

**REPORT
ON THE
RATE SETTING AUDIT**

**WILLOW TREE NURSING AND REHABILITATION
CENTER
OAKLAND, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1346382298**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Margaret A. Varho
Audit Supervisor: Felipe Avila
Auditor: Ron Leiss**



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



EDMUND G. BROWN JR.
GOVERNOR

Date: May 9, 2013

Carol Sparks
Director of Reimbursement
Covenant Care, Inc.
27071 Aliso Creek Road, Suite 100
Aliso Viejo, CA 92656

WILLOW TREE NURSING AND REHABILITATION CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1346382298
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 that include a summary of the total due the State in the amount of \$21,350, which resulted from Medi-Cal overpayments

The audit settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

Carol Sparks
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Future Medi-Cal long-term care prospective rates may be affected by this examination. The extent to which the rates change will be determined by the Department's Fee-For-Service Rate Development Division.

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

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section—Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

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

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:

WILLOW TREE NURSING AND REHABILITATION CENTER

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1346382298

OSHPD Facility No.:

206010995

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 3,123,365	\$ 120.11
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 791,822	\$ 30.45
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 682,939	\$ 26.26
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 419,691	\$ 16.14
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 15,628	\$ 0.60
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 13,214	\$ 0.51
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 59,346	\$ 2.28
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 298,643	\$ 11.48
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 784,484	\$ 30.17
11	Cost of Routine Service/Audited Total Costs	\$ 6,185,549.00	\$ 6,189,132	\$ 238.00
12	Total Patient Days (Adj)	26,005	26,005	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 237.86	\$ 238.00	
14	Overpayments (Adj 8,9)	\$ 0	\$ (21,350)	
15	Medi-Cal Days (Adj 7)	22,201	21,713	
16	Medi-Cal Managed Care Days (Adj)		0	
INTERMEDIATE CARE				
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	
MENTALLY DISORDERED CARE				
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	
DEVELOPMENTALLY DISABLED CARE				
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	
SUBACUTE CARE				
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
38	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:

WILLOW TREE NURSING AND REHABILITATION CENTER

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1346382298

OSHPD Facility No.:

206010995

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SUBACUTE CARE - PEDIATRIC				
43	Cost of Routine Service (Subacute Care - Pediatric, Sch. 1, Ln 3)	\$ 0	\$ 0	
44	Cost of Ancillary Service (Subacute Care - Pediatric, Sch. 1, Ln. 1 + Ln. 2)	\$ 0	\$ 0	
45	Total Cost of Subacute Care - Pediatric Service (Ln. 43 + Ln. 44)	\$ 0	\$ 0	
46	Total Patient Days (Subacute Care - Pediatric, Sch. 1, Ln. 5)	0	0	
47	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
48	Amount Due Provider (State) (Subacute Care - Pediatric, Sch. 1, Ln. 9)	\$ 0	\$ 0	
TRANSITIONAL INPATIENT CARE				
49	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 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	
HOSPICE INPATIENT CARE				
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	
OTHER ROUTINE SERVICES				
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:
WILLOW TREE NURSING AND REHABILITATION CENTER

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

Provider NPI:
1346382298

OSHPD Facility No.:
206010995

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
	GENERAL SERVICES				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 110,992	\$ 110,992		
160	Activities	114,182		\$ 114,182	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	ANCILLARY SERVICES				
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	0	0	0	0
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	0	0	0	0
083	Speech Pathology	0	0	0	0
085	Pharmacy	0	0	0	0
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	0	0	0	0
101	Subacute Care Ancillary Services	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0
	ROUTINE SERVICES				
105	Skilled Nursing Care	2,898,191	110,992	114,182	3,123,365 *
110	Intermediate Care	0	0	0	0 *
115	Mentally Disordered Care	0	0	0	0 *
120	Developmentally Disabled Care	0	0	0	0 *
125	Subacute Care	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0 *
128	Transitional Inpatient Care	0	0	0	0 *
130	Hospice Inpatient Care	0	0	0	0 *
135	Other Routine Services	0	0	0	0 *
	NONREIMBURSABLE				
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	TOTAL	\$ 3,123,365	\$ 110,992	\$ 114,182	\$ 3,123,365

