

**REPORT  
ON THE  
RATE SETTING AUDIT  
FIDELITY HEALTH CARE AND REHABILITATION  
EL MONTE, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1194898205  
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  
Auditors: Tina Ho and Erica Nguyen**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

June 24, 2013

Gretta Bernabe  
Finance Officer  
JPH Consulting, Inc.  
1101 Crenshaw Boulevard  
Los Angeles, CA 90019

FIDELITY HEALTH CARE AND REHABILITATION  
NATIONAL PROVIDER IDENTIFIER (NPI) 1194898205  
FISCAL PERIOD ENDED DECEMBER 31, 2011

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. We also examined the facility's use of and Records of Noncovered Services deducted from patient share of cost. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and 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, patient days, and use of share of cost for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules
2. Audit adjustments that include a summary of the total due the State in the amount of \$19,975, which resulted from Medi-Cal overpayments

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

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

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

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

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

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

**United States Postal Service (USPS)**

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

**Courier (UPS, FedEx, etc.)**

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

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

If you have questions regarding this report, you may call the Audits Section—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:**  
FIDELITY HEALTH CARE AND REHABILITATION

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

**Provider NPI:**  
1194898205

**OSHPD Facility No.:**  
206190879

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SKILLED NURSING CARE</b>				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 1,965,723	\$ 63.83
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 543,745	\$ 17.66
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 540,804	\$ 17.56
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 433,899	\$ 14.09
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 24,845	\$ 0.81
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 21,733	\$ 0.71
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 82,542	\$ 2.68
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 399,823	\$ 12.98
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 321,656	\$ 10.44
11	Cost of Routine Service/Audited Total Costs	\$ 4,514,333	\$ 4,334,770	\$ 140.75
12	Total Patient Days (Adj )	30,797	30,797	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 146.58	\$ 140.75	
14	Overpayments (Adjs 18, 19)	\$ 0	\$ 19,975	
15	Medi-Cal Days (Adj 17)	28,824	27,842	
16	Medi-Cal Managed Care Days (Adj )		0	
<b>INTERMEDIATE CARE</b>				
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	
<b>MENTALLY DISORDERED CARE</b>				
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	
<b>DEVELOPMENTALLY DISABLED CARE</b>				
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	
<b>SUBACUTE CARE</b>				
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:**  
FIDELITY HEALTH CARE AND REHABILITATION

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

**Provider NPI:**  
1194898205

**OSHPD Facility No.:**  
206190879

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SUBACUTE CARE - PEDIATRIC</b>				
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	
<b>TRANSITIONAL INPATIENT CARE</b>				
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	
<b>HOSPICE INPATIENT CARE</b>				
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	
<b>OTHER ROUTINE SERVICES</b>				
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:**  
FIDELITY HEALTH CARE AND REHABILITATION

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

**Provider NPI:**  
1194898205

**OSHPD Facility No.:**  
206190879

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
	<b>GENERAL SERVICES</b>				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 45,438	\$ 45,438		
160	Activities	77,192		\$ 77,192	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	<b>ANCILLARY SERVICES</b>				
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
	<b>ROUTINE SERVICES</b>				
105	Skilled Nursing Care	1,843,093	45,438	77,192	1,965,723
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
	<b>NONREIMBURSABLE</b>				
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	<b>TOTAL</b>	<b>\$ 1,965,723</b>	<b>\$ 45,438</b>	<b>\$ 77,192</b>	<b>\$ 1,965,723</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
FIDELITY HEALTH CARE AND REHABILITATION

