

**REPORT
ON THE
RATE SETTING AUDIT**

**VALLE VISTA CONVALESCENT HOSPITAL
ESCONDIDO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1659369262**

**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: Favio Arrieta**



TOBY DOUGLAS
DIRECTOR

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

VALLE VISTA CONVALESCENT HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1659369262
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 \$9,540, 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:
VALLE VISTA CONVALESCENT HOSPITAL

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

Provider NPI:
1659369262

OSHPD Facility No.:
206370784

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	\$ 1,997,857	\$ 102.29
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 577,039	\$ 29.54
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 430,453	\$ 22.04
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 388,671	\$ 19.90
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 12,274	\$ 0.63
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 11,843	\$ 0.61
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 42,514	\$ 2.18
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 223,712	\$ 11.45
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 441,223	\$ 22.59
11	Cost of Routine Service/Audited Total Costs	\$ 4,144,031	\$ 4,125,587	\$ 211.22
12	Total Patient Days (Adj)	19,532	19,532	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 212.17	\$ 211.22	
14	Overpayments (Adj 8)	\$ 0	\$ (9,540)	
15	Medi-Cal Days (Adj 7)	16,488	16,511	
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:
VALLE VISTA CONVALESCENT HOSPITAL

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

Provider NPI:
1659369262

OSHPD Facility No.:
206370784

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:
VALLE VISTA CONVALESCENT HOSPITAL

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

Provider NPI:
1659369262

OSHPD Facility No.:
206370784

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	\$ 105,757	\$ 105,757		
160	Activities	62,906		\$ 62,906	
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	1,829,194	105,757	62,906	1,997,857
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	\$ 1,997,857	\$ 105,757	\$ 62,906	\$ 1,997,857

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
VALLE VISTA CONVALESCENT HOSPITAL

Provider NPI:
1659369262

OSHPD Facility Number:
206370784

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Srvs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 94,233	\$ 94,233										
010	Housekeeping	78,390	826	\$ 79,216									
060	Laundry and Linen	65,898	1,429	1,212	\$ 68,539								
065	Dietary	227,533	8,729	7,403	0	\$ 243,666							
155	Social Services	N/A	766	650	0	0	\$ 1,416						
160	Activities	N/A	4,218	3,578	0	0	0	\$ 7,796					
165	Administration	N/A	8,308	7,046	0	0	0	0	\$ 15,353	\$ 15,353			
166	Medical Records	52,492	1,825	1,548	0	0	0	0	55,865		\$ 55,865		
170	Inservice Education - Nursing	78,790	1,033	876	0	0	0	0	\$ 80,699				
ANCILLARY SERVICES													
075	Patient Supplies		1,059	898	0	0	0	0	0	1,957	222	807	\$ 2,986
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		1,024	869	0	0	0	0	0	1,893	823	2,996	5,713
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		783	664	0	0	0	0	0	1,448	529	1,924	3,901
083	Speech Pathology		783	664	0	0	0	0	0	1,448	397	1,444	3,289
085	Pharmacy		1,119	949	0	0	0	0	0	2,068	350	1,272	3,690
090	Laboratory		0	0	0	0	0	0	0	0	18	66	84
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	65	236	301
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		62,191	52,743	68,539	243,666	1,416	7,796	80,699	517,049	12,933	47,057	577,039 *
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		138	117	0	0	0	0	0	255	17	61	333
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 597,336	\$ 94,233	\$ 79,216	\$ 68,539	\$ 243,666	\$ 1,416	\$ 7,796	\$ 80,699	\$ 526,118	\$ 15,353	\$ 55,865	\$ 597,336

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
VALLE VISTA CONVALESCENT HOSPITAL

