

**REPORT
ON THE
COST REPORT REVIEW**

**HORIZON HEALTH AND SUBACUTE, LLC
FRESNO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1235363904**

**FISCAL PERIOD ENDED
DECEMBER 31, 2012**

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

**Section Chief: Michael Harrold
Audit Supervisor: Linda King
Auditor: Angelica Garcia**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 9, 2014

Brooke Carnohan, Controller
Meritage Healthcare, LLC
17011 Beach Boulevard, Suite 1130
Huntington Beach, CA 92647

HORIZON HEALTH AND SUBACUTE, LLC
NATIONAL PROVIDER IDENTIFIER (NPI) 1235363904
FISCAL PERIOD ENDED DECEMBER 31, 2012

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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

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, patient days, and use of share of cost 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 \$17,229, 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.

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

Brooke Carnohan
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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—Fresno at (559) 446-2458.

Original Signed by

Michael A. Harrold, Chief
Audits Section—Fresno
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
HORIZON HEALTH AND SUBACUTE, LLC

Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:
1235363904

OSHPD Facility No.:
206105014

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	\$ 4,372,206	\$ 83.22
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 1,346,585	\$ 25.63
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 1,055,084	\$ 20.08
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 1,245,319	\$ 23.70
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 149,777	\$ 2.85
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 26,783	\$ 0.51
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 81,242	\$ 1.55
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 479,449	\$ 9.13
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 984,269	\$ 18.73
11	Cost of Routine Service/Audited Total Costs	\$ 9,774,216	\$ 9,740,715	\$ 185.40
12	Total Patient Days (Adj 8)	52,363	52,539	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 186.66	\$ 185.40	
14	Overpayments (Adj 12,13)	\$ 0	\$ (17,229)	
15	Medi-Cal Days (Adj 10)	26,605	26,606	
16	Medi-Cal Managed Care Days (Adj 9)		263	
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	
21	Medi-Cal Days (Adj)	0	0	
MENTALLY DISORDERED CARE				
22	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
23	Total Patient Days (Adj)	0	0	
24	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
25	Overpayments (Adj)	\$ 0	\$ 0	
DEVELOPMENTALLY DISABLED CARE				
26	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$ 0	\$ 0	
27	Total Patient Days (Adj)	0	0	
28	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
29	Overpayments (Adj)	\$ 0	\$ 0	
30	Medi-Cal Days (Adj)	0	0	
SUBACUTE CARE				
31	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 1,950,924	\$ 191.83
32	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 357,761	\$ 35.18
33	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 949,317	\$ 93.34
34	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 349,344	\$ 34.35
35	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 42,016	\$ 4.13
36	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 11,965	\$ 1.18
37	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 36,294	\$ 3.57
38	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 214,186	\$ 21.06
39	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
40	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 439,707	\$ 43.24
41	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 4,324,166	\$ 4,351,514	\$ 427.88
42	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	10,171	10,170	
43	Cost Per Patient Day (Cost Divided by Days)	\$ 425.15	\$ 427.88	
44	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
HORIZON HEALTH AND SUBACUTE, LLC

Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:
1235363904

OSHPD Facility No.:
206105014

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

* (From Subacute Care Schedule 1)

**ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR**

Provider Name:
HORIZON HEALTH AND SUBACUTE, LLC

Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:
1235363904

OSHPD Facility No.:
206105014

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	\$ 168,251	\$ 168,251		
160	Activities	143,428		\$ 143,428	
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	114,585	0	0	114,585 ***
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	4,163,419	112,708	96,080	4,372,206 *
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	1,846,038	55,543	47,348	1,948,930 **
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	\$ 6,435,721	\$ 168,251	\$ 143,428	\$ 6,435,721

* (To Schedule 1)

