REPORT
ON THE
RATE SETTING AUDIT

KINDRED TRANSITIONAL CARE & REHABILITATION –
WALNUT CREEK
WALNUT CREEK, CALIFORNIA
NPI NUMBER: 1699795484

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: Jeanene Lopez

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

April 04, 2013

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

KINDRED TRANSITIONAL CARE & REHAB – WALNUT CREEK
NATIONAL PROVIDER IDENTIFIER (NPI) 1699795484
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, 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 that include a summary of the total due the State in the amount of $91,586, 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 Fee-For-Service Rate Development Division.

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

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

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

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

United States Postal Service (USPS)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

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

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

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

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility No.:
206073366

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	$ 5,674,663	$ 130.18
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ N/A	$ 1,176,713	$ 27.00
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	$ N/A	$ 1,126,456	$ 25.84
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ N/A	$ 1,040,387	$ 23.87
5	Property Taxes (Sch. 5, Ln. 105)	$ N/A	$ 98,504	$ 2.26
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	$ N/A	$ 22,294	$ 0.51
7	Professional Liability Insurance (Sch. 6, Ln. 105)	$ N/A	$ 164,553	$ 3.78
8	Caregiver Training (Sch. 6, Ln. 105)	$ N/A	$ 0	$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ N/A	$ 383,283	$ 8.79
10	Cost of Administration (Sch. 6, Ln. 105)	$ N/A	$ 1,313,715	$ 30.14
11	Cost of Routine Service/Audited Total Costs	$ 11,436,999.00	$ 11,000,568	$ 252.36
12	Total Patient Days (Adj 15)	43,570	43,590	
13	Cost Per Patient Day (Cost Divided by Days)	$ 262.50	$ 252.36	
14	Overpayments (Adj 21-23)	$ 0	$ (33,650)	
15	Medi-Cal Days (Adj 18)	26,103	24,639	
16	Medi-Cal Managed Care Days (Adj 15)		141	
	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	$ 3,686,255	$ 339.00 *
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	$ N/A	$ 267,407	$ 24.59 *
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	$ N/A	$ 789,477	$ 72.60 *
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	$ N/A	$ 263,867	$ 24.27 *
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	$ N/A	$ 24,983	$ 2.30 *
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	$ N/A	$ 12,305	$ 1.13 *
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	$ N/A	$ 90,825	$ 8.35 *
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	$ N/A	$ 211,554	$ 19.46 *
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	$ 725,107	$ 66.68 *
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	$ 4,276,655	$ 6,071,780	$ 558.38 *
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	10,874	10,874	
41	Cost Per Patient Day (Cost Divided by Days)	$ 393.29	$ 558.38	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	$ 0	$ (57,936)	

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility No.:
206073366

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	

* (From Subacute Care Schedule 1)

ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility No.:
206073366

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs 155	Activities 160	Total	
	GENERAL SERVICES					
005	Plant Operations and Maintenance					
010	Housekeeping					
060	Laundry and Linen					
065	Dietary					
155	Social Services	$ 245,901	$ 245,901			
160	Activities	124,404		$ 124,404		
165	Administration					
166	Medical Records					
170	Inservice Education - Nursing					
	ANCILLARY SERVICES					
075	Patient Supplies	36,571	0	0	36,571	***
077	Specialized Support Surfaces	N/A	0	0	0	***
080	Physical Therapy	0	0	0	0	***
081	Respiratory Therapy	613,390	0	0	613,390	***
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	5,431,728	161,321	81,614	5,674,663	*
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	2,933,913	84,580	42,790	3,061,283	**
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	$ 9,385,907	$ 245,901	$ 124,404	$ 9,385,907	

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

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name: KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK
Provider NPI: 1699795484
OSHPD Facility Number: 206073366
Fiscal Period: JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Srvs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	
	GENERAL SERVICES													
005	Plant Operations and Maintenance	$ 121,138	$ 121,138											
010	Housekeeping	265,539	619	$ 266,158										
060	Laundry and Linen	171,898	4,294	9,484	$ 185,676									
065	Dietary	626,338	12,974	28,652	0	$ 667,964								
155	Social Services	N/A	644	1,423	0	0	$ 2,068							
160	Activities	N/A	5,431	11,994	0	0	0	$ 17,426						
165	Administration	N/A	6,270	13,847	0	0	0	0		$ 20,117	$ 20,117			
166	Medical Records	168,929	1,522	3,362	0	0	0	0		173,813		$ 173,813		
170	Inservice Education - Nursing	155,114	1,053	2,324	0	0	0	0	$ 158,491					
	ANCILLARY SERVICES													
075	Patient Supplies		1,415	3,126	0	0	0	0	0	4,541	424	3,661	$ 8,626	***
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	8	72	81	***
080	Physical Therapy		2,895	6,394	0	0	0	0	0	9,289	1,002	8,661	18,953	***
081	Respiratory Therapy		207	458	0	0	0	0	0	665	769	6,643	8,077	***
082	Occupational Therapy		1,827	4,034	0	0	0	0	0	5,860	885	7,644	14,389	***
083	Speech Pathology		149	329	0	0	0	0	0	478	398	3,443	4,319	***
085	Pharmacy		771	1,702	0	0	0	0	0	2,473	1,110	9,591	13,174	***
090	Laboratory		0	0	0	0	0	0	0	0	271	2,342	2,613	***
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	0	***
100	Other Ancillary Services		402	887	0	0	0	0	0	1,288	483	4,173	5,944	***
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		64,504	142,452	149,067	603,841	1,357	11,432	103,977	1,076,630	10,382	89,701	1,176,713	*
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		14,308	31,599	36,609	64,123	711	5,994	54,514	207,858	4,331	37,420	249,609	**
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		1,078	2,382	0	0	0	0	0	3,460	35	299	3,794	
145	Other Nonreimbursable		774	1,709	0	0	0	0	0	2,483	19	162	2,664	
	TOTAL	$ 1,508,956	$ 121,138	$ 266,158	$ 185,676	$ 667,964	$ 2,068	$ 17,426	$ 158,491	$ 1,315,026	$ 20,117	$ 173,813	$ 1,508,956	

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

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name: KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK
Provider NPI: 1699795484
OSHPD Facility Number: 206073366
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 Srvs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	
	GENERAL SERVICES													
005	Plant Operations and Maintenance	$ 531,961	$ 531,961											
010	Housekeeping	40,039	2,716	$ 42,755										
060	Laundry and Linen	60,640	18,858	1,523	$ 81,022									
065	Dietary	370,410	56,973	4,603	0	$ 431,986								
155	Social Services	64	2,830	229	0	0	$ 3,123							
160	Activities	16,477	23,850	1,927	0	0	0	$ 42,254						
165	Administration	N/A	27,534	2,224	0	0	0	0		$ 29,758	$ 29,758			
166	Medical Records	13,363	6,684	540	0	0	0	0		20,587		$ 20,587		
170	Inservice Education - Nursing	1,136	4,622	373	0	0	0	0	$ 6,132					
	ANCILLARY SERVICES													
075	Patient Supplies	298,784	6,215	502	0	0	0	0	0	305,501	627	434	$ 306,562	***
077	Specialized Support Surfaces	7,195	0	0	0	0	0	0	0	7,195	12	9	7,216	***
080	Physical Therapy	802,781	12,714	1,027	0	0	0	0	0	816,523	1,483	1,026	819,031	***
081	Respiratory Therapy	44,252	910	74	0	0	0	0	0	45,236	1,137	787	47,160	***
082	Occupational Therapy	723,663	8,021	648	0	0	0	0	0	732,332	1,309	905	734,546	***
083	Speech Pathology	339,962	654	53	0	0	0	0	0	340,669	589	408	341,666	***
085	Pharmacy	939,709	3,385	273	0	0	0	0	0	943,367	1,642	1,136	946,145	***
090	Laboratory	233,418	0	0	0	0	0	0	0	233,418	401	277	234,096	***
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0	***
100	Other Ancillary Services	407,458	1,764	142	0	0	0	0	0	409,364	714	494	410,573	***
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	304,974	283,260	22,883	65,047	390,517	2,049	27,720	4,023	1,100,473	15,358	10,625	1,126,456	*
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	73,810	62,833	5,076	15,975	41,469	1,074	14,534	2,109	216,880	6,407	4,432	227,719	**
126	Subacute Care - Pediatric	0	0	0	0	0	0	0	0	0	0	0	0	*
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0	*
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0	*
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0	*
	NONREIMBURSABLE													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0	
140	Beauty and Barber	7,313	4,736	383	0	0	0	0	0	12,432	51	35	12,518	
145	Other Nonreimbursable	0	3,399	275	0	0	0	0	0	3,674	28	19	3,721	
	TOTAL	$ 5,217,409	$ 531,961	$ 42,755	$ 81,022	$ 431,986	$ 3,123	$ 42,254	$ 6,132	$ 5,167,063	$ 29,758	$ 20,587	$ 5,217,409	