Provider NPI:
1659369262

OSHPD Facility Number:
206370784

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	\$ 133,810	\$ 133,810										
010	Housekeeping	32,334	1,174	\$ 33,508									
060	Laundry and Linen	23,109	2,029	513	\$ 25,651								
065	Dietary	145,355	12,396	3,131	0	\$ 160,882							
155	Social Services	8,514	1,088	275	0	0	\$ 9,877						
160	Activities	7,270	5,990	1,513	0	0	0	\$ 14,773					
165	Administration	N/A	11,797	2,980	0	0	0	0		\$ 14,777	\$ 14,777		
166	Medical Records	18,247	2,592	655	0	0	0	0		21,493		\$ 21,493	
170	Inservice Education - Nursing	0	1,467	371	0	0	0	0	\$ 1,838				
ANCILLARY SERVICES													
075	Patient Supplies	47,471	1,504	380	0	0	0	0	0	49,354	213	311	\$ 49,879
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	200,176	1,455	368	0	0	0	0	0	201,998	793	1,153	203,944
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	127,523	1,112	281	0	0	0	0	0	128,916	509	740	130,166
083	Speech Pathology	94,098	1,112	281	0	0	0	0	0	95,491	382	556	96,429
085	Pharmacy	79,371	1,589	401	0	0	0	0	0	81,362	337	490	82,188
090	Laboratory	4,576	0	0	0	0	0	0	0	4,576	17	25	4,619
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	16,432	0	0	0	0	0	0	0	16,432	62	91	16,585
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	76,261	88,310	22,310	25,651	160,882	9,877	14,773	1,838	399,902	12,447	18,105	430,453 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care	0	0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
NONREIMBURSABLE													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	3,137	196	49	0	0	0	0	0	3,382	16	24	3,422
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,017,684	\$ 133,810	\$ 33,508	\$ 25,651	\$ 160,882	\$ 9,877	\$ 14,773	\$ 1,838	\$ 981,414	\$ 14,777	\$ 21,493	\$ 1,017,684

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
VALLE VISTA CONVALESCENT HOSPITAL

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

Provider NPI:
1659369262

OSHPD Facility Number:
206370784

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)	\$ 417,763	97%							
	Property Tax (line 40)	13,193	3%	\$ 430,956						
005	Plant Operations and Maintenance			3,282	\$ 3,282					
010	Housekeeping			3,751	29	\$ 3,780				
060	Laundry and Linen			6,486	50	58	\$ 6,593			
065	Dietary			39,618	304	353	0	\$ 40,276		
155	Social Services			3,477	27	31	0	0	\$ 3,535	
160	Activities			19,145	147	171	0	0	0	\$ 19,463
165	Administration			37,704	289	336	0	0	0	0
166	Medical Records			8,283	64	74	0	0	0	0
170	Inservice Education - Nursing			4,689	36	42	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			4,806	37	43	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			4,649	36	41	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			3,555	27	32	0	0	0	0
083	Speech Pathology			3,555	27	32	0	0	0	0
085	Pharmacy			5,079	39	45	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			282,251	2,166	2,516	6,593	40,276	3,535	19,463
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			625	5	6	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 430,956	100%	\$ 430,956	\$ 3,282	\$ 3,780	\$ 6,593	\$ 40,276	\$ 3,535	\$ 19,463

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
VALLE VISTA CONVALESCENT HOSPITAL

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

Provider NPI:
1659369262

OSHPD Facility Number:
206370784

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 97% Of Total	Property Tax 3% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 417,763	97%							
	Property Tax (line 40)	13,193	3%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 38,329	\$ 38,329				
166	Medical Records				8,421		\$ 8,421			
170	Inservice Education - Nursing			\$ 4,766						
	ANCILLARY SERVICES									
075	Patient Supplies			0	4,885	554	122	\$ 5,561	\$ 5,391	\$ 170
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	4,727	2,056	452	7,234	7,013	221
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	3,614	1,320	290	5,225	5,065	160
083	Speech Pathology			0	3,614	991	218	4,823	4,675	148
085	Pharmacy			0	5,164	873	192	6,228	6,038	191
090	Laboratory			0	0	45	10	55	53	2
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	162	36	197	191	6
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			4,766	361,566	32,286	7,093	400,945	388,671	12,274
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	636	42	9	687	666	21
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 430,956	100%	\$ 4,766	\$ 384,206	\$ 38,329	\$ 8,421	\$ 430,956	\$ 417,763	\$ 13,193

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
VALLE VISTA CONVALESCENT HOSPITAL

