

**REPORT
ON THE
RATE SETTING AUDIT**

**PACIFIC GARDENS NURSING AND REHABILITATION
CENTER
FRESNO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1528100013**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Margaret A. Varho
Audit Supervisor: Felipe Avila
Auditor: Favio Arrieta**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: May 9, 2013

Carol Sparks
Director of Reimbursement
Covenant Care, Inc.
27071 Aliso Creek Road, Suite 100
Aliso Viejo, CA 92656

PACIFIC GARDENS NURSING AND REHABILITATION CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1528100013
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. 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 and patient days for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules
2. Audit adjustments that include a summary of the total due the State in the amount of \$48,947, 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.

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

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

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section—Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:

PACIFIC GARDENS NURSING AND REHABILITATION CENTER

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1528100013

OSHPD Facility No.:

206100772

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 5,226,204	\$ 84.20
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 1,275,757	\$ 20.55
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 1,082,425	\$ 17.44
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 1,104,394	\$ 17.79
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 51,894	\$ 0.84
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 32,153	\$ 0.52
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 117,826	\$ 1.90
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 646,089	\$ 10.41
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,132,212	\$ 18.24
11	Cost of Routine Service/Audited Total Costs	\$ 10,672,114	\$ 10,668,954	\$ 171.89
12	Total Patient Days (Adj)	62,069	62,069	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 171.94	\$ 171.89	
14	Overpayments (Adj 9)	\$ 0	\$ (48,947)	
15	Medi-Cal Days (Adj 8)	42,710	41,526	
16	Medi-Cal Managed Care Days (Adj)		0	
INTERMEDIATE CARE				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
18	Total Patient Days (Adj)	0	0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj)	\$ 0	\$ 0	
MENTALLY DISORDERED CARE				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
22	Total Patient Days (Adj)	0	0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj)	\$ 0	\$ 0	
DEVELOPMENTALLY DISABLED CARE				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
26	Total Patient Days (Adj)	0	0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj)	\$ 0	\$ 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:
PACIFIC GARDENS NURSING AND REHABILITATION CENTER

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

Provider NPI:
1528100013

OSHPD Facility No.:
206100772

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	\$ 0	
50	Total Patient Days (Adj)	0	0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments (Adj)	\$ 0	\$ 0	
HOSPICE INPATIENT CARE				
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
54	Total Patient Days (Adj)	0	0	
55	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
56	Overpayments (Adj)	\$ 0	\$ 0	
OTHER ROUTINE SERVICES				
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
58	Total Patient Days (Adj)	0	0	
59	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
60	Overpayments (Adj)	\$ 0	\$ 0	

**ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR**

Provider Name:
PACIFIC GARDENS NURSING AND REHABILITATION CENTER

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

Provider NPI:
1528100013

OSHPD Facility No.:
206100772

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	\$ 300,223	\$ 300,223		
160	Activities	155,780		\$ 155,780	
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	4,770,201	300,223	155,780	5,226,204 *
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	\$ 5,226,204	\$ 300,223	\$ 155,780	\$ 5,226,204

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
PACIFIC GARDENS NURSING AND REHABILITATION CENTER

Provider NPI:
1528100013

OSHPD Facility Number:
206100772

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	\$ 79,000	\$ 79,000										
010	Housekeeping	287,727	3,202	\$ 290,929									
060	Laundry and Linen	111,333	457	1,753	\$ 113,542								
065	Dietary	548,633	6,520	25,023	0	\$ 580,176							
155	Social Services	N/A	710	2,725	0	0	\$ 3,435						
160	Activities	N/A	3,051	11,711	0	0	0	\$ 14,763					
165	Administration	N/A	6,137	23,554	0	0	0	0		\$ 29,691	\$ 29,691		
166	Medical Records	128,803	515	1,976	0	0	0	0		131,293		\$ 131,293	
170	Inservice Education - Nursing	194,763	406	1,560	0	0	0	0	\$ 196,730				
ANCILLARY SERVICES													
075	Patient Supplies		697	2,675	0	0	0	0	0	3,371	431	1,904	\$ 5,706
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		2,946	11,306	0	0	0	0	0	14,252	2,648	11,708	28,607
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		1,710	6,565	0	0	0	0	0	8,275	1,437	6,354	16,066
083	Speech Pathology		979	3,759	0	0	0	0	0	4,738	542	2,396	7,675
085	Pharmacy		470	1,803	0	0	0	0	0	2,273	1,564	6,916	10,753
090	Laboratory		0	0	0	0	0	0	0	0	139	613	751
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services		338	1,297	0	0	0	0	0	1,635	161	713	2,509
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		50,417	193,510	113,542	580,176	3,435	14,763	196,730	1,152,573	22,720	100,465	1,275,757*
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		446	1,712	0	0	0	0	0	2,158	51	224	2,433
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,350,259	\$ 79,000	\$ 290,929	\$ 113,542	\$ 580,176	\$ 3,435	\$ 14,763	\$ 196,730	\$ 1,189,275	\$ 29,691	\$ 131,293	\$ 1,350,259

