

**REPORT
ON THE
RATE SETTING AUDIT**

**THE FOUNTAINS
YUBA CITY, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1477552164**

**FISCAL PERIOD ENDED
JUNE 30, 2011**

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

**Section Chief: Robert G. Kwick
Audit Supervisor: Gary Diffenderffer
Auditor: Catherine Jones**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

July 25, 2013

Tom Frost
Reimbursement Manager
Fremont Rideout Health Group
614 J. Street
Marysville, CA 95901

THE FOUNTAINS
NATIONAL PROVIDER IDENTIFIER (NPI) 1477552164
FISCAL PERIOD ENDED JUNE 30, 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 \$13,983, 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.

Tom Frost
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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—Sacramento at (916) 650-6994.

Original Signed By

Robert G. Kvick, Chief
Audits Section—Sacramento
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
THE FOUNTAINS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1477552164

OSHPD Facility No.:
206514003

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 4,952,527	\$ 121.03
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 925,046	\$ 22.61
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 923,058	\$ 22.56
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 344,356	\$ 8.42
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 7,645	\$ 0.19
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 25,261	\$ 0.62
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 58,084	\$ 1.42
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 411,683	\$ 10.06
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,230,918	\$ 30.08
11	Cost of Routine Service/Audited Total Costs	\$ 9,251,478.00	\$ 8,878,576	\$ 216.97
12	Total Patient Days (Adj)	40,921	40,921	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 226.08	\$ 216.97	
14	Overpayments (Adjs 29, 30)		\$ 13,983	
15	Medi-Cal Days (Adj 28)	21,731	22,822	
16	Medi-Cal Managed Care Days (Adj)		0	
INTERMEDIATE CARE				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
18	Total Patient Days (Adj)		0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj)	\$	\$ 0	
MENTALLY DISORDERED CARE				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
22	Total Patient Days (Adj)		0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj)	\$	\$ 0	
DEVELOPMENTALLY DISABLED CARE				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
26	Total Patient Days (Adj)		0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj)	\$	\$ 0	
SUBACUTE CARE				
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
38	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
THE FOUNTAINS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1477552164

OSHPD Facility No.:
206514003

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SUBACUTE CARE - PEDIATRIC				
43	Cost of Routine Service (Subacute Care - Pediatric, Sch. 1, Ln 3)	\$ 0	\$ 0	
44	Cost of Ancillary Service (Subacute Care - Pediatric, Sch. 1, Ln. 1 + Ln. 2)	\$ 0	\$ 0	
45	Total Cost of Subacute Care - Pediatric Service (Ln. 43 + Ln. 44)	\$ 0	\$ 0	
46	Total Patient Days (Subacute Care - Pediatric, Sch. 1, Ln. 5)	0	0	
47	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
48	Amount Due Provider (State) (Subacute Care - Pediatric, Sch. 1, Ln. 9)	\$ 0	\$ 0	
TRANSITIONAL INPATIENT CARE				
49	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
50	Total Patient Days (Adj)		0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments (Adj)	\$	\$ 0	
HOSPICE INPATIENT CARE				
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
54	Total Patient Days (Adj)		0	
55	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
56	Overpayments (Adj)	\$	\$ 0	
OTHER ROUTINE SERVICES				
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
58	Total Patient Days (Adj)		0	
59	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
60	Overpayments (Adj)	\$	\$ 0	

ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR

Provider Name:
THE FOUNTAINS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1477552164

OSHPD Facility No.:
206514003

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	\$ 93,566	\$ 93,566		
160	Activities	148,826		\$ 148,826	
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	384,495	0	0	384,495
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	356,014	0	0	356,014
083	Speech Pathology	76,132	0	0	76,132
085	Pharmacy	0	0	0	0
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	0	0	0	0
101	Subacute Care Ancillary Services	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0
ROUTINE SERVICES					
105	Skilled Nursing Care	4,710,135	93,566	148,826	4,952,527 *
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	\$ 5,769,168	\$ 93,566	\$ 148,826	\$ 5,769,168

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name: THE FOUNTAINS Provider NPI: 1477552164 OSHPD Facility Number: 206514003 Fiscal Period: JULY 1, 2010 THROUGH JUNE 30, 2011

