

**REPORT  
ON THE  
RATE SETTING AUDIT**

**VALLE VERDE HEALTH FACILITY  
SANTA BARBARA, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1255412763**

**FISCAL PERIOD ENDED  
SEPTEMBER 30, 2011**

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

**Section Chief: Louise Wong  
Audit Supervisor: Diana Dong  
Auditor: Laurie Plancarte**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

June 25, 2013

Gary Johnson  
Vice President of Financial Operations  
American Baptist Homes of the West  
6120 Stoneridge Mall Road, Third Floor  
Pleasanton, CA 94588

VALLE VERDE HEALTH FACILITY  
NATIONAL PROVIDER IDENTIFIER (NPI) 1255412763  
FISCAL PERIOD ENDED SEPTEMBER 30, 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.

Gary Johnson  
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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:  
VALLE VERDE HEALTH FACILITY

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:  
1255412763

OSHPD Facility No.:  
206420534

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	\$ 3,856,472	\$ 161.66
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 1,038,976	\$ 43.55
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 813,408	\$ 34.10
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 408,036	\$ 17.10
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 1,068	\$ 0.04
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 11,490	\$ 0.48
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 54,427	\$ 2.28
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	\$ 954,405	\$ 40.01
11	Cost of Routine Service/Audited Total Costs	\$ 7,132,816	\$ 7,138,281	\$ 299.24
12	Total Patient Days (Adj )	23,855	23,855	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 299.01	\$ 299.24	
14	Overpayments (Adj )	\$ 0	\$ 0	
15	Medi-Cal Days (Adj 5)	4,316	31	
16	Medi-Cal Managed Care Days (Adj 6)		4,285	
<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:**  
VALLE VERDE HEALTH FACILITY

**Fiscal Period:**  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

**Provider NPI:**  
1255412763

**OSHPD Facility No.:**  
206420534

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:**  
VALLE VERDE HEALTH FACILITY

**Fiscal Period:**  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

**Provider NPI:**  
1255412763

**OSHPD Facility No.:**  
206420534

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	\$ 82,819	\$ 82,819		
160	Activities	170,531		\$ 170,531	
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	3,603,122	82,819	170,531	3,856,472 *
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>\$ 3,856,472</b>	<b>\$ 82,819</b>	<b>\$ 170,531</b>	<b>\$ 3,856,472</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
VALLE VERDE HEALTH FACILITY

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 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	\$ 91,091	\$ 91,091										
010	Housekeeping	223,990	389	\$ 224,379									
060	Laundry and Linen	73,248	6,893	17,051	\$ 97,191								
065	Dietary	515,552	7,828	19,364	0	\$ 542,743							
155	Social Services	N/A	596	1,475	0	0	\$ 2,071						
160	Activities	N/A	6,136	15,179	0	0	0	\$ 21,315					
165	Administration	N/A	7,199	17,810	0	0	0	0	\$ 25,009	\$ 25,009			
166	Medical Records	58,484	660	1,634	0	0	0	0	60,778		\$ 60,778		
170	Inservice Education - Nursing	107,424	2,364	5,847	0	0	0	0	\$ 115,635				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		596	1,475	0	0	0	0	0	2,071	349	848	\$ 3,268
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		909	2,248	0	0	0	0	0	3,157	1,468	3,569	8,194
081	Respiratory Therapy		0	0	0	0	0	0	0	0	70	171	242
082	Occupational Therapy		909	2,248	0	0	0	0	0	3,157	837	2,033	6,026
083	Speech Pathology		0	0	0	0	0	0	0	0	280	680	959
085	Pharmacy		672	1,662	0	0	0	0	0	2,334	957	2,327	5,619
090	Laboratory		0	0	0	0	0	0	0	0	184	447	631
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	100	242	342
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		54,708	135,337	97,191	542,743	2,071	21,315	115,635	969,001	20,400	49,576	1,038,976 *
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		567	1,402	0	0	0	0	0	1,969	342	831	3,142
145	Other Nonreimbursable		666	1,648	0	0	0	0	0	2,314	22	54	2,390
	<b>TOTAL</b>	<b>\$ 1,069,789</b>	<b>\$ 91,091</b>	<b>\$ 224,379</b>	<b>\$ 97,191</b>	<b>\$ 542,743</b>	<b>\$ 2,071</b>	<b>\$ 21,315</b>	<b>\$ 115,635</b>	<b>\$ 984,002</b>	<b>\$ 25,009</b>	<b>\$ 60,778</b>	<b>\$ 1,069,789</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
VALLE VERDE HEALTH FACILITY