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

ALLOCATION OF CAPITAL COSTS

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility Number:
206073366

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital Various	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Srvs 155	Activities 160
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	$ 1,418,757	91%							
	Property Tax (line 40)	134,328	9%	$ 1,553,085						
005	Plant Operations and Maintenance			9,984	$ 9,984					
010	Housekeeping			7,880	51	$ 7,931				
060	Laundry and Linen			54,704	354	283	$ 55,341			
065	Dietary			165,267	1,069	854	0	$ 167,190		
155	Social Services			8,210	53	42	0	0	$ 8,305	
160	Activities			69,185	448	357	0	0	0	$ 69,990
165	Administration			79,870	517	413	0	0	0	0
166	Medical Records			19,390	125	100	0	0	0	0
170	Inservice Education - Nursing			13,408	87	69	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			18,028	117	93	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			36,882	239	191	0	0	0	0
081	Respiratory Therapy			2,640	17	14	0	0	0	0
082	Occupational Therapy			23,268	151	120	0	0	0	0
083	Speech Pathology			1,898	12	10	0	0	0	0
085	Pharmacy			9,819	64	51	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			5,116	33	26	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			821,675	5,316	4,245	44,429	151,141	5,449	45,916
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			182,265	1,179	942	10,911	16,050	2,857	24,074
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			13,738	89	71	0	0	0	0
145	Other Nonreimbursable			9,860	64	51	0	0	0	0
	TOTAL	$ 1,553,085	100%	$ 1,553,085	$ 9,984	$ 7,931	$ 55,341	$ 167,190	$ 8,305	$ 69,990

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

ALLOCATION OF CAPITAL COSTS

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility Number:
206073366

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 91% Of Total	Property Tax 9% Of Total	
	GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	$ 1,418,757	91%								
	Property Tax (line 40)	134,328	9%								
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen										
065	Dietary										
155	Social Services										
160	Activities										
165	Administration				$ 80,799	$ 80,799					
166	Medical Records				19,615		$ 19,615				
170	Inservice Education - Nursing			$ 13,564							
	ANCILLARY SERVICES										
075	Patient Supplies			0	18,238	1,702	413	$ 20,353	$ 18,593	$ 1,760	***
077	Specialized Support Surfaces			0	0	34	8	42	38	4	***
080	Physical Therapy			0	37,311	4,026	977	42,315	38,655	3,660	***
081	Respiratory Therapy			0	2,671	3,088	750	6,509	5,946	563	***
082	Occupational Therapy			0	23,539	3,553	863	27,955	25,537	2,418	***
083	Speech Pathology			0	1,920	1,600	389	3,909	3,571	338	***
085	Pharmacy			0	9,933	4,459	1,082	15,474	14,136	1,338	***
090	Laboratory			0	0	1,089	264	1,353	1,236	117	***
095	Home Health Services			0	0	0	0	0	0	0	***
100	Other Ancillary Services			0	5,175	1,940	471	7,586	6,930	656	***
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			8,898	1,087,069	41,699	10,123	1,138,891	1,040,387	98,504	*
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			4,665	242,942	17,395	4,223	264,560	241,678	22,882	**
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	13,898	139	34	14,070	12,853	1,217	
145	Other Nonreimbursable			0	9,975	75	18	10,068	9,197	871	
	TOTAL	$ 1,553,085	100%	$ 13,564	$ 1,452,671	$ 80,799	$ 19,615	$ 1,553,085	$ 1,418,757	$ 134,328	

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

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name: KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK
Provider NPI: 1699795484
OSHPD Facility Number: 206073366
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. 70% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 9% of Total	Quality Assur. Fees 20% of Total	Caregiver Training 0% of Total	
	GENERAL SERVICES														
045	Property Insurance	$ 20,161													
055	Interest - Other	0													
165	Administration (Salaries & Wages, Fringe Benefits,														
	Agency Staff and Other - Nonlabor)	2,525,407													
	Total Costs Allocable as Administration	2,545,568	70%												
167	CDPH Licensing Fees	43,199	1%												
168	Professional Liability Insurance	318,853	9%												
169	Quality Assurance Fees	742,683	20%												
174	Caregiver Training	0	0%												
	Total	3,650,303	100%						$ 3,650,303						
	ANCILLARY SERVICES														
075	Patient Supplies			$ 36,571	$ 4,541	$ 305,501	$ 18,238	$ 364,851	76,892	$ 53,621	$ 910	$ 6,716	$ 15,644	$ -	***
077	Specialized Support Surfaces			0	0	7,195	0	7,195	1,516	1,057	18	132	309	0	***
080	Physical Therapy			0	9,289	816,523	37,311	863,123	181,902	126,851	2,153	15,889	37,009	0	***
081	Respiratory Therapy			613,390	665	45,236	2,671	661,962	139,507	97,287	1,651	12,186	28,384	0	***
082	Occupational Therapy			0	5,860	732,332	23,539	761,731	160,534	111,949	1,900	14,023	32,662	0	***
083	Speech Pathology			0	478	340,669	1,920	343,067	72,301	50,420	856	6,315	14,710	0	***
085	Pharmacy			0	2,473	943,367	9,933	955,773	201,428	140,467	2,384	17,595	40,982	0	***
090	Laboratory			0	0	233,418	0	233,418	49,192	34,305	582	4,297	10,009	0	***
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0	***
100	Other Ancillary Services			0	1,288	409,364	5,175	415,828	87,635	61,113	1,037	7,655	17,830	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			5,674,663	1,076,630	1,100,473	1,087,069	8,938,836	1,883,845	1,313,715	22,294	164,553	383,283	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			3,061,283	207,858	216,880	242,942	3,728,962	785,873	548,035	9,300	68,646	159,892	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	3,460	12,432	13,898	29,789	6,278	4,378	74	548	1,277	0	
145	Other Nonreimbursable			0	2,483	3,674	9,975	16,132	3,400	2,371	40	297	692	0	
	SUBTOTAL	$ 3,650,303		$ 9,385,907	$ 1,315,026	$ 5,167,063	$ 1,452,671	$ 17,320,667	$ 3,650,303						
	Total Administrative Costs							$ 3,650,303		$ 2,545,568	$ 43,199	$ 318,853	$ 742,683	$ -	
	Unit Cost Multiplier							0.21074840							
	Accumulated Administration Costs (Sch 2 thru 5)				$ 193,930	$ 50,346	$ 100,414	$ 344,690							
	TOTAL FACILITY COSTS							$ 21,315,660							

