

**REPORT  
ON THE  
RATE SETTING AUDIT**

**TERRACE VIEW CARE CENTER  
FULLERTON, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1740265248**

**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: Henry Igboke  
Auditor: May Liu**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

Date: June 07, 2013

Spencer Olsen, Treasurer  
North American Health Care, Inc.  
3 Monarch Bay Plaza, Suite 203  
Dana Point, CA 92629

TERRACE VIEW CARE CENTER  
NATIONAL PROVIDER IDENTIFIER 1740265248  
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.

Spencer Olsen  
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 A. Varho)

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

Certified

## SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:  
TERRACE VIEW CARE CENTER

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

Provider NPI:  
1740265248

OSHPD Facility No.:  
206301347

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	\$ 2,280,421	\$ 112.96
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 561,779	\$ 27.83
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 561,327	\$ 27.81
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 362,416	\$ 17.95
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 22,414	\$ 1.11
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 9,147	\$ 0.45
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 27,683	\$ 1.37
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 178,051	\$ 8.82
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 638,475	\$ 31.63
11	Cost of Routine Service/Audited Total Costs	\$ 4,692,336	\$ 4,641,714	\$ 229.94
12	Total Patient Days (Adj )	20,187	20,187	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 232.44	\$ 229.94	
14	Overpayments (Adj )	\$ 0	\$ 0	
15	Medi-Cal Days (Adj 3)	5,217	27	
16	Medi-Cal Managed Care Days (Adj 4)		5,190	
<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:**  
TERRACE VIEW CARE CENTER

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

**Provider NPI:**  
1740265248

**OSHPD Facility No.:**  
206301347

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:  
TERRACE VIEW CARE CENTER

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

Provider NPI:  
1740265248

OSHPD Facility No.:  
206301347

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	\$ 62,986	\$ 62,986		
160	Activities	89,300		\$ 89,300	
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	664,025	0	0	664,025
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	515,253	0	0	515,253
083	Speech Pathology	101,962	0	0	101,962
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	2,128,135	62,986	89,300	2,280,421 *
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>\$ 3,561,661</b>	<b>\$ 62,986</b>	<b>\$ 89,300</b>	<b>\$ 3,561,661</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
TERRACE VIEW CARE CENTER

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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 Srvs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 109,629	\$ 109,629										
010	Housekeeping	90,374	1,437	\$ 91,811									
060	Laundry and Linen	53,050	2,200	1,867	\$ 57,116								
065	Dietary	210,025	11,031	9,361	0	\$ 230,418							
155	Social Services	N/A	0	0	0	0	\$ -						
160	Activities	N/A	730	619	0	0	0	\$ 1,349					
165	Administration	N/A	7,417	6,294	0	0	0	0		\$ 13,711	\$ 13,711		
166	Medical Records	75,599	2,686	2,279	0	0	0	0		80,564		\$ 80,564	
170	Inservice Education - Nursing	76,005	2,984	2,533	0	0	0	0	\$ 81,522				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		4,145	3,517	0	0	0	0	0	7,663	166	977	\$ 8,806
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		1,824	1,548	0	0	0	0	0	3,372	1,764	10,364	15,500
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		1,813	1,538	0	0	0	0	0	3,351	1,401	8,235	12,987
083	Speech Pathology		1,824	1,548	0	0	0	0	0	3,372	333	1,954	5,658
085	Pharmacy		796	675	0	0	0	0	0	1,471	785	4,611	6,867
090	Laboratory		0	0	0	0	0	0	0	0	99	580	679
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	235	1,382	1,618
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		70,345	59,694	57,116	230,418	0	1,349	81,522	500,443	8,920	52,415	561,779 *
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		398	338	0	0	0	0	0	736	8	45	788
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 614,682</b>	<b>\$ 109,629</b>	<b>\$ 91,811</b>	<b>\$ 57,116</b>	<b>\$ 230,418</b>	<b>\$ -</b>	<b>\$ 1,349</b>	<b>\$ 81,522</b>	<b>\$ 520,407</b>	<b>\$ 13,711</b>	<b>\$ 80,564</b>	<b>\$ 614,682</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
TERRACE VIEW CARE CENTER