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
WILLOW TREE NURSING AND REHABILITATION CENTER

Provider NPI:
1346382298

OSHPD Facility Number:
206010995

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 29,459	\$ 29,459										
010	Housekeeping	239,748	221	\$ 239,969									
060	Laundry and Linen	83,125	850	6,976	\$ 90,951								
065	Dietary	345,435	4,503	36,961	0	\$ 386,899							
155	Social Services	N/A	299	2,456	0	0	\$ 2,755						
160	Activities	N/A	781	6,406	0	0	0	\$ 7,187					
165	Administration	N/A	1,646	13,507	0	0	0	0		\$ 15,152	\$ 15,152		
166	Medical Records	47,069	256	2,100	0	0	0	0		49,425		\$ 49,425	
170	Inservice Education - Nursing	75,575	234	1,922	0	0	0	0	\$ 77,731				
ANCILLARY SERVICES													
075	Patient Supplies		128	1,050	0	0	0	0	0	1,178	149	487	\$ 1,814
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		781	6,406	0	0	0	0	0	7,187	612	1,995	9,794
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	1	1
082	Occupational Therapy		824	6,762	0	0	0	0	0	7,586	410	1,337	9,333
083	Speech Pathology		65	534	0	0	0	0	0	599	618	2,015	3,232
085	Pharmacy		202	1,655	0	0	0	0	0	1,857	443	1,444	3,744
090	Laboratory		0	0	0	0	0	0	0	0	32	103	135
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	57	185	241
101	Subacute Care Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES													
105	Skilled Nursing Care		18,644	153,021	90,951	386,899	2,755	7,187	77,731	737,188	12,819	41,815	791,822 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care		0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric		0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
NONREIMBURSABLE													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		26	214	0	0	0	0	0	240	13	43	296
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 820,411	\$ 29,459	\$ 239,969	\$ 90,951	\$ 386,899	\$ 2,755	\$ 7,187	\$ 77,731	\$ 755,834	\$ 15,152	\$ 49,425	\$ 820,411

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
WILLOW TREE NURSING AND REHABILITATION CENTER

Provider NPI:
1346382298

OSHPD Facility Number:
206010995

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 133,465	\$ 133,465										
010	Housekeeping	91,371	1,002	\$ 92,373									
060	Laundry and Linen	25,059	3,851	2,685	\$ 31,595								
065	Dietary	231,656	20,402	14,228	0	\$ 266,286							
155	Social Services	8,113	1,356	945	0	0	\$ 10,414						
160	Activities	16,878	3,536	2,466	0	0	0	\$ 22,880					
165	Administration	N/A	7,456	5,199	0	0	0	0		\$ 12,655	\$ 12,655		
166	Medical Records	39,164	1,159	808	0	0	0	0		41,131		\$ 41,131	
170	Inservice Education - Nursing	0	1,061	740	0	0	0	0	\$ 1,801				
ANCILLARY SERVICES													
075	Patient Supplies	52,912	580	404	0	0	0	0	0	53,896	125	405	\$ 54,426
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	208,369	3,536	2,466	0	0	0	0	0	214,371	511	1,661	216,543
081	Respiratory Therapy	83	0	0	0	0	0	0	0	83	0	1	84
082	Occupational Therapy	129,627	3,733	2,603	0	0	0	0	0	135,963	342	1,112	137,417
083	Speech Pathology	234,344	295	206	0	0	0	0	0	234,844	516	1,677	237,037
085	Pharmacy	162,854	914	637	0	0	0	0	0	164,405	370	1,202	165,977
090	Laboratory	12,136	0	0	0	0	0	0	0	12,136	26	86	12,249
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	21,665	0	0	0	0	0	0	0	21,665	47	154	21,866
101	Subacute Care Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES													
105	Skilled Nursing Care	161,087	84,468	58,904	31,595	266,286	10,414	22,880	1,801	637,434	10,706	34,798	682,939 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care	0	0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
NONREIMBURSABLE													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	4,165	118	82	0	0	0	0	0	4,365	11	36	4,412
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,532,948	\$ 133,465	\$ 92,373	\$ 31,595	\$ 266,286	\$ 10,414	\$ 22,880	\$ 1,801	\$ 1,479,162	\$ 12,655	\$ 41,131	\$ 1,532,948