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

STATISTICS FOR COST ALLOCATION

Provider Name: KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK
Provider NPI: 1699795484
OSHPD Facility Number: 206073366
Fiscal Period: JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS	Plant Ops (SQ FT) 5	Hskpng (SQ FT) 10	Laundry (LBS) 60	Dietary (MEALS) 65	Soc Srvs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	Inserv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL (ACCUM COST)
		(Adj 12)	(Adj 12)	(Adj 12)	(Adj 13)	(Adj 14)	(Adj)	(Adj)	(Adj)		
	GENERAL SERVICES										
005	Plant Operations and Maintenance	242									
010	Housekeeping	191	191								
060	Laundry and Linen	1,326	1,326	1,326							
065	Dietary	4,006	4,006	4,006							
155	Social Services	199	199	199							
160	Activities	1,677	1,677	1,677							
165	Administration	1,936	1,936	1,936							
166	Medical Records	470	470	470							
170	Inservice Education - Nursing	325	325	325							
	ANCILLARY SERVICES										
075	Patient Supplies	437	437	437						364,851	364,851
077	Specialized Support Surfaces									7,195	7,195
080	Physical Therapy	894	894	894						863,123	863,123
081	Respiratory Therapy	64	64	64						661,962	661,962
082	Occupational Therapy	564	564	564						761,731	761,731
083	Speech Pathology	46	46	46						343,067	343,067
085	Pharmacy	238	238	238						955,773	955,773
090	Laboratory									233,418	233,418
095	Home Health Services									0	0
100	Other Ancillary Services	124	124	124						415,828	415,828
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	19,917	19,917	19,917	85,770	128,655	5,736,702	5,736,702	5,736,702	8,938,836	8,938,836
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	4,418	4,418	4,418	21,064	13,662	3,007,723	3,007,723	3,007,723	3,728,962	3,728,962
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	333	333	333						29,789	29,789
145	Other Nonreimbursable	239	239	239						16,132	16,132
	TOTAL STATISTICS	37,646	37,404	37,213	106,834	142,317	8,744,425	8,744,425	8,744,425	17,320,667	17,320,667
	TOTAL DIRECT SALARIES COSTS - SCH. 2						$ 245,901	$ 124,404			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.028120888	0.014226664			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		$ 121,138	$ 266,158	$ 185,676	$ 667,964	$ 2,068	$ 17,426	$ 158,491	$ 20,117	$ 173,813
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		3.23863758	7.15227420	1.73798930	4.69349405	0.00023647	0.00199276	0.01812481	0.00116143	0.01003499
	TOTAL INDIRECT OTHER COSTS - SCH. 4		$ 531,961	$ 42,755	$ 81,022	$ 431,986	$ 3,123	$ 42,254	$ 6,132	$ 29,758	$ 20,587
	UNIT COST MULTIPLIER (INDIRECT OTHER)		14.22203508	1.14893743	0.75839068	3.03537958	0.00035712	0.00483212	0.00070120	0.00171808	0.00118860
	TOTAL CAPITAL COSTS - SCH. 5	$ 1,553,085	$ 9,984	$ 7,931	$ 55,341	$ 167,190	$ 8,305	$ 69,990	$ 13,564	$ 80,799	$ 19,615
	UNIT COST MULTIPLIER (CAPITAL COSTS)	41.25498061	0.26691545	0.21311590	0.51800575	1.17477503	0.00094978	0.00800391	0.00155115	0.00466489	0.00113249

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility Number:
206073366

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	$ 98,916	$ 0	$ 98,916	(Sch 3)
005	.20-.39	Fringe Benefits	6200	22,222	0	22,222	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	531,961	0	531,961	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	$ 653,099	$ 0	$ 653,099	
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	265,539	0	265,539	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	40,039	0	40,039	(Sch 4)
010		Housekeeping - Total	6300	$ 305,578	$ 0	$ 305,578	
015		Depreciation: Buildings and Improvements	7110 - 7120	$ 1,177	$ 0	$ 1,177	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	225,365	0	225,365	(Sch 5)
025		Depreciation: Equipment	7140	66,671	0	66,671	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	17,760	0	17,760	(Sch 5)
035		Leases and Rentals	7200	1,107,784	0	1,107,784	(Sch 5)
040		Property Taxes	7300	134,261	67	134,328	(Sch 5)
045		Property Insurance	7400	20,161	0	20,161	(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**		$ 2,531,856	$ 67	$ 2,531,923	
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	171,898	0	171,898	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	60,640	0	60,640	(Sch 4)
060		Laundry and Linen - Total	6400	$ 232,538	$ 0	$ 232,538	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	$ 478,052	$ 0	$ 478,052	(Sch 3)
065	.20-.39	Fringe Benefits	6500	148,286	0	148,286	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	370,410	0	370,410	(Sch 4)
065		Dietary - Total	6500	$ 996,748	$ 0	$ 996,748	
070		Provision for Bad Debts	7700	$	0	$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	$ 28,816	$ 0	$ 28,816	(Sch 2)
075	.20-.39	Fringe Benefits	8100	7,755	0	7,755	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	302,271	(3,487)	298,784	(Sch 4)
075		Patient Supplies - Total	8100	$ 338,842	$ (3,487)	$ 335,355	
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	7,195	0	7,195	(Sch 4)
077		Specialized Support Surfaces - Total	8150	$ 7,195	$ 0	$ 7,195	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility Number:
206073366

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	802,781	0	802,781	(Sch 4)
080		Physical Therapy - Total	8200	$ 802,781	$ 0	$ 802,781	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	$ 524,436	$ 0	$ 524,436	(Sch 2)
081	.20-.39	Fringe Benefits	8220	88,954	0	88,954	(Sch 2)
081	.79	Agency Staff	8220		0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	44,252	0	44,252	(Sch 4)
081		Respiratory Therapy - Total	8220	$ 657,642	$ 0	$ 657,642	
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	723,663	0	723,663	(Sch 4)
082		Occupational Therapy - Total	8250	$ 723,663	$ 0	$ 723,663	
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	339,962	0	339,962	(Sch 4)
083		Speech Pathology - Total	8280	$ 339,962	$ 0	$ 339,962	
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	937,924	1,785	939,709	(Sch 4)
085		Pharmacy - Total	8300	$ 937,924	$ 1,785	$ 939,709	
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	233,418	0	233,418	(Sch 4)
090		Laboratory - Total	8400	$ 233,418	$ 0	$ 233,418	
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	407,458	0	407,458	(Sch 4)
100		Other Ancillary Services - Total	8900	$ 407,458	$ 0	$ 407,458	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility Number:
206073366

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		$ 4,448,885	$ (1,702)	$ 4,447,183	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	$ 4,453,093	$ (174,875)	$ 4,278,218	(Sch 2)
105	.20-.39	Fringe Benefits	6110	1,200,660	(47,150)	1,153,510	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	306,397	(1,423)	304,974	(Sch 4)
105		Skilled Nursing Care - Total	6110	$ 5,960,150	$ (223,448)	$ 5,736,702	
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	$ 2,226,176	$ 102,017	$ 2,328,193	(Sch 2)
125	.20-.39	Fringe Benefits	6150	578,214	27,506	605,720	(Sch 2)
125	.49	Agency Staff	6150		0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	74,172	(362)	73,810	(Sch 4)
125		Subacute Care - Total	6150	$ 2,878,562	$ 129,161	$ 3,007,723	
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:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility Number:
206073366

