

**REPORT
ON THE
RATE SETTING AUDIT**

**MEDICAL HILL REHABILITATION CENTER
OAKLAND, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1083634893**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Michael Harrold
Auditor: Jaskaranjit Bal**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 11, 2013

Donna Dornbrook
Corporate Director of Reimbursement
Kindred Healthcare, Inc.
680 South Fourth Street
Louisville, Kentucky 40202

MEDICAL HILL REHABILITATION CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1083634893
FISCAL PERIOD ENDED DECEMBER 31, 2011

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. We also examined the facility's use of and Records of Noncovered Services deducted from patient share of cost. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

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

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules
2. Audit adjustments that include a summary of the total due the State in the amount of \$14,849 which resulted from Medi-Cal overpayments
3. Allocation of Home Office Cost

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.

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 Medi-Cal Benefits, Waiver Analysis and Rates Division.

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

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

Donna Dornbrook
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If you have questions regarding this report, you may call the Audits Section—Fresno at (559) 446-2458.

Original Signed By

Michael A. Harrold, Chief
Audits Section—Fresno
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
MEDICAL HILL REHABILITATION CENTER

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

Provider NPI:
1083634893

OSHPD Facility No.:
206010972

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	\$ 4,768,822	\$ 117.99
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 1,166,914	\$ 28.87
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 984,729	\$ 24.36
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 1,986,323	\$ 49.15
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 34,873	\$ 0.86
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 26,413	\$ 0.65
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 101,608	\$ 2.51
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 488,214	\$ 12.08
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,670,651	\$ 41.34
11	Cost of Routine Service/Audited Total Costs	\$ 11,234,047.00	\$ 11,228,545	\$ 277.82
12	Total Patient Days (Adj)	40,416	40,416	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 277.96	\$ 277.82	
14	Overpayments (Adj 7 - 9)	\$ 0	\$ (14,849)	
15	Medi-Cal Days (Adj 5, 6)	34,031	32,295	
16	Medi-Cal Managed Care Days (Adj)		0	
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:
MEDICAL HILL REHABILITATION CENTER

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

Provider NPI:
1083634893

OSHPD Facility No.:
206010972

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:
MEDICAL HILL REHABILITATION CENTER

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

Provider NPI:
1083634893

OSHPD Facility No.:
206010972

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	\$ 145,896	\$ 145,896		
160	Activities	192,103		\$ 192,103	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	ANCILLARY SERVICES				
075	Patient Supplies	6,291	0	0	6,291
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	4,430,823	145,896	192,103	4,768,822 *
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	\$ 4,775,113	\$ 145,896	\$ 192,103	\$ 4,775,113

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
MEDICAL HILL REHABILITATION CENTER

Provider NPI:
1083634893

OSHPD Facility Number:
206010972

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 82,367	\$ 82,367										
010	Housekeeping	237,533	1,079	\$ 238,612									
060	Laundry and Linen	155,982	3,167	9,295	\$ 168,444								
065	Dietary	549,401	11,782	34,584	0	\$ 595,766							
155	Social Services	N/A	1,472	4,321	0	0	\$ 5,792						
160	Activities	N/A	3,760	11,037	0	0	0	\$ 14,797					
165	Administration	N/A	6,714	19,707	0	0	0	0	\$ 26,421	\$ 26,421			
166	Medical Records	117,701	803	2,358	0	0	0	0	120,862		\$ 120,862		
170	Inservice Education - Nursing	68,296	2,868	8,420	0	0	0	0	\$ 79,584				
ANCILLARY SERVICES													
075	Patient Supplies		823	2,415	0	0	0	0	0	3,238	202	922	\$ 4,362
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	1	5	6
080	Physical Therapy		2,495	7,323	0	0	0	0	0	9,817	765	3,500	14,083
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		1,970	5,783	0	0	0	0	0	7,753	612	2,800	11,165
083	Speech Pathology		856	2,511	0	0	0	0	0	3,367	584	2,669	6,620
085	Pharmacy		0	0	0	0	0	0	0	0	402	1,838	2,240
090	Laboratory		0	0	0	0	0	0	0	0	110	504	614
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	195	892	1,087
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		43,659	128,154	168,444	595,766	5,792	14,797	79,584	1,036,196	23,449	107,268	1,166,914 *
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		780	2,290	0	0	0	0	0	3,070	87	397	3,554
145	Other Nonreimbursable		141	414	0	0	0	0	0	555	15	67	636
	TOTAL	\$ 1,211,280	\$ 82,367	\$ 238,612	\$ 168,444	\$ 595,766	\$ 5,792	\$ 14,797	\$ 79,584	\$ 1,063,998	\$ 26,421	\$ 120,862	\$ 1,211,280