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Srvs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ -	\$ -										
010	Housekeeping	302,647	-	\$ 302,647									
060	Laundry and Linen	30,799	0	11,202	\$ 42,001								
065	Dietary	489,904	0	22,862	0	\$ 512,766							
155	Social Services	N/A	0	6,360	0	0	\$ 6,360						
160	Activities	N/A	0	0	0	0	0	\$ -					
165	Administration	N/A	0	15,043	0	9,926	0	0		\$ 24,969	\$ 24,969		
166	Medical Records	110,644	0	3,754	0	0	0	0		114,398		\$ 114,398	
170	Inservice Education - Nursing	51,975	0	0	0	0	0	0	\$ 51,975				
ANCILLARY SERVICES													
075	Patient Supplies		0	3,804	0	0	0	0	0	3,804	599	2,746	\$ 7,150
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		0	12,466	0	0	0	0	0	12,466	1,266	5,799	19,530
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		0	11,072	0	0	0	0	0	11,072	1,133	5,190	17,394
083	Speech Pathology		0	0	0	0	0	0	0	0	219	1,005	1,225
085	Pharmacy		0	2,243	0	0	0	0	0	2,243	1,506	6,902	10,652
090	Laboratory		0	0	0	0	0	0	0	0	186	851	1,036
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	0	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		0	211,655	42,001	501,526	6,360	0	51,975	813,518	19,981	91,546	925,046 *
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	951	0	0	0	0	0	951	56	256	1,263
145	Other Nonreimbursable		0	1,234	0	1,314	0	0	0	2,548	22	102	2,672
	TOTAL	\$ 985,969	\$ -	\$ 302,647	\$ 42,001	\$ 512,766	\$ 6,360	\$ -	\$ 51,975	\$ 846,602	\$ 24,969	\$ 114,398	\$ 985,969

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name: THE FOUNTAINS Provider NPI: 1477552164 OSHPD Facility Number: 206514003 Fiscal Period: JULY 1, 2010 THROUGH JUNE 30, 2011

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 303,721	\$ 303,721										
010	Housekeeping	67,982	1,962	\$ 69,944									
060	Laundry and Linen	20,182	11,170	2,589	\$ 33,941								
065	Dietary	348,136	22,795	5,284	0	\$ 376,215							
155	Social Services	347	6,341	1,470	0	0	\$ 8,158						
160	Activities	7,193	0	0	0	0	0	\$ 7,193					
165	Administration	N/A	14,999	3,477	0	7,283	0	0		\$ 25,758	\$ 25,758		
166	Medical Records	9,980	3,742	867	0	0	0	0		14,590		\$ 14,590	
170	Inservice Education - Nursing	0	0	0	0	0	0	0	\$ -				
ANCILLARY SERVICES													
075	Patient Supplies	196,168	3,793	879	0	0	0	0	0	200,840	618	350	\$ 201,809
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	13,963	12,429	2,881	0	0	0	0	0	29,273	1,306	740	31,318
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	903	11,039	2,559	0	0	0	0	0	14,501	1,169	662	16,331
083	Speech Pathology	625	0	0	0	0	0	0	0	625	226	128	980
085	Pharmacy	518,929	2,237	518	0	0	0	0	0	521,684	1,554	880	524,119
090	Laboratory	64,935	0	0	0	0	0	0	0	64,935	192	108	65,235
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
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	213,560	211,035	48,915	33,941	367,968	8,158	7,193	0	890,769	20,613	11,676	923,058 *
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	16,176	948	220	0	0	0	0	0	17,344	58	33	17,434
145	Other Nonreimbursable	1,047	1,231	285	0	964	0	0	0	3,527	23	13	3,563
	TOTAL	\$ 1,783,847	\$ 303,721	\$ 69,944	\$ 33,941	\$ 376,215	\$ 8,158	\$ 7,193	\$ -	\$ 1,743,499	\$ 25,758	\$ 14,590	\$ 1,783,847

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
THE FOUNTAINS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1477552164

OSHPD Facility Number:
206514003

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)	\$ 390,367	98%							
	Property Tax (line 40)	8,666	2%	\$ 399,033						
005	Plant Operations and Maintenance			95,099	\$ 95,099					
010	Housekeeping			1,963	614	\$ 2,577				
060	Laundry and Linen			11,177	3,497	95	\$ 14,770			
065	Dietary			22,811	7,137	195	0	\$ 30,143		
155	Social Services			6,346	1,986	54	0	0	\$ 8,385	
160	Activities			0	0	0	0	0	0	\$ -
165	Administration			15,009	4,696	128	0	584	0	0
166	Medical Records			3,745	1,172	32	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			3,796	1,188	32	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			12,438	3,892	106	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			11,047	3,457	94	0	0	0	0
083	Speech Pathology			0	0	0	0	0	0	0
085	Pharmacy			2,238	700	19	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			211,183	66,077	1,802	14,770	29,483	8,385	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			949	297	8	0	0	0	0
145	Other Nonreimbursable			1,231	385	11	0	77	0	0
	TOTAL	\$ 399,033	100%	\$ 399,033	\$ 95,099	\$ 2,577	\$ 14,770	\$ 30,143	\$ 8,385	\$ -

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
THE FOUNTAINS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1477552164

