

**REPORT
ON THE
RATE SETTING AUDIT**

**PALOS VERDES HEALTH CARE CENTER
LOMITA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1104817071**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Maria Delgado
Audit Supervisor: Deborah Lee
Auditor: George Barbosa**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 23, 2013

John Caro, Administrator
Palos Verdes Health Care Center
26303 Western Avenue
Lomita, CA 90717

PALOS VERDES HEALTH CARE CENTER
NATIONAL PROVIDER IDENTIFIER: 1104817071
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 \$59, which resulted from Medi-Cal overpayments

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

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

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

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section—Gardena at (310) 516-4757.

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:

PALOS VERDES HEALTH CARE CENTER

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1104817071

OSHPD Facility No.:

206190614

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	\$ 1,055,337	\$ 65.54
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 306,243	\$ 19.02
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 223,832	\$ 13.90
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 278,648	\$ 17.31
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 8,200	\$ 0.51
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 11,492	\$ 0.71
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 50,640	\$ 3.14
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 181,435	\$ 11.27
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 292,699	\$ 18.18
11	Cost of Routine Service/Audited Total Costs	\$ 2,502,920.00	\$ 2,408,526	\$ 149.58
12	Total Patient Days (Adj 13)	16,080	16,102	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 155.65	\$ 149.58	
14	Overpayments (Adj 15)	\$ 0	\$ 59	
15	Medi-Cal Days (Adj 14)	13,241	12,792	
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:
PALOS VERDES HEALTH CARE CENTER

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

Provider NPI:
1104817071

OSHPD Facility No.:
206190614

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:
PALOS VERDES HEALTH CARE CENTER

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

Provider NPI:
1104817071

OSHPD Facility No.:
206190614

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	\$ 48,120	\$ 48,120		
160	Activities	51,021		\$ 51,021	
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	956,196	48,120	51,021	1,055,337 *
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	\$ 1,055,337	\$ 48,120	\$ 51,021	\$ 1,055,337

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
PALOS VERDES HEALTH CARE CENTER

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

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	\$ 53,397	\$ 53,397										
010	Housekeeping	70,645	611	\$ 71,256									
060	Laundry and Linen	29,164	1,919	2,590	\$ 33,673								
065	Dietary	137,387	4,888	6,599	0	\$ 148,874							
155	Social Services	N/A	538	726	0	0	\$ 1,264						
160	Activities	N/A	2,151	2,903	0	0	0	\$ 5,054					
165	Administration	N/A	1,937	2,615	0	0	0	0		\$ 4,552	\$ 4,552		
166	Medical Records	39,236	1,283	1,732	0	0	0	0		42,251		\$ 42,251	
170	Inservice Education - Nursing	5,596	684	924	0	0	0	0	\$ 7,204				
ANCILLARY SERVICES													
075	Patient Supplies		348	470	0	0	0	0	0	818	8	75	\$ 901
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		2,542	3,431	0	0	0	0	0	5,973	372	3,455	9,801
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		0	0	0	0	0	0	0	0	0	0	0
083	Speech Pathology		0	0	0	0	0	0	0	0	69	644	714
085	Pharmacy		0	0	0	0	0	0	0	0	147	1,367	1,514
090	Laboratory		0	0	0	0	0	0	0	0	8	75	84
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	2	15	17
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		30,270	40,861	33,673	148,874	1,264	5,054	7,204	267,199	3,797	35,247	306,243
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		629	850	0	0	0	0	0	1,479	19	172	1,669
145	Other Nonreimbursable		5,597	7,555	0	0	0	0	0	13,152	129	1,201	14,482
	TOTAL	\$ 335,425	\$ 53,397	\$ 71,256	\$ 33,673	\$ 148,874	\$ 1,264	\$ 5,054	\$ 7,204	\$ 288,622	\$ 4,552	\$ 42,251	\$ 335,425

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
PALOS VERDES HEALTH CARE CENTER

