

**REPORT  
ON THE  
RATE SETTING AUDIT**

**SOLHEIM LUTHERAN HOME FOR THE AGED  
LOS ANGELES, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1114901741**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

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

**Section Chief: Daniel J. Giardinelli  
Audit Supervisor: Allen Dervi  
Auditor: Christine Sprouse**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

July 15, 2013

Antonio Davila, Controller  
Solheim Lutheran Home  
2236 Merton Avenue  
Los Angeles, CA 90041

SOLHEIM LUTHERAN HOME FOR THE AGED  
NATIONAL PROVIDER IDENTIFIER (NPI) 1114901741  
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.

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

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

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

**United States Postal Service (USPS)**

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

**Courier (UPS, FedEx, etc.)**

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

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

If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

**Original Signed By**

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

Certified

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

## Provider Name:

SOLHEIM LUTHERAN HOME FOR THE AGED

## Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

## Provider NPI:

1114901741

## OSHPD Facility No.:

206190725

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	\$ 2,862,911	\$ 115.68
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 842,799	\$ 34.06
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 544,077	\$ 21.98
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 180,238	\$ 7.28
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 1,841	\$ 0.07
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 16,631	\$ 0.67
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 134,593	\$ 5.44
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 881,111	\$ 35.60
11	Cost of Routine Service/Audited Total Costs	\$ 5,510,096	\$ 5,464,202	\$ 220.79
12	Total Patient Days (Adj )	24,748	24,748	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 222.65	\$ 220.79	
14	Overpayments (Adj )	\$ 0	\$ 0	
15	Medi-Cal Days (Adj 17)	6,602	6,507	
16	Medi-Cal Managed Care Days (Adj )		0	
<b>INTERMEDIATE CARE</b>				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
18	Total Patient Days (Adj )	0	0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Adj )	\$ 0	\$ 0	
<b>MENTALLY DISORDERED CARE</b>				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
22	Total Patient Days (Adj )	0	0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Adj )	\$ 0	\$ 0	
<b>DEVELOPMENTALLY DISABLED CARE</b>				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
26	Total Patient Days (Adj )	0	0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Adj )	\$ 0	\$ 0	
<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:  
SOLHEIM LUTHERAN HOME FOR THE AGED

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

Provider NPI:  
1114901741

OSHPD Facility No.:  
206190725

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	\$ 0	
50	Total Patient Days (Adj )	0	0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments (Adj )	\$ 0	\$ 0	
<b>HOSPICE INPATIENT CARE</b>				
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
54	Total Patient Days (Adj )	0	0	
55	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
56	Overpayments (Adj )	\$ 0	\$ 0	
<b>OTHER ROUTINE SERVICES</b>				
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
58	Total Patient Days (Adj )	0	0	
59	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
60	Overpayments (Adj )	\$ 0	\$ 0	

**ALLOCATION OF GENERAL SERVICES  
DIRECT CARE LABOR**

**Provider Name:**  
SOLHEIM LUTHERAN HOME FOR THE AGED

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

**Provider NPI:**  
1114901741

**OSHPD Facility No.:**  
206190725

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Svcs	Activities	Total
			155	160	
	<b>GENERAL SERVICES</b>				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 56,189	\$ 56,189		
160	Activities	369,181		\$ 369,181	
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	2,437,541	56,189	369,181	2,862,911 *
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>\$ 2,862,911</b>	<b>\$ 56,189</b>	<b>\$ 369,181</b>	<b>\$ 2,862,911</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
SOLHEIM LUTHERAN HOME FOR THE AGED

