

**REPORT
ON THE
RATE SETTING AUDIT**

**HERITAGE GARDENS HEALTHCARE CENTER
LOMA LINDA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1942273933**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Julio M. Cueto
Audit Supervisor: Virat Shah
Auditor: Mary Anne Ruiz**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

July 25, 2013

Administrator
Heritage Gardens Healthcare Center
25271 Barton Road
Loma Linda, CA 92354

HERITAGE GARDENS HEALTHCARE CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1942273933
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 that include a summary of the total due the State in the amount of \$14,779, which resulted from Medi-Cal overpayments
3. Audited Allocation of Home Office Cost

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 Rate Development Division.

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

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.

Administrator
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If you have questions regarding this report, you may call the Audits Section—Rancho Cucamonga at (909) 481-3420.

Original Signed By

Julio M. Cueto, Chief
Audits Section—Rancho Cucamonga
Financial Audits Branch

Certified

cc: Florence Westphal, Controller
Progressive Health Care

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:

HERITAGE GARDENS HEALTHCARE CENTER

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1942273933

OSHPD Facility No.:

206361195

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	\$ 2,653,470	\$ 75.32
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 721,328	\$ 20.48
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 805,862	\$ 22.88
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 297,763	\$ 8.45
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 53,427	\$ 1.52
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 21,129	\$ 0.60
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 57,110	\$ 1.62
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 354,873	\$ 10.07
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 715,183	\$ 20.30
11	Cost of Routine Service/Audited Total Costs	\$ 5,708,961	\$ 5,680,144	\$ 161.24
12	Total Patient Days (Adj 5)	35,211	35,228	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 162.14	\$ 161.24	
14	Overpayments (Adjs 8,9)	\$ 0	\$ (14,779)	
15	Medi-Cal Days (Adj 6)	22,658	22,728	
16	Medi-Cal Managed Care Days (Adj 7)		186	
INTERMEDIATE CARE				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
18	Total Patient Days (Adj)		0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj)	\$	\$ 0	
MENTALLY DISORDERED CARE				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
22	Total Patient Days (Adj)		0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj)	\$	\$ 0	
DEVELOPMENTALLY DISABLED CARE				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
26	Total Patient Days (Adj)		0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj)	\$	\$ 0	
SUBACUTE CARE				
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
38	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

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

Provider NPI:
1942273933

OSHPD Facility No.:
206361195

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

**ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR**

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

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

Provider NPI:
1942273933

OSHPD Facility No.:
206361195

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	\$ 43,073	\$ 43,073		
160	Activities	65,617		\$ 65,617	
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	2,544,780	43,073	65,617	2,653,470
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	\$ 2,653,470	\$ 43,073	\$ 65,617	\$ 2,653,470

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Srvs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 97,418	\$ 97,418										
010	Housekeeping	155,674	393	\$ 156,067									
060	Laundry and Linen	79,819	2,546	4,095	\$ 86,460								
065	Dietary	283,800	13,366	21,499	0	\$ 318,665							
155	Social Services	N/A	566	910	0	0	\$ 1,476						
160	Activities	N/A	1,395	2,243	0	0	0	\$ 3,638					
165	Administration	N/A	5,591	8,993	0	0	0	0		\$ 14,583	\$ 14,583		
166	Medical Records	79,351	1,603	2,578	0	0	0	0		83,532		\$ 83,532	
170	Inservice Education - Nursing	71,259	1,819	2,926	0	0	0	0	\$ 76,004				
ANCILLARY SERVICES													
075	Patient Supplies		471	758	0	0	0	0	0	1,230	38	220	\$ 1,489
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	51	294	346
080	Physical Therapy		6,262	10,073	0	0	0	0	0	16,336	1,615	9,248	27,198
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		786	1,264	0	0	0	0	0	2,050	740	4,237	7,027
083	Speech Pathology		589	948	0	0	0	0	0	1,537	105	603	2,245
085	Pharmacy		0	0	0	0	0	0	0	0	758	4,345	5,103
090	Laboratory		0	0	0	0	0	0	0	0	98	564	663
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	174	998	1,172
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		61,804	99,412	86,460	318,665	1,476	3,638	76,004	647,458	10,979	62,890	721,328 *
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		228	367	0	0	0	0	0	594	23	133	751
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 767,321	\$ 97,418	\$ 156,067	\$ 86,460	\$ 318,665	\$ 1,476	\$ 3,638	\$ 76,004	\$ 669,205	\$ 14,583	\$ 83,532	\$ 767,321

