

**REPORT  
ON THE  
RATE SETTING AUDIT**

**ROYALWOOD CARE CENTER  
TORRANCE, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1992781561**

**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: Teri Hung**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

Date: August 1, 2013

Eddie Reardon  
Director of Financial Operations and Reimbursement  
Skilled Healthcare, LLC  
27442 Portola Parkway, Suite 200  
Foothill Ranch, CA 92610

ROYALWOOD CARE CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1992781561  
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.

Eddie Reardon  
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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—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:  
ROYALWOOD CARE CNTER

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

Provider NPI:  
1992781561

OSHPD Facility No.:  
206190666

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SKILLED NURSING CARE</b>				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 2,683,230	\$ 74.72
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 636,254	\$ 17.72
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 606,894	\$ 16.90
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 513,152	\$ 14.29
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 50,301	\$ 1.40
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 18,210	\$ 0.51
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 207,794	\$ 5.79
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 365,721	\$ 10.18
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,131,491	\$ 31.51
11	Cost of Routine Service/Audited Total Costs	\$ 6,225,290	\$ 6,213,046	\$ 173.01
12	Total Patient Days (Adj )	35,911	35,911	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 173.35	\$ 173.01	
14	Overpayments (Adj )	\$ 0	\$ 0	
15	Medi-Cal Days (Adj 2)	22,671	22,324	
16	Medi-Cal Managed Care Days (Adj 3)		347	
<b>INTERMEDIATE CARE</b>				
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	
<b>MENTALLY DISORDERED CARE</b>				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
22	Total Patient Days (Adj )		0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj )	\$	\$ 0	
<b>DEVELOPMENTALLY DISABLED CARE</b>				
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	
<b>SUBACUTE CARE</b>				
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:  
ROYALWOOD CARE CNTR

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

Provider NPI:  
1992781561

OSHPD Facility No.:  
206190666

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SUBACUTE CARE - PEDIATRIC</b>				
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	
<b>TRANSITIONAL INPATIENT CARE</b>				
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	
<b>HOSPICE INPATIENT CARE</b>				
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	
<b>OTHER ROUTINE SERVICES</b>				
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:**  
ROYALWOOD CARE CNTER

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

**Provider NPI:**  
1992781561

**OSHPD Facility No.:**  
206190666

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
	<b>GENERAL SERVICES</b>				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 53,592	\$ 53,592		
160	Activities	87,048		\$ 87,048	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	<b>ANCILLARY SERVICES</b>				
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	0	0	0	0
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	0	0	0	0
083	Speech Pathology	0	0	0	0
085	Pharmacy	0	0	0	0
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	0	0	0	0
101	Subacute Care Ancillary Services	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0
	<b>ROUTINE SERVICES</b>				
105	Skilled Nursing Care	2,542,590	53,592	87,048	2,683,230
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
	<b>NONREIMBURSABLE</b>				
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	<b>TOTAL</b>	<b>\$ 2,683,230</b>	<b>\$ 53,592</b>	<b>\$ 87,048</b>	<b>\$ 2,683,230</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
ROYALWOOD CARE CENTER