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 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	\$ 104,862	\$ 104,862										
010	Housekeeping	28,452	447	\$ 28,899									
060	Laundry and Linen	17,649	7,935	2,196	\$ 27,780								
065	Dietary	409,842	9,011	2,494	0	\$ 421,347							
155	Social Services	0	686	190	0	0	\$ 876						
160	Activities	4,419	7,063	1,955	0	0	0	\$ 13,437					
165	Administration	N/A	8,288	2,294	0	0	0	0		\$ 10,582	\$ 10,582		
166	Medical Records	0	760	210	0	0	0	0		971		\$ 971	
170	Inservice Education - Nursing	0	2,721	753	0	0	0	0	\$ 3,474				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	96,992	686	190	0	0	0	0	0	97,868	148	14	\$ 98,029
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	423,574	1,046	290	0	0	0	0	0	424,910	621	57	425,588
081	Respiratory Therapy	20,734	0	0	0	0	0	0	0	20,734	30	3	20,767
082	Occupational Therapy	237,512	1,046	290	0	0	0	0	0	238,848	354	32	239,234
083	Speech Pathology	82,364	0	0	0	0	0	0	0	82,364	118	11	82,493
085	Pharmacy	275,424	774	214	0	0	0	0	0	276,412	405	37	276,854
090	Laboratory	54,210	0	0	0	0	0	0	0	54,210	78	7	54,295
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	29,377	0	0	0	0	0	0	0	29,377	42	4	29,423
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	256,661	62,979	17,431	27,780	421,347	876	13,437	3,474	803,986	8,631	792	813,408 *
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	95,186	653	181	0	0	0	0	0	96,019	145	13	96,177
145	Other Nonreimbursable	0	767	212	0	0	0	0	0	979	9	1	989
	<b>TOTAL</b>	<b>\$ 2,137,258</b>	<b>\$ 104,862</b>	<b>\$ 28,899</b>	<b>\$ 27,780</b>	<b>\$ 421,347</b>	<b>\$ 876</b>	<b>\$ 13,437</b>	<b>\$ 3,474</b>	<b>\$ 2,125,706</b>	<b>\$ 10,582</b>	<b>\$ 971</b>	<b>\$ 2,137,258</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
VALLE VERDE HEALTH FACILITY

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

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)	\$ 435,742	100%							
	Property Tax (line 40)	1,140	0%	\$ 436,882						
005	Plant Operations and Maintenance			7,560	\$ 7,560					
010	Housekeeping			1,832	32	\$ 1,864				
060	Laundry and Linen			32,486	572	142	\$ 33,199			
065	Dietary			36,892	650	161	0	\$ 37,703		
155	Social Services			2,809	49	12	0	0	\$ 2,871	
160	Activities			28,919	509	126	0	0	0	\$ 29,554
165	Administration			33,932	598	148	0	0	0	0
166	Medical Records			3,112	55	14	0	0	0	0
170	Inservice Education - Nursing			11,141	196	49	0	0	0	0
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			2,809	49	12	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			4,283	75	19	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			4,283	75	19	0	0	0	0
083	Speech Pathology			0	0	0	0	0	0	0
085	Pharmacy			3,167	56	14	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care			257,846	4,541	1,124	33,199	37,703	2,871	29,554
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			2,672	47	12	0	0	0	0
145	Other Nonreimbursable			3,140	55	14	0	0	0	0
	<b>TOTAL</b>	<b>\$ 436,882</b>	<b>100%</b>	<b>\$ 436,882</b>	<b>\$ 7,560</b>	<b>\$ 1,864</b>	<b>\$ 33,199</b>	<b>\$ 37,703</b>	<b>\$ 2,871</b>	<b>\$ 29,554</b>

\* (To Schedule 1)

