

**REPORT
ON THE
RATE SETTING AUDIT**

**KINDRED TRANSITIONAL & REHAB-
TUNNELL CENTER
SAN FRANCISCO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1497779086**

**FISCAL PERIOD ENDED
JUNE 30, 2012**

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

**Section Chief: Michael Harrold
Auditor: Jeanene Lopez**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 9, 2014

Donna Dornbrook
Corporate Director of Reimbursement
Kindred Healthcare, Inc.
680 South Fourth Street
Louisville, KY 40202

KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1497779086
FISCAL PERIOD ENDED JUNE 30, 2012

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. We also examined the facility's use of and Records of Noncovered Services deducted from patient share of cost. 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, 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 \$15,377, which resulted from Medi-Cal overpayments
3. Allocation of Home Office Cost

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.

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

**ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR**

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1497779086

OSHPD Facility No.:
206380938

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	\$ 286,018	\$ 286,018		
160	Activities	165,626		\$ 165,626	
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	8,768,982	286,018	165,626	9,220,626 *
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	\$ 9,220,626	\$ 286,018	\$ 165,626	\$ 9,220,626

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
	GENERAL SERVICES												
005	Plant Operations and Maintenance	\$ 128,720	\$ 128,720										
010	Housekeeping	368,764	1,855	\$ 370,619									
060	Laundry and Linen	262,179	2,986	8,725	\$ 273,890								
065	Dietary	857,453	11,117	32,477	0	\$ 901,047							
155	Social Services	N/A	1,828	5,341	0	0	\$ 7,169						
160	Activities	N/A	4,253	12,425	0	0	0	\$ 16,678					
165	Administration	N/A	9,901	28,924	0	0	0	0	\$ 38,824	\$ 38,824			
166	Medical Records	147,658	1,592	4,651	0	0	0	0	153,901		\$ 153,901		
170	Inservice Education - Nursing	131,416	1,453	4,243	0	0	0	\$ 137,112					
	ANCILLARY SERVICES												
075	Patient Supplies		2,057	6,009	0	0	0	0	8,066	334	1,322	\$ 9,721	
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		7,154	20,901	0	0	0	0	28,055	3,752	14,872	46,679	
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		3,188	9,313	0	0	0	0	12,501	3,143	12,459	28,103	
083	Speech Pathology		1,476	4,311	0	0	0	0	5,787	896	3,551	10,234	
085	Pharmacy		0	0	0	0	0	0	0	2,830	11,217	14,047	
090	Laboratory		0	0	0	0	0	0	0	367	1,455	1,823	
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services		0	0	0	0	0	0	0	316	1,252	1,568	
101	Subacute Care Ancillary Services		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	
	ROUTINE SERVICES												
105	Skilled Nursing Care		78,702	229,917	273,890	901,047	7,169	16,678	137,112	1,644,515	27,112	107,473	1,779,100*
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		15	45	0	0	0	0	0	61	2	8	71
145	Other Nonreimbursable		1,143	3,338	0	0	0	0	0	4,481	73	291	4,846
	TOTAL	\$ 1,896,190	\$ 128,720	\$ 370,619	\$ 273,890	\$ 901,047	\$ 7,169	\$ 16,678	\$ 137,112	\$ 1,703,465	\$ 38,824	\$ 153,901	\$ 1,896,190

