

**REPORT
ON THE
RATE SETTING AUDIT**

**LONE TREE CONVALESCENT HOSPITAL
ANTIOCH, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1871661967**

**FISCAL PERIOD ENDED
APRIL 30, 2011**

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

**Section Chief: Louise Wong
Audit Supervisor: Marisa Ho
Auditor: Eileen Kuang**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 31, 2013

Hector Sanchez
Office Manager
Lone Tree Convalescent Hospital
4001 Lone Tree Way
Antioch, CA 94509

LONE TREE CONVALESCENT HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1871661967
FISCAL PERIOD ENDED APRIL 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 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 \$1,234, which resulted from Medi-Cal overpayments

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

Hector Sanchez
Page 2

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

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

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
LONE TREE CONVALESCENT HOSPITAL

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Provider NPI:
1871661967

OSHPD Facility No.:
206073641

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	\$ 3,968,825	\$ 118.40
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 1,153,177	\$ 34.40
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 1,094,988	\$ 32.67
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 326,642	\$ 9.74
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 38,928	\$ 1.16
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 24,746	\$ 0.74
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 49,584	\$ 1.48
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 309,605	\$ 9.24
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 595,291	\$ 17.76
11	Cost of Routine Service/Audited Total Costs	\$ 7,664,972	\$ 7,561,785	\$ 226
12	Total Patient Days (Adj)	33,521	33,521	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 228.66	\$ 225.58	
14	Overpayments (Adj 9)	\$ 0	\$ (1,234)	
15	Medi-Cal Days (Adj 7)	23,670	23,547	
16	Medi-Cal Managed Care Days (Adj 8)		1,406	
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:
LONE TREE CONVALESCENT HOSPITAL

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Provider NPI:
1871661967

OSHPD Facility No.:
206073641

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:
LONE TREE CONVALESCENT HOSPITAL

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Provider NPI:
1871661967

OSHPD Facility No.:
206073641

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Svcs	Activities	Total
			155	160	
GENERAL SERVICES					
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 95,357	\$ 95,357		
160	Activities	102,117		\$ 102,117	
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	3,771,351	95,357	102,117	3,968,825 *
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	\$ 3,968,825	\$ 95,357	\$ 102,117	\$ 3,968,825

* (To Schedule 1)

**ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR**

Provider Name:
LONE TREE CONVALESCENT HOSPITAL

Provider NPI:
1871661967

OSHPD Facility Number:
206073641

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
	GENERAL SERVICES												
005	Plant Operations and Maintenance	\$ 163,610	\$ 163,610										
010	Housekeeping	184,006	4,294	\$ 188,300									
060	Laundry and Linen	115,291	5,530	6,536	\$ 127,358								
065	Dietary	468,317	15,606	18,446	0	\$ 502,369							
155	Social Services	N/A	824	974	0	0	\$ 1,799						
160	Activities	N/A	0	0	0	0	0	\$ -					
165	Administration	N/A	5,530	6,536	0	0	0	0		\$ 12,067	\$ 12,067		
166	Medical Records	110,289	1,374	1,624	0	0	0	0		113,287		\$ 113,287	
170	Inservice Education - Nursing	149,728	8,439	9,974	0	0	0	0	\$ 168,141				
	ANCILLARY SERVICES												
075	Patient Supplies		0	0	0	0	0	0	0	0	250	2,349	\$ 2,599
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		8,519	10,069	0	0	0	0	0	18,587	508	4,770	23,866
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		0	0	0	0	0	0	0	0	224	2,102	2,326
083	Speech Pathology		0	0	0	0	0	0	0	0	147	1,380	1,527
085	Pharmacy		0	0	0	0	0	0	0	0	356	3,344	3,700
090	Laboratory		0	0	0	0	0	0	0	0	4	39	43
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	47	444	491
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		111,982	132,354	127,358	502,369	1,799	0	168,141	1,044,002	10,509	98,665	1,153,177 *
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		1,511	1,786	0	0	0	0	0	3,298	21	194	3,512
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,191,241	\$ 163,610	\$ 188,300	\$ 127,358	\$ 502,369	\$ 1,799	\$ -	\$ 168,141	\$ 1,065,887	\$ 12,067	\$ 113,287	\$ 1,191,241

(To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
LONE TREE CONVALESCENT HOSPITAL

