

**REPORT
ON THE
RATE SETTING AUDIT**

**LAKE FOREST NURSING CENTER
LAKE FOREST, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1891741476**

**FISCAL PERIOD ENDED
SEPTEMBER 30, 2011**

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

**Section Chief: Margaret A. Varho
Audit Supervisor: Lan Nguyen
Auditor: Anita Kar**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: May 16, 2013

John S. Binderup, CPA
Director of Reimbursement - Southwest Division
Life Care Centers of America
10846 Old Mill Road, Suite 2
Omaha, NE 68154

LAKE FOREST NURSING CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1891741476
FISCAL PERIOD ENDED SEPTEMBER 30, 2011

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the data presented in the accompanying Summary of Audited Facility Cost per Patient Day represents a proper determination of the allowable costs, patient days, and use of share of cost for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules
2. Audit Adjustments Schedule

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.

John S. Binderup, CPA
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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—Santa Ana at (714) 558-4434.

(Original signed by Margaret A. Varho)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
LAKE FOREST NURSING CENTER

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:
1891741476

OSHPD Facility No.:
206304007

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	\$ 4,974,516	\$ 110.37
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 1,082,398	\$ 24.01
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 1,069,753	\$ 23.73
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 515,277	\$ 11.43
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 118,909	\$ 2.64
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 34,448	\$ 0.76
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 129,982	\$ 2.88
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 414,391	\$ 9.19
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 979,146	\$ 21.72
11	Cost of Routine Service/Audited Total Costs	\$ 9,440,237.00	\$ 9,318,820.03	\$ 206.75
12	Total Patient Days (Adj)	45,072	45,072	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 209.45	\$ 206.75	
14	Overpayments (Adj)	\$ 0	\$ 0	
15	Medi-Cal Days (Adj 8)	20,918	564	
16	Medi-Cal Managed Care Days (Adj 9)		20,344	
INTERMEDIATE CARE				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
18	Total Patient Days (Adj)	0	0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj)	\$ 0	\$ 0	
MENTALLY DISORDERED CARE				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
22	Total Patient Days (Adj)	0	0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj)	\$ 0	\$ 0	
DEVELOPMENTALLY DISABLED CARE				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
26	Total Patient Days (Adj)	0	0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj)	\$ 0	\$ 0	
SUBACUTE CARE				
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00 *
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00 *
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00 *
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00 *
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00 *
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00 *
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00 *
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00 *
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00 *
38	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00 *
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00 *
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
LAKE FOREST NURSING CENTER

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:
1891741476

OSHPD Facility No.:
206304007

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. 42 + Ln. 43)	\$ 0	\$ 0	
46	Total Patient Days (Subacute Care - Pediatric, Sch. 1, Ln. 5)	0	0	
47	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
48	Amount Due Provider (State) (Subacute Care - Pediatric, Sch. 1, Ln. 9)	\$ 0	\$ 0	
TRANSITIONAL INPATIENT CARE				
49	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
50	Total Patient Days (Adj)	0	0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments (Adj)	\$ 0	\$ 0	
HOSPICE INPATIENT CARE				
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
54	Total Patient Days (Adj)	0	0	
55	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
56	Overpayments (Adj)	\$ 0	\$ 0	
OTHER ROUTINE SERVICES				
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
58	Total Patient Days (Adj)	0	0	
59	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
60	Overpayments (Adj)	\$ 0	\$ 0	

* (From Subacute Care Schedule 1)

**ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR**

Provider Name:
LAKE FOREST NURSING CENTER

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:
1891741476

OSHPD Facility No.:
206304007

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	\$ 128,140	\$ 128,140		
160	Activities	154,356		\$ 154,356	
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	1,149,521	0	0	1,149,521 ***
081	Respiratory Therapy	0	0	0	0 ***
082	Occupational Therapy	715,143	0	0	715,143 ***
083	Speech Pathology	175,541	0	0	175,541 ***
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	4,692,020	128,140	154,356	4,974,516 *
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	\$ 7,014,721	\$ 128,140	\$ 154,356	\$ 7,014,721

* (To Schedule 1)