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
WILLOW TREE NURSING AND REHABILITATION CENTER

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

Provider NPI:
1346382298

OSHPD Facility Number:
206010995

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities
				Various	5	10	60	65	155	160
GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	\$ 455,827	96%							
	Property Tax (line 40)	16,974	4%	\$ 472,801						
005	Plant Operations and Maintenance			3,111	\$ 3,111					
010	Housekeeping			3,526	23	\$ 3,549				
060	Laundry and Linen			13,551	90	103	\$ 13,744			
065	Dietary			71,800	476	547	0	\$ 72,822		
155	Social Services			4,771	32	36	0	0	\$ 4,838	
160	Activities			12,445	82	95	0	0	0	\$ 12,622
165	Administration			26,238	174	200	0	0	0	0
166	Medical Records			4,079	27	31	0	0	0	0
170	Inservice Education - Nursing			3,733	25	28	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			2,040	14	16	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			12,445	82	95	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			13,136	87	100	0	0	0	0
083	Speech Pathology			1,037	7	8	0	0	0	0
085	Pharmacy			3,215	21	24	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
ROUTINE SERVICES										
105	Skilled Nursing Care			297,259	1,969	2,263	13,744	72,822	4,838	12,622
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
NONREIMBURSABLE										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			415	3	3	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 472,801	100%	\$ 472,801	\$ 3,111	\$ 3,549	\$ 13,744	\$ 72,822	\$ 4,838	\$ 12,622

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
WILLOW TREE NURSING AND REHABILITATION CENTER

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

Provider NPI:
1346382298

OSHPD Facility Number:
206010995

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 96% Of Total	Property Tax 4% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 455,827	96%							
	Property Tax (line 40)	16,974	4%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 26,611	\$ 26,611				
166	Medical Records				4,137		\$ 4,137			
170	Inservice Education - Nursing			\$ 3,787						
	ANCILLARY SERVICES									
075	Patient Supplies			0	2,069	262	41	\$ 2,372	\$ 2,286	\$ 85
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	12,622	1,074	167	13,863	13,366	498
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	13,323	720	112	14,155	13,647	508
083	Speech Pathology			0	1,052	1,085	169	2,306	2,223	83
085	Pharmacy			0	3,261	778	121	4,159	4,010	149
090	Laboratory			0	0	56	9	64	62	2
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	99	15	115	111	4
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
	ROUTINE SERVICES									
105	Skilled Nursing Care			3,787	409,305	22,514	3,500	435,319	419,691	15,628
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
	NONREIMBURSABLE									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	421	23	4	447	431	16
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 472,801	100%	\$ 3,787	\$ 442,052	\$ 26,611	\$ 4,137	\$ 472,801	\$ 455,827	\$ 16,974

