943	16,516	396,881*
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		52,948	41,070	10,985	295,112	0	1,362	0	401,477	7,376	15,337	424,190
140	Beauty and Barber		432	335	339	0	0	0	0	1,106	57	118	1,281
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 830,281	\$ 97,554	\$ 75,313	\$ 31,678	\$ 493,189	\$ 3,836	\$ 3,832	\$ 120,891	\$ 777,868	\$ 17,021	\$ 35,392	\$ 830,281

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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	\$ 301,408	\$ 301,408										
010	Housekeeping	12,328	1,422	\$ 13,750									
060	Laundry and Linen	8,930	9,003	413	\$ 18,346								
065	Dietary	230,921	28,885	1,324	522	\$ 261,652							
155	Social Services	2,516	6,675	306	0	0	\$ 9,497						
160	Activities	17,113	6,668	306	0	0	0	\$ 24,086					
165	Administration	N/A	29,616	1,357	0	0	0	0		\$ 30,974	\$ 30,974		
166	Medical Records	2,146	1,042	48	0	0	0	0		3,236		\$ 3,236	
170	Inservice Education - Nursing	1,474	0	0	0	0	0	0	\$ 1,474				
ANCILLARY SERVICES													
075	Patient Supplies	8,767	623	29	0	0	0	0	0	9,418	114	12	\$ 9,544
077	Specialized Support Surfaces	16,786	0	0	0	0	0	0	0	16,786	96	10	16,892
080	Physical Therapy	183,341	1,158	53	295	0	0	0	0	184,847	1,095	114	186,056
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	138,284	1,158	53	0	0	0	0	0	139,495	829	87	140,410
083	Speech Pathology	18,920	1,158	53	0	0	0	0	0	20,131	144	15	20,290
085	Pharmacy	98,421	0	0	0	0	0	0	0	98,421	564	59	99,044
090	Laboratory	11,496	0	0	0	0	0	0	0	11,496	66	7	11,569
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	14,854	0	0	0	0	0	0	0	14,854	85	9	14,948
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	47,781	49,078	2,249	10,970	105,086	9,497	15,525	1,474	241,660	14,454	1,510	257,624 *
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	1,239	163,590	7,498	6,362	156,566	0	8,561	0	343,816	13,422	1,402	358,641
140	Beauty and Barber	9,909	1,334	61	197	0	0	0	0	11,500	103	11	11,615
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,126,634	\$ 301,408	\$ 13,750	\$ 18,346	\$ 261,652	\$ 9,497	\$ 24,086	\$ 1,474	\$ 1,092,424	\$ 30,974	\$ 3,236	\$ 1,126,634

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

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

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities
				Various	5	10	60	65	155	160
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 1,017,115	89%							
	Property Tax (line 40)	124,401	11%	\$ 1,141,516						
005	Plant Operations and Maintenance			10,919	\$ 10,919					
010	Housekeeping			5,332	51	\$ 5,384				
060	Laundry and Linen			33,772	326	162	\$ 34,260			
065	Dietary			108,349	1,046	518	975	\$ 110,890		
155	Social Services			25,037	242	120	0	0	\$ 25,399	
160	Activities			25,012	242	120	0	0	0	\$ 25,373
165	Administration			111,092	1,073	532	0	0	0	0
166	Medical Records			3,910	38	19	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			2,336	23	11	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			4,342	42	21	552	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			4,342	42	21	0	0	0	0
083	Speech Pathology			4,342	42	21	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			184,095	1,778	881	20,485	44,536	25,399	16,354
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			613,633	5,926	2,936	11,881	66,354	0	9,019
140	Beauty and Barber			5,002	48	24	367	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 1,141,516	100%	\$ 1,141,516	\$ 10,919	\$ 5,384	\$ 34,260	\$ 110,890	\$ 25,399	\$ 25,373