** (To Subacute Care Schedule 1)

*** (To Subacute Care Schedule 2)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
LAKE FOREST NURSING CENTER

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 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	\$ 137,666	\$ 137,666										
010	Housekeeping	178,199	844	\$ 179,043									
060	Laundry and Linen	137,390	2,844	3,722	\$ 143,956								
065	Dietary	472,413	15,260	19,968	0	\$ 507,641							
155	Social Services	N/A	1,344	1,759	0	0	\$ 3,104						
160	Activities	N/A	5,859	7,668	0	0	0	\$ 13,527					
165	Administration	N/A	7,996	10,463	0	0	0	0	\$ 18,459	\$ 18,459			
166	Medical Records	149,886	1,225	1,603	0	0	0	0	152,713		\$ 152,713		
170	Inservice Education - Nursing	91,571	1,679	2,197	0	0	0	0	\$ 95,448				
ANCILLARY SERVICES													
075	Patient Supplies		269	353	0	0	0	0	0	622	61	507	\$ 1,190
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	4	33	37
080	Physical Therapy		1,960	2,564	11,834	0	0	0	0	16,358	2,060	17,046	35,464
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		1,706	2,233	6,072	0	0	0	0	10,011	1,271	10,513	21,795
083	Speech Pathology		400	524	0	0	0	0	0	924	312	2,580	3,815
085	Pharmacy		0	0	0	0	0	0	0	0	1,636	13,535	15,171
090	Laboratory		0	0	0	0	0	0	0	0	233	1,930	2,163
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	189	1,565	1,755
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		94,992	124,305	126,050	507,641	3,104	13,527	95,448	965,066	12,653	104,679	1,082,398
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		675	883	0	0	0	0	0	1,558	28	234	1,821
145	Other Nonreimbursable		612	801	0	0	0	0	0	1,414	11	90	1,514
	TOTAL	\$ 1,167,125	\$ 137,666	\$ 179,043	\$ 143,956	\$ 507,641	\$ 3,104	\$ 13,527	\$ 95,448	\$ 995,953	\$ 18,459	\$ 152,713	\$ 1,167,125

* (To Schedule 1)

** (To Subacute Care Schedule 1)

*** (To Subacute Care Schedule 2)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
LAKE FOREST NURSING CENTER

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 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	\$ 418,345	\$ 418,345										
010	Housekeeping	40,688	2,564	\$ 43,252									
060	Laundry and Linen	31,765	8,642	899	\$ 41,307								
065	Dietary	353,033	46,372	4,824	0	\$ 404,228							
155	Social Services	142	4,086	425	0	0	\$ 4,653						
160	Activities	12,702	17,806	1,852	0	0	0	\$ 32,360					
165	Administration	N/A	24,298	2,528	0	0	0	0		\$ 26,826	\$ 26,826		
166	Medical Records	32,176	3,722	387	0	0	0	0		36,285		\$ 36,285	
170	Inservice Education - Nursing	0	5,103	531	0	0	0	0	\$ 5,634				
ANCILLARY SERVICES													
075	Patient Supplies	33,810	819	85	0	0	0	0	0	34,714	89	121	\$ 34,924
077	Specialized Support Surfaces	2,404	0	0	0	0	0	0	0	2,404	6	8	2,418
080	Physical Therapy	45,812	5,955	619	3,396	0	0	0	0	55,782	2,994	4,050	62,826
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	18,473	5,185	539	1,742	0	0	0	0	25,940	1,847	2,498	30,285
083	Speech Pathology	6,727	1,216	126	0	0	0	0	0	8,069	453	613	9,135
085	Pharmacy	978,685	0	0	0	0	0	0	0	978,685	2,378	3,216	984,279
090	Laboratory	139,561	0	0	0	0	0	0	0	139,561	339	459	140,359
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	113,181	0	0	0	0	0	0	0	113,181	275	372	113,828
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	224,754	288,667	30,029	36,169	404,228	4,653	32,360	5,634	1,026,493	18,388	24,872	1,069,753
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	9,786	2,051	213	0	0	0	0	0	12,050	41	56	12,147
145	Other Nonreimbursable	0	1,861	194	0	0	0	0	0	2,054	16	21	2,092
	TOTAL	\$ 2,462,044	\$ 418,345	\$ 43,252	\$ 41,307	\$ 404,228	\$ 4,653	\$ 32,360	\$ 5,634	\$ 2,398,933	\$ 26,826	\$ 36,285	\$ 2,462,044

* (To Schedule 1)