** (To Subacute Care Schedule 1)

*** (To Subacute Care Schedule 2)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
HORIZON HEALTH AND SUBACUTE, LLC

NPI:
1235363904

OSHPD Facility Number:
206105014

Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities	Inserv. Ed	Accumulated Costs	Admin	Medical Records	Total
			005	010	060	065	155	160	170		165	166	
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 165,144	\$ 165,144										
010	Housekeeping	467,802	4,909	\$ 472,711									
060	Laundry and Linen	177,013	6,620	19,531	\$ 203,164								
065	Dietary	637,116	11,536	34,032	0	\$ 682,684							
155	Social Services	N/A	1,264	3,729	0	0	\$ 4,993						
160	Activities	N/A	10,988	32,416	0	0	0	\$ 43,404					
165	Administration	N/A	10,348	30,529	0	0	0	0		\$ 40,877	\$ 40,877		
166	Medical Records	140,639	1,344	3,964	0	0	0	0		145,947		\$ 145,947	
170	Inservice Education - Nursing	184,808	2,378	7,016	0	0	0	0	\$ 194,202				
ANCILLARY SERVICES													
075	Patient Supplies		2,681	7,910	0	0	0	0	0	10,591	1,317	4,701	\$ 16,609
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		1,466	4,325	0	0	0	0	0	5,791	3,714	13,261	22,766
081	Respiratory Therapy		548	1,616	0	0	0	0	0	2,164	28	99	2,291
082	Occupational Therapy		1,466	4,325	0	0	0	0	0	5,791	2,891	10,321	19,003
083	Speech Pa hology		0	0	0	0	0	0	0	0	558	1,992	2,550
085	Pharmacy		826	2,438	0	0	0	0	0	3,264	1,694	6,048	11,006
090	Laboratory		0	0	0	0	0	0	0	0	292	1,041	1,333
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	168	598	766
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		86,848	256,212	170,130	571,537	3,345	29,075	130,092	1,247,238	21,737	77,610	1,346,585
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		20,155	59,459	33,034	111,147	1,648	14,328	64,110	303,882	8,335	29,758	341,975
126	Subacute Care - Pediatric		0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpa ient 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 Rou ine 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		300	885	0	0	0	0	0	1,185	71	253	1,508
145	Other Nonreimbursable		1,466	4,325	0	0	0	0	0	5,791	74	265	6,131
TOTAL		\$ 1,772,522	\$ 165,144	\$ 472,711	\$ 203,164	\$ 682,684	\$ 4,993	\$ 43,404	\$ 194,202	\$ 1,585,698	\$ 40,877	\$ 145,947	\$ 1,772,522

* (To Schedule 1)
** (To Subacute Care Schedule 1)
*** (To Subacute Care Schedule 2)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
HORIZON HEALTH AND SUBACUTE, LLC

NPI:
1235363904

OSHPD Facility Number:
206105014

Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

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	\$ 385,956	\$ 385,956										
010	Housekeeping	66,278	11,474	\$ 77,752									
060	Laundry and Linen	70,801	15,472	3,212	\$ 89,486								
065	Dietary	585,437	26,960	5,598	0	\$ 617,995							
155	Social Services	9,821	2,954	613	0	0	\$ 13,389						
160	Activities	2,520	25,680	5,332	0	0	0	\$ 33,532					
165	Administration	N/A	24,185	5,021	0	0	0	0		\$ 29,206	\$ 29,206		
166	Medical Records	1,263	3,140	652	0	0	0	0		5,055		\$ 5,055	
170	Inservice Education - Nursing	0	5,558	1,154	0	0	0	0	\$ 6,712				
ANCILLARY SERVICES													
075	Patient Supplies	433,429	6,266	1,301	0	0	0	0	0	440,996	941	163	\$ 442,100
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	1,335,922	3,426	711	0	0	0	0	0	1,340,060	2,654	459	1,343,173
081	Respiratory Therapy	0	1,280	266	0	0	0	0	0	1,546	20	3	1,570
082	Occupational Therapy	919,092	3,426	711	0	0	0	0	0	923,230	2,065	357	925,653
083	Speech Pathology	204,782	0	0	0	0	0	0	0	204,782	399	69	205,250
085	Pharmacy	606,320	1,931	401	0	0	0	0	0	608,652	1,210	209	610,072
090	Laboratory	107,019	0	0	0	0	0	0	0	107,019	208	36	107,263
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	61,508	0	0	0	0	0	0	0	61,508	120	21	61,648
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	163,510	202,971	42,142	74,935	517,380	8,969	22,462	4,496	1,036,865	15,531	2,688	1,055,084
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	286,296	47,104	9,780	14,550	100,615	4,420	11,069	2,216	476,050	5,955	1,031	483,036
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	20,407	701	146	0	0	0	0	0	21,254	51	9	21,313
145	Other Nonreimbursable	0	3,426	711	0	0	0	0	0	4,138	53	9	4,200
TOTAL		\$ 5,260,361	\$ 385,956	\$ 77,752	\$ 89,486	\$ 617,995	\$ 13,389	\$ 33,532	\$ 6,712	\$ 5,226,100	\$ 29,206	\$ 5,055	\$ 5,260,361

* (To Schedule 1)
** (To Subacute Care Schedule 1)
*** (To Subacute Care Schedule 2)