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 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	\$ 487,743	\$ 487,743										
010	Housekeeping	46,183	7,030	\$ 53,213									
060	Laundry and Linen	35,499	11,316	1,253	\$ 48,068								
065	Dietary	391,123	42,124	4,663	0	\$ 437,910							
155	Social Services	0	6,928	767	0	0	\$ 7,695						
160	Activities	14,413	16,116	1,784	0	0	0	\$ 32,313					
165	Administration	N/A	37,515	4,153	0	0	0	0		\$ 41,668	\$ 41,668		
166	Medical Records	8,671	6,032	668	0	0	0	0		15,371		\$ 15,371	
170	Inservice Education - Nursing	1,841	5,504	609	0	0	0	0	\$ 7,954				
ANCILLARY SERVICES													
075	Patient Supplies	109,228	7,794	863	0	0	0	0	0	117,884	358	132	\$ 118,374
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	1,786,676	27,109	3,001	0	0	0	0	0	1,816,786	4,027	1,485	1,822,298
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	1,594,720	12,079	1,337	0	0	0	0	0	1,608,137	3,373	1,244	1,612,754
083	Speech Pathology	434,702	5,592	619	0	0	0	0	0	440,913	961	355	442,229
085	Pharmacy	1,535,909	0	0	0	0	0	0	0	1,535,909	3,037	1,120	1,540,066
090	Laboratory	199,289	0	0	0	0	0	0	0	199,289	394	145	199,828
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	171,401	0	0	0	0	0	0	0	171,401	339	125	171,865
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	298,860	298,214	33,011	48,068	437,910	7,695	32,313	7,954	1,164,025	29,098	10,734	1,203,857 *
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	550	59	6	0	0	0	0	0	615	2	1	618
145	Other Nonreimbursable	0	4,330	479	0	0	0	0	0	4,809	79	29	4,917
	TOTAL	\$ 7,116,808	\$ 487,743	\$ 53,213	\$ 48,068	\$ 437,910	\$ 7,695	\$ 32,313	\$ 7,954	\$ 7,059,769	\$ 41,668	\$ 15,371	\$ 7,116,808

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

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)	\$ 3,239,528	95%							
	Property Tax (line 40)	157,802	5%	\$ 3,397,330						
005	Plant Operations and Maintenance			99,921	\$ 99,921					
010	Housekeeping			47,530	1,440	\$ 48,970				
060	Laundry and Linen			76,504	2,318	1,153	\$ 79,975			
065	Dietary			284,781	8,630	4,291	0	\$ 297,702		
155	Social Services			46,835	1,419	706	0	0	\$ 48,960	
160	Activities			108,951	3,302	1,642	0	0	0	\$ 113,894
165	Administration			253,624	7,686	3,822	0	0	0	0
166	Medical Records			40,782	1,236	615	0	0	0	0
170	Inservice Education - Nursing			37,210	1,128	561	0	0	0	0
ANCILLARY SERVICES										
075	Patient Supplies			52,689	1,597	794	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			183,272	5,554	2,762	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			81,664	2,475	1,231	0	0	0	0
083	Speech Pathology			37,805	1,146	570	0	0	0	0
085	Pharmacy			0	0	0	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			2,016,092	61,094	30,379	79,975	297,702	48,960	113,894
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			397	12	6	0	0	0	0
145	Other Nonreimbursable			29,272	887	441	0	0	0	0
	TOTAL	\$ 3,397,330	100%	\$ 3,397,330	\$ 99,921	\$ 48,970	\$ 79,975	\$ 297,702	\$ 48,960	\$ 113,894

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

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 95% Of Total	Property Tax 5% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 3,239,528	95%							
	Property Tax (line 40)	157,802	5%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 265,131	\$ 265,131				
166	Medical Records				42,633		\$ 42,633			
170	Inservice Education - Nursing			\$ 38,898						
	ANCILLARY SERVICES									
075	Patient Supplies			0	55,080	2,278	366	\$ 57,724	\$ 55,043	\$ 2,681
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	191,587	25,621	4,120	221,328	211,048	10,280
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	85,369	21,464	3,451	110,284	105,161	5,123
083	Speech Pathology			0	39,521	6,117	984	46,622	44,456	2,166
085	Pharmacy			0	0	19,324	3,107	22,431	21,389	1,042
090	Laboratory			0	0	2,507	403	2,910	2,775	135
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	2,156	347	2,503	2,387	116
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			38,898	2,686,994	185,148	29,772	2,901,914	2,767,124	134,791
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	415	14	2	431	411	20
145	Other Nonreimbursable			0	30,600	502	81	31,183	29,734	1,448
	TOTAL	\$ 3,397,330	100%	\$ 38,898	\$ 3,089,566	\$ 265,131	\$ 42,633	\$ 3,397,330	\$ 3,239,528	\$ 157,802

