

**REPORT
ON THE
RATE SETTING AUDIT**

**SUNNYVALE HEALTH CARE CENTER
SUNNYVALE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1457354920**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Louise Wong
Audit Supervisor: Matthew Moy
Auditor: Long Nguyen**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 21, 2013

Nelia Pia, Business Office Manager
Sunnyvale Health Care Center
1291 South Bernardo Avenue
Sunnyvale, CA 94087

SUNNYVALE HEALTH CARE CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1457354920
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 Rates Development Division.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Nelia Pia
Page 2

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

John Melton, 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—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
SUNNYVALE HEALTH CARE CENTER

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

Provider NPI:
1457354920

OSHPD Facility No.:
206430909

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	\$ 3,247,409	\$ 100.61
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 1,000,809	\$ 31.01
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 770,249	\$ 23.86
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 148,810	\$ 4.61
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 64,780	\$ 2.01
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 18,430	\$ 0.57
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 92,501	\$ 2.87
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 357,297	\$ 11.07
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 1,093,360	\$ 33.87
11	Cost of Routine Service/Audited Total Costs	\$ 6,798,995	\$ 6,793,644	\$ 210.48
12	Total Patient Days (Adj)	32,277	32,277	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 210.65	\$ 210.48	
14	Overpayments (Adj)	\$	\$ 0	
15	Medi-Cal Days (Adj 5)	21,447	21,692	
16	Medi-Cal Managed Care Days (Adj 6)		466	
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)	\$	\$ 0	
22	Total Patient Days (Adj)		0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj)	\$	\$ 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:
SUNNYVALE HEALTH CARE CENTER

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

Provider NPI:
1457354920

OSHPD Facility No.:
206430909

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:
SUNNYVALE HEALTH CARE CENTER

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

Provider NPI:
1457354920

OSHPD Facility No.:
206430909

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
GENERAL SERVICES					
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 103,086	\$ 103,086		
160	Activities	124,632		\$ 124,632	
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	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
ROUTINE SERVICES					
105	Skilled Nursing Care	3,019,691	103,086	124,632	3,247,409 *
110	Intermediate Care	0	0	0	0 *
115	Mentally Disordered Care	0	0	0	0 *
120	Developmentally Disabled Care	0	0	0	0 *
125	Subacute Care	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0 *
128	Transitional Inpatient Care	0	0	0	0 *
130	Hospice Inpatient Care	0	0	0	0 *
135	Other Routine Services	0	0	0	0 *
NONREIMBURSABLE					
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	TOTAL	\$ 3,247,409	\$ 103,086	\$ 124,632	\$ 3,247,409

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
SUNNYVALE HEALTH CARE CENTER

Provider NPI:
1457354920

OSHPD Facility Number:
206430909

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	\$ 308,037	\$ 308,037										
010	Housekeeping	73,468	1,430	\$ 74,898									
060	Laundry and Linen	62,895	10,256	2,505	\$ 75,657								
065	Dietary	325,388	29,339	7,167	0	\$ 361,894							
155	Social Services	N/A	805	197	0	0	\$ 1,002						
160	Activities	N/A	7,610	1,859	0	0	0	\$ 9,469					
165	Administration	N/A	23,521	5,746	0	0	0	0		\$ 29,266	\$ 29,266		
166	Medical Records	145,656	4,553	1,112	0	0	0	0		151,321		\$ 151,321	
170	Inservice Education - Nursing	139,115	4,290	1,048	0	0	0	0	\$ 144,453				
	ANCILLARY SERVICES												
075	Patient Supplies		1,249	305	0	0	0	0	0	1,554	123	635	\$ 2,312
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	41	210	251
080	Physical Therapy		8,563	2,092	0	0	0	0	0	10,655	1,611	8,328	20,594
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		2,268	554	0	0	0	0	0	2,822	1,425	7,370	11,618
083	Speech Pathology		66	16	0	0	0	0	0	82	638	3,298	4,017
085	Pharmacy		1,414	345	0	0	0	0	0	1,759	1,104	5,707	8,570
090	Laboratory		0	0	0	0	0	0	0	0	332	1,719	2,051
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services		871	213	0	0	0	0	0	1,084	115	596	1,795
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		209,960	51,289	75,657	361,894	1,002	9,469	144,453	853,724	23,837	123,248	1,000,809 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care		0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric		0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
	NONREIMBURSABLE												
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		1,841	450	0	0	0	0	0	2,291	41	210	2,541
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,054,559	\$ 308,037	\$ 74,898	\$ 75,657	\$ 361,894	\$ 1,002	\$ 9,469	\$ 144,453	\$ 873,972	\$ 29,266	\$ 151,321	\$ 1,054,559