Provider NPI:  
1194898205

OSHPD Facility Number:  
206190879

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
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 53,673	\$ 53,673										
010	Housekeeping	73,084	672	\$ 73,756									
060	Laundry and Linen	76,384	576	801	\$ 77,761								
065	Dietary	253,668	8,654	12,042	0	\$ 274,364							
155	Social Services	N/A	384	534	0	0	\$ 918						
160	Activities	N/A	384	534	0	0	0	\$ 918					
165	Administration	N/A	1,976	2,750	0	0	0	0	\$ 4,727	\$ 4,727			
166	Medical Records	37,522	484	674	0	0	0	0	38,681		\$ 38,681		
170	Inservice Education - Nursing	56,883	672	935	0	0	0	0	\$ 58,489				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		528	734	0	0	0	0	0	1,262	30	246	\$ 1,538
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	15	121	135
080	Physical Therapy		384	534	0	0	0	0	0	918	67	549	1,534
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		384	534	0	0	0	0	0	918	7	61	986
083	Speech Pathology		384	534	0	0	0	0	0	918	8	66	992
085	Pharmacy		0	0	0	0	0	0	0	0	51	421	472
090	Laboratory		0	0	0	0	0	0	0	0	10	82	92
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	8	69	78
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
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care		37,570	52,281	77,761	274,364	918	918	58,489	502,300	4,513	36,932	543,745 *
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 *
<b>NONREIMBURSABLE</b>													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		624	868	0	0	0	0	0	1,491	16	134	1,642
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 551,214	\$ 53,673	\$ 73,756	\$ 77,761	\$ 274,364	\$ 918	\$ 918	\$ 58,489	\$ 507,807	\$ 4,727	\$ 38,681	\$ 551,214

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
FIDELITY HEALTH CARE AND REHABILITATION

Provider NPI:  
1194898205

OSHPD Facility Number:  
206190879

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
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 136,797	\$ 136,797										
010	Housekeeping	37,516	1,712	\$ 39,228									
060	Laundry and Linen	21,375	1,467	426	\$ 23,268								
065	Dietary	178,764	22,056	6,405	0	\$ 207,225							
155	Social Services	0	978	284	0	0	\$ 1,262						
160	Activities	2,268	978	284	0	0	0	\$ 3,530					
165	Administration	N/A	5,037	1,463	0	0	0	0		\$ 6,500	\$ 6,500		
166	Medical Records	1,569	1,235	359	0	0	0	0		3,162		\$ 3,162	
170	Inservice Education - Nursing	0	1,712	497	0	0	0	0	\$ 2,209				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	15,082	1,345	391	0	0	0	0	0	16,817	41	20	\$ 16,879
077	Specialized Support Surfaces	11,231	0	0	0	0	0	0	0	11,231	20	10	11,261
080	Physical Therapy	45,410	978	284	0	0	0	0	0	46,672	92	45	46,809
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	978	284	0	0	0	0	0	1,262	10	5	1,277
083	Speech Pathology	505	978	284	0	0	0	0	0	1,767	11	5	1,784
085	Pharmacy	39,158	0	0	0	0	0	0	0	39,158	71	34	39,263
090	Laboratory	7,611	0	0	0	0	0	0	0	7,611	14	7	7,631
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	6,443	0	0	0	0	0	0	0	6,443	12	6	6,460
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
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care	170,524	95,754	27,806	23,268	207,225	1,262	3,530	2,209	531,578	6,206	3,019	540,804 *
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 *
<b>NONREIMBURSABLE</b>													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	3,296	1,589	462	0	0	0	0	0	5,347	23	11	5,380
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 677,549</b>	<b>\$ 136,797</b>	<b>\$ 39,228</b>	<b>\$ 23,268</b>	<b>\$ 207,225</b>	<b>\$ 1,262</b>	<b>\$ 3,530</b>	<b>\$ 2,209</b>	<b>\$ 667,887</b>	<b>\$ 6,500</b>	<b>\$ 3,162</b>	<b>\$ 677,549</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
FIDELITY HEALTH CARE AND REHABILITATION