Provider NPI:  
1992781561

OSHPD Facility Number:  
206190666

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
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 38,157	\$ 38,157										
010	Housekeeping	158,729	183	\$ 158,912									
060	Laundry and Linen	62,191	730	3,057	\$ 65,978								
065	Dietary	261,900	2,259	9,453	0	\$ 273,612							
155	Social Services	N/A	245	1,023	0	0	\$ 1,268						
160	Activities	N/A	286	1,198	0	0	0	\$ 1,485					
165	Administration	N/A	2,336	9,776	0	0	0	0	\$ 12,112	\$ 12,112			
166	Medical Records	58,889	315	1,320	0	0	0	0	60,524		\$ 60,524		
170	Inservice Education - Nursing	85,514	463	1,939	0	0	0	0	\$ 87,916				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		245	1,023	0	0	0	0	0	1,268	427	2,133	\$ 3,828
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	99	493	592
080	Physical Therapy		425	1,778	0	0	0	0	0	2,202	901	4,504	7,608
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		425	1,778	0	0	0	0	0	2,202	788	3,938	6,928
083	Speech Pathology		425	1,778	0	0	0	0	0	2,202	141	705	3,049
085	Pharmacy		183	768	0	0	0	0	0	951	420	2,101	3,472
090	Laboratory		0	0	0	0	0	0	0	0	110	551	661
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	126	631	757
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
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care		29,234	122,339	65,978	273,612	1,268	1,485	87,916	581,832	9,075	45,347	636,254 *
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 *
<b>NONREIMBURSABLE</b>													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		402	1,683	0	0	0	0	0	2,085	24	120	2,230
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 665,380	\$ 38,157	\$ 158,912	\$ 65,978	\$ 273,612	\$ 1,268	\$ 1,485	\$ 87,916	\$ 592,744	\$ 12,112	\$ 60,524	\$ 665,380

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
ROYALWOOD CARE CENTER

Provider NPI:  
1992781561

OSHPD Facility Number:  
206190666

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
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 196,904	\$ 196,904										
010	Housekeeping	19,833	946	\$ 20,779									
060	Laundry and Linen	18,294	3,769	400	\$ 22,463								
065	Dietary	202,270	11,657	1,236	0	\$ 215,163							
155	Social Services	0	1,262	134	0	0	\$ 1,396						
160	Activities	6,177	1,478	157	0	0	0	\$ 7,812					
165	Administration	N/A	12,055	1,278	0	0	0	0		\$ 13,334	\$ 13,334		
166	Medical Records	0	1,627	173	0	0	0	0		1,800		\$ 1,800	
170	Inservice Education - Nursing	1,859	2,391	254	0	0	0	0	\$ 4,504				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	200,069	1,262	134	0	0	0	0	0	201,465	470	63	\$ 201,998
077	Specialized Support Surfaces	47,794	0	0	0	0	0	0	0	47,794	109	15	47,917
080	Physical Therapy	424,847	2,192	232	0	0	0	0	0	427,271	992	134	428,398
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	369,993	2,192	232	0	0	0	0	0	372,417	868	117	373,402
083	Speech Pathology	56,909	2,192	232	0	0	0	0	0	59,333	155	21	59,510
085	Pharmacy	198,539	946	100	0	0	0	0	0	199,586	463	62	200,111
090	Laboratory	53,370	0	0	0	0	0	0	0	53,370	121	16	53,508
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	61,089	0	0	0	0	0	0	0	61,089	139	19	61,247
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
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care	177,363	150,858	15,997	22,463	215,163	1,396	7,812	4,504	595,555	9,990	1,349	606,894 *
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 *
<b>NONREIMBURSABLE</b>													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	850	2,076	220	0	0	0	0	0	3,146	27	4	3,176
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 2,036,160</b>	<b>\$ 196,904</b>	<b>\$ 20,779</b>	<b>\$ 22,463</b>	<b>\$ 215,163</b>	<b>\$ 1,396</b>	<b>\$ 7,812</b>	<b>\$ 4,504</b>	<b>\$ 2,021,026</b>	<b>\$ 13,334</b>	<b>\$ 1,800</b>	<b>\$ 2,036,160</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
ROYALWOOD CARE CENTER

