

**REPORT
ON THE
RATE SETTING AUDIT**

**TEMPLE PARK CONVALESCENT HOSPITAL
LOS ANGELES, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1295781896**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Daniel J. Giardinelli
Audit Supervisor: Allen Dervi
Auditor: Anita Keshishyan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 3, 2013

Administrator
Temple Park Convalescent Hospital
2411 West Temple Street
Los Angeles, CA 90026

TEMPLE PARK CONVALESCENT HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1295781896
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 was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the data presented in the accompanying Summary of Audited Facility Cost per Patient Day represents a proper determination of the allowable costs 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 Adjustment Schedule

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.

Administrator
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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—Burbank at (818) 295-2620.

Original Signed By

Daniel J. Giardinelli, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

cc: Cathy Storr
Vice President
Axiom Healthcare Group
572 West 37th Street
San Pedro, CA 90731

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
TEMPLE PARK CONVALESCENT HOSPITAL

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

Provider NPI:
1295781896

OSHPD Facility No.:
206190972

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 2,737,043	\$ 77.09
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 804,525	\$ 22.66
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 625,842	\$ 17.63
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 598,113	\$ 16.85
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 17,911	\$ 0.50
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 20,998	\$ 0.59
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 50,028	\$ 1.41
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 429,529	\$ 12.10
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 677,250	\$ 19.07
11	Cost of Routine Service/Audited Total Costs	\$ 5,950,575	\$ 5,961,239	\$ 167.90
12	Total Patient Days (Adj)	35,505	35,505	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 167.60	\$ 167.90	
14	Overpayments (Adj)	\$ 0	\$ 0	
15	Medi-Cal Days (Adj 1)	29,959	29,817	
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:
TEMPLE PARK CONVALESCENT HOSPITAL

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

Provider NPI:
1295781896

OSHPD Facility No.:
206190972

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:
TEMPLE PARK CONVALESCENT HOSPITAL

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

Provider NPI:
1295781896

OSHPD Facility No.:
206190972

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	\$ 44,254	\$ 44,254		
160	Activities	103,672		\$ 103,672	
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	211,998	0	0	211,998
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	133,614	0	0	133,614
083	Speech Pathology	5,116	0	0	5,116
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	2,589,117	44,254	103,672	2,737,043 *
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	\$ 3,087,771	\$ 44,254	\$ 103,672	\$ 3,087,771

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
TEMPLE PARK CONVALESCENT HOSPITAL

Provider NPI:
1295781896

OSHPD Facility Number:
206190972

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	\$ 98,783	\$ 98,783										
010	Housekeeping	170,838	2,727	\$ 173,565									
060	Laundry and Linen	117,692	1,324	2,392	\$ 121,408								
065	Dietary	288,494	4,317	7,801	0	\$ 300,612							
155	Social Services	N/A	4,749	8,581	0	0	\$ 13,330						
160	Activities	N/A	4,375	7,905	0	0	0	\$ 12,279					
165	Administration	N/A	3,403	6,150	0	0	0	0	\$ 9,553	\$ 9,553			
166	Medical Records	119,151	863	1,560	0	0	0	0	121,575		\$ 121,575		
170	Inservice Education - Nursing	37,078	0	0	0	0	0	0	\$ 37,078				
ANCILLARY SERVICES													
075	Patient Supplies		0	0	0	0	0	0	0	10	132	\$ 143	
077	Specialized Support Surfaces		0	0	0	0	0	0	0	5	62	66	
080	Physical Therapy		1,835	3,315	0	0	0	0	5,150	431	5,479	11,059	
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	
082	Occupational Therapy		2,828	5,109	0	0	0	0	7,937	309	3,932	12,178	
083	Speech Pathology		0	0	0	0	0	0	0	9	120	129	
085	Pharmacy		0	0	0	0	0	0	0	246	3,137	3,383	
090	Laboratory		0	0	0	0	0	0	0	38	482	520	
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services		0	0	0	0	0	0	0	0	0	0	
101	Subacute Care Ancillary Services		0	0	0	0	0	0	0	0	0	0	
102	Subacute Care - Pediatric Ancillary Services		0	0	0	0	0	0	0	0	0	0	
ROUTINE SERVICES													
105	Skilled Nursing Care		72,362	130,752	121,408	300,612	13,330	12,279	37,078	687,821	8,502	108,201	804,525 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care		0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric		0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
NONREIMBURSABLE													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		0	0	0	0	0	0	0	2	31	33	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	
	TOTAL	\$ 832,036	\$ 98,783	\$ 173,565	\$ 121,408	\$ 300,612	\$ 13,330	\$ 12,279	\$ 37,078	\$ 700,909	\$ 9,553	\$ 121,575	\$ 832,036

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
TEMPLE PARK CONVALESCENT HOSPITAL