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

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	\$ 209,408	\$ 209,408										
010	Housekeeping	54,022	845	\$ 54,867									
060	Laundry and Linen	37,155	5,473	1,440	\$ 44,067								
065	Dietary	252,717	28,731	7,558	0	\$ 289,006							
155	Social Services	1,051	1,216	320	0	0	\$ 2,587						
160	Activities	4,371	2,998	789	0	0	0	\$ 8,158					
165	Administration	N/A	12,018	3,161	0	0	0	0		\$ 15,179	\$ 15,179		
166	Medical Records	1,086	3,446	906	0	0	0	0		5,438		\$ 5,438	
170	Inservice Education - Nursing	2,458	3,910	1,029	0	0	0	0	\$ 7,397				
ANCILLARY SERVICES													
075	Patient Supplies	11,072	1,013	267	0	0	0	0	0	12,352	40	14	\$ 12,406
077	Specialized Support Surfaces	20,694	0	0	0	0	0	0	0	20,694	53	19	20,767
080	Physical Therapy	591,398	13,462	3,541	0	0	0	0	0	608,401	1,680	602	610,684
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	290,495	1,689	444	0	0	0	0	0	292,628	770	276	293,674
083	Speech Pathology	36,846	1,267	333	0	0	0	0	0	38,446	110	39	38,595
085	Pharmacy	305,387	0	0	0	0	0	0	0	305,387	789	283	306,459
090	Laboratory	39,657	0	0	0	0	0	0	0	39,657	103	37	39,796
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	70,117	0	0	0	0	0	0	0	70,117	181	65	70,363
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	271,324	132,852	34,949	44,067	289,006	2,587	8,158	7,397	790,340	11,428	4,094	805,862 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care	0	0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
NONREIMBURSABLE													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	7,242	490	129	0	0	0	0	0	7,861	24	9	7,894
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 2,206,500	\$ 209,408	\$ 54,867	\$ 44,067	\$ 289,006	\$ 2,587	\$ 8,158	\$ 7,397	\$ 2,185,883	\$ 15,179	\$ 5,438	\$ 2,206,500

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

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

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities
				Various	5	10	60	65	155	160
GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	\$ 332,416	85%							
	Property Tax (line 40)	59,645	15%	\$ 392,061						
005	Plant Operations and Maintenance			5,611	\$ 5,611					
010	Housekeeping			1,559	23	\$ 1,581				
060	Laundry and Linen			10,099	147	41	\$ 10,287			
065	Dietary			53,021	770	218	0	\$ 54,008		
155	Social Services			2,244	33	9	0	0	\$ 2,286	
160	Activities			5,533	80	23	0	0	0	\$ 5,636
165	Administration			22,178	322	91	0	0	0	0
166	Medical Records			6,359	92	26	0	0	0	0
170	Inservice Education - Nursing			7,216	105	30	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			1,870	27	8	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			24,843	361	102	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			3,117	45	13	0	0	0	0
083	Speech Pathology			2,338	34	10	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			245,171	3,560	1,007	10,287	54,008	2,286	5,636
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			904	13	4	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 392,061	100%	\$ 392,061	\$ 5,611	\$ 1,581	\$ 10,287	\$ 54,008	\$ 2,286	\$ 5,636

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

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

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

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 85% Of Total	Property Tax 15% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 332,416	85%							
	Property Tax (line 40)	59,645	15%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 22,591	\$ 22,591				
166	Medical Records				6,477		\$ 6,477			
170	Inservice Education - Nursing			\$ 7,350						
	ANCILLARY SERVICES									
075	Patient Supplies			0	1,905	60	17	\$ 1,982	\$ 1,680	\$ 301
077	Specialized Support Surfaces			0	0	80	23	102	87	16
080	Physical Therapy			0	25,306	2,501	717	28,524	24,184	4,339
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	3,175	1,146	329	4,650	3,942	707
083	Speech Pathology			0	2,381	163	47	2,591	2,197	394
085	Pharmacy			0	0	1,175	337	1,512	1,282	230
090	Laboratory			0	0	153	44	196	166	30
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	270	77	347	294	53
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			7,350	329,305	17,008	4,877	351,190	297,763	53,427
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	921	36	10	967	820	147
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 392,061	100%	\$ 7,350	\$ 362,993	\$ 22,591	\$ 6,477	\$ 392,061	\$ 332,416	\$ 59,645