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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	\$ 130,901	\$ 130,901										
010	Housekeeping	14,898	1,716	\$ 16,614									
060	Laundry and Linen	88,948	2,626	338	\$ 91,912								
065	Dietary	137,131	13,172	1,694	0	\$ 151,997							
155	Social Services	0	0	0	0	0	\$ -						
160	Activities	5,301	871	112	0	0	0	\$ 6,284					
165	Administration	N/A	8,856	1,139	0	0	0	0		\$ 9,995	\$ 9,995		
166	Medical Records	21,394	3,207	412	0	0	0	0		25,014		\$ 25,014	
170	Inservice Education - Nursing	0	3,564	458	0	0	0	0	\$ 4,022				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	38,300	4,949	637	0	0	0	0	0	43,886	121	303	\$ 44,310
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	49,794	2,178	280	0	0	0	0	0	52,252	1,286	3,218	56,756
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	49,250	2,165	278	0	0	0	0	0	51,693	1,022	2,557	55,271
083	Speech Pathology	21,824	2,178	280	0	0	0	0	0	24,282	242	607	25,131
085	Pharmacy	317,713	950	122	0	0	0	0	0	318,785	572	1,432	320,789
090	Laboratory	40,711	0	0	0	0	0	0	0	40,711	72	180	40,963
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	96,982	0	0	0	0	0	0	0	96,982	171	429	97,583
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	189,539	83,994	10,802	91,912	151,997	0	6,284	4,022	538,550	6,503	16,274	561,327 *
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	234	475	61	0	0	0	0	0	770	6	14	790
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 1,202,920</b>	<b>\$ 130,901</b>	<b>\$ 16,614</b>	<b>\$ 91,912</b>	<b>\$ 151,997</b>	<b>\$ -</b>	<b>\$ 6,284</b>	<b>\$ 4,022</b>	<b>\$ 1,167,911</b>	<b>\$ 9,995</b>	<b>\$ 25,014</b>	<b>\$ 1,202,920</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
TERRACE VIEW CARE CENTER

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

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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)	\$ 417,743	94%							
	Property Tax (line 40)	25,836	6%	\$ 443,579						
005	Plant Operations and Maintenance			8,768	\$ 8,768					
010	Housekeeping			5,699	115	\$ 5,814				
060	Laundry and Linen			8,724	176	118	\$ 9,018			
065	Dietary			43,753	882	593	0	\$ 45,228		
155	Social Services			0	0	0	0	0	\$ -	
160	Activities			2,893	58	39	0	0	0	\$ 2,991
165	Administration			29,417	593	399	0	0	0	0
166	Medical Records			10,653	215	144	0	0	0	0
170	Inservice Education - Nursing			11,837	239	160	0	0	0	0
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			16,440	332	223	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			7,234	146	98	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			7,190	145	97	0	0	0	0
083	Speech Pathology			7,234	146	98	0	0	0	0
085	Pharmacy			3,157	64	43	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			279,001	5,626	3,780	9,018	45,228	0	2,991
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			1,578	32	21	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 443,579</b>	<b>100%</b>	<b>\$ 443,579</b>	<b>\$ 8,768</b>	<b>\$ 5,814</b>	<b>\$ 9,018</b>	<b>\$ 45,228</b>	<b>\$ -</b>	<b>\$ 2,991</b>

\* (To Schedule 1)