## ALLOCATION OF CAPITAL COSTS

Provider Name:  
VALLE VERDE HEALTH FACILITY

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	Capital Related 100% Of Total	Property Tax 0% Of Total
	<b>GENERAL SERVICES</b>									
	Capital Related (excluding lines 40 & 45)	\$ 435,742	100%							
	Property Tax (line 40)	1,140	0%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 34,677	\$ 34,677				
166	Medical Records				3,181		\$ 3,181			
170	Inservice Education - Nursing			\$ 11,385						
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			0	2,871	484	44	\$ 3,399	\$ 3,391	\$ 9
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	4,377	2,036	187	6,600	6,582	17
081	Respiratory Therapy			0	0	98	9	107	106	0
082	Occupational Therapy			0	4,377	1,160	106	5,643	5,629	15
083	Speech Pathology			0	0	388	36	423	422	1
085	Pharmacy			0	3,237	1,328	122	4,686	4,674	12
090	Laboratory			0	0	255	23	279	278	1
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	138	13	151	151	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			11,385	378,224	28,285	2,594	409,104	408,036	1,068
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	2,730	474	43	3,248	3,239	8
145	Other Nonreimbursable			0	3,209	31	3	3,242	3,234	8
	<b>TOTAL</b>	\$ 436,882	100%	\$ 11,385	\$ 399,024	\$ 34,677	\$ 3,181	\$ 436,882	\$ 435,742	\$ 1,140

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
VALLE VERDE HEALTH FACILITY

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 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. 94% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 5% of Total	Quality Assur. Fees 0% of Total	Caregiver Training 0% of Total
	<b>GENERAL SERVICES</b>													
045	Property Insurance	\$ 12,044												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,158,023												
	Total Costs Allocable as Administration	1,170,067	94%											
167	CDPH Licensing Fees	14,086	1%											
168	Professional Liability Insurance	66,725	5%											
169	Quality Assurance Fees	0	0%											
174	Caregiver Training	0	0%											
	Total	1,250,878	100%						\$ 1,250,878					
	<b>ANCILLARY SERVICES</b>													
075	Patient Supplies			\$ -	\$ 2,071	\$ 97,868	\$ 2,871	\$ 102,810	17,461	\$ 16,333	\$ 197	\$ 931	\$ -	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	3,157	424,910	4,377	432,443	73,444	68,700	827	3,918	0	0
081	Respiratory Therapy			0	0	20,734	0	20,734	3,521	3,294	40	188	0	0
082	Occupational Therapy			0	3,157	238,848	4,377	246,381	41,844	39,141	471	2,232	0	0
083	Speech Pathology			0	0	82,364	0	82,364	13,988	13,085	158	746	0	0
085	Pharmacy			0	2,334	276,412	3,237	281,983	47,891	44,797	539	2,555	0	0
090	Laboratory			0	0	54,210	0	54,210	9,207	8,612	104	491	0	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	29,377	0	29,377	4,989	4,667	56	266	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			3,856,472	969,001	803,986	378,224	6,007,682	1,020,322	954,405	11,490	54,427	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	1,969	96,019	2,730	100,718	17,106	16,001	193	912	0	0
145	Other Nonreimbursable			0	2,314	979	3,209	6,502	1,104	1,033	12	59	0	0
	<b>SUBTOTAL</b>	\$ 1,250,878		\$ 3,856,472	\$ 984,002	\$ 2,125,706	\$ 399,024	\$ 7,365,204	\$ 1,250,878					
	Total Administrative Costs							\$ 1,250,878		\$ 1,170,067	\$ 14,086	\$ 66,725	\$ -	\$ -
	Unit Cost Multiplier							0.16983616						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 85,787	\$ 11,552	\$ 37,858	\$ 135,197							
	<b>TOTAL FACILITY COSTS</b>							\$ 8,751,279						

\* (To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
VALLE VERDE HEALTH FACILITY