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

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. 62% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 5% of Total	Quality Assur. Fees 31% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 7,742												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	942,187												
	Total Costs Allocable as Administration	949,929	62%											
167	CDPH Licensing Fees	28,064	2%											
168	Professional Liability Insurance	75,855	5%											
169	Quality Assurance Fees	471,354	31%											
174	Caregiver Training	0	0%											
	Total	1,525,202	100%						\$ 1,525,202					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 1,230	\$ 12,352	\$ 1,905	\$ 15,487	4,023	\$ 2,506	\$ 74	\$ 200	\$ 1,243	\$ -
077	Specialized Support Surfaces			0	0	20,694	0	20,694	5,376	3,348	99	267	1,661	0
080	Physical Therapy			0	16,336	608,401	25,306	650,042	168,856	105,167	3,107	8,398	52,184	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	2,050	292,628	3,175	297,853	77,371	48,188	1,424	3,848	23,911	0
083	Speech Pathology			0	1,537	38,446	2,381	42,365	11,005	6,854	202	547	3,401	0
085	Pharmacy			0	0	305,387	0	305,387	79,328	49,407	1,460	3,945	24,516	0
090	Laboratory			0	0	39,657	0	39,657	10,301	6,416	190	512	3,184	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	70,117	0	70,117	18,214	11,344	335	906	5,629	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			2,653,470	647,458	790,340	329,305	4,420,573	1,148,294	715,183	21,129	57,110	354,873	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	594	7,861	921	9,376	2,435	1,517	45	121	753	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 1,525,202		\$ 2,653,470	\$ 669,205	\$ 2,185,883	\$ 362,993	\$ 5,871,551	\$ 1,525,202					
	Total Administrative Costs							\$ 1,525,202		\$ 949,929	\$ 28,064	\$ 75,855	\$ 471,354	\$ -
	Unit Cost Multiplier							0.25976134						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 98,116	\$ 20,617	\$ 29,068	\$ 147,801							
	TOTAL FACILITY COSTS							\$ 7,544,554						

*(To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 4)	Plant Ops (SQ FT) 5 (Adj 4)	Hskpng (SQ FT) 10 (Adj 4)	Laundry (LBS) 60	Dietary (MEALS) 65	Soc Svcs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	Inserv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	360									
010	Housekeeping	100	100								
060	Laundry and Linen	648	648	648							
065	Dietary	3,402	3,402	3,402							
155	Social Services	144	144	144							
160	Activities	355	355	355							
165	Administration	1,423	1,423	1,423							
166	Medical Records	408	408	408							
170	Inservice Education - Nursing	463	463	463							
	ANCILLARY SERVICES										
075	Patient Supplies	120	120	120						15,487	15,487
077	Specialized Support Surfaces									20,694	20,694
080	Physical Therapy	1,594	1,594	1,594						650,042	650,042
081	Respiratory Therapy									0	0
082	Occupational Therapy	200	200	200						297,853	297,853
083	Speech Pathology	150	150	150						42,365	42,365
085	Pharmacy									305,387	305,387
090	Laboratory									39,657	39,657
095	Home Health Services									0	0
100	Other Ancillary Services									70,117	70,117
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	15,731	15,731	15,731	208,320	104,160	2,816,104	2,816,104	2,816,104	4,420,573	4,420,573
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	58	58	58						9,376	9,376
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	25,156	24,796	24,696	208,320	104,160	2,816,104	2,816,104	2,816,104	5,871,551	5,871,551
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 43,073 0.015295245	\$ 65,617 0.023300631			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 97,418 3.92877884	\$ 156,067 6.31952048	\$ 86,460 0.41503407	\$ 318,665 3.05937706	\$ 1,476 0.00052404	\$ 3,638 0.00129191	\$ 76,004 0.02698905	\$ 14,583 0.00248373	\$ 83,532 0.01422662
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 209,408 8.44523310	\$ 54,867 2.22167652	\$ 44,067 0.21153589	\$ 289,006 2.77463351	\$ 2,587 0.00091866	\$ 8,158 0.00289682	\$ 7,397 0.00262660	\$ 15,179 0.00258518	\$ 5,438 0.00092618
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 392,061 15.58518842	\$ 5,611 0.22627310	\$ 1,581 0.06402438	\$ 10,287 0.04938227	\$ 54,008 0.51851385	\$ 2,286 0.00081179	\$ 5,636 0.00200128	\$ 7,350 0.00261011	\$ 22,591 0.00384750	\$ 6,477 0.00110315