Provider NPI:
1871661967

OSHPD Facility Number:
206073641

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 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	\$ 329,451	\$ 329,451										
010	Housekeeping	11,148	8,646	\$ 19,794									
060	Laundry and Linen	30,052	11,136	687	\$ 41,875								
065	Dietary	311,492	31,426	1,939	0	\$ 344,857							
155	Social Services	5,091	1,660	102	0	0	\$ 6,853						
160	Activities	13,334	0	0	0	0	0	\$ 13,334					
165	Administration	N/A	11,136	687	0	0	0	0		\$ 11,823	\$ 11,823		
166	Medical Records	18,000	2,767	171	0	0	0	0		20,937		\$ 20,937	
170	Inservice Education - Nursing	9,785	16,992	1,048	0	0	0	0	\$ 27,826				
ANCILLARY SERVICES													
075	Patient Supplies	153,086	0	0	0	0	0	0	0	153,086	245	434	\$ 153,765
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	253,097	17,154	1,058	0	0	0	0	0	271,309	498	882	272,689
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	136,998	0	0	0	0	0	0	0	136,998	219	389	137,606
083	Speech Pathology	89,906	0	0	0	0	0	0	0	89,906	144	255	90,305
085	Pharmacy	217,933	0	0	0	0	0	0	0	217,933	349	618	218,900
090	Laboratory	2,536	0	0	0	0	0	0	0	2,536	4	7	2,547
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	28,924	0	0	0	0	0	0	0	28,924	46	82	29,052
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	392,307	225,490	13,913	41,875	344,857	6,853	13,334	27,826	1,066,456	10,297	18,235	1,094,988 *
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	2,384	3,043	188	0	0	0	0	0	5,615	20	36	5,671
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 2,005,524	\$ 329,451	\$ 19,794	\$ 41,875	\$ 344,857	\$ 6,853	\$ 13,334	\$ 27,826	\$ 1,972,763	\$ 11,823	\$ 20,937	\$ 2,005,524

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
LONE TREE CONVALESCENT HOSPITAL

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Provider NPI:
1871661967

OSHPD Facility Number:
206073641

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)	\$ 350,682	89%							
	Property Tax (line 40)	41,793	11%	\$ 392,475						
005	Plant Operations and Maintenance			904	\$ 904					
010	Housekeeping			10,276	24	\$ 10,300				
060	Laundry and Linen			13,236	31	358	\$ 13,624			
065	Dietary			37,351	86	1,009	0	\$ 38,446		
155	Social Services			1,973	5	53	0	0	\$ 2,031	
160	Activities			0	0	0	0	0	0	\$ -
165	Administration			13,236	31	358	0	0	0	0
166	Medical Records			3,288	8	89	0	0	0	0
170	Inservice Education - Nursing			20,196	47	546	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			0	0	0	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			20,388	47	551	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	0	0	0	0	0	0
083	Speech Pathology			0	0	0	0	0	0	0
085	Pharmacy			0	0	0	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
ROUTINE SERVICES										
105	Skilled Nursing Care			268,008	619	7,240	13,624	38,446	2,031	0
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			3,617	8	98	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 392,475	100%	\$ 392,475	\$ 904	\$ 10,300	\$ 13,624	\$ 38,446	\$ 2,031	\$ -

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
LONE TREE CONVALESCENT HOSPITAL

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Provider NPI:
1871661967

OSHPD Facility Number:
206073641

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 89% Of Total	Property Tax 11% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 350,682	89%							
	Property Tax (line 40)	41,793	11%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 13,624	\$ 13,624				
166	Medical Records				3,385		\$ 3,385			
170	Inservice Education - Nursing			\$ 20,789						
	ANCILLARY SERVICES									
075	Patient Supplies			0	0	282	70	\$ 353	\$ 315	\$ 38
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	20,986	574	143	21,702	19,391	2,311
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	0	253	63	316	282	34
083	Speech Pathology			0	0	166	41	207	185	22
085	Pharmacy			0	0	402	100	502	449	53
090	Laboratory			0	0	5	1	6	5	1
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	53	13	67	60	7
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			20,789	350,757	11,866	2,948	365,570	326,642	38,928
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	3,723	23	6	3,752	3,353	400
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 392,475	100%	\$ 20,789	\$ 375,466	\$ 13,624	\$ 3,385	\$ 392,475	\$ 350,682	\$ 41,793

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
LONE TREE CONVALESCENT HOSPITAL