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

Provider NPI:  
1992781561

OSHPD Facility Number:  
206190666

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
<b>GENERAL SERVICES</b>										
	Capital Related (excluding lines 40 & 45)	\$ 553,519	91%							
	Property Tax (line 40)	54,258	9%	\$ 607,777						
005	Plant Operations and Maintenance			14,069	\$ 14,069					
010	Housekeeping			2,854	68	\$ 2,922				
060	Laundry and Linen			11,365	269	56	\$ 11,691			
065	Dietary			35,148	833	174	0	\$ 36,155		
155	Social Services			3,805	90	19	0	0	\$ 3,914	
160	Activities			4,456	106	22	0	0	0	\$ 4,584
165	Administration			36,349	861	180	0	0	0	0
166	Medical Records			4,907	116	24	0	0	0	0
170	Inservice Education - Nursing			7,210	171	36	0	0	0	0
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			3,805	90	19	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			6,609	157	33	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			6,609	157	33	0	0	0	0
083	Speech Pathology			6,609	157	33	0	0	0	0
085	Pharmacy			2,854	68	14	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
<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care			454,869	10,779	2,249	11,691	36,155	3,914	4,584
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
<b>NONREIMBURSABLE</b>										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			6,259	148	31	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 607,777</b>	<b>100%</b>	<b>\$ 607,777</b>	<b>\$ 14,069</b>	<b>\$ 2,922</b>	<b>\$ 11,691</b>	<b>\$ 36,155</b>	<b>\$ 3,914</b>	<b>\$ 4,584</b>

\* (To Schedule 1)

## ALLOCATION OF CAPITAL COSTS

Provider Name:  
ROYALWOOD CARE CENTER

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

Provider NPI:  
1992781561

OSHPD Facility Number:  
206190666

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 91% Of Total	Property Tax 9% Of Total
	<b>GENERAL SERVICES</b>									
	Capital Related (excluding lines 40 & 45)	\$ 553,519	91%							
	Property Tax (line 40)	54,258	9%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 37,391	\$ 37,391				
166	Medical Records				5,047		\$ 5,047			
170	Inservice Education - Nursing			\$ 7,416						
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			0	3,914	1,318	178	\$ 5,410	\$ 4,927	\$ 483
077	Specialized Support Surfaces			0	0	305	41	346	315	31
080	Physical Therapy			0	6,798	2,783	376	9,956	9,068	889
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	6,798	2,433	328	9,559	8,706	853
083	Speech Pathology			0	6,798	436	59	7,293	6,642	651
085	Pharmacy			0	2,936	1,298	175	4,409	4,015	394
090	Laboratory			0	0	340	46	386	352	34
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	390	53	442	403	39
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
	<b>ROUTINE SERVICES</b>									
105	Skilled Nursing Care			7,416	531,657	28,014	3,782	563,453	513,152	50,301
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
	<b>NONREIMBURSABLE</b>									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	6,438	74	10	6,522	5,940	582
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 607,777	100%	\$ 7,416	\$ 565,339	\$ 37,391	\$ 5,047	\$ 607,777	\$ 553,519	\$ 54,258