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

Provider NPI:  
1194898205

OSHPD Facility Number:  
206190879

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
<b>GENERAL SERVICES</b>										
	Capital Related (excluding lines 40 & 45)	\$ 454,602	95%							
	Property Tax (line 40)	26,030	5%	\$ 480,632						
005	Plant Operations and Maintenance			18,821	\$ 18,821					
010	Housekeeping			5,778	235	\$ 6,014				
060	Laundry and Linen			4,953	202	65	\$ 5,220			
065	Dietary			74,458	3,034	982	0	\$ 78,474		
155	Social Services			3,302	135	44	0	0	\$ 3,480	
160	Activities			3,302	135	44	0	0	0	\$ 3,480
165	Administration			17,005	693	224	0	0	0	0
166	Medical Records			4,169	170	55	0	0	0	0
170	Inservice Education - Nursing			5,778	235	76	0	0	0	0
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			4,540	185	60	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			3,302	135	44	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			3,302	135	44	0	0	0	0
083	Speech Pathology			3,302	135	44	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
<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care			323,255	13,174	4,263	5,220	78,474	3,480	3,480
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
<b>NONREIMBURSABLE</b>										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			5,366	219	71	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 480,632</b>	<b>100%</b>	<b>\$ 480,632</b>	<b>\$ 18,821</b>	<b>\$ 6,014</b>	<b>\$ 5,220</b>	<b>\$ 78,474</b>	<b>\$ 3,480</b>	<b>\$ 3,480</b>

\* (To Schedule 1)

## ALLOCATION OF CAPITAL COSTS

Provider Name:  
FIDELITY HEALTH CARE AND REHABILITATION

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

Provider NPI:  
1194898205

OSHPD Facility Number:  
206190879

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 95% Of Total	Property Tax 5% Of Total
	<b>GENERAL SERVICES</b>									
	Capital Related (excluding lines 40 & 45)	\$ 454,602	95%							
	Property Tax (line 40)	26,030	5%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 17,922	\$ 17,922				
166	Medical Records				4,394		\$ 4,394			
170	Inservice Education - Nursing			\$ 6,090						
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			0	4,785	114	28	\$ 4,927	\$ 4,660	\$ 267
077	Specialized Support Surfaces			0	0	56	14	70	66	4
080	Physical Therapy			0	3,480	254	62	3,797	3,591	206
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	3,480	28	7	3,515	3,325	190
083	Speech Pathology			0	3,480	31	8	3,518	3,328	191
085	Pharmacy			0	0	195	48	243	230	13
090	Laboratory			0	0	38	9	47	45	3
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	32	8	40	38	2
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
	<b>ROUTINE SERVICES</b>									
105	Skilled Nursing Care			6,090	437,436	17,112	4,195	458,743	433,899	24,845
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
	<b>NONREIMBURSABLE</b>									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	5,655	62	15	5,732	5,422	310
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 480,632	100%	\$ 6,090	\$ 458,316	\$ 17,922	\$ 4,394	\$ 480,632	\$ 454,602	\$ 26,030

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
FIDELITY HEALTH CARE AND REHABILITATION

Provider NPI:  
1194898205

OSHPD Facility Number:  
206190879

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. 39% of Total	DPH Licensing Fees 3% of Total	Professional Liability Ins. 10% of Total	Quality Assur. Fees 48% of Total	Caregiver Training 0% of Total
<b>GENERAL SERVICES</b>														
045	Property Insurance	\$ 3,205												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	333,677												
	Total Costs Allocable as Administration	336,882	39%											
167	CDPH Licensing Fees	22,762	3%											
168	Professional Liability Insurance	86,449	10%											
169	Quality Assurance Fees	418,749	48%											
174	Caregiver Training	0	0%											
	Total	864,842	100%						\$ 864,842					
<b>ANCILLARY SERVICES</b>														
075	Patient Supplies			\$ -	\$ 1,262	\$ 16,817	\$ 4,785	\$ 22,864	5,493	\$ 2,140	\$ 145	\$ 549	\$ 2,660	\$ -
077	Specialized Support Surfaces			0	0	11,231	0	11,231	2,698	1,051	71	270	1,306	0
080	Physical Therapy			0	918	46,672	3,480	51,070	12,270	4,779	323	1,226	5,941	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	918	1,262	3,480	5,660	1,360	530	36	136	658	0
083	Speech Pathology			0	918	1,767	3,480	6,165	1,481	577	39	148	717	0
085	Pharmacy			0	0	39,158	0	39,158	9,408	3,665	248	940	4,555	0
090	Laboratory			0	0	7,611	0	7,611	1,829	712	48	183	885	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	6,443	0	6,443	1,548	603	41	155	749	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
<b>ROUTINE SERVICES</b>														
105	Skilled Nursing Care			1,965,723	502,300	531,578	437,436	3,437,038	825,754	321,656	21,733	82,542	399,823	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
<b>NONREIMBURSABLE</b>														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	1,491	5,347	5,655	12,493	3,002	1,169	79	300	1,453	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	<b>SUBTOTAL</b>	\$ 864,842		\$ 1,965,723	\$ 507,807	\$ 667,887	\$ 458,316	\$ 3,599,733	\$ 864,842					
	Total Administrative Costs							\$ 864,842		\$ 336,882	\$ 22,762	\$ 86,449	\$ 418,749	\$ -
	Unit Cost Multiplier							0.24025171						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 43,407	\$ 9,662	\$ 22,316	\$ 75,385							
	<b>TOTAL FACILITY COSTS</b>							\$ 4,539,960						