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS	Plant Ops (SQ FT) 5	Hskpng (SQ FT) 10	Laundry (LBS) 60	Dietary (MEALS) 65	Soc Svcs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	Inserv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	<b>GENERAL SERVICES</b>										
005	Plant Operations and Maintenance	549									
010	Housekeeping	133	133								
060	Laundry and Linen	2,359	2,359	2,359							
065	Dietary	2,679	2,679	2,679							
155	Social Services	204	204	204							
160	Activities	2,100	2,100	2,100							
165	Administration	2,464	2,464	2,464							
166	Medical Records	226	226	226							
170	Inservice Education - Nursing	809	809	809							
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	204	204	204						102,810	102,810
077	Specialized Support Surfaces									0	0
080	Physical Therapy	311	311	311						432,443	432,443
081	Respiratory Therapy									20,734	20,734
082	Occupational Therapy	311	311	311						246,381	246,381
083	Speech Pathology									82,364	82,364
085	Pharmacy	230	230	230						281,983	281,983
090	Laboratory									54,210	54,210
095	Home Health Services									0	0
100	Other Ancillary Services									29,377	29,377
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	18,724	18,724	18,724	8,538	71,565	3,859,783	3,859,783	3,859,783	6,007,682	6,007,682
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	194	194	194						100,718	100,718
145	Other Nonreimbursable	228	228	228						6,502	6,502
	<b>TOTAL STATISTICS</b>	<b>31,725</b>	<b>31,176</b>	<b>31,043</b>	<b>8,538</b>	<b>71,565</b>	<b>3,859,783</b>	<b>3,859,783</b>	<b>3,859,783</b>	<b>7,365,204</b>	<b>7,365,204</b>
	<b>TOTAL DIRECT SALARIES COSTS - SCH. 2</b>						\$ 82,819	\$ 170,531			
	<b>UNIT COST MULTIPLIER (DIRECT SALARIES)</b>						0.021456906	0.044181499			
	<b>TOTAL INDIRECT SALARIES COSTS - SCH. 3</b>		\$ 91,091	\$ 224,379	\$ 97,191	\$ 542,743	\$ 2,071	\$ 21,315	\$ 115,635	\$ 25,009	\$ 60,778
	<b>UNIT COST MULTIPLIER (INDIRECT SALARIES)</b>		2.92183090	7.22799354	11.38339609	7.58392202	0.00053645	0.00552224	0.02995899	0.00339558	0.00825203
	<b>TOTAL INDIRECT OTHER COSTS - SCH. 4</b>		\$ 104,862	\$ 28,899	\$ 27,780	\$ 421,347	\$ 876	\$ 13,437	\$ 3,474	\$ 10,582	\$ 971
	<b>UNIT COST MULTIPLIER (INDIRECT OTHER)</b>		3.36354888	0.93094585	3.25365578	5.88761198	0.00022698	0.00348140	0.00090011	0.00143671	0.00013178
	<b>TOTAL CAPITAL COSTS - SCH. 5</b>	\$ 436,882	\$ 7,560	\$ 1,864	\$ 33,199	\$ 37,703	\$ 2,871	\$ 29,554	\$ 11,385	\$ 34,677	\$ 3,181
	<b>UNIT COST MULTIPLIER (CAPITAL COSTS)</b>	13.77090623	0.24250152	0.06003876	3.88841184	0.52683244	0.00074382	0.00765697	0.00294976	0.00470822	0.00043184

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
VALLE VERDE HEALTH FACILITY

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

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	\$ 60,055	\$ 0	\$ 60,055	(Sch 3)
005	.20-.39	Fringe Benefits	6200	31,036	0	31,036	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	104,862	0	104,862	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 195,953	\$ 0	\$ 195,953	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 144,679	\$ 0	\$ 144,679	(Sch 3)
010	.20-.39	Fringe Benefits	6300	79,311	0	79,311	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	28,452	0	28,452	(Sch 4)
010		Housekeeping - Total	6300	\$ 252,442	\$ 0.00	\$ 252,442.00	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 304,941	\$ 0	\$ 304,941	(Sch 5)
020		Depreciation: Leasehold Improvements	7130		0	0	(Sch 5)
025		Depreciation: Equipment	7140	49,404	0	49,404	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	3,368	0	3,368	(Sch 5)
040		Property Taxes	7300	1,140	0	1,140	(Sch 5)
045		Property Insurance	7400	12,044	0	12,044	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	78,029	0	78,029	(Sch 6)
055		Interest - Other	7600	\$	\$ 0	\$ 0	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 897,321	\$ 0	\$ 897,321	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 53,499	\$ (1,815)	\$ 51,684	(Sch 3)
060	.20-.39	Fringe Benefits	6400	22,321	(757)	21,564	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	18,269	(620)	17,649	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 94,089	\$ (3,192)	\$ 90,897	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 311,739	\$ 0	\$ 311,739	(Sch 3)
065	.20-.39	Fringe Benefits	6500	148,907	0	148,907	(Sch 3)
065	.79	Agency Staff	6500	54,906	0	54,906	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	409,842	0	409,842	(Sch 4)
065		Dietary - Total	6500	\$ 925,394	\$ 0	\$ 925,394	
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	96,992	0	96,992	(Sch 4)
075		Patient Supplies - Total	8100	\$ 96,992	\$ 0	\$ 96,992	
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:  
VALLE VERDE HEALTH FACILITY