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

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

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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 89% Of Total	Property Tax 11% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 1,017,115	89%							
	Property Tax (line 40)	124,401	11%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 112,696	\$ 112,696				
166	Medical Records				3,967		\$ 3,967			
170	Inservice Education - Nursing			\$ -						
	ANCILLARY SERVICES									
075	Patient Supplies			0	2,370	414	15	\$ 2,799	\$ 2,494	\$ 305
077	Specialized Support Surfaces			0	0	350	12	362	323	40
080	Physical Therapy			0	4,956	3,984	140	9,080	8,091	990
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	4,405	3,016	106	7,527	6,706	820
083	Speech Pathology			0	4,405	526	19	4,949	4,410	539
085	Pharmacy			0	0	2,053	72	2,125	1,894	232
090	Laboratory			0	0	240	8	248	221	27
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	310	11	321	286	35
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	293,528	52,590	1,851	347,969	310,048	37,921
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	709,748	48,837	1,719	760,304	677,447	82,857
140	Beauty and Barber			0	5,442	376	13	5,831	5,196	635
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 1,141,516	100%	\$ -	\$ 1,024,853	\$ 112,696	\$ 3,967	\$ 1,141,516	\$ 1,017,115	\$ 124,401

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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. 75% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 5% of Total	Quality Assur. Fees 16% of Total	Caregiver Training 4% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 22,555												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	767,272												
	Total Costs Allocable as Administration	789,827	75%											
167	CDPH Licensing Fees	9,120	1%											
168	Professional Liability Insurance	55,346	5%											
169	Quality Assurance Fees	165,405	16%											
174	Caregiver Training	39,015	4%											
	Total	1,058,713	100%						\$ 1,058,713					
ANCILLARY SERVICES														
075	Patient Supplies			\$ 7,723	\$ 358	\$ 9,418	\$ 2,370	\$ 19,869	3,894	\$ 2,905	\$ 34	\$ 204	\$ 608	\$ 143
077	Specialized Support Surfaces			0	0	16,786	0	16,786	3,289	2,454	28	172	514	121
080	Physical Therapy			0	1,175	184,847	4,956	190,979	37,425	27,920	322	1,956	5,847	1,379
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	665	139,495	4,405	144,565	28,329	21,134	244	1,481	4,426	1,044
083	Speech Pathology			0	665	20,131	4,405	25,201	4,938	3,684	43	258	772	182
085	Pharmacy			0	0	98,421	0	98,421	19,287	14,388	166	1,008	3,013	711
090	Laboratory			0	0	11,496	0	11,496	2,253	1,681	19	118	352	83
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	14,854	0	14,854	2,911	2,172	25	152	455	107
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			1,613,567	372,422	241,660	293,528	2,521,177	494,055	368,578	4,256	25,828	77,187	18,207
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			886,205	401,477	343,816	709,748	2,341,246	458,796	342,273	3,952	23,984	71,679	16,907
140	Beauty and Barber			0	1,106	11,500	5,442	18,048	3,537	2,638	30	185	553	130
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 1,058,713		\$ 2,507,495	\$ 777,868	\$ 1,092,424	\$ 1,024,853	\$ 5,402,640	\$ 1,058,713					
	Total Administrative Costs							\$ 1,058,713		\$ 789,827	\$ 9,120	\$ 55,346	\$ 165,405	\$ 39,015
	Unit Cost Multiplier							0.19596216						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 52,413	\$ 34,210	\$ 116,663	\$ 203,286							
	TOTAL FACILITY COSTS							\$ 6,664,639						