OSHPD Facility Number:
206514003

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	Capital Related 98% Of Total	Property Tax 2% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 390,367	98%							
	Property Tax (line 40)	8,666	2%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 20,417	\$ 20,417				
166	Medical Records				4,949		\$ 4,949			
170	Inservice Education - Nursing			\$ -						
	ANCILLARY SERVICES									
075	Patient Supplies			0	5,016	490	119	\$ 5,625	\$ 5,503	\$ 122
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	16,436	1,035	251	17,722	17,337	385
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	14,598	926	225	15,749	15,407	342
083	Speech Pathology			0	0	179	43	223	218	5
085	Pharmacy			0	2,958	1,232	299	4,488	4,391	97
090	Laboratory			0	0	152	37	189	185	4
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	331,701	16,339	3,960	352,000	344,356	7,645
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	1,254	46	11	1,311	1,282	28
145	Other Nonreimbursable			0	1,705	18	4	1,727	1,690	38
	TOTAL	\$ 399,033	100%	\$ -	\$ 373,667	\$ 20,417	\$ 4,949	\$ 399,033	\$ 390,367	\$ 8,666

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name: THE FOUNTAINS Provider NPI: 1477552164 OSHPD Facility Number: 206514003 Fiscal Period: JULY 1, 2010 THROUGH JUNE 30, 2011

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Accum Costs (From Sch 2)	Accum Costs (From Sch 3)	Accum Costs (From Sch 4)	Accum Costs (From Sch 5)	Total Accum Costs	Allocated Admin. Costs	Admin. 71% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 3% of Total	Quality Assur. Fees 24% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 37,449												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,500,722												
	Total Costs Allocable as Administration	1,538,171	71%											
167	CDPH Licensing Fees	31,566	1%											
168	Professional Liability Insurance	72,582	3%											
169	Quality Assurance Fees	514,444	24%											
174	Caregiver Training	0	0%											
	Total	2,156,763	100%						\$ 2,156,763					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 3,804	\$ 200,840	\$ 5,016	\$ 209,661	51,780	\$ 36,928	\$ 758	\$ 1,743	\$ 12,351	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			384,495	12,466	29,273	16,436	442,669	109,326	77,969	1,600	3,679	26,077	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			356,014	11,072	14,501	14,598	396,185	97,845	69,782	1,432	3,293	23,339	0
083	Speech Pathology			76,132	0	625	0	76,757	18,957	13,520	277	638	4,522	0
085	Pharmacy			0	2,243	521,684	2,958	526,886	130,124	92,803	1,904	4,379	31,038	0
090	Laboratory			0	0	64,935	0	64,935	16,037	11,437	235	540	3,825	0
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	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES														
105	Skilled Nursing Care			4,952,527	813,518	890,769	331,701	6,988,515	1,725,945	1,230,918	25,261	58,084	411,683	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	951	17,344	1,254	19,549	4,828	3,443	71	162	1,152	0
145	Other Nonreimbursable			0	2,548	3,527	1,705	7,780	1,921	1,370	28	65	458	0
	SUBTOTAL	\$ 2,156,763		\$ 5,769,168	\$ 846,602	\$ 1,743,499	\$ 373,667	\$ 8,732,936	\$ 2,156,763					
	Total Administrative Costs							\$ 2,156,763		\$ 1,538,171	\$ 31,566	\$ 72,582	\$ 514,444	\$ -
	Unit Cost Multiplier							0.24696883						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 139,367	\$ 40,348	\$ 25,366	\$ 205,081							
	TOTAL FACILITY COSTS							\$ 11,094,780						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
THE FOUNTAINS

Provider NPI:
1477552164

OSHPD Facility Number:
206514003

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS	Plant Ops (SQ FT) 5	Hskpng (SQ FT) 10	Laundry (LBS) 60	Dietary (MEALS) 65	Soc Svcs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	Inserv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
		(Adjs 23, 24)	(Adjs 23, 24)	(Adjs 23, 24)	(Adj 25)	(Adjs 26, 27)	(Adj)	(Adj)	(Adj)		
	GENERAL SERVICES										
005	Plant Operations and Maintenance	13,128									
010	Housekeeping	271	271								
060	Laundry and Linen	1,543	1,543	1,543							
065	Dietary	3,149	3,149	3,149							
155	Social Services	876	876	876							
160	Activities										
165	Administration	2,072	2,072	2,072		2,402					
166	Medical Records	517	517	517							
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies	524	524	524						209,661	209,661
077	Specialized Support Surfaces									0	0
080	Physical Therapy	1,717	1,717	1,717						442,669	442,669
081	Respiratory Therapy									0	0
082	Occupational Therapy	1,525	1,525	1,525						396,185	396,185
083	Speech Pathology									76,757	76,757
085	Pharmacy	309	309	309						526,886	526,886
090	Laboratory									64,935	64,935
095	Home Health Services									0	0
100	Other Ancillary Services									0	0
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	29,153	29,153	29,153	279,455	121,365	4,923,695	4,923,695	4,923,695	6,988,515	6,988,515
110	Intermediate Care						0	0	0	0	0
115	Mentally Disordered Care						0	0	0	0	0
120	Developmentally Disabled Care						0	0	0	0	0
125	Subacute Care						0	0	0	0	0
126	Subacute Care - Pediatric						0	0	0	0	0
128	Transitional Inpatient Care						0	0	0	0	0
130	Hospice Inpatient Care						0	0	0	0	0
135	Other Routine Services						0	0	0	0	0
	NONREIMBURSABLE										
139	Residential Care									0	0
140	Beauty and Barber	131	131	131						19,549	19,549
145	Other Nonreimbursable	170	170	170		318				7,780	7,780
	TOTAL STATISTICS	55,085	41,957	41,686	279,455	124,085	4,923,695	4,923,695	4,923,695	8,732,936	8,732,936
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 93,566 0.019003208	\$ 148,826 0.030226486			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ - 0.00000000	\$ 302,647 7.26015929	\$ 42,001 0.15029764	\$ 512,766 4.13237895	\$ 6,360 0.00129169	\$ - 0.00000000	\$ 51,975 0.01055610	\$ 24,969 0.00285918	\$ 114,398 0.01309955
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 303,721 7.23886360	\$ 69,944 1.67787104	\$ 33,941 0.12145255	\$ 376,215 3.03191198	\$ 8,158 0.00165690	\$ 7,193 0.00146090	\$ - 0.00000000	\$ 25,758 0.00294954	\$ 14,590 0.00167068
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 399,033 7.24395026	\$ 95,099 2.26657242	\$ 2,577 0.06182775	\$ 14,770 0.05285336	\$ 30,143 0.24292486	\$ 8,385 0.00170307	\$ - 0.00000000	\$ - 0.00000000	\$ 20,417 0.00233798	\$ 4,949 0.00056669

