

**REPORT
ON THE
RATE SETTING AUDIT**

**NORTHGATE CONVALESCENT HOSPITAL
SAN RAFAEL, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1205828373**

**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: Emilee Hogg**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

November 12, 2013

Calais B. Preimesberger, Administrator
Northgate Convalescent Hospital
40 Professional Center Parkway
San Rafael, CA 94903

NORTHGATE CONVALESCENT HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1205828373
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, 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 \$51,601, which resulted from Medi-Cal overpayments

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

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

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

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

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

Calais B. Preimesberger
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Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
NORTHGATE CONVALESCENT HOSPITAL

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

Provider NPI:
1205828373

OSHPD Facility No.:
206212623

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 2,027,339	\$ 113.81
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 611,701	\$ 34.34
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 496,413	\$ 27.87
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 458,898	\$ 25.76
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 43,243	\$ 2.43
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 15,192	\$ 0.85
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 30,359	\$ 1.70
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 227,810	\$ 12.79
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 577,368	\$ 32.41
11	Cost of Routine Service/Audited Total Costs	\$ 4,483,762.00	\$ 4,488,323	\$ 251.95
12	Total Patient Days (Adj)	17,814	17,814	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 251.70	\$ 251.95	
14	Overpayments (Adj)	\$	\$ 0	
15	Medi-Cal Days (Adj)	14,711	14,711	
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	

ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR

Provider Name:
NORTHGATE CONVALESCENT HOSPITAL

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

Provider NPI:
1205828373

OSHPD Facility No.:
206212623

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
GENERAL SERVICES					
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 20,483	\$ 20,483		
160	Activities	73,997		\$ 73,997	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
ANCILLARY SERVICES					
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	0	0	0	0
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	0	0	0	0
083	Speech Pathology	0	0	0	0
085	Pharmacy	0	0	0	0
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	0	0	0	0
101	Subacute Care Ancillary Services	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0
ROUTINE SERVICES					
105	Skilled Nursing Care	1,932,859	20,483	73,997	2,027,339 *
110	Intermediate Care	0	0	0	0 *
115	Mentally Disordered Care	0	0	0	0 *
120	Developmentally Disabled Care	0	0	0	0 *
125	Subacute Care	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0 *
128	Transitional Inpatient Care	0	0	0	0 *
130	Hospice Inpatient Care	0	0	0	0 *
135	Other Routine Services	0	0	0	0 *
NONREIMBURSABLE					
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	TOTAL	\$ 2,027,339	\$ 20,483	\$ 73,997	\$ 2,027,339

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
NORTHGATE CONVALESCENT HOSPITAL

Provider NPI:
1205828373

OSHPD Facility Number:
206212623

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	\$ 42,428	\$ 42,428										
010	Housekeeping	168,028	-	\$ 168,028									
060	Laundry and Linen	46,852	0	0	\$ 46,852								
065	Dietary	303,865	0	0	0	\$ 303,865							
155	Social Services	N/A	0	0	0	0	\$ -						
160	Activities	N/A	0	0	0	0	0	\$ -					
165	Administration	N/A	0	0	0	0	0	0		\$ -	\$ -		
166	Medical Records	19,612	0	0	0	0	0	0		19,612		\$ 19,612	
170	Inservice Education - Nursing	53,890	0	0	0	0	0	0	\$ 53,890				
ANCILLARY SERVICES													
075	Patient Supplies		2,124	8,413	0	0	0	0	0	10,538	0	364	\$ 10,901
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		950	3,762	0	0	0	0	0	4,712	0	336	5,048
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		501	1,985	0	0	0	0	0	2,486	0	204	2,690
083	Speech Pathology		209	829	0	0	0	0	0	1,039	0	71	1,110
085	Pharmacy		606	2,400	0	0	0	0	0	3,005	0	154	3,160
090	Laboratory		0	0	0	0	0	0	0	0	0	36	36
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	0	19	19
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		38,037	150,639	46,852	303,865	0	0	53,890	593,283	0	18,418	611,701
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	0	0	0	0	0	0	0	0	11	11
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 634,675	\$ 42,428	\$ 168,028	\$ 46,852	\$ 303,865	\$ -	\$ -	\$ 53,890	\$ 615,063	\$ -	\$ 19,612	\$ 634,675