*(To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 16)	Plant Ops (SQ FT) 5 (Adj 16)	Hskpng (SQ FT) 10 (Adj 16)	Laundry (LBS) 60 (Adj 15)	Dietary (MEALS) 65 (Adj)	Soc Svcs (DIRECT EXP) 155 (Adj)	Activities (DIRECT EXP) 160 (Adj 17)	Inserv. Ed (DIRECT EXP) 170 (Adj)	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	430									
010	Housekeeping	210	210								
060	Laundry and Linen	1,330	1,330	1,330							
065	Dietary	4,267	4,267	4,267	9,125						
155	Social Services	986	986	986							
160	Activities	985	985	985							
165	Administration	4,375	4,375	4,375							
166	Medical Records	154	154	154							
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies	92	92	92						19,869	19,869
077	Specialized Support Surfaces									16,786	16,786
080	Physical Therapy	171	171	171	5,159					190,979	190,979
081	Respiratory Therapy									0	0
082	Occupational Therapy	171	171	171						144,565	144,565
083	Speech Pathology	171	171	171						25,201	25,201
085	Pharmacy									98,421	98,421
090	Laboratory									11,496	11,496
095	Home Health Services									0	0
100	Other Ancillary Services									14,854	14,854
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	7,250	7,250	7,250	191,625	36,621	1,515,920	1,515,920	1,515,920	2,521,177	2,521,177
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	24,166	24,166	24,166	111,135	54,561		835,972		2,341,246	2,341,246
140	Beauty and Barber	197	197	197	3,433					18,048	18,048
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	44,955	44,525	44,315	320,477	91,182	1,515,920	2,351,892	1,515,920	5,402,640	5,402,640
	TOTAL DIRECT SALARIES COSTS - SCH. 2						\$ 52,091	\$ 144,809			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.034362631	0.06157128			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		\$ 97,554	\$ 75,313	\$ 31,678	\$ 493,189	\$ 3,836	\$ 3,832	\$ 120,891	\$ 17,021	\$ 35,392
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		2.19099382	1.69949472	0.09884750	5.40883835	0.00253049	0.00162938	0.07974761	0.00315048	0.00655090
	TOTAL INDIRECT OTHER COSTS - SCH. 4		\$ 301,408	\$ 13,750	\$ 18,346	\$ 261,652	\$ 9,497	\$ 24,086	\$ 1,474	\$ 30,974	\$ 3,236
	UNIT COST MULTIPLIER (INDIRECT OTHER)		6.76941044	0.31026912	0.05724584	2.86956155	0.00626456	0.01024132	0.00097235	0.00573305	0.00059902
	TOTAL CAPITAL COSTS - SCH. 5	\$ 1,141,516	\$ 10,919	\$ 5,384	\$ 34,260	\$ 110,890	\$ 25,399	\$ 25,373	\$ -	\$ 112,696	\$ 3,967
	UNIT COST MULTIPLIER (CAPITAL COSTS)	25.39241464	0.24522714	0.12149170	0.10690205	1.21613590	0.01675452	0.01078823	0.00000000	0.02085947	0.00073425

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

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

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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	\$ 75,888	\$ 3,541	\$ 79,429	(Sch 3)
005	.20-.39	Fringe Benefits	6200	16,567	1,558	18,125	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	301,408	0	301,408	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 393,863	\$ 5,099	\$ 398,962	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 60,521	\$ 0	\$ 60,521	(Sch 3)
010	.20-.39	Fringe Benefits	6300	13,055	1,277	14,332	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	12,328	0	12,328	(Sch 4)
010		Housekeeping - Total	6300	\$ 85,904	\$ 1,277	\$ 87,181	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 375,811	\$ 0	\$ 375,811	(Sch 5)
020		Depreciation: Leasehold Improvements	7130		0	0	(Sch 5)
025		Depreciation: Equipment	7140	122,204	0	122,204	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	7,838	0	7,838	(Sch 5)
035		Leases and Rentals	7200	5,353	0	5,353	(Sch 5)
040		Property Taxes	7300	129,283	(4,882)	124,401	(Sch 5)
045		Property Insurance	7400	22,555	0	22,555	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	505,909	0	505,909	(Sch 6)
055		Interest - Other	7600	\$ 80,253	\$ (80,253)	\$ 0	(Sch 6)
057		Subtotal 005 - 055		\$ 1,728,973	\$ (78,759)	\$ 1,650,214	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 21,561	\$ 0	\$ 21,561	(Sch 3)
060	.20-.39	Fringe Benefits	6400	4,943	0	4,943	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	8,930	0	8,930	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 35,434	\$ 0	\$ 35,434	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 359,194	\$ 27,715	\$ 386,909	(Sch 3)
065	.20-.39	Fringe Benefits	6500	82,478	6,299	88,777	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	230,921	0	230,921	(Sch 4)
065		Dietary - Total	6500	\$ 672,593	\$ 34,014	\$ 706,607	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 6,894	\$ 0	\$ 6,894	(Sch 2)
075	.20-.39	Fringe Benefits	8100	829	0	829	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	8,767	0	8,767	(Sch 4)
075		Patient Supplies - Total	8100	\$ 16,490	\$ 0	\$ 16,490	
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	16,786	0	16,786	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 16,786	\$ 0	\$ 16,786	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