** (To Subacute Care Schedule 1)

*** (To Subacute Care Schedule 2)

ALLOCATION OF CAPITAL COSTS

Provider Name:
LAKE FOREST NURSING CENTER

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

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)	\$ 551,026	81%							
	Property Tax (line 40)	127,159	19%	\$ 678,185						
005	Plant Operations and Maintenance			25,124	\$ 25,124					
010	Housekeeping			4,002	154	\$ 4,156				
060	Laundry and Linen			13,491	519	86	\$ 14,097			
065	Dietary			72,389	2,785	464	0	\$ 75,637		
155	Social Services			6,378	245	41	0	0	\$ 6,664	
160	Activities			27,796	1,069	178	0	0	0	\$ 29,043
165	Administration			37,931	1,459	243	0	0	0	0
166	Medical Records			5,810	224	37	0	0	0	0
170	Inservice Education - Nursing			7,966	306	51	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			1,278	49	8	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			9,296	358	60	1,159	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			8,095	311	52	595	0	0	0
083	Speech Pathology			1,898	73	12	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			450,626	17,336	2,886	12,343	75,637	6,664	29,043
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			3,202	123	21	0	0	0	0
145	Other Nonreimbursable			2,905	112	19	0	0	0	0
	TOTAL	\$ 678,185	100%	\$ 678,185	\$ 25,124	\$ 4,156	\$ 14,097	\$ 75,637	\$ 6,664	\$ 29,043

* (To Schedule 1)
 ** (To Subacute Care Schedule 1)
 *** (To Subacute Care Schedule 2)

ALLOCATION OF CAPITAL COSTS

Provider Name:
LAKE FOREST NURSING CENTER

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

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 81% Of Total	Property Tax 19% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 551,026	81%							
	Property Tax (line 40)	127,159	19%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 39,633	\$ 39,633				
166	Medical Records				6,070		\$ 6,070			
170	Inservice Education - Nursing			\$ 8,323						
	ANCILLARY SERVICES									
075	Patient Supplies			0	1,335	132	20	\$ 1,487	\$ 1,208	\$ 279 ***
077	Specialized Support Surfaces			0	0	9	1	10	8	2 ***
080	Physical Therapy			0	10,871	4,424	678	15,973	12,978	2,995 ***
081	Respiratory Therapy			0	0	0	0	0	0	0 ***
082	Occupational Therapy			0	9,053	2,728	418	12,199	9,912	2,287 ***
083	Speech Pathology			0	1,983	669	103	2,755	2,238	517 ***
085	Pharmacy			0	0	3,513	538	4,051	3,291	760 ***
090	Laboratory			0	0	501	77	578	469	108 ***
095	Home Health Services			0	0	0	0	0	0	0 ***
100	Other Ancillary Services			0	0	406	62	468	381	88 ***
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			8,323	602,858	27,167	4,161	634,186	515,277	118,909 *
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	3,345	61	9	3,416	2,775	640
145	Other Nonreimbursable			0	3,035	23	4	3,062	2,488	574
	TOTAL	\$ 678,185	100%	\$ 8,323	\$ 632,482	\$ 39,633	\$ 6,070	\$ 678,185	\$ 551,026	\$ 127,159

* (To Schedule 1)

** (To Subacute Care Schedule 1)

*** (To Subacute Care Schedule 2)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
LAKE FOREST NURSING CENTER

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 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. 63% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 8% of Total	Quality Assur. Fees 27% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 92,413												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,336,033												
	Total Costs Allocable as Administration	1,428,446	63%											
167	DPH Licensing Fees	50,255	2%											
168	Professional Liability Insurance	189,627	8%											
169	Quality Assurance Fees	604,543	27%											
174	Caregiver Training	0	0%											
	Total	2,272,871	100%						\$ 2,272,871					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 622	\$ 34,714	\$ 1,335	\$ 36,671	7,548	\$ 4,744	\$ 167	\$ 630	\$ 2,008	\$ -
077	Specialized Support Surfaces			0	0	2,404	0	2,404	495	311	11	41	132	0
080	Physical Therapy			1,149,521	16,358	55,782	10,871	1,232,532	253,701	159,445	5,610	21,166	67,480	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			715,143	10,011	25,940	9,053	760,147	156,466	98,336	3,460	13,054	41,617	0
083	Speech Pathology			175,541	924	8,069	1,983	186,517	38,392	24,129	849	3,203	10,212	0
085	Pharmacy			0	0	978,685	0	978,685	201,450	126,606	4,454	16,807	53,582	0
090	Laboratory			0	0	139,561	0	139,561	28,727	18,054	635	2,397	7,641	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	113,181	0	113,181	23,297	14,642	515	1,944	6,197	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			4,974,516	965,066	1,026,493	602,858	7,568,933	1,557,967	979,146	34,448	129,982	414,391	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	1,558	12,050	3,345	16,954	3,490	2,193	77	291	928	0
145	Other Nonreimbursable			0	1,414	2,054	3,035	6,503	1,339	841	30	112	356	0
	SUBTOTAL	\$ 2,272,871		\$ 7,014,721	\$ 995,953	\$ 2,398,933	\$ 632,482	\$ 11,042,089	\$ 2,272,871					
	Total Administrative Costs							\$ 2,272,871		\$ 1,428,446	\$ 50,255	\$ 189,627	\$ 604,543	\$ -
	Unit Cost Multiplier							0.20583705						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 171,172	\$ 63,111	\$ 45,703	\$ 279,986							
	TOTAL FACILITY COSTS							\$ 13,594,946						