Provider NPI:
1295781896

OSHPD Facility Number:
206190972

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	\$ 209,767	\$ 209,767										
010	Housekeeping	47,128	5,791	\$ 52,919									
060	Laundry and Linen	20,989	2,811	729	\$ 24,530								
065	Dietary	185,539	9,167	2,378	0	\$ 197,085							
155	Social Services	1,800	10,084	2,616	0	0	\$ 14,500						
160	Activities	12,753	9,290	2,410	0	0	0	\$ 24,453					
165	Administration	N/A	7,227	1,875	0	0	0	0		\$ 9,102	\$ 9,102		
166	Medical Records	0	1,833	476	0	0	0	0		2,309		\$ 2,309	
170	Inservice Education - Nursing	0	0	0	0	0	0	0	\$ -				
ANCILLARY SERVICES													
075	Patient Supplies	5,670	0	0	0	0	0	0	0	5,670	10	3	\$ 5,682
077	Specialized Support Surfaces	2,634	0	0	0	0	0	0	0	2,634	5	1	2,640
080	Physical Therapy	0	3,896	1,011	0	0	0	0	0	4,907	410	104	5,421
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	6,005	1,558	0	0	0	0	0	7,563	294	75	7,932
083	Speech Pathology	0	0	0	0	0	0	0	0	0	9	2	11
085	Pharmacy	134,246	0	0	0	0	0	0	0	134,246	235	60	134,540
090	Laboratory	20,621	0	0	0	0	0	0	0	20,621	36	9	20,666
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
101	Subacute Care Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES													
105	Skilled Nursing Care	161,591	153,662	39,865	24,530	197,085	14,500	24,453	0	615,686	8,101	2,055	625,842 *
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	1,308	0	0	0	0	0	0	0	1,308	2	1	1,311
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 804,046	\$ 209,767	\$ 52,919	\$ 24,530	\$ 197,085	\$ 14,500	\$ 24,453	\$ -	\$ 792,635	\$ 9,102	\$ 2,309	\$ 804,046

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
 TEMPLE PARK CONVALESCENT HOSPITAL

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

Provider NPI:
 1295781896

OSHPD Facility Number:
 206190972

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)	\$ 631,871	97%							
	Property Tax (line 40)	18,922	3%	\$ 650,793						
005	Plant Operations and Maintenance			3,301	\$ 3,301					
010	Housekeeping			17,875	91	\$ 17,966				
060	Laundry and Linen			8,678	44	248	\$ 8,970			
065	Dietary			28,297	144	807	0	\$ 29,249		
155	Social Services			31,127	159	888	0	0	\$ 32,174	
160	Activities			28,675	146	818	0	0	0	\$ 29,639
165	Administration			22,308	114	637	0	0	0	0
166	Medical Records			5,659	29	161	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			0	0	0	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			12,026	61	343	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			18,535	95	529	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			474,312	2,418	13,534	8,970	29,249	32,174	29,639
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
NONREIMBURSABLE										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	0	0	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 650,793	100%	\$ 650,793	\$ 3,301	\$ 17,966	\$ 8,970	\$ 29,249	\$ 32,174	\$ 29,639

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
TEMPLE PARK CONVALESCENT HOSPITAL

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

Provider NPI:
1295781896

OSHPD Facility Number:
206190972

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)	\$ 631,871	97%							
	Property Tax (line 40)	18,922	3%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 23,058	\$ 23,058				
166	Medical Records				5,850		\$ 5,850			
170	Inservice Education - Nursing			\$ -						
	ANCILLARY SERVICES									
075	Patient Supplies			0	0	25	6	\$ 32	\$ 31	\$ 1
077	Specialized Support Surfaces			0	0	12	3	15	14	0
080	Physical Therapy			0	12,431	1,039	264	13,734	13,334	399
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	19,158	746	189	20,093	19,509	584
083	Speech Pathology			0	0	23	6	28	28	1
085	Pharmacy			0	0	595	151	746	724	22
090	Laboratory			0	0	91	23	115	111	3
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
	ROUTINE SERVICES									
105	Skilled Nursing Care			0	590,296	20,522	5,206	616,024	598,113	17,911
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
	NONREIMBURSABLE									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	0	6	1	7	7	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 650,793	100%	\$ -	\$ 621,885	\$ 23,058	\$ 5,850	\$ 650,793	\$ 631,871	\$ 18,922

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
TEMPLE PARK CONVALESCENT HOSPITAL