ALLOCATION OF CAPITAL COSTS

Provider Name
HORIZON HEALTH AND SUBACUTE, LLC

Fiscal Period
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI
1235363904

OSHPD Facility Number
206105014

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 89% Of Total	Property Tax 11% Of Total
GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	\$ 1,690,081	89%							
	Property Tax (line 40)	203,269	11%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 122,276	\$ 122,276				
166	Medical Records				15,877		\$ 15,877			
170	Inservice Education - Nursing			\$ 28,101						
ANCILLARY SERVICES										
075	Patient Supplies			0	31,681	3,939	511	\$ 36,131	\$ 32,252	\$ 3,879 ***
077	Specialized Support Surfaces			0	0	0	0	0	0	0 ***
080	Physical Therapy			0	17,323	11,110	1,443	29,876	26,669	3,207 ***
081	Respiratory Therapy			0	6,474	83	11	6,567	5,862	705 ***
082	Occupational Therapy			0	17,323	8,647	1,123	27,093	24,184	2,909 ***
083	Speech Pathology			0	0	1,669	217	1,886	1,683	202 ***
085	Pharmacy			0	9,765	5,067	658	15,490	13,827	1,663 ***
090	Laboratory			0	0	872	113	985	880	106 ***
095	Home Health Services			0	0	0	0	0	0	0 ***
100	Other Ancillary Services			0	0	501	65	566	506	61 ***
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			18,824	1,321,631	65,023	8,443	1,395,096	1,245,319	149,777 *
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			9,277	330,132	24,932	3,237	358,301	319,834	38,467 **
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	3,544	212	27	3,784	3,377	406
145	Other Nonreimbursable			0	17,323	222	29	17,574	15,688	1,887
	TOTAL	\$ 1,893,350	100%	\$ 28,101	\$ 1,755,197	\$ 122,276	\$ 15,877	\$ 1,893,350	\$ 1,690,081	\$ 203,269

* (To Schedule 1)
** (To Subacute Care Schedule 1)
*** (To Subacute Care Schedule 2)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name
HORIZON HEALTH AND SUBACUTE, LLC

NPI
1235363904

OSHPD Facility Number
206105014

Fiscal Period
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

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. 63% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 5% of Total	Quality Assur. Fees 31% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 28,493												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	1,822,449												
	Total Costs Allocable as Administration	1,850,942	63%											
167	CDPH Licensing Fees	50,367	2%											
168	Professional Liability Insurance	152,778	5%											
169	Quality Assurance Fees	901,615	31%											
174	Caregiver Training	0	0%											
	Total	2,955,702	100%						\$ 2,955,702					
ANCILLARY SERVICES														
075	Patient Supplies			\$ 0	\$ 10,591	\$ 440,996	\$ 31,681	\$ 483,268	95,209	\$ 59,623	\$ 1,622	\$ 4,921	\$ 29,043	\$ 0
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	5,791	1,340,060	17,323	1,363,174	268,561	168,180	4,576	13,882	81,922	0
081	Respiratory Therapy			0	2,164	1,546	6,474	10,184	2,006	1,256	34	104	612	0
082	Occupational Therapy			114,585	5,791	923,230	17,323	1,060,929	209,015	130,891	3,562	10,804	63,758	0
083	Speech Pathology			0	0	204,782	0	204,782	40,344	25,265	687	2,085	12,307	0
085	Pharmacy			0	3,264	608,652	9,765	621,681	122,478	76,699	2,087	6,331	37,361	0
090	Laboratory			0	0	107,019	0	107,019	21,084	13,203	359	1,090	6,431	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	61,508	0	61,508	12,118	7,588	206	626	3,696	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			4,372,206	1,247,238	1,036,865	1,321,631	7,977,941	1,571,743	984,269	26,783	81,242	479,449	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			1,948,930	303,882	476,050	330,132	3,058,993	602,656	377,400	10,270	31,151	183,836	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	1,185	21,254	3,544	25,983	5,119	3,206	87	265	1,561	0
145	Other Nonreimbursable			0	5,791	4,138	17,323	27,252	5,369	3,362	91	278	1,638	0
	SUBTOTAL	\$ 2,955,702		\$ 6,435,721	\$ 1,585,698	\$ 5,226,100	\$ 1,755,197	\$ 15,002,716	\$ 2,955,702					
	Total Administrative Costs							\$ 2,955,702		\$ 1,850,942	\$ 50,367	\$ 152,778	\$ 901,615	\$ 0
	Unit Cost Multiplier							0.19701113						
	Accumulated Administration Costs (Sch 2 thru 5)				\$ 186,824	\$ 34,261	\$ 138,153	\$ 359,238						
	TOTAL FACILITY COSTS							\$ 18,317,656						

* (To Schedule 1)
** (To Subacute Care Schedule 1)
*** (To Subacute Care Schedule 2)