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

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	\$ 89,680	\$ 89,680										
010	Housekeeping	15,406	1,026	\$ 16,432									
060	Laundry and Linen	12,755	3,222	597	\$ 16,575								
065	Dietary	79,121	8,210	1,522	0	\$ 88,852							
155	Social Services	1,010	903	167	0	0	\$ 2,080						
160	Activities	4,431	3,612	670	0	0	0	\$ 8,713					
165	Administration	N/A	3,253	603	0	0	0	0		\$ 3,856	\$ 3,856		
166	Medical Records	4,876	2,155	399	0	0	0	0		7,430		\$ 7,430	
170	Inservice Education - Nursing	297	1,149	213	0	0	0	0	\$ 1,659				
ANCILLARY SERVICES													
075	Patient Supplies	0	585	108	0	0	0	0	0	693	7	13	\$ 713
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	149,107	4,269	791	0	0	0	0	0	154,167	315	608	155,090
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
083	Speech Pathology	33,005	0	0	0	0	0	0	0	33,005	59	113	33,177
085	Pharmacy	70,051	0	0	0	0	0	0	0	70,051	125	240	70,416
090	Laboratory	3,866	0	0	0	0	0	0	0	3,866	7	13	3,886
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	764	0	0	0	0	0	0	0	764	1	3	768
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	36,276	50,838	9,423	16,575	88,852	2,080	8,713	1,659	214,417	3,217	6,199	223,832 *
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	1,890	1,057	196	0	0	0	0	0	3,143	16	30	3,189
145	Other Nonreimbursable	0	9,400	1,742	0	0	0	0	0	11,142	110	211	11,463
	TOTAL	\$ 502,535	\$ 89,680	\$ 16,432	\$ 16,575	\$ 88,852	\$ 2,080	\$ 8,713	\$ 1,659	\$ 491,248	\$ 3,856	\$ 7,430	\$ 502,535

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
PALOS VERDES HEALTH CARE CENTER

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

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

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)	\$ 340,986	97%							
	Property Tax (line 40)	10,034	3%	\$ 351,020						
005	Plant Operations and Maintenance			23,219	\$ 23,219					
010	Housekeeping			3,751	266	\$ 4,017				
060	Laundry and Linen			11,778	834	146	\$ 12,758			
065	Dietary			30,008	2,126	372	0	\$ 32,506		
155	Social Services			3,301	234	41	0	0	\$ 3,576	
160	Activities			13,204	935	164	0	0	0	\$ 14,302
165	Administration			11,891	842	147	0	0	0	0
166	Medical Records			7,877	558	98	0	0	0	0
170	Inservice Education - Nursing			4,201	298	52	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			2,138	151	27	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			15,604	1,105	193	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	0	0	0	0	0	0
083	Speech Pathology			0	0	0	0	0	0	0
085	Pharmacy			0	0	0	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
	ROUTINE SERVICES									
105	Skilled Nursing Care			185,825	13,162	2,303	12,758	32,506	3,576	14,302
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			3,864	274	48	0	0	0	0
145	Other Nonreimbursable			34,359	2,434	426	0	0	0	0
	TOTAL	\$ 351,020	100%	\$ 351,020	\$ 23,219	\$ 4,017	\$ 12,758	\$ 32,506	\$ 3,576	\$ 14,302

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
PALOS VERDES HEALTH CARE CENTER

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

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

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 97% Of Total	Property Tax 3% Of Total
GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	\$ 340,986	97%							
	Property Tax (line 40)	10,034	3%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 12,880	\$ 12,880				
166	Medical Records				8,533		\$ 8,533			
170	Inservice Education - Nursing			\$ 4,551						
ANCILLARY SERVICES										
075	Patient Supplies			0	2,316	23	15	\$ 2,354	\$ 2,287	\$ 67
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	16,903	1,053	698	18,654	18,121	533
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	0	0	0	0	0	0
083	Speech Pathology			0	0	196	130	326	317	9
085	Pharmacy			0	0	417	276	693	673	20
090	Laboratory			0	0	23	15	38	37	1
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	5	3	8	7	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			4,551	268,984	10,745	7,118	286,847	278,648	8,200 *
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	4,185	52	35	4,272	4,150	122
145	Other Nonreimbursable			0	37,219	366	242	37,827	36,746	1,081
	TOTAL	\$ 351,020	100%	\$ 4,551	\$ 329,607	\$ 12,880	\$ 8,533	\$ 351,020	\$ 340,986	\$ 10,034