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

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

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

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	\$ 72,748	\$ 0	\$ 72,748	(Sch 3)
005	.20-.39	Fringe Benefits	6200	24,670	0	24,670	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	209,408	0	209,408	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 306,826	\$ 0	\$ 306,826	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 117,767	\$ 0	\$ 117,767	(Sch 3)
010	.20-.39	Fringe Benefits	6300	37,907	0	37,907	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	54,022	0	54,022	(Sch 4)
010		Housekeeping - Total	6300	\$ 209,696	\$ 0	\$ 209,696	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 43,331	\$ 0	\$ 43,331	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	49,306	0	49,306	(Sch 5)
025		Depreciation: Equipment	7140	80,128	0	80,128	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	2,125	0	2,125	(Sch 5)
035		Leases and Rentals	7200	9,356	0	9,356	(Sch 5)
040		Property Taxes	7300	59,645	0	59,645	(Sch 5)
045		Property Insurance	7400	7,742	0	7,742	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	148,170	0	148,170	(Sch 6)
055		Interest - Other	7600	\$	\$ 0	\$ 0	(Sch 6)
057		Subtotal 005 - 055		\$ 916,325	\$ 0	\$ 916,325	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 60,703	\$ 0	\$ 60,703	(Sch 3)
060	.20-.39	Fringe Benefits	6400	19,116	0	19,116	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	37,155	0	37,155	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 116,974	\$ 0	\$ 116,974	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 209,382	\$ 0	\$ 209,382	(Sch 3)
065	.20-.39	Fringe Benefits	6500	74,418	0	74,418	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	252,717	0	252,717	(Sch 4)
065		Dietary - Total	6500	\$ 536,517	\$ 0	\$ 536,517	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	11,072	0	11,072	(Sch 4)
075		Patient Supplies - Total	8100	\$ 11,072	\$ 0	\$ 11,072	
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	20,694	0	20,694	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 20,694	\$ 0	\$ 20,694	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

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

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

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	591,398	0	591,398	(Sch 4)
080		Physical Therapy - Total	8200	\$ 591,398	\$ 0	\$ 591,398	
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	290,495	0	290,495	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 290,495	\$ 0	\$ 290,495	
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	36,846	0	36,846	(Sch 4)
083		Speech Pathology - Total	8280	\$ 36,846	\$ 0	\$ 36,846	
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	305,387	0	305,387	(Sch 4)
085		Pharmacy - Total	8300	\$ 305,387	\$ 0	\$ 305,387	
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	39,657	0	39,657	(Sch 4)
090		Laboratory - Total	8400	\$ 39,657	\$ 0	\$ 39,657	
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	70,117	0	70,117	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 70,117	\$ 0	\$ 70,117	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

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

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

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		\$ 1,365,666	\$ 0	\$ 1,365,666	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,987,722	\$ 0	\$ 1,987,722	(Sch 2)
105	.20-.39	Fringe Benefits	6110	557,058	0	557,058	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	271,324	0	271,324	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 2,816,104	\$ 0	\$ 2,816,104	
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:
HERITAGE GARDENS HEALTHCARE CENTER