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
THE FOUNTAINS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1477552164

OSHPD Facility Number:
206514003

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	\$	\$ 0	\$ 0	(Sch 3)
005	.20-.39	Fringe Benefits	6200		0	0	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	303,721	0	303,721	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 303,721	\$ 0	\$ 303,721	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 203,991	\$ 0	\$ 203,991	(Sch 3)
010	.20-.39	Fringe Benefits	6300	93,186	5,470	98,656	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	67,982	0	67,982	(Sch 4)
010		Housekeeping - Total	6300	\$ 365,159	\$ 5,470	\$ 370,629	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 334,707	\$ 0	\$ 334,707	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	55,660	(55,660)	0	(Sch 5)
025		Depreciation: Equipment	7140		55,660	55,660	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200		0	0	(Sch 5)
040		Property Taxes	7300		8,666	8,666	(Sch 5)
045		Property Insurance	7400		37,449	37,449	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$	\$ 0	\$ 0	(Sch 6)
057		Subtotal 005 - 055		\$ 1,059,247	\$ 51,585	\$ 1,110,832	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 43,557	\$ (27,595)	\$ 15,962	(Sch 3)
060	.20-.39	Fringe Benefits	6400	19,897	(5,060)	14,837	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	20,182	0	20,182	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 83,636	\$ (32,655)	\$ 50,981	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 336,982	\$ 0	\$ 336,982	(Sch 3)
065	.20-.39	Fringe Benefits	6500	153,939	(1,017)	152,922	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	355,954	(7,818)	348,136	(Sch 4)
065		Dietary - Total	6500	\$ 846,875	\$ (8,835)	\$ 838,040	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100		196,168	196,168	(Sch 4)
075		Patient Supplies - Total	8100	\$ 0	\$ 196,168	\$ 196,168	
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	196,168	(196,168)	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 196,168	\$ (196,168)	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
THE FOUNTAINS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1477552164

OSHPD Facility Number:
206514003

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	\$	\$ 272,553	\$ 272,553	(Sch 2)
080	.20-.39	Fringe Benefits	8200		111,942	111,942	(Sch 2)
080	.79	Agency Staff	8200		0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200		13,963	13,963	(Sch 4)
080		Physical Therapy - Total	8200	\$ 0	\$ 398,458	\$ 398,458	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$ 272,553	\$ (272,553)	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	124,506	(124,506)	0	(Sch 2)
081	.79	Agency Staff	8220		0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	13,963	(13,963)	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 411,022	\$ (411,022)	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$	\$ 250,469	\$ 250,469	(Sch 2)
082	.20-.39	Fringe Benefits	8250		105,545	105,545	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250		903	903	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 0	\$ 356,917	\$ 356,917	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 250,469	\$ (197,969)	\$ 52,500	(Sch 2)
083	.20-.39	Fringe Benefits	8280	114,418	(90,786)	23,632	(Sch 2)
083	.79	Agency Staff	8280		0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	903	(278)	625	(Sch 4)
083		Speech Pathology - Total	8280	\$ 365,790	\$ (289,033)	\$ 76,757	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$ 52,500	\$ (52,500)	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300	23,983	(23,983)	0	(Sch 2)
085	.79	Agency Staff	8300		0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	625	518,304	518,929	(Sch 4)
085		Pharmacy - Total	8300	\$ 77,108	\$ 441,821	\$ 518,929	
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	518,929	(453,994)	64,935	(Sch 4)
090		Laboratory - Total	8400	\$ 518,929	\$ (453,994)	\$ 64,935	
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	64,935	(64,935)	0	(Sch 4)
095		Home Health Services - Total	8800	\$ 64,935	\$ (64,935)	\$ 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		0	0	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
THE FOUNTAINS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1477552164