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
128		Transitional Inpatient Care					
128	.01-.19	Salaries and Wages	6170	$	$ 0	$ 0	
128	.20-.39	Fringe Benefits	6170		0	0	
128	.49	Agency Staff	6170		0	0	
128	.40-.99	Other - Nonlabor	6170		0	0	
128		Transitional Inpatient Care - Total	6170	$ 0	$ 0	$ 0	(Sch 2)
130		Hospice Inpatient Care					
130	.01-.19	Salaries and Wages	6180	$	$ 0	$ 0	
130	.20-.39	Fringe Benefits	6180		0	0	
130	.49	Agency Staff	6180		0	0	
130	.40-.99	Other - Nonlabor	6180		0	0	
130		Hospice Inpatient Care - Total	6180	$ 0	$ 0	$ 0	(Sch 2)
135		Other Routine Services					
135	.01-.19	Salaries and Wages	6190	$	$ 0	$ 0	
135	.20-.39	Fringe Benefits	6190		0	0	
135	.49	Agency Staff	6190		0	0	
135	.40-.99	Other - Nonlabor	6190		0	0	
135		Other Routine Services - Total	6190	$ 0	$ 0	$ 0	(Sch 2)
		Other Nonreimbursable					
139		Residential Care					
139	.01-.19	Salaries and Wages	9100	$	$ 0	$ 0	(Sch 2)
139	.20-.39	Fringe Benefits	9100		0	0	(Sch 2)
139	.49	Agency Staff	9100		0	0	(Sch 2)
139	.40-.99	Other - Nonlabor	9100		0	0	(Sch 4)
139		Residential Care - Total	9100	$ 0	$ 0	$ 0	
140		Beauty and Barber					
140	.01-.19	Salaries and Wages	8900	$	$ 0	$ 0	(Sch 2)
140	.20-.39	Fringe Benefits	8900		0	0	(Sch 2)
140	.49	Agency Staff	8900		0	0	(Sch 2)
140	.40-.99	Other - Nonlabor	8900	7,313	0	7,313	(Sch 4)
140		Beauty and Barber - Total	8900	$ 7,313	$ 0	$ 7,313	
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**		$ 8,846,025	$ (94,287)	$ 8,751,738	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	$ 188,483	$ 0	$ 188,483	(Sch 2)
155	.20-.39	Fringe Benefits	6600	57,418	0	57,418	(Sch 2)
155	.49	Agency Staff	6600		0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600	64	0	64	(Sch 4)
155		Social Services - Total	6600	$ 245,965	$ 0	$ 245,965	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility Number:
206073366

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	$ 100,807	$ 0	$ 100,807	(Sch 2)
160	.20-.39	Fringe Benefits	6700	23,597	0	23,597	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	16,477	0	16,477	(Sch 4)
160		Activities - Total	6700	$ 140,881	$ 0	$ 140,881	
165		Administration					
165	.01-.19	Salaries and Wages	6900	$ 713,436	$ 72,858	$ 786,294	(Sch 6)
165	.20-.39	Fringe Benefits	6900	248,001	19,644	267,645	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	1,474,136	(2,668)	1,471,468	(Sch 6)
165		Administration - Total	6900	$ 2,435,573	$ 89,834	$ 2,525,407	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	$ 138,087	$ 0	$ 138,087	(Sch 3)
166	.20-.39	Fringe Benefits	6900	30,842	0	30,842	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	13,724	(361)	13,363	(Sch 4)
166		Medical Records - Total	6900	$ 182,653	$ (361)	$ 182,292	
167		CDPH Licensing Fees	6900	$ 43,199	$ 0	$ 43,199	(Sch 6)
168		Professional Liability Insurance	6900	$ 318,853	$ 0	$ 318,853	(Sch 6)
169		Quality Assurance Fees	6900	$ 742,683	$ 0	$ 742,683	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	$ 119,943	$ 0	$ 119,943	(Sch 3)
170	.20-.39	Fringe Benefits	6800	35,171	0	35,171	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	1,136	0	1,136	(Sch 4)
170		Inservice Education - Nursing - Total	6800	$ 156,250	$ 0	$ 156,250	
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		$ 4,266,057	$ 89,473	$ 4,355,530	
200		**Total**		**$ 21,322,109**	**$ (6,449)**	**$ 21,315,660**	

210	0.24	Total Facility Group Health Insurance * (Adj 4)	6900			$ 434,225

* For informational purposes only, this amount is included in various cost centers above.

Provider Name: KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

Provider NPI: 1699795484

OSHPD Facility Number: 206073366

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

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ
005	1	Plant Operations and Maintenance - Salaries and Wages	0								
005	2	Plant Operations and Maintenance - Fringe Benefits	0								
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	0								
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	67					67			
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	0								
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	0								
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	(3,487)						(3,487)		
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	0								
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	0								
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	0								
083	3	Speech Pathology - Agency Staff	0								

Provider Name: KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

Provider NPI: 1699795484

OSHPD Facility Number: 206073366

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

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ
083	4	Speech Pathology - Other - Nonlabor	0								
085	1	Pharmacy - Salaries and Wages	0								
085	2	Pharmacy - Fringe Benefits	0								
085	3	Pharmacy - Agency Staff	0								
085	4	Pharmacy - Other - Nonlabor	1,785		1,785						
090	1	Laboratory - Salaries and Wages	0								
090	2	Laboratory - Fringe Benefits	0								
090	3	Laboratory - Agency Staff	0								
090	4	Laboratory - Other - Nonlabor	0								
095	1	Home Health Services - Salaries and Wages	0								
095	2	Home Health Services - Fringe Benefits	0								
095	3	Home Health Services - Agency Staff	0								
095	4	Home Health Services - Other - Nonlabor	0								
100	1	Other Ancillary Services - Salaries and Wages	0								
100	2	Other Ancillary Services - Fringe Benefits	0								
100	3	Other Ancillary Services - Agency Staff	0								
100	4	Other Ancillary Services - Other - Nonlabor	0								
101	1	Subacute Care Ancillary Services - Salaries and Wages	0								
101	2	Subacute Care Ancillary Services - Fringe Benefits	0								
101	3	Subacute Care Ancillary Services - Agency Staff	0								
101	4	Subacute Care Ancillary Services - Other - Nonlabor	0								
102	1	Subacute Pediatric Ancillary Services - Salaries and Wages	0								
102	2	Subacute Pediatric Ancillary Services - Fringe Benefits	0								
102	3	Subacute Pediatric Ancillary Services - Agency Staff	0								
102	4	Subacute Pediatric Ancillary Services - Other - Nonlabor	0								
105	1	Skilled Nursing Care - Salaries and Wages	(174,875)			(72,858)	(102,017)				
105	2	Skilled Nursing Care - Fringe Benefits	(47,150)			(19,644)	(27,506)				
105	3	Skilled Nursing Care - Agency Staff	0								
105	4	Skilled Nursing Care - Other - Nonlabor	(1,423)		(1,423)						
110	1	Intermediate Care - Salaries and Wages	0								
110	2	Intermediate Care - Fringe Benefits	0								
110	3	Intermediate Care - Agency Staff	0								
110	4	Intermediate Care - Other - Nonlabor	0								
115	1	Mentally Disordered Care - Salaries and Wages	0								
115	2	Mentally Disordered Care - Fringe Benefits	0								
115	3	Mentally Disordered Care - Agency Staff	0								
115	4	Mentally Disordered Care - Other - Nonlabor	0								
120	1	Developmentally Disabled Care - Salaries and Wages	0								
120	2	Developmentally Disabled Care - Fringe Benefits	0								
120	3	Developmentally Disabled Care - Agency Staff	0								
120	4	Developmentally Disabled Care - Other - Nonlabor	0								
125	1	Subacute Care - Salaries and Wages	102,017				102,017				
125	2	Subacute Care - Fringe Benefits	27,506				27,506				
125	3	Subacute Care - Agency Staff	0								
125	4	Subacute Care - Other - Nonlabor	(362)		(362)						
126	1	Subacute Care - Pediatric - Salaries and Wages	0								
126	2	Subacute Care - Pediatric - Fringe Benefits	0								
126	3	Subacute Care - Pediatric - Agency Staff	0								
126	4	Subacute Care - Pediatric - Other - Nonlabor	0								