\*(To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
FIDELITY HEALTH CARE AND REHABILITATION

Provider NPI:  
1194898205

OSHPD Facility Number:  
206190879

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 14)	Plant Ops (SQ FT) 5 (Adj 14)	Hskpng (SQ FT) 10 (Adj 14)	Laundry (LBS) 60 (Adj 15)	Dietary (MEALS) 65 (Adj 16)	Soc Srvs (DIRECT EXP) 155 (Adj )	Activities (DIRECT EXP) 160 (Adj )	Inserv. Ed (DIRECT EXP) 170 (Adj )	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	<b>GENERAL SERVICES</b>										
005	Plant Operations and Maintenance	456									
010	Housekeeping	140	140								
060	Laundry and Linen	120	120	120							
065	Dietary	1,804	1,804	1,804							
155	Social Services	80	80	80							
160	Activities	80	80	80							
165	Administration	412	412	412							
166	Medical Records	101	101	101							
170	Inservice Education - Nursing	140	140	140							
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	110	110	110						22,864	22,864
077	Specialized Support Surfaces									11,231	11,231
080	Physical Therapy	80	80	80						51,070	51,070
081	Respiratory Therapy									0	0
082	Occupational Therapy	80	80	80						5,660	5,660
083	Speech Pathology	80	80	80						6,165	6,165
085	Pharmacy									39,158	39,158
090	Laboratory									7,611	7,611
095	Home Health Services									0	0
100	Other Ancillary Services									6,443	6,443
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	7,832	7,832	7,832	757,375	89,367	2,013,617	2,013,617	2,013,617	3,437,038	3,437,038
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
	<b>NONREIMBURSABLE</b>										
139	Residential Care									0	0
140	Beauty and Barber	130	130	130						12,493	12,493
145	Other Nonreimbursable									0	0
	<b>TOTAL STATISTICS</b>	11,645	11,189	11,049	757,375	89,367	2,013,617	2,013,617	2,013,617	3,599,733	3,599,733
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 45,438 0.022565364	\$ 77,192 0.038334996			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 53,673 4.79694343	\$ 73,756 6.67531651	\$ 77,761 0.10267129	\$ 274,364 3.07008132	\$ 918 0.00045579	\$ 918 0.00045579	\$ 58,489 0.02904679	\$ 4,727 0.00131303	\$ 38,681 0.01074544
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 136,797 12.22602556	\$ 39,228 3.55033429	\$ 23,268 0.03072212	\$ 207,225 2.31880396	\$ 1,262 0.00062679	\$ 3,530 0.00175312	\$ 2,209 0.00109688	\$ 6,500 0.00180565	\$ 3,162 0.00087851
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 480,632 41.27367969	\$ 18,821 1.68208043	\$ 6,014 0.54428513	\$ 5,220 0.00689223	\$ 78,474 0.87811028	\$ 3,480 0.00172824	\$ 3,480 0.00172824	\$ 6,090 0.00302441	\$ 17,922 0.00497871	\$ 4,394 0.00122051

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
FIDELITY HEALTH CARE AND REHABILITATION