Provider NPI:
1871661967

OSHPD Facility Number:
206073641

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 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. 61% of Total	DPH Licensing Fees 3% of Total	Professional Liability Ins. 5% of Total	Quality Assur. Fees 32% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 8,000												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	675,510												
	Total Costs Allocable as Administration	683,510	61%											
167	CDPH Licensing Fees	28,413	3%											
168	Professional Liability Insurance	56,932	5%											
169	Quality Assurance Fees	355,487	32%											
174	Caregiver Training	0	0%											
	Total	1,124,342	100%						\$ 1,124,342					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ -	\$ 153,086	\$ -	\$ 153,086	23,313	\$ 14,173	\$ 589	\$ 1,180	\$ 7,371	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	18,587	271,309	20,986	310,883	47,344	28,781	1,196	2,397	14,969	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	0	136,998	0	136,998	20,863	12,683	527	1,056	6,596	0
083	Speech Pathology			0	0	89,906	0	89,906	13,692	8,323	346	693	4,329	0
085	Pharmacy			0	0	217,933	0	217,933	33,189	20,176	839	1,681	10,493	0
090	Laboratory			0	0	2,536	0	2,536	386	235	10	20	122	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	28,924	0	28,924	4,405	2,678	111	223	1,393	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			3,968,825	1,044,002	1,066,456	350,757	6,430,039	979,225	595,291	24,746	49,584	309,605	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	3,298	5,615	3,723	12,636	1,924	1,170	49	97	608	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 1,124,342		\$ 3,968,825	\$ 1,065,887	\$ 1,972,763	\$ 375,466	\$ 7,382,941	\$ 1,124,342					
	Total Administrative Costs							\$ 1,124,342		\$ 683,510	\$ 28,413	\$ 56,932	\$ 355,487	\$ -
	Unit Cost Multiplier							0.15228917						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 125,354	\$ 32,761	\$ 17,009	\$ 175,124							
	TOTAL FACILITY COSTS							\$ 8,682,407						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
LONE TREE CONVALESCENT HOSPITAL

Provider NPI:
1871661967

OSHPD Facility Number:
206073641

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS	Plant Ops (SQ FT) 5 (Adj 6)	Hskpng (SQ FT) 10 (Adj 6)	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	33									
010	Housekeeping	375	375								
060	Laundry and Linen	483	483	483							
065	Dietary	1,363	1,363	1,363							
155	Social Services	72	72	72							
160	Activities										
165	Administration	483	483	483							
166	Medical Records	120	120	120							
170	Inservice Education - Nursing	737	737	737							
	ANCILLARY SERVICES										
075	Patient Supplies									153,086	153,086
077	Specialized Support Surfaces									0	0
080	Physical Therapy	744	744	744						310,883	310,883
081	Respiratory Therapy									0	0
082	Occupational Therapy									136,998	136,998
083	Speech Pathology									89,906	89,906
085	Pharmacy									217,933	217,933
090	Laboratory									2,536	2,536
095	Home Health Services									0	0
100	Other Ancillary Services									28,924	28,924
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	9,780	9,780	9,780	165,950	99,570	4,163,658	4,163,658	4,163,658	6,430,039	6,430,039
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	132	132	132						12,636	12,636
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	14,322	14,289	13,914	165,950	99,570	4,163,658	4,163,658	4,163,658	7,382,941	7,382,941
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 95,357 0.022902217	\$ 102,117 0.02452579			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 163,610 11.45006649	\$ 188,300 13.53311592	\$ 127,358 0.76744729	\$ 502,369 5.04538594	\$ 1,799 0.00043202	\$ - 0.00000000	\$ 168,141 0.04038291	\$ 12,067 0.00163443	\$ 113,287 0.01534442
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 329,451 23.05626706	\$ 19,794 1.42260314	\$ 41,875 0.25233681	\$ 344,857 3.46345988	\$ 6,853 0.00164602	\$ 13,334 0.00320247	\$ 27,826 0.00668305	\$ 11,823 0.00160143	\$ 20,937 0.00283592
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 392,475 27.40364474	\$ 904 0.06328786	\$ 10,300 0.74026877	\$ 13,624 0.08209749	\$ 38,446 0.38612449	\$ 2,031 0.00048777	\$ - 0.00000000	\$ 20,789 0.00499290	\$ 13,624 0.00184535	\$ 3,385 0.00045847

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LONE TREE CONVALESCENT HOSPITAL