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

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
128		Transitional Inpatient Care				
128	.01-.19	Salaries and Wages	6170	\$	\$ 0	\$ 0
128	.20-.39	Fringe Benefits	6170		0	0
128	.49	Agency Staff	6170		0	0
128	.40-.99	Other - Nonlabor	6170		0	0
128		Transitional Inpatient Care - Total	6170	\$ 0	\$ 0	\$ 0 (Sch 2)
130		Hospice Inpatient Care				
130	.01-.19	Salaries and Wages	6180	\$	\$ 0	\$ 0
130	.20-.39	Fringe Benefits	6180		0	0
130	.49	Agency Staff	6180		0	0
130	.40-.99	Other - Nonlabor	6180		0	0
130		Hospice Inpatient Care - Total	6180	\$ 0	\$ 0	\$ 0 (Sch 2)
135		Other Routine Services				
135	.01-.19	Salaries and Wages	6190	\$	\$ 0	\$ 0
135	.20-.39	Fringe Benefits	6190		0	0
135	.49	Agency Staff	6190		0	0
135	.40-.99	Other - Nonlabor	6190		0	0
135		Other Routine Services - Total	6190	\$ 0	\$ 0	\$ 0 (Sch 2)
		Other Nonreimbursable				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
139	.49	Agency Staff	9100		0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$	\$ 0	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900		0	0 (Sch 2)
140	.49	Agency Staff	8900		0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	7,242	0	7,242 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 7,242	\$ 0	\$ 7,242
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		\$ 2,823,346	\$ 0	\$ 2,823,346
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 34,080	\$ 0	\$ 34,080 (Sch 2)
155	.20-.39	Fringe Benefits	6600	8,993	0	8,993 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	1,051	0	1,051 (Sch 4)
155		Social Services - Total	6600	\$ 44,124	\$ 0	\$ 44,124

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

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

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

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	\$ 49,246	\$ 0	\$ 49,246	(Sch 2)
160	.20-.39	Fringe Benefits	6700	16,371	0	16,371	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	4,371	0	4,371	(Sch 4)
160		Activities - Total	6700	\$ 69,988	\$ 0	\$ 69,988	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 187,690	\$ 0	\$ 187,690	(Sch 6)
165	.20-.39	Fringe Benefits	6900	45,566	0	45,566	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	711,162	(2,231)	708,931	(Sch 6)
165		Administration - Total	6900	\$ 944,418	\$ (2,231)	\$ 942,187	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 66,805	\$ 0	\$ 66,805	(Sch 3)
166	.20-.39	Fringe Benefits	6900	12,546	0	12,546	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	1,086	0	1,086	(Sch 4)
166		Medical Records - Total	6900	\$ 80,437	\$ 0	\$ 80,437	
167		CDPH Licensing Fees	6900	\$ 28,064	\$ 0	\$ 28,064	(Sch 6)
168		Professional Liability Insurance	6900	\$ 75,855	\$ 0	\$ 75,855	(Sch 6)
169		Quality Assurance Fees	6900	\$ 471,354	\$ 0	\$ 471,354	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 53,042	\$ 0	\$ 53,042	(Sch 3)
170	.20-.39	Fringe Benefits	6800	18,217	0	18,217	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	2,458	0	2,458	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 73,717	\$ 0	\$ 73,717	
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		\$ 1,787,957	\$ (2,231)	\$ 1,785,726	
200		Total		\$ 7,546,785	\$ (2,231)	\$ 7,544,554	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 124,306	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
HERITAGE GARDENS HEALTHCARE CENTER