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
ROYALWOOD CARE CENTER

Provider NPI:  
1992781561

OSHPD Facility Number:  
206190666

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. 66% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 12% of Total	Quality Assur. Fees 21% of Total	Caregiver Training 0% of Total
<b>GENERAL SERVICES</b>														
045	Property Insurance	\$ 18,099												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,492,094												
	Total Costs Allocable as Administration	1,510,193	66%											
167	CDPH Licensing Fees	24,305	1%											
168	Professional Liability Insurance	277,341	12%											
169	Quality Assurance Fees	488,125	21%											
174	Caregiver Training	0	0%											
	Total	2,299,964	100%						\$ 2,299,964					
<b>ANCILLARY SERVICES</b>														
075	Patient Supplies			\$ -	\$ 1,268	\$ 201,465	\$ 3,914	\$ 206,647	81,074	\$ 53,234	\$ 857	\$ 9,776	\$ 17,206	\$ -
077	Specialized Support Surfaces			0	0	47,794	0	47,794	18,751	12,312	198	2,261	3,980	0
080	Physical Therapy			0	2,202	427,271	6,798	436,272	171,162	112,388	1,809	20,640	36,326	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	2,202	372,417	6,798	381,418	149,641	98,257	1,581	18,044	31,759	0
083	Speech Pathology			0	2,202	59,333	6,798	68,334	26,809	17,603	283	3,233	5,690	0
085	Pharmacy			0	951	199,586	2,936	203,472	79,828	52,416	844	9,626	16,942	0
090	Laboratory			0	0	53,370	0	53,370	20,939	13,749	221	2,525	4,444	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	61,089	0	61,089	23,967	15,737	253	2,890	5,087	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
<b>ROUTINE SERVICES</b>														
105	Skilled Nursing Care			2,683,230	581,832	595,555	531,657	4,392,274	1,723,215	1,131,491	18,210	207,794	365,721	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*
<b>NONREIMBURSABLE</b>														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	2,085	3,146	6,438	11,669	4,578	3,006	48	552	972	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	<b>SUBTOTAL</b>	\$ 2,299,964		\$ 2,683,230	\$ 592,744	\$ 2,021,026	\$ 565,339	\$ 5,862,339	\$ 2,299,964					
	Total Administrative Costs							\$ 2,299,964		\$ 1,510,193	\$ 24,305	\$ 277,341	\$ 488,125	\$ -
	Unit Cost Multiplier							0.39232872						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 72,636	\$ 15,134	\$ 42,438	\$ 130,208							
	<b>TOTAL FACILITY COSTS</b>							\$ 8,292,511						

\* (To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
ROYALWOOD CARE CNTR

Provider NPI:  
1992781561

OSHPD Facility Number:  
206190666

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 1)	Plant Ops (SQ FT) 5 (Adj 1)	Hskpng (SQ FT) 10 (Adj 1)	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)
	<b>GENERAL SERVICES</b>										
005	Plant Operations and Maintenance	281									
010	Housekeeping	57	57								
060	Laundry and Linen	227	227	227							
065	Dietary	702	702	702							
155	Social Services	76	76	76							
160	Activities	89	89	89							
165	Administration	726	726	726							
166	Medical Records	98	98	98							
170	Inservice Education - Nursing	144	144	144							
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	76	76	76						206,647	206,647
077	Specialized Support Surfaces									47,794	47,794
080	Physical Therapy	132	132	132						436,272	436,272
081	Respiratory Therapy	0	0	0						0	0
082	Occupational Therapy	132	132	132						381,418	381,418
083	Speech Pathology	132	132	132						68,334	68,334
085	Pharmacy	57	57	57						203,472	203,472
090	Laboratory									53,370	53,370
095	Home Health Services									0	0
100	Other Ancillary Services									61,089	61,089
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	9,085	9,085	9,085	71,822	107,733	2,719,953	2,719,953	2,719,953	4,392,274	4,392,274
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
	<b>NONREIMBURSABLE</b>										
139	Residential Care									0	0
140	Beauty and Barber	125	125	125						11,669	11,669
145	Other Nonreimbursable									0	0
	<b>TOTAL STATISTICS</b>	12,139	11,858	11,801	71,822	107,733	2,719,953	2,719,953	2,719,953	5,862,339	5,862,339
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 53,592 0.019703282	\$ 87,048 0.032003494			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 38,157 3.21782763	\$ 158,912 13.46601273	\$ 65,978 0.91863540	\$ 273,612 2.53972372	\$ 1,268 0.00046617	\$ 1,485 0.00054592	\$ 87,916 0.03232279	\$ 12,112 0.00206615	\$ 60,524 0.01032421
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 196,904 16.60516107	\$ 20,779 1.76082486	\$ 22,463 0.31276042	\$ 215,163 1.99718677	\$ 1,396 0.00051318	\$ 7,812 0.00287195	\$ 4,504 0.00165580	\$ 13,334 0.00227447	\$ 1,800 0.00030702
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 607,777 50.06812752	\$ 14,069 1.18646853	\$ 2,922 0.24756478	\$ 11,691 0.16277729	\$ 36,155 0.33559371	\$ 3,914 0.00143906	\$ 4,584 0.00168521	\$ 7,416 0.00272663	\$ 37,391 0.00637810	\$ 5,047 0.00086096