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Provider NPI:
1871661967

OSHPD Facility Number:
206073641

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	\$ 102,824	\$ 0	\$ 102,824	(Sch 3)
005	.20-.39	Fringe Benefits	6200	65,786	(5,000)	60,786	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	329,451	0	329,451	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 498,061	\$ (5,000)	\$ 493,061	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 130,798	\$ 0	\$ 130,798	(Sch 3)
010	.20-.39	Fringe Benefits	6300	58,208	(5,000)	53,208	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	11,148	0	11,148	(Sch 4)
010		Housekeeping - Total	6300	\$ 200,154	\$ (5,000)	\$ 195,154	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	2,760	0	2,760	(Sch 5)
025		Depreciation: Equipment	7140	31,355	0	31,355	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	316,567	0	316,567	(Sch 5)
040		Property Taxes	7300	55,341	(13,548)	41,793	(Sch 5)
045		Property Insurance	7400	8,000	0	8,000	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600		0	0	(Sch 6)
057		Subtotal 005 - 055		\$ 1,112,238	\$ (23,548)	\$ 1,088,690	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 79,739	\$ 0	\$ 79,739	(Sch 3)
060	.20-.39	Fringe Benefits	6400	40,552	(5,000)	35,552	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	30,052	0	30,052	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 150,343	\$ (5,000)	\$ 145,343	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 312,792	\$ 0	\$ 312,792	(Sch 3)
065	.20-.39	Fringe Benefits	6500	160,525	(5,000)	155,525	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	311,492	0	311,492	(Sch 4)
065		Dietary - Total	6500	\$ 784,809	\$ (5,000)	\$ 779,809	
070		Provision for Bad Debts	7700	\$ 0	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	153,086	0	153,086	(Sch 4)
075		Patient Supplies - Total	8100	\$ 153,086	\$ 0	\$ 153,086	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150		0	0	N/A
077	.79	Agency Staff	8150		0	0	N/A
077	.40-.99	Other - Nonlabor	8150		0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LONE TREE CONVALESCENT HOSPITAL

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Provider NPI:
1871661967

OSHPD Facility Number:
206073641

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	253,097	0	253,097	(Sch 4)
080		Physical Therapy - Total	8200	\$ 253,097	\$ 0	\$ 253,097	
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	136,998	0	136,998	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 136,998	\$ 0	\$ 136,998	
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	89,906	0	89,906	(Sch 4)
083		Speech Pathology - Total	8280	\$ 89,906	\$ 0	\$ 89,906	
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	217,933	0	217,933	(Sch 4)
085		Pharmacy - Total	8300	\$ 217,933	\$ 0	\$ 217,933	
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	2,536	0	2,536	(Sch 4)
090		Laboratory - Total	8400	\$ 2,536	\$ 0	\$ 2,536	
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	28,924	0	28,924	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 28,924	\$ 0	\$ 28,924	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LONE TREE CONVALESCENT HOSPITAL

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Provider NPI:
1871661967

OSHPD Facility Number:
206073641

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		\$ 882,480	\$ 0	\$ 882,480	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 2,534,500	0	\$ 2,534,500	(Sch 2)
105	.20-.39	Fringe Benefits	6110	1,103,960	(25,000)	1,078,960	(Sch 2)
105	.49	Agency Staff	6110	157,891	0	157,891	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	392,307	0	392,307	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 4,188,658	\$ (25,000)	\$ 4,163,658	
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:
LONE TREE CONVALESCENT HOSPITAL

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Provider NPI:
1871661967

OSHPD Facility Number:
206073641

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	2,384	0	2,384 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 2,384	\$ 0	\$ 2,384
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		\$ 4,191,042	\$ (25,000)	\$ 4,166,042
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 67,346	\$ 0	\$ 67,346 (Sch 2)
155	.20-.39	Fringe Benefits	6600	33,011	(5,000)	28,011 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	5,091	0	5,091 (Sch 4)
155		Social Services - Total	6600	\$ 105,448	\$ (5,000)	\$ 100,448

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LONE TREE CONVALESCENT HOSPITAL