* (To Schedule 1)
 ** (To Subacute Care Schedule 1)
 *** (To Subacute Care Schedule 2)

STATISTICS FOR COST ALLOCATION

Provider Name:
LAKE FOREST NURSING CENTER

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 7)	Plant Ops (SQ FT) 5 (Adj 7)	Hskpng (SQ FT) 10 (Adj 7)	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	1,946									
010	Housekeeping	310	310								
060	Laundry and Linen	1,045	1,045	1,045							
065	Dietary	5,607	5,607	5,607							
155	Social Services	494	494	494							
160	Activities	2,153	2,153	2,153							
165	Administration	2,938	2,938	2,938							
166	Medical Records	450	450	450							
170	Inservice Education - Nursing	617	617	617							
	ANCILLARY SERVICES										
075	Patient Supplies	99	99	99						36,671	36,671
077	Specialized Support Surfaces	0	0	0						2,404	2,404
080	Physical Therapy	720	720	720	19,070					1,232,532	1,232,532
081	Respiratory Therapy	0	0	0						0	0
082	Occupational Therapy	627	627	627	9,785					760,147	760,147
083	Speech Pathology	147	147	147						186,517	186,517
085	Pharmacy	0	0	0						978,685	978,685
090	Laboratory	0	0	0						139,561	139,561
095	Home Health Services	0	0	0						0	0
100	Other Ancillary Services	0	0	0						113,181	113,181
101	Subacute Care Ancillary Services	0	0	0						0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0						0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	34,904	34,904	34,904	203,125	133,731	4,916,774	4,916,774	4,916,774	7,568,933	7,568,933
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	248	248	248						16,954	16,954
145	Other Nonreimbursable	225	225	225						6,503	6,503
	TOTAL STATISTICS	52,530	50,584	50,274	231,980	133,731	4,916,774	4,916,774	4,916,774	11,042,089	11,042,089
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 128,140 0.026061804	\$ 154,356 0.031393755			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 137,666 2.72153250	\$ 179,043 3.56133737	\$ 143,956 0.62055177	\$ 507,641 3.79598636	\$ 3,104 0.00063126	\$ 13,527 0.00275120	\$ 95,448 0.01941263	\$ 18,459 0.00167170	\$ 152,713 0.01383011
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 418,345 8.27030286	\$ 43,252 0.86032132	\$ 41,307 0.17806062	\$ 404,228 3.02269788	\$ 4,653 0.00094626	\$ 32,360 0.00658160	\$ 5,634 0.00114579	\$ 26,826 0.00242941	\$ 36,285 0.00328604
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 678,185 12.91043213	\$ 25,124 0.49667288	\$ 4,156 0.08267101	\$ 14,097 0.06076738	\$ 75,637 0.56559193	\$ 6,664 0.00135535	\$ 29,043 0.00590702	\$ 8,323 0.00169282	\$ 39,633 0.00358926	\$ 6,070 0.00054975