Provider NPI:
1295781896

OSHPD Facility Number:
206190972

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. 58% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 4% of Total	Quality Assur. Fees 36% 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)	760,955												
	Total Costs Allocable as Administration	760,955	58%											
167	CDPH Licensing Fees	23,593	2%											
168	Professional Liability Insurance	56,211	4%											
169	Quality Assurance Fees	482,617	36%											
174	Caregiver Training	0	0%											
	Total	1,323,376	100%						\$ 1,323,376					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ -	\$ 5,670	\$ -	\$ 5,670	1,442	\$ 829	\$ 26	\$ 61	\$ 526	\$ -
077	Specialized Support Surfaces			0	0	2,634	0	2,634	670	385	12	28	244	0
080	Physical Therapy			211,998	5,150	4,907	12,431	234,486	59,639	34,293	1,063	2,533	21,749	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			133,614	7,937	7,563	19,158	168,272	42,798	24,609	763	1,818	15,608	0
083	Speech Pathology			5,116	0	0	0	5,116	1,301	748	23	55	475	0
085	Pharmacy			0	0	134,246	0	134,246	34,144	19,633	609	1,450	12,452	0
090	Laboratory			0	0	20,621	0	20,621	5,245	3,016	94	223	1,913	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES														
105	Skilled Nursing Care			2,737,043	687,821	615,686	590,296	4,630,847	1,177,804	677,250	20,998	50,028	429,529	0
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	0	1,308	0	1,308	333	191	6	14	121	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 1,323,376		\$ 3,087,771	\$ 700,909	\$ 792,635	\$ 621,885	\$ 5,203,200	\$ 1,323,376					
	Total Administrative Costs							\$ 1,323,376		\$ 760,955	\$ 23,593	\$ 56,211	\$ 482,617	\$ -
	Unit Cost Multiplier							0.25433889						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 131,127	\$ 11,411	\$ 28,908	\$ 171,446							
	TOTAL FACILITY COSTS							\$ 6,698,022						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
TEMPLE PARK CONVALESCENT HOSPITAL

Provider NPI:
1295781896

OSHPD Facility Number:
206190972

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 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	70									
010	Housekeeping	379	379								
060	Laundry and Linen	184	184	184							
065	Dietary	600	600	600							
155	Social Services	660	660	660							
160	Activities	608	608	608							
165	Administration	473	473	473							
166	Medical Records	120	120	120							
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies									5,670	5,670
077	Specialized Support Surfaces									2,634	2,634
080	Physical Therapy	255	255	255						234,486	234,486
081	Respiratory Therapy									0	0
082	Occupational Therapy	393	393	393						168,272	168,272
083	Speech Pathology									5,116	5,116
085	Pharmacy									134,246	134,246
090	Laboratory									20,621	20,621
095	Home Health Services									0	0
100	Other Ancillary Services									0	0
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	10,057	10,057	10,057	347,940	104,382	2,750,708	2,750,708	2,750,708	4,630,847	4,630,847
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									1,308	1,308
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	13,799	13,729	13,350	347,940	104,382	2,750,708	2,750,708	2,750,708	5,203,200	5,203,200
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 44,254 0.016088222	\$ 103,672 0.037689206			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 98,783 7.19520723	\$ 173,565 13.00112236	\$ 121,408 0.34893408	\$ 300,612 2.87991989	\$ 13,330 0.00484587	\$ 12,279 0.00446408	\$ 37,078 0.01347944	\$ 9,553 0.00183596	\$ 121,575 0.02336535
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 209,767 15.27911720	\$ 52,919 3.96395396	\$ 24,530 0.07049987	\$ 197,085 1.88811139	\$ 14,500 0.00527153	\$ 24,453 0.00888963	\$ - 0.00000000	\$ 9,102 0.00174930	\$ 2,309 0.00044380
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 650,793 47.16233060	\$ 3,301 0.24046640	\$ 17,966 1.34574233	\$ 8,970 0.02577954	\$ 29,249 0.28021233	\$ 32,174 0.01169664	\$ 29,639 0.01077509	\$ - 0.00000000	\$ 23,058 0.00443152	\$ 5,850 0.00112428

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
 TEMPLE PARK CONVALESCENT HOSPITAL

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

Provider NPI:
 1295781896

OSHPD Facility Number:
 206190972

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	\$ 73,344	\$ 0	\$ 73,344	(Sch 3)
005	.20-.39	Fringe Benefits	6200	25,439	0	25,439	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	209,767	0	209,767	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 308,550	\$ 0	\$ 308,550	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 126,844	\$ 0	\$ 126,844	(Sch 3)
010	.20-.39	Fringe Benefits	6300	43,994	0	43,994	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	47,128	0	47,128	(Sch 4)
010		Housekeeping - Total	6300	\$ 217,966	\$ 0	\$ 217,966	
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	631,871	0	631,871	(Sch 5)
040		Property Taxes	7300	18,922	0	18,922	(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		\$ 1,177,309	\$ 0	\$ 1,177,309	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 87,384	\$ 0	\$ 87,384	(Sch 3)
060	.20-.39	Fringe Benefits	6400	30,308	0	30,308	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	20,989	0	20,989	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 138,681	\$ 0	\$ 138,681	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 214,201	\$ 0	\$ 214,201	(Sch 3)
065	.20-.39	Fringe Benefits	6500	74,293	0	74,293	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	185,539	0	185,539	(Sch 4)
065		Dietary - Total	6500	\$ 474,033	\$ 0	\$ 474,033	
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	5,670	0	5,670	(Sch 4)
075		Patient Supplies - Total	8100	\$ 5,670	\$ 0	\$ 5,670	
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	2,634	0	2,634	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 2,634	\$ 0	\$ 2,634	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
 TEMPLE PARK CONVALESCENT HOSPITAL