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
MEDICAL HILL REHABILITATION CENTER

Provider NPI:
1083634893

OSHPD Facility Number:
206010972

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 503,058	\$ 503,058										
010	Housekeeping	16,126	6,587	\$ 22,713									
060	Laundry and Linen	36,890	19,341	885	\$ 57,116								
065	Dietary	315,106	71,957	3,292	0	\$ 390,355							
155	Social Services	0	8,990	411	0	0	\$ 9,401						
160	Activities	3,554	22,965	1,051	0	0	0	\$ 27,569					
165	Administration	N/A	41,004	1,876	0	0	0	0		\$ 42,880	\$ 42,880		
166	Medical Records	6,025	4,905	224	0	0	0	0		11,155		\$ 11,155	
170	Inservice Education - Nursing	2,697	17,519	801	0	0	0	0	\$ 21,017				
ANCILLARY SERVICES													
075	Patient Supplies	36,284	5,025	230	0	0	0	0	0	41,539	327	85	\$ 41,951
077	Specialized Support Surfaces	390	0	0	0	0	0	0	0	390	2	0	392
080	Physical Therapy	185,482	15,236	697	0	0	0	0	0	201,415	1,242	323	202,980
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	149,297	12,033	550	0	0	0	0	0	161,880	993	258	163,132
083	Speech Pathology	181,093	5,226	239	0	0	0	0	0	186,558	947	246	187,751
085	Pharmacy	147,034	0	0	0	0	0	0	0	147,034	652	170	147,856
090	Laboratory	40,271	0	0	0	0	0	0	0	40,271	179	46	40,496
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	71,351	0	0	0	0	0	0	0	71,351	317	82	71,750
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	152,470	266,645	12,199	57,116	390,355	9,401	27,569	21,017	936,772	38,057	9,900	984,729 *
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	2,175	4,765	218	0	0	0	0	0	7,158	141	37	7,335
145	Other Nonreimbursable	0	861	39	0	0	0	0	0	900	24	6	930
	TOTAL	\$ 1,849,303	\$ 503,058	\$ 22,713	\$ 57,116	\$ 390,355	\$ 9,401	\$ 27,569	\$ 21,017	\$ 1,795,269	\$ 42,880	\$ 11,155	\$ 1,849,303

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
MEDICAL HILL REHABILITATION CENTER

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

Provider NPI:
1083634893

OSHPD Facility Number:
206010972

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)	\$ 2,200,438	98%							
	Property Tax (line 40)	38,632	2%	\$ 2,239,070						
005	Plant Operations and Maintenance			57,902	\$ 57,902					
010	Housekeeping			28,560	758	\$ 29,318				
060	Laundry and Linen			83,858	2,226	1,142	\$ 87,226			
065	Dietary			311,992	8,282	4,249	0	\$ 324,524		
155	Social Services			38,977	1,035	531	0	0	\$ 40,543	
160	Activities			99,570	2,643	1,356	0	0	0	\$ 103,570
165	Administration			177,785	4,720	2,421	0	0	0	0
166	Medical Records			21,268	565	290	0	0	0	0
170	Inservice Education - Nursing			75,958	2,016	1,035	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			21,789	578	297	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			66,062	1,754	900	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			52,172	1,385	711	0	0	0	0
083	Speech Pathology			22,657	601	309	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			1,156,125	30,691	15,746	87,226	324,524	40,543	103,570
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			20,661	548	281	0	0	0	0
145	Other Nonreimbursable			3,733	99	51	0	0	0	0
	TOTAL	\$ 2,239,070	100%	\$ 2,239,070	\$ 57,902	\$ 29,318	\$ 87,226	\$ 324,524	\$ 40,543	\$ 103,570