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LAKE FOREST NURSING CENTER

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

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	\$ 113,601	\$ 0	\$ 113,601	(Sch 3)
005	.20-.39	Fringe Benefits	6200	24,103	(38)	24,065	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	418,345	0	418,345	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 556,049	\$ (38)	\$ 556,011	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 141,556	\$ 0	\$ 141,556	(Sch 3)
010	.20-.39	Fringe Benefits	6300	36,835	(192)	36,643	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	40,688	0	40,688	(Sch 4)
010		Housekeeping - Total	6300	\$ 219,079	\$ (192)	\$ 218,887	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 278,474	\$ 0	\$ 278,474	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	11,682	0	11,682	(Sch 5)
025		Depreciation: Equipment	7140	107,117	0	107,117	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	16,126	0	16,126	(Sch 5)
040		Property Taxes	7300	127,159	0	127,159	(Sch 5)
045		Property Insurance	7400	92,413	0	92,413	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	137,627	0	137,627	(Sch 6)
055		Interest - Other	7600	\$	\$ 0	\$ 0	(Sch 6)
057		Subtotal 005 - 055		\$ 1,545,726	\$ (230)	\$ 1,545,496	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 106,304	\$ 0	\$ 106,304	(Sch 3)
060	.20-.39	Fringe Benefits	6400	31,178	(92)	31,086	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	31,765	0	31,765	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 169,247	\$ (92)	\$ 169,155	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 384,660	\$ 0	\$ 384,660	(Sch 3)
065	.20-.39	Fringe Benefits	6500	88,045	(292)	87,753	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	353,033	0	353,033	(Sch 4)
065		Dietary - Total	6500	\$ 825,738	\$ (292)	\$ 825,446	
070		Provision for Bad Debts	7700	\$ 0	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 0	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	33,810	0	33,810	(Sch 4)
075		Patient Supplies - Total	8100	\$ 33,810	\$ 0	\$ 33,810	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$ 0	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150	0	0	0	N/A
077	.79	Agency Staff	8150	0	0	0	N/A
077	.40-.99	Other - Nonlabor	8150	2,404	0	2,404	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 2,404	\$ 0	\$ 2,404	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LAKE FOREST NURSING CENTER

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

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	\$ 915,213	\$ 0	\$ 915,213	(Sch 2)
080	.20-.39	Fringe Benefits	8200	234,500	(192)	234,308	(Sch 2)
080	.79	Agency Staff	8200	0	0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	45,812	0	45,812	(Sch 4)
080		Physical Therapy - Total	8200	\$ 1,195,525	\$ (192)	\$ 1,195,333	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$ 0	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	0	0	0	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	0	0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$ 563,268	\$ 0	\$ 563,268	(Sch 2)
082	.20-.39	Fringe Benefits	8250	152,159	(284)	151,875	(Sch 2)
082	.79	Agency Staff	8250	0	0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	18,473	0	18,473	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 733,900	\$ (284)	\$ 733,616	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 146,847	\$ 0	\$ 146,847	(Sch 2)
083	.20-.39	Fringe Benefits	8280	27,943	751	28,694	(Sch 2)
083	.79	Agency Staff	8280	0	0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	6,727	0	6,727	(Sch 4)
083		Speech Pathology - Total	8280	\$ 181,517	\$ 751	\$ 182,268	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$ 0	\$ 0	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300	0	0	0	(Sch 2)
085	.79	Agency Staff	8300	0	0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	978,685	0	978,685	(Sch 4)
085		Pharmacy - Total	8300	\$ 978,685	\$ 0	\$ 978,685	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	\$ 0	\$ 0	\$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400	0	0	0	(Sch 2)
090	.79	Agency Staff	8400	0	0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	139,561	0	139,561	(Sch 4)
090		Laboratory - Total	8400	\$ 139,561	\$ 0	\$ 139,561	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	\$ 0	\$ 0	\$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800	0	0	0	(Sch 2)
095	.79	Agency Staff	8800	0	0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800	0	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	\$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900	0	0	0	(Sch 2)
100	.79	Agency Staff	8900	0	0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	113,181	0	113,181	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 113,181	\$ 0	\$ 113,181	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LAKE FOREST NURSING CENTER

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

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	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
101	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900	0	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	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
102	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 3,378,583	\$ 275	\$ 3,378,858	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 3,752,561	\$ 0	\$ 3,752,561	(Sch 2)
105	.20-.39	Fringe Benefits	6110	941,577	(2,118)	939,459	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	224,754	0	224,754	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 4,918,892	\$ (2,118)	\$ 4,916,774	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	\$ 0	\$ 0	\$ 0	
110	.20-.39	Fringe Benefits	6120	0	0	0	
110	.49	Agency Staff	6120	0	0	0	
110	.40-.99	Other - Nonlabor	6120	0	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	\$ 0	
115	.20-.39	Fringe Benefits	6130	0	0	0	
115	.49	Agency Staff	6130	0	0	0	
115	.40-.99	Other - Nonlabor	6130	0	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	\$ 0	
120	.20-.39	Fringe Benefits	6140	0	0	0	
120	.49	Agency Staff	6140	0	0	0	
120	.40-.99	Other - Nonlabor	6140	0	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	\$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150	0	0	0	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	0	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	\$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160	0	0	0	(Sch 2)
126	.49	Agency Staff	6160	0	0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160	0	0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LAKE FOREST NURSING CENTER