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

Provider NPI:
 1295781896

OSHPD Facility Number:
 206190972

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	211,998	0	211,998	(Sch 2)
080	.40-.99	Other - Nonlabor	8200		0	0	(Sch 4)
080		Physical Therapy - Total	8200	\$ 211,998	\$ 0	\$ 211,998	
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	133,614	0	133,614	(Sch 2)
082	.40-.99	Other - Nonlabor	8250		0	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 133,614	\$ 0	\$ 133,614	
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	5,116	0	5,116	(Sch 2)
083	.40-.99	Other - Nonlabor	8280		0	0	(Sch 4)
083		Speech Pathology - Total	8280	\$ 5,116	\$ 0	\$ 5,116	
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	134,246	0	134,246	(Sch 4)
085		Pharmacy - Total	8300	\$ 134,246	\$ 0	\$ 134,246	
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	20,621	0	20,621	(Sch 4)
090		Laboratory - Total	8400	\$ 20,621	\$ 0	\$ 20,621	
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		0	0	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
 TEMPLE PARK CONVALESCENT HOSPITAL

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

Provider NPI:
 1295781896

OSHPD Facility Number:
 206190972

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		\$ 513,899	\$ 0	\$ 513,899	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,819,640	\$ 0	\$ 1,819,640	(Sch 2)
105	.20-.39	Fringe Benefits	6110	631,121	0	631,121	(Sch 2)
105	.49	Agency Staff	6110	138,356	0	138,356	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	161,591	0	161,591	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 2,750,708	\$ 0	\$ 2,750,708	
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:
 TEMPLE PARK CONVALESCENT HOSPITAL

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

Provider NPI:
 1295781896

OSHPD Facility Number:
 206190972

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	1,308	0	1,308 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 1,308	\$ 0	\$ 1,308
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
145	.49	Agency Staff	9100		0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 2,752,016	\$ 0	\$ 2,752,016
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 32,858	\$ 0	\$ 32,858 (Sch 2)
155	.20-.39	Fringe Benefits	6600	11,396	0	11,396 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	1,800	0	1,800 (Sch 4)
155		Social Services - Total	6600	\$ 46,054	\$ 0	\$ 46,054

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
 TEMPLE PARK CONVALESCENT HOSPITAL

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

Provider NPI:
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OSHPD Facility Number:
 206190972

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	\$ 76,974	\$ 0	\$ 76,974	(Sch 2)
160	.20-.39	Fringe Benefits	6700	26,698	0	26,698	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	12,753	0	12,753	(Sch 4)
160		Activities - Total	6700	\$ 116,425	\$ 0	\$ 116,425	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 373,846	\$ 0	\$ 373,846	(Sch 6)
165	.20-.39	Fringe Benefits	6900	129,664	0	129,664	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	257,445	0	257,445	(Sch 6)
165		Administration - Total	6900	\$ 760,955	\$ 0	\$ 760,955	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 88,467	\$ 0	\$ 88,467	(Sch 3)
166	.20-.39	Fringe Benefits	6900	30,684	0	30,684	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900		0	0	(Sch 4)
166		Medical Records - Total	6900	\$ 119,151	\$ 0	\$ 119,151	
167		CDPH Licensing Fees	6900	\$ 23,593	\$ 0	\$ 23,593	(Sch 6)
168		Professional Liability Insurance	6900	\$ 56,211	\$ 0	\$ 56,211	(Sch 6)
169		Quality Assurance Fees	6900	\$ 482,617	\$ 0	\$ 482,617	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 27,530	\$ 0	\$ 27,530	(Sch 3)
170	.20-.39	Fringe Benefits	6800	9,548	0	9,548	(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	\$ 37,078	\$ 0	\$ 37,078	
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		\$ 1,642,084	\$ 0	\$ 1,642,084	
200		Total		\$ 6,698,022	\$ 0	\$ 6,698,022	

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

Provider Name							Fiscal Period	Provider NPI		Adjustment
TEMPLE PARK CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1295781896		1
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA</u>										
1	4.1	5	2	1	15	Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through February 8, 2013 Report Date: February 8, 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	29,959	(142)	29,817	