Provider Name: KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

Provider NPI: 1699795484

OSHPD Facility Number: 206073366

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

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ
128	1	Transitional Inpatient Care - Salaries and Wages	0								
128	2	Transitional Inpatient Care - Fringe Benefits	0								
128	3	Transitional Inpatient Care - Agency Staff	0								
128	4	Transitional Inpatient Care - Other - Nonlabor	0								
130	1	Hospice Inpatient Care - Salaries and Wages	0								
130	2	Hospice Inpatient Care - Fringe Benefits	0								
130	3	Hospice Inpatient Care - Agency Staff	0								
130	4	Hospice Inpatient Care - Other - Nonlabor	0								
135	1	Other Routine Services - Salaries and Wages	0								
135	2	Other Routine Services - Fringe Benefits	0								
135	3	Other Routine Services - Agency Staff	0								
135	4	Other Routine Services - Other - Nonlabor	0								
139	1	Residential Care - Salaries and Wages	0								
139	2	Residential Care - Fringe Benefits	0								
139	3	Residential Care - Agency Staff	0								
139	4	Residential Care - Other - Nonlabor	0								
140	1	Beauty and Barber - Salaries and Wages	0								
140	2	Beauty and Barber - Fringe Benefits	0								
140	3	Beauty and Barber - Agency Staff	0								
140	4	Beauty and Barber - Other - Nonlabor	0								
145	1	Other Nonreimbursable - Salaries and Wages	0								
145	2	Other Nonreimbursable - Fringe Benefits	0								
145	3	Other Nonreimbursable - Agency Staff	0								
145	4	Other Nonreimbursable - Other - Nonlabor	0								
155	1	Social Services - Salaries and Wages	0								
155	2	Social Services - Fringe Benefits	0								
155	3	Social Services - Agency Staff	0								
155	4	Social Services - Other - Nonlabor	0								
160	1	Activities - Salaries and Wages	0								
160	2	Activities - Fringe Benefits	0								
160	3	Activities - Agency Staff	0								
160	4	Activities - Other - Nonlabor	0								
165	1	Administration - Salaries and Wages	72,858			72,858					
165	2	Administration - Fringe Benefits	19,644			19,644					
165	3	Administration - Agency Staff	0								
165	4	Administration - Other - Nonlabor	(2,668)	361						(3,029)	
166	1	Medical Records - Salaries and Wages	0								
166	2	Medical Records - Fringe Benefits	0								
166	3	Medical Records - Agency Staff	0								
166	4	Medical Records - Other - Nonlabor	(361)	(361)							
167	4	CDPH Licensing Fees	0								
168	4	Professional Liability Insurance	0								
169	4	Quality Assurance Fees	0								
170	1	Inservice Education - Nursing - Salaries and Wages	0								
170	2	Inservice Education - Nursing - Fringe Benefits	0								
170	3	Inservice Education - Nursing - Agency Staff	0								
170	4	Inservice Education - Nursing - Other - Nonlabor	0								
174	1	Caregiver Training - Salaries and Wages	0								
174	2	Caregiver Training - Fringe Benefits	0								

Provider Name: KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

Provider NPI: 1699795484

OSHPD Facility Number: 206073366

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

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	0								
200		Total	($6,449)	0	0	0	0	67	(3,487)	(3,029)	0
			(To Sch 8)								

SUMMARY OF AUDITED SUBACUTE CARE COSTS AND INFORMATION

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility No:
206073366

LINE NO.	DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED SUBACUTE CARE COST PER PATIENT DAY	
	SUBACUTE CARE ROUTINE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 125)	$ N/A	$ 3,061,283	$ 281.52	
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 125)	$ N/A	$ 249,609	$ 22.95	
3	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 125)	$ N/A	$ 227,719	$ 20.94	
4	Cost of Capital Related (Sch. 5, Ln. 125)	$ N/A	$ 241,678	$ 22.23	
5	Property Taxes (Sch. 5, Ln. 125)	$ N/A	$ 22,882	$ 2.10	
6	CDPH Licensing Fees (Sch. 6, Ln. 125)	$ N/A	$ 9,300	$ 0.86	
7	Professional Liability Insurance (Sch. 6, Ln. 125)	$ N/A	$ 68,646	$ 6.31	
8	Quality Assurance Fees (Sch. 6, Ln. 125)	$ N/A	$ 159,892	$ 14.70	
9	Caregiver Training (Sch. 6. Ln. 125)	$ N/A	$ 0	$ 0.00	
10	Cost of Administration (Sch. 6, Ln. 125)	$ N/A	$ 548,035	$ 50.40	
11	Cost of Routine Service/Audited Total Routine Costs	$ 4,276,655	$ 4,589,043	$ 422.02	
12	Routine Cost Per Patient Day (Routine Cost Divided by Days)	$ 393.29	$ 422.02		
	SUBACUTE CARE ANCILLARY				
13	Cost of Direct Care - Labor (Subacute Care Sch. 2, Ln. 122)	$ N/A	$ 624,972	$ 57.47	
14	Cost of Indirect Care - Labor (Subacute Care Sch. 2, Ln. 123)	$ N/A	$ 17,798	$ 1.64	
15	Cost of Direct and Indirect Nonlabor (Subacute Care Sch. 2, Ln. 124)	$ N/A	$ 561,758	$ 51.66	
16	Cost of Capital Related (Subacute Care Sch. 2, Ln. 125)	$ N/A	$ 22,189	$ 2.04	
17	Property Taxes (Subacute Care Sch. 2, Ln. 126)	$ N/A	$ 2,101	$ 0.19	
18	CDPH Licensing Fees (Subacute Care Sch. 2, Ln. 127)	$ N/A	$ 3,005	$ 0.28	
19	Professional Liability Insurance (Subacute Care Sch. 2, Ln. 128)	$ N/A	$ 22,180	$ 2.04	
20	Quality Assurance Fees (Subacute Care Sch. 2, Ln. 129)	$ N/A	$ 51,662	$ 4.75	
21	Caregiver Training (Subacute Care Sch. 2, Ln. 130)	$ N/A	$ 0	$ 0.00	
22	Cost of Administration (Subacute Care Sch. 2, Ln. 131)	$ N/A	$ 177,072	$ 16.28	
23	Cost of Ancillary Service/Audited Total Ancillary Costs	$	$ 1,482,737	$ 136.36	
24	Ancillary Cost Per Patient Day (Ancillary Cost Divided by Days)	$ 0.00	$ 136.36		
	SUBACUTE CARE TOTAL				
25	Cost of Direct Care - Labor (Line 1 + Line 13)	$ N/A	$ 3,686,255	$ 339.00	*
26	Cost of Indirect Care - Labor (Line 2 + Line 14)	$ N/A	$ 267,407	$ 24.59	*
27	Cost of Direct and Indirect Nonlabor (Line 3 + Line 15)	$ N/A	$ 789,477	$ 72.60	*
28	Cost of Capital Related (Line 4 + Line 16)	$ N/A	$ 263,867	$ 24.27	*
29	Property Taxes (Line 5 + Line 17)	$ N/A	$ 24,983	$ 2.30	*
30	CDPH Licensing Fees (Line 6 + Line 18)	$ N/A	$ 12,305	$ 1.13	*
31	Professional Liability Insurance (Line 7 + Line 19)	$ N/A	$ 90,825	$ 8.35	*
32	Quality Assurance Fees (Line 8 + Line 20)	$ N/A	$ 211,554	$ 19.46	*
33	Caregiver Training (Line 9 + Line 21)	$ N/A	$ 0	$ 0.00	*
34	Cost of Administration (Line 10 + Line 22)	$ N/A	$ 725,107	$ 66.68	*
35	Total Cost of Subacute Service (Line 11 + Line 23)	$ 4,276,655	$ 6,071,780	$ 558.38	*
36	Total Patient Days (Adj)	10,874	10,874		*
37	Total Cost Per Patient Day (Total Cost Divided by Days)	$ 393.29	$ 558.38		*
38	Medi-Cal Overpayments (Adj 20)	$ 0	$ (57,936)		*
39	Medi-Cal Credit Balances (Adj)	$	$ 0		*
40	Amount Due Provider (State) (Line 38 + Line 39)	$ 0	$ (57,936)		*
	GENERAL INFORMATION				
41	Contracted Number of Subacute Care Beds (Adj 2)	0	31		
42	Total Licensed Nursing Facility Beds (Adj)		0		
43	Total Licensed Capacity (All levels) (Adj)	180	180		
44	Total Medi-Cal Subacute Care Patient Days (Adj 19)	7,970	7,081		
	CAPITAL RELATED COST				
45	Direct Capital Related Cost (Adj)	$ N/A	$ 0		
46	Indirect Capital Related Cost (Line 28)	$ N/A	$ 263,867		
47	Total Capital Related Cost (Line 45 + Line 46)	$ 0	$ 263,867		

