

**REPORT
ON THE
RATE SETTING AUDIT**

**ROYALE HEALTH CARE CENTER
SANTA ANA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1770584328**

**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: Stan Van Arsdale
Auditor: Mineo Gonzalez**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: July 15, 2013

Michael Pierson, Administrator
Royale Health Care Center
1030 W. Warner Ave
Santa Ana, CA 92707

ROYALE HEALTH CARE CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1770584328
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 Adjustments 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 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.

Michael Pierson
Page 2

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

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

(Original signed by Margaret Varho)

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

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
ROYALE HEALTH CARE CENTER

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

Provider NPI:
1770584328

OSHPD Facility No.:
206301316

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 5,320,110	\$ 118.34
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 1,290,036	\$ 28.70
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 888,609	\$ 19.77
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 280,614	\$ 6.24
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 24	\$ 0.00
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 14,409	\$ 0.32
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 247,999	\$ 5.52
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 434,567	\$ 9.67
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,160,725	\$ 25.82
11	Cost of Routine Service/Audited Total Costs	\$ 9,681,496	\$ 9,637,093	\$ 214.3672
12	Total Patient Days (Adj)	44,956	44,956	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 215.35	\$ 214.37	
14	Overpayments (Adj)	\$ 0	\$ 0	
15	Medi-Cal Days (Adj 7)	35,798	399	
16	Medi-Cal Managed Care Days (Adj 8)		35,399	
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)	\$ 14,471,368	\$ 14,468,485	
22	Total Patient Days (Adj 9)	41,885	39,797	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 345.50	\$ 363.56	
24	Overpayments (Adj)	\$ 0	\$ 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:
ROYALE HEALTH CARE CENTER

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

Provider NPI:
1770584328

OSHPD Facility No.:
206301316

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:
ROYALE HEALTH CARE CENTER

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

Provider NPI:
1770584328

OSHPD Facility No.:
206301316

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Svcs	Activities	Total
			155	160	
	GENERAL SERVICES				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 749,683	\$ 749,683		
160	Activities	203,153		\$ 203,153	
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	452,521	0	0	452,521
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	355,833	0	0	355,833
083	Speech Pathology	106,689	0	0	106,689
085	Pharmacy	0	0	0	0
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	46,723	0	0	46,723
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	4,963,339	280,705	76,067	5,320,110
110	Intermediate Care	0	0	0	0
115	Mentally Disordered Care	8,618,159	468,978	127,086	9,214,224
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	\$ 15,496,100	\$ 749,683	\$ 203,153	\$ 15,496,100

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
ROYALE HEALTH CARE CENTER

Provider NPI:
1770584328

OSHPD Facility Number:
206301316

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	\$ 306,623	\$ 306,623										
010	Housekeeping	527,080	2,448	\$ 529,528									
060	Laundry and Linen	311,420	6,969	12,132	\$ 330,521								
065	Dietary	992,427	15,786	27,480	0	\$ 1,035,693							
155	Social Services	N/A	446	776	0	0	\$ 1,222						
160	Activities	N/A	446	776	0	0	0	\$ 1,222					
165	Administration	N/A	11,206	19,508	0	0	0	0		\$ 30,715	\$ 30,715		
166	Medical Records	307,797	3,882	6,758	0	0	0	0		318,436		\$ 318,436	
170	Inservice Education - Nursing	185,603	1,040	1,810	0	0	0	0	\$ 188,453				
ANCILLARY SERVICES													
075	Patient Supplies		801	1,394	0	0	0	0	0	2,195	117	1,210	\$ 3,522
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		1,905	3,317	0	0	0	0	0	5,222	694	7,195	13,112
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		833	1,450	0	0	0	0	0	2,284	539	5,589	8,412
083	Speech Pathology		833	1,450	0	0	0	0	0	2,284	167	1,736	4,187
085	Pharmacy		0	0	0	0	0	0	0	0	496	5,139	5,635
090	Laboratory		0	0	0	0	0	0	0	0	61	635	697
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	129	1,337	1,466
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		95,301	165,906	294,323	533,784	457	457	70,563	1,160,791	11,370	117,875	1,290,036 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		163,985	285,476	36,199	501,909	764	764	117,890	1,106,987	17,070	176,970	1,301,026 *
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		743	1,293	0	0	0	0	0	2,036	72	749	2,857
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 2,630,950	\$ 306,623	\$ 529,528	\$ 330,521	\$ 1,035,693	\$ 1,222	\$ 1,222	\$ 188,453	\$ 2,281,799	\$ 30,715	\$ 318,436	\$ 2,630,950