Provider NPI:  
1114901741

OSHPD Facility Number:  
206190725

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	\$ 108,992	\$ 108,992										
010	Housekeeping	97,544	2,493	\$ 100,037									
060	Laundry and Linen	91,822	4,148	3,896	\$ 99,865								
065	Dietary	412,179	8,465	7,951	0	\$ 428,596							
155	Social Services	N/A	388	365	0	0	\$ 753						
160	Activities	N/A	3,728	3,502	0	0	0	\$ 7,230					
165	Administration	N/A	21,712	20,395	0	0	0	0		\$ 42,107	\$ 42,107		
166	Medical Records	66,172	890	836	0	0	0	0		67,897		\$ 67,897	
170	Inservice Education - Nursing	78,264	0	0	0	0	0	0	\$ 78,264				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		555	522	0	0	0	0	0	1,077	357	575	\$ 2,009
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		771	724	0	0	0	0	0	1,494	521	841	2,857
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		300	282	0	0	0	0	0	582	358	578	1,518
083	Speech Pathology		232	218	0	0	0	0	0	451	86	139	675
085	Pharmacy		0	0	0	0	0	0	0	0	934	1,506	2,440
090	Laboratory		0	0	0	0	0	0	0	0	73	118	191
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services		34	32	0	0	0	0	0	66	56	90	211
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		64,698	60,772	99,865	428,596	753	7,230	78,264	740,178	39,281	63,340	842,799 *
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		578	543	0	0	0	0	0	1,121	442	712	2,274
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 854,973</b>	<b>\$ 108,992</b>	<b>\$ 100,037</b>	<b>\$ 99,865</b>	<b>\$ 428,596</b>	<b>\$ 753</b>	<b>\$ 7,230</b>	<b>\$ 78,264</b>	<b>\$ 744,969</b>	<b>\$ 42,107</b>	<b>\$ 67,897</b>	<b>\$ 854,973</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
SOLHEIM LUTHERAN HOME FOR THE AGED

Provider NPI:  
1114901741

OSHPD Facility Number:  
206190725

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	\$ 160,958	\$ 160,958										
010	Housekeeping	17,315	3,682	\$ 20,997									
060	Laundry and Linen	16,475	6,125	818	\$ 23,418								
065	Dietary	194,448	12,501	1,669	0	\$ 208,618							
155	Social Services	2,730	573	77	0	0	\$ 3,380						
160	Activities	37,187	5,506	735	0	0	0	\$ 43,428					
165	Administration	N/A	32,064	4,281	0	0	0	0		\$ 36,345	\$ 36,345		
166	Medical Records	8,916	1,314	175	0	0	0	0		10,405		\$ 10,405	
170	Inservice Education - Nursing	1,509	0	0	0	0	0	0	\$ 1,509				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	35,584	820	109	0	0	0	0	0	36,513	308	88	\$ 36,910
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	52,241	1,138	152	0	0	0	0	0	53,531	450	129	54,110
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	37,119	443	59	0	0	0	0	0	37,622	309	89	38,019
083	Speech Pathology	8,048	343	46	0	0	0	0	0	8,437	74	21	8,532
085	Pharmacy	100,993	0	0	0	0	0	0	0	100,993	806	231	102,030
090	Laboratory	7,891	0	0	0	0	0	0	0	7,891	63	18	7,972
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	5,821	50	7	0	0	0	0	0	5,878	48	14	5,940
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	111,812	95,545	12,755	23,418	208,618	3,380	43,428	1,509	500,465	33,906	9,707	544,077 *
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	44,639	853	114	0	0	0	0	0	45,606	381	109	46,097
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 843,686</b>	<b>\$ 160,958</b>	<b>\$ 20,997</b>	<b>\$ 23,418</b>	<b>\$ 208,618</b>	<b>\$ 3,380</b>	<b>\$ 43,428</b>	<b>\$ 1,509</b>	<b>\$ 796,936</b>	<b>\$ 36,345</b>	<b>\$ 10,405</b>	<b>\$ 843,686</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
SOLHEIM LUTHERAN HOME FOR THE AGED