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
PALOS VERDES HEALTH CARE CENTER

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

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. 55% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 9% of Total	Quality Assur. Fees 34% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ -												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	350,865												
	Total Costs Allocable as Administration	350,865	55%											
167	CDPH Licensing Fees	13,776	2%											
168	Professional Liability Insurance	60,703	9%											
169	Quality Assurance Fees	217,490	34%											
174	Caregiver Training	0	0%											
	Total	642,834	100%						\$ 642,834					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 818	\$ 693	\$ 2,316	\$ 3,828	1,137	\$ 620	\$ 24	\$ 107	\$ 385	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	5,973	154,167	16,903	177,043	52,572	28,695	1,127	4,964	17,787	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	0	0	0	0	0	0	0	0	0	0
083	Speech Pathology			0	0	33,005	0	33,005	9,801	5,349	210	925	3,316	0
085	Pharmacy			0	0	70,051	0	70,051	20,801	11,354	446	1,964	7,038	0
090	Laboratory			0	0	3,866	0	3,866	1,148	627	25	108	388	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	764	0	764	227	124	5	21	77	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			1,055,337	267,199	214,417	268,984	1,805,937	536,267	292,699	11,492	50,640	181,435	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	1,479	3,143	4,185	8,807	2,615	1,427	56	247	885	0
145	Other Nonreimbursable			0	13,152	11,142	37,219	61,514	18,266	9,970	391	1,725	6,180	0
	SUBTOTAL	\$ 642,834		\$ 1,055,337	\$ 288,622	\$ 491,248	\$ 329,607	\$ 2,164,815	\$ 642,834					
	Total Administrative Costs							\$ 642,834		\$ 350,865	\$ 13,776	\$ 60,703	\$ 217,490	\$ -
	Unit Cost Multiplier							0.29694645						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 46,803	\$ 11,287	\$ 21,413	\$ 79,502							
	TOTAL FACILITY COSTS							\$ 2,887,151						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
PALOS VERDES HEALTH CARE CENTER

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 12)	Plant Ops (SQ FT) 5 (Adj 12)	Hskpng (SQ FT) 10 (Adj 12)	Laundry (LBS) 60 (Adj)	Dietary (MEALS) 65 (Adj)	Soc Srvs (DIRECT EXP) 155 (Adj)	Activities (DIRECT EXP) 160 (Adj)	Inserv. Ed (DIRECT EXP) 170 (Adj)	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
GENERAL SERVICES											
005	Plant Operations and Maintenance	619									
010	Housekeeping	100	100								
060	Laundry and Linen	314	314	314							
065	Dietary	800	800	800							
155	Social Services	88	88	88							
160	Activities	352	352	352							
165	Administration	317	317	317							
166	Medical Records	210	210	210							
170	Inservice Education - Nursing	112	112	112							
ANCILLARY SERVICES											
075	Patient Supplies	57	57	57						3,828	3,828
077	Specialized Support Surfaces									0	0
080	Physical Therapy	416	416	416						177,043	177,043
081	Respiratory Therapy									0	0
082	Occupational Therapy									0	0
083	Speech Pathology									33,005	33,005
085	Pharmacy									70,051	70,051
090	Laboratory									3,866	3,866
095	Home Health Services									0	0
100	Other Ancillary Services									764	764
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
ROUTINE SERVICES											
105	Skilled Nursing Care	4,954	4,954	4,954	80,410	43,588	992,472	992,472	992,472	1,805,937	1,805,937
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	103	103	103						8,807	8,807
145	Other Nonreimbursable	916	916	916						61,514	61,514
TOTAL STATISTICS		9,358	8,739	8,639	80,410	43,588	992,472	992,472	992,472	2,164,815	2,164,815
TOTAL DIRECT SALARIES COSTS - SCH. 2							\$ 48,120	\$ 51,021			
UNIT COST MULTIPLIER (DIRECT SALARIES)							0.048484995	0.051407999			
TOTAL INDIRECT SALARIES COSTS - SCH. 3			\$ 53,397	\$ 71,256	\$ 33,673	\$ 148,874	\$ 1,264	\$ 5,054	\$ 7,204	\$ 4,552	\$ 42,251
UNIT COST MULTIPLIER (INDIRECT SALARIES)			6.11019568	8.24817914	0.41876047	3.41547444	0.00127312	0.00509248	0.00725878	0.00210254	0.01951727
TOTAL INDIRECT OTHER COSTS - SCH. 4			\$ 89,680	\$ 16,432	\$ 16,575	\$ 88,852	\$ 2,080	\$ 8,713	\$ 1,659	\$ 3,856	\$ 7,430
UNIT COST MULTIPLIER (INDIRECT OTHER)			10.26204371	1.90209566	0.20612536	2.03845810	0.00209623	0.00877886	0.00167197	0.00178123	0.00343238
TOTAL CAPITAL COSTS - SCH. 5		\$ 351,020	\$ 23,219	\$ 4,017	\$ 12,758	\$ 32,506	\$ 3,576	\$ 14,302	\$ 4,551	\$ 12,880	\$ 8,533
UNIT COST MULTIPLIER (CAPITAL COSTS)		37.51015174	2.65691543	0.46495042	0.15866750	0.74574686	0.00360274	0.01441096	0.00458530	0.00594986	0.00394155