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
MEDICAL HILL REHABILITATION CENTER

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

Provider NPI:
1083634893

OSHPD Facility Number:
206010972

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 98% Of Total	Property Tax 2% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 2,200,438	98%							
	Property Tax (line 40)	38,632	2%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 184,926	\$ 184,926				
166	Medical Records				22,123		\$ 22,123			
170	Inservice Education - Nursing			\$ 79,009						
	ANCILLARY SERVICES									
075	Patient Supplies			0	22,664	1,411	169	\$ 24,244	\$ 23,825	\$ 418
077	Specialized Support Surfaces			0	0	7	1	8	8	0
080	Physical Therapy			0	68,715	5,356	641	74,712	73,423	1,289
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	54,268	4,283	512	59,064	58,045	1,019
083	Speech Pathology			0	23,567	4,084	489	28,140	27,655	486
085	Pharmacy			0	0	2,813	337	3,149	3,095	54
090	Laboratory			0	0	770	92	863	848	15
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	1,365	163	1,528	1,502	26
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			79,009	1,837,433	164,128	19,634	2,021,195	1,986,323	34,873
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	21,490	607	73	22,170	21,787	383
145	Other Nonreimbursable			0	3,883	102	12	3,997	3,928	69
	TOTAL	\$ 2,239,070	100%	\$ 79,009	\$ 2,032,021	\$ 184,926	\$ 22,123	\$ 2,239,070	\$ 2,200,438	\$ 38,632

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
MEDICAL HILL REHABILITATION CENTER

Provider NPI:
1083634893

OSHPD Facility Number:
206010972

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Accum Costs (From Sch 2)	Accum Costs (From Sch 3)	Accum Costs (From Sch 4)	Accum Costs (From Sch 5)	Total Accum Costs	Allocated Admin. Costs	Admin. 73% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 4% of Total	Quality Assur. Fees 21% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 14,616												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,867,743												
	Total Costs Allocable as Administration	1,882,359	73%											
167	CDPH Licensing Fees	29,760	1%											
168	Professional Liability Insurance	114,484	4%											
169	Quality Assurance Fees	550,081	21%											
174	Caregiver Training	0	0%											
	Total	2,576,684	100%						\$ 2,576,684					
ANCILLARY SERVICES														
075	Patient Supplies			\$ 6,291	\$ 3,238	\$ 41,539	\$ 22,664	\$ 73,733	19,654	\$ 14,358	\$ 227	\$ 873	\$ 4,196	\$ -
077	Specialized Support Surfaces			0	0	390	0	390	104	76	1	5	22	0
080	Physical Therapy			0	9,817	201,415	68,715	279,948	74,623	54,515	862	3,316	15,931	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	7,753	161,880	54,268	223,902	59,683	43,601	689	2,652	12,741	0
083	Speech Pathology			0	3,367	186,558	23,567	213,492	56,909	41,574	657	2,528	12,149	0
085	Pharmacy			0	0	147,034	0	147,034	39,194	28,632	453	1,741	8,367	0
090	Laboratory			0	0	40,271	0	40,271	10,735	7,842	124	477	2,292	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	71,351	0	71,351	19,019	13,894	220	845	4,060	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			4,768,822	1,036,196	936,772	1,837,433	8,579,223	2,286,885	1,670,651	26,413	101,608	488,214	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	3,070	7,158	21,490	31,719	8,455	6,177	98	376	1,805	0
145	Other Nonreimbursable			0	555	900	3,883	5,338	1,423	1,039	16	63	304	0
	SUBTOTAL	\$ 2,576,684		\$ 4,775,113	\$ 1,063,998	\$ 1,795,269	\$ 2,032,021	\$ 9,666,400	\$ 2,576,684					
	Total Administrative Costs							\$ 2,576,684		\$ 1,882,359	\$ 29,760	\$ 114,484	\$ 550,081	\$ -
	Unit Cost Multiplier							0.26656086						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 147,282	\$ 54,034	\$ 207,049	\$ 408,366							
	TOTAL FACILITY COSTS							\$ 12,651,450						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
MEDICAL HILL REHABILITATION CENTER