Fiscal Period:
MAY 1, 2010 THROUGH APRIL 30, 2011

Provider NPI:
1871661967

OSHPD Facility Number:
206073641

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	\$ 68,486	\$ 0	\$ 68,486	(Sch 2)
160	.20-.39	Fringe Benefits	6700	38,631	(5,000)	33,631	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	13,334	0	13,334	(Sch 4)
160		Activities - Total	6700	\$ 120,451	\$ (5,000)	\$ 115,451	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 295,640	\$ 0	\$ 295,640	(Sch 6)
165	.20-.39	Fringe Benefits	6900	76,536	(5,000)	71,536	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	347,850	(39,516)	308,334	(Sch 6)
165		Administration - Total	6900	\$ 720,026	\$ (44,516)	\$ 675,510	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 87,609	\$ 0	\$ 87,609	(Sch 3)
166	.20-.39	Fringe Benefits	6900	22,680	0	22,680	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	18,000	0	18,000	(Sch 4)
166		Medical Records - Total	6900	\$ 128,289	\$ 0	\$ 128,289	
167		CDPH Licensing Fees	6900	\$ 28,413	\$ 0	\$ 28,413	(Sch 6)
168		Professional Liability Insurance	6900	\$ 72,416	\$ (15,484)	\$ 56,932	(Sch 6)
169		Quality Assurance Fees	6900	\$ 355,487	\$ 0	\$ 355,487	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 127,855	\$ 0	\$ 127,855	(Sch 3)
170	.20-.39	Fringe Benefits	6800	21,873	0	21,873	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	9,785	0	9,785	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 159,513	\$ 0	\$ 159,513	
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		\$ 1,690,043	\$ (70,000)	\$ 1,620,043	
200		Total		\$ 8,810,955	\$ (128,548)	\$ 8,682,407	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 539,913	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name							Fiscal Period			Provider NPI		Adjustments
LONE TREE CONVALESCENT HOSPITAL							MAY 1, 2010 THROUGH APRIL 30, 2011			1871661967		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 information purposes only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$539,913	\$539,913

Provider Name							Fiscal Period		Provider NPI		Adjustments
LONE TREE CONVALESCENT HOSPITAL							MAY 1, 2010 THROUGH APRIL 30, 2011		1871661967		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		
<u>RECLASSIFICATION OF REPORTED COSTS</u>											
2	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	\$347,850	\$15,484	\$363,334 *	
	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance 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	72,416	(15,484)	56,932	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
LONE TREE CONVALESCENT HOSPITAL							MAY 1, 2010 THROUGH APRIL 30, 2011	1871661967		9
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Cost Report			Audit Report						
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.				
<u>ADJUSTMENTS TO REPORTED COSTS</u>										
3	10.5	040	4	8A-1	040	4	Property Taxes To adjust the reported property taxes to agree with the property tax statements and to reflect expenses applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1, 2304, and 2306	\$55,341	(\$13,548)	\$41,793
4	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate year end expenses booked in various accounts due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	* \$363,334	(\$55,000)	\$308,334
5	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	\$65,786	(\$5,000)	\$60,786
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	58,208	(5,000)	53,208
	10.5	060	2	8A-1	060	2	Laundry and Linen - Fringe Benefits	40,552	(5,000)	35,552
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	160,525	(5,000)	155,525
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	1,103,960	(25,000)	1,078,960
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	33,011	(5,000)	28,011
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	38,631	(5,000)	33,631
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits To eliminate year end expenses booked in various accounts due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	76,536	(5,000)	71,536

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments	
LONE TREE CONVALESCENT HOSPITAL							MAY 1, 2010 THROUGH APRIL 30, 2011		1871661967		9	
Report References												
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.	Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
<u>ADJUSTMENT TO REPORTED STATISTICS</u>												
6	10.7	005	2, 3	7	005	N/A	Plant Operations and Maintenance	(Square Feet)	33	(33)	0	
	10.7	010	3	7	010	N/A	Housekeeping		375	(375)	0	
	10.7	175	2	7	N/A	N/A	Total Statistics - Square Feet - Plant Operations and Maintenance			14,322	(33)	14,289
	10.7	175	3	7	N/A	N/A	Total Statistics - Square Feet - Housekeeping			14,322	(408)	13,914
To adjust square footage 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
LONE TREE CONVALESCENT HOSPITAL							MAY 1, 2010 THROUGH APRIL 30, 2011			1871661967		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>												
7	4.1	5	2	1	15	N/A	Total Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through April 15, 2013 Report Date: April 16, 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	23,670	(123)	23,547		
8	Not Reported			1	16	N/A	Medi-Cal Managed 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	1,406	1,406		

Provider Name							Fiscal Period			Provider NPI		Adjustments
LONE TREE CONVALESCENT HOSPITAL							MAY 1, 2010 THROUGH APRIL 30, 2011			1871661967		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 OTHER MATTERS</u>												
9	Not Reported			1	14	N/A	Medi-Cal Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1			\$0	\$1,234	\$1,234