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
ROYALE HEALTH CARE CENTER

Provider NPI:
1770584328

OSHPD Facility Number:
206301316

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	\$ 371,894	\$ 371,894										
010	Housekeeping	95,510	2,969	\$ 98,479									
060	Laundry and Linen	83,164	8,453	2,256	\$ 93,873								
065	Dietary	800,813	19,146	5,111	0	\$ 825,069							
155	Social Services	9,949	541	144	0	0	\$ 10,634						
160	Activities	51,505	541	144	0	0	0	\$ 52,190					
165	Administration	N/A	13,592	3,628	0	0	0	0		\$ 17,220	\$ 17,220		
166	Medical Records	15,196	4,708	1,257	0	0	0	0		21,161		\$ 21,161	
170	Inservice Education - Nursing	0	1,261	337	0	0	0	0	\$ 1,598				
ANCILLARY SERVICES													
075	Patient Supplies	72,889	971	259	0	0	0	0	0	74,120	65	80	\$ 74,266
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	0	2,311	617	0	0	0	0	0	2,928	389	478	3,795
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	1,011	270	0	0	0	0	0	1,280	302	371	1,954
083	Speech Pathology	0	1,011	270	0	0	0	0	0	1,280	94	115	1,490
085	Pharmacy	332,342	0	0	0	0	0	0	0	332,342	278	342	332,961
090	Laboratory	41,082	0	0	0	0	0	0	0	41,082	34	42	41,159
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	39,740	0	0	0	0	0	0	0	39,740	72	89	39,901
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	195,015	115,588	30,854	83,592	425,231	3,982	19,541	598	874,402	6,374	7,833	888,609 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		198,892	53,091	10,281	399,838	6,652	32,648	1,000	702,403	9,570	11,760	723,733 *
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	43,462	901	240	0	0	0	0	0	44,603	41	50	44,694
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 2,152,561	\$ 371,894	\$ 98,479	\$ 93,873	\$ 825,069	\$ 10,634	\$ 52,190	\$ 1,598	\$ 2,114,180	\$ 17,220	\$ 21,161	\$ 2,152,561

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ROYALE HEALTH CARE CENTER

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

Provider NPI:
1770584328

OSHPD Facility Number:
206301316

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)	\$ 736,139	100%							
	Property Tax (line 40)	63	0%	\$ 736,202						
005	Plant Operations and Maintenance			20,151	\$ 20,151					
010	Housekeeping			5,717	161	\$ 5,877				
060	Laundry and Linen			16,275	458	135	\$ 16,868			
065	Dietary			36,864	1,037	305	0	\$ 38,206		
155	Social Services			1,041	29	9	0	0	\$ 1,079	
160	Activities			1,041	29	9	0	0	0	\$ 1,079
165	Administration			26,170	736	217	0	0	0	0
166	Medical Records			9,065	255	75	0	0	0	0
170	Inservice Education - Nursing			2,428	68	20	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			1,870	53	15	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			4,450	125	37	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			1,946	55	16	0	0	0	0
083	Speech Pathology			1,946	55	16	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			222,554	6,263	1,841	15,020	19,691	404	404
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			382,951	10,777	3,169	1,847	18,515	675	675
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			1,735	49	14	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 736,202	100%	\$ 736,202	\$ 20,151	\$ 5,877	\$ 16,868	\$ 38,206	\$ 1,079	\$ 1,079