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

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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	183,341	0	183,341	(Sch 4)
080		Physical Therapy - Total	8200	\$ 183,341	\$ 0	\$ 183,341	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220		0	0	(Sch 2)
081	.79	Agency Staff	8220		0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220		0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250		0	0	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	138,284	0	138,284	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 138,284	\$ 0	\$ 138,284	
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	18,920	0	18,920	(Sch 4)
083		Speech Pathology - Total	8280	\$ 18,920	\$ 0	\$ 18,920	
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	98,421	0	98,421	(Sch 4)
085		Pharmacy - Total	8300	\$ 98,421	\$ 0	\$ 98,421	
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	11,496	0	11,496	(Sch 4)
090		Laboratory - Total	8400	\$ 11,496	\$ 0	\$ 11,496	
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	14,854	0	14,854	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 14,854	\$ 0	\$ 14,854	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

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

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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		\$ 498,592	\$ 0	\$ 498,592	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,107,657	\$ 31,325	\$ 1,138,982	(Sch 2)
105	.20-.39	Fringe Benefits	6110	268,178	24,618	292,796	(Sch 2)
105	.49	Agency Staff	6110	36,361	0	36,361	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	49,708	(1,927)	47,781	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,461,904	\$ 54,016	\$ 1,515,920	
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:
HEALDSBURG SENIOR LIVING COMMUNITY

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

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

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

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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	\$ 611,674	\$ 71,593	\$ 683,267	(Sch 2)
139	.20-.39	Fringe Benefits	9100	137,170	14,296	151,466	(Sch 2)
139	.49	Agency Staff	9100		0	0	(Sch 2)
139	.40-.99	Other - Nonlabor	9100		1,239	1,239	(Sch 4)
139		Residential Care - Total	9100	\$ 748,844	\$ 87,128	\$ 835,972	
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	9,909	0	9,909	(Sch 4)
140		Beauty and Barber - Total	8900	\$ 9,909	\$ 0	\$ 9,909	
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		\$ 2,220,657	\$ 141,144	\$ 2,361,801	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	\$ 41,587	\$ 0	\$ 41,587	(Sch 2)
155	.20-.39	Fringe Benefits	6600	9,756	748	10,504	(Sch 2)
155	.49	Agency Staff	6600		0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600	2,516	0	2,516	(Sch 4)
155		Social Services - Total	6600	\$ 53,859	\$ 748	\$ 54,607	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