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

Provider NPI:  
1114901741

OSHPD Facility Number:  
206190725

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)	\$ 187,249	99%							
	Property Tax (line 40)	1,913	1%	\$ 189,162						
005	Plant Operations and Maintenance			24,782	\$ 24,782					
010	Housekeeping			3,760	567	\$ 4,327				
060	Laundry and Linen			6,255	943	169	\$ 7,367			
065	Dietary			12,767	1,925	344	0	\$ 15,036		
155	Social Services			585	88	16	0	0	\$ 689	
160	Activities			5,623	848	151	0	0	0	\$ 6,622
165	Administration			32,746	4,937	882	0	0	0	0
166	Medical Records			1,342	202	36	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			837	126	23	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			1,162	175	31	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			453	68	12	0	0	0	0
083	Speech Pathology			350	53	9	0	0	0	0
085	Pharmacy			0	0	0	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			51	8	1	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			97,576	14,710	2,629	7,367	15,036	689	6,622
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			872	131	23	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 189,162</b>	<b>100%</b>	<b>\$ 189,162</b>	<b>\$ 24,782</b>	<b>\$ 4,327</b>	<b>\$ 7,367</b>	<b>\$ 15,036</b>	<b>\$ 689</b>	<b>\$ 6,622</b>

\* (To Schedule 1)

## ALLOCATION OF CAPITAL COSTS

Provider Name:  
SOLHEIM LUTHERAN HOME FOR THE AGED

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

Provider NPI:  
1114901741

OSHPD Facility Number:  
206190725

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 99% Of Total	Property Tax 1% Of Total
	<b>GENERAL SERVICES</b>									
	Capital Related (excluding lines 40 & 45)	\$ 187,249	99%							
	Property Tax (line 40)	1,913	1%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 38,565	\$ 38,565				
166	Medical Records				1,580		\$ 1,580			
170	Inservice Education - Nursing			\$ -						
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			0	986	327	13	\$ 1,326	\$ 1,313	\$ 13
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	1,369	478	20	1,866	1,847	19
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	533	328	13	875	866	9
083	Speech Pathology			0	413	79	3	495	490	5
085	Pharmacy			0	0	855	35	890	881	9
090	Laboratory			0	0	67	3	70	69	1
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	60	51	2	113	112	1
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			0	144,629	35,977	1,474	182,080	180,238	1,841*
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	1,027	404	17	1,448	1,433	15
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 189,162	100%	\$ -	\$ 149,017	\$ 38,565	\$ 1,580	\$ 189,162	\$ 187,249	\$ 1,913

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
SOLHEIM LUTHERAN HOME FOR THE AGED

Provider NPI:  
1114901741

OSHPD Facility Number:  
206190725

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. 85% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 13% of Total	Quality Assur. Fees 0% of Total	Caregiver Training 0% of Total
	<b>GENERAL SERVICES</b>													
045	Property Insurance	\$ 5,579												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	938,927												
	Total Costs Allocable as Administration	944,506	85%											
167	CDPH Licensing Fees	17,828	2%											
168	Professional Liability Insurance	144,277	13%											
169	Quality Assurance Fees	0	0%											
174	Caregiver Training	0	0%											
	Total	1,106,611	100%						\$ 1,106,611					
	<b>ANCILLARY SERVICES</b>													
075	Patient Supplies			\$ -	\$ 1,077	\$ 36,513	\$ 986	\$ 38,577	9,374	\$ 8,001	\$ 151	\$ 1,222	\$ -	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	1,494	53,531	1,369	56,394	13,704	11,697	221	1,787	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	582	37,622	533	38,737	9,413	8,034	152	1,227	0	0
083	Speech Pathology			0	451	8,437	413	9,300	2,260	1,929	36	295	0	0
085	Pharmacy			0	0	100,993	0	100,993	24,542	20,947	395	3,200	0	0
090	Laboratory			0	0	7,891	0	7,891	1,918	1,637	31	250	0	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	66	5,878	60	6,004	1,459	1,245	24	190	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
	<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care			2,862,911	740,178	500,465	144,629	4,248,182	1,032,336	881,111	16,631	134,593	0	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	1,121	45,606	1,027	47,754	11,604	9,905	187	1,513	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	<b>SUBTOTAL</b>	\$ 1,106,611		\$ 2,862,911	\$ 744,969	\$ 796,936	\$ 149,017	\$ 4,553,832	\$ 1,106,611					
	Total Administrative Costs							\$ 1,106,611		\$ 944,506	\$ 17,828	\$ 144,277	\$ -	\$ -
	Unit Cost Multiplier							0.24300653						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 110,004	\$ 46,750	\$ 40,145	\$ 196,900							
	<b>TOTAL FACILITY COSTS</b>							\$ 5,857,343						