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
SUNNYVALE HEALTH CARE CENTER

Provider NPI:
1457354920

OSHPD Facility Number:
206430909

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	\$ 236,420	\$ 236,420										
010	Housekeeping	41,514	1,098	\$ 42,612									
060	Laundry and Linen	27,463	7,872	1,425	\$ 36,760								
065	Dietary	299,158	22,518	4,077	0	\$ 325,753							
155	Social Services	904	618	112	0	0	\$ 1,634						
160	Activities	24,246	5,841	1,058	0	0	0	\$ 31,144					
165	Administration	N/A	18,052	3,269	0	0	0	0		\$ 21,321	\$ 21,321		
166	Medical Records	9,677	3,494	633	0	0	0	0		13,804		\$ 13,804	
170	Inservice Education - Nursing	8,884	3,293	596	0	0	0	0	\$ 12,773				
ANCILLARY SERVICES													
075	Patient Supplies	22,340	959	174	0	0	0	0	0	23,472	89	58	\$ 23,620
077	Specialized Support Surfaces	8,605	0	0	0	0	0	0	0	8,605	30	19	8,654
080	Physical Therapy	315,686	6,572	1,190	0	0	0	0	0	323,449	1,173	760	325,382
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	294,754	1,741	315	0	0	0	0	0	296,810	1,038	672	298,521
083	Speech Pathology	134,635	50	9	0	0	0	0	0	134,695	465	301	135,460
085	Pharmacy	229,263	1,085	196	0	0	0	0	0	230,544	804	521	231,869
090	Laboratory	70,285	0	0	0	0	0	0	0	70,285	242	157	70,684
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	21,845	669	121	0	0	0	0	0	22,635	84	54	22,773
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	143,250	161,146	29,180	36,760	325,753	1,634	31,144	12,773	741,640	17,366	11,243	770,249
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0
125	Subacute Care	0	0	0	0	0	0	0	0	0	0	0	0
126	Subacute Care - Pediatric	0	0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	3,246	1,413	256	0	0	0	0	0	4,915	30	19	4,963
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,892,175	\$ 236,420	\$ 42,612	\$ 36,760	\$ 325,753	\$ 1,634	\$ 31,144	\$ 12,773	\$ 1,857,050	\$ 21,321	\$ 13,804	\$ 1,892,175

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
SUNNYVALE HEALTH CARE CENTER

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

Provider NPI:
1457354920

OSHPD Facility Number:
206430909

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)	\$ 160,021	70%							
	Property Tax (line 40)	69,660	30%	\$ 229,681						
005	Plant Operations and Maintenance			6,131	\$ 6,131					
010	Housekeeping			1,038	28	\$ 1,066				
060	Laundry and Linen			7,443	204	36	\$ 7,683			
065	Dietary			21,292	584	102	0	\$ 21,978		
155	Social Services			584	16	3	0	0	\$ 603	
160	Activities			5,523	151	26	0	0	0	\$ 5,701
165	Administration			17,070	468	82	0	0	0	0
166	Medical Records			3,304	91	16	0	0	0	0
170	Inservice Education - Nursing			3,113	85	15	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			907	25	4	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			6,215	170	30	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			1,646	45	8	0	0	0	0
083	Speech Pathology			48	1	0	0	0	0	0
085	Pharmacy			1,026	28	5	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			632	17	3	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			152,373	4,179	730	7,683	21,978	603	5,701
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
NONREIMBURSABLE										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			1,336	37	6	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 229,681	100%	\$ 229,681	\$ 6,131	\$ 1,066	\$ 7,683	\$ 21,978	\$ 603	\$ 5,701