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

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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	\$ 106,956	\$ 0	\$ 106,956	(Sch 2)
160	.20-.39	Fringe Benefits	6700	33,079	4,774	37,853	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	17,113	0	17,113	(Sch 4)
160		Activities - Total	6700	\$ 157,148	\$ 4,774	\$ 161,922	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 217,067	\$ 0	\$ 217,067	(Sch 6)
165	.20-.39	Fringe Benefits	6900	98,128	1,474	99,602	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	616,611	(166,008)	450,603	(Sch 6)
165		Administration - Total	6900	\$ 931,806	\$ (164,534)	\$ 767,272	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 23,806	\$ 0	\$ 23,806	(Sch 3)
166	.20-.39	Fringe Benefits	6900	5,367	5,620	10,987	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	2,146	0	2,146	(Sch 4)
166		Medical Records - Total	6900	\$ 31,319	\$ 5,620	\$ 36,939	
167		CDPH Licensing Fees	6900	\$ 11,291	\$ (2,171)	\$ 9,120	(Sch 6)
168		Professional Liability Insurance	6900	\$ 55,346	\$ 0	\$ 55,346	(Sch 6)
169		Quality Assurance Fees	6900	\$ 165,405	\$ 0	\$ 165,405	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 101,962	\$ 0	\$ 101,962	(Sch 3)
170	.20-.39	Fringe Benefits	6800	18,929	0	18,929	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	1,474	0	1,474	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 122,365	\$ 0	\$ 122,365	
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		39,015	39,015	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 39,015	\$ 39,015	
		Subtotal 155 - 174		\$ 1,528,539	\$ (116,548)	\$ 1,411,991	
200		Total		\$ 6,684,788	\$ (20,149)	\$ 6,664,639	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 116,458	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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 5-7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ 11-13
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	39,015								
200		Total	<u>(\$20,149)</u> (To Sch 8)	<u>0</u>	<u>85,889</u>	<u>(4,882)</u>	<u>(1,927)</u>	<u>(80,253)</u>	<u>(73,576)</u>	<u>116,458</u>	<u>(8,964)</u>

Provider Name:
HEALDSBURG SENIOR LIVING COMMUNITY

Provider NPI:
1699837229

OSHPD Facility Number:
206490954

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

Line No.	Sub No.	Description	AUDIT ADJ 14	AUDIT ADJ						
174	3	Caregiver Training - Agency Staff								
174	4	Caregiver Training - Other - Nonlabor	39,015							
200		Total	(52,894)	0	0	0	0	0	0	0

Provider Name							Fiscal Period			Provider NPI		Adjustments
HEALDSBURG SENIOR LIVING COMMUNITY							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1699837229		20
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	\$116,458	\$116,458

Provider Name							Fiscal Period		Provider NPI		Adjustments
HEALDSBURG SENIOR LIVING COMMUNITY							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1699837229		20
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	167	4	8A-1	167	4	Administration - CDPH Licensing Fees	\$11,291	(\$2,171)	\$9,120	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	616,611	2,171	618,782 *	
							To reclassify non-CDPH facility license fees to the Administration - Other - Nonlabor cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000 and 52506				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
HEALDSBURG SENIOR LIVING COMMUNITY							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1699837229		20	
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	139	1	8A-1	139	1	Residential Care - Salaries and Wages	\$611,674	\$71,593	\$683,267	
	10.5	139	2	8A-1	139	2	Residential Care - Fringe Benefits	137,170	14,296	151,466	
	10.5	139	4	8A-1	139	4	Residential Care - Other Nonlabor	0	1,239	1,239	
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	98,128	(178)	97,950 *	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 618,782	(4,725)	614,057 *	
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	5,367	3,664	9,031 *	
							To reconcile the reported expenses to agree with the provider's general ledger. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304				
4	10.5	040	4	8A-1	040	4	Property Taxes	\$129,283	(\$4,882)	\$124,401	
							To reflect the proper accrual of real property taxes applicable to the audit period. 42 CFR 413.5, 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1 and 2304				
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	\$49,708			
5	To eliminate items not included in the routine rate. CCR, Title 22, 51511(c)									(\$635)	
6	To adjust supplies expense to agree with the expense applicable to the audit period. 42 CFR 413.5, 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1, 2304 and 2306									(292)	
7	To eliminate separately billable physician services not included in the rate. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, 51511(c)									(1,000) (\$1,927)	\$47,781