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PALOS VERDES HEALTH CARE CENTER

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

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

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	\$ 44,339	\$ 0	\$ 44,339	(Sch 3)
005	.20-.39	Fringe Benefits	6200	11,976	(2,918)	9,058	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	100,663	(10,983)	89,680	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 156,978	\$ (13,901)	\$ 143,077	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 58,514	\$ 0	\$ 58,514	(Sch 3)
010	.20-.39	Fringe Benefits	6300	15,983	(3,852)	12,131	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	15,406	0	15,406	(Sch 4)
010		Housekeeping - Total	6300	\$ 89,903	\$ (3,852)	\$ 86,051	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130		0	0	(Sch 5)
025		Depreciation: Equipment	7140		0	0	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	340,986	0	340,986	(Sch 5)
040		Property Taxes	7300	12,740	(2,706)	10,034	(Sch 5)
045		Property Insurance	7400		0	0	(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		\$ 600,607	\$ (20,459)	\$ 580,148	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 25,352	\$ 0	\$ 25,352	(Sch 3)
060	.20-.39	Fringe Benefits	6400	5,481	(1,669)	3,812	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	12,755	0	12,755	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 43,588	\$ (1,669)	\$ 41,919	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 114,399	\$ 0	\$ 114,399	(Sch 3)
065	.20-.39	Fringe Benefits	6500	30,519	(7,531)	22,988	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	79,121	0	79,121	(Sch 4)
065		Dietary - Total	6500	\$ 224,039	\$ (7,531)	\$ 216,508	
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	7,023	(7,023)	0	(Sch 4)
075		Patient Supplies - Total	8100	\$ 7,023	\$ (7,023)	\$ 0	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150		0	0	N/A
077	.79	Agency Staff	8150		0	0	N/A
077	.40-.99	Other - Nonlabor	8150		0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PALOS VERDES HEALTH CARE CENTER