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
SUNNYVALE HEALTH CARE CENTER

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

Provider NPI:
1457354920

OSHPD Facility Number:
206430909

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 70% Of Total	Property Tax 30% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 160,021	70%							
	Property Tax (line 40)	69,660	30%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 17,619	\$ 17,619				
166	Medical Records				3,411		\$ 3,411			
170	Inservice Education - Nursing			\$ 3,214						
	ANCILLARY SERVICES									
075	Patient Supplies			0	936	74	14	\$ 1,024	\$ 713	\$ 311
077	Specialized Support Surfaces			0	0	25	5	29	20	9
080	Physical Therapy			0	6,415	970	188	7,572	5,276	2,297
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	1,699	858	166	2,723	1,897	826
083	Speech Pathology			0	49	384	74	508	354	154
085	Pharmacy			0	1,059	665	129	1,852	1,290	562
090	Laboratory			0	0	200	39	239	166	72
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	653	69	13	735	512	223
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			3,214	196,461	14,351	2,778	213,590	148,810	64,780
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
	NONREIMBURSABLE									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	1,379	24	5	1,408	981	427
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 229,681	100%	\$ 3,214	\$ 208,651	\$ 17,619	\$ 3,411	\$ 229,681	\$ 160,021	\$ 69,660

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
SUNNYVALE HEALTH CARE CENTER

Provider NPI:
1457354920

OSHPD Facility Number:
206430909

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. 70% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 6% of Total	Quality Assur. Fees 23% of Total	Caregiver Training 0% of Total
	GENERAL SERVICES													
045	Property Insurance	\$ 28,107												
055	Interest - Other	22,203												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,292,097												
	Total Costs Allocable as Administration	1,342,407	70%											
167	CDPH Licensing Fees	22,628	1%											
168	Professional Liability Insurance	113,571	6%											
169	Quality Assurance Fees	438,683	23%											
174	Caregiver Training	0	0%											
	Total	1,917,289	100%						\$ 1,917,289					
	ANCILLARY SERVICES													
075	Patient Supplies			\$ -	\$ 1,554	\$ 23,472	\$ 936	\$ 25,962	8,045	\$ 5,633	\$ 95	\$ 477	\$ 1,841	\$ -
077	Specialized Support Surfaces			0	0	8,605	0	8,605	2,667	1,867	31	158	610	0
080	Physical Therapy			0	10,655	323,449	6,415	340,519	105,522	73,882	1,245	6,251	24,144	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	2,822	296,810	1,699	301,332	93,378	65,380	1,102	5,531	21,365	0
083	Speech Pathology			0	82	134,695	49	134,826	41,781	29,253	493	2,475	9,560	0
085	Pharmacy			0	1,759	230,544	1,059	233,362	72,316	50,632	853	4,284	16,546	0
090	Laboratory			0	0	70,285	0	70,285	21,780	15,250	257	1,290	4,983	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	1,084	22,635	653	24,371	7,552	5,288	89	447	1,728	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			3,247,409	853,724	741,640	196,461	5,039,235	1,561,588	1,093,360	18,430	92,501	357,297	0*
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0*
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0*
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0*
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0*
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0*
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0*
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0*
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0*
	NONREIMBURSABLE													
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	2,291	4,915	1,379	8,584	2,660	1,863	31	158	609	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 1,917,289		\$ 3,247,409	\$ 873,972	\$ 1,857,050	\$ 208,651	\$ 6,187,081	\$ 1,917,289					
	Total Administrative Costs							\$ 1,917,289		\$ 1,342,407	\$ 22,628	\$ 113,571	\$ 438,683	\$ -
	Unit Cost Multiplier							0.30988586						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 180,587	\$ 35,125	\$ 21,030	\$ 236,743							
	TOTAL FACILITY COSTS							\$ 8,341,113						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
SUNNYVALE HEALTH CARE CENTER