Provider NPI:
1659369262

OSHPD Facility Number:
206370784

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. 61% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 6% of Total	Quality Assur. Fees 31% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 9,601												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	514,203												
	Total Costs Allocable as Administration	523,804	61%											
167	CDPH Licensing Fees	14,060	2%											
168	Professional Liability Insurance	50,471	6%											
169	Quality Assurance Fees	265,583	31%											
174	Caregiver Training	0	0%											
	Total	853,918	100%						\$ 853,918					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 1,957	\$ 49,354	\$ 4,885	\$ 56,197	12,337	\$ 7,568	\$ 203	\$ 729	\$ 3,837	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	1,893	201,998	4,727	208,618	45,800	28,094	754	2,707	14,245	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	1,448	128,916	3,614	133,979	29,414	18,043	484	1,738	9,148	0
083	Speech Pathology			0	1,448	95,491	3,614	100,554	22,075	13,541	363	1,305	6,866	0
085	Pharmacy			0	2,068	81,362	5,164	88,593	19,450	11,931	320	1,150	6,049	0
090	Laboratory			0	0	4,576	0	4,576	1,005	616	17	59	312	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	16,432	0	16,432	3,607	2,213	59	213	1,122	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			1,997,857	517,049	399,902	361,566	3,276,374	719,292	441,223	11,843	42,514	223,712	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	255	3,382	636	4,272	938	575	15	55	292	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 853,918		\$ 1,997,857	\$ 526,118	\$ 981,414	\$ 384,206	\$ 3,889,595	\$ 853,918					
	Total Administrative Costs							\$ 853,918		\$ 523,804	\$ 14,060	\$ 50,471	\$ 265,583	\$ -
	Unit Cost Multiplier							0.21953905						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 71,218	\$ 36,270	\$ 46,750	\$ 154,238							
	TOTAL FACILITY COSTS							\$ 4,897,751						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
VALLE VISTA CONVALESCENT HOSPITAL

Provider NPI:
1659369262

OSHPD Facility Number:
206370784

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	84									
010	Housekeeping	96	96								
060	Laundry and Linen	166	166	166							
065	Dietary	1,014	1,014	1,014							
155	Social Services	89	89	89							
160	Activities	490	490	490							
165	Administration	965	965	965							
166	Medical Records	212	212	212							
170	Inservice Education - Nursing	120	120	120							
	ANCILLARY SERVICES										
075	Patient Supplies	123	123	123						56,197	56,197
077	Specialized Support Surfaces									0	0
080	Physical Therapy	119	119	119						208,618	208,618
081	Respiratory Therapy									0	0
082	Occupational Therapy	91	91	91						133,979	133,979
083	Speech Pathology	91	91	91						100,554	100,554
085	Pharmacy	130	130	130						88,593	88,593
090	Laboratory									4,576	4,576
095	Home Health Services									0	0
100	Other Ancillary Services									16,432	16,432
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	7,224	7,224	7,224	39,064	57,864	1,905,455	1,905,455	1,905,455	3,276,374	3,276,374
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	16	16	16						4,272	4,272
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	11,030	10,946	10,850	39,064	57,864	1,905,455	1,905,455	1,905,455	3,889,595	3,889,595
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 105,757 0.055502229	\$ 62,906 0.033013637			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 94,233 8.60889823	\$ 79,216 7.30105569	\$ 68,539 1.75453237	\$ 243,666 4.21100673	\$ 1,416 0.00074312	\$ 7,796 0.00409135	\$ 80,699 0.04235167	\$ 15,353 0.00394723	\$ 55,865 0.01436266
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 133,810 12.22455692	\$ 33,508 3.08825414	\$ 25,651 0.65663851	\$ 160,882 2.78035031	\$ 9,877 0.00518346	\$ 14,773 0.00775315	\$ 1,838 0.00096436	\$ 14,777 0.00379908	\$ 21,493 0.00552585
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 430,956 39.07126020	\$ 3,282 0.29983426	\$ 3,780 0.34835254	\$ 6,593 0.16878528	\$ 40,276 0.69603759	\$ 3,535 0.00185522	\$ 19,463 0.01021411	\$ 4,766 0.00250142	\$ 38,329 0.00985431	\$ 8,421 0.00216488

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:

VALLE VISTA CONVALESCENT HOSPITAL

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1659369262

OSHPD Facility Number:

206370784

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	\$ 74,129	\$ 0	\$ 74,129	(Sch 3)
005	.20-.39	Fringe Benefits	6200	20,104	0	20,104	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	133,810	0	133,810	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 228,043	\$ 0	\$ 228,043	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 60,766	\$ 0	\$ 60,766	(Sch 3)
010	.20-.39	Fringe Benefits	6300	17,624	0	17,624	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	32,334	0	32,334	(Sch 4)
010		Housekeeping - Total	6300	\$ 110,724	\$ 0	\$ 110,724	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 0	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	16,114	0	16,114	(Sch 5)
025		Depreciation: Equipment	7140	6,927	0	6,927	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	372,008	0	372,008	(Sch 5)
040		Property Taxes	7300	13,193	0	13,193	(Sch 5)
045		Property Insurance	7400	9,601	0	9,601	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	0	22,714	22,714	(Sch 6)
055		Interest - Other	7600	\$ 22,714	\$ (22,714)	\$ 0	(Sch 6)
057		Subtotal 005 - 055		\$ 779,324	\$ 0	\$ 779,324	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 51,164	\$ 0	\$ 51,164	(Sch 3)
060	.20-.39	Fringe Benefits	6400	14,734	0	14,734	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	23,109	0	23,109	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 89,007	\$ 0	\$ 89,007	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 177,069	\$ 0	\$ 177,069	(Sch 3)
065	.20-.39	Fringe Benefits	6500	50,464	0	50,464	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	145,355	0	145,355	(Sch 4)
065		Dietary - Total	6500	\$ 372,888	\$ 0	\$ 372,888	
070		Provision for Bad Debts	7700	\$ 0	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 0	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	37,860	9,611	47,471	(Sch 4)
075		Patient Supplies - Total	8100	\$ 37,860	\$ 9,611	\$ 47,471	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$ 0	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150	0	0	0	N/A
077	.79	Agency Staff	8150	0	0	0	N/A
077	.40-.99	Other - Nonlabor	8150	0	0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:

VALLE VISTA CONVALESCENT HOSPITAL

Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:

1659369262

OSHPD Facility Number:

206370784

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	\$ 0	\$ 0	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200	0	0	0	(Sch 2)
080	.79	Agency Staff	8200	0	0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	200,176	0	200,176	(Sch 4)
080		Physical Therapy - Total	8200	\$ 200,176	\$ 0	\$ 200,176	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$ 0	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	0	0	0	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	0	0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$ 0	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250	0	0	0	(Sch 2)
082	.79	Agency Staff	8250	0	0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	127,523	0	127,523	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 127,523	\$ 0	\$ 127,523	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 0	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280	0	0	0	(Sch 2)
083	.79	Agency Staff	8280	0	0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	94,098	0	94,098	(Sch 4)
083		Speech Pathology - Total	8280	\$ 94,098	\$ 0	\$ 94,098	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$ 0	\$ 0	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300	0	0	0	(Sch 2)
085	.79	Agency Staff	8300	0	0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	79,371	0	79,371	(Sch 4)
085		Pharmacy - Total	8300	\$ 79,371	\$ 0	\$ 79,371	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	\$ 0	\$ 0	\$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400	0	0	0	(Sch 2)
090	.79	Agency Staff	8400	0	0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	4,576	0	4,576	(Sch 4)
090		Laboratory - Total	8400	\$ 4,576	\$ 0	\$ 4,576	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	\$ 0	\$ 0	\$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800	0	0	0	(Sch 2)
095	.79	Agency Staff	8800	0	0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800	0	0	0	(Sch 4)
095		Home Health Services - Total	8800	\$ 0	\$ 0	\$ 0	
100		Other Ancillary Services					
100	.01-.19	Salaries and Wages	8900	\$ 0	\$ 0	\$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900	0	0	0	(Sch 2)
100	.79	Agency Staff	8900	0	0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	9,535	6,897	16,432	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 9,535	\$ 6,897	\$ 16,432	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
VALLE VISTA CONVALESCENT HOSPITAL