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
PACIFIC GARDENS NURSING AND REHABILITATION CENTER

Provider NPI:
1528100013

OSHPD Facility Number:
206100772

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	\$ 288,140	\$ 288,140										
010	Housekeeping	78,574	11,678	\$ 90,252									
060	Laundry and Linen	40,119	1,665	544	\$ 42,328								
065	Dietary	364,744	23,779	7,763	0	\$ 396,286							
155	Social Services	24,564	2,590	845	0	0	\$ 27,999						
160	Activities	11,480	11,129	3,633	0	0	0	\$ 26,242					
165	Administration	N/A	22,383	7,307	0	0	0	0		\$ 29,690	\$ 29,690		
166	Medical Records	76,963	1,877	613	0	0	0	0		79,453		\$ 79,453	
170	Inservice Education - Nursing	0	1,483	484	0	0	0	0	\$ 1,967				
ANCILLARY SERVICES													
075	Patient Supplies	141,229	2,542	830	0	0	0	0	0	144,600	431	1,152	\$ 146,183
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	904,627	10,744	3,507	0	0	0	0	0	918,878	2,648	7,085	928,611
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	487,907	6,238	2,037	0	0	0	0	0	496,182	1,437	3,845	501,464
083	Speech Pathology	174,944	3,572	1,166	0	0	0	0	0	179,682	542	1,450	181,673
085	Pharmacy	568,723	1,714	559	0	0	0	0	0	570,996	1,564	4,185	576,745
090	Laboratory	51,523	0	0	0	0	0	0	0	51,523	139	371	52,032
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	50,827	1,232	402	0	0	0	0	0	52,462	161	432	53,054
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	260,169	183,888	60,031	42,328	396,286	27,999	26,242	1,967	998,909	22,719	60,797	1,082,425 *
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	6,792	1,627	531	0	0	0	0	0	8,950	51	136	9,136
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 3,531,325	\$ 288,140	\$ 90,252	\$ 42,328	\$ 396,286	\$ 27,999	\$ 26,242	\$ 1,967	\$ 3,422,182	\$ 29,690	\$ 79,453	\$ 3,531,325

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
PACIFIC GARDENS NURSING AND REHABILITATION CENTER

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

Provider NPI:
1528100013

OSHPD Facility Number:
206100772

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)	\$ 1,255,971	96%							
	Property Tax (line 40)	59,016	4%	\$ 1,314,987						
005	Plant Operations and Maintenance			10,028	\$ 10,028					
010	Housekeeping			52,887	406	\$ 53,294				
060	Laundry and Linen			7,543	58	321	\$ 7,922			
065	Dietary			107,693	828	4,584	0	\$ 113,104		
155	Social Services			11,728	90	499	0	0	\$ 12,318	
160	Activities			50,402	387	2,145	0	0	0	\$ 52,935
165	Administration			101,371	779	4,315	0	0	0	0
166	Medical Records			8,502	65	362	0	0	0	0
170	Inservice Education - Nursing			6,714	52	286	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			11,510	88	490	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			48,658	374	2,071	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			28,253	217	1,203	0	0	0	0
083	Speech Pathology			16,176	124	689	0	0	0	0
085	Pharmacy			7,761	60	330	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			5,581	43	238	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			832,811	6,400	35,448	7,922	113,104	12,318	52,935
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			7,368	57	314	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 1,314,987	100%	\$ 1,314,987	\$ 10,028	\$ 53,294	\$ 7,922	\$ 113,104	\$ 12,318	\$ 52,935

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:

PACIFIC GARDENS NURSING AND REHABILITATION CENTER

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1528100013

OSHPD Facility Number:

206100772

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 96% Of Total	Property Tax 4% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 1,255,971	96%							
	Property Tax (line 40)	59,016	4%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 106,465	\$ 106,465				
166	Medical Records				8,929		\$ 8,929			
170	Inservice Education - Nursing			\$ 7,052						
	ANCILLARY SERVICES									
075	Patient Supplies			0	12,089	1,544	129	\$ 13,762	\$ 13,145	\$ 618
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	51,103	9,494	796	61,393	58,638	2,755
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	29,673	5,152	432	35,257	33,675	1,582
083	Speech Pathology			0	16,989	1,943	163	19,094	18,237	857
085	Pharmacy			0	8,151	5,608	470	14,230	13,591	639
090	Laboratory			0	0	497	42	539	514	24
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	5,861	578	49	6,488	6,197	291
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			7,052	1,067,989	81,466	6,833	1,156,288	1,104,394	51,894
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	7,739	182	15	7,936	7,580	356
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 1,314,987	100%	\$ 7,052	\$ 1,199,593	\$ 106,465	\$ 8,929	\$ 1,314,987	\$ 1,255,971	\$ 59,016

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name: PACIFIC GARDENS NURSING AND REHABILITATION CENTER
 Provider NPI: 1528100013

OSHPD Facility Number: 206100772

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. 59% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 6% of Total	Quality Assur. Fees 34% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 26,155												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,453,480												
	Total Costs Allocable as Administration	1,479,635	59%											
167	CDPH Licensing Fees	42,019	2%											
168	Professional Liability Insurance	153,981	6%											
169	Quality Assurance Fees	844,343	34%											
174	Caregiver Training	0	0%											
	Total	2,519,978	100%						\$ 2,519,978					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 3,371	\$ 144,600	\$ 12,089	\$ 160,061	36,544	\$ 21,457	\$ 609	\$ 2,233	\$ 12,245	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	14,252	918,878	51,103	984,233	224,716	131,945	3,747	13,731	75,293	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	8,275	496,182	29,673	534,130	121,950	71,605	2,033	7,452	40,861	0
083	Speech Pathology			0	4,738	179,682	16,989	201,408	45,985	27,000	767	2,810	15,408	0
085	Pharmacy			0	2,273	570,996	8,151	581,420	132,747	77,944	2,213	8,111	44,478	0
090	Laboratory			0	0	51,523	0	51,523	11,764	6,907	196	719	3,941	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	1,635	52,462	5,861	59,957	13,689	8,038	228	836	4,587	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES														
105	Skilled Nursing Care			5,226,204	1,152,573	998,909	1,067,989	8,445,675	1,928,280	1,132,212	32,153	117,826	646,089	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	2,158	8,950	7,739	18,847	4,303	2,527	72	263	1,442	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 2,519,978		\$ 5,226,204	\$ 1,189,275	\$ 3,422,182	\$ 1,199,593	\$ 11,037,254	\$ 2,519,978					
	Total Administrative Costs							\$ 2,519,978		\$ 1,479,635	\$ 42,019	\$ 153,981	\$ 844,343	\$ -
	Unit Cost Multiplier							0.22831568						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 160,984	\$ 109,143	\$ 115,394	\$ 385,521							
	TOTAL FACILITY COSTS							\$ 13,942,753						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name: PACIFIC GARDENS NURSING AND REHABILITATION CENTER
 Provider NPI: 1528100013