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

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	\$	\$ 0	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200		0	0	(Sch 2)
080	.79	Agency Staff	8200		0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	95,225	53,882	149,107	(Sch 4)
080		Physical Therapy - Total	8200	\$ 95,225	\$ 53,882	\$ 149,107	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220		0	0	(Sch 2)
081	.79	Agency Staff	8220		0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220		0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250		0	0	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	50,000	(50,000)	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 50,000	\$ (50,000)	\$ 0	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280		0	0	(Sch 2)
083	.79	Agency Staff	8280		0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	15,000	18,005	33,005	(Sch 4)
083		Speech Pathology - Total	8280	\$ 15,000	\$ 18,005	\$ 33,005	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$	\$ 0	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300		0	0	(Sch 2)
085	.79	Agency Staff	8300		0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	70,051	0	70,051	(Sch 4)
085		Pharmacy - Total	8300	\$ 70,051	\$ 0	\$ 70,051	
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	3,866	0	3,866	(Sch 4)
090		Laboratory - Total	8400	\$ 3,866	\$ 0	\$ 3,866	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	\$	\$ 0	\$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800		0	0	(Sch 2)
095	.79	Agency Staff	8800		0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800		0	0	(Sch 4)
095		Home Health Services - Total	8800	\$ 0	\$ 0	\$ 0	
100		Other Ancillary Services					
100	.01-.19	Salaries and Wages	8900	\$	\$ 0	\$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900		0	0	(Sch 2)
100	.79	Agency Staff	8900		0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	764	0	764	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 764	\$ 0	\$ 764	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PALOS VERDES HEALTH CARE CENTER

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

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

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		\$ 241,929	\$ 14,864	\$ 256,793	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 800,388	\$ 0	\$ 800,388	(Sch 2)
105	.20-.39	Fringe Benefits	6110	216,795	(60,987)	155,808	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	36,276	0	36,276	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,053,459	\$ (60,987)	\$ 992,472	
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:
PALOS VERDES HEALTH CARE CENTER

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

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

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	1,890	0	1,890	(Sch 4)
140		Beauty and Barber - Total	8900	\$ 1,890	\$ 0	\$ 1,890	
145		Other Nonreimbursable					
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0	(Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0	(Sch 2)
145	.49	Agency Staff	9100		0	0	(Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0	(Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0	
146		Subtotal 105 - 145		\$ 1,055,349	\$ (60,987)	\$ 994,362	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	\$ 38,723	\$ 0	\$ 38,723	(Sch 2)
155	.20-.39	Fringe Benefits	6600	11,946	(2,549)	9,397	(Sch 2)
155	.49	Agency Staff	6600		0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600	1,010	0	1,010	(Sch 4)
155		Social Services - Total	6600	\$ 51,679	\$ (2,549)	\$ 49,130	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PALOS VERDES HEALTH CARE CENTER

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

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

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	\$ 43,218	\$ 0	\$ 43,218	(Sch 2)
160	.20-.39	Fringe Benefits	6700	20,648	(12,845)	7,803	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	4,431	0	4,431	(Sch 4)
160		Activities - Total	6700	\$ 68,297	\$ (12,845)	\$ 55,452	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 149,443	\$ (20,379)	\$ 129,064	(Sch 6)
165	.20-.39	Fringe Benefits	6900	37,561	90,504	128,065	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	80,791	12,945	93,736	(Sch 6)
165		Administration - Total	6900	\$ 267,795	\$ 83,070	\$ 350,865	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 14,136	\$ 19,379	\$ 33,515	(Sch 3)
166	.20-.39	Fringe Benefits	6900	3,553	2,168	5,721	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	977	3,899	4,876	(Sch 4)
166		Medical Records - Total	6900	\$ 18,666	\$ 25,446	\$ 44,112	
167		CDPH Licensing Fees	6900	\$ 13,776	\$ 0	\$ 13,776	(Sch 6)
168		Professional Liability Insurance	6900	\$ 79,745	\$ (19,042)	\$ 60,703	(Sch 6)
169		Quality Assurance Fees	6900	\$ 217,490	\$ 0	\$ 217,490	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 4,888	\$ 0	\$ 4,888	(Sch 3)
170	.20-.39	Fringe Benefits	6800	1,029	(321)	708	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	297	0	297	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 6,214	\$ (321)	\$ 5,893	
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		\$ 723,662	\$ 73,759	\$ 797,421	
200		Total		\$ 2,889,174	\$ (2,023)	\$ 2,887,151	
210	0.24	Total Facility Group Health Insurance *	6900			\$ 0	