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
WILLOW TREE NURSING AND REHABILITATION CENTER

Provider NPI:
1346382298

OSHPD Facility Number:
206010995

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. 68% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 5% of Total	Quality Assur. Fees 26% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 12,680												
055	Interest - Other	31,601												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	882,978												
	Total Costs Allocable as Administration	927,259	68%											
167	CDPH Licensing Fees	15,619	1%											
168	Professional Liability Insurance	70,147	5%											
169	Quality Assurance Fees	352,996	26%											
174	Caregiver Training	0	0%											
	Total	1,366,021	100%						\$ 1,366,021					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 1,178	\$ 53,896	\$ 2,069	\$ 57,142	13,457	\$ 9,135	\$ 154	\$ 691	\$ 3,478	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	7,187	214,371	12,622	234,180	55,150	37,436	631	2,832	14,252	0
081	Respiratory Therapy			0	0	83	0	83	20	13	0	1	5	0
082	Occupational Therapy			0	7,586	135,963	13,323	156,872	36,944	25,078	422	1,897	9,547	0
083	Speech Pathology			0	599	234,844	1,052	236,495	55,696	37,806	637	2,860	14,392	0
085	Pharmacy			0	1,857	164,405	3,261	169,522	39,923	27,100	456	2,050	10,317	0
090	Laboratory			0	0	12,136	0	12,136	2,858	1,940	33	147	739	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	21,665	0	21,665	5,102	3,463	58	262	1,318	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES														
105	Skilled Nursing Care			3,123,365	737,188	637,434	409,305	4,907,292	1,155,687	784,484	13,214	59,346	298,643	0
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	240	4,365	421	5,025	1,183	803	14	61	306	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 1,366,021		\$ 3,123,365	\$ 755,834	\$ 1,479,162	\$ 442,052	\$ 5,800,413	\$ 1,366,021					
	Total Administrative Costs							\$ 1,366,021		\$ 927,259	\$ 15,619	\$ 70,147	\$ 352,996	\$ -
	Unit Cost Multiplier							0.23550409						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 64,577	\$ 53,786	\$ 30,749	\$ 149,112							
	TOTAL FACILITY COSTS							\$ 7,315,546						

*(To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
WILLOW TREE NURSING AND REHABILITATION CENTER

Provider NPI:
1346382298

OSHPD Facility Number:
206010995

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj)	Plant Ops (SQ FT) 5 (Adj)	Hskpng (SQ FT) 10 (Adj)	Laundry (LBS) 60 (Adj)	Dietary (MEALS) 65 (Adj)	Soc Srvs (DIRECT EXP) 155 (Adj)	Activities (DIRECT EXP) 160 (Adj)	Inserv. Ed (DIRECT EXP) 170 (Adj)	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
GENERAL SERVICES											
005	Plant Operations and Maintenance	90									
010	Housekeeping	102	102								
060	Laundry and Linen	392	392	392							
065	Dietary	2,077	2,077	2,077							
155	Social Services	138	138	138							
160	Activities	360	360	360							
165	Administration	759	759	759							
166	Medical Records	118	118	118							
170	Inservice Education - Nursing	108	108	108							
ANCILLARY SERVICES											
075	Patient Supplies	59	59	59						57,142	57,142
077	Specialized Support Surfaces									0	0
080	Physical Therapy	360	360	360						234,180	234,180
081	Respiratory Therapy									83	83
082	Occupational Therapy	380	380	380						156,872	156,872
083	Speech Pathology	30	30	30						236,495	236,495
085	Pharmacy	93	93	93						169,522	169,522
090	Laboratory									12,136	12,136
095	Home Health Services									0	0
100	Other Ancillary Services									21,665	21,665
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
ROUTINE SERVICES											
105	Skilled Nursing Care	8,599	8,599	8,599	52,010	76,599	3,059,278	3,059,278	3,059,278	4,907,292	4,907,292
110	Intermediate Care						0	0	0	0	0
115	Mentally Disordered Care						0	0	0	0	0
120	Developmentally Disabled Care						0	0	0	0	0
125	Subacute Care						0	0	0	0	0
126	Subacute Care - Pediatric						0	0	0	0	0
128	Transitional Inpatient Care						0	0	0	0	0
130	Hospice Inpatient Care						0	0	0	0	0
135	Other Routine Services						0	0	0	0	0
NONREIMBURSABLE											
139	Residential Care									0	0
140	Beauty and Barber	12	12	12						5,025	5,025
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	13,677	13,587	13,485	52,010	76,599	3,059,278	3,059,278	3,059,278	5,800,413	5,800,413
	TOTAL DIRECT SALARIES COSTS - SCH. 2						\$ 110,992	\$ 114,182			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.036280456	0.037323185			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		\$ 29,459	\$ 239,969	\$ 90,951	\$ 386,899	\$ 2,755	\$ 7,187	\$ 77,731	\$ 15,152	\$ 49,425
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		2.16817546	17.79526540	1.74871503	5.05096759	0.00090053	0.00234919	0.02540830	0.00261227	0.00852089
	TOTAL INDIRECT OTHER COSTS - SCH. 4		\$ 133,465	\$ 92,373	\$ 31,595	\$ 266,286	\$ 10,414	\$ 22,880	\$ 1,801	\$ 12,655	\$ 41,131
	UNIT COST MULTIPLIER (INDIRECT OTHER)		9.82299257	6.85005156	0.60747613	3.47636278	0.00340403	0.00747899	0.00058860	0.00218171	0.00709112
	TOTAL CAPITAL COSTS - SCH. 5	\$ 472,801	\$ 3,111	\$ 3,549	\$ 13,744	\$ 72,822	\$ 4,838	\$ 12,622	\$ 3,787	\$ 26,611	\$ 4,137
	UNIT COST MULTIPLIER (CAPITAL COSTS)	34.56905754	0.22898470	0.26321100	0.26425709	0.95069417	0.00158157	0.00412583	0.00123775	0.00458786	0.00071326

