

**REPORT
ON THE
RATE SETTING AUDIT**

**GEM TRANSITIONAL CARE CENTER
PASADENA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1760592190**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Daniel J. Giardinelli
Audit Supervisor: Allen Dervi
Auditor: Anita Keshishyan**



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



EDMUND G. BROWN JR.
GOVERNOR

June 25, 2013

Administrator
GEM Transitional Care Center
716 South Fair Oaks Avenue
Pasadena, CA 91105

GEM TRANSITIONAL CARE CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1760592190
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.

Administrator
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—Burbank at (818) 295-2620.

Original Signed By

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

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
GEM TRANSITIONAL CARE CENTER

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

Provider NPI:
1760592190

OSHPD Facility No.:
206190207

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	\$ 2,739,286	\$ 115.44
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 749,906	\$ 31.60
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 607,818	\$ 25.61
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 595,034	\$ 25.08
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 87,988	\$ 3.71
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 13,760	\$ 0.58
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 39,220	\$ 1.65
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 251,974	\$ 10.62
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 828,103	\$ 34.90
11	Cost of Routine Service/Audited Total Costs	\$ 6,002,778	\$ 5,913,089	\$ 249.18
12	Total Patient Days (Adj)	23,730	23,730	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 252.96	\$ 249.18	
14	Overpayments (Adj)	\$ 0	\$ 0	
15	Medi-Cal Days (Adj 15)	11,138	11,126	
16	Medi-Cal Managed Care Days (Adj)		0	
INTERMEDIATE CARE				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
18	Total Patient Days (Adj)	0	0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj)	\$ 0	\$ 0	
MENTALLY DISORDERED CARE				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
22	Total Patient Days (Adj)	0	0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj)	\$ 0	\$ 0	
DEVELOPMENTALLY DISABLED CARE				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
26	Total Patient Days (Adj)	0	0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj)	\$ 0	\$ 0	
SUBACUTE CARE				
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
38	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
GEM TRANSITIONAL CARE CENTER

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

Provider NPI:
1760592190

OSHPD Facility No.:
206190207

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SUBACUTE CARE - PEDIATRIC				
43	Cost of Routine Service (Subacute Care - Pediatric, Sch. 1, Ln 3)	\$ 0	\$ 0	
44	Cost of Ancillary Service (Subacute Care - Pediatric, Sch. 1, Ln. 1 + Ln. 2)	\$ 0	\$ 0	
45	Total Cost of Subacute Care - Pediatric Service (Ln. 43 + Ln. 44)	\$ 0	\$ 0	
46	Total Patient Days (Subacute Care - Pediatric, Sch. 1, Ln. 5)	0	0	
47	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
48	Amount Due Provider (State) (Subacute Care - Pediatric, Sch. 1, Ln. 9)	\$ 0	\$ 0	
TRANSITIONAL INPATIENT CARE				
49	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
50	Total Patient Days (Adj)	0	0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments (Adj)	\$ 0	\$ 0	
HOSPICE INPATIENT CARE				
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
54	Total Patient Days (Adj)	0	0	
55	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
56	Overpayments (Adj)	\$ 0	\$ 0	
OTHER ROUTINE SERVICES				
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
58	Total Patient Days (Adj)	0	0	
59	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
60	Overpayments (Adj)	\$ 0	\$ 0	

ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR

Provider Name:
GEM TRANSITIONAL CARE CENTER

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

Provider NPI:
1760592190

OSHPD Facility No.:
206190207

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
GENERAL SERVICES					
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 90,933	\$ 90,933		
160	Activities	71,903		\$ 71,903	
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	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	2,576,450	90,933	71,903	2,739,286 *
110	Intermediate Care	0	0	0	0 *
115	Mentally Disordered Care	0	0	0	0 *
120	Developmentally Disabled Care	0	0	0	0 *
125	Subacute Care	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0 *
128	Transitional Inpatient Care	0	0	0	0 *
130	Hospice Inpatient Care	0	0	0	0 *
135	Other Routine Services	0	0	0	0 *
NONREIMBURSABLE					
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	TOTAL	\$ 2,739,286	\$ 90,933	\$ 71,903	\$ 2,739,286