OSHPD Facility Number:
206514003

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		\$ 1,633,952	\$ (21,788)	\$ 1,612,164	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 3,245,524	\$ 0	\$ 3,245,524	(Sch 2)
105	.20-.39	Fringe Benefits	6110	1,482,603	(17,992)	1,464,611	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	214,607	(1,047)	213,560	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 4,942,734	\$ (19,039)	\$ 4,923,695	
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:
THE FOUNTAINS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1477552164

OSHPD Facility Number:
206514003

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		16,176	16,176 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 0	\$ 16,176	\$ 16,176
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		1,047	1,047 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 1,047	\$ 1,047
146		Subtotal 105 - 145		\$ 4,942,734	\$ (1,816)	\$ 4,940,918
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 64,954	\$ 0	\$ 64,954 (Sch 2)
155	.20-.39	Fringe Benefits	6600	29,672	(1,060)	28,612 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	347	0	347 (Sch 4)
155		Social Services - Total	6600	\$ 94,973	\$ (1,060)	\$ 93,913

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
THE FOUNTAINS

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Provider NPI:
1477552164

OSHPD Facility Number:
206514003

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	\$ 123,302	\$ (29,580)	\$ 93,722	(Sch 2)
160	.20-.39	Fringe Benefits	6700	56,326	(1,222)	55,104	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	7,193	0	7,193	(Sch 4)
160		Activities - Total	6700	\$ 186,821	\$ (30,802)	\$ 156,019	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 440,849	\$ (175,959)	\$ 264,890	(Sch 6)
165	.20-.39	Fringe Benefits	6900	201,386	(18,102)	183,284	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	2,010,310	(957,762)	1,052,548	(Sch 6)
165		Administration - Total	6900	\$ 2,652,545	\$ (1,151,823)	\$ 1,500,722	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$	\$ 75,738	\$ 75,738	(Sch 3)
166	.20-.39	Fringe Benefits	6900		34,906	34,906	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900		9,980	9,980	(Sch 4)
166		Medical Records - Total	6900	\$ 0	\$ 120,624	\$ 120,624	
167		CDPH Licensing Fees	6900	\$	\$ 31,566	\$ 31,566	(Sch 6)
168		Professional Liability Insurance	6900	\$	\$ 72,582	\$ 72,582	(Sch 6)
169		Quality Assurance Fees	6900	\$ 514,444	\$ 0	\$ 514,444	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 38,010	\$ 0	\$ 38,010	(Sch 3)
170	.20-.39	Fringe Benefits	6800	17,363	(3,398)	13,965	(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	\$ 55,373	\$ (3,398)	\$ 51,975	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900		0	0	(Sch 6)
174	.49	Agency Staff	6900		0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900		0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 3,504,156	\$ (962,311)	\$ 2,541,845	
200		Total		\$ 12,070,600	\$ (975,820)	\$ 11,094,780	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 1,727,317	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
THE FOUNTAINS

Provider NPI:
1477552164

OSHPD Facility Number:
206514003

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Line No.	Sub No.		AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ 12	AUDIT ADJ 13	AUDIT ADJ 14	AUDIT ADJ 15	AUDIT ADJ 16	AUDIT ADJ 17	AUDIT ADJ 18
174	3	Caregiver Training - Agency Staff									
174	4	Caregiver Training - Other - Nonlabor									
200		Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>(45,854)</u>	<u>(764,972)</u>	<u>(90,240)</u>	<u>16,176</u>	<u>(24,964)</u>	<u>(104,520)</u>

Provider Name:
THE FOUNTAINS

Provider NPI:
1477552164

OSHPD Facility Number:
206514003

Fiscal Period:
JULY 1, 2010 THROUGH JUNE 30, 2011

Line No.	Sub No.		AUDIT ADJ 19	AUDIT ADJ 20	AUDIT ADJ 21	AUDIT ADJ 22	AUDIT ADJ				
174	3	Caregiver Training - Agency Staff									
174	4	Caregiver Training - Other - Nonlabor									
200		Total	<u>(418,044)</u>	<u>991,499</u>	<u>(514,444)</u>	<u>(20,457)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Provider Name							Fiscal Period			Provider NPI		Adjustments
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011			1477552164		30
Report References							Explanation of Audit Adjustments			As Reported		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 separately identify group health insurance in the audit report for informational purposes only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$1,727,317	\$1,727,317