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 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. 70% of Total	DPH Licensing Fees 1% of Total	Professional Liability Ins. 10% of Total	Quality Assur. Fees 19% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 31,313												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	3,064,088												
	Total Costs Allocable as Administration	3,095,401	70%											
167	CDPH Licensing Fees	49,371	1%											
168	Professional Liability Insurance	431,201	10%											
169	Quality Assurance Fees	854,168	19%											
174	Caregiver Training	0	0%											
	Total	4,430,141	100%						\$ 4,430,141					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ 8,066	\$ 117,884	\$ 55,080	\$ 181,030	38,057	\$ 26,591	\$ 424	\$ 3,704	\$ 7,338	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	28,055	1,816,786	191,587	2,036,428	428,106	299,124	4,771	41,669	82,542	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	12,501	1,608,137	85,369	1,706,006	358,644	250,589	3,997	34,908	69,149	0
083	Speech Pathology			0	5,787	440,913	39,521	486,221	102,215	71,419	1,139	9,949	19,708	0
085	Pharmacy			0	0	1,535,909	0	1,535,909	322,885	225,604	3,598	31,428	62,255	0
090	Laboratory			0	0	199,289	0	199,289	41,895	29,273	467	4,078	8,078	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	171,401	0	171,401	36,033	25,176	402	3,507	6,947	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			9,220,626	1,644,515	1,164,025	2,686,994	14,716,160	3,093,691	2,161,605	34,477	301,120	596,489	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	61	615	415	1,091	229	160	3	22	44	0
145	Other Nonreimbursable			0	4,481	4,809	30,600	39,890	8,386	5,859	93	816	1,617	0
	SUBTOTAL	\$ 4,430,141		\$ 9,220,626	\$ 1,703,465	\$ 7,059,769	\$ 3,089,566	\$ 21,073,426	\$ 4,430,141					
	Total Administrative Costs							\$ 4,430,141		\$ 3,095,401	\$ 49,371	\$ 431,201	\$ 854,168	\$ -
	Unit Cost Multiplier							0.21022405						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 192,725	\$ 57,039	\$ 307,764	\$ 557,528							
	TOTAL FACILITY COSTS							\$ 26,061,095						

*(To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 7)	Plant Ops (SQ FT) 5 (Adj 7)	Hskpng (SQ FT) 10 (Adj 7)	Laundry (LBS) 60 (Adj)	Dietary (MEALS) 65 (Adj)	Soc Svcs (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	1,007									
010	Housekeeping	479	479								
060	Laundry and Linen	771	771	771							
065	Dietary	2,870	2,870	2,870							
155	Social Services	472	472	472							
160	Activities	1,098	1,098	1,098							
165	Administration	2,556	2,556	2,556							
166	Medical Records	411	411	411							
170	Inservice Education - Nursing	375	375	375							
ANCILLARY SERVICES											
075	Patient Supplies	531	531	531						181,030	181,030
077	Specialized Support Surfaces									0	0
080	Physical Therapy	1,847	1,847	1,847						2,036,428	2,036,428
081	Respiratory Therapy									0	0
082	Occupational Therapy	823	823	823						1,706,006	1,706,006
083	Speech Pathology	381	381	381						486,221	486,221
085	Pharmacy									1,535,909	1,535,909
090	Laboratory									199,289	199,289
095	Home Health Services									0	0
100	Other Ancillary Services									171,401	171,401
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
ROUTINE SERVICES											
105	Skilled Nursing Care	20,318	20,318	20,318	118,032	177,048	9,067,842	9,067,842	9,067,842	14,716,160	14,716,160
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	4	4	4						1,091	1,091
145	Other Nonreimbursable	295	295	295						39,890	39,890
	TOTAL STATISTICS	34,238	33,231	32,752	118,032	177,048	9,067,842	9,067,842	9,067,842	21,073,426	21,073,426
	TOTAL DIRECT SALARIES COSTS - SCH. 2						\$ 286,018	\$ 165,626			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.031542014	0.018265206			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		\$ 128,720	\$ 370,619	\$ 273,890	\$ 901,047	\$ 7,169	\$ 16,678	\$ 137,112	\$ 38,824	\$ 153,901
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		3.87349162	11.31593193	2.32047280	5.08927887	0.00079064	0.00183925	0.01512069	0.00184233	0.00730308
	TOTAL INDIRECT OTHER COSTS - SCH. 4		\$ 487,743	\$ 53,213	\$ 48,068	\$ 437,910	\$ 7,695	\$ 32,313	\$ 7,954	\$ 41,668	\$ 15,371
	UNIT COST MULTIPLIER (INDIRECT OTHER)		14.67734946	1.62473896	0.40724473	2.47339701	0.00084856	0.00356344	0.00087720	0.00197728	0.00072941
	TOTAL CAPITAL COSTS - SCH. 5	\$ 3,397,330	\$ 99,921	\$ 48,970	\$ 79,975	\$ 297,702	\$ 48,960	\$ 113,894	\$ 38,898	\$ 265,131	\$ 42,633
	UNIT COST MULTIPLIER (CAPITAL COSTS)	99.22688241	3.00687523	1.49517495	0.67757055	1.68147642	0.00539931	0.01256025	0.00428970	0.01258130	0.00202305