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
GEM TRANSITIONAL CARE CENTER

Provider NPI:
1760592190

OSHPD Facility Number:
206190207

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	\$ 79,842	\$ 79,842										
010	Housekeeping	98,584	-	\$ 98,584									
060	Laundry and Linen	168,424	2,510	3,099	\$ 174,033								
065	Dietary	262,055	7,361	9,089	0	\$ 278,506							
155	Social Services	N/A	527	651	0	0	\$ 1,178						
160	Activities	N/A	4,359	5,382	0	0	0	\$ 9,741					
165	Administration	N/A	7,122	8,794	0	0	0	0		\$ 15,916	\$ 15,916		
166	Medical Records	97,693	0	0	0	0	0	0		97,693		\$ 97,693	
170	Inservice Education - Nursing	76,252	0	0	0	0	0	0	\$ 76,252				
ANCILLARY SERVICES													
075	Patient Supplies		352	434	0	0	0	0	0	786	39	237	\$ 1,061
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		2,341	2,891	0	0	0	0	0	5,232	1,037	6,363	12,632
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		809	998	0	0	0	0	0	1,807	636	3,902	6,345
083	Speech Pathology		225	278	0	0	0	0	0	503	100	611	1,213
085	Pharmacy		0	0	0	0	0	0	0	0	855	5,248	6,103
090	Laboratory		0	0	0	0	0	0	0	0	332	2,039	2,371
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	631	733
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		53,251	65,752	174,033	278,506	1,178	9,741	76,252	658,714	12,776	78,416	749,906 *
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		984	1,215	0	0	0	0	0	2,200	40	246	2,485
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 782,850	\$ 79,842	\$ 98,584	\$ 174,033	\$ 278,506	\$ 1,178	\$ 9,741	\$ 76,252	\$ 669,241	\$ 15,916	\$ 97,693	\$ 782,850

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
GEM TRANSITIONAL CARE CENTER

Provider NPI:
1760592190

OSHPD Facility Number:
206190207

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	\$ 148,919	\$ 148,919										
010	Housekeeping	77,565	0	\$ 77,565									
060	Laundry and Linen	0	4,682	2,438	\$ 7,120								
065	Dietary	181,712	13,730	7,151	0	\$ 202,593							
155	Social Services	1,364	984	512	0	0	\$ 2,860						
160	Activities	4,477	8,130	4,235	0	0	0	\$ 16,842					
165	Administration	N/A	13,284	6,919	0	0	0	0		\$ 20,203	\$ 20,203		
166	Medical Records	18,438	0	0	0	0	0	0		18,438		\$ 18,438	
170	Inservice Education - Nursing	0	0	0	0	0	0	0	\$ -				
ANCILLARY SERVICES													
075	Patient Supplies	8,873	656	342	0	0	0	0	0	9,870	49	45	\$ 9,964
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	340,099	4,367	2,274	0	0	0	0	0	346,740	1,316	1,201	349,257
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	217,565	1,508	785	0	0	0	0	0	219,859	807	736	221,402
083	Speech Pathology	32,657	420	219	0	0	0	0	0	33,295	126	115	33,537
085	Pharmacy	308,186	0	0	0	0	0	0	0	308,186	1,085	990	310,262
090	Laboratory	119,718	0	0	0	0	0	0	0	119,718	422	385	120,524
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	37,038	0	0	0	0	0	0	0	37,038	130	119	37,287
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	196,330	99,323	51,733	7,120	202,593	2,860	16,842	0	576,801	16,217	14,800	607,818 *
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	320	1,836	956	0	0	0	0	0	3,112	51	46	3,209
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,693,261	\$ 148,919	\$ 77,565	\$ 7,120	\$ 202,593	\$ 2,860	\$ 16,842	\$ -	\$ 1,654,620	\$ 20,203	\$ 18,438	\$ 1,693,261