Provider Name							Fiscal Period	Provider NPI		Adjustments
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011	1477552164		30
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				
RECLASSIFICATIONS OF REPORTED COSTS										
2	10.5	020	4	8A-1	020	4	Depreciation - Leasehold Improvements	\$55,660	(\$55,660)	\$0
	10.5	025	4	8A-1	025	4	Depreciation - Equipment	0	55,660	55,660
							To reclassify equipment depreciation expense from Depreciation - Leasehold Improvement cost center to the Depreciation - Equipment cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			
3	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	\$0	\$196,168	\$196,168
	10.5	077	4	8A-1	077	4	Specialized Support Surfaces	196,168	(196,168)	0
	10.5	080	1	8A-1	080	1	Physical Therapy - Salaries and Wages	0	272,553	272,553
	10.5	080	2	8A-1	080	2	Physical Therapy - Fringe Benefits	0	124,506	124,506 *
	10.5	080	4	8A-1	080	4	Physical Therapy - Other - Nonlabor	0	13,963	13,963
	10.5	081	1	8A-1	081	1	Respiratory Therapy - Salaries and Wages	272,553	(272,553)	0
	10.5	081	2	8A-1	081	2	Respiratory Therapy - Fringe Benefits	124,506	(124,506)	0
	10.5	081	4	8A-1	081	4	Respiratory Therapy - Other - Nonlabor	13,963	(13,963)	0
	10.5	082	1	8A-1	082	1	Occupational Therapy - Salaries and Wages	0	250,469	250,469
	10.5	082	2	8A-1	082	2	Occupational Therapy - Fringe Benefits	0	114,418	114,418 *
	10.5	082	4	8A-1	082	4	Occupational Therapy - Other - Nonlabor	0	903	903
	10.5	083	1	8A-1	083	1	Speech Pathology - Salaries and Wages	250,469	(197,969)	52,500
	10.5	083	2	8A-1	083	2	Speech Pathology - Fringe Benefits	114,418	(90,435)	23,983 *
	10.5	083	4	8A-1	083	4	Speech Pathology - Other - Nonlabor	903	(278)	625
	10.5	085	1	8A-1	085	1	Pharmacy - Salaries and Wages	52,500	(52,500)	0
	10.5	085	2	8A-1	085	2	Pharmacy - Fringe Benefits	23,983	(23,983)	0
	10.5	085	4	8A-1	085	4	Pharmacy - Other - Nonlabor	625	518,304	518,929
	10.5	090	4	8A-1	090	4	Laboratory - Other - Nonlabor	518,929	(453,994)	64,935
	10.5	095	4	8A-1	095	4	Home Health Services - Other - Nonlabor	64,935	(64,935)	0
							To reconcile the provider's reported costs on page 10.5 to agree the provider's reported costs on page 10.1 column 14. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			

Provider Name							Fiscal Period		Provider NPI		Adjustments
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011		1477552164		30
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>											
4	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	\$93,186	(\$64,015)	\$29,171 *	
	10.5	060	2	8A-1	060	2	Laundry and Linen - Fringe Benefits	19,897	(19,897)	0 *	
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	153,939	(115,802)	38,137 *	
	10.5	080	2	8A-1	080	2	Physical Therapy - Fringe Benefits	* 124,506	(105,403)	19,103 *	
	10.5	082	2	8A-1	082	2	Occupational Therapy - Fringe Benefits	* 114,418	(94,189)	20,229 *	
	10.5	083	2	8A-1	083	2	Speech Pathology - Fringe Benefits	* 23,983	(18,234)	5,749 *	
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	1,482,603	(1,123,502)	359,101 *	
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	29,672	(23,185)	6,487 *	
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	56,326	(43,222)	13,104 *	
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	201,386	1,623,794	1,825,180 *	
	10.5	170	2	8A-1	170	2	Inservice Education - Nursing - Fringe Benefits	17,363	(16,345)	1,018 *	
							To reverse the provider's employee benefits cost allocation in order to incorporate the audited cost allocation in compliance with AB 1629 and in conjunction with adjustment no. 5. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000, 52500, 52501, and 52506				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011	1477552164		30	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>											
5	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	*	\$29,171	\$69,485	\$98,656
	10.5	060	2	8A-1	060	2	Laundry and Linen - Fringe Benefits	*	0	14,837	14,837
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	*	38,137	114,785	152,922
	10.5	080	2	8A-1	080	2	Physical Therapy - Fringe Benefits	*	19,103	92,839	111,942
	10.5	082	2	8A-1	082	2	Occupational Therapy - Fringe Benefits	*	20,229	85,316	105,545
	10.5	083	2	8A-1	083	2	Speech Pathology - Fringe Benefits	*	5,749	17,883	23,632
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	*	359,101	1,105,510	1,464,611
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	*	6,487	22,125	28,612
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	*	13,104	42,000	55,104
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	*	1,825,180	(1,603,525)	221,655 *
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	*	0	25,798	25,798 *
	10.5	170	2	8A-1	170	2	Inservice Education - Nursing - Fringe Benefits	*	1,018	12,947	13,965
To incorporate the audited employee benefits cost allocation in compliance with AB 1629 and in conjunction with adjustment no. 4. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000, 52500, 52501, and 52506											
6	10.5	040	4	8A-1	040	4	Property Taxes		\$0	\$54,520	\$54,520 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor		2,010,310	(54,520)	1,955,790 *
To reclassify property taxes to the Property Taxes cost center in compliance with AB 1629. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000, 52500, 52501, and 52506											