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
NORTHGATE CONVALESCENT HOSPITAL

Provider NPI:
1205828373

OSHPD Facility Number:
206212623

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	\$ 277,884	\$ 277,884										
010	Housekeeping	14,428	0	\$ 14,428									
060	Laundry and Linen	13,352	0	0	\$ 13,352								
065	Dietary	143,862	0	0	0	\$ 143,862							
155	Social Services	2,255	0	0	0	0	\$ 2,255						
160	Activities	5,702	0	0	0	0	0	\$ 5,702					
165	Administration	N/A	0	0	0	0	0	0		\$ -	\$ -		
166	Medical Records	2,970	0	0	0	0	0	0		2,970		\$ 2,970	
170	Inservice Education - Nursing	0	0	0	0	0	0	0	\$ -				
ANCILLARY SERVICES													
075	Patient Supplies	18,192	13,914	722	0	0	0	0	0	32,828	0	55	\$ 32,883
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	42,090	6,222	323	0	0	0	0	0	48,635	0	51	48,686
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	27,479	3,282	170	0	0	0	0	0	30,932	0	31	30,963
083	Speech Pathology	8,652	1,372	71	0	0	0	0	0	10,095	0	11	10,106
085	Pharmacy	15,150	3,968	206	0	0	0	0	0	19,324	0	23	19,348
090	Laboratory	6,977	0	0	0	0	0	0	0	6,977	0	5	6,982
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	3,684	0	0	0	0	0	0	0	3,684	0	3	3,687
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	66,392	249,126	12,935	13,352	143,862	2,255	5,702	0	493,623	0	2,789	496,413 *
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	2,209	0	0	0	0	0	0	0	2,209	0	2	2,211
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 651,278	\$ 277,884	\$ 14,428	\$ 13,352	\$ 143,862	\$ 2,255	\$ 5,702	\$ -	\$ 648,308	\$ -	\$ 2,970	\$ 651,278

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
NORTHGATE CONVALESCENT HOSPITAL

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

Provider NPI:
1205828373

OSHPD Facility Number:
206212623

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)	\$ 511,872	91%							
	Property Tax (line 40)	48,235	9%	\$ 560,107						
005	Plant Operations and Maintenance			0	\$ -					
010	Housekeeping			0	0	\$ -				
060	Laundry and Linen			0	0	0	\$ -			
065	Dietary			0	0	0	0	\$ -		
155	Social Services			0	0	0	0	0	\$ -	
160	Activities			0	0	0	0	0	0	\$ -
165	Administration			0	0	0	0	0	0	0
166	Medical Records			0	0	0	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			28,045	0	0	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			12,541	0	0	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			6,616	0	0	0	0	0	0
083	Speech Pathology			2,765	0	0	0	0	0	0
085	Pharmacy			7,999	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			502,141	0	0	0	0	0	0
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
NONREIMBURSABLE										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	0	0	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 560,107	100%	\$ 560,107	\$ -					

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
NORTHGATE CONVALESCENT HOSPITAL

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

Provider NPI:
1205828373

OSHPD Facility Number:
206212623

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)	\$ 511,872	91%							
	Property Tax (line 40)	48,235	9%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ -	\$ -				
166	Medical Records				0		\$ -			
170	Inservice Education - Nursing			\$ -						
	ANCILLARY SERVICES									
075	Patient Supplies			0	28,045	0	0	\$ 28,045	\$ 25,630	\$ 2,415
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	12,541	0	0	12,541	11,461	1,080
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	6,616	0	0	6,616	6,046	570
083	Speech Pathology			0	2,765	0	0	2,765	2,527	238
085	Pharmacy			0	7,999	0	0	7,999	7,310	689
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			0	502,141	0	0	502,141	458,898	43,243
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	0	0	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 560,107	100%	\$ -	\$ 560,107	\$ -	\$ -	\$ 560,107	\$ 511,872	\$ 48,235

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
NORTHGATE CONVALESCENT HOSPITAL