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
GEM TRANSITIONAL CARE CENTER

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

Provider NPI:
1760592190

OSHPD Facility Number:
206190207

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital Various	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Srvs 155	Activities 160
GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	\$ 644,396	87%							
	Property Tax (line 40)	95,287	13%	\$ 739,683						
005	Plant Operations and Maintenance			0	\$ -					
010	Housekeeping			0	0	\$ -				
060	Laundry and Linen			23,254	0	0	\$ 23,254			
065	Dietary			68,197	0	0	0	\$ 68,197		
155	Social Services			4,885	0	0	0	0	\$ 4,885	
160	Activities			40,384	0	0	0	0	0	\$ 40,384
165	Administration			65,983	0	0	0	0	0	0
166	Medical Records			0	0	0	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			3,257	0	0	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			21,690	0	0	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			7,491	0	0	0	0	0	0
083	Speech Pathology			2,084	0	0	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			493,339	0	0	23,254	68,197	4,885	40,384
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			9,119	0	0	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 739,683	100%	\$ 739,683	\$ -	\$ -	\$ 23,254	\$ 68,197	\$ 4,885	\$ 40,384

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
GEM TRANSITIONAL CARE CENTER

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

Provider NPI:
1760592190

OSHPD Facility Number:
206190207

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 87% Of Total	Property Tax 13% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 644,396	87%							
	Property Tax (line 40)	95,287	13%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 65,983	\$ 65,983				
166	Medical Records				0		\$ -			
170	Inservice Education - Nursing			\$ -						
	ANCILLARY SERVICES									
075	Patient Supplies			0	3,257	160	0	\$ 3,417	\$ 2,977	\$ 440
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	21,690	4,298	0	25,988	22,640	3,348
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	7,491	2,636	0	10,126	8,822	1,304
083	Speech Pathology			0	2,084	413	0	2,497	2,175	322
085	Pharmacy			0	0	3,545	0	3,545	3,088	457
090	Laboratory			0	0	1,377	0	1,377	1,200	177
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	426	0	426	371	55
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	630,059	52,963	0	683,022	595,034	87,988
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	9,119	166	0	9,285	8,089	1,196
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 739,683	100%	\$ -	\$ 673,700	\$ 65,983	\$ -	\$ 739,683	\$ 644,396	\$ 95,287

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
GEM TRANSITIONAL CARE CENTER

Provider NPI:
1760592190

OSHPD Facility Number:
206190207

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. 73% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 3% of Total	Quality Assur. Fees 22% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 45,755												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	985,916												
	Total Costs Allocable as Administration	1,031,671	73%											
167	CDPH Licensing Fees	17,143	1%											
168	Professional Liability Insurance	48,861	3%											
169	Quality Assurance Fees	313,915	22%											
174	Caregiver Training	0	0%											
	Total	1,411,590	100%						\$ 1,411,590					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 786	\$ 9,870	\$ 3,257	\$ 13,913	3,423	\$ 2,502	\$ 42	\$ 118	\$ 761	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	5,232	346,740	21,690	373,663	91,942	67,197	1,117	3,183	20,446	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	1,807	219,859	7,491	229,156	56,385	41,210	685	1,952	12,539	0
083	Speech Pathology			0	503	33,295	2,084	35,882	8,829	6,453	107	306	1,963	0
085	Pharmacy			0	0	308,186	0	308,186	75,831	55,422	921	2,625	16,864	0
090	Laboratory			0	0	119,718	0	119,718	29,457	21,529	358	1,020	6,551	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	37,038	0	37,038	9,113	6,661	111	315	2,027	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			2,739,286	658,714	576,801	630,059	4,604,860	1,133,057	828,103	13,760	39,220	251,974	0*
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0*
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0*
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0*
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0*
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0*
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0*
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0*
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0*
NONREIMBURSABLE														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	2,200	3,112	9,119	14,431	3,551	2,595	43	123	790	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 1,411,590		\$ 2,739,286	\$ 669,241	\$ 1,654,620	\$ 673,700	\$ 5,736,847	\$ 1,411,590					
	Total Administrative Costs							\$ 1,411,590		\$ 1,031,671	\$ 17,143	\$ 48,861	\$ 313,915	\$ -
	Unit Cost Multiplier							0.24605677						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 113,609	\$ 38,641	\$ 65,983	\$ 218,233							
	TOTAL FACILITY COSTS							\$ 7,366,670						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
GEM TRANSITIONAL CARE CENTER