Provider NPI:
1457354920

OSHPD Facility Number:
206430909

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 2)	Plant Ops (SQ FT) 5 (Adj 2)	Hskpng (SQ FT) 10 (Adj 2)	Laundry (LBS) 60 (Adj 3)	Dietary (MEALS) 65 (Adj 4)	Soc Srvs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	Inserv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	514									
010	Housekeeping	87	87								
060	Laundry and Linen	624	624	624							
065	Dietary	1,785	1,785	1,785							
155	Social Services	49	49	49							
160	Activities	463	463	463							
165	Administration	1,431	1,431	1,431							
166	Medical Records	277	277	277							
170	Inservice Education - Nursing	261	261	261							
	ANCILLARY SERVICES										
075	Patient Supplies	76	76	76						25,962	25,962
077	Specialized Support Surfaces									8,605	8,605
080	Physical Therapy	521	521	521						340,519	340,519
081	Respiratory Therapy									0	0
082	Occupational Therapy	138	138	138						301,332	301,332
083	Speech Pathology	4	4	4						134,826	134,826
085	Pharmacy	86	86	86						233,362	233,362
090	Laboratory									70,285	70,285
095	Home Health Services									0	0
100	Other Ancillary Services	53	53	53						24,371	24,371
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	12,774	12,774	12,774	319,100	95,730	3,162,941	3,162,941	3,162,941	5,039,235	5,039,235
110	Intermediate Care						0	0	0	0	0
115	Mentally Disordered Care						0	0	0	0	0
120	Developmentally Disabled Care						0	0	0	0	0
125	Subacute Care						0	0	0	0	0
126	Subacute Care - Pediatric						0	0	0	0	0
128	Transitional Inpatient Care						0	0	0	0	0
130	Hospice Inpatient Care						0	0	0	0	0
135	Other Routine Services						0	0	0	0	0
	NONREIMBURSABLE										
139	Residential Care									0	0
140	Beauty and Barber	112	112	112						8,584	8,584
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	19,255	18,741	18,654	319,100	95,730	3,162,941	3,162,941	3,162,941	6,187,081	6,187,081
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 103,086 0.032591819	\$ 124,632 0.039403833			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 308,037 16.43652953	\$ 74,898 4.01511623	\$ 75,657 0.23709441	\$ 361,894 3.78036339	\$ 1,002 0.00031684	\$ 9,469 0.00299377	\$ 144,453 0.04567043	\$ 29,266 0.00473023	\$ 151,321 0.02445759
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 236,420 12.61512193	\$ 42,612 2.28430983	\$ 36,760 0.11519977	\$ 325,753 3.40283595	\$ 1,634 0.00051663	\$ 31,144 0.00984667	\$ 12,773 0.00403825	\$ 21,321 0.00344607	\$ 13,804 0.00223112
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 229,681 11.92838224	\$ 6,131 0.32715375	\$ 1,066 0.05715834	\$ 7,683 0.02407747	\$ 21,978 0.22958487	\$ 603 0.00019075	\$ 5,701 0.00180237	\$ 3,214 0.00101602	\$ 17,619 0.00284778	\$ 3,411 0.00055125

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
SUNNYVALE HEALTH CARE CENTER

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

Provider NPI:
1457354920

OSHPD Facility Number:
206430909

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	\$ 237,827	\$ 0	\$ 237,827	(Sch 3)
005	.20-.39	Fringe Benefits	6200	70,210	0	70,210	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	236,420	0	236,420	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 544,457	\$ 0	\$ 544,457	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 59,027	\$ 0	\$ 59,027	(Sch 3)
010	.20-.39	Fringe Benefits	6300	14,441	0	14,441	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	41,514	0	41,514	(Sch 4)
010		Housekeeping - Total	6300	\$ 114,982	\$ 0	\$ 114,982	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	20,870	0	20,870	(Sch 5)
025		Depreciation: Equipment	7140	138,114	0	138,114	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	1,037	0	1,037	(Sch 5)
040		Property Taxes	7300	69,660	0	69,660	(Sch 5)
045		Property Insurance	7400	28,107	0	28,107	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$ 22,203	\$ 0	\$ 22,203	(Sch 6)
057		Subtotal 005 - 055		\$ 939,430	\$ 0	\$ 939,430	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 50,774	\$ 0	\$ 50,774	(Sch 3)
060	.20-.39	Fringe Benefits	6400	12,121	0	12,121	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	27,463	0	27,463	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 90,358	\$ 0	\$ 90,358	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 253,737	\$ 0	\$ 253,737	(Sch 3)
065	.20-.39	Fringe Benefits	6500	71,651	0	71,651	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	299,158	0	299,158	(Sch 4)
065		Dietary - Total	6500	\$ 624,546	\$ 0	\$ 624,546	
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	22,340	0	22,340	(Sch 4)
075		Patient Supplies - Total	8100	\$ 22,340	\$ 0	\$ 22,340	
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	8,605	0	8,605	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 8,605	\$ 0	\$ 8,605	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
SUNNYVALE HEALTH CARE CENTER

