

**REPORT
ON THE
RATE SETTING AUDIT**

**GREENRIDGE SENIOR CARE
EL SOBRANTE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1730221268**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Louise Wong
Audit Supervisor: Matthew Moy
Auditor: Long Nguyen**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 31, 2013

Linda Joseph
Owner/Administrator
Greenridge Senior Care
2150 Pyramid Drive
El Sobrante, CA 94803

GREENRIDGE SENIOR CARE
NATIONAL PROVIDER IDENTIFIER (NPI) 1730221268
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 was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

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 and patient days 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

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

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

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

John Melton, 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—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
GREENRIDGE SENIOR CARE

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

Provider NPI:
1730221268

OSHPD Facility No.:
206070958

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	\$ 1,656,529	\$ 83.76
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 454,230	\$ 22.97
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 475,176	\$ 24.03
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 59,478	\$ 3.01
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 31,234	\$ 1.58
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 12,050	\$ 0.61
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 35,332	\$ 1.79
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 217,829	\$ 11.01
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 345,507	\$ 17.47
11	Cost of Routine Service/Audited Total Costs	\$ 3,293,045	\$ 3,287,365	\$ 166.22
12	Total Patient Days (Adj)	19,777	19,777	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 166.51	\$ 166.22	
14	Overpayments (Adj)	\$	\$ 0	
15	Medi-Cal Days (Adj 3)	12,769	13,052	
16	Medi-Cal Managed Care Days (Adj 4)		120	
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:
GREENRIDGE SENIOR CARE

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

Provider NPI:
1730221268

OSHPD Facility No.:
206070958

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:
GREENRIDGE SENIOR CARE

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

Provider NPI:
1730221268

OSHPD Facility No.:
206070958

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	\$ 82,884	\$ 82,884		
160	Activities	69,995		\$ 69,995	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
ANCILLARY SERVICES					
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	159,595	0	0	159,595
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	146,197	0	0	146,197
083	Speech Pathology	24,178	0	0	24,178
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	1,503,650	82,884	69,995	1,656,529 *
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	\$ 1,986,499	\$ 82,884	\$ 69,995	\$ 1,986,499

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
GREENRIDGE SENIOR CARE

Provider NPI:
1730221268

OSHPD Facility Number:
206070958

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	\$ 44,807	\$ 44,807										
010	Housekeeping	81,318	135	\$ 81,453									
060	Laundry and Linen	68,187	1,274	2,323	\$ 71,783								
065	Dietary	170,120	6,059	11,047	0	\$ 187,226							
155	Social Services	N/A	124	226	0	0	\$ 350						
160	Activities	N/A	3,277	5,976	0	0	0	\$ 9,253					
165	Administration	N/A	11,918	21,730	0	0	0	0		\$ 33,648	\$ 33,648		
166	Medical Records	100,671	1,355	2,472	0	0	0	0		104,498		\$ 104,498	
170	Inservice Education - Nursing	19,987	609	1,110	0	0	0	0	\$ 21,706				
ANCILLARY SERVICES													
075	Patient Supplies		451	822	0	0	0	0	0	1,273	94	292	\$ 1,660
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		659	1,202	0	0	0	0	0	1,862	1,792	5,566	9,220
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		141	257	0	0	0	0	0	398	1,601	4,971	6,970
083	Speech Pathology		141	257	0	0	0	0	0	398	275	855	1,528
085	Pharmacy		0	0	0	0	0	0	0	0	1,893	5,880	7,773
090	Laboratory		0	0	0	0	0	0	0	0	504	1,566	2,070
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	226	703	930
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		18,441	33,625	71,783	187,226	350	9,253	21,706	342,385	27,242	84,603	454,230
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		223	406	0	0	0	0	0	629	20	61	710
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 485,090	\$ 44,807	\$ 81,453	\$ 71,783	\$ 187,226	\$ 350	\$ 9,253	\$ 21,706	\$ 346,944	\$ 33,648	\$ 104,498	\$ 485,090