Provider NPI:
1760592190

OSHPD Facility Number:
206190207

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										
010	Housekeeping										
060	Laundry and Linen	357	357	357							
065	Dietary	1,047	1,047	1,047							
155	Social Services	75	75	75							
160	Activities	620	620	620							
165	Administration	1,013	1,013	1,013							
166	Medical Records										
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies	50	50	50						13,913	13,913
077	Specialized Support Surfaces									0	0
080	Physical Therapy	333	333	333						373,663	373,663
081	Respiratory Therapy									0	0
082	Occupational Therapy	115	115	115						229,156	229,156
083	Speech Pathology	32	32	32						35,882	35,882
085	Pharmacy									308,186	308,186
090	Laboratory									119,718	119,718
095	Home Health Services									0	0
100	Other Ancillary Services									37,038	37,038
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	7,574	7,574	7,574	231,430	69,429	2,772,780	2,772,780	2,772,780	4,604,860	4,604,860
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	140	140	140						14,431	14,431
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	11,356	11,356	11,356	231,430	69,429	2,772,780	2,772,780	2,772,780	5,736,847	5,736,847
	TOTAL DIRECT SALARIES COSTS - SCH. 2						\$ 90,933	\$ 71,903			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.032794885	0.025931736			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		\$ 79,842	\$ 98,584	\$ 174,033	\$ 278,506	\$ 1,178	\$ 9,741	\$ 76,252	\$ 15,916	\$ 97,693
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		7.03082071	8.68122578	0.75199067	4.01137151	0.00042499	0.00351325	0.02750020	0.00277440	0.01702904
	TOTAL INDIRECT OTHER COSTS - SCH. 4		\$ 148,919	\$ 77,565	\$ 7,120	\$ 202,593	\$ 2,860	\$ 16,842	\$ -	\$ 20,203	\$ 18,438
	UNIT COST MULTIPLIER (INDIRECT OTHER)		13.11368440	6.83030997	0.03076527	2.91799338	0.00103138	0.00607415	0.00000000	0.00352167	0.00321396
	TOTAL CAPITAL COSTS - SCH. 5	\$ 739,683	\$ -	\$ -	\$ 23,254	\$ 68,197	\$ 4,885	\$ 40,384	\$ -	\$ 65,983	\$ -
	UNIT COST MULTIPLIER (CAPITAL COSTS)	65.13587531	0.00000000	0.00000000	0.10047750	0.98225902	0.00176184	0.01456453	0.00000000	0.01150155	0.00000000

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GEM TRANSITIONAL CARE CENTER