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

Provider NPI:
1659369262

OSHPD Facility Number:
206370784

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
101		Subacute Care Ancillary Services					
101	.01-.19	Salaries and Wages	8100-8900	\$ 0	\$ 0	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
101	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
101		Subacute Care Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
102		Subacute Care - Pediatric Ancillary Services					
102	.01-.19	Salaries and Wages	8100-8900	\$ 0	\$ 0	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
102	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 553,139	\$ 16,508	\$ 569,647	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,416,153	\$ (1,734)	\$ 1,414,419	(Sch 2)
105	.20-.39	Fringe Benefits	6110	412,398	(332)	412,066	(Sch 2)
105	.49	Agency Staff	6110	2,709	0	2,709	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	93,101	(16,840)	76,261	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,924,361	\$ (18,906)	\$ 1,905,455	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	\$ 0	\$ 0	\$ 0	
110	.20-.39	Fringe Benefits	6120	0	0	0	
110	.49	Agency Staff	6120	0	0	0	
110	.40-.99	Other - Nonlabor	6120	0	0	0	
110		Intermediate Care - Total	6120	\$ 0	\$ 0	\$ 0	(Sch 2)
115		Mentally Disordered Care					
115	.01-.19	Salaries and Wages	6130	\$ 0	\$ 0	\$ 0	
115	.20-.39	Fringe Benefits	6130	0	0	0	
115	.49	Agency Staff	6130	0	0	0	
115	.40-.99	Other - Nonlabor	6130	0	0	0	
115		Mentally Disordered Care - Total	6130	\$ 0	\$ 0	\$ 0	(Sch 2)
120		Developmentally Disabled Care					
120	.01-.19	Salaries and Wages	6140	\$ 0	\$ 0	\$ 0	
120	.20-.39	Fringe Benefits	6140	0	0	0	
120	.49	Agency Staff	6140	0	0	0	
120	.40-.99	Other - Nonlabor	6140	0	0	0	
120		Developmentally Disabled Care - Total	6140	\$ 0	\$ 0	\$ 0	(Sch 2)
125		Subacute Care					
125	.01-.19	Salaries and Wages	6150	\$ 0	\$ 0	\$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150	0	0	0	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	0	0	0	(Sch 4)
125		Subacute Care - Total	6150	\$ 0	\$ 0	\$ 0	
126		Subacute Care - Pediatric					
126	.01-.19	Salaries and Wages	6160	\$ 0	\$ 0	\$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160	0	0	0	(Sch 2)
126	.49	Agency Staff	6160	0	0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160	0	0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
VALLE VISTA CONVALESCENT HOSPITAL

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

Provider NPI:
1659369262

OSHPD Facility Number:
206370784

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
128		Transitional Inpatient Care				
128	.01-.19	Salaries and Wages	6170	\$ 0	\$ 0	\$ 0
128	.20-.39	Fringe Benefits	6170	0	0	0
128	.49	Agency Staff	6170	0	0	0
128	.40-.99	Other - Nonlabor	6170	0	0	0
128		Transitional Inpatient Care - Total	6170	\$ 0	\$ 0	\$ 0 (Sch 2)
130		Hospice Inpatient Care				
130	.01-.19	Salaries and Wages	6180	\$ 0	\$ 0	\$ 0
130	.20-.39	Fringe Benefits	6180	0	0	0
130	.49	Agency Staff	6180	0	0	0
130	.40-.99	Other - Nonlabor	6180	0	0	0
130		Hospice Inpatient Care - Total	6180	\$ 0	\$ 0	\$ 0 (Sch 2)
135		Other Routine Services				
135	.01-.19	Salaries and Wages	6190	\$ 0	\$ 0	\$ 0
135	.20-.39	Fringe Benefits	6190	0	0	0
135	.49	Agency Staff	6190	0	0	0
135	.40-.99	Other - Nonlabor	6190	0	0	0
135		Other Routine Services - Total	6190	\$ 0	\$ 0	\$ 0 (Sch 2)
		Other Nonreimbursable				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100	0	0	0 (Sch 2)
139	.49	Agency Staff	9100	0	0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100	0	0	0 (Sch 4)
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$ 0	\$ 0	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900	0	0	0 (Sch 2)
140	.49	Agency Staff	8900	0	0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	3,137	0	3,137 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 3,137	\$ 0	\$ 3,137
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100	0	0	0 (Sch 2)
145	.49	Agency Staff	9100	0	0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100	0	0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 1,927,498	\$ (18,906)	\$ 1,908,592
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 88,459	\$ 0	\$ 88,459 (Sch 2)
155	.20-.39	Fringe Benefits	6600	17,298	0	17,298 (Sch 2)
155	.49	Agency Staff	6600	0	0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	8,514	0	8,514 (Sch 4)
155		Social Services - Total	6600	\$ 114,271	\$ 0	\$ 114,271

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
VALLE VISTA CONVALESCENT HOSPITAL

