

**REPORT
ON THE
RATE SETTING AUDIT**

**ROYAL COURT HEALTHCARE
WHITTIER, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1740289982**

**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: Lan Nguyen
Auditor: Leslie Griffin**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: May 21, 2013

Joe McFadden, Director
Analytical and Regulatory Reporting
The Ensign Group, Inc.
27101 Puerta Real, Suite 450
Mission Viejo, CA 92691

ROYAL COURT HEALTHCARE
NATIONAL PROVIDER IDENTIFIER (NPI) 1740289982
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 \$1,524, which resulted from Medi-Cal credit balances

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.

Joe McFadden
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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 A. Varho)

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

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
ROYAL COURT HEALTHCARE

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

Provider NPI:
1740289982

OSHPD Facility No.:
206190089

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 4,447,566	\$ 85.56
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 1,145,714	\$ 22.04
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 1,003,119	\$ 19.30
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 1,256,199	\$ 24.17
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 66,831	\$ 1.29
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 29,143	\$ 0.56
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 283,174	\$ 5.45
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 542,545	\$ 10.44
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,303,469	\$ 25.08
11	Cost of Routine Service/Audited Total Costs	\$ 10,105,691.00	\$ 10,077,760	\$ 193.88
12	Total Patient Days (Adj)	51,980	51,980	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 194.41	\$ 193.88	
14	Overpayments (Adj 9)	\$ 0	\$ (1,524)	
15	Medi-Cal Days (Adj 8)	30,641	30,236	
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:
ROYAL COURT HEALTHCARE

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

Provider NPI:
1740289982

OSHPD Facility No.:
206190089

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:
ROYAL COURT HEALTHCARE

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

Provider NPI:
1740289982

OSHPD Facility No.:
206190089

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	\$ 136,231	\$ 136,231		
160	Activities	104,102		\$ 104,102	
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	707,233	0	0	707,233
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	494,655	0	0	494,655
083	Speech Pathology	112,073	0	0	112,073
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	4,207,233	136,231	104,102	4,447,566 *
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	\$ 5,761,527	\$ 136,231	\$ 104,102	\$ 5,761,527

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
ROYAL COURT HEALTHCARE

Provider NPI:
1740289982

OSHPD Facility Number:
206190089

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	\$ 147,091	\$ 147,091										
010	Housekeeping	210,733	641	\$ 211,374									
060	Laundry and Linen	136,868	5,220	7,538	\$ 149,626								
065	Dietary	450,113	19,100	27,581	0	\$ 496,794							
155	Social Services	N/A	3,109	4,490	0	0	\$ 7,599						
160	Activities	N/A	3,109	4,490	0	0	0	\$ 7,599					
165	Administration	N/A	3,966	5,726	0	0	0	0	\$ 9,692	\$ 9,692			
166	Medical Records	177,477	971	1,402	0	0	0	0	179,851		\$ 179,851		
170	Inservice Education - Nursing	84,329	540	779	0	0	0	0	\$ 85,648				
ANCILLARY SERVICES													
075	Patient Supplies		472	682	0	0	0	0	0	1,154	84	1,565	\$ 2,803
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	5	101	107
080	Physical Therapy		2,995	4,324	0	0	0	0	0	7,319	843	15,634	23,795
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		2,017	2,912	0	0	0	0	0	4,929	694	12,879	18,502
083	Speech Pathology		351	506	0	0	0	0	0	857	113	2,097	3,067
085	Pharmacy		378	545	0	0	0	0	0	923	388	7,209	8,521
090	Laboratory		0	0	0	0	0	0	0	0	61	1,138	1,200
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	50	936	987
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		103,481	149,424	149,626	496,794	7,599	7,599	85,648	1,000,171	7,442	138,100	1,145,714 *
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		742	974	0	0	0	0	0	1,716	10	190	1,916
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,206,611	\$ 147,091	\$ 211,374	\$ 149,626	\$ 496,794	\$ 7,599	\$ 7,599	\$ 85,648	\$ 1,017,068	\$ 9,692	\$ 179,851	\$ 1,206,611