Provider NPI:
1083634893

OSHPD Facility Number:
206010972

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 5)	Plant Ops (SQ FT) 5 (Adj 1,5)	Hskpng (SQ FT) 10 (Adj 1,5)	Laundry (LBS) 60 (Adj)	Dietary (MEALS) 65 (Adj)	Soc Srvs (DIRECT EXP) 155 (Adj)	Activities (DIRECT EXP) 160 (Adj)	Inserv. Ed (DIRECT EXP) 170 (Adj)	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	667									
010	Housekeeping	329	329								
060	Laundry and Linen	966	966	966							
065	Dietary	3,594	3,594	3,594							
155	Social Services	449	449	449							
160	Activities	1,147	1,147	1,147							
165	Administration	2,048	2,048	2,048							
166	Medical Records	245	245	245							
170	Inservice Education - Nursing	875	875	875							
	ANCILLARY SERVICES										
075	Patient Supplies	251	251	251						73,733	73,733
077	Specialized Support Surfaces									390	390
080	Physical Therapy	761	761	761						279,948	279,948
081	Respiratory Therapy									0	0
082	Occupational Therapy	601	601	601						223,902	223,902
083	Speech Pathology	261	261	261						213,492	213,492
085	Pharmacy									147,034	147,034
090	Laboratory									40,271	40,271
095	Home Health Services									0	0
100	Other Ancillary Services									71,351	71,351
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	13,318	13,318	13,318	79,922	119,883	4,583,293	4,583,293	4,583,293	8,579,223	8,579,223
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	238	238	238						31,719	31,719
145	Other Nonreimbursable	43	43	43						5,338	5,338
	TOTAL STATISTICS	25,793	25,126	24,797	79,922	119,883	4,583,293	4,583,293	4,583,293	9,666,400	9,666,400
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 145,896 0.031832135	\$ 192,103 0.041913751			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 82,367 3.27815808	\$ 238,612 9.62259604	\$ 168,444 2.10760652	\$ 595,766 4.96956458	\$ 5,792 0.00126382	\$ 14,797 0.00322850	\$ 79,584 0.01736397	\$ 26,421 0.00273326	\$ 120,862 0.01250328
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 503,058 20.02141208	\$ 22,713 0.91595937	\$ 57,116 0.71464054	\$ 390,355 3.25613234	\$ 9,401 0.00205112	\$ 27,569 0.00601514	\$ 21,017 0.00458561	\$ 42,880 0.00443596	\$ 11,155 0.00115396
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 2,239,070 86.80921180	\$ 57,902 2.30445532	\$ 29,318 1.18233643	\$ 87,226 1.09138835	\$ 324,524 2.70700464	\$ 40,543 0.00884580	\$ 103,570 0.02259718	\$ 79,009 0.01723848	\$ 184,926 0.01913083	\$ 22,123 0.00228860

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
MEDICAL HILL REHABILITATION CENTER