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

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

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LAKE FOREST NURSING CENTER

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

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	\$ 0
128	.20-.39	Fringe Benefits	6170	0	0	0
128	.49	Agency Staff	6170	0	0	0
128	.40-.99	Other - Nonlabor	6170	0	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	\$ 0
130	.20-.39	Fringe Benefits	6180	0	0	0
130	.49	Agency Staff	6180	0	0	0
130	.40-.99	Other - Nonlabor	6180	0	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	\$ 0
135	.20-.39	Fringe Benefits	6190	0	0	0
135	.49	Agency Staff	6190	0	0	0
135	.40-.99	Other - Nonlabor	6190	0	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	\$ 0
139	.20-.39	Fringe Benefits	9100	0	0	0
139	.49	Agency Staff	9100	0	0	0
139	.40-.99	Other - Nonlabor	9100	0	0	0
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
						(Sch 2)
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$ 0	\$ 0	\$ 0
140	.20-.39	Fringe Benefits	8900	0	0	0
140	.49	Agency Staff	8900	0	0	0
140	.40-.99	Other - Nonlabor	8900	9,786	0	9,786
140		Beauty and Barber - Total	8900	\$ 9,786	\$ 0	\$ 9,786
						(Sch 2)
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0
145	.20-.39	Fringe Benefits	9100	0	0	0
145	.49	Agency Staff	9100	0	0	0
145	.40-.99	Other - Nonlabor	9100	0	0	0
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
						(Sch 2)
146		Subtotal 105 - 145		\$ 4,928,678	\$ (2,118)	\$ 4,926,560
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 105,447	\$ 0	\$ 105,447
155	.20-.39	Fringe Benefits	6600	22,693	0	22,693
155	.49	Agency Staff	6600	0	0	0
155	.40-.99	Other - Nonlabor	6600	142	0	142
155		Social Services - Total	6600	\$ 128,282	\$ 0	\$ 128,282
						(Sch 2)

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LAKE FOREST NURSING CENTER

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

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	\$ 122,176	\$ 0	\$ 122,176	(Sch 2)
160	.20-.39	Fringe Benefits	6700	32,295	(115)	32,180	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	12,702	0	12,702	(Sch 4)
160		Activities - Total	6700	\$ 167,173	\$ (115)	\$ 167,058	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 524,403	\$ 0	\$ 524,403	(Sch 6)
165	.20-.39	Fringe Benefits	6900	122,133	(8,391)	113,742	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	674,482	23,406	697,888	(Sch 6)
165		Administration - Total	6900	\$ 1,321,018	\$ 15,015	\$ 1,336,033	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 118,407	\$ 0	\$ 118,407	(Sch 3)
166	.20-.39	Fringe Benefits	6900	31,594	(115)	31,479	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	32,176	0	32,176	(Sch 4)
166		Medical Records - Total	6900	\$ 182,177	\$ (115)	\$ 182,062	
167		CDPH Licensing Fees	6900	\$ 50,255	\$ 0	\$ 50,255	(Sch 6)
168		Professional Liability Insurance	6900	\$ 262,133	\$ (72,506)	\$ 189,627	(Sch 6)
169		Quality Assurance Fees	6900	\$ 604,543	\$ 0	\$ 604,543	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 72,255	\$ 0	\$ 72,255	(Sch 3)
170	.20-.39	Fringe Benefits	6800	19,855	(539)	19,316	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	0	0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 92,110	\$ (539)	\$ 91,571	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900	0	0	0	(Sch 6)
174	.49	Agency Staff	6900	0	0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 2,807,691	\$ (58,260)	\$ 2,749,431	
200		Total		\$ 13,655,663	\$ (60,717)	\$ 13,594,946	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 404,679	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
LAKE FOREST NURSING CENTER