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

Provider NPI:
1760592190

OSHPD Facility Number:
206190207

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	\$ 59,349	\$ 0	\$ 59,349	(Sch 3)
005	.20-.39	Fringe Benefits	6200	16,697	3,796	20,493	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	167,883	(18,964)	148,919	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 243,929	\$ (15,168)	\$ 228,761	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 75,797	\$ 0	\$ 75,797	(Sch 3)
010	.20-.39	Fringe Benefits	6300	14,446	8,341	22,787	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	85,624	(8,059)	77,565	(Sch 4)
010		Housekeeping - Total	6300	\$ 175,867	\$ 282	\$ 176,149	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 166,400	\$ 166,400	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	25,947	0	25,947	(Sch 5)
025		Depreciation: Equipment	7140	18,075	0	18,075	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		36,404	36,404	(Sch 5)
035		Leases and Rentals	7200	670,251	(628,115)	42,136	(Sch 5)
040		Property Taxes	7300	64,069	31,218	95,287	(Sch 5)
045		Property Insurance	7400	45,755	0	45,755	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		355,434	355,434	(Sch 5)
055		Interest - Other	7600	\$	\$ 0	\$ 0	(Sch 6)
057		Subtotal 005 - 055		\$ 1,243,893	\$ (53,545)	\$ 1,190,348	
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	168,424	0	168,424	(Sch 3)
060	.40-.99	Other - Nonlabor	6400		0	0	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 168,424	\$ 0	\$ 168,424	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 196,385	\$ 0	\$ 196,385	(Sch 3)
065	.20-.39	Fringe Benefits	6500	50,705	14,965	65,670	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	200,897	(19,185)	181,712	(Sch 4)
065		Dietary - Total	6500	\$ 447,987	\$ (4,220)	\$ 443,767	
070		Provision for Bad Debts	7700	\$ 181,224	(181,224)	\$ 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	8,873	0	8,873	(Sch 4)
075		Patient Supplies - Total	8100	\$ 8,873	\$ 0	\$ 8,873	
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:
GEM TRANSITIONAL CARE CENTER

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

Provider NPI:
1760592190

OSHPD Facility Number:
206190207

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	340,099	0	340,099	(Sch 4)
080		Physical Therapy - Total	8200	\$ 340,099	\$ 0	\$ 340,099	
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	217,565	0	217,565	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 217,565	\$ 0	\$ 217,565	
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	32,657	0	32,657	(Sch 4)
083		Speech Pathology - Total	8280	\$ 32,657	\$ 0	\$ 32,657	
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	308,186	0	308,186	(Sch 4)
085		Pharmacy - Total	8300	\$ 308,186	\$ 0	\$ 308,186	
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	119,718	0	119,718	(Sch 4)
090		Laboratory - Total	8400	\$ 119,718	\$ 0	\$ 119,718	
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	37,358	(320)	37,038	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 37,358	\$ (320)	\$ 37,038	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GEM TRANSITIONAL CARE CENTER

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

Provider NPI:
1760592190

OSHPD Facility Number:
206190207

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		\$ 1,064,456	\$ (320)	\$ 1,064,136	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,991,460	\$ 0	\$ 1,991,460	(Sch 2)
105	.20-.39	Fringe Benefits	6110	416,427	168,563	584,990	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	409,732	(213,402)	196,330	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 2,817,619	\$ (44,839)	\$ 2,772,780	
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:
GEM TRANSITIONAL CARE CENTER

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

Provider NPI:
1760592190

OSHPD Facility Number:
206190207

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		320	320 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 0	\$ 320	\$ 320
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		\$ 2,817,619	\$ (44,519)	\$ 2,773,100
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 71,659	\$ 0	\$ 71,659 (Sch 2)
155	.20-.39	Fringe Benefits	6600	11,935	7,339	19,274 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	7,794	(6,430)	1,364 (Sch 4)
155		Social Services - Total	6600	\$ 91,388	\$ 909	\$ 92,297

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GEM TRANSITIONAL CARE CENTER