Provider NPI:
1205828373

OSHPD Facility Number:
206212623

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. 68% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 4% of Total	Quality Assur. Fees 27% of Total	Caregiver Training 0% of Total
	GENERAL SERVICES													
045	Property Insurance	\$ 17,565												
055	Interest - Other	70,607												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor) Total Costs Allocable as Administration	526,624 614,796	68%											
167	CDPH Licensing Fees	16,177	2%											
168	Professional Liability Insurance	32,327	4%											
169	Quality Assurance Fees	242,578	27%											
174	Caregiver Training	0	0%											
	Total	905,878	100%						\$ 905,878					
	ANCILLARY SERVICES													
075	Patient Supplies			\$ -	\$ 10,538	\$ 32,828	\$ 28,045	\$ 71,411	16,799	\$ 11,401	\$ 300	\$ 599	\$ 4,498	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	4,712	48,635	12,541	65,889	15,500	10,519	277	553	4,151	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	2,486	30,932	6,616	40,034	9,418	6,392	168	336	2,522	0
083	Speech Pathology			0	1,039	10,095	2,765	13,899	3,270	2,219	58	117	876	0
085	Pharmacy			0	3,005	19,324	7,999	30,329	7,135	4,842	127	255	1,911	0
090	Laboratory			0	0	6,977	0	6,977	1,641	1,114	29	59	440	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	3,684	0	3,684	867	588	15	31	232	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
	ROUTINE SERVICES													
105	Skilled Nursing Care			2,027,339	593,283	493,623	502,141	3,616,386	850,730	577,368	15,192	30,359	227,810	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	0	2,209	0	2,209	520	353	9	19	139	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 905,878		\$ 2,027,339	\$ 615,063	\$ 648,308	\$ 560,107	\$ 3,850,817	\$ 905,878					
	Total Administrative Costs							\$ 905,878		\$ 614,796	\$ 16,177	\$ 32,327	\$ 242,578	\$ -
	Unit Cost Multiplier							0.23524307						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 19,612	\$ 2,970	\$ -	\$ -	\$ 22,582						
	TOTAL FACILITY COSTS							\$ 4,779,277						

* (To Schedule 1)

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
NORTHGATE CONVALESCENT HOSPITAL

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

Provider NPI:
1205828373

OSHPD Facility Number:
206212623

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	\$ 30,240	\$ 0	\$ 30,240	(Sch 3)
005	.20-.39	Fringe Benefits	6200	12,188	0	12,188	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	277,884	0	277,884	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 320,312	\$ 0	\$ 320,312	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 69,670	\$ 0	\$ 69,670	(Sch 3)
010	.20-.39	Fringe Benefits	6300	28,080	0	28,080	(Sch 3)
010	.79	Agency Staff	6300	70,278	0	70,278	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	14,428	0	14,428	(Sch 4)
010		Housekeeping - Total	6300	\$ 182,456	\$ 0	\$ 182,456	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	9,131	0	9,131	(Sch 5)
025		Depreciation: Equipment	7140	6,680	0	6,680	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	2,265	0	2,265	(Sch 5)
035		Leases and Rentals	7200	493,796	0	493,796	(Sch 5)
040		Property Taxes	7300	48,235	0	48,235	(Sch 5)
045		Property Insurance	7400	17,565	0	17,565	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$ 70,607	\$ 0	\$ 70,607	(Sch 6)
057		Subtotal 005 - 055		\$ 1,151,047	\$ 0	\$ 1,151,047	
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	46,852	0	46,852	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	13,352	0	13,352	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 60,204	\$ 0	\$ 60,204	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 216,575	\$ 0	\$ 216,575	(Sch 3)
065	.20-.39	Fringe Benefits	6500	87,290	0	87,290	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	143,862	0	143,862	(Sch 4)
065		Dietary - Total	6500	\$ 447,727	\$ 0	\$ 447,727	
070		Provision for Bad Debts	7700	\$ 7,200	0	\$ 7,200	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	18,192	0	18,192	(Sch 4)
075		Patient Supplies - Total	8100	\$ 18,192	\$ 0	\$ 18,192	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150		0	0	N/A
077	.79	Agency Staff	8150		0	0	N/A
077	.40-.99	Other - Nonlabor	8150		0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
NORTHGATE CONVALESCENT HOSPITAL