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ	AUDIT ADJ
005	1	Plant Operations and Maintenance - Salaries and Wages	0							
005	2	Plant Operations and Maintenance - Fringe Benefits	(38)		(38)					
005	3	Plant Operations and Maintenance - Agency Staff	0							
005	4	Plant Operations and Maintenance - Other - Nonlabor	0							
010	1	Housekeeping - Salaries and Wages	0							
010	2	Housekeeping - Fringe Benefits	(192)		(192)					
010	3	Housekeeping - Agency Staff	0							
010	4	Housekeeping - Other - Nonlabor	0							
015	4	Depreciation: Buildings and Improvements	0							
020	4	Depreciation: Leasehold Improvements	0							
025	4	Depreciation: Equipment	0							
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	0							
040	4	Property Taxes	0							
045	4	Property Insurance	0							
050	4	Interest - Property, Plant, and Equipment	0							
055	4	Interest - Other	0							
060	1	Laundry and Linen - Salaries and Wages	0							
060	2	Laundry and Linen - Fringe Benefits	(92)		(92)					
060	3	Laundry and Linen - Agency Staff	0							
060	4	Laundry and Linen - Other - Nonlabor	0							
065	1	Dietary - Salaries and Wages	0							
065	2	Dietary - Fringe Benefits	(292)		(292)					
065	3	Dietary - Agency Staff	0							
065	4	Dietary - Other - Nonlabor	0							
070	4	Provision for Bad Debts	0							
075	1	Patient Supplies - Salaries and Wages	0							
075	2	Patient Supplies - Fringe Benefits	0							
075	3	Patient Supplies - Agency Staff	0							
075	4	Patient Supplies - Other - Nonlabor	0							
077	1	Specialized Support Surfaces - Salaries and Wages	0							
077	2	Specialized Support Surfaces - Fringe Benefits	0							
077	3	Specialized Support Surfaces - Agency Staff	0							
077	4	Specialized Support Surfaces - Other - Nonlabor	0							
080	1	Physical Therapy - Salaries and Wages	0							
080	2	Physical Therapy - Fringe Benefits	(192)		(192)					
080	3	Physical Therapy - Agency Staff	0							
080	4	Physical Therapy - Other - Nonlabor	0							
081	1	Respiratory Therapy - Salaries and Wages	0							
081	2	Respiratory Therapy - Fringe Benefits	0							
081	3	Respiratory Therapy - Agency Staff	0							
081	4	Respiratory Therapy - Other - Nonlabor	0							
082	1	Occupational Therapy - Salaries and Wages	0							
082	2	Occupational Therapy - Fringe Benefits	(284)		(284)					
082	3	Occupational Therapy - Agency Staff	0							
082	4	Occupational Therapy - Other - Nonlabor	0							
083	1	Speech Pathology - Salaries and Wages	0							
083	2	Speech Pathology - Fringe Benefits	751		751					
083	3	Speech Pathology - Agency Staff	0							

Provider Name:
LAKE FOREST NURSING CENTER

Provider NPI:
1891741476

OSHPD Facility Number:
206304007

Fiscal Period:
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ	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	(115)		(115)					
160	3	Activities - Agency Staff	0							
160	4	Activities - Other - Nonlabor	0							
165	1	Administration - Salaries and Wages	0							
165	2	Administration - Fringe Benefits	(8,391)		(4,948)	(3,443)				
165	3	Administration - Agency Staff	0							
165	4	Administration - Other - Nonlabor	23,406	15,833	8,174			(601)		
166	1	Medical Records - Salaries and Wages	0							
166	2	Medical Records - Fringe Benefits	(115)		(115)					
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	(72,506)	(15,833)			(56,673)			
169	4	Quality Assurance Fees	0							
170	1	Inservice Education - Nursing - Salaries and Wages	0							
170	2	Inservice Education - Nursing - Fringe Benefits	(539)		(539)					
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
LAKE FOREST NURSING CENTER							OCTOBER 01, 2010 THROUGH SEPTEMBER 30, 2011	1891741476		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	N/A			8	210	N/A	Total Facility Group Health Insurance To include Group Health Insurance in the audit report for informational purposes only. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Section 2300 and 2304	\$0	\$404,679	\$404,679