(To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
SOLHEIM LUTHERAN HOME FOR THE AGED

Provider NPI:  
1114901741

OSHPD Facility Number:  
206190725

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 14)	Plant Ops (SQ FT) 5 (Adj 14)	Hskpng (SQ FT) 10 (Adj 14)	Laundry (LBS) 60 (Adj 15)	Dietary (MEALS) 65 (Adj 16)	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	5,800									
010	Housekeeping	880	880								
060	Laundry and Linen	1,464	1,464	1,464							
065	Dietary	2,988	2,988	2,988							
155	Social Services	137	137	137							
160	Activities	1,316	1,316	1,316							
165	Administration	7,664	7,664	7,664							
166	Medical Records	314	314	314							
170	Inservice Education - Nursing										
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	196	196	196						38,577	38,577
077	Specialized Support Surfaces									0	0
080	Physical Therapy	272	272	272						56,394	56,394
081	Respiratory Therapy									0	0
082	Occupational Therapy	106	106	106						38,737	38,737
083	Speech Pathology	82	82	82						9,300	9,300
085	Pharmacy									100,993	100,993
090	Laboratory									7,891	7,891
095	Home Health Services									0	0
100	Other Ancillary Services	12	12	12						6,004	6,004
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	22,837	22,837	22,837	233,476	70,837	2,549,353	2,549,353	2,549,353	4,248,182	4,248,182
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	204	204	204						47,754	47,754
145	Other Nonreimbursable									0	0
	<b>TOTAL STATISTICS</b>	<b>44,272</b>	<b>38,472</b>	<b>37,592</b>	<b>233,476</b>	<b>70,837</b>	<b>2,549,353</b>	<b>2,549,353</b>	<b>2,549,353</b>	<b>4,553,832</b>	<b>4,553,832</b>
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 56,189 0.022040494	\$ 369,181 0.144813606			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 108,992 2.83302142	\$ 100,037 2.66112627	\$ 99,865 0.42773318	\$ 428,596 6.05044699	\$ 753 0.00029525	\$ 7,230 0.00283613	\$ 78,264 0.03069955	\$ 42,107 0.00924653	\$ 67,897 0.01490990
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 160,958 4.18377002	\$ 20,997 0.55854218	\$ 23,418 0.10030044	\$ 208,618 2.94504325	\$ 3,380 0.00132571	\$ 43,428 0.01703486	\$ 1,509 0.00059192	\$ 36,345 0.00798121	\$ 10,405 0.00228491
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 189,162 4.27272317	\$ 24,782 0.64415144	\$ 4,327 0.11510028	\$ 7,367 0.03155276	\$ 15,036 0.21225547	\$ 689 0.00027041	\$ 6,622 0.00259755	\$ - 0.00000000	\$ 38,565 0.00846870	\$ 1,580 0.00034697

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
SOLHEIM LUTHERAN HOME FOR THE AGED