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
ROYAL COURT HEALTHCARE

Provider NPI:
1740289982

OSHPD Facility Number:
206190089

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	\$ 302,861	\$ 302,861										
010	Housekeeping	47,061	1,319	\$ 48,380									
060	Laundry and Linen	56,480	10,749	1,725	\$ 68,954								
065	Dietary	380,820	39,328	6,313	0	\$ 426,461							
155	Social Services	2,927	6,402	1,028	0	0	\$ 10,357						
160	Activities	17,373	6,402	1,028	0	0	0	\$ 24,803					
165	Administration	N/A	8,166	1,311	0	0	0	0		\$ 9,476	\$ 9,476		
166	Medical Records	21,428	2,000	321	0	0	0	0		23,749		\$ 23,749	
170	Inservice Education - Nursing	0	1,111	178	0	0	0	0	\$ 1,289				
ANCILLARY SERVICES													
075	Patient Supplies	80,598	972	156	0	0	0	0	0	81,726	82	207	\$ 82,015
077	Specialized Support Surfaces	5,646	0	0	0	0	0	0	0	5,646	5	13	5,665
080	Physical Therapy	122,725	6,166	990	0	0	0	0	0	129,881	824	2,064	132,769
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	195,536	4,152	666	0	0	0	0	0	200,355	679	1,701	202,734
083	Speech Pathology	0	722	116	0	0	0	0	0	838	111	277	1,225
085	Pharmacy	397,142	778	125	0	0	0	0	0	398,044	380	952	399,376
090	Laboratory	63,575	0	0	0	0	0	0	0	63,575	60	150	63,785
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	52,274	0	0	0	0	0	0	0	52,274	49	124	52,447
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	198,475	213,068	34,201	68,954	426,461	10,357	24,803	1,289	977,607	7,276	18,236	1,003,119 *
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	74	1,528	223	0	0	0	0	0	1,824	10	25	1,860
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,944,995	\$ 302,861	\$ 48,380	\$ 68,954	\$ 426,461	\$ 10,357	\$ 24,803	\$ 1,289	\$ 1,911,770	\$ 9,476	\$ 23,749	\$ 1,944,995

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ROYAL COURT HEALTHCARE

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

Provider NPI:
1740289982

OSHPD Facility Number:
206190089

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)	\$ 1,329,740	95%							
	Property Tax (line 40)	70,743	5%	\$ 1,400,483						
005	Plant Operations and Maintenance			20,377	\$ 20,377					
010	Housekeeping			6,012	89	\$ 6,101				
060	Laundry and Linen			48,980	723	218	\$ 49,921			
065	Dietary			179,213	2,646	796	0	\$ 182,655		
155	Social Services			29,173	431	130	0	0	\$ 29,733	
160	Activities			29,173	431	130	0	0	0	\$ 29,733
165	Administration			37,210	549	165	0	0	0	0
166	Medical Records			9,113	135	40	0	0	0	0
170	Inservice Education - Nursing			5,063	75	22	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			4,430	65	20	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			28,097	415	125	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			18,921	279	84	0	0	0	0
083	Speech Pathology			3,291	49	15	0	0	0	0
085	Pharmacy			3,544	52	16	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			970,928	14,335	4,313	49,921	182,655	29,733	29,733
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			6,961	103	28	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 1,400,483	100%	\$ 1,400,483	\$ 20,377	\$ 6,101	\$ 49,921	\$ 182,655	\$ 29,733	\$ 29,733

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ROYAL COURT HEALTHCARE

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

Provider NPI:
1740289982

OSHPD Facility Number:
206190089

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 95% Of Total	Property Tax 5% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 1,329,740	95%							
	Property Tax (line 40)	70,743	5%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 37,924	\$ 37,924				
166	Medical Records				9,288		\$ 9,288			
170	Inservice Education - Nursing			\$ 5,160						
	ANCILLARY SERVICES									
075	Patient Supplies			0	4,515	330	81	\$ 4,926	\$ 4,677	\$ 249
077	Specialized Support Surfaces			0	0	21	5	27	25	1
080	Physical Therapy			0	28,637	3,297	807	32,741	31,087	1,654
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	19,285	2,716	665	22,665	21,520	1,145
083	Speech Pathology			0	3,354	442	108	3,904	3,707	197
085	Pharmacy			0	3,612	1,520	372	5,504	5,226	278
090	Laboratory			0	0	240	59	299	284	15
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	197	48	246	233	12
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			5,160	1,286,778	29,121	7,132	1,323,030	1,256,199	66,831
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	7,092	40	10	7,142	6,781	361
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 1,400,483	100%	\$ 5,160	\$ 1,353,271	\$ 37,924	\$ 9,288	\$ 1,400,483	\$ 1,329,740	\$ 70,743