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

Provider NPI:
1760592190

OSHPD Facility Number:
206190207

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	\$ 53,926	\$ 0	\$ 53,926	(Sch 2)
160	.20-.39	Fringe Benefits	6700	13,237	4,740	17,977	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	10,119	(5,642)	4,477	(Sch 4)
160		Activities - Total	6700	\$ 77,282	\$ (902)	\$ 76,380	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 207,713	\$ (6,000)	\$ 201,713	(Sch 6)
165	.20-.39	Fringe Benefits	6900	35,739	41,920	77,659	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	730,661	(24,117)	706,544	(Sch 6)
165		Administration - Total	6900	\$ 974,113	\$ 11,803	\$ 985,916	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 74,300	\$ 0	\$ 74,300	(Sch 3)
166	.20-.39	Fringe Benefits	6900	17,816	5,577	23,393	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	25,102	(6,664)	18,438	(Sch 4)
166		Medical Records - Total	6900	\$ 117,218	\$ (1,087)	\$ 116,131	
167		CDPH Licensing Fees	6900	\$ 17,143	\$ 0	\$ 17,143	(Sch 6)
168		Professional Liability Insurance	6900	\$ 54,888	\$ (6,027)	\$ 48,861	(Sch 6)
169		Quality Assurance Fees	6900	\$ 313,915	\$ 0	\$ 313,915	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 59,224	\$ 0	\$ 59,224	(Sch 3)
170	.20-.39	Fringe Benefits	6800	12,131	4,897	17,028	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	4,992	(4,992)	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 76,347	\$ (95)	\$ 76,252	
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		\$ 1,722,294	\$ 4,601	\$ 1,726,895	
200		Total		\$ 7,645,897	\$ (279,227)	\$ 7,366,670	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 162,779	
-----	------	---	------	--	--	------------	--

* For informational purposes only, this amount is included in various cost centers above.

Provider Name							Fiscal Period		Provider NPI		Adjustments
GEM TRANSITIONAL CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1760592190		15
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>MEMORANDUM ADJUSTMENT</u>											
1	Not Reported			8	210		Total Facility Group Health Insurance To include total group health insurance costs for informational purpose 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$0	\$162,779	\$162,779	

Provider Name							Fiscal Period	Provider NPI	Adjustments	
GEM TRANSITIONAL CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1760592190	15	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Cost Report			Audit Report						
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>										
2	10.5	100	4	8A-1	100	4	Other Ancillary Services - Other - Nonlabor	\$37,358	(\$320)	\$37,038
	10.5	140	4	8A-1	140	4	Beauty and Barber	0	320	320
	To reclassify beauty and barber expense to the appropriate cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4 and 2302.8									
3	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	\$167,883	(\$13,380)	\$154,503 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	730,661	(28,756)	701,905 *
	10.5	035	4	8A-1	035	4	Leases and Rentals	670,251	42,136	712,387 *
	To reclassify lease 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									
4	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	\$16,697	\$6,091	\$22,788 *
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	14,446	7,779	22,225 *
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	50,705	20,156	70,861 *
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	416,427	204,393	620,820 *
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	11,935	7,355	19,290 *
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	13,237	5,535	18,772 *
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	35,739	(265,013)	(229,274) *
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	17,816	7,626	25,442 *
	10.5	170	2	8A-1	170	2	Inservice Education - Nursing - Fringe Benefits	12,131	6,078	18,209 *
	To reclassify fringe benefits expenses to the appropriate cost centers for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4 and 2302.8									
*Balance carried forward from prior/to subsequent adjustments										