## ALLOCATION OF CAPITAL COSTS

Provider Name:  
TERRACE VIEW CARE CENTER

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

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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 94% Of Total	Property Tax 6% Of Total
	<b>GENERAL SERVICES</b>									
	Capital Related (excluding lines 40 & 45)	\$ 417,743	94%							
	Property Tax (line 40)	25,836	6%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 30,409	\$ 30,409				
166	Medical Records				11,012		\$ 11,012			
170	Inservice Education - Nursing			\$ 12,236						
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			0	16,994	369	134	\$ 17,497	\$ 16,478	\$ 1,019
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	7,478	3,912	1,417	12,806	12,060	746
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	7,432	3,108	1,126	11,666	10,987	679
083	Speech Pathology			0	7,478	738	267	8,482	7,988	494
085	Pharmacy			0	3,263	1,741	630	5,634	5,306	328
090	Laboratory			0	0	219	79	298	281	17
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	522	189	711	669	41
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			12,236	357,881	19,784	7,165	384,830	362,416	22,414
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	1,631	17	6	1,654	1,558	96
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 443,579	100%	\$ 12,236	\$ 402,158	\$ 30,409	\$ 11,012	\$ 443,579	\$ 417,743	\$ 25,836

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
TERRACE VIEW CARE CENTER

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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. 75% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 3% of Total	Quality Assur. Fees 21% of Total	Caregiver Training 0% of Total
<b>GENERAL SERVICES</b>														
045	Property Insurance	\$ 6,724												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	974,635												
	Total Costs Allocable as Administration	981,359	75%											
167	CDPH Licensing Fees	14,060	1%											
168	Professional Liability Insurance	42,550	3%											
169	Quality Assurance Fees	273,671	21%											
174	Caregiver Training	0	0%											
	Total	1,311,640	100%						\$ 1,311,640					
<b>ANCILLARY SERVICES</b>														
075	Patient Supplies			\$ -	\$ 7,663	\$ 43,886	\$ 16,994	\$ 68,543	15,906	\$ 11,901	\$ 171	\$ 516	\$ 3,319	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			664,025	3,372	52,252	7,478	727,126	168,737	126,248	1,809	5,474	35,207	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			515,253	3,351	51,693	7,432	577,729	134,068	100,309	1,437	4,349	27,973	0
083	Speech Pathology			101,962	3,372	24,282	7,478	137,093	31,814	23,803	341	1,032	6,638	0
085	Pharmacy			0	1,471	318,785	3,263	323,520	75,076	56,171	805	2,435	15,665	0
090	Laboratory			0	0	40,711	0	40,711	9,447	7,068	101	306	1,971	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	96,982	0	96,982	22,506	16,839	241	730	4,696	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			2,280,421	500,443	538,550	357,881	3,677,296	853,357	638,475	9,147	27,683	178,051	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	736	770	1,631	3,137	728	545	8	24	152	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	<b>SUBTOTAL</b>	\$ 1,311,640		\$ 3,561,661	\$ 520,407	\$ 1,167,911	\$ 402,158	\$ 5,652,137	\$ 1,311,640					
	Total Administrative Costs							\$ 1,311,640		\$ 981,359	\$ 14,060	\$ 42,550	\$ 273,671	\$ -
	Unit Cost Multiplier							0.23206091						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 94,275	\$ 35,009	\$ 41,421	\$ 170,705							
	<b>TOTAL FACILITY COSTS</b>							\$ 7,134,482						

\* (To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
TERRACE VIEW CARE CENTER