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

Provider NPI:
1083634893

OSHPD Facility Number:
206010972

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	\$ 62,563	\$ 0	\$ 62,563	(Sch 3)
005	.20-.39	Fringe Benefits	6200	19,804	0	19,804	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	503,058	0	503,058	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 585,425	\$ 0	\$ 585,425	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$	\$ 0	\$ 0	(Sch 3)
010	.20-.39	Fringe Benefits	6300		0	0	(Sch 3)
010	.79	Agency Staff	6300	237,533	0	237,533	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	16,126	0	16,126	(Sch 4)
010		Housekeeping - Total	6300	\$ 253,659	\$ 0	\$ 253,659	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 773	\$ 0	\$ 773	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	21,783	0	21,783	(Sch 5)
025		Depreciation: Equipment	7140	36,132	0	36,132	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	33,228	0	33,228	(Sch 5)
035		Leases and Rentals	7200	2,108,522	0	2,108,522	(Sch 5)
040		Property Taxes	7300	38,632	0	38,632	(Sch 5)
045		Property Insurance	7400	14,616	0	14,616	(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		\$ 3,092,770	\$ 0	\$ 3,092,770	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$	\$ 0	\$ 0	(Sch 3)
060	.20-.39	Fringe Benefits	6400		0	0	(Sch 3)
060	.79	Agency Staff	6400	155,982	0	155,982	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	36,890	0	36,890	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 192,872	\$ 0	\$ 192,872	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 407,384	\$ 0	\$ 407,384	(Sch 3)
065	.20-.39	Fringe Benefits	6500	142,017	0	142,017	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	315,106	0	315,106	(Sch 4)
065		Dietary - Total	6500	\$ 864,507	\$ 0	\$ 864,507	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 4,740	\$ 0	\$ 4,740	(Sch 2)
075	.20-.39	Fringe Benefits	8100	1,551	0	1,551	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	36,284	0	36,284	(Sch 4)
075		Patient Supplies - Total	8100	\$ 42,575	\$ 0	\$ 42,575	
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	390	0	390	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 390	\$ 0	\$ 390	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
MEDICAL HILL REHABILITATION CENTER

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

Provider NPI:
1083634893

OSHPD Facility Number:
206010972

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	185,482	0	185,482	(Sch 4)
080		Physical Therapy - Total	8200	\$ 185,482	\$ 0	\$ 185,482	
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	149,297	0	149,297	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 149,297	\$ 0	\$ 149,297	
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	181,093	0	181,093	(Sch 4)
083		Speech Pathology - Total	8280	\$ 181,093	\$ 0	\$ 181,093	
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	147,034	0	147,034	(Sch 4)
085		Pharmacy - Total	8300	\$ 147,034	\$ 0	\$ 147,034	
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	40,271	0	40,271	(Sch 4)
090		Laboratory - Total	8400	\$ 40,271	\$ 0	\$ 40,271	
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	71,351	0	71,351	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 71,351	\$ 0	\$ 71,351	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
MEDICAL HILL REHABILITATION CENTER

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

Provider NPI:
1083634893

OSHPD Facility Number:
206010972

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		\$ 817,493	\$ 0	\$ 817,493	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 3,415,004	\$ (35,269)	\$ 3,379,735	(Sch 2)
105	.20-.39	Fringe Benefits	6110	1,060,932	(9,844)	1,051,088	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	152,470	0	152,470	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 4,628,406	\$ (45,113)	\$ 4,583,293	
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:
MEDICAL HILL REHABILITATION CENTER

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

Provider NPI:
1083634893

OSHPD Facility Number:
206010972

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	2,175	0	2,175 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 2,175	\$ 0	\$ 2,175
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		\$ 4,630,581	\$ (45,113)	\$ 4,585,468
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 99,475	\$ 0	\$ 99,475 (Sch 2)
155	.20-.39	Fringe Benefits	6600	46,421	0	46,421 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600		0	0 (Sch 4)
155		Social Services - Total	6600	\$ 145,896	\$ 0	\$ 145,896

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
MEDICAL HILL REHABILITATION CENTER

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

Provider NPI:
1083634893

OSHPD Facility Number:
206010972

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	\$ 134,867	\$ 0	\$ 134,867	(Sch 2)
160	.20-.39	Fringe Benefits	6700	57,236	0	57,236	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	3,554	0	3,554	(Sch 4)
160		Activities - Total	6700	\$ 195,657	\$ 0	\$ 195,657	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 457,473	\$ 35,269	\$ 492,742	(Sch 6)
165	.20-.39	Fringe Benefits	6900	78,646	9,844	88,490	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	1,286,511	0	1,286,511	(Sch 6)
165		Administration - Total	6900	\$ 1,822,630	\$ 45,113	\$ 1,867,743	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 85,808	\$ 0	\$ 85,808	(Sch 3)
166	.20-.39	Fringe Benefits	6900	31,893	0	31,893	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	6,025	0	6,025	(Sch 4)
166		Medical Records - Total	6900	\$ 123,726	\$ 0	\$ 123,726	
167		CDPH Licensing Fees	6900	\$ 29,760	\$ 0	\$ 29,760	(Sch 6)
168		Professional Liability Insurance	6900	\$ 114,484	\$ 0	\$ 114,484	(Sch 6)
169		Quality Assurance Fees	6900	\$ 550,081	\$ 0	\$ 550,081	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 53,881	\$ 0	\$ 53,881	(Sch 3)
170	.20-.39	Fringe Benefits	6800	14,415	0	14,415	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	2,697	0	2,697	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 70,993	\$ 0	\$ 70,993	
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		\$ 3,053,227	\$ 45,113	\$ 3,098,340	
200		Total		\$ 12,651,450	\$ 0	\$ 12,651,450	