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
GREENRIDGE SENIOR CARE

Provider NPI:
1730221268

OSHPD Facility Number:
206070958

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	\$ 138,202	\$ 138,202										
010	Housekeeping	0	417	\$ 417									
060	Laundry and Linen	33,600	3,929	12	\$ 37,541								
065	Dietary	138,929	18,688	57	0	\$ 157,673							
155	Social Services	0	382	1	0	0	\$ 384						
160	Activities	15,642	10,109	31	0	0	0	\$ 25,781					
165	Administration	N/A	36,758	111	0	0	0	0		\$ 36,870	\$ 36,870		
166	Medical Records	0	4,181	13	0	0	0	0		4,193		\$ 4,193	
170	Inservice Education - Nursing	15,316	1,877	6	0	0	0	0	\$ 17,199				
ANCILLARY SERVICES													
075	Patient Supplies	4,992	1,391	4	0	0	0	0	0	6,387	103	12	\$ 6,502
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	0	2,034	6	0	0	0	0	0	2,040	1,964	223	4,227
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	435	1	0	0	0	0	0	436	1,754	200	2,389
083	Speech Pathology	0	435	1	0	0	0	0	0	436	302	34	772
085	Pharmacy	174,260	0	0	0	0	0	0	0	174,260	2,074	236	176,570
090	Laboratory	46,413	0	0	0	0	0	0	0	46,413	553	63	47,028
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	20,848	0	0	0	0	0	0	0	20,848	248	28	21,124
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	146,300	56,880	172	37,541	157,673	384	25,781	17,199	441,930	29,850	3,395	475,176 *
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	0	687	2	0	0	0	0	0	689	22	2	713
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 734,502	\$ 138,202	\$ 417	\$ 37,541	\$ 157,673	\$ 384	\$ 25,781	\$ 17,199	\$ 693,439	\$ 36,870	\$ 4,193	\$ 734,502

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
GREENRIDGE SENIOR CARE

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

Provider NPI:
1730221268

OSHPD Facility Number:
206070958

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)	\$ 65,556	66%							
	Property Tax (line 40)	34,426	34%	\$ 99,982						
005	Plant Operations and Maintenance			3,490	\$ 3,490					
010	Housekeeping			291	11	\$ 302				
060	Laundry and Linen			2,743	99	9	\$ 2,851			
065	Dietary			13,048	472	41	0	\$ 13,561		
155	Social Services			267	10	1	0	0	\$ 278	
160	Activities			7,058	255	22	0	0	0	\$ 7,335
165	Administration			25,665	928	81	0	0	0	0
166	Medical Records			2,919	106	9	0	0	0	0
170	Inservice Education - Nursing			1,311	47	4	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			971	35	3	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			1,420	51	4	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			303	11	1	0	0	0	0
083	Speech Pathology			303	11	1	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			39,714	1,436	125	2,851	13,561	278	7,335
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			479	17	2	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 99,982	100%	\$ 99,982	\$ 3,490	\$ 302	\$ 2,851	\$ 13,561	\$ 278	\$ 7,335

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
GREENRIDGE SENIOR CARE

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

Provider NPI:
1730221268

OSHPD Facility Number:
206070958

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 66% Of Total	Property Tax 34% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 65,556	66%							
	Property Tax (line 40)	34,426	34%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 26,673	\$ 26,673				
166	Medical Records				3,034		\$ 3,034			
170	Inservice Education - Nursing			\$ 1,362						
	ANCILLARY SERVICES									
075	Patient Supplies			0	1,009	75	8	\$ 1,092	\$ 716	\$ 376
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	1,476	1,421	162	3,058	2,005	1,053
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	315	1,269	144	1,729	1,133	595
083	Speech Pathology			0	315	218	25	558	366	192
085	Pharmacy			0	0	1,501	171	1,671	1,096	576
090	Laboratory			0	0	400	45	445	292	153
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	180	20	200	131	69
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			1,362	66,661	21,595	2,456	90,712	59,478	31,234
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	498	16	2	516	338	178
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 99,982	100%	\$ 1,362	\$ 70,275	\$ 26,673	\$ 3,034	\$ 99,982	\$ 65,556	\$ 34,426