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

Provider NPI:
1205828373

OSHPD Facility Number:
206212623

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	42,090	0	42,090	(Sch 4)
080		Physical Therapy - Total	8200	\$ 42,090	\$ 0	\$ 42,090	
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	27,479	0	27,479	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 27,479	\$ 0	\$ 27,479	
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	8,652	0	8,652	(Sch 4)
083		Speech Pathology - Total	8280	\$ 8,652	\$ 0	\$ 8,652	
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	15,150	0	15,150	(Sch 4)
085		Pharmacy - Total	8300	\$ 15,150	\$ 0	\$ 15,150	
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	6,977	0	6,977	(Sch 4)
090		Laboratory - Total	8400	\$ 6,977	\$ 0	\$ 6,977	
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	3,684	0	3,684	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 3,684	\$ 0	\$ 3,684	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:

NORTHGATE CONVALESCENT HOSPITAL

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1205828373

OSHPD Facility Number:

206212623

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		\$ 122,224	\$ 0	\$ 122,224	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,370,403	\$ 0	\$ 1,370,403	(Sch 2)
105	.20-.39	Fringe Benefits	6110	552,337	0	552,337	(Sch 2)
105	.49	Agency Staff	6110	10,119	0	10,119	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	66,392	0	66,392	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,999,251	\$ 0	\$ 1,999,251	
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:
NORTHGATE CONVALESCENT HOSPITAL

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

Provider NPI:
1205828373

OSHPD Facility Number:
206212623

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	2,209	0	2,209 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 2,209	\$ 0	\$ 2,209
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
145	.49	Agency Staff	9100		0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 2,001,460	\$ 0	\$ 2,001,460
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 14,599	\$ 0	\$ 14,599 (Sch 2)
155	.20-.39	Fringe Benefits	6600	5,884	0	5,884 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	2,255	0	2,255 (Sch 4)
155		Social Services - Total	6600	\$ 22,738	\$ 0	\$ 22,738

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
NORTHGATE CONVALESCENT HOSPITAL

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

Provider NPI:
1205828373

OSHPD Facility Number:
206212623

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	\$ 52,740	\$ 0	\$ 52,740	(Sch 2)
160	.20-.39	Fringe Benefits	6700	21,257	0	21,257	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	5,702	0	5,702	(Sch 4)
160		Activities - Total	6700	\$ 79,699	\$ 0	\$ 79,699	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 140,029	\$ 0	\$ 140,029	(Sch 6)
165	.20-.39	Fringe Benefits	6900	56,436	0	56,436	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	330,159	0	330,159	(Sch 6)
165		Administration - Total	6900	\$ 526,624	\$ 0	\$ 526,624	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 13,978	\$ 0	\$ 13,978	(Sch 3)
166	.20-.39	Fringe Benefits	6900	5,634	0	5,634	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	2,970	0	2,970	(Sch 4)
166		Medical Records - Total	6900	\$ 22,582	\$ 0	\$ 22,582	
167		CDPH Licensing Fees	6900	\$ 16,177	\$ 0	\$ 16,177	(Sch 6)
168		Professional Liability Insurance	6900	\$ 32,327	\$ 0	\$ 32,327	(Sch 6)
169		Quality Assurance Fees	6900	\$ 242,578	\$ 0	\$ 242,578	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 38,409	\$ 0	\$ 38,409	(Sch 3)
170	.20-.39	Fringe Benefits	6800	15,481	0	15,481	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800		0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 53,890	\$ 0	\$ 53,890	
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		\$ 996,615	\$ 0	\$ 996,615	
200		Total		\$ 4,786,477	\$ 0	\$ 4,786,477	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 0	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name							Fiscal Period		Provider NPI		Adjustments
NORTHGATE CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1205828373		10
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>MEMORANDUM ADJUSTMENT</u>											
1	N/A			8	210	N/A	Total Facility Group Health Insurance To include Group Health Insurance in the audit for informational purposes only. 42 CFR 413.20 and 413.24/CMS Pub. 15-1, Sections 2300 and 2300.		\$0	\$309,177	\$309,177