Provider Name							Fiscal Period	Provider NPI		Adjustments	
LAKE FOREST NURSING CENTER							OCTOBER 01, 2010 THROUGH SEPTEMBER 30, 2011	1891741476		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>RECLASSIFICATIONS OF REPORTED COSTS</u>											
2	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	\$674,482	\$15,833	\$690,315 *	
	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	262,133	(15,833)	246,300 *	
							To reclassify all other insurance expense from the Professional Liability Insurance cost center to Administration cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2304 and 2162 CCR, Title 22, Sections 52000(b), 52501 and 52507				
3	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	\$24,103	(\$38)	\$24,065	
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	36,835	(192)	36,643	
	10.5	060	2	8A-1	060	2	Laundry and Linen - Fringe Benefits	31,178	(92)	31,086	
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	88,045	(292)	87,753	
	10.5	080	2	8A-1	080	2	Physical Therapy - Fringe Benefits	234,500	(192)	234,308	
	10.5	082	2	8A-1	082	2	Occupational Therapy - Fringe Benefits	152,159	(284)	151,875	
	10.5	083	2	8A-1	083	2	Speech Pathology - Fringe Benefits	27,943	751	28,694	
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	941,577	(2,118)	939,459	
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	32,295	(115)	32,180	
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	122,133	(4,948)	117,185 *	
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	31,594	(115)	31,479	
	10.5	170	2	8A-1	170	2	Inservice Education - Nursing - Fringe Benefits	19,855	(539)	19,316	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 690,315	8,174	698,489 *	
							To reclassify other employee benefits to the appropriate cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304				

Provider Name							Fiscal Period	Provider NPI	Adjustments		
LAKE FOREST NURSING CENTER							OCTOBER 01, 2010 THROUGH SEPTEMBER 30, 2011	1891741476	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>											
4	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits To eliminate marketing expense not related to patient car 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3, 2136 and 2136.2	*	\$117,185	(\$3,443)	\$113,742
5	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance To adjust liability insurance expense to agree with the provider's general ledger. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	*	\$246,300	(\$56,673)	\$189,627
6	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To adjust reported home office costs to agree with the filed Life Care Centers of America Home Office Cost Reports for fiscal periods ended December 31, 2010 and December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	*	\$698,489	(\$601)	\$697,888

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
LAKE FOREST NURSING CENTER							OCTOBER 01, 2010 THROUGH SEPTEMBER 30, 2011		1891741476		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>											
7	10.7	005	1	7	005	N/A	Plant Operations and Maintenance (Square Feet)	893	1,053	1,946	
	10.7	010	1, 2	7	010	N/A	Housekeeping	81	229	310	
	10.7	060	1, 2, 3	7	060	N/A	Laundry and Linen	1,105	(60)	1,045	
	10.7	065	1, 2, 3	7	065	N/A	Dietary	4,862	745	5,607	
	10.7	075	1, 2, 3	7	075	N/A	Patient Supplies	96	3	99	
	10.7	080	1, 2, 3	7	080	N/A	Physical Therapy	656	64	720	
	10.7	082	1, 2, 3	7	082	N/A	Occupational Therapy	572	55	627	
	10.7	083	1, 2, 3	7	083	N/A	Speech Pathology	134	13	147	
	10.7	105	1, 2, 3	7	105	N/A	Skilled Nursing Care	36,144	(1,240)	34,904	
	10.7	140	1, 2, 3	7	140	N/A	Beauty and Barber	156	92	248	
	10.7	145	1, 2, 3	7	145	N/A	Other Nonreimbursable	272	(47)	225	
	10.7	155	1, 2, 3	7	155	N/A	Social Services	162	332	494	
	10.7	160	1, 2, 3	7	160	N/A	Activities	1,371	782	2,153	
	10.7	165	1, 2, 3	7	165	N/A	Administration	2,554	384	2,938	
	10.7	166	1, 2, 3	7	166	N/A	Medical Records	414	36	450	
	10.7	170	1, 2, 3	7	170	N/A	Inservice Education - Nursing	0	617	617	
	10.7	175	1	7	N/A	N/A	Total - Square Feet	49,472	3,058	52,530	
	10.7	175	2	7	N/A	N/A	Total - Square Feet	48,579	2,005	50,584	
	10.7	175	3	7	N/A	N/A	Total - Square Feet	48,498	1,776	50,274	
To adjust square footage statistics to agree with the provider's detail square footage report 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
LAKE FOREST NURSING CENTER							OCTOBER 01, 2010 THROUGH SEPTEMBER 30, 2011		1891741476		9
Report References							Explanation of Audit Adjustments				
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No	As Reported	Increase (Decrease)	As Adjusted		
ADJUSTMENTS TO REPORTED PATIENT DAYS											
8	4.1	5	2	1	15	N/A	Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: October 1, 2010 through September 30, 2011 Payment Period: October 1, 2010 through October 31, 2012 Report Date: December 03, 2012 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	20,918	(20,354)	564	
9	Not Reported			1	16	N/A	Medi-Cal Manged Care Days To include Medi-Cal Managed Care days to agree with the provider's patient census records. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304	0	20,344	20,344	