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011	1477552164		30	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>											
7	10.5	045	4	8A-1	045	4	Property Insurance	\$0	\$37,449	\$37,449	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 1,955,790	(37,449)	1,918,341 *	
							To reclassify property insurance to the Property Insurance cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52506 and 52501				
8	10.5	050	4	8A-1	050	4	Interest - Property, Plant, and Equipment	\$0	\$764,972	\$764,972 *	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 1,918,341	(764,972)	1,153,369 *	
							To reclassify capital related interest expense to the Interest - Property, Plant and Equipment cost center. 42 CFR 413.5, 413.20, and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000(e) and 52501				
9	10.5	166	1	8A-1	166	1	Medical Records - Salaries and Wages	\$0	\$75,738	\$75,738	
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	* 25,798	9,108	34,906	
	10.5	166	4	8A-1	166	4	Medical Records - Other - Nonlabor	0	10,161	10,161 *	
	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	440,849	(75,738)	365,111 *	
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	* 221,655	(9,108)	212,547 *	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 1,153,369	(10,161)	1,143,208 *	
							To reclassify the medical records service fees to the Medical Records cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 52000				

Provider Name							Fiscal Period	Provider NPI		Adjustments
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011	1477552164		30
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>										
10	10.5	167	4	8A-1	167	4	Administration - CDPH Licensing Fees	\$0	\$31,566	\$31,566
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 1,143,208	(31,566)	1,111,642 *
							To reclassify facility license fees to the facility licensing fees cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000 and 52506			
11	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	\$0	\$72,582	\$72,582
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 1,111,642	(72,582)	1,039,060 *
							To reclassify the professional liability insurance expense from the Administration cost center to the Professional Liability cost center. 42 CFR 413.24 CMS Pub. 15-1, Sections 2304 and 2162 CCR, Title 22, Sections 52000(b), 52501 and 52507			
12	10.5	145	4	8A-1	145	4	Other Nonreimbursable	\$0	\$1,047	\$1,047
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	214,607	(1,047)	213,560
							To reclassify ambulance services to a nonreimbursable cost center. 42 CFR 413.9, 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304 and 2328 CCR, Title 22, Sections 51511			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011	1477552164		30	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Cost Report			Audit Report							
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>ADJUSTMENTS TO REPORTED COSTS</u>											
13	10.5	040	4	8A-1	040	4	Property Taxes To abate property tax refund against property tax expense. 42 CFR 413.5 and 413.9 CMS Pub. 15-1, Section 2328 CMS Pub. 15-2, Section 3613	*	\$54,520	(\$45,854)	\$8,666
14	10.5	050	4	8A-1	050	4	Interest - Property, Plant, and Equipment To abate interest income against interest expense. 42 CFR 413.153(b)(2)(iii) CMS Pub. 15-1, Section 202.2 CMS Pub. 15-2, Section 3613	*	\$764,972	(\$764,972)	\$0
15	10.5	060	1	8A-1	060	1	Laundry and Linen - Salaries and Wages		\$43,557	(\$27,595)	\$15,962
	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor		355,954	(7,818)	348,136
	10.5	160	1	8A-1	160	1	Activities - Salaries and Wages		123,302	(29,580)	93,722
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	1,039,060	(25,066)	1,013,994 *
	10.5	166	4	8A-1	166	4	Medical Records - Other - Nonlabor To abate other operating revenue against the related costs. 42 CFR 413.5 and 413.9 CMS Pub. 15-1, Section 2328 CMS Pub. 15-2, Section 3613	*	10,161	(181)	9,980
16	10.5	140	4	8A-1	140	4	Beauty and Barber To incorporate beauty and barber shop expenses in a nonreimbursable cost center. 42 CFR 413.9, 413.20, and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2328		\$0	\$16,176	\$16,176

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011		1477552164		30
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>											
17	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	*	\$365,111	(\$19,409)	\$345,702 *
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	*	212,547	(5,555)	206,992 *
							To adjust administrator compensation based on the DHCS survey. 42 CFR 413.102 CMS Pub. 15-1, Sections 332, 900-907, 1002, 2102.1, 2142, 2144-2146 CCR, Title 22, Sections 52000(a) and 52504				
18	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	*	\$345,702	(\$80,812)	\$264,890
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	*	206,992	(23,708)	183,284
							To eliminate reported United Com-Serve's Vice President's compensation allocation in order to incorporate the audited home office cost allocation in conjunction with adjustment nos. 19 and 20. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150 et seq., 2152 et seq., 2153, and 2304 et seq.				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011		1477552164		30
Report References							Explanation of Audit Adjustments				
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>ADJUSTMENTS TO REPORTED COSTS</u>											
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$1,013,994		
19							To eliminate reported management fees in order to incorporate the audited home office cost allocation in conjunction with adjustment nos. 18 and 20. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150 et seq., 2152 et seq., 2153, and 2304 et seq.			(\$418,044)	
20							To adjust reported home office costs to agree with the Fremont Rideout Health Group Home Office Audit Report for fiscal period ended June 30, 2011 in conjunction with adjustment nos. 18 and 19. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150 et seq., 2152 et seq., 2153, and 2304 et seq.			991,499	
21							To eliminate duplicate quality assurance fees. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			(514,444)	
22							To eliminate property tax expense not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.3 and 2105			<u>(20,457)</u>	
										\$38,554	\$1,052,548