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

Provider NPI:  
1114901741

OSHPD Facility Number:  
206190725

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	\$ 80,729	\$ (2,345)	\$ 78,384	(Sch 3)
005	.20-.39	Fringe Benefits	6200	31,525	(917)	30,608	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	165,835	(4,877)	160,958	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 278,089	\$ (8,139)	\$ 269,950	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 63,607	\$ 0	\$ 63,607	(Sch 3)
010	.20-.39	Fringe Benefits	6300	33,937	0	33,937	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	17,834	(519)	17,315	(Sch 4)
010		Housekeeping - Total	6300	\$ 115,378	\$ (519)	\$ 114,859	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 119,381	\$ (3,469)	\$ 115,912	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	0	0	0	(Sch 5)
025		Depreciation: Equipment	7140	47,618	(1,383)	46,235	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	11,676	(339)	11,337	(Sch 5)
035		Leases and Rentals	7200	5,681	(165)	5,516	(Sch 5)
040		Property Taxes	7300	2,101	(188)	1,913	(Sch 5)
045		Property Insurance	7400	5,746	(167)	5,579	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500	23,905	(15,656)	8,249	(Sch 5)
055		Interest - Other	7600	\$ 0	\$ 0	\$ 0	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 609,575	\$ (30,025)	\$ 579,550	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 66,038	\$ 0	\$ 66,038	(Sch 3)
060	.20-.39	Fringe Benefits	6400	25,784	0	25,784	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	16,475	0	16,475	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 108,297	\$ 0	\$ 108,297	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 276,908	\$ 0	\$ 276,908	(Sch 3)
065	.20-.39	Fringe Benefits	6500	135,271	0	135,271	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	194,448	0	194,448	(Sch 4)
065		Dietary - Total	6500	\$ 606,627	\$ 0	\$ 606,627	
070		Provision for Bad Debts	7700	\$ 0	0	\$ 0	
		<b>Ancillary Services</b>					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 0	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	32,008	3,576	35,584	(Sch 4)
075		Patient Supplies - Total	8100	\$ 32,008	\$ 3,576	\$ 35,584	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$ 0	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150	0	0	0	N/A
077	.79	Agency Staff	8150	0	0	0	N/A
077	.40-.99	Other - Nonlabor	8150	0	0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
SOLHEIM LUTHERAN HOME FOR THE AGED

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

Provider NPI:  
1114901741

OSHPD Facility Number:  
206190725

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	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200	0	0	0	(Sch 2)
080	.79	Agency Staff	8200	0	0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	52,241	0	52,241	(Sch 4)
080		Physical Therapy - Total	8200	\$ 52,241	\$ 0	\$ 52,241	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$ 0	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	0	0	0	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	0	0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$ 0	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250	0	0	0	(Sch 2)
082	.79	Agency Staff	8250	0	0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	37,119	0	37,119	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 37,119	\$ 0	\$ 37,119	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 0	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280	0	0	0	(Sch 2)
083	.79	Agency Staff	8280	0	0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	8,048	0	8,048	(Sch 4)
083		Speech Pathology - Total	8280	\$ 8,048	\$ 0	\$ 8,048	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$ 0	\$ 0	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300	0	0	0	(Sch 2)
085	.79	Agency Staff	8300	0	0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	100,993	0	100,993	(Sch 4)
085		Pharmacy - Total	8300	\$ 100,993	\$ 0	\$ 100,993	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	\$ 0	\$ 0	\$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400	0	0	0	(Sch 2)
090	.79	Agency Staff	8400	0	0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	7,891	0	7,891	(Sch 4)
090		Laboratory - Total	8400	\$ 7,891	\$ 0	\$ 7,891	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	\$ 0	\$ 0	\$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800	0	0	0	(Sch 2)
095	.79	Agency Staff	8800	0	0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800	0	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	\$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900	0	0	0	(Sch 2)
100	.79	Agency Staff	8900	0	0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	5,821	0	5,821	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 5,821	\$ 0	\$ 5,821	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
SOLHEIM LUTHERAN HOME FOR THE AGED