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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)
	<b>GENERAL SERVICES</b>										
005	Plant Operations and Maintenance	200									
010	Housekeeping	130	130								
060	Laundry and Linen	199	199	199							
065	Dietary	998	998	998							
155	Social Services										
160	Activities	66	66	66							
165	Administration	671	671	671							
166	Medical Records	243	243	243							
170	Inservice Education - Nursing	270	270	270							
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	375	375	375						68,543	68,543
077	Specialized Support Surfaces									0	0
080	Physical Therapy	165	165	165						727,126	727,126
081	Respiratory Therapy									0	0
082	Occupational Therapy	164	164	164						577,729	577,729
083	Speech Pathology	165	165	165						137,093	137,093
085	Pharmacy	72	72	72						323,520	323,520
090	Laboratory									40,711	40,711
095	Home Health Services									0	0
100	Other Ancillary Services									96,982	96,982
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	6,364	6,364	6,364	76,528	60,014	2,317,674	2,317,674	2,317,674	3,677,296	3,677,296
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	36	36	36						3,137	3,137
145	Other Nonreimbursable									0	0
	<b>TOTAL STATISTICS</b>	10,118	9,918	9,788	76,528	60,014	2,317,674	2,317,674	2,317,674	5,652,137	5,652,137
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 62,986 0.027176385	\$ 89,300 0.038530009			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 109,629 11.05353902	\$ 91,811 9.37995097	\$ 57,116 0.74634467	\$ 230,418 3.83939786	\$ - 0.00000000	\$ 1,349 0.00058188	\$ 81,522 0.03517408	\$ 13,711 0.00242579	\$ 80,564 0.01425378
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 130,901 13.19832628	\$ 16,614 1.69736232	\$ 91,912 1.20102762	\$ 151,997 2.53269066	\$ - 0.00000000	\$ 6,284 0.00271139	\$ 4,022 0.00173529	\$ 9,995 0.00176836	\$ 25,014 0.00442552
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 443,579 43.84058114	\$ 8,768 0.88406092	\$ 5,814 0.59401343	\$ 9,018 0.11784461	\$ 45,228 0.75362446	\$ - 0.00000000	\$ 2,991 0.00129053	\$ 12,236 0.00527945	\$ 30,409 0.00538006	\$ 11,012 0.00194837

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
TERRACE VIEW CARE CENTER

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

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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	\$ 89,714	\$ 0	\$ 89,714	(Sch 3)
005	.20-.39	Fringe Benefits	6200	20,121	(206)	19,915	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	130,901	0	130,901	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 240,736	\$ (206)	\$ 240,530	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 68,196	\$ 0	\$ 68,196	(Sch 3)
010	.20-.39	Fringe Benefits	6300	22,334	(156)	22,178	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	14,898	0	14,898	(Sch 4)
010		Housekeeping - Total	6300	\$ 105,428	\$ (156)	\$ 105,272	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	158,035	0	158,035	(Sch 5)
025		Depreciation: Equipment	7140	82,858	0	82,858	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	17,307	0	17,307	(Sch 5)
035		Leases and Rentals	7200	130,063	0	130,063	(Sch 5)
040		Property Taxes	7300	25,836	0	25,836	(Sch 5)
045		Property Insurance	7400	6,724	0	6,724	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	29,480	0	29,480	(Sch 6)
055		Interest - Other	7600	\$	\$ 0	\$ 0	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 796,467	\$ (362)	\$ 796,105	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 38,499	\$ 0	\$ 38,499	(Sch 3)
060	.20-.39	Fringe Benefits	6400	14,639	(88)	14,551	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	88,948	0	88,948	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 142,086	\$ (88)	\$ 141,998	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 178,472	\$ 0	\$ 178,472	(Sch 3)
065	.20-.39	Fringe Benefits	6500	31,962	(409)	31,553	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	137,131	0	137,131	(Sch 4)
065		Dietary - Total	6500	\$ 347,565	\$ (409)	\$ 347,156	
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	38,300	0	38,300	(Sch 4)
075		Patient Supplies - Total	8100	\$ 38,300	\$ 0	\$ 38,300	
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:  
TERRACE VIEW CARE CENTER

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

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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	\$ 556,482	\$ 0	\$ 556,482	(Sch 2)
080	.20-.39	Fringe Benefits	8200	108,818	(1,275)	107,543	(Sch 2)
080	.79	Agency Staff	8200		0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	49,794	0	49,794	(Sch 4)
080		Physical Therapy - Total	8200	\$ 715,094	\$ (1,275)	\$ 713,819	
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	\$ 415,680	\$ 0	\$ 415,680	(Sch 2)
082	.20-.39	Fringe Benefits	8250	100,525	(952)	99,573	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	49,250	0	49,250	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 565,455	\$ (952)	\$ 564,503	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 94,193	\$ 0	\$ 94,193	(Sch 2)
083	.20-.39	Fringe Benefits	8280	7,985	(216)	7,769	(Sch 2)
083	.79	Agency Staff	8280		0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	21,824	0	21,824	(Sch 4)
083		Speech Pathology - Total	8280	\$ 124,002	\$ (216)	\$ 123,786	
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	317,713	0	317,713	(Sch 4)
085		Pharmacy - Total	8300	\$ 317,713	\$ 0	\$ 317,713	
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	40,711	0	40,711	(Sch 4)
090		Laboratory - Total	8400	\$ 40,711	\$ 0	\$ 40,711	
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	96,982	0	96,982	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 96,982	\$ 0	\$ 96,982	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
TERRACE VIEW CARE CENTER