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

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	423,574	0	423,574	(Sch 4)
080		Physical Therapy - Total	8200	\$ 423,574	\$ 0	\$ 423,574	
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	20,734	0	20,734	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 20,734	\$ 0	\$ 20,734	
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	237,512	0	237,512	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 237,512	\$ 0	\$ 237,512	
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	82,364	0	82,364	(Sch 4)
083		Speech Pathology - Total	8280	\$ 82,364	\$ 0	\$ 82,364	
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	275,424	0	275,424	(Sch 4)
085		Pharmacy - Total	8300	\$ 275,424	\$ 0	\$ 275,424	
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	54,210	0	54,210	(Sch 4)
090		Laboratory - Total	8400	\$ 54,210	\$ 0	\$ 54,210	
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	29,377	0	29,377	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 29,377	\$ 0	\$ 29,377	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
VALLE VERDE HEALTH FACILITY

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

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		\$ 1,220,187	\$ 0	\$ 1,220,187	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 2,400,065	\$ 0	\$ 2,400,065	(Sch 2)
105	.20-.39	Fringe Benefits	6110	1,202,980	0	1,202,980	(Sch 2)
105	.49	Agency Staff	6110	77	0	77	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	256,661	0	256,661	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 3,859,783	\$ 0	\$ 3,859,783	
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:  
VALLE VERDE HEALTH FACILITY

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

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	95,186	0	95,186 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 95,186	\$ 0	\$ 95,186
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>		\$ 3,954,969	\$ 0	\$ 3,954,969
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 54,044	\$ 0	\$ 54,044 (Sch 2)
155	.20-.39	Fringe Benefits	6600	28,775	0	28,775 (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	\$ 82,819	\$ 0	\$ 82,819

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
VALLE VERDE HEALTH FACILITY

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

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	\$ 115,078	\$ 0	\$ 115,078	(Sch 2)
160	.20-.39	Fringe Benefits	6700	55,453	0	55,453	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	4,419	0	4,419	(Sch 4)
160		Activities - Total	6700	\$ 174,950	\$ 0	\$ 174,950	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 314,875	\$ 0	\$ 314,875	(Sch 6)
165	.20-.39	Fringe Benefits	6900	160,833	0	160,833	(Sch 6)
165	.49	Agency Staff	6900	673	0	673	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	691,439	(9,797)	681,642	(Sch 6)
165		Administration - Total	6900	\$ 1,167,820	\$ (9,797)	\$ 1,158,023	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 37,015	\$ 0	\$ 37,015	(Sch 3)
166	.20-.39	Fringe Benefits	6900	21,469	0	21,469	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900		0	0	(Sch 4)
166		Medical Records - Total	6900	\$ 58,484	\$ 0	\$ 58,484	
167		CDPH Licensing Fees	6900	\$ 14,086	\$ 0	\$ 14,086	(Sch 6)
168		Professional Liability Insurance	6900	\$ 66,725	\$ 0	\$ 66,725	(Sch 6)
169		Quality Assurance Fees	6900	\$	\$ 0	\$ 0	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 73,798	\$ 0	\$ 73,798	(Sch 3)
170	.20-.39	Fringe Benefits	6800	33,626	0	33,626	(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	\$ 107,424	\$ 0	\$ 107,424	
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>		\$ 1,672,308	\$ (9,797)	\$ 1,662,511	
200		<b>Total</b>		\$ 8,764,268	\$ (12,989)	\$ 8,751,279	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 1,055,368	
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\* For informational purposes only, this amount is included in various cost centers above.

