

**APPEAL RECOMPUTATION  
OF THE  
AUDIT REPORT**

**WHITE BLOSSOM CARE CENTER  
SAN JOSE, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1720024391**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

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

**Section Chief: Patricia M. Fox  
Audit Supervisor: Woosung Lee  
Auditor: Jing H. Zhang**



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



EDMUND G. BROWN JR.  
GOVERNOR

February 14, 2014

Ellen Subia  
Director of Accounting and Reimbursement  
Plum Healthcare Group, LLC  
100 E San Marcos Boulevard, Suite 200  
San Marcos, CA 92069

In the Matter of:

WHITE BLOSSOM CARE CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1720024391  
FISCAL PERIOD ENDED DECEMBER 31, 2011  
CASE NUMBER NF14-1211-319H-CM

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated on December 12, 2013, the following revisions are made to the Medi-Cal audit report dated June 28, 2013.

#### SUMMARY OF REVISIONS

##### OVERPAYMENTS

Audited Amount Due State	\$	36,118
Revision		<u>(30,642)</u>
Revised Amount Due State	\$	<u>5,476</u>

Enclosed are the revised schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary.

Ellen Subia  
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Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

**Originally signed by:**

Patricia M. Fox, Chief  
Audits Section—San Diego  
Financial Audits Branch

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

## Provider Name:

WHITE BLOSSOM CARE CENTER

## Fiscal Period:

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

## NPI:

1720024391

## OSHPD Facility No.:

206431532

Line No.	PROGRAM DESCRIPTION	AS AUDITED	AS REVISED	REVISED COST PER PATIENT DAY
<b>SKILLED NURSING CARE</b>				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ 6,588,184	\$ 6,588,184	\$ 125.08
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ 1,434,489	\$ 1,434,489	\$ 27.24
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ 1,267,844	\$ 1,267,844	\$ 24.07
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ 509,207	\$ 509,207	\$ 9.67
5	Property Taxes (Sch. 5, Ln. 105)	\$ 136,327	\$ 136,327	\$ 2.59
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ 27,730	\$ 27,730	\$ 0.53
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ 92,226	\$ 92,226	\$ 1.75
8	Caregiver Training (Sch. 6, Ln. 105)	\$ 0	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ 540,972	\$ 540,972	\$ 10.27
10	Cost of Administration (Sch. 6, Ln. 105)	\$ 2,696,826	\$ 2,696,826	\$ 51.20
11	Cost of Routine Service/Revised Total Costs	\$ 13,293,805.88	\$ 13,293,806	\$ 252.40
12	Total Patient Days	52,670	52,670	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 252.40	\$ 252.40	
14	Overpayments (Rev. 1)	\$ 36,118	\$ 5,476	
15	Medi-Cal Days	28,514	28,514	
16	Medi-Cal Managed Care Days	595	595	
<b>INTERMEDIATE CARE</b>				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
18	Total Patient Days	0	0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments	\$ 0	\$ 0	
<b>MENTALLY DISORDERED CARE</b>				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
22	Total Patient Days	0	0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments	\$ 0	\$ 0	
<b>DEVELOPMENTALLY DISABLED CARE</b>				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
26	Total Patient Days	0	0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments	\$ 0	\$ 0	
<b>SUBACUTE CARE</b>				
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
38	Cost of Administration (Subacute Care Sch. 1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

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

**Provider Name:**  
WHITE BLOSSOM CARE CENTER

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

**NPI:**  
1720024391

**OSHPD Facility No.:**  
206431532

Line No.	PROGRAM DESCRIPTION	AS AUDITED	AS REVISED	REVISED COST PER PATIENT DAY
<b>SUBACUTE CARE - PEDIATRIC</b>				
43	Cost of Routine Service (Subacute Care - Pediatric, Sch. 1, Ln 3)	\$ 0	\$ 0	
44	Cost of Ancillary Service (Subacute Care - Pediatric, Sch. 1, Ln. 1 + Ln. 2)	\$ 0	\$ 0	
45	Total Cost of Subacute Care - Pediatric Service (Ln. 43 + Ln. 44)	\$ 0	\$ 0	
46	Total Patient Days (Subacute Care - Pediatric, Sch. 1, Ln. 5)	0	0	
47	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
48	Amount Due Provider (State) (Subacute Care - Pediatric, Sch. 1, Ln. 9)	\$ 0	\$ 0	
<b>TRANSITIONAL INPATIENT CARE</b>				
49	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
50	Total Patient Days	0	0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments	\$ 0	\$ 0	
<b>HOSPICE INPATIENT CARE</b>				
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
54	Total Patient Days	0	0	
55	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
56	Overpayments	\$ 0	\$ 0	
<b>OTHER ROUTINE SERVICES</b>				
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
58	Total Patient Days	0	0	
59	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
60	Overpayments	\$ 0	\$ 0	

Provider Name							Fiscal Period			NPI		Revisions
WHITE BLOSSOM CARE CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1720024391		1
Report References							Explanation of Revision			As Audited	Increase (Decrease)	As Revised
Cost Report			Revised Audit Repor									
Rev. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.						
<u>REVISION TO OTHER MATTERS</u>												
1	N/A			1	14		Medi-Cal Overpayments Revision to adjustment 5. To partially reverse the recovery of Medi-C overpayments based on the agreement of the partie: INFORMAL APPEAL FINDING—ISSUE 1 CASE NUMBER: NF14-1211-319H-CM			\$36,118	(\$30,642)	\$5,476