	VENTILATOR / NONVENTILATOR	AUDITED COSTS (Adj 3)	AUDITED TOTAL DAYS (Adj 1)	AUDITED MEDI-CAL DAYS (Adj 19)
48	Ventilator (Equipment Cost Only)	$ 77,813	6,225	5,489
49	Nonventilator	N/A	4,649	N/A
50	TOTAL	$ N/A	10,874	N/A

* (To Schedule 1)

SUMMARY OF TOTAL ALLOWABLE SUBACUTE CARE ANCILLARY COSTS

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility Number:
206073366

LINE NO.	DESCRIPTION	ANCILLARY COSTS	TOTAL ANCILLARY CHARGES (Adj 16)	RATIO COST/CHG	TOTAL SUBACUTE CARE ANCILLARY CHARGES (Adj 17)	SUBACUTE CARE ANCILLARY COST *
	PATIENT SUPPLIES					
1	Cost of Direct Care - Labor (Sch. 2, Ln. 75)	$ 36,571				$ 11,583
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 75)	8,626				2,732
3	Cost of Direct and Indirect Nonlabor (Sch. 4, Ln. 75)	306,562				97,093
4	Cost of Capital Related (Sch. 5, Ln. 75)	18,593				5,889
5	Property Taxes (Sch. 5, Ln. 75)	1,760				558
6	CDPH Licensing Fees (Sch. 6, Ln. 75)	910				288
7	Professional Liability Insurance (Sch. 6, Ln. 75)	6,716				2,127
8	Quality Assurance Fees (Sch. 6, Ln. 75)	15,644				4,955
9	Caregiver Training (Sch. 6, Ln. 75)	0				0
10	Cost of Administration (Sch. 6, Ln. 75)	53,621				16,983
11	Total Patient Supplies Ancillary Service	$ 449,004	$ 695,034	0.646017	$ 220,127	$ 142,206
	SPECIALIZED SUPPORT SURFACES					
12	Cost of Direct Care - Labor (Sch. 2, Ln. 77)	$ 0				$ N/A
13	Cost of Indirect Care - Labor (Sch. 3, Ln. 77)	81				0
14	Cost of Direct and Indirect Nonlabor (Sch. 4, Ln. 77)	7,216				0
15	Cost of Capital Related (Sch. 5, Ln. 77)	38				0
16	Property Taxes (Sch. 5, Ln. 77)	4				0
17	CDPH Licensing Fees (Sch. 6, Ln. 77)	18				0
18	Professional Liability Insurance (Sch. 6, Ln. 77)	132				0
19	Quality Assurance Fees (Sch. 6, Ln. 77)	309				0
20	Caregiver Training (Sch. 6, Ln. 77)	0				0
21	Cost of Administration (Sch. 6, Ln. 77)	1,057				0
22	Total Specialized Support Surfaces Ancillary Service	$ 8,855	$	0.000000	$	$ 0
	PHYSICAL THERAPY					
23	Cost of Direct Care - Labor (Sch. 2, Ln. 80)	$ 0				$ 0
24	Cost of Indirect Care - Labor (Sch. 3, Ln. 80)	18,953				2,203
25	Cost of Direct and Indirect Nonlabor (Sch. 4, Ln. 80)	819,031				95,219
26	Cost of Capital Related (Sch. 5, Ln. 80)	38,655				4,494
27	Property Taxes (Sch. 5, Ln. 80)	3,660				425
28	CDPH Licensing Fees (Sch. 6, Ln. 80)	2,153				250
29	Professional Liability Insurance (Sch. 6, Ln. 80)	15,889				1,847
30	Quality Assurance Fees (Sch. 6, Ln. 80)	37,009				4,303
31	Caregiver Training (Sch. 6, Ln. 80)	0				0
32	Cost of Administration (Sch. 6, Ln. 80)	126,851				14,747
33	Total Physical Therapy Ancillary Service	$ 1,062,202	$ 1,373,501	0.773353	$ 159,680	$ 123,489
	RESPIRATORY THERAPY					
34	Cost of Direct Care - Labor (Sch. 2, Ln. 81)	$ 613,390				$ 613,390
35	Cost of Indirect Care - Labor (Sch. 3, Ln. 81)	8,077				8,077
36	Cost of Direct and Indirect Nonlabor (Sch. 4, Ln. 81)	47,160				47,160
37	Cost of Capital Related (Sch. 5, Ln. 81)	5,946				5,946
38	Property Taxes (Sch. 5, Ln. 81)	563				563
39	CDPH Licensing Fees (Sch. 6, Ln. 81)	1,651				1,651
40	Professional Liability Insurance (Sch. 6, Ln. 81)	12,186				12,186
41	Quality Assurance Fees (Sch. 6, Ln. 81)	28,384				28,384
42	Caregiver Training (Sch. 6, Ln. 81)	0				0
43	Cost of Administration (Sch. 6, Ln. 81)	97,287				97,287
44	Total Respiratory Ancillary Service	$ 814,643	$ 3,298,400	0.246981	$ 3,298,400	$ 814,642

SUMMARY OF TOTAL ALLOWABLE SUBACUTE CARE ANCILLARY COSTS

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility Number:
206073366

LINE NO.	DESCRIPTION	ANCILLARY COSTS	TOTAL ANCILLARY CHARGES (Adj 16)	RATIO COST/CHG	TOTAL SUBACUTE CARE ANCILLARY CHARGES (Adj 17)	SUBACUTE CARE ANCILLARY COST *
	OCCUPATIONAL THERAPY					
45	Cost of Direct Care - Labor (Sch. 2, Ln. 82)	$ 0				$ 0
46	Cost of Indirect Care - Labor (Sch. 3, Ln. 82)	14,389				1,781
47	Cost of Direct and Indirect Nonlabor (Sch. 4, Ln. 82)	734,546				90,927
48	Cost of Capital Related (Sch. 5, Ln. 82)	25,537				3,161
49	Property Taxes (Sch. 5, Ln. 82)	2,418				299
50	CDPH Licensing Fees (Sch. 6, Ln. 82)	1,900				235
51	Professional Liability Insurance (Sch. 6, Ln. 82)	14,023				1,736
52	Quality Assurance Fees (Sch. 6, Ln. 82)	32,662				4,043
53	Caregiver Training (Sch. 6, Ln. 82)	0				0
54	Cost of Administration (Sch. 6, Ln. 82)	111,949				13,858
55	Total Occupational Therapy Ancillary Service	$ 937,424	$ 1,277,043	0.734058	$ 158,080	$ 116,040
	SPEECH PATHOLOGY					
56	Cost of Direct Care - Labor (Sch. 2, Ln. 83)	$ 0				$ 0
57	Cost of Indirect Care - Labor (Sch. 3, Ln. 83)	4,319				1,053
58	Cost of Direct and Indirect Nonlabor (Sch. 4, Ln. 83)	341,666				83,288
59	Cost of Capital Related (Sch. 5, Ln. 83)	3,571				870
60	Property Taxes (Sch. 5, Ln. 83)	338				82
61	CDPH Licensing Fees (Sch. 6, Ln. 83)	856				209
62	Professional Liability Insurance (Sch. 6, Ln. 83)	6,315				1,540
63	Quality Assurance Fees (Sch. 6, Ln. 83)	14,710				3,586
64	Caregiver Training (Sch. 6, Ln. 83)	0				0
65	Cost of Administration (Sch. 6, Ln. 83)	50,420				12,291
66	Total Speech Pathology Ancillary Service	$ 422,195	$ 336,713	1.253872	$ 82,080	$ 102,918
	PHARMACY					
67	Cost of Direct Care - Labor (Sch. 2, Ln. 85)	$ 0				$ 0
68	Cost of Indirect Care - Labor (Sch. 3, Ln. 85)	13,174				1
69	Cost of Direct and Indirect Nonlabor (Sch. 4, Ln. 85)	946,145				45
70	Cost of Capital Related (Sch. 5, Ln. 85)	14,136				1
71	Property Taxes (Sch. 5, Ln. 85)	1,338				0
72	CDPH Licensing Fees (Sch. 6, Ln. 85)	2,384				0
73	Professional Liability Insurance (Sch. 6, Ln. 85)	17,595				1
74	Quality Assurance Fees (Sch. 6, Ln. 85)	40,982				2
75	Caregiver Training (Sch. 6, Ln. 85)	0				0
76	Cost of Administration (Sch. 6, Ln. 85)	140,467				7
77	Total Pharmacy Ancillary Service	$ 1,176,221	$ 1,035,372	1.136037	$ 49	$ 56
	LABORATORY					
78	Cost of Direct Care - Labor (Sch. 2, Ln. 90)	$ 0				$ 0
79	Cost of Indirect Care - Labor (Sch. 3, Ln. 90)	2,613				645
80	Cost of Direct and Indirect Nonlabor (Sch. 4, Ln. 90)	234,096				57,777
81	Cost of Capital Related (Sch. 5, Ln. 90)	1,236				305
82	Property Taxes (Sch. 5, Ln. 90)	117				29
83	CDPH Licensing Fees (Sch. 6, Ln. 90)	582				144
84	Professional Liability Insurance (Sch. 6, Ln. 90)	4,297				1,061
85	Quality Assurance Fees (Sch. 6, Ln. 90)	10,009				2,470
86	Caregiver Training (Sch. 6, Ln. 90)	0				0
87	Cost of Administration (Sch. 6, Ln. 90)	34,305				8,467
88	Total Laboratory Ancillary Service	$ 287,256	$ 354,136	0.811145	$ 87,403	$ 70,897