OSHPD Facility Number:
 206100772

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj)	Plant Ops (SQ FT) 5 (Adj)	Hskpng (SQ FT) 10 (Adj)	Laundry (LBS) 60 (Adj)	Dietary (MEALS) 65 (Adj)	Soc Svcs (DIRECT EXP) 155 (Adj)	Activities (DIRECT EXP) 160 (Adj)	Inserv. Ed (DIRECT EXP) 170 (Adj)	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	230									
010	Housekeeping	1,213	1,213								
060	Laundry and Linen	173	173	173							
065	Dietary	2,470	2,470	2,470							
155	Social Services	269	269	269							
160	Activities	1,156	1,156	1,156							
165	Administration	2,325	2,325	2,325							
166	Medical Records	195	195	195							
170	Inservice Education - Nursing	154	154	154							
	ANCILLARY SERVICES										
075	Patient Supplies	264	264	264						160,061	160,061
077	Specialized Support Surfaces									0	0
080	Physical Therapy	1,116	1,116	1,116						984,233	984,233
081	Respiratory Therapy									0	0
082	Occupational Therapy	648	648	648						534,130	534,130
083	Speech Pathology	371	371	371						201,408	201,408
085	Pharmacy	178	178	178						581,420	581,420
090	Laboratory									51,523	51,523
095	Home Health Services									0	0
100	Other Ancillary Services	128	128	128						59,957	59,957
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	19,101	19,101	19,101	124,138	184,416	5,030,370	5,030,370	5,030,370	8,445,675	8,445,675
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	169	169	169						18,847	18,847
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	30,160	29,930	28,717	124,138	184,416	5,030,370	5,030,370	5,030,370	11,037,254	11,037,254
	TOTAL DIRECT SALARIES COSTS - SCH. 2						\$ 300,223	\$ 155,780			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.059682091	0.030967901			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		\$ 79,000	\$ 290,929	\$ 113,542	\$ 580,176	\$ 3,435	\$ 14,763	\$ 196,730	\$ 29,691	\$ 131,293
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		2.63949215	10.13088777	0.91464560	3.14601682	0.00068290	0.00293469	0.03910838	0.00269008	0.01189546
	TOTAL INDIRECT OTHER COSTS - SCH. 4		\$ 288,140	\$ 90,252	\$ 42,328	\$ 396,286	\$ 27,999	\$ 26,242	\$ 1,967	\$ 29,690	\$ 79,453
	UNIT COST MULTIPLIER (INDIRECT OTHER)		9.62712997	3.14279725	0.34097696	2.14886843	0.00556601	0.00521672	0.00039094	0.00268999	0.00719863
	TOTAL CAPITAL COSTS - SCH. 5	\$ 1,314,987	\$ 10,028	\$ 53,294	\$ 7,922	\$ 113,104	\$ 12,318	\$ 52,935	\$ 7,052	\$ 106,465	\$ 8,929
	UNIT COST MULTIPLIER (CAPITAL COSTS)	43.60036472	0.33505125	1.85582267	0.06381514	0.61331099	0.00244870	0.01052302	0.00140186	0.00964594	0.00080901

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PACIFIC GARDENS NURSING AND REHABILITATION CENTER

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

Provider NPI:
1528100013

OSHPD Facility Number:
206100772

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	\$ 63,967	\$ 0	\$ 63,967	(Sch 3)
005	.20-.39	Fringe Benefits	6200	15,033	0	15,033	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	288,140	0	288,140	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 367,140	\$ 0	\$ 367,140	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 217,886	\$ 0	\$ 217,886	(Sch 3)
010	.20-.39	Fringe Benefits	6300	69,841	0	69,841	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	78,574	0	78,574	(Sch 4)
010		Housekeeping - Total	6300	\$ 366,301	\$ 0	\$ 366,301	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 0	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	9,229	0	9,229	(Sch 5)
025		Depreciation: Equipment	7140	40,061	460	40,521	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	1,204,150	0	1,204,150	(Sch 5)
040		Property Taxes	7300	59,016	0	59,016	(Sch 5)
045		Property Insurance	7400	26,155	0	26,155	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	0	2,071	2,071	(Sch 6)
055		Interest - Other	7600	\$ 2,071	\$ (2,071)	\$ 0	(Sch 6)
057		Subtotal 005 - 055		\$ 2,074,123	\$ 460	\$ 2,074,583	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 86,574	\$ 0	\$ 86,574	(Sch 3)
060	.20-.39	Fringe Benefits	6400	24,759	0	24,759	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	40,119	0	40,119	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 151,452	\$ 0	\$ 151,452	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 415,103	\$ 0	\$ 415,103	(Sch 3)
065	.20-.39	Fringe Benefits	6500	133,530	0	133,530	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	364,744	0	364,744	(Sch 4)
065		Dietary - Total	6500	\$ 913,377	\$ 0	\$ 913,377	
070		Provision for Bad Debts	7700	\$ 0	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 0	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	128,095	13,134	141,229	(Sch 4)
075		Patient Supplies - Total	8100	\$ 128,095	\$ 13,134	\$ 141,229	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$ 0	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150	0	0	0	N/A
077	.79	Agency Staff	8150	0	0	0	N/A
077	.40-.99	Other - Nonlabor	8150	0	0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PACIFIC GARDENS NURSING AND REHABILITATION CENTER