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
WILLOW TREE NURSING AND REHABILITATION CENTER

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

Provider NPI:
1346382298

OSHPD Facility Number:
206010995

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	\$ 26,235	\$ 0	\$ 26,235	(Sch 3)
005	.20-.39	Fringe Benefits	6200	3,224	0	3,224	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	133,465	0	133,465	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 162,924	\$ 0	\$ 162,924	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 178,462	\$ 0	\$ 178,462	(Sch 3)
010	.20-.39	Fringe Benefits	6300	61,286	0	61,286	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	91,371	0	91,371	(Sch 4)
010		Housekeeping - Total	6300	\$ 331,119	\$ 0	\$ 331,119	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	40,976	0	40,976	(Sch 5)
025		Depreciation: Equipment	7140	16,392	0	16,392	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	398,459	0	398,459	(Sch 5)
040		Property Taxes	7300	22,196	(5,222)	16,974	(Sch 5)
045		Property Insurance	7400	12,680	0	12,680	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$ 31,601	\$ 0	\$ 31,601	(Sch 6)
057		Subtotal 005 - 055		\$ 1,016,347	\$ (5,222)	\$ 1,011,125	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 58,244	\$ 0	\$ 58,244	(Sch 3)
060	.20-.39	Fringe Benefits	6400	24,881	0	24,881	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	25,059	0	25,059	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 108,184	\$ 0	\$ 108,184	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 261,191	\$ 0	\$ 261,191	(Sch 3)
065	.20-.39	Fringe Benefits	6500	84,244	0	84,244	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	231,656	0	231,656	(Sch 4)
065		Dietary - Total	6500	\$ 577,091	\$ 0	\$ 577,091	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	50,199	2,713	52,912	(Sch 4)
075		Patient Supplies - Total	8100	\$ 50,199	\$ 2,713	\$ 52,912	
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:
WILLOW TREE NURSING AND REHABILITATION CENTER

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

Provider NPI:
1346382298

OSHPD Facility Number:
206010995

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	208,369	0	208,369	(Sch 4)
080		Physical Therapy - Total	8200	\$ 208,369	\$ 0	\$ 208,369	
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	83	0	83	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 83	\$ 0	\$ 83	
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	129,627	0	129,627	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 129,627	\$ 0	\$ 129,627	
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	234,344	0	234,344	(Sch 4)
083		Speech Pathology - Total	8280	\$ 234,344	\$ 0	\$ 234,344	
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	162,854	0	162,854	(Sch 4)
085		Pharmacy - Total	8300	\$ 162,854	\$ 0	\$ 162,854	
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	12,136	0	12,136	(Sch 4)
090		Laboratory - Total	8400	\$ 12,136	\$ 0	\$ 12,136	
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	15,834	5,831	21,665	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 15,834	\$ 5,831	\$ 21,665	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
WILLOW TREE NURSING AND REHABILITATION CENTER