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
ROYALWOOD CARE CENTER

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

Provider NPI:  
1992781561

OSHPD Facility Number:  
206190666

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	\$ 31,039	\$ 0	\$ 31,039	(Sch 3)
005	.20-.39	Fringe Benefits	6200	7,118	0	7,118	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	196,904	0	196,904	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 235,061	\$ 0	\$ 235,061	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 129,118	\$ 0	\$ 129,118	(Sch 3)
010	.20-.39	Fringe Benefits	6300	29,611	0	29,611	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	19,833	0	19,833	(Sch 4)
010		Housekeeping - Total	6300	\$ 178,562	\$ 0	\$ 178,562	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 2,381	\$ 0	\$ 2,381	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	70,376	0	70,376	(Sch 5)
025		Depreciation: Equipment	7140	75,956	0	75,956	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	404,806	0	404,806	(Sch 5)
040		Property Taxes	7300	54,258	0	54,258	(Sch 5)
045		Property Insurance	7400	18,099	0	18,099	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$	\$ 0	\$ 0	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 1,039,499	\$ 0	\$ 1,039,499	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 50,589	\$ 0	\$ 50,589	(Sch 3)
060	.20-.39	Fringe Benefits	6400	11,602	0	11,602	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	18,294	0	18,294	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 80,485	\$ 0	\$ 80,485	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 213,042	\$ 0	\$ 213,042	(Sch 3)
065	.20-.39	Fringe Benefits	6500	48,858	0	48,858	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	202,270	0	202,270	(Sch 4)
065		Dietary - Total	6500	\$ 464,170	\$ 0	\$ 464,170	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		<b>Ancillary Services</b>					
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	200,069	0	200,069	(Sch 4)
075		Patient Supplies - Total	8100	\$ 200,069	\$ 0	\$ 200,069	
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	47,794	0	47,794	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 47,794	\$ 0	\$ 47,794	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
ROYALWOOD CARE CENTER

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

Provider NPI:  
1992781561

OSHPD Facility Number:  
206190666

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	\$	\$ 0	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200		0	0	(Sch 2)
080	.79	Agency Staff	8200		0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	424,847	0	424,847	(Sch 4)
080		Physical Therapy - Total	8200	\$ 424,847	\$ 0	\$ 424,847	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220		0	0	(Sch 2)
081	.79	Agency Staff	8220		0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220		0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250		0	0	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	369,993	0	369,993	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 369,993	\$ 0	\$ 369,993	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280		0	0	(Sch 2)
083	.79	Agency Staff	8280		0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	56,909	0	56,909	(Sch 4)
083		Speech Pathology - Total	8280	\$ 56,909	\$ 0	\$ 56,909	
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	198,539	0	198,539	(Sch 4)
085		Pharmacy - Total	8300	\$ 198,539	\$ 0	\$ 198,539	
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	53,370	0	53,370	(Sch 4)
090		Laboratory - Total	8400	\$ 53,370	\$ 0	\$ 53,370	
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	61,089	0	61,089	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 61,089	\$ 0	\$ 61,089	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
ROYALWOOD CARE CENTER

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

Provider NPI:  
1992781561

OSHPD Facility Number:  
206190666

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		\$ 1,412,610	\$ 0	\$ 1,412,610	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 2,068,262	\$ 0	\$ 2,068,262	(Sch 2)
105	.20-.39	Fringe Benefits	6110	474,328	0	474,328	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	177,363	0	177,363	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 2,719,953	\$ 0	\$ 2,719,953	
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:  
ROYALWOOD CARE CENTER

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

Provider NPI:  
1992781561

OSHPD Facility Number:  
206190666

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)
		<b>Other Nonreimbursable</b>				
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	850	0	850 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 850	\$ 0	\$ 850
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		<b>Subtotal 105 - 145</b>		\$ 2,720,803	\$ 0	\$ 2,720,803
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 43,594	\$ 0	\$ 43,594 (Sch 2)
155	.20-.39	Fringe Benefits	6600	9,998	0	9,998 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600		0	0 (Sch 4)
155		Social Services - Total	6600	\$ 53,592	\$ 0	\$ 53,592