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ROYALE HEALTH CARE CENTER

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

Provider NPI:
1770584328

OSHPD Facility Number:
206301316

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 100% Of Total	Property Tax 0% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 736,139	100%							
	Property Tax (line 40)	63	0%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 27,123	\$ 27,123				
166	Medical Records				9,395		\$ 9,395			
170	Inservice Education - Nursing			\$ 2,517						
	ANCILLARY SERVICES									
075	Patient Supplies			0	1,938	103	36	\$ 2,077	\$ 2,077	\$ 0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	4,612	613	212	5,437	5,436	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	2,017	476	165	2,658	2,657	0
083	Speech Pathology			0	2,017	148	51	2,216	2,216	0
085	Pharmacy			0	0	438	152	589	589	0
090	Laboratory			0	0	54	19	73	73	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	114	39	153	153	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			942	267,120	10,040	3,478	280,638	280,614	24 *
110	Intermediate Care			0	0	0	0	0	0	0 *
115	Mentally Disordered Care			1,574	420,183	15,073	5,221	440,477	440,440	38 *
120	Developmentally Disabled Care			0	0	0	0	0	0	0 *
125	Subacute Care			0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric			0	0	0	0	0	0	0 *
128	Transitional Inpatient Care			0	0	0	0	0	0	0 *
130	Hospice Inpatient Care			0	0	0	0	0	0	0 *
135	Other Routine Services			0	0	0	0	0	0	0 *
	NONREIMBURSABLE									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	1,798	64	22	1,884	1,883	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 736,202	100%	\$ 2,517	\$ 699,684	\$ 27,123	\$ 9,395	\$ 736,202	\$ 736,139	\$ 63

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
ROYALE HEALTH CARE CENTER

Provider NPI:
1770584328

OSHPD Facility Number:
206301316

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. 62% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 13% of Total	Quality Assur. Fees 23% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 8,310												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	3,127,356												
	Total Costs Allocable as Administration	3,135,666	62%											
167	CDPH Licensing Fees	38,925	1%											
168	Professional Liability Insurance	669,961	13%											
169	Quality Assurance Fees	1,173,970	23%											
174	Caregiver Training	0	0%											
	Total	5,018,522	100%						\$ 5,018,522					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 2,195	\$ 74,120	\$ 1,938	\$ 78,253	19,072	\$ 11,916	\$ 148	\$ 2,546	\$ 4,461	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			452,521	5,222	2,928	4,612	465,283	113,396	70,852	880	15,138	26,527	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			355,833	2,284	1,280	2,017	361,414	88,082	55,035	683	11,759	20,605	0
083	Speech Pathology			106,689	2,284	1,280	2,017	112,270	27,362	17,096	212	3,653	6,401	0
085	Pharmacy			0	0	332,342	0	332,342	80,997	50,608	628	10,813	18,947	0
090	Laboratory			0	0	41,082	0	41,082	10,012	6,256	78	1,337	2,342	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			46,723	0	39,740	0	86,463	21,072	13,166	163	2,813	4,929	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES														
105	Skilled Nursing Care			5,320,110	1,160,791	874,402	267,120	7,622,424	1,857,699	1,160,725	14,409	247,999	434,567	0*
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0*
115	Mentally Disordered Care			9,214,224	1,106,987	702,403	420,183	11,443,796	2,789,025	1,742,635	21,632	372,328	652,429	0*
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0*
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0*
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0*
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0*
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0*
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0*
NONREIMBURSABLE														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	2,036	44,603	1,798	48,437	11,805	7,376	92	1,576	2,761	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 5,018,522		\$ 15,496,100	\$ 2,281,799	\$ 2,114,180	\$ 699,684	\$ 20,591,764	\$ 5,018,522					
	Total Administrative Costs							\$ 5,018,522		\$ 3,135,666	\$ 38,925	\$ 669,961	\$ 1,173,970	\$ -
	Unit Cost Multiplier							0.24371502						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 349,151	\$ 38,381	\$ 36,518	\$ 424,049							
	TOTAL FACILITY COSTS							\$ 26,034,335						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
ROYALE HEALTH CARE CENTER