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

Provider NPI:  
1114901741

OSHPD Facility Number:  
206190725

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	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
101	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900	0	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	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
102	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 244,121	\$ 3,576	\$ 247,697	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,729,316	\$ 0	\$ 1,729,316	(Sch 2)
105	.20-.39	Fringe Benefits	6110	708,225	0	708,225	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	115,388	(3,576)	111,812	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 2,552,929	\$ (3,576)	\$ 2,549,353	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	\$ 0	\$ 0	\$ 0	
110	.20-.39	Fringe Benefits	6120	0	0	0	
110	.49	Agency Staff	6120	0	0	0	
110	.40-.99	Other - Nonlabor	6120	0	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	\$ 0	
115	.20-.39	Fringe Benefits	6130	0	0	0	
115	.49	Agency Staff	6130	0	0	0	
115	.40-.99	Other - Nonlabor	6130	0	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	\$ 0	
120	.20-.39	Fringe Benefits	6140	0	0	0	
120	.49	Agency Staff	6140	0	0	0	
120	.40-.99	Other - Nonlabor	6140	0	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	\$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150	0	0	0	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	0	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	\$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160	0	0	0	(Sch 2)
126	.49	Agency Staff	6160	0	0	0	(Sch 2)

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
SOLHEIM LUTHERAN HOME FOR THE AGED

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

Provider NPI:  
1114901741

OSHPD Facility Number:  
206190725

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	\$ 0
128	.20-.39	Fringe Benefits	6170	0	0	0
128	.49	Agency Staff	6170	0	0	0
128	.40-.99	Other - Nonlabor	6170	0	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	\$ 0
130	.20-.39	Fringe Benefits	6180	0	0	0
130	.49	Agency Staff	6180	0	0	0
130	.40-.99	Other - Nonlabor	6180	0	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	\$ 0
135	.20-.39	Fringe Benefits	6190	0	0	0
135	.49	Agency Staff	6190	0	0	0
135	.40-.99	Other - Nonlabor	6190	0	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	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100	0	0	0 (Sch 2)
139	.49	Agency Staff	9100	0	0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100	0	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	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900	0	0	0 (Sch 2)
140	.49	Agency Staff	8900	0	0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	44,639	0	44,639 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 44,639	\$ 0	\$ 44,639
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100	0	0	0 (Sch 2)
145	.49	Agency Staff	9100	0	0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100	0	0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		<b>Subtotal 105 - 145</b>		\$ 2,597,568	\$ (3,576)	\$ 2,593,992
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 41,278	\$ 0	\$ 41,278 (Sch 2)
155	.20-.39	Fringe Benefits	6600	14,911	0	14,911 (Sch 2)
155	.49	Agency Staff	6600	0	0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	2,730	0	2,730 (Sch 4)
155		Social Services - Total	6600	\$ 58,919	\$ 0	\$ 58,919

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
SOLHEIM LUTHERAN HOME FOR THE AGED

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

Provider NPI:  
1114901741

OSHPD Facility Number:  
206190725

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	\$ 254,226	\$ (905)	\$ 253,321	(Sch 2)
160	.20-.39	Fringe Benefits	6700	116,274	(414)	115,860	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	37,320	(133)	37,187	(Sch 4)
160		Activities - Total	6700	\$ 407,820	\$ (1,452)	\$ 406,368	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 531,388	\$ (1,893)	\$ 529,495	(Sch 6)
165	.20-.39	Fringe Benefits	6900	151,402	(539)	150,863	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	176,202	82,367	258,569	(Sch 6)
165		Administration - Total	6900	\$ 858,992	\$ 79,935	\$ 938,927	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 51,499	\$ 0	\$ 51,499	(Sch 3)
166	.20-.39	Fringe Benefits	6900	14,673	0	14,673	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	8,916	0	8,916	(Sch 4)
166		Medical Records - Total	6900	\$ 75,088	\$ 0	\$ 75,088	
167		CDPH Licensing Fees	6900	\$ 17,806	\$ 22	\$ 17,828	(Sch 6)
168		Professional Liability Insurance	6900	\$ 228,242	\$ (83,965)	\$ 144,277	(Sch 6)
169		Quality Assurance Fees	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 58,682	\$ 0	\$ 58,682	(Sch 3)
170	.20-.39	Fringe Benefits	6800	19,582	0	19,582	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	1,509	0	1,509	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 79,773	\$ 0	\$ 79,773	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900	0	0	0	(Sch 6)
174	.49	Agency Staff	6900	0	0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		<b>Subtotal 155 - 174</b>		\$ 1,726,640	\$ (5,460)	\$ 1,721,180	
200		<b>Total</b>		\$ 5,892,828	\$ (35,485)	\$ 5,857,343	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 48,081	
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\* For informational purposes only, this amount is included in various cost centers above.

