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

Provider NPI:  
1194898205

OSHPD Facility Number:  
206190879

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	\$ 40,407	\$ 0	\$ 40,407	(Sch 3)
005	.20-.39	Fringe Benefits	6200	13,266	0	13,266	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	136,797	0	136,797	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 190,470	\$ 0	\$ 190,470	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 61,871	\$ 0	\$ 61,871	(Sch 3)
010	.20-.39	Fringe Benefits	6300	11,213	0	11,213	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	37,516	0	37,516	(Sch 4)
010		Housekeeping - Total	6300	\$ 110,600	\$ 0	\$ 110,600	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130		0	0	(Sch 5)
025		Depreciation: Equipment	7140	2,731	0	2,731	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	1,863	(1,863)	0	(Sch 5)
035		Leases and Rentals	7200	441,552	10,319	451,871	(Sch 5)
040		Property Taxes	7300	26,030	0	26,030	(Sch 5)
045		Property Insurance	7400	3,205	0	3,205	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$ 40,278	\$ (40,278)	\$ 0	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 816,729	\$ (31,822)	\$ 784,907	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 63,929	\$ 0	\$ 63,929	(Sch 3)
060	.20-.39	Fringe Benefits	6400	12,455	0	12,455	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	25,155	(3,780)	21,375	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 101,539	\$ (3,780)	\$ 97,759	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 213,866	\$ 0	\$ 213,866	(Sch 3)
065	.20-.39	Fringe Benefits	6500	39,802	0	39,802	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	179,554	(790)	178,764	(Sch 4)
065		Dietary - Total	6500	\$ 433,222	\$ (790)	\$ 432,432	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		<b>Ancillary Services</b>					
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	716	14,366	15,082	(Sch 4)
075		Patient Supplies - Total	8100	\$ 716	\$ 14,366	\$ 15,082	
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	11,231	0	11,231	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 11,231	\$ 0	\$ 11,231	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
FIDELITY HEALTH CARE AND REHABILITATION

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

Provider NPI:  
1194898205

OSHPD Facility Number:  
206190879

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	45,410	0	45,410	(Sch 4)
080		Physical Therapy - Total	8200	\$ 45,410	\$ 0	\$ 45,410	
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		0	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 0	\$ 0	\$ 0	
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	505	0	505	(Sch 4)
083		Speech Pathology - Total	8280	\$ 505	\$ 0	\$ 505	
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	39,158	0	39,158	(Sch 4)
085		Pharmacy - Total	8300	\$ 39,158	\$ 0	\$ 39,158	
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	7,221	390	7,611	(Sch 4)
090		Laboratory - Total	8400	\$ 7,221	\$ 390	\$ 7,611	
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	6,221	222	6,443	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 6,221	\$ 222	\$ 6,443	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
FIDELITY HEALTH CARE AND REHABILITATION

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

Provider NPI:  
1194898205

OSHPD Facility Number:  
206190879

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		\$ 110,462	\$ 14,978	\$ 125,440	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,500,806	\$ 0	\$ 1,500,806	(Sch 2)
105	.20-.39	Fringe Benefits	6110	342,287	0	342,287	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	185,280	(14,756)	170,524	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 2,028,373	\$ (14,756)	\$ 2,013,617	
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:  
FIDELITY HEALTH CARE AND REHABILITATION

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

Provider NPI:  
1194898205

OSHPD Facility Number:  
206190879

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)
		<b>Other Nonreimbursable</b>				
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	3,296	0	3,296 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 3,296	\$ 0	\$ 3,296
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		<b>Subtotal 105 - 145</b>		\$ 2,031,669	\$ (14,756)	\$ 2,016,913
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 36,240	\$ 0	\$ 36,240 (Sch 2)
155	.20-.39	Fringe Benefits	6600	9,198	0	9,198 (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	\$ 45,438	\$ 0	\$ 45,438

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
FIDELITY HEALTH CARE AND REHABILITATION