STATISTICS FOR COST ALLOCATION

Provider Name:
HORIZON HEALTH AND SUBACUTE, LLC

NPI:
1235363904

OSHPD Facility Number:
206105014

Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS	Plant Ops (SQ FT) 5	Hskpng (SQ FT) 10	Laundry (LBS) 60	Dietary (MEALS) 65	Soc Svcs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	Inserv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		
	GENERAL SERVICES										
005	Plant Operations and Maintenance	1,802									
010	Housekeeping	1,604	1,604								
060	Laundry and Linen	2,163	2,163	2,163							
065	Dietary	3,769	3,769	3,769							
155	Social Services	413	413	413							
160	Activities	3,590	3,590	3,590							
165	Administration	3,381	3,381	3,381							
166	Medical Records	439	439	439							
170	Inservice Education - Nursing	777	777	777							
	ANCILLARY SERVICES										
075	Patient Supplies	876	876	876						483,268	483,268
077	Specialized Support Surfaces									0	0
080	Physical Therapy	479	479	479						1,363,174	1,363,174
081	Respiratory Therapy	179	179	179						10,184	10,184
082	Occupational Therapy	479	479	479						1,060,929	1,060,929
083	Speech Pathology									204,782	204,782
085	Pharmacy	270	270	270						621,681	621,681
090	Laboratory									107,019	107,019
095	Home Health Services									0	0
100	Other Ancillary Services									61,508	61,508
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	28,375	28,375	28,375	1,209,849	156,780	4,326,929	4,326,929	4,326,929	7,977,941	7,977,941
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	6,585	6,585	6,585	234,919	30,489	2,132,334	2,132,334	2,132,334	3,058,993	3,058,993
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	98	98	98						25,983	25,983
145	Other Nonreimbursable	479	479	479						27,252	27,252
	TOTAL STATISTICS	55,758	53,956	52,352	1,444,768	187,269	6,459,263	6,459,263	6,459,263	15,002,716	15,002,716
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 168,251 0.026048018	\$ 143,428 0.02220501			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 165,144 3.06071614	\$ 472,711 9.02948099	\$ 203,164 0.14062057	\$ 682,684 3.64547230	\$ 4,993 0.00077304	\$ 43,404 0.00671962	\$ 194,202 0.03006567	\$ 40,877 0.00272464	\$ 145,947 0.00972801
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 385,956 7.15316184	\$ 77,752 1.48517099	\$ 89,486 0.06193777	\$ 617,995 3.30003832	\$ 13,389 0.00207278	\$ 33,532 0.00519125	\$ 6,712 0.00103913	\$ 29,206 0.00194673	\$ 5,055 0.00033695
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 1,893,350 33.95656229	\$ 61,190 1.13406712	\$ 56,285 1.07513313	\$ 78,227 0.05414471	\$ 136,309 0.72787679	\$ 14,936 0.00231241	\$ 129,835 0.02010060	\$ 28,101 0.00435047	\$ 122,276 0.00815029	\$ 15,877 0.00105826

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HORIZON HEALTH AND SUBACUTE, LLC

Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:
1235363904

OSHPD Facility Number:
206105014

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	\$ 120,393	\$ 0	\$ 120,393	(Sch 3)
005	.20-.39	Fringe Benefits	6200	44,751	0	44,751	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	385,956	0	385,956	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 551,100	\$ 0	\$ 551,100	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 344,335	\$ 0	\$ 344,335	(Sch 3)
010	.20-.39	Fringe Benefits	6300	123,467	0	123,467	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	66,278	0	66,278	(Sch 4)
010		Housekeeping - Total	6300	\$ 534,080	\$ 0	\$ 534,080	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 384,476	\$ 0	\$ 384,476	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	29,171	0	29,171	(Sch 5)
025		Depreciation: Equipment	7140	160,621	0	160,621	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	0	0	0	(Sch 5)
040		Property Taxes	7300	203,269	0	203,269	(Sch 5)
045		Property Insurance	7400	0	28,493	28,493	(Sch 5)
050		Interest - Property, Plant, and Equipment	7500	1,115,813	0	1,115,813	(Sch 6)
055		Interest - Other	7600	0	0	0	(Sch 6)
057		Subtotal 005 - 055		\$ 2,978,530	\$ 28,493	\$ 3,007,023	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 129,483	\$ 0	\$ 129,483	(Sch 3)
060	.20-.39	Fringe Benefits	6400	47,530	0	47,530	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	70,801	0	70,801	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 247,814	\$ 0	\$ 247,814	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 491,699	\$ 0	\$ 491,699	(Sch 3)
065	.20-.39	Fringe Benefits	6500	145,417	0	145,417	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	585,437	0	585,437	(Sch 4)
065		Dietary - Total	6500	\$ 1,222,553	\$ 0	\$ 1,222,553	
070		Provision for Bad Debts	7700	\$ 0	\$ 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	433,429	0	433,429	(Sch 4)
075		Patient Supplies - Total	8100	\$ 433,429	\$ 0	\$ 433,429	
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:
HORIZON HEALTH AND SUBACUTE, LLC

Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:
1235363904

OSHPD Facility Number:
206105014

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	1,335,922	0	1,335,922	(Sch 4)
080		Physical Therapy - Total	8200	\$ 1,335,922	\$ 0	\$ 1,335,922	
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			0	0 (Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$ 91,032	\$ 0	\$ 91,032	(Sch 2)
082	.20-.39	Fringe Benefits	8250	23,553	0	23,553	(Sch 2)
082	.79	Agency Staff	8250	0	0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	919,092	0	919,092	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 1,033,677	\$ 0	\$ 1,033,677	
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	204,782	0	204,782	(Sch 4)
083		Speech Pathology - Total	8280	\$ 204,782	\$ 0	\$ 204,782	
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	606,320	0	606,320	(Sch 4)
085		Pharmacy - Total	8300	\$ 606,320	\$ 0	\$ 606,320	
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	107,019	0	107,019	(Sch 4)
090		Laboratory - Total	8400	\$ 107,019	\$ 0	\$ 107,019	
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	61,508	0	61,508	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 61,508	\$ 0	\$ 61,508	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HORIZON HEALTH AND SUBACUTE, LLC

Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:
1235363904

OSHPD Facility Number:
206105014

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		\$ 3,782,657	\$ 0	\$ 3,782,657	
		Routine Services					
105		Skilled Nursing Care					
105	.01-19	Salaries and Wages	6110	\$ 3,283,788	\$ (704)	\$ 3,283,084	(Sch 2)
105	.20-39	Fringe Benefits	6110	880,524	(189)	880,335	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-99	Other - Nonlabor	6110	181,510	(18,000)	163,510	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 4,345,822	\$ (18,893)	\$ 4,326,929	
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	\$ 1,435,219	\$ 704	\$ 1,435,923	(Sch 2)
125	.20-39	Fringe Benefits	6150	409,926	189	410,115	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-99	Other - Nonlabor	6150	312,216	(25,920)	286,296	(Sch 4)
125		Subacute Care - Total	6150	\$ 2,157,361	\$ (25,027)	\$ 2,132,334	
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:
HORIZON HEALTH AND SUBACUTE, LLC

Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:
1235363904

OSHPD Facility Number:
206105014

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
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
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
		Other Nonreimbursable				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0
139	.20-.39	Fringe Benefits	9100		0	0
139	.49	Agency Staff	9100		0	0
139	.40-.99	Other - Nonlabor	9100		0	0
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$	\$ 0	\$ 0
140	.20-.39	Fringe Benefits	8900		0	0
140	.49	Agency Staff	8900		0	0
140	.40-.99	Other - Nonlabor	8900	20,407	0	20,407
140		Beauty and Barber - Total	8900	\$ 20,407	\$ 0	\$ 20,407
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0
145	.20-.39	Fringe Benefits	9100		0	0
145	.49	Agency Staff	9100		0	0
145	.40-.99	Other - Nonlabor	9100		0	0
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 6,523,590	\$ (43,920)	\$ 6,479,670
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 129,582	\$ 0	\$ 129,582
155	.20-.39	Fringe Benefits	6600	38,669	0	38,669
155	.49	Agency Staff	6600	0	0	0
155	.40-.99	Other - Nonlabor	6600	9,821	0	9,821
155		Social Services - Total	6600	\$ 178,072	\$ 0	\$ 178,072

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
HORIZON HEALTH AND SUBACUTE, LLC

Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:
1235363904

OSHPD Facility Number:
206105014

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	\$ 110,646	\$ 0	\$ 110,646	(Sch 2)
160	.20-39	Fringe Benefits	6700	32,782	0	32,782	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-99	Other - Nonlabor	6700	2,520	0	2,520	(Sch 4)
160		Activities - Total	6700	\$ 145,948	\$ 0	\$ 145,948	
165		Administration					
165	.01-19	Salaries and Wages	6900	\$ 472,869	\$ 0	\$ 472,869	(Sch 6)
165	.20-39	Fringe Benefits	6900	217,584	0	217,584	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-99	Other - Nonlabor	6900	1,066,495	65,501	1,131,996	(Sch 6)
165		Administration - Total	6900	\$ 1,756,948	\$ 65,501	\$ 1,822,449	
166		Medical Records					
166	.01-19	Salaries and Wages	6900	\$ 127,808	\$ 0	\$ 127,808	(Sch 3)
166	.20-39	Fringe Benefits	6900	12,831	0	12,831	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-99	Other - Nonlabor	6900	1,263	0	1,263	(Sch 4)
166		Medical Records - Total	6900	\$ 141,902	\$ 0	\$ 141,902	
167		CDPH Licensing Fees	6900	\$ 50,367	\$ 0	\$ 50,367	(Sch 6)
168		Professional Liability Insurance	6900	\$ 187,605	\$ (34,827)	\$ 152,778	(Sch 6)
169		Quality Assurance Fees	6900	\$ 901,615	\$ 0	\$ 901,615	(Sch 6)
170		Inservice Education - Nursing					
170	.01-19	Salaries and Wages	6800	\$ 145,864	\$ 0	\$ 145,864	(Sch 3)
170	.20-39	Fringe Benefits	6800	38,944	0	38,944	(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	\$ 184,808	\$ 0	\$ 184,808	
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		\$ 3,547,265	\$ 30,674	\$ 3,577,939	
200		Total		\$ 18,302,409	\$ 15,247	\$ 18,317,656	

210	0.24	Total Facility Group Health Insurance * (Adj 3)	6900			\$ 267,909	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name
HORIZON HEALTH AND SUBACUTE, LLC

NPI
1235363904

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Fiscal Period
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Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
005	1	Plant Operations and Maintenance - Salaries and Wages	0							
005	2	Plant Operations and Maintenance - Fringe Benefits	0							
005	3	Plant Operations and Maintenance - Agency Staff	0							
005	4	Plant Operations and Maintenance - Other - Nonlabor	0							
010	1	Housekeeping - Salaries and Wages	0							
010	2	Housekeeping - Fringe Benefits	0							
010	3	Housekeeping - Agency Staff	0							
010	4	Housekeeping - Other - Nonlabor	0							
015	4	Depreciation: Buildings and Improvements	0							
020	4	Depreciation: Leasehold Improvements	0							
025	4	Depreciation: Equipment	0							
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	0							
040	4	Property Taxes	0							
045	4	Property Insurance	28,493			28,493				
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	0							
077	1	Specialized Support Surfaces - Salaries and Wages	0							
077	2	Specialized Support Surfaces - Fringe Benefits	0							
077	3	Specialized Support Surfaces - Agency Staff	0							
077	4	Specialized Support Surfaces - Other - Nonlabor	0							
080	1	Physical Therapy - Salaries and Wages	0							
080	2	Physical Therapy - Fringe Benefits	0							
080	3	Physical Therapy - Agency Staff	0							
080	4	Physical Therapy - Other - Nonlabor	0							
081	1	Respiratory Therapy - Salaries and Wages	0							
081	2	Respiratory Therapy - Fringe Benefits	0							
081	3	Respiratory Therapy - Agency Staff	0							
081	4	Respiratory Therapy - Other - Nonlabor	0							
082	1	Occupational Therapy - Salaries and Wages	0							
082	2	Occupational Therapy - Fringe Benefits	0							
082	3	Occupational Therapy - Agency Staff	0							
082	4	Occupational Therapy - Other - Nonlabor	0							
083	1	Speech Pathology - Salaries and Wages	0							
083	2	Speech Pathology - Fringe Benefits	0							
083	3	Speech Pathology - Agency Staff	0							

Provider Name	NPI	OSHPD Facility Number	Fiscal Period
HORIZON HEALTH AND SUBACUTE, LLC	1235363904	206105014	JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
083	4	Speech Pathology - Other - Nonlabor	0							
085	1	Pharmacy - Salaries and Wages	0							
085	2	Pharmacy - Fringe Benefits	0							
085	3	Pharmacy - Agency Staff	0							
085	4	Pharmacy - Other - Nonlabor	0							
090	1	Laboratory - Salaries and Wages	0							
090	2	Laboratory - Fringe Benefits	0							
090	3	Laboratory - Agency Staff	0							
090	4	Laboratory - Other - Nonlabor	0							
095	1	Home Health Services - Salaries and Wages	0							
095	2	Home Health Services - Fringe Benefits	0							
095	3	Home Health Services - Agency Staff	0							
095	4	Home Health Services - Other - Nonlabor	0							
100	1	Other Ancillary Services - Salaries and Wages	0							
100	2	Other Ancillary Services - Fringe Benefits	0							
100	3	Other Ancillary Services - Agency Staff	0							
100	4	Other Ancillary Services - Other - Nonlabor	0							
101	1	Subacute Care Ancillary Services - Salaries and Wages	0							
101	2	Subacute Care Ancillary Services - Fringe Benefits	0							
101	3	Subacute Care Ancillary Services - Agency Staff	0							
101	4	Subacute Care Ancillary Services - Other - Nonlabor	0							
102	1	Subacute Pediatric Ancillary Services - Salaries and Wages	0							
102	2	Subacute Pediatric Ancillary Services - Fringe Benefits	0							
102	3	Subacute Pediatric Ancillary Services - Agency Staff	0							
102	4	Subacute Pediatric Ancillary Services - Other - Nonlabor	0							
105	1	Skilled Nursing Care - Salaries and Wages	(704)	(704)						
105	2	Skilled Nursing Care - Fringe Benefits	(189)	(189)						
105	3	Skilled Nursing Care - Agency Staff	0							
105	4	Skilled Nursing Care - Other - Nonlabor	(18,000)		(18,000)					
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	704	704						
125	2	Subacute Care - Fringe Benefits	189	189						
125	3	Subacute Care - Agency Staff	0							
125	4	Subacute Care - Other - Nonlabor	(25,920)		(25,920)					
126	1	Subacute Care - Pediatric - Salaries and Wages	0							
126	2	Subacute Care - Pediatric - Fringe Benefits	0							
126	3	Subacute Care - Pediatric - Agency Staff	0							
126	4	Subacute Care - Pediatric - Other - Nonlabor	0							