Provider Name							Fiscal Period	Provider NPI		Adjustments	
GEM TRANSITIONAL CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1760592190		15	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Cost Report			Audit Report							
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>											
5	10.5	167	4	8A-1	167	4	Administration - CDPH Licensing Fees	\$17,143	\$17,143	\$34,286 *	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 701,905	(17,143)	684,762 *	
							To reclassify facility license fees to the facility licensing fees cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000 and 52506				
6	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	\$54,888	(\$1,588)	\$53,300 *	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 684,762	1,588	686,350 *	
							To reclassify all other insurance expense from the Professional Liability Insurance cost center to Administration cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2304 and 2162 CCR, Title 22, Sections 52000(b), 52501 and 52507				
7	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	\$409,732	(\$38,500)	\$371,232 *	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 686,350	38,500	724,850 *	
							To reclassify medical director fees to Administration cost center. 42 CFR 483.75(i)(2), 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, 52000(b)				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
GEM TRANSITIONAL CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1760592190		15	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Cost Report			Audit Report							
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>ADJUSTMENTS TO REPORTED COSTS</u>											
8	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	*	\$22,788	(\$2,295)	\$20,493
	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	*	154,503	(5,584)	148,919
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	*	22,225	562	22,787
	10.5	010	4	8A-1	010	4	Housekeeping - Other - Nonlabor		85,624	(8,059)	77,565
	10.5	040	4	8A-1	040	4	Property Taxes		64,069	32,835	96,904 *
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	*	70,861	(5,191)	65,670
	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor		200,897	(19,185)	181,712
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	*	620,820	(35,830)	584,990
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	*	371,232	(174,902)	196,330
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	*	19,290	(16)	19,274
	10.5	155	4	8A-1	155	4	Social Services - Other - Nonlabor		7,794	(6,430)	1,364
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	*	18,772	(795)	17,977
	10.5	160	4	8A-1	160	4	Activities - Other - Nonlabor		10,119	(5,642)	4,477
	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages		207,713	(6,000)	201,713
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	*	(229,274)	306,933	77,659
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	724,850	(16,428)	708,422 *
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	*	25,442	(2,049)	23,393
	10.5	166	4	8A-1	166	4	Medical Records - Other - Nonlabor		25,102	(6,664)	18,438
	10.5	167	4	8A-1	167	4	Administration - CDPH Licensing Fees	*	34,286	(17,143)	17,143
	10.5	170	2	8A-1	170	2	Inservice Education - Nursing - Fringe Benefits	*	18,209	(1,181)	17,028
	10.5	170	4	8A-1	170	4	Inservice Education - Nursing - Other - Nonlabor		4,992	(4,992)	0
							To reconcile the reported expenses to agree with the provider's records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
9	10.5	015	4	8A-1	015	4	Depreciation - Buildings and Improvements		\$0	\$166,400	\$166,400
	10.5	030	4	8A-1	030	4	Depreciation and Amortization - Other		0	36,404	36,404
	10.5	050	4	8A-1	050	4	Interest - Property, Plant, and Equipment		0	355,434	355,434
							To include cost of ownership in lieu of related party lease expenses. 42 CFR 413.17, 413.134(h), 413.20 and 413.24 CMS Pub. 15-1, Sections 1005, 1011.4, 1011.5, 2300 and 2304				

Provider Name							Fiscal Period	Provider NPI		Adjustments	
GEM TRANSITIONAL CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1760592190		15	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Cost Report			Audit Report							
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
ADJUSTMENTS TO REPORTED COSTS											
10	10.5	035	4	8A-1	035	4	Leases and Rentals To eliminate rental/lease expenses paid to a related party. 42 CFR 413.17, 413.134(h), 413.20 and 413.24 CMS Pub. 15-1, Sections 1005, 1011.4, 1011.5, 2300 and 2304	*	\$712,387	(\$670,251)	\$42,136
11	10.5	070	4	8A-1	070	4	Provision for Bad Debts To eliminate bad debt expense that is not recognized under the Medi-Cal program. 42 CFR 413.89(b)(1) and 413.178 / CMS Pub. 15-1, Section 300		\$181,224	(\$181,224)	\$0
12	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance To adjust professional liability insurance expense to agree with expense applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1, 2304 and 2306	*	\$53,300	(\$4,439)	\$48,861
13	10.5	040	4	8A-1	040	4	Property Taxes To adjust the reported property tax expense to agree with the provider's paid invoices. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	*	\$96,904	(\$1,617)	\$95,287
14	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To abate miscellaneous revenue against the related costs. 42 CFR 413.5 and 413.9 / CMS Pub. 15-1, Section 2328 CMS Pub. 15-2, Section 3613	*	\$708,422	(\$1,878)	\$706,544

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
GEM TRANSITIONAL CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1760592190		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA</u>										
15	4.1	5	2	1	15	Medi-Cal 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 May 22, 2013 Report Date: May 22, 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	11,138	(12)	11,126	