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

Provider Name:
PALOS VERDES HEALTH CARE CENTER

Provider NPI:
1104817071

OSHPD Facility Number:
206190614

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

Line No.	Sub No.	TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8
005	1	Plant Operations and Maintenance - Salaries and Wages	0							
005	2	Plant Operations and Maintenance - Fringe Benefits	(2,918)			(2,918)				
005	3	Plant Operations and Maintenance - Agency Staff	0							
005	4	Plant Operations and Maintenance - Other - Nonlabor	(10,983)					(10,983)		
010	1	Housekeeping - Salaries and Wages	0							
010	2	Housekeeping - Fringe Benefits	(3,852)			(3,852)				
010	3	Housekeeping - Agency Staff	0							
010	4	Housekeeping - Other - Nonlabor	0							
015	4	Depreciation: Buildings and Improvements	0							
020	4	Depreciation: Leasehold Improvements	0							
025	4	Depreciation: Equipment	0							
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	0							
040	4	Property Taxes	(2,706)							(2,706)
045	4	Property Insurance	0							
050	4	Interest - Property, Plant, and Equipment	0							
055	4	Interest - Other	0							
060	1	Laundry and Linen - Salaries and Wages	0							
060	2	Laundry and Linen - Fringe Benefits	(1,669)			(1,669)				
060	3	Laundry and Linen - Agency Staff	0							
060	4	Laundry and Linen - Other - Nonlabor	0							
065	1	Dietary - Salaries and Wages	0							
065	2	Dietary - Fringe Benefits	(7,531)			(7,531)				
065	3	Dietary - Agency Staff	0							
065	4	Dietary - Other - Nonlabor	0							
070	4	Provision for Bad Debts	0							
075	1	Patient Supplies - Salaries and Wages	0							
075	2	Patient Supplies - Fringe Benefits	0							
075	3	Patient Supplies - Agency Staff	0							
075	4	Patient Supplies - Other - Nonlabor	(7,023)					(7,023)		
077	1	Specialized Support Surfaces - Salaries and Wages	0							
077	2	Specialized Support Surfaces - Fringe Benefits	0							
077	3	Specialized Support Surfaces - Agency Staff	0							
077	4	Specialized Support Surfaces - Other - Nonlabor	0							
080	1	Physical Therapy - Salaries and Wages	0							
080	2	Physical Therapy - Fringe Benefits	0							
080	3	Physical Therapy - Agency Staff	0							
080	4	Physical Therapy - Other - Nonlabor	53,882					53,882		
081	1	Respiratory Therapy - Salaries and Wages	0							
081	2	Respiratory Therapy - Fringe Benefits	0							
081	3	Respiratory Therapy - Agency Staff	0							
081	4	Respiratory Therapy - Other - Nonlabor	0							
082	1	Occupational Therapy - Salaries and Wages	0							
082	2	Occupational Therapy - Fringe Benefits	0							
082	3	Occupational Therapy - Agency Staff	0							
082	4	Occupational Therapy - Other - Nonlabor	(50,000)					(50,000)		
083	1	Speech Pathology - Salaries and Wages	0							
083	2	Speech Pathology - Fringe Benefits	0							
083	3	Speech Pathology - Agency Staff	0							