Provider Name
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Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
128	1	Transitional Inpatient Care - Salaries and Wages	0							
128	2	Transitional Inpatient Care - Fringe Benefits	0							
128	3	Transitional Inpatient Care - Agency Staff	0							
128	4	Transitional Inpatient Care - Other - Nonlabor	0							
130	1	Hospice Inpatient Care - Salaries and Wages	0							
130	2	Hospice Inpatient Care - Fringe Benefits	0							
130	3	Hospice Inpatient Care - Agency Staff	0							
130	4	Hospice Inpatient Care - Other - Nonlabor	0							
135	1	Other Routine Services - Salaries and Wages	0							
135	2	Other Routine Services - Fringe Benefits	0							
135	3	Other Routine Services - Agency Staff	0							
135	4	Other Routine Services - Other - Nonlabor	0							
139	1	Residential Care - Salaries and Wages	0							
139	2	Residential Care - Fringe Benefits	0							
139	3	Residential Care - Agency Staff	0							
139	4	Residential Care - Other - Nonlabor	0							
140	1	Beauty and Barber - Salaries and Wages	0							
140	2	Beauty and Barber - Fringe Benefits	0							
140	3	Beauty and Barber - Agency Staff	0							
140	4	Beauty and Barber - Other - Nonlabor	0							
145	1	Other Nonreimbursable - Salaries and Wages	0							
145	2	Other Nonreimbursable - Fringe Benefits	0							
145	3	Other Nonreimbursable - Agency Staff	0							
145	4	Other Nonreimbursable - Other - Nonlabor	0							
155	1	Social Services - Salaries and Wages	0							
155	2	Social Services - Fringe Benefits	0							
155	3	Social Services - Agency Staff	0							
155	4	Social Services - Other - Nonlabor	0							
160	1	Activities - Salaries and Wages	0							
160	2	Activities - Fringe Benefits	0							
160	3	Activities - Agency Staff	0							
160	4	Activities - Other - Nonlabor	0							
165	1	Administration - Salaries and Wages	0							
165	2	Administration - Fringe Benefits	0							
165	3	Administration - Agency Staff	0							
165	4	Administration - Other - Nonlabor	65,501		43,920	21,581				
166	1	Medical Records - Salaries and Wages	0							
166	2	Medical Records - Fringe Benefits	0							
166	3	Medical Records - Agency Staff	0							
166	4	Medical Records - Other - Nonlabor	0							
167	4	CDPH Licensing Fees	0							
168	4	Professional Liability Insurance	(34,827)			(34,827)				
169	4	Quality Assurance Fees	0							
170	1	Inservice Education - Nursing - Salaries and Wages	0							
170	2	Inservice Education - Nursing - Fringe Benefits	0							
170	3	Inservice Education - Nursing - Agency Staff	0							
170	4	Inservice Education - Nursing - Other - Nonlabor	0							
174	1	Caregiver Training - Salaries and Wages	0							
174	2	Caregiver Training - Fringe Benefits	0							

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Fiscal Period
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Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
174	3	Caregiver Training - Agency Staff	0							
174	4	Caregiver Training - Other - Nonlabor	0							
200		Total	<u>\$15,247</u>	<u>0</u>	<u>0</u>	<u>15,247</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
			(To Sch 8)							