Provider NPI:
1770584328

OSHPD Facility Number:
206301316

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 3,5)	Plant Ops (SQ FT) 5 (Adj 3,5)	Hskpng (SQ FT) 10 (Adj 3,5)	Laundry (LBS) 60 (Adj 6)	Dietary (MEALS) 65 (Adj 4)	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	1,336									
010	Housekeeping	379	379								
060	Laundry and Linen	1,079	1,079	1,079							
065	Dietary	2,444	2,444	2,444							
155	Social Services	69	69	69							
160	Activities	69	69	69							
165	Administration	1,735	1,735	1,735							
166	Medical Records	601	601	601							
170	Inservice Education - Nursing	161	161	161							
	ANCILLARY SERVICES										
075	Patient Supplies	124	124	124						78,253	78,253
077	Specialized Support Surfaces									0	0
080	Physical Therapy	295	295	295						465,283	465,283
081	Respiratory Therapy									0	0
082	Occupational Therapy	129	129	129						361,414	361,414
083	Speech Pathology	129	129	129						112,270	112,270
085	Pharmacy									332,342	332,342
090	Laboratory									41,082	41,082
095	Home Health Services									0	0
100	Other Ancillary Services									86,463	86,463
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	14,755	14,755	14,755	1,267,928	133,635	5,158,354	5,158,354	5,158,354	7,622,424	7,622,424
110	Intermediate Care						0	0	0	0	0
115	Mentally Disordered Care	25,389	25,389	25,389	155,942	125,655	8,618,159	8,618,159	8,618,159	11,443,796	11,443,796
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	115	115	115						48,437	48,437
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	48,809	47,473	47,094	1,423,870	259,290	13,776,513	13,776,513	13,776,513	20,591,764	20,591,764
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 749,683 0.054417471	\$ 203,153 0.014746329			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 306,623 6.45889242	\$ 529,528 11.24406337	\$ 330,521 0.23212898	\$ 1,035,693 3.99434234	\$ 1,222 0.00008867	\$ 1,222 0.00008867	\$ 188,453 0.01367931	\$ 30,715 0.00149160	\$ 318,436 0.01546426
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 371,894 7.83380027	\$ 98,479 2.09111586	\$ 93,873 0.06592806	\$ 825,069 3.18203361	\$ 10,634 0.00077188	\$ 52,190 0.00378832	\$ 1,598 0.00011599	\$ 17,220 0.00083624	\$ 21,161 0.00102764
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 736,202 15.08332480	\$ 20,151 0.42447964	\$ 5,877 0.12480269	\$ 16,868 0.01184629	\$ 38,206 0.14734888	\$ 1,079 0.00007830	\$ 1,079 0.00007830	\$ 2,517 0.00018269	\$ 27,123 0.00131716	\$ 9,395 0.00045626

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ROYALE HEALTH CARE CENTER

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

Provider NPI:
1770584328

OSHPD Facility Number:
206301316

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	\$ 228,075	\$ 0	\$ 228,075	(Sch 3)
005	.20-.39	Fringe Benefits	6200	78,548	0	78,548	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	371,894	0	371,894	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 678,517	\$ 0	\$ 678,517	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 393,520	\$ 0	\$ 393,520	(Sch 3)
010	.20-.39	Fringe Benefits	6300	133,560	0	133,560	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	95,510	0	95,510	(Sch 4)
010		Housekeeping - Total	6300	\$ 622,590	\$ 0	\$ 622,590	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	11,035	0	11,035	(Sch 5)
025		Depreciation: Equipment	7140	172,446	0	172,446	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	552,658	0	552,658	(Sch 5)
040		Property Taxes	7300	63	0	63	(Sch 5)
045		Property Insurance	7400	8,310	0	8,310	(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		\$ 2,045,619	\$ 0	\$ 2,045,619	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 241,244	\$ 0	\$ 241,244	(Sch 3)
060	.20-.39	Fringe Benefits	6400	70,176	0	70,176	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	83,164	0	83,164	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 394,584	\$ 0	\$ 394,584	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 750,736	\$ 0	\$ 750,736	(Sch 3)
065	.20-.39	Fringe Benefits	6500	241,691	0	241,691	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	800,813	0	800,813	(Sch 4)
065		Dietary - Total	6500	\$ 1,793,240	\$ 0	\$ 1,793,240	
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	19,308	53,581	72,889	(Sch 4)
075		Patient Supplies - Total	8100	\$ 19,308	\$ 53,581	\$ 72,889	
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:
ROYALE HEALTH CARE CENTER