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

Provider NPI:
1528100013

OSHPD Facility Number:
206100772

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	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200	0	0	0	(Sch 2)
080	.79	Agency Staff	8200	0	0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	904,627	0	904,627	(Sch 4)
080		Physical Therapy - Total	8200	\$ 904,627	\$ 0	\$ 904,627	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$ 0	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	0	0	0	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	0	0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$ 0	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250	0	0	0	(Sch 2)
082	.79	Agency Staff	8250	0	0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	487,907	0	487,907	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 487,907	\$ 0	\$ 487,907	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 0	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280	0	0	0	(Sch 2)
083	.79	Agency Staff	8280	0	0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	174,944	0	174,944	(Sch 4)
083		Speech Pathology - Total	8280	\$ 174,944	\$ 0	\$ 174,944	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$ 0	\$ 0	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300	0	0	0	(Sch 2)
085	.79	Agency Staff	8300	0	0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	568,723	0	568,723	(Sch 4)
085		Pharmacy - Total	8300	\$ 568,723	\$ 0	\$ 568,723	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	\$ 0	\$ 0	\$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400	0	0	0	(Sch 2)
090	.79	Agency Staff	8400	0	0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	51,523	0	51,523	(Sch 4)
090		Laboratory - Total	8400	\$ 51,523	\$ 0	\$ 51,523	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	\$ 0	\$ 0	\$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800	0	0	0	(Sch 2)
095	.79	Agency Staff	8800	0	0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800	0	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	\$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900	0	0	0	(Sch 2)
100	.79	Agency Staff	8900	0	0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	44,744	6,083	50,827	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 44,744	\$ 6,083	\$ 50,827	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PACIFIC GARDENS NURSING AND REHABILITATION CENTER

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

Provider NPI:
1528100013

OSHPD Facility Number:
206100772

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	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
101	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900	0	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	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
102	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 2,360,563	\$ 19,217	\$ 2,379,780	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 3,656,946	\$ (5,033)	\$ 3,651,913	(Sch 2)
105	.20-.39	Fringe Benefits	6110	1,119,251	(963)	1,118,288	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	280,348	(20,179)	260,169	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 5,056,545	\$ (26,175)	\$ 5,030,370	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	\$ 0	\$ 0	\$ 0	
110	.20-.39	Fringe Benefits	6120	0	0	0	
110	.49	Agency Staff	6120	0	0	0	
110	.40-.99	Other - Nonlabor	6120	0	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	\$ 0	
115	.20-.39	Fringe Benefits	6130	0	0	0	
115	.49	Agency Staff	6130	0	0	0	
115	.40-.99	Other - Nonlabor	6130	0	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	\$ 0	
120	.20-.39	Fringe Benefits	6140	0	0	0	
120	.49	Agency Staff	6140	0	0	0	
120	.40-.99	Other - Nonlabor	6140	0	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	\$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150	0	0	0	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	0	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	\$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160	0	0	0	(Sch 2)
126	.49	Agency Staff	6160	0	0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160	0	0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PACIFIC GARDENS NURSING AND REHABILITATION CENTER

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

Provider NPI:
1528100013

OSHPD Facility Number:
206100772

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	\$ 0
128	.20-.39	Fringe Benefits	6170	0	0	0
128	.49	Agency Staff	6170	0	0	0
128	.40-.99	Other - Nonlabor	6170	0	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	\$ 0
130	.20-.39	Fringe Benefits	6180	0	0	0
130	.49	Agency Staff	6180	0	0	0
130	.40-.99	Other - Nonlabor	6180	0	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	\$ 0
135	.20-.39	Fringe Benefits	6190	0	0	0
135	.49	Agency Staff	6190	0	0	0
135	.40-.99	Other - Nonlabor	6190	0	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	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100	0	0	0 (Sch 2)
139	.49	Agency Staff	9100	0	0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100	0	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	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900	0	0	0 (Sch 2)
140	.49	Agency Staff	8900	0	0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	6,792	0	6,792 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 6,792	\$ 0	\$ 6,792
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100	0	0	0 (Sch 2)
145	.49	Agency Staff	9100	0	0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100	0	0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 5,063,337	\$ (26,175)	\$ 5,037,162
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 230,068	\$ 0	\$ 230,068 (Sch 2)
155	.20-.39	Fringe Benefits	6600	70,155	0	70,155 (Sch 2)
155	.49	Agency Staff	6600	0	0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	24,564	0	24,564 (Sch 4)
155		Social Services - Total	6600	\$ 324,787	\$ 0	\$ 324,787