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
GREENRIDGE SENIOR CARE

Provider NPI:
1730221268

OSHPD Facility Number:
206070958

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. 6% of Total	Quality Assur. Fees 36% of Total	Caregiver Training 0% of Total
	GENERAL SERVICES													
045	Property Insurance	\$ 6,366												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	420,389												
	Total Costs Allocable as Administration	426,755	57%											
167	CDPH Licensing Fees	14,883	2%											
168	Professional Liability Insurance	43,640	6%											
169	Quality Assurance Fees	269,053	36%											
174	Caregiver Training	0	0%											
	Total	754,331	100%						\$ 754,331					
	ANCILLARY SERVICES													
075	Patient Supplies			\$ -	\$ 1,273	\$ 6,387	\$ 1,009	\$ 8,669	2,111	\$ 1,195	\$ 42	\$ 122	\$ 753	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			159,595	1,862	2,040	1,476	164,973	40,180	22,731	793	2,325	14,331	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			146,197	398	436	315	147,346	35,887	20,303	708	2,076	12,800	0
083	Speech Pathology			24,178	398	436	315	25,327	6,169	3,490	122	357	2,200	0
085	Pharmacy			0	0	174,260	0	174,260	42,442	24,011	837	2,455	15,138	0
090	Laboratory			0	0	46,413	0	46,413	11,304	6,395	223	654	4,032	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	20,848	0	20,848	5,078	2,873	100	294	1,811	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
	ROUTINE SERVICES													
105	Skilled Nursing Care			1,656,529	342,385	441,930	66,661	2,507,506	610,718	345,507	12,050	35,332	217,829	0
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE													
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	629	689	498	1,816	442	250	9	26	158	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 754,331		\$ 1,986,499	\$ 346,944	\$ 693,439	\$ 70,275	\$ 3,097,157	\$ 754,331					
	Total Administrative Costs							\$ 754,331		\$ 426,755	\$ 14,883	\$ 43,640	\$ 269,053	\$ -
	Unit Cost Multiplier							0.24355592						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 138,146	\$ 41,063	\$ 29,707	\$ 208,916							
	TOTAL FACILITY COSTS							\$ 4,060,404						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
GREENRIDGE SENIOR CARE

Provider NPI:
1730221268

OSHPD Facility Number:
206070958

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj)	Plant Ops (SQ FT) 5 (Adj)	Hskpng (SQ FT) 10 (Adj)	Laundry (LBS) 60 (Adj)	Dietary (MEALS) 65 (Adj)	Soc Svcs (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	575									
010	Housekeeping	48	48								
060	Laundry and Linen	452	452	452							
065	Dietary	2,150	2,150	2,150							
155	Social Services	44	44	44							
160	Activities	1,163	1,163	1,163							
165	Administration	4,229	4,229	4,229							
166	Medical Records	481	481	481							
170	Inservice Education - Nursing	216	216	216							
	ANCILLARY SERVICES										
075	Patient Supplies	160	160	160						8,669	8,669
077	Specialized Support Surfaces									0	0
080	Physical Therapy	234	234	234						164,973	164,973
081	Respiratory Therapy									0	0
082	Occupational Therapy	50	50	50						147,346	147,346
083	Speech Pathology	50	50	50						25,327	25,327
085	Pharmacy									174,260	174,260
090	Laboratory									46,413	46,413
095	Home Health Services									0	0
100	Other Ancillary Services									20,848	20,848
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	6,544	6,544	6,544	196,490	58,947	1,649,950	1,649,950	1,649,950	2,507,506	2,507,506
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	79	79	79						1,816	1,816
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	16,475	15,900	15,852	196,490	58,947	1,649,950	1,649,950	1,649,950	3,097,157	3,097,157
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 82,884 0.05023425	\$ 69,995 0.042422498			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 44,807 2.81805031	\$ 81,453 5.13835897	\$ 71,783 0.36532799	\$ 187,226 3.17617996	\$ 350 0.00021218	\$ 9,253 0.00560823	\$ 21,706 0.01315530	\$ 33,648 0.01086405	\$ 104,498 0.03373998
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 138,202 8.69194969	\$ 417 0.02631930	\$ 37,541 0.19105633	\$ 157,673 2.67483126	\$ 384 0.00023249	\$ 25,781 0.01562553	\$ 17,199 0.01042404	\$ 36,870 0.01190432	\$ 4,193 0.00135398
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 99,982 6.06871017	\$ 3,490 0.21946593	\$ 302 0.01904065	\$ 2,851 0.01450894	\$ 13,561 0.23004591	\$ 278 0.00016820	\$ 7,335 0.00444577	\$ 1,362 0.00082570	\$ 26,673 0.00861216	\$ 3,034 0.00097953