210	0.24	Total Facility Group Health Insurance * (Adj 2)	6900			\$ 325,046	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name							Fiscal Period	Provider NPI	Adjustments	
MEDICAL HILL REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1083634893	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				
MEMORANDUM ADJUSTMENTS										
1	10.7	5	2,3	7	5	N/A	Plant Operations and Maintenance (Square Feet)	667	(667)	0
	10.7	10	3	7	10	N/A	Housekeeping	329	(329)	0
	10.7	175	2	7	N/A	N/A	Total Statistics - Square Fee	25,793	(667)	25,126
	10.7	175	3	7	N/A	N/A	Total Statistics - Square Fee	25,793	(996)	24,797
							To correct reported statistics on schedule 10.7 columns 2 through 3 for proper cost reporting. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2300 and 2304			
2	N/A			8A-1	210	4	Total Facility Group Health Insurance	\$0	\$325,046	\$325,046
							To report total facility group health insurance expense for informational purposes only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			

Provider Name							Fiscal Period	Provider NPI		Adjustments
MEDICAL HILL REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1083634893		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>RECLASSIFICATION OF REPORTED COSTS</u>										
3	10.5	165	1	8A-1	165	1	Administration - Salaries and Wage	\$457,473	\$35,269	\$492,742
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	78,646	9,844	88,490
	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	3,415,004	(35,269)	3,379,735
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	1,060,932	(9,844)	1,051,088
							To reclassify case manager salaries and benefits related to the administrative portion for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 52000			

Provider Name							Fiscal Period		Provider NPI		Adjustments
MEDICAL HILL REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1083634893		9
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>ADJUSTMENT TO REPORTED STATISTICS</u>											
4	10.7	105	1,2,3	7	105	N/A	Skilled Nursing Care (Square Feet)	13,369	(51)	13,318	
	10.7	145	1,2,3	7	145	N/A	Other Nonreimbursable	0	43	43	
	10.7	165	1,2,3	7	165	N/A	Administration	2,285	(237)	2,048	
	10.7	166	1,2,3	7	166	N/A	Medical Records	0	245	245	
To reclassify square footage statistics to agree with the prior year audited in order to properly allocate indirect costs. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306											

Provider Name							Fiscal Period	Provider NPI	Adjustments	
MEDICAL HILL REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1083634893	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				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA										
	4.1	5	2	1	15	N/A	Medi-Cal Days	34,031		
5							To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: 01/01/2011 through 12/31/2011 Payment Period: 01/01/2011 through 09/30/2012 Report Date: 10/16/2012 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		(1,676)	
6							To adjust Medi-Cal days for over billed days. 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		(60) (1,736)	32,295

Provider Name							Fiscal Period			Provider NPI		Adjustments
MEDICAL HILL REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1083634893		9
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No						
<u>ADJUSTMENTS TO OTHER MATTERS</u>												
	N/A			1	14	N/A	Medi-Cal Overpayments		\$0			
7							To recover Medi-Cal overpayments for patients that had Medicare coverage. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W & I Code, Section 14170(B) CCR, Title 22, Sections 51005, 51458.1 and 51476			\$11,829		
8							To recover Medi-Cal overpayments due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W & I Code, Section 14170(B) CCR, Title 22, Sections 51458.1 and 51476			209		
9							To recover outstanding Medi-Cal credit balances. CCR, Title 22, Sections 50761 and 51458.1			<u>2,811</u> \$14,849	\$14,849	