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

Provider NPI:
1457354920

OSHPD Facility Number:
206430909

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	315,686	0	315,686	(Sch 4)
080		Physical Therapy - Total	8200	\$ 315,686	\$ 0	\$ 315,686	
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	294,754	0	294,754	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 294,754	\$ 0	\$ 294,754	
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	134,635	0	134,635	(Sch 4)
083		Speech Pathology - Total	8280	\$ 134,635	\$ 0	\$ 134,635	
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	229,263	0	229,263	(Sch 4)
085		Pharmacy - Total	8300	\$ 229,263	\$ 0	\$ 229,263	
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	70,285	0	70,285	(Sch 4)
090		Laboratory - Total	8400	\$ 70,285	\$ 0	\$ 70,285	
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	21,845	0	21,845	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 21,845	\$ 0	\$ 21,845	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
SUNNYVALE HEALTH CARE CENTER

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

Provider NPI:
1457354920

OSHPD Facility Number:
206430909

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		\$ 1,097,413	\$ 0	\$ 1,097,413	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 2,463,216	\$ 0	\$ 2,463,216	(Sch 2)
105	.20-.39	Fringe Benefits	6110	556,475	0	556,475	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	143,250	0	143,250	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 3,162,941	\$ 0	\$ 3,162,941	
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:
SUNNYVALE HEALTH CARE CENTER

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

Provider NPI:
1457354920

OSHPD Facility Number:
206430909

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	3,246	0	3,246 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 3,246	\$ 0	\$ 3,246
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		\$ 3,166,187	\$ 0	\$ 3,166,187
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 86,710	\$ 0	\$ 86,710 (Sch 2)
155	.20-.39	Fringe Benefits	6600	16,376	0	16,376 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	904	0	904 (Sch 4)
155		Social Services - Total	6600	\$ 103,990	\$ 0	\$ 103,990

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
SUNNYVALE HEALTH CARE CENTER

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

Provider NPI:
1457354920

OSHPD Facility Number:
206430909

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	\$ 93,734	\$ 0	\$ 93,734	(Sch 2)
160	.20-.39	Fringe Benefits	6700	30,898	0	30,898	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	24,246	0	24,246	(Sch 4)
160		Activities - Total	6700	\$ 148,878	\$ 0	\$ 148,878	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 661,897	\$ 0	\$ 661,897	(Sch 6)
165	.20-.39	Fringe Benefits	6900	176,363	0	176,363	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	453,837	0	453,837	(Sch 6)
165		Administration - Total	6900	\$ 1,292,097	\$ 0	\$ 1,292,097	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 110,458	\$ 0	\$ 110,458	(Sch 3)
166	.20-.39	Fringe Benefits	6900	35,198	0	35,198	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	9,677	0	9,677	(Sch 4)
166		Medical Records - Total	6900	\$ 155,333	\$ 0	\$ 155,333	
167		CDPH Licensing Fees	6900	\$ 22,628	\$ 0	\$ 22,628	(Sch 6)
168		Professional Liability Insurance	6900	\$ 113,571	\$ 0	\$ 113,571	(Sch 6)
169		Quality Assurance Fees	6900	\$ 438,683	\$ 0	\$ 438,683	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 115,273	\$ 0	\$ 115,273	(Sch 3)
170	.20-.39	Fringe Benefits	6800	23,842	0	23,842	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	8,884	0	8,884	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 147,999	\$ 0	\$ 147,999	
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		\$ 2,423,179	\$ 0	\$ 2,423,179	
200		Total		\$ 8,341,113	\$ 0	\$ 8,341,113	