Provider Name							Fiscal Period			Provider NPI		Adjustments
SOLHEIM LUTHERAN HOME FOR THE AGED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1114901741		17
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	Not Reported			8	210		Total Facility Group Health Insurance To include Group Health Insurance in the audit for informational purposes only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2300 and 2304	\$0	\$48,081	\$48,081		

Provider Name							Fiscal Period	Provider NPI		Adjustments	
SOLHEIM LUTHERAN HOME FOR THE AGED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1114901741		17	
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>RECLASSIFICATIONS OF REPORTED COSTS</u></b>											
2	10.5	167	4	8A-1	167	4	Administration - CDPH Licensing Fees	\$17,806	(\$17,806)	\$0 *	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	176,202	17,806	194,008 *	
							To reclassify reported expenses to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4 and 2302.8				
3	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$194,008	(\$17,828)	\$176,180 *	
	10.5	167	4	8A-1	167	4	Administration - CDPH Licensing Fees	* 0	17,828	17,828	
							To reclassify facility license fees to the facility licensing fees cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000 and 52506				
4	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	\$228,242	(\$6,139)	\$222,103 *	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 176,180	6,139	182,319 *	
							To reclassify tax and stamping fees associated with liability insurance to the Administration cost center. 42 CFR 413.24 / CMS Pub. 15-1, Section 2162 CCR, Title 22, Sections 52000(b) and 52501				
5	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	\$115,388	(\$3,576)	\$111,812	
	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	32,008	3,576	35,584	
							To reclassify oxygen expense to the appropriate ancillary cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2202.8, 2203.2, 2300 and 2304 CCR, Title 22, Sections 51123 and 51511				

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
SOLHEIM LUTHERAN HOME FOR THE AGED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1114901741		17
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>										
6	10.5	050	4	8A-1	050	4	Interest - Property, Plant, and Equipment To adjust the reported adjustment to the trial balance expense for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$23,905	(\$14,507)	\$9,398 *
7	10.5	040	4	8A-1	040	4	Property Taxes To reflect the proper accrual of real property taxes applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300 and 2302.1	\$2,101	(\$429)	\$1,672 *
8	10.5	005	1	8A-1	005	1	Plant Operations and Maintenance - Salaries and Wages	\$80,729	(\$2,345)	\$78,384
	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	31,525	(917)	30,608
	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	165,835	(4,877)	160,958
9	10.5	010	4	8A-1	010	4	Housekeeping - Other - Nonlabor	\$17,834	(\$519)	\$17,315
10	10.5	015	4	8A-1	015	4	Depreciation - Buildings and Improvements	\$119,381	(\$3,469)	\$115,912
	10.5	025	4	8A-1	025	4	Depreciation - Equipment	47,618	(1,383)	46,235
	10.5	030	4	8A-1	030	4	Depreciation and Amortization - Other	11,676	(339)	11,337
	10.5	035	4	8A-1	035	4	Leases and Rentals	5,681	(165)	5,516
	10.5	040	4	8A-1	040	4	Property Taxes	* 1,672	241	1,913
	10.5	045	4	8A-1	045	4	Property Insurance	5,746	(167)	5,579
	10.5	050	4	8A-1	050	4	Interest - Property, Plant, and Equipment	* 9,398	(1,149)	8,249
11	10.5	160	1	8A-1	160	1	Activities - Salaries and Wages	\$254,226	(\$905)	\$253,321
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	116,274	(414)	115,860
	10.5	160	4	8A-1	160	4	Activities - Other - Nonlabor	37,320	(133)	37,187