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

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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		\$ 1,898,257	\$ (2,443)	\$ 1,895,814	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,781,513	\$ 0	\$ 1,781,513	(Sch 2)
105	.20-.39	Fringe Benefits	6110	350,703	(4,081)	346,622	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	189,539	0	189,539	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 2,321,755	\$ (4,081)	\$ 2,317,674	
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:  
TERRACE VIEW CARE CENTER

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

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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	234	0	234 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 234	\$ 0	\$ 234
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>		\$ 2,321,989	\$ (4,081)	\$ 2,317,908
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 48,097	\$ 0	\$ 48,097 (Sch 2)
155	.20-.39	Fringe Benefits	6600	14,999	(110)	14,889 (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	\$ 63,096	\$ (110)	\$ 62,986

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
TERRACE VIEW CARE CENTER

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

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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	\$ 74,460	\$ 0	\$ 74,460	(Sch 2)
160	.20-.39	Fringe Benefits	6700	15,011	(171)	14,840	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	5,301	0	5,301	(Sch 4)
160		Activities - Total	6700	\$ 94,772	\$ (171)	\$ 94,601	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 563,358	\$ 0	\$ 563,358	(Sch 6)
165	.20-.39	Fringe Benefits	6900	70,646	(1,290)	69,356	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	352,488	(10,567)	341,921	(Sch 6)
165		Administration - Total	6900	\$ 986,492	\$ (11,857)	\$ 974,635	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 61,565	\$ 0	\$ 61,565	(Sch 3)
166	.20-.39	Fringe Benefits	6900	14,175	(141)	14,034	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	21,394	0	21,394	(Sch 4)
166		Medical Records - Total	6900	\$ 97,134	\$ (141)	\$ 96,993	
167		CDPH Licensing Fees	6900	\$ 14,060	\$ 0	\$ 14,060	(Sch 6)
168		Professional Liability Insurance	6900	\$ 42,550	\$ 0	\$ 42,550	(Sch 6)
169		Quality Assurance Fees	6900	\$ 273,671	\$ 0	\$ 273,671	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 65,632	\$ 0	\$ 65,632	(Sch 3)
170	.20-.39	Fringe Benefits	6800	10,523	(150)	10,373	(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	\$ 76,155	\$ (150)	\$ 76,005	
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>		\$ 1,647,930	\$ (12,429)	\$ 1,635,501	
200		<b>Total</b>		\$ 7,154,294	\$ (19,812)	\$ 7,134,482	

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:  
TERRACE VIEW CARE CENTER