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GREENRIDGE SENIOR CARE

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

Provider NPI:
1730221268

OSHPD Facility Number:
206070958

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	\$ 35,994	\$ 0	\$ 35,994	(Sch 3)
005	.20-.39	Fringe Benefits	6200	8,813	0	8,813	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	138,202	0	138,202	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 183,009	\$ 0	\$ 183,009	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 66,159	\$ 0	\$ 66,159	(Sch 3)
010	.20-.39	Fringe Benefits	6300	15,159	0	15,159	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300		0	0	(Sch 4)
010		Housekeeping - Total	6300	\$ 81,318	\$ 0	\$ 81,318	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 7,849	\$ 0	\$ 7,849	(Sch 5)
020		Depreciation: Leasehold Improvements	7130		0	0	(Sch 5)
025		Depreciation: Equipment	7140		0	0	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200		0	0	(Sch 5)
040		Property Taxes	7300	33,557	869	34,426	(Sch 5)
045		Property Insurance	7400	6,366	0	6,366	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	57,707	0	57,707	(Sch 6)
055		Interest - Other	7600	\$	\$ 0	\$ 0	(Sch 6)
057		Subtotal 005 - 055		\$ 369,806	\$ 869	\$ 370,675	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 53,722	\$ 0	\$ 53,722	(Sch 3)
060	.20-.39	Fringe Benefits	6400	14,465	0	14,465	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	33,600	0	33,600	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 101,787	\$ 0	\$ 101,787	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 140,068	\$ 0	\$ 140,068	(Sch 3)
065	.20-.39	Fringe Benefits	6500	30,052	0	30,052	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	138,929	0	138,929	(Sch 4)
065		Dietary - Total	6500	\$ 309,049	\$ 0	\$ 309,049	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	4,992	0	4,992	(Sch 4)
075		Patient Supplies - Total	8100	\$ 4,992	\$ 0	\$ 4,992	
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		0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GREENRIDGE SENIOR CARE

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

Provider NPI:
1730221268

OSHPD Facility Number:
206070958

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	159,595	0	159,595	(Sch 2)
080	.40-.99	Other - Nonlabor	8200		0	0	(Sch 4)
080		Physical Therapy - Total	8200	\$ 159,595	\$ 0	\$ 159,595	
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	146,197	0	146,197	(Sch 2)
082	.40-.99	Other - Nonlabor	8250		0	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 146,197	\$ 0	\$ 146,197	
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	24,178	0	24,178	(Sch 2)
083	.40-.99	Other - Nonlabor	8280		0	0	(Sch 4)
083		Speech Pathology - Total	8280	\$ 24,178	\$ 0	\$ 24,178	
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	174,260	0	174,260	(Sch 4)
085		Pharmacy - Total	8300	\$ 174,260	\$ 0	\$ 174,260	
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	46,413	0	46,413	(Sch 4)
090		Laboratory - Total	8400	\$ 46,413	\$ 0	\$ 46,413	
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	20,848	0	20,848	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 20,848	\$ 0	\$ 20,848	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GREENRIDGE SENIOR CARE