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
ROYAL COURT HEALTHCARE

Provider NPI:
1740289982

OSHPD Facility Number:
206190089

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. 60% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 13% of Total	Quality Assur. Fees 25% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 7,142												
055	Interest - Other	40												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,690,349												
	Total Costs Allocable as Administration	1,697,531	60%											
167	CDPH Licensing Fees	37,954	1%											
168	Professional Liability Insurance	368,783	13%											
169	Quality Assurance Fees	706,566	25%											
174	Caregiver Training	0	0%											
	Total	2,810,834	100%						\$ 2,810,834					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 1,154	\$ 81,726	\$ 4,515	\$ 87,395	24,458	\$ 14,771	\$ 330	\$ 3,209	\$ 6,148	\$ -
077	Specialized Support Surfaces			0	0	5,646	0	5,646	1,580	954	21	207	397	0
080	Physical Therapy			707,233	7,319	129,881	28,637	873,069	244,339	147,562	3,299	32,057	61,420	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			494,655	4,929	200,355	19,285	719,223	201,283	121,560	2,718	26,408	50,597	0
083	Speech Pathology			112,073	857	838	3,354	117,122	32,778	19,795	443	4,300	8,239	0
085	Pharmacy			0	923	398,044	3,612	402,579	112,667	68,042	1,521	14,782	28,321	0
090	Laboratory			0	0	63,575	0	63,575	17,792	10,745	240	2,334	4,472	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	52,274	0	52,274	14,630	8,835	198	1,919	3,677	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES														
105	Skilled Nursing Care			4,447,566	1,000,171	977,607	1,286,778	7,712,122	2,158,331	1,303,469	29,143	283,174	542,545	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	1,716	1,824	7,092	10,632	2,976	1,797	40	390	748	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 2,810,834		\$ 5,761,527	\$ 1,017,068	\$ 1,911,770	\$ 1,353,271	\$ 10,043,636	\$ 2,810,834					
	Total Administrative Costs							\$ 2,810,834		\$ 1,697,531	\$ 37,954	\$ 368,783	\$ 706,566	\$ -
	Unit Cost Multiplier							0.27986218						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 189,543	\$ 33,225	\$ 47,212	\$ 269,980							
	TOTAL FACILITY COSTS							\$ 13,124,450						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
ROYAL COURT HEALTHCARE

Provider NPI:
1740289982

OSHPD Facility Number:
206190089

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	322									
010	Housekeeping	95	95								
060	Laundry and Linen	774	774	774							
065	Dietary	2,832	2,832	2,832							
155	Social Services	461	461	461							
160	Activities	461	461	461							
165	Administration	588	588	588							
166	Medical Records	144	144	144							
170	Inservice Education - Nursing	80	80	80							
	ANCILLARY SERVICES										
075	Patient Supplies	70	70	70						87,395	87,395
077	Specialized Support Surfaces									5,646	5,646
080	Physical Therapy	444	444	444						873,069	873,069
081	Respiratory Therapy									0	0
082	Occupational Therapy	299	299	299						719,223	719,223
083	Speech Pathology	52	52	52						117,122	117,122
085	Pharmacy	56	56	56						402,579	402,579
090	Laboratory									63,575	63,575
095	Home Health Services									0	0
100	Other Ancillary Services									52,274	52,274
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	15,343	15,343	15,343	519,800	155,940	4,405,708	4,405,708	4,405,708	7,712,122	7,712,122
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	110	110	100						10,632	10,632
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	22,131	21,809	21,704	519,800	155,940	4,405,708	4,405,708	4,405,708	10,043,636	10,043,636
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 136,231 0.030921477	\$ 104,102 0.023628892			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 147,091 6.74450915	\$ 211,374 9.73892962	\$ 149,626 0.28785337	\$ 496,794 3.18580286	\$ 7,599 0.00172478	\$ 7,599 0.00172478	\$ 85,648 0.01944016	\$ 9,692 0.00096502	\$ 179,851 0.01790692
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 302,861 13.88697327	\$ 48,380 2.22909429	\$ 68,954 0.13265455	\$ 426,461 2.73477429	\$ 10,357 0.00235070	\$ 24,803 0.00562963	\$ 1,289 0.00029264	\$ 9,476 0.00094351	\$ 23,749 0.00236455
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 1,400,483 63.28150558	\$ 20,377 0.93432275	\$ 6,101 0.28107739	\$ 49,921 0.09603810	\$ 182,655 1.17131741	\$ 29,733 0.00674876	\$ 29,733 0.00674876	\$ 5,160 0.00117115	\$ 37,924 0.00377594	\$ 9,288 0.00092472