Provider Name:  
VALLE VERDE HEALTH FACILITY

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534  
Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
005	1	Plant Operations and Maintenance - Salaries and Wages	0							
005	2	Plant Operations and Maintenance - Fringe Benefits	0							
005	3	Plant Operations and Maintenance - Agency Staff	0							
005	4	Plant Operations and Maintenance - Other - Nonlabor	0							
010	1	Housekeeping - Salaries and Wages	0							
010	2	Housekeeping - Fringe Benefits	0							
010	3	Housekeeping - Agency Staff	0							
010	4	Housekeeping - Other - Nonlabor	0							
015	4	Depreciation: Buildings and Improvements	0							
020	4	Depreciation: Leasehold Improvements	0							
025	4	Depreciation: Equipment	0							
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	0							
040	4	Property Taxes	0							
045	4	Property Insurance	0							
050	4	Interest - Property, Plant, and Equipment	0							
055	4	Interest - Other	0							
060	1	Laundry and Linen - Salaries and Wages	(1,815)	(1,815)						
060	2	Laundry and Linen - Fringe Benefits	(757)	(757)						
060	3	Laundry and Linen - Agency Staff	0							
060	4	Laundry and Linen - Other - Nonlabor	(620)	(620)						
065	1	Dietary - Salaries and Wages	0							
065	2	Dietary - Fringe Benefits	0							
065	3	Dietary - Agency Staff	0							
065	4	Dietary - Other - Nonlabor	0							
070	4	Provision for Bad Debts	0							
075	1	Patient Supplies - Salaries and Wages	0							
075	2	Patient Supplies - Fringe Benefits	0							
075	3	Patient Supplies - Agency Staff	0							
075	4	Patient Supplies - Other - Nonlabor	0							
077	1	Specialized Support Surfaces - Salaries and Wages	0							
077	2	Specialized Support Surfaces - Fringe Benefits	0							
077	3	Specialized Support Surfaces - Agency Staff	0							
077	4	Specialized Support Surfaces - Other - Nonlabor	0							
080	1	Physical Therapy - Salaries and Wages	0							
080	2	Physical Therapy - Fringe Benefits	0							
080	3	Physical Therapy - Agency Staff	0							
080	4	Physical Therapy - Other - Nonlabor	0							
081	1	Respiratory Therapy - Salaries and Wages	0							
081	2	Respiratory Therapy - Fringe Benefits	0							
081	3	Respiratory Therapy - Agency Staff	0							
081	4	Respiratory Therapy - Other - Nonlabor	0							
082	1	Occupational Therapy - Salaries and Wages	0							
082	2	Occupational Therapy - Fringe Benefits	0							
082	3	Occupational Therapy - Agency Staff	0							
082	4	Occupational Therapy - Other - Nonlabor	0							
083	1	Speech Pathology - Salaries and Wages	0							
083	2	Speech Pathology - Fringe Benefits	0							
083	3	Speech Pathology - Agency Staff	0							

Provider Name:  
VALLE VERDE HEALTH FACILITY

Provider NPI:  
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Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
083	4	Speech Pathology - Other - Nonlabor	0							
085	1	Pharmacy - Salaries and Wages	0							
085	2	Pharmacy - Fringe Benefits	0							
085	3	Pharmacy - Agency Staff	0							
085	4	Pharmacy - Other - Nonlabor	0							
090	1	Laboratory - Salaries and Wages	0							
090	2	Laboratory - Fringe Benefits	0							
090	3	Laboratory - Agency Staff	0							
090	4	Laboratory - Other - Nonlabor	0							
095	1	Home Health Services - Salaries and Wages	0							
095	2	Home Health Services - Fringe Benefits	0							
095	3	Home Health Services - Agency Staff	0							
095	4	Home Health Services - Other - Nonlabor	0							
100	1	Other Ancillary Services - Salaries and Wages	0							
100	2	Other Ancillary Services - Fringe Benefits	0							
100	3	Other Ancillary Services - Agency Staff	0							
100	4	Other Ancillary Services - Other - Nonlabor	0							
101	1	Subacute Care Ancillary Services - Salaries and Wages	0							
101	2	Subacute Care Ancillary Services - Fringe Benefits	0							
101	3	Subacute Care Ancillary Services - Agency Staff	0							
101	4	Subacute Care Ancillary Services - Other - Nonlabor	0							
102	1	Subacute Pediatric Ancillary Services - Salaries and Wages	0							
102	2	Subacute Pediatric Ancillary Services - Fringe Benefits	0							
102	3	Subacute Pediatric Ancillary Services - Agency Staff	0							
102	4	Subacute Pediatric Ancillary Services - Other - Nonlabor	0							
105	1	Skilled Nursing Care - Salaries and Wages	0							
105	2	Skilled Nursing Care - Fringe Benefits	0							
105	3	Skilled Nursing Care - Agency Staff	0							
105	4	Skilled Nursing Care - Other - Nonlabor	0							
110	1	Intermediate Care - Salaries and Wages	0							
110	2	Intermediate Care - Fringe Benefits	0							
110	3	Intermediate Care - Agency Staff	0							
110	4	Intermediate Care - Other - Nonlabor	0							
115	1	Mentally Disordered Care - Salaries and Wages	0							
115	2	Mentally Disordered Care - Fringe Benefits	0							
115	3	Mentally Disordered Care - Agency Staff	0							
115	4	Mentally Disordered Care - Other - Nonlabor	0							
120	1	Developmentally Disabled Care - Salaries and Wages	0							
120	2	Developmentally Disabled Care - Fringe Benefits	0							
120	3	Developmentally Disabled Care - Agency Staff	0							
120	4	Developmentally Disabled Care - Other - Nonlabor	0							
125	1	Subacute Care - Salaries and Wages	0							
125	2	Subacute Care - Fringe Benefits	0							
125	3	Subacute Care - Agency Staff	0							
125	4	Subacute Care - Other - Nonlabor	0							
126	1	Subacute Care - Pediatric - Salaries and Wages	0							
126	2	Subacute Care - Pediatric - Fringe Benefits	0							
126	3	Subacute Care - Pediatric - Agency Staff	0							
126	4	Subacute Care - Pediatric - Other - Nonlabor	0							