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

Provider NPI:
1770584328

OSHPD Facility Number:
206301316

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	452,521	0	452,521	(Sch 2)
080	.40-.99	Other - Nonlabor	8200		0	0	(Sch 4)
080		Physical Therapy - Total	8200	\$ 452,521	\$ 0	\$ 452,521	
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	355,833	0	355,833	(Sch 2)
082	.40-.99	Other - Nonlabor	8250		0	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 355,833	\$ 0	\$ 355,833	
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	106,689	0	106,689	(Sch 2)
083	.40-.99	Other - Nonlabor	8280		0	0	(Sch 4)
083		Speech Pathology - Total	8280	\$ 106,689	\$ 0	\$ 106,689	
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	332,342	0	332,342	(Sch 4)
085		Pharmacy - Total	8300	\$ 332,342	\$ 0	\$ 332,342	
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	41,082	0	41,082	(Sch 4)
090		Laboratory - Total	8400	\$ 41,082	\$ 0	\$ 41,082	
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	\$ 32,812	\$ 0	\$ 32,812	(Sch 2)
100	.20-.39	Fringe Benefits	8900	13,911	0	13,911	(Sch 2)
100	.79	Agency Staff	8900		0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	39,740	0	39,740	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 86,463	\$ 0	\$ 86,463	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ROYALE HEALTH CARE CENTER

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

Provider NPI:
1770584328

OSHPD Facility Number:
206301316

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
101		Subacute Care Ancillary Services					
101	.01-.19	Salaries and Wages	8100-8900	\$	\$ 0	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
101	.79	Agency Staff	8100-8900		0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
101		Subacute Care Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
102		Subacute Care - Pediatric Ancillary Services					
102	.01-.19	Salaries and Wages	8100-8900	\$	\$ 0	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
102	.79	Agency Staff	8100-8900		0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 1,394,238	\$ 53,581	\$ 1,447,819	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 3,788,938	\$ (56,472)	\$ 3,732,466	(Sch 2)
105	.20-.39	Fringe Benefits	6110	1,235,767	(4,894)	1,230,873	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	248,596	(53,581)	195,015	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 5,273,301	\$ (114,947)	\$ 5,158,354	
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	\$ 6,040,050	\$ 0	\$ 6,040,050	
115	.20-.39	Fringe Benefits	6130	1,918,976	0	1,918,976	
115	.49	Agency Staff	6130		0	0	
115	.40-.99	Other - Nonlabor	6130	659,133	0	659,133	
115		Mentally Disordered Care - Total	6130	\$ 8,618,159	\$ 0	\$ 8,618,159	(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:
ROYALE HEALTH CARE CENTER

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

Provider NPI:
1770584328

OSHPD Facility Number:
206301316

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	43,462	0	43,462 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 43,462	\$ 0	\$ 43,462
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		\$ 13,934,922	\$ (114,947)	\$ 13,819,975
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 607,027	\$ 0	\$ 607,027 (Sch 2)
155	.20-.39	Fringe Benefits	6600	142,656	0	142,656 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	9,949	0	9,949 (Sch 4)
155		Social Services - Total	6600	\$ 759,632	\$ 0	\$ 759,632