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

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	\$ 89,281	\$ 0	\$ 89,281	(Sch 3)
005	.20-.39	Fringe Benefits	6200	39,439	0	39,439	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	490,231	(2,488)	487,743	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 618,951	\$ (2,488)	\$ 616,463	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$	\$ 0	\$ 0	(Sch 3)
010	.20-.39	Fringe Benefits	6300		0	0	(Sch 3)
010	.79	Agency Staff	6300	368,764	0	368,764	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	46,183	0	46,183	(Sch 4)
010		Housekeeping - Total	6300	\$ 414,947	\$ 0	\$ 414,947	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 928	\$ 0	\$ 928	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	39,811	0	39,811	(Sch 5)
025		Depreciation: Equipment	7140	34,317	0	34,317	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	3,164,472	0	3,164,472	(Sch 5)
040		Property Taxes	7300	157,802	0	157,802	(Sch 5)
045		Property Insurance	7400	31,313	0	31,313	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	\$	\$ 0	\$ 0	(Sch 6)
057		Subtotal 005 - 055		\$ 4,462,541	\$ (2,488)	\$ 4,460,053	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$	\$ 0	\$ 0	(Sch 3)
060	.20-.39	Fringe Benefits	6400		0	0	(Sch 3)
060	.79	Agency Staff	6400	259,718	2,461	262,179	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	37,960	(2,461)	35,499	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 297,678	\$ 0	\$ 297,678	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 566,945	\$ 0	\$ 566,945	(Sch 3)
065	.20-.39	Fringe Benefits	6500	290,508	0	290,508	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	391,123	0	391,123	(Sch 4)
065		Dietary - Total	6500	\$ 1,248,576	\$ 0	\$ 1,248,576	
070		Provision for Bad Debts	7700	\$	0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	109,228	0	109,228	(Sch 4)
075		Patient Supplies - Total	8100	\$ 109,228	\$ 0	\$ 109,228	
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:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

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	1,786,676	0	1,786,676	(Sch 4)
080		Physical Therapy - Total	8200	\$ 1,786,676	\$ 0	\$ 1,786,676	
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	\$	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250		0	0	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	1,594,720	0	1,594,720	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 1,594,720	\$ 0	\$ 1,594,720	
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	434,702	0	434,702	(Sch 4)
083		Speech Pathology - Total	8280	\$ 434,702	\$ 0	\$ 434,702	
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	1,535,909	0	1,535,909	(Sch 4)
085		Pharmacy - Total	8300	\$ 1,535,909	\$ 0	\$ 1,535,909	
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	199,289	0	199,289	(Sch 4)
090		Laboratory - Total	8400	\$ 199,289	\$ 0	\$ 199,289	
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	171,401	0	171,401	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 171,401	\$ 0	\$ 171,401	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