Provider Name							Fiscal Period	Provider NPI		Adjustments
NORTHGATE CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1205828373		10
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENTS TO REPORTED COSTS</u>										
2	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor	\$143,862	(\$449)	\$143,413
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	66,392	(4,902)	61,490
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	330,159	(452)	329,707 *
							To include the provider's revenue offsets that did not flow through to page 10.5 of the cost report. 42 CFR 413.20 and 413.24/CMS Pub. 15-1, Sections 2300 and 2304			
3	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$329,707	(\$61,970)	\$267,737
							To include the provider's adjustments from page 10.4 of the cost report to page 10.5. 42 CFR 413.20 and 413.24/CMS Pub. 15-1, Sections 2300 and 2304			
4	10.5	070	4	8A-1	070	4	Provision for Bad Debts	\$7,200	(\$7,200)	\$0
							To eliminate bad debt expense that is not recognized under the Medi-Cal program. 42 CFR 413.89(b)(1) and 413.178/CMS Pub. 15-1, Section 300			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
NORTHGATE CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1205828373		10
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Cost Report			Audit Report							
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>ADJUSTMENTS TO REPORTED STATISTICS</u>											
5	10.7	060	1,2,3	7	060	N/A	Laundry and Linen (Square Feet)	0	450	450	
	10.7	065	1,2,3	7	065	N/A	Dietary	0	391	391	
	10.7	075	1,2,3	7	075	N/A	Patient Supplies	0	284	284	
	10.7	080	1,2,3	7	080	N/A	Physical Therapy	0	127	127	
	10.7	082	1,2,3	7	082	N/A	Occupational Therapy	0	67	67	
	10.7	083	1,2,3	7	083	N/A	Speech Pathology	0	28	28	
	10.7	085	1,2,3	7	085	N/A	Pharmacy	0	81	81	
	10.7	105	1,2,3	7	105	N/A	Skilled Nursing Care	0	5,085	5,085	
	10.7	155	1,2,3	7	155	N/A	Social Services	0	172	172	
	10.7	165	1,2,3	7	165	N/A	Administration	0	436	436	
	10.7	166	1,2,3	7	166	N/A	Medical Records	0	15	15	
	10.7	175	1	7	N/A	Various	Total Statistics - Capital	0	7,136	7,136	
	10.7	175	2	7	N/A	5	Total Statistics - Plant Operations and Maintenance	0	7,136	7,136	
	10.7	175	3	7	N/A	10	Total Statistics - Housekeeping	0	7,136	7,136	
To include audited square footage statistics on audit report schedule 7. 42 CFR 413.20 and 413.24/CMS Pub. 15-1, Sections 2300 and 2304											
6	10.7	105	4	7	105	N/A	Skilled Nursing Care (Pounds of Laundry)	0	176,355	176,355	
	10.7	175	4	7	N/A	60	Total Statistic - Laundry and Linen	0	176,355	176,355	
To include pounds of laundry statistics from page 11.1 of the cost report to schedule 7 of the audit report. 42 CFR 413.20 and 413.24/CMS Pub. 15-1, Sections 2300 and 2304											
7	10.7	105	5	7	105	N/A	Skilled Nursing Care (Meals Served)	0	53,442	53,442	
	10.7	175	5	7	N/A	65	Total Statistic - Dietary	0	53,442	53,442	
To include meals served statistics from page 11.1 of the cost report to schedule 7 of the audit report. 42 CFR 413.20 and 413.24/CMS Pub. 15-1, Sections 2300 and 2304											

Provider Name							Fiscal Period		Provider NPI		Adjustments
NORTHGATE CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1205828373		10
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 PATIENT DAYS</u>											
8	4.1	5	2	1	15	N/A	Medi-Cal Days - Skilled Nursing Care	14,711	(7,610)	7,101	
							To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data:				
							Service Period: January 1, 2011 through December 31, 2011				
							Payment Period: January 1, 2011 through August 31, 2013				
							Report Date: September 20, 2013				
							42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139				
							CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408				
							CCR, Title 22, Section 51541				

Provider Name							Fiscal Period			Provider NPI		Adjustments
NORTHGATE CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1205828373		10
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	Overpayments		\$0			
9							To recover Medi-Cal overpayments related to Share of Cost due to insufficient documentation. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1			\$47,815		
10							To recover Medi-Cal overpayments related to Share of Cost due to lack of documentation. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1			<u>3,786</u> \$51,601	\$51,601	