Provider Name:  
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Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	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	0							
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	0							
160	3	Activities - Agency Staff	0							
160	4	Activities - Other - Nonlabor	0							
165	1	Administration - Salaries and Wages	0							
165	2	Administration - Fringe Benefits	0							
165	3	Administration - Agency Staff	0							
165	4	Administration - Other - Nonlabor	(9,797)		(1,000)	(8,797)				
166	1	Medical Records - Salaries and Wages	0							
166	2	Medical Records - Fringe Benefits	0							
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	0							
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:  
VALLE VERDE HEALTH FACILITY

Provider NPI:  
1255412763

OSHPD Facility Number:  
206420534

Fiscal Period:  
OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
174	3	Caregiver Training - Agency Staff	0							
174	4	Caregiver Training - Other - Nonlabor	0							
200			(\$12,989)	(3,192)	(1,000)	(8,797)	0	0	0	0
Total			(To Sch 8)							

Provider Name							Fiscal Period	Provider NPI	Adjustments		
VALLE VERDE HEALTH FACILITY							OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011	1255412763	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, Sections 2300 and 2304	\$0	\$1,055,368	\$1,055,368	

Provider Name							Fiscal Period	Provider NPI		Adjustments
VALLE VERDE HEALTH FACILITY							OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011	1255412763		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.				
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>										
2	10.5	060	1	8A-1	060	1	Laundry and Linen - Salaries and Wages	\$53,499	(\$1,815)	\$51,684
	10.5	060	2	8A-1	060	2	Laundry and Linen - Fringe Benefits	22,321	(757)	21,564
	10.5	060	4	8A-1	060	4	Laundry and Linen - Other - Nonlabor	18,269	(620)	17,649
							To adjust laundry and linen cost to reflect the audited apportionment factor and for proper cost determination. 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	\$691,439	(\$1,000)	\$690,439 *
							To abate miscellaneous administration income against the related expense. 42 CFR 413.5 and 413.9 CMS Pub. 15-1, Sections 202.2 and 2328			
4	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$690,439	(\$8,797)	\$681,642
							To adjust reported home office costs to agree with the American Baptist Home of the West (ABHOW) Home Office Cost Report for fiscal year ended September 30, 2011. 42 CFR 413.7 CMS Pub. 15-1, Sections 2150.2 and 2304			

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
VALLE VERDE HEALTH FACILITY							OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011		1255412763		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.					
<b><u>ADJUSTMENTS TO REPORTED PATIENT DAYS</u></b>											
5	4.1	5	2	1	15	N/A	Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: October 1, 2010 through September 30, 2011 Payment Period: October 1, 2010 through March 27, 2013 Report Date: March 27, 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 51511	4,316	(4,285)	31	
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 records. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304	0	4,285	4,285	