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PACIFIC GARDENS NURSING AND REHABILITATION CENTER

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

Provider NPI:
1528100013

OSHPD Facility Number:
206100772

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	\$ 120,439	\$ 0	\$ 120,439	(Sch 2)
160	.20-.39	Fringe Benefits	6700	35,341	0	35,341	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	11,480	0	11,480	(Sch 4)
160		Activities - Total	6700	\$ 167,260	\$ 0	\$ 167,260	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 444,526	\$ 0	\$ 444,526	(Sch 6)
165	.20-.39	Fringe Benefits	6900	142,341	0	142,341	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	859,654	6,959	866,613	(Sch 6)
165		Administration - Total	6900	\$ 1,446,521	\$ 6,959	\$ 1,453,480	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 99,877	\$ 0	\$ 99,877	(Sch 3)
166	.20-.39	Fringe Benefits	6900	28,926	0	28,926	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	76,963	0	76,963	(Sch 4)
166		Medical Records - Total	6900	\$ 205,766	\$ 0	\$ 205,766	
167		CDPH Licensing Fees	6900	\$ 42,019	\$ 0	\$ 42,019	(Sch 6)
168		Professional Liability Insurance	6900	\$ 153,981	\$ 0	\$ 153,981	(Sch 6)
169		Quality Assurance Fees	6900	\$ 844,343	\$ 0	\$ 844,343	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 148,649	\$ 0	\$ 148,649	(Sch 3)
170	.20-.39	Fringe Benefits	6800	46,114	0	46,114	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	0	0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 194,763	\$ 0	\$ 194,763	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900	0	0	0	(Sch 6)
174	.49	Agency Staff	6900	0	0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 3,379,440	\$ 6,959	\$ 3,386,399	
200		Total		\$ 13,942,292	\$ 461	\$ 13,942,753	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 449,816	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name							Fiscal Period			Provider NPI		Adjustments
PACIFIC GARDENS NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1528100013		9
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No						
<u>MEMORANDUM ADJUSTMENT</u>												
1	Not Reported			8	210		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 230.	\$0	\$449,816	\$449,816		

Provider Name							Fiscal Period	Provider NPI		Adjustments
PACIFIC GARDENS NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1528100013		9
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>										
2	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	\$128,095	\$11,758	\$139,853 *
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	280,348	(11,758)	268,590 *
							To reclassify oxygen expense to the appropriate cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Section 51511			
3	10.5	100	4	8A-1	100	4	Other Ancillary Services - Other - Nonlabor	\$44,744	\$6,083	\$50,827
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 268,590	(6,083)	262,507 *
							To reclassify X-ray and laboratory expense that is not part of the skilled nursing rate to an ancillary cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Section 51511			
4	10.5	050	4	8A-1	050	4	Interest - Property, Plant and Equipment	\$0	\$2,071	\$2,071
	10.5	055	4	8A-1	055	4	Interest - Other	2,071	(2,071)	0
							To reclassify leasehold interest to the appropriate cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 52000			
5	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	* \$139,853	\$1,376	\$141,229
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 262,507	(1,376)	261,131 *
							To reclassify alternating pressure mattress expense that is not part of the skilled nursing rate to an ancillary cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 51511(c) and 51511.5(c)			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
PACIFIC GARDENS NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1528100013		9
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>ADJUSTMENTS TO REPORTED COSTS</u>											
6	10.5	025	4	8A-1	025	4	Depreciation - Equipment To include mattress depreciation expense based on the fiscal year ending 12/31/10 Medi-Cal audit. 42 CFR 413.20 and 413.134 CMS Pub. 15-1, Sections 104.8, 108.1, 108.2 and 2300	\$40,061	\$460	\$40,521	
7	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$3,656,946	(\$5,033)	\$3,651,913	
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	1,119,251	(963)	1,118,288	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor *	261,131	(962)	260,169	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To adjust reported home office costs to agree with the Covenant Care, LLC Home Office Cost Report for fiscal period ended December 31, 2011. 42 CFR 413.17 / CMS Pub. 15-1, Sections 2150.2 and 2304	859,654	6,959	866,613	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
PACIFIC GARDENS NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1528100013		9
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
ADJUSTMENTS TO OTHER MATTERS										
8	4.1	005	2	1	15		Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through August 15, 2012 Report Date: August 16, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541	42,710	(1,184)	41,526
9	Not Reported			1	14		Overpayments 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	\$0	\$48,947	\$48,947