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

Provider NPI:
1730221268

OSHPD Facility Number:
206070958

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		\$ 576,483	\$ 0	\$ 576,483	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,247,029	\$ 0	\$ 1,247,029	(Sch 2)
105	.20-.39	Fringe Benefits	6110	251,201	0	251,201	(Sch 2)
105	.49	Agency Staff	6110	5,420	0	5,420	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	146,300	0	146,300	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,649,950	\$ 0	\$ 1,649,950	
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:
GREENRIDGE SENIOR CARE

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

Provider NPI:
1730221268

OSHPD Facility Number:
206070958

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		0	0 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 0	\$ 0	\$ 0
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
145	.49	Agency Staff	9100		0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 1,649,950	\$ 0	\$ 1,649,950
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 67,158	\$ 0	\$ 67,158 (Sch 2)
155	.20-.39	Fringe Benefits	6600	15,726	0	15,726 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600		0	0 (Sch 4)
155		Social Services - Total	6600	\$ 82,884	\$ 0	\$ 82,884

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GREENRIDGE SENIOR CARE

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

Provider NPI:
1730221268

OSHPD Facility Number:
206070958

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	\$ 58,428	\$ 0	\$ 58,428	(Sch 2)
160	.20-.39	Fringe Benefits	6700	11,567	0	11,567	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	15,642	0	15,642	(Sch 4)
160		Activities - Total	6700	\$ 85,637	\$ 0	\$ 85,637	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 279,278	\$ 0	\$ 279,278	(Sch 6)
165	.20-.39	Fringe Benefits	6900	36,842	0	36,842	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	104,269	0	104,269	(Sch 6)
165		Administration - Total	6900	\$ 420,389	\$ 0	\$ 420,389	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 79,550	\$ 0	\$ 79,550	(Sch 3)
166	.20-.39	Fringe Benefits	6900	21,121	0	21,121	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900		0	0	(Sch 4)
166		Medical Records - Total	6900	\$ 100,671	\$ 0	\$ 100,671	
167		CDPH Licensing Fees	6900	\$ 14,883	\$ 0	\$ 14,883	(Sch 6)
168		Professional Liability Insurance	6900	\$ 43,640	\$ 0	\$ 43,640	(Sch 6)
169		Quality Assurance Fees	6900	\$ 269,053	\$ 0	\$ 269,053	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 17,319	\$ 0	\$ 17,319	(Sch 3)
170	.20-.39	Fringe Benefits	6800	2,668	0	2,668	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	15,316	0	15,316	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 35,303	\$ 0	\$ 35,303	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900		0	0	(Sch 6)
174	.49	Agency Staff	6900		0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900		0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 1,052,460	\$ 0	\$ 1,052,460	
200		Total		\$ 4,059,535	\$ 869	\$ 4,060,404	

210	0.24	Total Facility Group Health Insurance (Adj 1)*	6900			\$ 37,741	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name							Fiscal Period	Provider NPI	Adjustments	
GREENRIDGE SENIOR CARE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1730221268	4	
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 in the audit report for information: purposes only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$0	\$37,741	\$37,741

Provider Name							Fiscal Period		Provider NPI		Adjustments
GREENRIDGE SENIOR CARE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1730221268		4
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 COSTS</u>											
2	10.5	040	4	8A-1	040	4	Property Tax To adjust the reported property tax to agree with the provider's tax bills. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$33,557	\$869	\$34,426	

Provider Name							Fiscal Period		Provider NPI		Adjustments
GREENRIDGE SENIOR CARE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1730221268		4
Report References							Explanation of Audit Adjustments				
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.	As Reported	Increase (Decrease)	As Adjusted		
ADJUSTMENTS TO REPORTED PATIENT DAYS											
3	4.1	5	2	1	15	N/A	12,769	283	13,052		
Medi-Cal Nursing Facility Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through February 28, 2013 Report Date: March 13, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541											
4	Not Reported			1	16	N/A	0	120	120		
Medi-Cal Managed Care Days To include Medi-Cal Managed Care days to agree with the provider's patient census summary. 42 CFR 413.20 and 413.50 CMS Pub 15-1, Sections 2205 and 2304											