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		\$ 5,831,925	\$ 0	\$ 5,831,925	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 6,220,724	\$ (88,932)	\$ 6,131,792	(Sch 2)
105	.20-.39	Fringe Benefits	6110	2,668,100	(30,910)	2,637,190	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	298,860	0	298,860	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 9,187,684	\$ (119,842)	\$ 9,067,842	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	\$	\$ 0	\$ 0	
110	.20-.39	Fringe Benefits	6120		0	0	
110	.49	Agency Staff	6120		0	0	
110	.40-.99	Other - Nonlabor	6120		0	0	
110		Intermediate Care - Total	6120	\$ 0	\$ 0	\$ 0	(Sch 2)
115		Mentally Disordered Care					
115	.01-.19	Salaries and Wages	6130	\$	\$ 0	\$ 0	
115	.20-.39	Fringe Benefits	6130		0	0	
115	.49	Agency Staff	6130		0	0	
115	.40-.99	Other - Nonlabor	6130		0	0	
115		Mentally Disordered Care - Total	6130	\$ 0	\$ 0	\$ 0	(Sch 2)
120		Developmentally Disabled Care					
120	.01-.19	Salaries and Wages	6140	\$	\$ 0	\$ 0	
120	.20-.39	Fringe Benefits	6140		0	0	
120	.49	Agency Staff	6140		0	0	
120	.40-.99	Other - Nonlabor	6140		0	0	
120		Developmentally Disabled Care - Total	6140	\$ 0	\$ 0	\$ 0	(Sch 2)
125		Subacute Care					
125	.01-.19	Salaries and Wages	6150	\$	\$ 0	\$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150		0	0	(Sch 2)
125	.49	Agency Staff	6150		0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150		0	0	(Sch 4)
125		Subacute Care - Total	6150	\$ 0	\$ 0	\$ 0	
126		Subacute Care - Pediatric					
126	.01-.19	Salaries and Wages	6160	\$	\$ 0	\$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160		0	0	(Sch 2)
126	.49	Agency Staff	6160		0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160		0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
128		Transitional Inpatient Care				
128	.01-.19	Salaries and Wages	6170	\$	\$ 0	\$ 0
128	.20-.39	Fringe Benefits	6170		0	0
128	.49	Agency Staff	6170		0	0
128	.40-.99	Other - Nonlabor	6170		0	0
128		Transitional Inpatient Care - Total	6170	\$ 0	\$ 0	\$ 0 (Sch 2)
130		Hospice Inpatient Care				
130	.01-.19	Salaries and Wages	6180	\$	\$ 0	\$ 0
130	.20-.39	Fringe Benefits	6180		0	0
130	.49	Agency Staff	6180		0	0
130	.40-.99	Other - Nonlabor	6180		0	0
130		Hospice Inpatient Care - Total	6180	\$ 0	\$ 0	\$ 0 (Sch 2)
135		Other Routine Services				
135	.01-.19	Salaries and Wages	6190	\$	\$ 0	\$ 0
135	.20-.39	Fringe Benefits	6190		0	0
135	.49	Agency Staff	6190		0	0
135	.40-.99	Other - Nonlabor	6190		0	0
135		Other Routine Services - Total	6190	\$ 0	\$ 0	\$ 0 (Sch 2)
		Other Nonreimbursable				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
139	.49	Agency Staff	9100		0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$	\$ 0	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900		0	0 (Sch 2)
140	.49	Agency Staff	8900		0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	550	0	550 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 550	\$ 0	\$ 550
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
145	.49	Agency Staff	9100		0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 9,188,234	\$ (119,842)	\$ 9,068,392
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 200,757	\$ 0	\$ 200,757 (Sch 2)
155	.20-.39	Fringe Benefits	6600	85,261	0	85,261 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600		0	0 (Sch 4)
155		Social Services - Total	6600	\$ 286,018	\$ 0	\$ 286,018