210	0.24	Total Facility Group Health Insurance (Adj 1)*	6900			\$ 180,322	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name							Fiscal Period			Provider NPI		Adjustments
SUNNYVALE HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1457354920		6
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.						
<u>MEMORANDUM ADJUSTMENT</u>												
1	N/A			8	210	N/A	Total Facility Group Health Insurance To include Group Health Insurance in the audit report for information: purposes only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2300 and 2304	\$0	\$180,322	\$180,322		

Provider Name							Fiscal Period			Provider NPI		Adjustments
SUNNYVALE HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1457354920		6
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 STATISTICS												
2	10.7	005	1	7	005	N/A	Plant Operations and Maintenance (Square Feet)	0	514	514		
	10.7	010	1,2	7	010	N/A	Housekeeping	0	87	87		
	10.7	060	1,2,3	7	060	N/A	Laundry and Linen	0	624	624		
	10.7	065	1,2,3	7	065	N/A	Dietary	0	1,785	1,785		
	10.7	075	1,2,3	7	075	N/A	Patient Supplies	0	76	76		
	10.7	080	1,2,3	7	080	N/A	Physical Therapy	0	521	521		
	10.7	082	1,2,3	7	082	N/A	Occupational Therapy	0	138	138		
	10.7	083	1,2,3	7	083	N/A	Speech Pathology	0	4	4		
	10.7	085	1,2,3	7	085	N/A	Pharmacy	0	86	86		
	10.7	100	1,2,3	7	100	N/A	Other Ancillary Service	0	53	53		
	10.7	105	1,2,3	7	105	N/A	Skilled Nursing Care	0	12,774	12,774		
	10.7	140	1,2,3	7	140	N/A	Beauty and Barber	0	112	112		
	10.7	155	1,2,3	7	155	N/A	Social Services	0	49	49		
	10.7	160	1,2,3	7	160	N/A	Activities	0	463	463		
	10.7	165	1,2,3	7	165	N/A	Administration	0	1,431	1,431		
	10.7	166	1,2,3	7	166	N/A	Medical Records	0	277	277		
	10.7	170	1,2,3	7	170	N/A	Inservice Education - Nursing	0	261	261		
	10.7	175	1	7	N/A	N/A	Total Statistics - Square Feet - Capital	0	19,255	19,255		
	10.7	175	2	7	N/A	N/A	Total Statistics - Square Feet - Plant Operations and Maintenance	0	18,741	18,741		
	10.7	175	3	7	N/A	N/A	Total Statistics - Square Feet - Housekeeping	0	18,654	18,654		
To adjust the reported square feet statistics to prior year audited statistics in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306												
3	10.7	105	4	7	105	N/A	Skilled Nursing Care (Pounds of Laundry)	0	319,100	319,100		
	10.7	175	4	7	N/A	N/A	Total Statistics - Pounds of Laundry	0	319,100	319,100		
To reconcile the reported Laundry and Linen statistics on page 10.7 to page 11.1. CMS Pub. 15-1, Sections 2300 and 2304												
4	10.7	105	5	7	105	N/A	Skilled Nursing Care (Patient Meals)	0	95,730	95,730		
	10.7	175	5	7	N/A	N/A	Total Statistics - Patient Meals	0	95,730	95,730		
To reconcile the reported Dietary statistics on page 10.7 to page 11.1. CMS Pub 15-1, Sections 2300 and 2304												

Provider Name							Fiscal Period		Provider NPI		Adjustments
SUNNYVALE HEALTH CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1457354920		6
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											
5	4.1	5	2	1	15	N/A	Medi-Cal Nursing Facility Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through February 28, 2013 Report Date: March 13, 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	21,447	245	21,692	
6	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 summary. 42 CFR 413.20 and 413.50 CMS Pub 15-1, Sections 2205 and 2304	0	466	466	