Provider Name							Fiscal Period	NPI	Adjustments	
HORIZON HEALTH AND SUBACUTE, LLC							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1235363904	13	
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				
MEMORANDUM ADJUSTMENTS										
1	N/A			Subacute 1	48	N/A	Ventilator (Equipment Cost Only) To include ventilator equipment cost for informational purposes. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$0	\$21,369	\$21,369
2	4.3	115	1	Subacute 1	49	N/A	Total Nonventilator Days To adjust nonventilator days to agree with the census records for informational purposes only. 42 CFR 413.20 and 413.24 CMS 15-1, Sections 2300 and 2304	7,681	256	7,937
3	N/A				210	N/A	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	\$267,909	\$267,909
4	N/A			Subacute 1	41	N/A	Contracted Number of Subacute Care Beds To include the number of facility beds for informational purposes. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	0	35	35

Provider Name							Fiscal Period	NPI	Adjustments	
HORIZON HEALTH AND SUBACUTE, LLC							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1235363904	13	
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>RECLASSIFICATIONS OF REPORTED COSTS</u>										
5	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$3,283,788	(\$704)	\$3,283,084
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	880,524	(189)	880,335
	10.5	125	1	8A-1	125	1	Subacute Care - Salaries and Wages	1,435,219	704	1,435,923
	10.5	125	2	8A-1	125	2	Subacute Care - Fringe Benefits	409,926	189	410,115
							To reclassify director of nursing salaries and benefits expense for proper allocation of costs. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2302.7, 2300, 2304, 2306, 2307			
6	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other Nonlabor	\$181,510	(\$18,000)	\$163,510
	10.5	125	4	8A-1	125	4	Subacute Care - Other Nonlabor	312,216	(25,920)	286,296
	10.5	165	4	8A-1	165	4	Administration - Other Nonlabor	1,066,495	43,920	1,110,415 *
							To reclassify medical director fees to the Administration cost center for proper cost determination. 42 CFR 413.20, 413.24 and 483.75(2)(i) CMS Pub. 15-1, Sections 2202.6, 2300 and 2304 CCR, Title 22, Section 52000(b)			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI	Adjustments		
HORIZON HEALTH AND SUBACUTE, LLC							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1235363904	13		
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					
ADJUSTMENT TO REPORTED COSTS											
7	10.5	45	4	8A-1	45	4	Property Insurance	\$0	\$28,493	\$28,493	
	10.5	165	4	8A-1	165	4	Administration - Other Nonlabor	* 1,110,415	21,581	1,131,996	
	10.5	168	4	8A-1	168	4	Liability Insurance	187,605	(34,827)	152,778	
To adjust insurance expense to agree with the vendor invoices. 42 CFR 413.17, 413.20 and 413.24 CMS Pub. 15-1, Sections 1005, 2300 and 2304											

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI	Adjustments		
HORIZON HEALTH AND SUBACUTE, LLC							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1235363904	13		
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 PATIENT DAYS</u>											
8	11(2)	105	1	1	12	N/A	Skilled Nursing Care - Total Patient Days	52,363	176	52,539	
	11(2)	105	5	Subacute 1	36	N/A	Subacute Care - Total Patient Days	10,171	(1)	10,170	
	4.3	100	1	Subacute 1	48	N/A	Subacute Care - Total Ventilator Days	2,490	(257)	2,233	
To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2205, 2300 and 2304											
9	N/A			1	16	N/A	Medi-Cal Managed Care Days	0	263	263	
To include Medi-Cal Managed Care Days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24 and 413.50 CMS Pub. 15-1, Sections 2205, 2300 and 2304											

Provider Name							Fiscal Period	NPI	Adjustments	
HORIZON HEALTH AND SUBACUTE, LLC							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1235363904	13	
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				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA										
10	4.1	5	2	1	15	N/A	Medi-Cal Days- Skilled Nursing Facility To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2012 through December 31, 2012 Payment Period: January 1, 2012 through January 15, 2014 Report Date: January 30, 2014 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	26,605	1	26,606
11	4.3	100	2	Subacute 1	48	N/A	Medi-Cal Days - Ventilator	1,998	17	2,015
	4.3	120	2	Subacute 1	50	N/A	Total Medi-Cal Subacute Care Patient Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2012 through December 31, 2012 Payment Period: January 1, 2012 through January 15, 2014 Report Date: January 30, 2014 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	8,813	(214)	8,599

Provider Name							Fiscal Period	NPI	Adjustments	
HORIZON HEALTH AND SUBACUTE, LLC							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1235363904	13	
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>										
	N/A			1	14	N/A	Overpayments	\$0		
12							To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5, 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304 and 2409 CCR, Title 22, Sections 50786 and 51458.1		\$2,449	
13							To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304 and 2409 CCR, Title 22, Sections 50761, 50786 and 51458.1		<u>14,780</u> \$17,229	\$17,229