Provider Name							Fiscal Period		Provider NPI		Adjustments
PALOS VERDES HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1104817071		15
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											
1	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	\$149,443	(\$19,379)	\$130,064 *	
	10.5	166	1	8A-1	166	1	Medical Records - Salaries and Wages	14,136	19,379	33,515	
2	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	\$37,561	(\$2,168)	\$35,393 *	
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	3,553	2,168	5,721	
3	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabo	\$80,791	(\$3,899)	\$76,892 *	
	10.5	166	4	8A-1	166	4	Medical Records - Other - Nonlabo	977	3,899	4,876	
							To reconcile the provider's reported costs on page 10.5 to provider reported cost on page 10.1 column 14 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
4	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefit	\$11,976	(\$2,918)	\$9,058	
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefit	15,983	(3,852)	12,131	
	10.5	060	2	8A-1	060	2	Laundry and Linen - Fringe Benefit	5,481	(1,669)	3,812	
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	30,519	(7,531)	22,988	
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefit	216,795	(60,987)	155,808	
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	11,946	(2,549)	9,397	
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	20,648	(12,845)	7,803	
	10.5	170	2	8A-1	170	2	Inservice Education - Nursing - Fringe Benefit	1,029	(321)	708	
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	* 35,393	92,672	128,065	
							To reconcile the reported employee benefits to agree with the provider general ledger 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
5	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabo	* \$76,892	\$19,042	\$95,934 *	
	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	79,745	(19,042)	60,703	
							To reclassify finance fees, taxes and other fees associated with liability insurance to the Administration cost center 42 CFR 413.24 / CMS Pub. 15-1, Section 2162 CCR, Title 22, Sections 52000(b) and 52501				

Provider Name							Fiscal Period		Provider NPI		Adjustments
PALOS VERDES HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1104817071		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.					
ADJUSTMENTS TO REPORTED COSTS											
6	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	\$100,663	(\$10,983)	\$89,680	
	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	7,023	(7,023)	0	
	10.5	080	4	8A-1	080	4	Physical Therapy - Other - Nonlabor	95,225	53,882	149,107	
	10.5	082	4	8A-1	082	4	Occupational Therapy - Other - Nonlabor	50,000	(50,000)	0	
	10.5	083	4	8A-1	083	4	Speech Pathology - Other - Nonlabor	15,000	18,005	33,005	
							To reconcile the reported expenses to agree with the provider's general ledger. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
7	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	* \$130,064	(\$1,000)	\$129,064	
							To eliminate administrator's bonus expense due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
8	10.5	040	4	8A-1	040	4	Property Taxes	\$12,740	(\$2,706)	\$10,034	
							To adjust the reported property tax expense to agree with provider's property tax invoices. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
9	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$95,934	(\$194)	\$95,740 *	
							To adjust telephone expenses to agree with expenses applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300 , 2302.1, 2304 and 2306				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
PALOS VERDES HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1104817071		15
Report References											
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
ADJUSTMENTS TO REPORTED COSTS											
10	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate travel and entrainment expense not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.3 and 2105	* \$95,740	(\$140)	\$95,600 *	
11	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate advertising/recruiting expenses due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	* \$95,600	(\$1,864)	\$93,736	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
PALOS VERDES HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1104817071		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>ADJUSTMENT TO REPORTED STATISTICS</u>											
12	10.7	145	1, 2, 3	7	145		Other Nonreimbursable (Square Feet)	310	(100)	210	
	10.7	166	1, 2, 3	7	166		Medical Records	0	916	916	
	10.7	175	1	7	N/A		Total - Square Feet	8,542	816	9,358	
	10.7	175	2	7	N/A		Total - Square Feet	7,923	816	8,739	
	10.7	175	3	7	N/A		Total - Sqaure Feet	7,823	816	8,639	
							To adjust square footage statistics to agree with the provider's records. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306				

Provider Name							Fiscal Period	Provider NPI		Adjustments
PALOS VERDES HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1104817071		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.				
ADJUSTMENTS TO REPORTED PATIENT DAYS										
13	4.1	5	6	1	12		Patient Days To adjust total patient days to agree with the provider's patient census records. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304	16,080	22	16,102
14	4.1	5	2	1	15		Medi-Cal Patient Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 01, 2011 through December 31, 2011 Payment Period: January 01, 2011 through February 28, 2013 Report Date: March 18, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541	13,241	(449)	12,792

Provider Name							Fiscal Period			Provider NPI		Adjustments
PALOS VERDES HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1104817071		15
Report References							As Reported	Increase (Decrease)	As Adjusted			
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No	Explanation of Audit Adjustments					
<u>ADJUSTMENT TO OTHER MATTERS</u>												
15	Not Reported			1	14		Medi-Cal 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	\$59	\$59		