Provider NPI:
1942273933

OSHPD Facility Number:
206361195

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

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ				
128	1	Transitional Inpatient Care - Salaries and Wages	0							
128	2	Transitional Inpatient Care - Fringe Benefits	0							
128	3	Transitional Inpatient Care - Agency Staff	0							
128	4	Transitional Inpatient Care - Other - Nonlabor	0							
130	1	Hospice Inpatient Care - Salaries and Wages	0							
130	2	Hospice Inpatient Care - Fringe Benefits	0							
130	3	Hospice Inpatient Care - Agency Staff	0							
130	4	Hospice Inpatient Care - Other - Nonlabor	0							
135	1	Other Routine Services - Salaries and Wages	0							
135	2	Other Routine Services - Fringe Benefits	0							
135	3	Other Routine Services - Agency Staff	0							
135	4	Other Routine Services - Other - Nonlabor	0							
139	1	Residential Care - Salaries and Wages	0							
139	2	Residential Care - Fringe Benefits	0							
139	3	Residential Care - Agency Staff	0							
139	4	Residential Care - Other - Nonlabor	0							
140	1	Beauty and Barber - Salaries and Wages	0							
140	2	Beauty and Barber - Fringe Benefits	0							
140	3	Beauty and Barber - Agency Staff	0							
140	4	Beauty and Barber - Other - Nonlabor	0							
145	1	Other Nonreimbursable - Salaries and Wages	0							
145	2	Other Nonreimbursable - Fringe Benefits	0							
145	3	Other Nonreimbursable - Agency Staff	0							
145	4	Other Nonreimbursable - Other - Nonlabor	0							
155	1	Social Services - Salaries and Wages	0							
155	2	Social Services - Fringe Benefits	0							
155	3	Social Services - Agency Staff	0							
155	4	Social Services - Other - Nonlabor	0							
160	1	Activities - Salaries and Wages	0							
160	2	Activities - Fringe Benefits	0							
160	3	Activities - Agency Staff	0							
160	4	Activities - Other - Nonlabor	0							
165	1	Administration - Salaries and Wages	0							
165	2	Administration - Fringe Benefits	0							
165	3	Administration - Agency Staff	0							
165	4	Administration - Other - Nonlabor	(2,231)	(1,223)	(1,008)					
166	1	Medical Records - Salaries and Wages	0							
166	2	Medical Records - Fringe Benefits	0							
166	3	Medical Records - Agency Staff	0							
166	4	Medical Records - Other - Nonlabor	0							
167	4	CDPH Licensing Fees	0							
168	4	Professional Liability Insurance	0							
169	4	Quality Assurance Fees	0							
170	1	Inservice Education - Nursing - Salaries and Wages	0							
170	2	Inservice Education - Nursing - Fringe Benefits	0							
170	3	Inservice Education - Nursing - Agency Staff	0							
170	4	Inservice Education - Nursing - Other - Nonlabor	0							
174	1	Caregiver Training - Salaries and Wages	0							
174	2	Caregiver Training - Fringe Benefits	0							

Provider Name							Fiscal Period			Provider NPI		Adjustments	
HERITAGE GARDENS HEALTHCARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1942273933		9	
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 Group Health Insurance in the audit for informational purposes only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$124,306	\$124,306	

Provider Name							Fiscal Period		Provider NPI		Adjustments
HERITAGE GARDENS HEALTHCARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1942273933		9
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>ADJUSTMENTS TO REPORTED COSTS</u>											
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	\$711,162			
2							To eliminate accounting expenses due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)		(\$1,223)		
3							To adjust reported home office costs to agree with the Progressive Health Care 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		<u>(1,008)</u> (\$2,231)	\$708,931	

Provider Name							Fiscal Period	Provider NPI		Adjustments
HERITAGE GARDENS HEALTHCARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1942273933		9
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENT TO REPORTED STATISTICS</u>										
4	10.7	105	1,2,3	7	105		Skilled Nursing Care (Square Feet)	16,211	(480)	15,731
	10.7	165	1,2,3	7	165		Administration	1,628	(205)	1,423
	10.7	175	1	7	N/A		Total Statistics - Square Feet	25,841	(685)	25,156
	10.7	175	2	7	N/A		Total Statistics - Square Feet	25,481	(685)	24,796
	10.7	175	3	7	N/A		Total Statistics - Square Feet	25,381	(685)	24,696
							To adjust square feet statistics to agree with the provider's records 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
HERITAGE GARDENS HEALTHCARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1942273933		9
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENTS TO REPORTED PATIENT DAYS</u>										
5	11(2)	105	1	1	12		Total Patient Days of Service - Skilled Nursing Care To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304	35,211	17	35,228
6	4.1	5	2	1	15		Medi-Cal Days of Service - Skilled Nursing Care 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 March 31, 2013 Report Date: April 30, 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	22,658	70	22,728
7	Not Reported			1	16		Medi-Cal Managed Care Days of Service - Skilled Nursing Care To include Medi-Cal Managed Care days to agree with the provider's patient census records. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304	0	186	186

Provider Name							Fiscal Period			Provider NPI		Adjustments
HERITAGE GARDENS HEALTHCARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1942273933		9
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report				Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No						
<u>ADJUSTMENTS TO OTHER MATTERS</u>												
	Not Reported				1	14	Overpayments		\$0			
8							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		\$4,209			
9							To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1		<u>10,570</u> \$14,779		\$14,779	