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

Provider NPI:  
1194898205

OSHPD Facility Number:  
206190879

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	\$ 64,867	\$ 0	\$ 64,867	(Sch 2)
160	.20-.39	Fringe Benefits	6700	12,325	0	12,325	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	2,268	0	2,268	(Sch 4)
160		Activities - Total	6700	\$ 79,460	\$ 0	\$ 79,460	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 112,359	\$ 0	\$ 112,359	(Sch 6)
165	.20-.39	Fringe Benefits	6900	36,505	0	36,505	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	339,475	(154,662)	184,813	(Sch 6)
165		Administration - Total	6900	\$ 488,339	\$ (154,662)	\$ 333,677	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 33,203	\$ 0	\$ 33,203	(Sch 3)
166	.20-.39	Fringe Benefits	6900	4,319	0	4,319	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	1,569	0	1,569	(Sch 4)
166		Medical Records - Total	6900	\$ 39,091	\$ 0	\$ 39,091	
167		CDPH Licensing Fees	6900	\$ 0	\$ 22,762	\$ 22,762	(Sch 6)
168		Professional Liability Insurance	6900	\$ 98,129	\$ (11,680)	\$ 86,449	(Sch 6)
169		Quality Assurance Fees	6900	\$ 418,749	\$ 0	\$ 418,749	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 51,002	\$ 0	\$ 51,002	(Sch 3)
170	.20-.39	Fringe Benefits	6800	5,881	0	5,881	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800		0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 56,883	\$ 0	\$ 56,883	
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	
		<b>Subtotal 155 - 174</b>		\$ 1,226,089	\$ (143,580)	\$ 1,082,509	
200		<b>Total</b>		\$ 4,719,710	\$ (179,750)	\$ 4,539,960	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 45,549	
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\* For informational purposes only, this amount is included in various cost centers above.

















Provider Name							Fiscal Period		Provider NPI		Adjustments
FIDELITY HEALTH CARE AND REHABILITATION							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1194898205		19
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	\$45,549	\$45,549	

Provider Name							Fiscal Period	Provider NPI		Adjustments	
FIDELITY HEALTH CARE AND REHABILITATION							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1194898205		19	
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					
<b><u>RECLASSIFICATIONS OF REPORTED COSTS</u></b>											
2	10.5	100	4	8A-1	100	4	Other Ancillary Services - Other - Nonlabor	\$6,221	\$222	\$6,443	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	339,475	(222)	339,253 *	
							To reclassify the provider's abatement of other operating revenue against the related costs.				
							42 CFR 413.5 and 413.9 / CMS Pub. 15-1, Section 2328				
							CMS Pub. 15-2, Section 3613				
3	10.5	035	4	8A-1	035	4	Leases and Rentals	\$441,552	\$10,319	\$451,871	
	10.5	060	4	8A-1	060	4	Laundry and Linen - Other - Nonlabor	25,155	(3,780)	21,375	
	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor	179,554	(790)	178,764	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 339,253	(5,749)	333,504 *	
							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	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$333,504	(\$22,762)	\$310,742 *	
	10.5	167	4	8A-1	167	4	Administration - CDPH Licensing Fees	0	22,762	22,762	
							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				
5	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	\$716	\$14,366	\$15,082	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	185,280	(14,366)	170,914 *	
							To reclassify oxygen 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				
							CCR, Title 22, Section 51511(c)				

Provider Name							Fiscal Period	Provider NPI		Adjustments
FIDELITY HEALTH CARE AND REHABILITATION							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1194898205		19
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				
<b><u>RECLASSIFICATIONS OF REPORTED COSTS</u></b>										
6	10.5	090	4	8A-1	090	4	Laboratory - Other - Nonlabor	\$7,221	\$390	\$7,611
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor *	170,914	(390)	170,524
							To reclassify laboratory 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			
							CCR, Title 22, Section 51511(c)			
7	10.5	030	4	8A-1	030	4	Depreciation and Amortization - Other	\$1,863	(\$1,863)	\$0
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor *	310,742	1,863	312,605 *
							To reverse the provider's reclassification of old capital related costs - movable equipment per the filed home office cost report for proper cost reporting.			
							42 CFR 413.20 and 413.24			
							CMS Pub. 15-1, Sections 2300, 2302.4 and 2304			