SUMMARY OF TOTAL ALLOWABLE SUBACUTE CARE ANCILLARY COSTS

Provider Name:
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK

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

Provider NPI:
1699795484

OSHPD Facility Number:
206073366

LINE NO.	DESCRIPTION	ANCILLARY COSTS	TOTAL ANCILLARY CHARGES (Adj 16)	RATIO COST/CHG	TOTAL SUBACUTE CARE ANCILLARY CHARGES (Adj 17)	SUBACUTE CARE ANCILLARY COST *
	HOME HEALTH SERVICES					
89	Cost of Direct Care - Labor (Sch. 2, Ln. 95)	$ 0				$ 0
90	Cost of Indirect Care - Labor (Sch. 3, Ln. 95)	0				0
91	Cost of Direct and Indirect Nonlabor (Sch. 4, Ln. 95)	0				0
92	Cost of Capital Related (Sch. 5, Ln. 95)	0				0
93	Property Taxes (Sch. 5, Ln. 95)	0				0
94	CDPH Licensing Fees (Sch. 6, Ln. 95)	0				0
95	Professional Liability Insurance (Sch. 6, Ln. 95)	0				0
96	Quality Assurance Fees (Sch. 6, Ln. 95)	0				0
97	Caregiver Training (Sch. 6, Ln. 95)	0				0
98	Cost of Administration (Sch. 6, Ln. 95)	0				0
99	Total Home Health Services Ancillary Service	$ 0	$	0.000000	$	$ 0
	OTHER ANCILLARY SERVICES					
100	Cost of Direct Care - Labor (Sch. 2, Ln. 100)	$ 0				$ 0
101	Cost of Indirect Care - Labor (Sch. 3, Ln. 100)	5,944				1,307
102	Cost of Direct and Indirect Nonlabor (Sch. 4, Ln. 100)	410,573				90,251
103	Cost of Capital Related (Sch. 5, Ln. 100)	6,930				1,523
104	Property Taxes (Sch. 5, Ln. 100)	656				144
105	CDPH Licensing Fees (Sch. 6, Ln. 100)	1,037				228
106	Professional Liability Insurance (Sch. 6, Ln. 100)	7,655				1,683
107	Quality Assurance Fees (Sch. 6, Ln. 100)	17,830				3,919
108	Caregiver Training (Sch. 6, Ln. 100)	0				0
109	Cost of Administration (Sch. 6, Ln. 100)	61,113				13,434
110	Total Other Ancillary Service	$ 511,738	$ 638,195	0.801852	$ 140,286	$ 112,489
	SUBACUTE CARE ANCILLARY SERVICES					
111	Cost of Direct Care - Labor (Sch. 2, Ln. 101)					$ 0
112	Cost of Indirect Care - Labor (Sch. 3, Ln. 101)					0
113	Cost of Direct and Indirect Nonlabor (Sch. 4, Ln. 101)					0
114	Cost of Capital Related (Sch. 5, Ln. 101)					0
115	Property Taxes (Sch. 5, Ln. 101)					0
116	CDPH Licensing Fees (Sch. 6, Ln. 101)					0
117	Professional Liability Insurance (Sch. 6, Ln. 101)					0
118	Quality Assurance Fees (Sch. 6, Ln. 101)					0
119	Caregiver Training (Sch. 6, Ln. 101)					0
120	Cost of Administration (Sch. 6, Ln. 101)					0
121	Total Subacute Ancillary Service					$ 0
	TOTAL COST OF ANCILLARY SERVICES					
122	Cost of Direct Care - Labor					$ 624,972
123	Cost of Indirect Care - Labor					17,798
124	Cost of Direct and Indirect Nonlabor					561,758
125	Cost of Capital Related					22,189
126	Property Taxes					2,101
127	CDPH Licensing Fees					3,005
128	Professional Liability Insurance					22,180
129	Quality Assurance Fees					51,662
130	Caregiver Training					0
131	Cost of Administration					177,072
132	Total Cost of Subacute Care Ancillary Services					$ 1,482,737

* Total Ancillary Costs included in the rate.

(To Subacute Care Sch 1)

Provider Name	Fiscal Period	Provider NPI	Adjustments
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1699795484	23

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
							MEMORANDUM ADJUSTMENTS			
1	4.3	100	1	Subacute 1	48		Total Days - Ventilator	6,028	197	6,225
	4.3	115	1	Subacute 1	49		Total Days - Nonventilato	4,846	(197)	4,649
							To adjust total subacute ventilator and nonventilator days f informational purposes and to agree with provider's patient censu reports.			
							42 CFR 413.20, 413.24 and 413.50			
							CMS Pub. 15-1, Sections 2205.1, 2300 and 2304			
2	N/A			Subacute 1	41		Contracted Number of Adult Subacute Beds	0	31	31
							To include the number of contracted subacute beds for informational purposes.			
							42 CFR 413.20 and 413.24			
							CMS Pub. 15-1, Sections 2300 and 2304			
3	N/A			Subacute 1	48		Ventilator (Equipment Rental Cost Only)	$0	$77,813	$77,813
							To reflect subacute ventilator equipment cost in the audit report.			
							42 CFR 413.20 and 413.24			
							CMS Pub. 15-1, Sections 2300 and 2304			
							Medi-Cal Adult Subacute Contract No. 12-07-70164			
4	N/A			8	210		Total Facility Group Health Insurance	$0	$434,225	$434,225
							To identify health insurance costs 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
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1699795484	23