-Continued on next page-

Provider Name							Fiscal Period	Provider NPI		Adjustments
SOLHEIM LUTHERAN HOME FOR THE AGED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1114901741		17
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 COSTS</u></b>										
-Continued from previous page-										
12	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	\$531,388	(\$1,893)	\$529,495
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	151,402	(539)	150,863
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 182,319	76,250	258,569
13	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance	* \$222,103	(\$77,826)	\$144,277
<p style="text-align: center;">To adjust the expenses that should be apportioned to the Residential Care Facility for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304</p>										

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
SOLHEIM LUTHERAN HOME FOR THE AGED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1114901741		17
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 STATISTICS</b>											
14	10.7	005	1	7	005	N/A	Plant Operations and Maintenance (Square Feet)	0	5,800	5,800	
	10.7	010	1,2	7	010	N/A	Housekeeping	0	880	880	
	10.7	060	1,2,3	7	060	N/A	Laundry and Linen	0	1,464	1,464	
	10.7	065	1,2,3	7	065	N/A	Dietary	0	2,988	2,988	
	10.7	075	1,2,3	7	075	N/A	Patient Supplies	0	196	196	
	10.7	080	1,2,3	7	080	N/A	Physical Therapy	0	272	272	
	10.7	082	1,2,3	7	082	N/A	Occupational Therapy	0	106	106	
	10.7	083	1,2,3	7	083	N/A	Speech Pathology	0	82	82	
	10.7	100	1,2,3	7	100	N/A	Other Ancillary Services	0	12	12	
	10.7	105	1,2,3	7	105	N/A	Skilled Nursing Care	0	22,837	22,837	
	10.7	140	1,2,3	7	140	N/A	Beauty and Barber	0	204	204	
	10.7	155	1,2,3	7	155	N/A	Social Services	0	137	137	
	10.7	160	1,2,3	7	160	N/A	Activities	0	1,316	1,316	
	10.7	165	1,2,3	7	165	N/A	Administration	0	7,664	7,664	
	10.7	166	1,2,3	7	166	N/A	Medical Records	0	314	314	
	10.7	175	1	7	N/A	N/A	Total - Square Feet	0	44,272	44,272	
	10.7	175	2	7	N/A	N/A	Total - Square Feet	0	38,472	38,472	
	10.7	175	3	7	N/A	N/A	Total - Square Feet	0	37,592	37,592	
To include square footage statistics in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2300, 2304 and 2306											
15	10.7	105	4	7	105	N/A	Skilled Nursing Care (Pounds of Laundry)	0	233,476	233,476	
	10.7	175	4	7	N/A	N/A	Total - Pounds of Laundry	0	233,476	233,476	
To include laundry pounds statistics in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2300, 2304 and 2306											

Provider Name							Fiscal Period		Provider NPI		Adjustments
SOLHEIM LUTHERAN HOME FOR THE AGED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1114901741		17
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 STATISTICS</u></b>											
16	10.7	105	5	7	105	N/A	Skilled Nursing Care (Patient Meals)	0	70,837	70,837	
	10.7	175	5	7	N/A	N/A	Total - Patient Meals	0	70,837	70,837	
							To include meal served statistics in order to properly allocate indirect costs.				
							42 CFR 413.24 and 413.50				
							CMS Pub. 15-1, Sections 2300, 2304 and 2306				

Provider Name							Fiscal Period		Provider NPI		Adjustments
SOLHEIM LUTHERAN HOME FOR THE AGED							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1114901741		17
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>ADJUSTMENT TO REPORTED PATIENT DAYS</b>											
17	4.1	5	2	1	15	N/A	Medi-Cal Days	6,602	(95)	6,507	
							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 October 2, 2012 Report Date: October 2, 2012 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				