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ROYAL COURT HEALTHCARE

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

Provider NPI:
1740289982

OSHPD Facility Number:
206190089

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	\$ 114,811	\$ 0	\$ 114,811	(Sch 3)
005	.20-.39	Fringe Benefits	6200	32,280	0	32,280	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	306,280	(3,419)	302,861	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 453,371	\$ (3,419)	\$ 449,952	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$	\$ 0	\$ 0	(Sch 3)
010	.20-.39	Fringe Benefits	6300		0	0	(Sch 3)
010	.79	Agency Staff	6300	217,437	(6,704)	210,733	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	40,357	6,704	47,061	(Sch 4)
010		Housekeeping - Total	6300	\$ 257,794	\$ 0	\$ 257,794	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 15,211	\$ 0	\$ 15,211	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	295,387	0	295,387	(Sch 5)
025		Depreciation: Equipment	7140	162,341	850	163,191	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	3,564	0	3,564	(Sch 5)
035		Leases and Rentals	7200	852,387	0	852,387	(Sch 5)
040		Property Taxes	7300	70,743	0	70,743	(Sch 5)
045		Property Insurance	7400	7,142	0	7,142	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$ 40	\$ 0	\$ 40	(Sch 6)
057		Subtotal 005 - 055		\$ 2,117,980	\$ (2,569)	\$ 2,115,411	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$	\$ 0	\$ 0	(Sch 3)
060	.20-.39	Fringe Benefits	6400		0	0	(Sch 3)
060	.79	Agency Staff	6400	136,868	0	136,868	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	69,519	(13,039)	56,480	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 206,387	\$ (13,039)	\$ 193,348	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 349,547	\$ 0	\$ 349,547	(Sch 3)
065	.20-.39	Fringe Benefits	6500	100,566	0	100,566	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	380,820	0	380,820	(Sch 4)
065		Dietary - Total	6500	\$ 830,933	\$ 0	\$ 830,933	
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	80,598	0	80,598	(Sch 4)
075		Patient Supplies - Total	8100	\$ 80,598	\$ 0	\$ 80,598	
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	5,646	0	5,646	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 5,646	\$ 0	\$ 5,646	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ROYAL COURT HEALTHCARE

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

Provider NPI:
1740289982

OSHPD Facility Number:
206190089

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	\$ 559,836	\$ 0	\$ 559,836	(Sch 2)
080	.20-.39	Fringe Benefits	8200	147,397	0	147,397	(Sch 2)
080	.79	Agency Staff	8200		0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	122,725	0	122,725	(Sch 4)
080		Physical Therapy - Total	8200	\$ 829,958	\$ 0	\$ 829,958	
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	\$ 388,472	\$ 0	\$ 388,472	(Sch 2)
082	.20-.39	Fringe Benefits	8250	106,183	0	106,183	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	195,536	0	195,536	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 690,191	\$ 0	\$ 690,191	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 89,671	\$ 0	\$ 89,671	(Sch 2)
083	.20-.39	Fringe Benefits	8280	22,402	0	22,402	(Sch 2)
083	.79	Agency Staff	8280		0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280		0	0	(Sch 4)
083		Speech Pathology - Total	8280	\$ 112,073	\$ 0	\$ 112,073	
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	397,142	0	397,142	(Sch 4)
085		Pharmacy - Total	8300	\$ 397,142	\$ 0	\$ 397,142	
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	63,575	0	63,575	(Sch 4)
090		Laboratory - Total	8400	\$ 63,575	\$ 0	\$ 63,575	
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	52,274	0	52,274	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 52,274	\$ 0	\$ 52,274	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ROYAL COURT HEALTHCARE

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

Provider NPI:
1740289982

OSHPD Facility Number:
206190089

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		\$ 2,231,457	\$ 0	\$ 2,231,457	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 2,905,896	\$ 0	\$ 2,905,896	(Sch 2)
105	.20-.39	Fringe Benefits	6110	821,506	0	821,506	(Sch 2)
105	.49	Agency Staff	6110	479,047	784	479,831	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	205,283	(6,808)	198,475	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 4,411,732	\$ (6,024)	\$ 4,405,708	
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:
ROYAL COURT HEALTHCARE

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

Provider NPI:
1740289982

OSHPD Facility Number:
206190089

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	74	0	74 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 74	\$ 0	\$ 74
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		\$ 4,411,806	\$ (6,024)	\$ 4,405,782
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 106,689	\$ 0	\$ 106,689 (Sch 2)
155	.20-.39	Fringe Benefits	6600	29,542	0	29,542 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	2,927	0	2,927 (Sch 4)
155		Social Services - Total	6600	\$ 139,158	\$ 0	\$ 139,158