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

Provider NPI:
1659369262

OSHPD Facility Number:
206370784

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	\$ 49,476	\$ 0	\$ 49,476	(Sch 2)
160	.20-.39	Fringe Benefits	6700	13,430	0	13,430	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	7,270	0	7,270	(Sch 4)
160		Activities - Total	6700	\$ 70,176	\$ 0	\$ 70,176	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 141,152	\$ 0	\$ 141,152	(Sch 6)
165	.20-.39	Fringe Benefits	6900	49,999	0	49,999	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	320,655	2,397	323,052	(Sch 6)
165		Administration - Total	6900	\$ 511,806	\$ 2,397	\$ 514,203	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 44,371	\$ 0	\$ 44,371	(Sch 3)
166	.20-.39	Fringe Benefits	6900	8,121	0	8,121	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	18,247	0	18,247	(Sch 4)
166		Medical Records - Total	6900	\$ 70,739	\$ 0	\$ 70,739	
167		CDPH Licensing Fees	6900	\$ 14,060	\$ 0	\$ 14,060	(Sch 6)
168		Professional Liability Insurance	6900	\$ 50,471	\$ 0	\$ 50,471	(Sch 6)
169		Quality Assurance Fees	6900	\$ 265,583	\$ 0	\$ 265,583	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 60,921	\$ 0	\$ 60,921	(Sch 3)
170	.20-.39	Fringe Benefits	6800	17,869	0	17,869	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	0	0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 78,790	\$ 0	\$ 78,790	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900	0	0	0	(Sch 6)
174	.49	Agency Staff	6900	0	0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 1,175,896	\$ 2,397	\$ 1,178,293	
200		Total		\$ 4,897,752	\$ (1)	\$ 4,897,751	

210	0.24	Total Facility Group Health Insurance *	6900			\$ 147,887	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:

Provider NPI:

OSHPD Facility Number:

Fiscal Period:

VALLE VISTA CONVALESCENT HOSPITAL

1659369262

206370784

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Line No.	Sub No.	Description	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	0							
045	4	Property Insurance	0							
050	4	Interest - Property, Plant, and Equipment	22,714			22,714				
055	4	Interest - Other	(22,714)			(22,714)				
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	9,611	8,421			1,190			
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:

Provider NPI:

OSHPD Facility Number:

Fiscal Period:

VALLE VISTA CONVALESCENT HOSPITAL

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JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Line No.	Sub No.	Description	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	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	6,897		6,897					
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	(1,734)					(1,734)		
105	2	Skilled Nursing Care - Fringe Benefits	(332)					(332)		
105	3	Skilled Nursing Care - Agency Staff	0							
105	4	Skilled Nursing Care - Other - Nonlabor	(16,840)	(8,421)	(6,897)		(1,190)	(332)		
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							Fiscal Period			Provider NPI		Adjustments	
VALLE VISTA CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1659369262		8	
Report References							Explanation of Audit Adjustments			As Reported		Increase (Decrease)	As Adjusted
Cost Report			Audit Report										
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No							
<u>MEMORANDUM ADJUSTMENT</u>													
1	Not Reported			8	210		Total Facility Group Health Insurance To include Group Health Insurance in the audit for informational purpose only. 42 CFR 413.20 and 413.24/CMS Pub. 15-1, Sections 2300 and 230.			\$0	\$147,887	\$147,887	

Provider Name							Fiscal Period	Provider NPI	Adjustments		
VALLE VISTA CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1659369262	8		
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Cost Report			Audit Report							
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>											
2	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	\$37,860	\$8,421	\$46,281 *	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	93,101	(8,421)	84,680 *	
							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				
3	10.5	100	4	8A-1	100	4	Other Ancillary Services - Other - Nonlabor	\$9,535	\$6,897	\$16,432	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 84,680	(6,897)	77,783 *	
							To reclassify X-ray and laboratory expense that is not part of the skilled nursing rate to an ancillary cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2202.8 and 2203.2 CCR, Title 22, Section 51511				
4	10.5	050	4	8A-1	050	4	Interest - Property, Plant and Equipment	\$0	\$22,714	\$22,714	
	10.5	055	4	8A-1	055	4	Interest - Other	22,714	(22,714)	0	
							To reclassify leasehold interest to the appropriate cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 52000				
5	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor	* \$46,281	\$1,190	\$47,471	
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 77,783	(1,190)	76,593 *	
							To reclassify alternating pressure 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, Sections 51511(c) and 51511.5(c)				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
VALLE VISTA CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1659369262		8
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 COSTS</u>										
6	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$1,416,153	(\$1,734)	\$1,414,419
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	412,398	(332)	412,066
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	* 76,593	(332)	76,261
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	320,655	2,397	323,052
							To adjust reported home office costs to agree with the Covenant Care, LLC Home Office Cost Report for fiscal period ended December 31, 2011. 42 CFR 413.17 / 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 VISTA CONVALESCENT HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1659369262		8
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>										
7	4.1	005	2	1	15	Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through August 15, 2012 Report Date: August 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	16,488	23	16,511	
8	Not Reported			1	14	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	\$0	\$9,540	\$9,540	