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011		1477552164		30
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					
ADJUSTMENTS TO REPORTED STATISTICS											
23	10.7	075	1,2,3	7	075	N/A	Patient Supplies (Square Feet)	0	524	524	
	10.7	080	1,2,3	7	080	N/A	Physical Therapy	0	2,161	2,161 *	
	10.7	082	1,2,3	7	082	N/A	Occupational Therapy	0	1,081	1,081 *	
	10.7	085	1,2,3	7	085	N/A	Pharmacy	0	309	309	
	10.7	105	1,2,3	7	105	N/A	Skilled Nursing Care	0	28,331	28,331 *	
	10.7	140	1,2,3	7	140	N/A	Beauty and Barber	0	131	131	
	10.7	145	1,2,3	7	145	N/A	Other Nonreimbursable	0	170	170	
	10.7	175	1,2,3	7	N/A	N/A	Total Statistics- Square Feet	0	32,707	32,707 *	
							To reconcile the provider's reported statistics on page 10.7 to the provider's reported statistics on page 11.1. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
24	10.7	005	1	7	005	N/A	Plant Operations and Maintenance (Square Feet)	0	13,128	13,128	
	10.7	010	1,2	7	010	N/A	Housekeeping	0	271	271	
	10.7	060	1,2,3	7	060	N/A	Laundry and Linen	0	1,543	1,543	
	10.7	065	1,2,3	7	065	N/A	Dietary	0	3,149	3,149	
	10.7	080	1,2,3	7	080	N/A	Physical Therapy	* 2,161	(444)	1,717	
	10.7	082	1,2,3	7	082	N/A	Occupational Therapy	* 1,081	444	1,525	
	10.7	105	1,2,3	7	105	N/A	Skilled Nursing Care	* 28,331	822	29,153	
	10.7	155	1,2,3	7	155	N/A	Social Services	0	876	876	
	10.7	165	1,2,3	7	165	N/A	Administration	0	2,072	2,072	
	10.7	166	1,2,3	7	166	N/A	Medical Records	0	517	517	
	10.7	175	1	7	N/A	N/A	Total Statistics- Square Feet	* 32,707	22,378	55,085	
	10.7	175	2	7	N/A	N/A	Total Statistics- Square Feet	* 32,707	9,250	41,957	
	10.7	175	3	7	N/A	N/A	Total Statistics- Square Feet	* 32,707	8,979	41,686	
							To adjust square footage statistics to agree with the provider's filed Medicare cost report in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306				

Provider Name							Fiscal Period		Provider NPI		Adjustments
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011		1477552164		30
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>											
25	10.7	105	4	7	105	N/A	Skilled Nursing Care (Pounds of Laundry)	0	279,455	279,455	
	10.7	175	4	7	N/A	N/A	Total Statistics - Pounds of Laundry	0	279,455	279,455	
	To reconcile the provider's reported statistics on page 10.7 to the provider's reported statistics on page 11.1. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304										
26	10.7	105	5	7	105	N/A	Skilled Nursing Care (Meals Served)	0	121,365	121,365	
	10.7	175	5	7	N/A	N/A	Total Statistics - Meals Served	0	121,365	121,365 *	
	To reconcile the provider's reported statistics on page 10.7 to the provider's reported statistics on page 11.1. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304										
27	10.7	145	5	7	145	N/A	Other Nonreimbursable (Meals Served)	0	318	318	
	10.7	165	5	7	165	N/A	Administration	0	2,402	2,402	
	10.7	175	5	7	N/A	N/A	Total Statistics - Meals Served	121,365 *	2,720	124,085	
	To adjust the provider's reported meals served statistics to agree with the provider's records for reasonableness and accuracy. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306										

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011		1477552164		30
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 MEDI-CAL SETTLEMENT DATA</u>											
28	4.1	5	2	1	15	N/A	Medi-Cal Days	21,731	1,091	22,822	
							To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: July 1, 2010 through June 30, 2011 Payment Period: July 1, 2010 through November 19, 2012 Report Date: November 20, 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				

Provider Name							Fiscal Period			Provider NPI		Adjustments
THE FOUNTAINS							JULY 1, 2010 THROUGH JUNE 30, 2011			1477552164		30
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>												
	Not Reported			1	14	N/A	Medi-Cal Overpayments		\$0			
29							To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1			\$10,295		
30							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			3,688	\$13,983	
										\$13,983	\$13,983	