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

Provider NPI:
1346382298

OSHPD Facility Number:
206010995

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		\$ 813,446	\$ 8,544	\$ 821,990	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 2,121,549	\$ (2,625)	\$ 2,118,924	(Sch 2)
105	.20-.39	Fringe Benefits	6110	746,259	(502)	745,757	(Sch 2)
105	.49	Agency Staff	6110	33,510	0	33,510	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	170,133	(9,046)	161,087	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 3,071,451	\$ (12,173)	\$ 3,059,278	
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:
WILLOW TREE NURSING AND REHABILITATION CENTER

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

Provider NPI:
1346382298

OSHPD Facility Number:
206010995

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
128		Transitional Inpatient Care				
128	.01-.19	Salaries and Wages	6170	\$	\$ 0	\$ 0
128	.20-.39	Fringe Benefits	6170		0	0
128	.49	Agency Staff	6170		0	0
128	.40-.99	Other - Nonlabor	6170		0	0
128		Transitional Inpatient Care - Total	6170	\$ 0	\$ 0	\$ 0 (Sch 2)
130		Hospice Inpatient Care				
130	.01-.19	Salaries and Wages	6180	\$	\$ 0	\$ 0
130	.20-.39	Fringe Benefits	6180		0	0
130	.49	Agency Staff	6180		0	0
130	.40-.99	Other - Nonlabor	6180		0	0
130		Hospice Inpatient Care - Total	6180	\$ 0	\$ 0	\$ 0 (Sch 2)
135		Other Routine Services				
135	.01-.19	Salaries and Wages	6190	\$	\$ 0	\$ 0
135	.20-.39	Fringe Benefits	6190		0	0
135	.49	Agency Staff	6190		0	0
135	.40-.99	Other - Nonlabor	6190		0	0
135		Other Routine Services - Total	6190	\$ 0	\$ 0	\$ 0 (Sch 2)
		Other Nonreimbursable				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
139	.49	Agency Staff	9100		0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$	\$ 0	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900		0	0 (Sch 2)
140	.49	Agency Staff	8900		0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	4,165	0	4,165 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 4,165	\$ 0	\$ 4,165
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
145	.49	Agency Staff	9100		0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 3,075,616	\$ (12,173)	\$ 3,063,443
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 83,557	\$ 0	\$ 83,557 (Sch 2)
155	.20-.39	Fringe Benefits	6600	27,435	0	27,435 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	8,113	0	8,113 (Sch 4)
155		Social Services - Total	6600	\$ 119,105	\$ 0	\$ 119,105

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
WILLOW TREE NURSING AND REHABILITATION CENTER

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

Provider NPI:
1346382298

OSHPD Facility Number:
206010995

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	\$ 83,450	\$ 0	\$ 83,450	(Sch 2)
160	.20-.39	Fringe Benefits	6700	30,732	0	30,732	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	16,878	0	16,878	(Sch 4)
160		Activities - Total	6700	\$ 131,060	\$ 0	\$ 131,060	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 282,979	\$ 0	\$ 282,979	(Sch 6)
165	.20-.39	Fringe Benefits	6900	106,462	0	106,462	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	489,908	3,629	493,537	(Sch 6)
165		Administration - Total	6900	\$ 879,349	\$ 3,629	\$ 882,978	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 35,752	\$ 0	\$ 35,752	(Sch 3)
166	.20-.39	Fringe Benefits	6900	11,317	0	11,317	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	39,164	0	39,164	(Sch 4)
166		Medical Records - Total	6900	\$ 86,233	\$ 0	\$ 86,233	
167		CDPH Licensing Fees	6900	\$ 15,619	\$ 0	\$ 15,619	(Sch 6)
168		Professional Liability Insurance	6900	\$ 70,147	\$ 0	\$ 70,147	(Sch 6)
169		Quality Assurance Fees	6900	\$ 352,996	\$ 0	\$ 352,996	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 55,423	\$ 0	\$ 55,423	(Sch 3)
170	.20-.39	Fringe Benefits	6800	20,152	0	20,152	(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	\$ 75,575	\$ 0	\$ 75,575	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900		0	0	(Sch 6)
174	.49	Agency Staff	6900		0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900		0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 1,730,084	\$ 3,629	\$ 1,733,713	
200		Total		\$ 7,320,768	\$ (5,222)	\$ 7,315,546	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 361,028	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
WILLOW TREE NURSING AND REHABILITATION CENTER