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
HEALDSBURG SENIOR LIVING COMMUNITY							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1699837229		20
Report References										
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
ADJUSTMENTS TO REPORTED COSTS										
8	10.5	055	4	8A-1	055	4	Interest - Other To eliminate interest expense due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$80,253	(\$80,253)	\$0
9	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	\$16,567	(\$2,673)	\$13,894 *
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	13,055	(2,192)	10,863 *
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	82,478	(10,808)	71,670 *
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	268,178	(42,239)	225,939 *
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	9,756	(1,284)	8,472 *
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	33,079	(8,190)	24,889 *
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	* 97,950	(2,834)	95,116 *
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits To eliminate health insurance expense from the facility cost report for inclusion with the audited home office costs. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2162.5, 2162.7, 2300 and 2304	* 9,031	(3,356)	5,675 *
10	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	* \$13,894	\$4,231	\$18,125
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	* 10,863	3,469	14,332
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	* 71,670	17,107	88,777
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	* 225,939	66,857	292,796
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	* 8,472	2,032	10,504
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	* 24,889	12,964	37,853
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	* 95,116	4,486	99,602
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits 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 2300 and 2304	* 5,675	5,312	10,987

Provider Name							Fiscal Period	Provider NPI		Adjustments		
HEALDSBURG SENIOR LIVING COMMUNITY							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1699837229		20		
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Cost Report			Audit Report								
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No						
<u>ADJUSTMENTS TO REPORTED COSTS</u>												
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$614,057			
11							To eliminate travel expenses due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(\$4,888)		
12							To eliminate expenses for the vendor Orange Soda due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(2,855)		
13							To eliminate bank charge fees due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(1,221) (\$8,964)		
	14	10.5	005	1	8A-1	005	1	Plant Operations and Maintenance - Salaries and Wages		\$75,888	\$3,541	\$79,429
		10.5	065	1	8A-1	065	1	Dietary - Salaries and Wages		359,194	27,715	386,909
		10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages		1,107,657	31,325	1,138,982
		10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	605,093	(154,490)	450,603
		10.5	174	4	8A-1	174	4	Caregiver Training - Other - Nonlabor		0	39,015	39,015
								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
HEALDSBURG SENIOR LIVING COMMUNITY							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1699837229		20
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 STATISTICS</u>											
15	10.7	65	4	7	65	N/A	Dietary (Pounds of Laundry)	9,100	25	9,125	
	10.7	80	4	7	80	N/A	Physical Therapy	0	5,159	5,159	
	10.7	105	4	7	105	N/A	Skilled Nursing Care	172,900	18,725	191,625	
	10.7	139	4	7	139	N/A	Residential Care	0	111,135	111,135	
	10.7	140	4	7	140	N/A	Beauty and Barber	0	3,433	3,433	
	10.7	175	4	7	N/A	N/A	Total - Pounds of Laundry	182,000	138,477	320,477	
							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				
16	10.7	140	1, 2, 3	7	140	N/A	Beauty and Barber (Square Feet)	77	120	197	
	10.7	175	1	7	175	N/A	Total Statistics - Capital	44,835	120	44,955	
	10.7	175	2	7	175	N/A	Total Statistics - Plant Operations	44,405	120	44,525	
	10.7	175	3	7	175	N/A	Total Statistics - Housekeeping	44,195	120	44,315	
							To adjust the square feet statistics to agree with the prior year audit report. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306				
17	10.7	139	7	7	139	N/A	Residential Care (Direct Expense)	748,844	87,128	835,972	
							To adjust activities statistics to agree with the provider's trial balance 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
HEALDSBURG SENIOR LIVING COMMUNITY							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1699837229		20
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 PATIENT DAYS</u>											
18	11(2)	105	1	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	12,207	1	12,208	
19	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	6,058	(5,992)	66	
20	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	5,983	5,983	

Provider Name							Fiscal Period		Provider NPI		Adjustments
HEALDSBURG SENIOR LIVING COMMUNITY							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1699837229		20
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 PATIENT DAYS</u>											
18	11(2)	105	1	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	12,207	1	12,208	
19	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	6,058	(5,992)	66	
20	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	5,983	5,983	