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ROYAL COURT HEALTHCARE

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

Provider NPI:
1740289982

OSHPD Facility Number:
206190089

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	\$ 82,417	\$ 0	\$ 82,417	(Sch 2)
160	.20-.39	Fringe Benefits	6700	21,685	0	21,685	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	17,373	0	17,373	(Sch 4)
160		Activities - Total	6700	\$ 121,475	\$ 0	\$ 121,475	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 439,192	\$ 0	\$ 439,192	(Sch 6)
165	.20-.39	Fringe Benefits	6900	108,987	0	108,987	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	1,142,170	0	1,142,170	(Sch 6)
165		Administration - Total	6900	\$ 1,690,349	\$ 0	\$ 1,690,349	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 139,531	\$ 0	\$ 139,531	(Sch 3)
166	.20-.39	Fringe Benefits	6900	37,946	0	37,946	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	21,428	0	21,428	(Sch 4)
166		Medical Records - Total	6900	\$ 198,905	\$ 0	\$ 198,905	
167		CDPH Licensing Fees	6900	\$ 37,954	\$ 0	\$ 37,954	(Sch 6)
168		Professional Liability Insurance	6900	\$ 368,783	\$ 0	\$ 368,783	(Sch 6)
169		Quality Assurance Fees	6900	\$ 706,566	\$ 0	\$ 706,566	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 64,909	\$ 0	\$ 64,909	(Sch 3)
170	.20-.39	Fringe Benefits	6800	19,420	0	19,420	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800		0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 84,329	\$ 0	\$ 84,329	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900		0	0	(Sch 6)
174	.49	Agency Staff	6900		0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900		0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 3,347,519	\$ 0	\$ 3,347,519	
200		Total		\$ 13,146,082	\$ (21,632)	\$ 13,124,450	

210	0.24	Total Facility Group Health Insurance * (Adj. 1)	6900			\$ 305,562	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name							Fiscal Period			Provider NPI		Adjustments
ROYAL COURT HEALTHCARE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1740289982		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	N/A	Total Facility Group Health Insurance To include Group Health Insurance in the audit report for informational purposes only. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$305,562	\$305,562

Provider Name							Fiscal Period	Provider NPI	Adjustments	
ROYAL COURT HEALTHCARE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1740289982	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	105	3	8A-1	105	3	Skilled Nursing Care - Agency Staff	\$479,047	\$784	\$479,831
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	205,283	(784)	204,499 *
							To reclassify expense to agree with the trial balance report 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4 and 2302.8			
3	10.5	010	3	8A-1	010	3	Housekeeping - Agency Staff	\$217,437	(\$6,704)	\$210,733
	10.5	010	4	8A-1	010	4	Housekeeping - Other - Nonlabor	40,357	6,704	47,061
							To reclassify medical waste disposal expense to the appropriate cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title, Sections 52502(c)(1) and 52000(i)			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments	
ROYAL COURT HEALTHCARE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1740289982		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>											
4	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor To eliminate legend drugs and medical supplies not included in the rate. CCR, Title 22, Section 51511(c)	*	\$204,499	(\$881)	\$203,618 *
5	10.5	025	4	8A-1	025	4	Depreciation - Equipment		\$162,341	\$850	\$163,191
	10.5	060	4	8A-1	060	4	Laundry and Linen - Other - Nonlabor To eliminate expense for laundry washer that should have been capitalized. 42 CFR 413.20 and 413.134 CMS Pub. 15-1, Sections 104.8, 108.1, 108.2 and 2300		69,519	(10,197)	59,322 *
6	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor To eliminate items not included in the rate. CCR, Title 22, Section 51511(c)	*	\$203,618	(\$5,143)	\$198,475
7	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor		\$306,280	(\$3,419)	\$302,861
	10.5	060	4	8A-1	060	4	Laundry and Linen - Other - Nonlabor To adjust equipment expense to agree with expense applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 108.1, 2300, 2302.1, 2304 and 2306	*	59,322	(2,842)	56,480

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ROYAL COURT HEALTHCARE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1740289982		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>ADJUSTMENT TO REPORTED PATIENT DAYS</u>												
8	4.1	5	2	1	15	N/A	Medi-Cal Days		30,641	(405)	30,236	
							To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through August 31, 2012 Report Date: September 25, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541					

Provider Name							Fiscal Period			Provider NPI		Adjustments
ROYAL COURT HEALTHCARE							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1740289982		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>ADJUSTMENT TO OTHER MATTERS</u>												
9	Not Reported			1	14	N/A	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	\$1,524	\$1,524	