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ROYALE HEALTH CARE CENTER

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

Provider NPI:
1770584328

OSHPD Facility Number:
206301316

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	\$ 152,532	\$ 0	\$ 152,532	(Sch 2)
160	.20-.39	Fringe Benefits	6700	50,621	0	50,621	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	51,505	0	51,505	(Sch 4)
160		Activities - Total	6700	\$ 254,658	\$ 0	\$ 254,658	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 1,720,026	\$ 56,472	\$ 1,776,498	(Sch 6)
165	.20-.39	Fringe Benefits	6900	445,388	4,894	450,282	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	900,576	0	900,576	(Sch 6)
165		Administration - Total	6900	\$ 3,065,990	\$ 61,366	\$ 3,127,356	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 229,839	\$ 0	\$ 229,839	(Sch 3)
166	.20-.39	Fringe Benefits	6900	77,958	0	77,958	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	15,196	0	15,196	(Sch 4)
166		Medical Records - Total	6900	\$ 322,993	\$ 0	\$ 322,993	
167		CDPH Licensing Fees	6900	\$ 38,925	\$ 0	\$ 38,925	(Sch 6)
168		Professional Liability Insurance	6900	\$ 669,961	\$ 0	\$ 669,961	(Sch 6)
169		Quality Assurance Fees	6900	\$ 1,173,970	\$ 0	\$ 1,173,970	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 143,601	\$ 0	\$ 143,601	(Sch 3)
170	.20-.39	Fringe Benefits	6800	42,002	0	42,002	(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	\$ 185,603	\$ 0	\$ 185,603	
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		\$ 6,471,732	\$ 61,366	\$ 6,533,098	
200		Total		\$ 26,034,335	\$ 0	\$ 26,034,335	

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							Fiscal Period	Provider NPI		Adjustments	
ROYALE HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1770584328		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>											
1	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	\$19,308	\$53,581	\$72,889	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	248,596	(53,581)	195,015	
							To reclassify durable medical equipment costs from Skilled Nursing Care to the proper ancillary cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR Title 22, Sections 51321 and 51511(c)				
2	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$3,788,938	(\$56,472)	\$3,732,466	
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	1,235,767	(4,894)	1,230,873	
	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	1,720,026	56,472	1,776,498	
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	445,388	4,894	450,282	
							To reclassify central supplies salaries and employee benefits to the appropriate administrative cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2202.8, 2203.2, 2300 and 2304 CCR, Title 22, Section 52000(b)				

Provider Name							Fiscal Period		Provider NPI		Adjustments
ROYALE HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1770584328		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 STATISTICS</u>											
3	10.7	155	1,2,3	7	155	N/A	Social Services (Square Feet)	138	(69)	69	
	10.7	160	1,2,3	7	160	N/A	Activities	0	69	69	
	10.7	165	1,2,3	7	165	N/A	Administration	1,896	(161)	1,735	
	10.7	170	1,2,3	7	170	N/A	Inservice Education - Nursing	0	161	161	
							To reclassify square footage statistics to agree with prior year audit in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306				
4	10.7	105	5	7	105	N/A	Skilled Nursing Care (Meals Served)	259,290	(125,655)	133,635	
	10.7	115	5	7	115	N/A	Mentally Disordered Care	0	125,655	125,655	
							To reconcile the provider's reported statistics on page 10.7 to the provider's reported statistics on page 11(1). 42 CFR 413.20 and 24/CMS Pub. 15-1, Sections 2300 and 2304				
5	10.7	115	1,2,3	7	115	N/A	Mentally Disordered Care (Square Feet)	0	25,389	25,389	
	10.7	135	1,2,3	7	135	N/A	Other Routine Service	25,389	(25,389)	0	
6	10.7	115	4	7	115	N/A	Mentally Disordered Care (Pounds of Laundry)	0	155,942	155,942	
	10.7	135	4	7	135	N/A	Other Routine Service	155,942	(155,942)	0	
							To reclassify statistics to agree with the provider's records in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306				

Provider Name							Fiscal Period		Provider NPI		Adjustments
ROYALE HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1770584328		9
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
ADJUSTMENTS TO REPORTED PATIENT DAYS											
7	4.1	5	2	1	15	N/A	Skilled Nursing Care - Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Report Date: January 31, 2013 Payment Period: January 1, 2010 through December 31, 2012 Service Period: January 1, 2011 through December 31, 2011 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	35,798	(35,399)	399	
8	Not Reported			1	16	N/A	Medi-Cal Managed Care Days To include Medi-Cal Managed Care 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	0	35,399	35,399	
9	4.1	15	2	1	22	N/A	Mentally Disordered Care - Total Days To adjust reported Mentally Disordered Care days based on the following Fiscal Intermediary Payment Data: Report Date: January 31, 2013 Payment Period: January 1, 2010 through December 31, 2012 Service Period: January 1, 2011 through December 31, 2011 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	41,885	(2,088)	39,797	