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
ROYALWOOD CARE CENTER

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

Provider NPI:  
1992781561

OSHPD Facility Number:  
206190666

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	\$ 70,809	\$ 0	\$ 70,809	(Sch 2)
160	.20-.39	Fringe Benefits	6700	16,239	0	16,239	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	6,177	0	6,177	(Sch 4)
160		Activities - Total	6700	\$ 93,225	\$ 0	\$ 93,225	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 364,421	\$ 0	\$ 364,421	(Sch 6)
165	.20-.39	Fringe Benefits	6900	83,575	0	83,575	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	1,044,098	0	1,044,098	(Sch 6)
165		Administration - Total	6900	\$ 1,492,094	\$ 0	\$ 1,492,094	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 47,903	\$ 0	\$ 47,903	(Sch 3)
166	.20-.39	Fringe Benefits	6900	10,986	0	10,986	(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	\$ 58,889	\$ 0	\$ 58,889	
167		CDPH Licensing Fees	6900	\$ 24,305	\$ 0	\$ 24,305	(Sch 6)
168		Professional Liability Insurance	6900	\$ 277,341	\$ 0	\$ 277,341	(Sch 6)
169		Quality Assurance Fees	6900	\$ 488,125	\$ 0	\$ 488,125	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 69,561	\$ 0	\$ 69,561	(Sch 3)
170	.20-.39	Fringe Benefits	6800	15,953	0	15,953	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	1,859	0	1,859	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 87,373	\$ 0	\$ 87,373	
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	
		<b>Subtotal 155 - 174</b>		\$ 2,574,944	\$ 0	\$ 2,574,944	
200		<b>Total</b>		\$ 8,292,511	\$ 0	\$ 8,292,511	

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		Adjustments
ROYALWOOD CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1992781561		3
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					
<b><u>ADJUSTMENT TO REPORTED STATISTICS</u></b>											
1	10.7	005	1	7	005	N/A	Plant Operations and Maintenance (Square Feet)	172	109	281	
	10.7	010	1,2	7	010	N/A	Housekeeping	113	(56)	57	
	10.7	060	1,2,3	7	060	N/A	Laundry and Linen	366	(139)	227	
	10.7	075	1,2,3	7	075	N/A	Patient Supplies	75	1	76	
	10.7	080	1,2,3	7	080	N/A	Physical Therapy	198	(66)	132	
	10.7	081	1,2,3	7	081	N/A	Respiratory Therapy	198	(198)	0	
	10.7	082	1,2,3	7	082	N/A	Occupational Therapy	0	132	132	
	10.7	083	1,2,3	7	083	N/A	Speech Pathology	0	132	132	
	10.7	105	1,2,3	7	105	N/A	Skilled Nursing Care	9,011	74	9,085	
	10.7	165	1,2,3	7	165	N/A	Administration	432	294	726	
	10.7	175	1	7	175	N/A	Total - Square Feet	11,856	283	12,139	
	10.7	175	2	7	175	N/A	Total - Square Feet	11,684	174	11,858	
	10.7	175	3	7	175	N/A	Total - Square Feet	11,571	230	11,801	
To adjust square footage statistics to agree with the audited figures for the fiscal period ended December 31, 2010 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
ROYALWOOD CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1992781561		3
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					
<b><u>ADJUSTMENTS TO REPORTED PATIENT DAYS</u></b>											
2	4.1	5	2	1	15	N/A	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 April 30, 2013 Report Date: May 6, 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	22,671	(347)	22,324	
3	Not Reported			1	16	N/A	Medi-Cal Managed Care Days To include Medi-Cal Managed Care days for proper audit report presentation. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304	0	347	347	