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
							RECLASSIFICATIONS OF REPORTED COSTS				
5	10.5	166	4	8A-1	166	4	Medical Records - Other - Nonlabor		$13,724	($361)	$13,363
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor		1,474,136	361	1,474,497 *
							To reclassify provider's offset of medical records sales to appropriate cost center for proper cost determination. 42 CFR 413.5, 413.9, 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304 and 2328				
6	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor		$306,397	($1,423)	$304,974
	10.5	125	4	8A-1	125	4	Subacute Care - Other - Nonlabor		74,172	(362)	73,810
	10.5	085	4	8A-1	085	4	Pharmacy - Other - Nonlabor		937,924	1,785	939,709
							To reverse provider's reclassification of non-legend drugs for proper matching of revenue and expense and insufficient documentation. 42 CFR 413.5, 413.20, 413.24, 413.50 and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2302.6 and 2304 OSHPD LTC Manual, Chapter 1000, Section 1021				
7	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages		$4,453,093	($72,858)	$4,380,235 *
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits		1,200,660	(19,644)	1,181,016 *
	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages		713,436	72,858	786,294
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits		248,001	19,644	267,645
							To reclassify case manager expense to agree with AB 1629 reporting requirements. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 52000				
8	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	*	$4,380,235	($102,017)	$4,278,218
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	*	1,181,016	(27,506)	1,153,510
	10.5	125	1	8A-1	125	1	Subacute Care - Salaries and Wages		2,226,176	102,017	2,328,193
	10.5	125	2	8A-1	125	2	Subacute Care - Fringe Benefits		578,214	27,506	605,720
							To reclassify nursing administration costs for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304 and 2306				

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1699795484	23

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
							ADJUSTMENTS TO REPORTED COSTS			
9	10.5	040	4	8A-1	040	4	Property Taxes To reconcile reported property taxes to the property tax statements. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	$134,261	$67	$134,328
10	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor To eliminate patient supplies expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	$302,271	($3,487)	$298,784
11	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor * To adjust home office costs to agree with as filed Kindred Home Office cost report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	$1,474,497	($3,029)	$1,471,468

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1699795484	23

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
							ADJUSTMENTS TO REPORTED STATISTICS			
12	10.7	005	1	7	005		Plant Operations and Maintenance (Square Feet)	0	242	242
	10.7	010	1,2	7	010		Housekeeping	0	191	191
	10.7	075	1,2,3	7	075		Patient Supplies	454	(17)	437
	10.7	080	1,2,3	7	080		Physical Therapy	692	202	894
	10.7	082	1,2,3	7	082		Occupational Therapy	643	(79)	564
	10.7	083	1,2,3	7	083		Speech Pathology	170	(124)	46
	10.7	085	1,2,3	7	085		Pharmacy	0	238	238
	10.7	100	1,2,3	7	100		Other Ancillary Services	0	124	124
	10.7	105	1,2,3	7	105		Skilled Nursing Care	20,483	(566)	19,917
	10.7	125	1,2,3	7	125		Subacute Care	4,435	(17)	4,418
	10.7	145	1,2,3	7	145		Other Nonreimbursable	0	239	239
	10.7	175	1	7	N/A		Total Statistic - Capital	37,213	433	37,646
	10.7	175	2	7	N/A		Total Statistic - Plant Operations and Maintenance	37,213	191	37,404
							To adjust square footage statistics to agree with provider's square footage detail and prior year tour observations. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, 2306 and 2328			
13	10.7	105	4	7	105		Skilled Nursing Care (Pounds of Laundry)	85,360	410	85,770
	10.7	125	4	7	125		Subacute Care	21,748	(684)	21,064
	10.7	175	4	7	N/A		Total Statistic - Laundry and Linen	107,108	(274)	106,834
							To reconcile reported statistics to agree with audited daily census. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2300, 2304 and 2306			
14	10.7	105	5	7	105		Skilled Nursing Care (Patient Meals)	128,040	615	128,655
	10.7	125	5	7	125		Subacute Care	14,538	(876)	13,662
	10.7	175	5	7	N/A		Total Statistic - Dietary	142,578	(261)	142,317
							To reconcile reported statistics to agree with audited daily census. 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
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1699795484	23

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
							ADJUSTMENT TO REPORTED PATIENT DAYS			
15	11(2)	105	1	1	12		Skilled Nursing Care - Total Patient Days	43,570	20	43,590
	Not Reportec			1	16		Medi-Cal Managed Care Days	0	141	141
							To adjust reported patient days to agree with provider's census records.			
							42 CFR 413.20 and 413.24			
							CMS Pub. 15-1, Sections 2300 and 2304			

Provider Name	Fiscal Period	Provider NPI	Adjustments
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1699795484	23

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
							ADJUSTMENTS TO REPORTED TOTAL CHARGES			
16	13	10	2	Subacute 2	11		Total Ancillary Charges - Patient Supplies	$259,649	$435,385	$695,034
							To gross up patient supply charges for proper cost determination.			
							42 CFR 413.20, 413.24 and 413.50			
							CMS Pub. 15-1, Sections 2202.8, 2203.2, 2204, 2206, 2300 and 2304			
17	13	15	4	Subacute 2	33		Total Subacute Ancillary Charges - Physical Therapy	$0	$159,680	$159,680
	13	17	4	Subacute 2	55		Total Subacute Ancillary Charges - Occupational Therapy	0	158,080	158,080
	13	18	4	Subacute 2	66		Total Subacute Ancillary Charges - Speech Pathology	0	82,080	82,080
	13	20	4	Subacute 2	77		Total Subacute Ancillary Charges - Pharmacy	0	49	49
	13	35	4	Subacute 2	110		Total Subacute Ancillary Charges - Other Ancillary Services	138,097	2,189	140,286
							To adjust Subacute ancillary charges to agree with provider's revenue usage report for proper cost determination.			
							42 CFR 413.20 and 413.24			
							CMS Pub. 15-1, Sections 2300 and 2304			

Provider Name	Fiscal Period	Provider NPI	Adjustments
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1699795484	23

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
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
18	4.1	5	2	1	15		Skilled Nursing Care - Medi-Cal Days	26,103	(1,464)	24,639
							To adjust reported Medi-Cal Nursing Facility days to agree with the following Fiscal Intermediary Payment Data:			
							Report Date: October 12, 2012			
							Service Period: January 1, 2011 through December 31, 2011			
							Payment Period: January 1, 2011 through September 30, 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			
19	4.3	100	2	Subacute 1	48		Medi-Cal Subacute Care Days - Ventilator	6,028	(539)	5,489
	4.3	120	2	Subacute 1	44		Total Medi-Cal Subacute Care Patient Days	7,970	(889)	7,081
							To adjust reported Medi-Cal Subacute Care days to agree with the following Fiscal Intermediary Payment Data:			
							Report Date: October 12, 2012			
							Service Period: January 1, 2011 through December 31, 2011			
							Payment Period: January 1, 2011 through September 30, 2012			
							42 CFR 413.20 and 413.24			
							CMS Pub. 15-1, Sections 2300 and 2304			
							Medi-Cal Subacute Care Contact No. 12-07-70164			

Provider Name	Fiscal Period	Provider NPI	Adjustments
KINDRED TRANSITIONAL CARE & REHAB - WALNUT CREEK	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1699795484	23

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
							ADJUSTMENTS TO OTHER MATTERS			
20	Not Reported			Subacute 1	38		Medi-Cal Overpayments	$0	$57,936	$57,936
							To recover Medi-Cal overpayments for Physical Therapy, Occupational Therapy and Speech Pathology that were reimbursed by Medicare and not deducted from Medi-Cal billings. Welfare and Institutions Code, Sections 14000 and 14005 CCR, Title 22, Sections 51005, 51458.1, 51502 and 51511.5			
	Not Reported			1	14		Medi-Cal Overpayments	$0		
21							To recover Medi-Cal overpayments for billing day of discharge and subsequent days. 42 CFR 413.20, 413.24 and 433.139 CMS Pub. 15-1, Sections 2205.1 and 2409 CCR, Title 22, Section 51458.1		$4,207	
22							To recover Medi-Cal overpayments for improper deductions from share of cost, duplicate billing and insufficent documentation. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1		3,078	
23							To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1		26,365 $33,650	$33,650