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
FIDELITY HEALTH CARE AND REHABILITATION							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1194898205		19	
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					
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>											
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$312,605		
8							To adjust reported home office costs to agree with the JPH Consulting, 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			(\$22,721)	
9							To eliminate tax penalties and/or fines not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2122.1			(105,280)	
10							To eliminate public relations/marketing expense not related to patient care. 42 CFR 413.5, 413.9(c)(3) and 413.24 CMS Pub. 15-1, Sections 2102.3 and 2136.2			(2,244) <u>(\$130,245)</u>	\$182,360 *
11	10.5	055	4	8A-1	055	4	Interest - Other To eliminate interest expense not related to patient care. 42 CFR 413.9(c)(3) and 413.153 CMS Pub. 15-1, Sections 202.2 and 2102.3		\$40,278	(\$40,278)	\$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		\$98,129	(\$8,000)	\$90,129 *
13	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$182,360	\$2,453	\$184,813
	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance To reclassify loss control services insurance expense from the Professional Liability Insurance cost center to the Administration cost center and to adjust loss control services 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, 2306 and 2162 CCR, Title 22, Sections 52000(b), 52501 and 52507	*	90,129	(3,680)	86,449
*Balance carried forward from prior/to subsequent adjustments										Page 4	

Provider Name							Fiscal Period	Provider NPI		Adjustments
FIDELITY HEALTH CARE AND REHABILITATION							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1194898205		19
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				
<b><u>ADJUSTMENTS TO REPORTED STATISTICS</u></b>										
14	10.7	005	1	7	005	Plant Operations and Maintenance (Square Feet)	0	456	456	
	10.7	010	1-2	7	010	Housekeeping	0	140	140	
	10.7	060	1-3	7	060	Laundry and Linen	0	120	120	
	10.7	065	1-3	7	065	Dietary	0	1,804	1,804	
	10.7	075	1-3	7	075	Patient Supplies	0	110	110	
	10.7	080	1-3	7	080	Physical Therapy	0	80	80	
	10.7	082	1-3	7	082	Occupational Therapy	0	80	80	
	10.7	083	1-3	7	083	Speech Pathology	0	80	80	
	10.7	105	1-3	7	105	Skilled Nursing Care	0	7,832	7,832	
	10.7	140	1-3	7	140	Beauty and Barber	0	130	130	
	10.7	155	1-3	7	155	Social Services	0	80	80	
	10.7	160	1-3	7	160	Activities	0	80	80	
	10.7	165	1-3	7	165	Administration	0	412	412	
	10.7	166	1-3	7	166	Medical Records	0	101	101	
	10.7	170	1-3	7	170	Inservice Education - Nursing	0	140	140	
	10.7	175	1	7	N/A	Total Statistics - Square Feet	0	11,645	11,645	
	10.7	175	2	7	N/A	Total Statistics - Square Feet	0	11,189	11,189	
	10.7	175	3	7	N/A	Total Statistics - Square Feet	0	11,049	11,049	
To include square feet statistics per the prior year audited statistics in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306										
15	10.7	105	4	7	105	Skilled Nursing Care (Clean, Dry Pounds)	0	757,375	757,375	
	10.7	175	4	7	N/A	Total Statistics - Clean, Dry Pounds	0	757,375	757,375	
To include laundry and linen statistics 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
FIDELITY HEALTH CARE AND REHABILITATION							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1194898205		19
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				
<b><u>ADJUSTMENTS TO REPORTED STATISTICS</u></b>										
16	10.7	105	5	7	105		Skilled Nursing Care (Number of Patient Meals)	0	89,367	89,367
	10.7	175	5	7	N/A		Total Statistics - Number of Patient Meals	0	89,367	89,367
							To include dietary statistics 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
FIDELITY HEALTH CARE AND REHABILITATION							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1194898205		19
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				
<b><u>ADJUSTMENT TO REPORTED PATIENT DAYS</u></b>										
17	4.1	5	2	1	15	Medi-Cal Skilled Nursing Care Days - Total 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 January 22, 2013 Report Date: January 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	28,824	(982)	27,842	

Provider Name							Fiscal Period			Provider NPI		Adjustments
FIDELITY HEALTH CARE AND REHABILITATION							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1194898205		19
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						
<b><u>ADJUSTMENTS TO OTHER MATTERS</u></b>												
18	Not Reported			1	14		Overpayments To recover overpayments for overstated Medi-Cal patient days related to bedhold. 42 CFR 433.139, 413.20 and 413.24 CMS Pub. 15-1, Section 2409 CCR, Title 22, Section 51535.1(b)		\$0	\$962	\$962 *	
19	Not Reported			1	14		Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1	*	\$962	\$19,013	\$19,975	

\*Balance carried forward from prior/to subsequent adjustments