Provider NPI:  
1740265248

OSHPD Facility Number:  
206301347

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

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ				
128	1	Transitional Inpatient Care - Salaries and Wages	0							
128	2	Transitional Inpatient Care - Fringe Benefits	0							
128	3	Transitional Inpatient Care - Agency Staff	0							
128	4	Transitional Inpatient Care - Other - Nonlabor	0							
130	1	Hospice Inpatient Care - Salaries and Wages	0							
130	2	Hospice Inpatient Care - Fringe Benefits	0							
130	3	Hospice Inpatient Care - Agency Staff	0							
130	4	Hospice Inpatient Care - Other - Nonlabor	0							
135	1	Other Routine Services - Salaries and Wages	0							
135	2	Other Routine Services - Fringe Benefits	0							
135	3	Other Routine Services - Agency Staff	0							
135	4	Other Routine Services - Other - Nonlabor	0							
139	1	Residential Care - Salaries and Wages	0							
139	2	Residential Care - Fringe Benefits	0							
139	3	Residential Care - Agency Staff	0							
139	4	Residential Care - Other - Nonlabor	0							
140	1	Beauty and Barber - Salaries and Wages	0							
140	2	Beauty and Barber - Fringe Benefits	0							
140	3	Beauty and Barber - Agency Staff	0							
140	4	Beauty and Barber - Other - Nonlabor	0							
145	1	Other Nonreimbursable - Salaries and Wages	0							
145	2	Other Nonreimbursable - Fringe Benefits	0							
145	3	Other Nonreimbursable - Agency Staff	0							
145	4	Other Nonreimbursable - Other - Nonlabor	0							
155	1	Social Services - Salaries and Wages	0							
155	2	Social Services - Fringe Benefits	(110)	(110)						
155	3	Social Services - Agency Staff	0							
155	4	Social Services - Other - Nonlabor	0							
160	1	Activities - Salaries and Wages	0							
160	2	Activities - Fringe Benefits	(171)	(171)						
160	3	Activities - Agency Staff	0							
160	4	Activities - Other - Nonlabor	0							
165	1	Administration - Salaries and Wages	0							
165	2	Administration - Fringe Benefits	(1,290)	(1,290)						
165	3	Administration - Agency Staff	0							
165	4	Administration - Other - Nonlabor	(10,567)		(10,567)					
166	1	Medical Records - Salaries and Wages	0							
166	2	Medical Records - Fringe Benefits	(141)	(141)						
166	3	Medical Records - Agency Staff	0							
166	4	Medical Records - Other - Nonlabor	0							
167	4	CDPH Licensing Fees	0							
168	4	Professional Liability Insurance	0							
169	4	Quality Assurance Fees	0							
170	1	Inservice Education - Nursing - Salaries and Wages	0							
170	2	Inservice Education - Nursing - Fringe Benefits	(150)	(150)						
170	3	Inservice Education - Nursing - Agency Staff	0							
170	4	Inservice Education - Nursing - Other - Nonlabor	0							
174	1	Caregiver Training - Salaries and Wages	0							
174	2	Caregiver Training - Fringe Benefits	0							



Provider Name							Fiscal Period	Provider NPI	Adjustments	
TERRACE VIEW CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1740265248	4	
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>ADJUSTMENTS TO REPORTED COSTS</b>										
1	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	\$20,121	(\$206)	\$19,915
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefit:	22,334	(156)	22,178
	10.5	060	2	8A-1	060	2	Laundry and Linen - Fringe Benefit:	14,639	(88)	14,551
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	31,962	(409)	31,553
	10.5	080	2	8A-1	080	2	Physical Therapy - Fringe Benefits	108,818	(1,275)	107,543
	10.5	082	2	8A-1	082	2	Occupational Therapy - Fringe Benefits	100,525	(952)	99,573
	10.5	083	2	8A-1	083	2	Speech Pathology - Fringe Benefits	7,985	(216)	7,769
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	350,703	(4,081)	346,622
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	14,999	(110)	14,889
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	15,011	(171)	14,840
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	70,646	(1,290)	69,356
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	14,175	(141)	14,034
	10.5	170	2	8A-1	170	2	Inservice Education - Nursing - Fringe Benefits	10,523	(150)	10,373
							To adjust the worker's compensation expense to agree with the provider's worker's compensation insurance policies, and to eliminate prior year worker's compensation expense. 42 CFR 413.5, 413.20, 413.24, and 460.204 CMS Pub. 15-1, Sections 2300, 2302.1, and 2304			
2	10.5	166	4	8A-1	165	4	Administration - Other - Nonlabor	\$352,488	(\$10,567)	\$341,921
							To adjust home office costs to agree with the filed North American Health Care, Inc. Home Office Cost Report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304			

Provider Name							Fiscal Period	Provider NPI		Adjustments
TERRACE VIEW CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1740265248		4
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>										
3	4.1	5	2	1	15		Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days to agree with the following Fiscal Intermediary Payment Data: Report Date: October 2, 2012 Payment Period: January 1, 2011 through October 2, 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 2304, 2404 and 2408 CCR, Title 22, Section 51541	5,217	(5,190)	27
4	Not Reported			1	16		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	5,190	5,190