Provider NPI:
1346382298

OSHPD Facility Number:
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Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	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	(5,222)					(5,222)		
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	0							
060	2	Laundry and Linen - Fringe Benefits	0							
060	3	Laundry and Linen - Agency Staff	0							
060	4	Laundry and Linen - Other - Nonlabor	0							
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	2,713		1,513	1,200				
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:
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Provider NPI:
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Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	0								
200		Total	<u>(\$5,222)</u> (To Sch 8)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>(5,222)</u>	<u>0</u>	<u>0</u>	<u>0</u>

Provider Name							Fiscal Period			Provider NPI		Adjustments
WILLOW TREE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1346382298		9
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						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, Sections 2300 and 2304	\$0	\$361,028	\$361,028		

Provider Name							Fiscal Period	Provider NPI	Adjustments	
WILLOW TREE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1346382298	9	
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				
RECLASSIFICATIONS OF REPORTED COSTS										
2	10.5	100	4	8A-1	100	4	Other Ancillary Services - Other - Nonlabor	\$15,834	\$5,831	\$21,665
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	170,133	(5,831)	164,302 *
							To reclassify X-ray and laboratory expense that is not part of the skilled nursing rate to an 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, Section 51511			
3	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	\$50,199	\$1,513	\$51,712 *
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 164,302	(1,513)	162,789 *
							To reclassify oxygen expense to the appropriate cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Section 51511			
4	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	* \$51,712	\$1,200	\$52,912
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 162,789	(1,200)	161,589 *
							To reclassify alternating mattress expense that is not part of the skilled nursing rate to an ancillary cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51511(c) and 51511.5(c)			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI	Adjustments	
WILLOW TREE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1346382298	9	
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>ADJUSTMENTS TO REPORTED COSTS</u>										
5	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$2,121,549	(\$2,625)	\$2,118,924
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	746,259	(502)	745,757
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 161,589	(502)	161,087
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	489,908	3,629	493,537
							To adjust reported home office costs to agree with the Covenant Care, LLC Home Office Cost Report for the fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 / CMS Pub. 15-1, Sections 2150.2 and 2304			
6	10.5	040	4	8A-1	040	4	Property Taxes	\$22,196	(\$5,222)	\$16,974
							To eliminate property tax expense not applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1, 2304 and 2306			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
WILLOW TREE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1346382298		9
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>ADJUSTMENT TO REPORTED PATIENT DAYS</u>										
7	4.1	5	2	1	15	N/A	Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 01, 2011 through December 31, 2011 Payment Period: January 01, 2011 through October 15, 2012 Report Date: October 16, 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	22,201	(488)	21,713

Provider Name							Fiscal Period	Provider NPI		Adjustments	
WILLOW TREE NURSING AND REHABILITATION CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1346382298		9	
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>ADJUSTMENTS TO OTHER MATTERS</u>											
8	Not Reported			1	14	N/A	Overpayments To recover Medi-Cal duplicate payments. 42 CFR 433.139 / CMS Pub. 15-1, Section 2409 CCR, Title 22, Section 51458.1	\$0	\$2,022	\$2,022 *	
9	Not Reported			1	14	N/A	Overpayments To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1	*	\$2,022	\$19,328	\$21,350

*Balance carried forward from prior/to subsequent adjustments