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

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	\$ 114,082	\$ 0	\$ 114,082	(Sch 2)
160	.20-.39	Fringe Benefits	6700	51,544	0	51,544	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	14,413	0	14,413	(Sch 4)
160		Activities - Total	6700	\$ 180,039	\$ 0	\$ 180,039	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 848,721	\$ 88,932	\$ 937,653	(Sch 6)
165	.20-.39	Fringe Benefits	6900	342,202	53,762	395,964	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	1,744,727	(14,256)	1,730,471	(Sch 6)
165		Administration - Total	6900	\$ 2,935,650	\$ 128,438	\$ 3,064,088	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 108,534	\$ 0	\$ 108,534	(Sch 3)
166	.20-.39	Fringe Benefits	6900	61,869	(22,745)	39,124	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	9,161	(490)	8,671	(Sch 4)
166		Medical Records - Total	6900	\$ 179,564	\$ (23,235)	\$ 156,329	
167		CDPH Licensing Fees	6900	\$ 49,371	\$ 0	\$ 49,371	(Sch 6)
168		Professional Liability Insurance	6900	\$ 431,201	\$ 0	\$ 431,201	(Sch 6)
169		Quality Assurance Fees	6900	\$ 854,168	\$ 0	\$ 854,168	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 87,052	\$ 0	\$ 87,052	(Sch 3)
170	.20-.39	Fringe Benefits	6800	44,364	0	44,364	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	1,841	0	1,841	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 133,257	\$ 0	\$ 133,257	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900		0	0	(Sch 6)
174	.49	Agency Staff	6900		0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900		0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 5,049,268	\$ 105,203	\$ 5,154,471	
200		Total		\$ 26,078,222	\$ (17,127)	\$ 26,061,095	

210	0.24	Total Facility Group Health Insurance * (Adj. 1)	6900			\$ 1,051,966	
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

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	(2,488)					(2,488)		
010	1	Housekeeping - Salaries and Wages	0							
010	2	Housekeeping - Fringe Benefits	0							
010	3	Housekeeping - Agency Staff	0							
010	4	Housekeeping - Other - Nonlabor	0							
015	4	Depreciation: Buildings and Improvements	0							
020	4	Depreciation: Leasehold Improvements	0							
025	4	Depreciation: Equipment	0							
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	0							
040	4	Property Taxes	0							
045	4	Property Insurance	0							
050	4	Interest - Property, Plant, and Equipment	0							
055	4	Interest - Other	0							
060	1	Laundry and Linen - Salaries and Wages	0							
060	2	Laundry and Linen - Fringe Benefits	0							
060	3	Laundry and Linen - Agency Staff	2,461			2,461				
060	4	Laundry and Linen - Other - Nonlabor	(2,461)			(2,461)				
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:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Provider NPI:
1497779086

OSHPD Facility Number:
206380938

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

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	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	(88,932)		(88,932)					
105	2	Skilled Nursing Care - Fringe Benefits	(30,910)		(30,910)					
105	3	Skilled Nursing Care - Agency Staff	0							
105	4	Skilled Nursing Care - Other - Nonlabor	0							
110	1	Intermediate Care - Salaries and Wages	0							
110	2	Intermediate Care - Fringe Benefits	0							
110	3	Intermediate Care - Agency Staff	0							
110	4	Intermediate Care - Other - Nonlabor	0							
115	1	Mentally Disordered Care - Salaries and Wages	0							
115	2	Mentally Disordered Care - Fringe Benefits	0							
115	3	Mentally Disordered Care - Agency Staff	0							
115	4	Mentally Disordered Care - Other - Nonlabor	0							
120	1	Developmentally Disabled Care - Salaries and Wages	0							
120	2	Developmentally Disabled Care - Fringe Benefits	0							
120	3	Developmentally Disabled Care - Agency Staff	0							
120	4	Developmentally Disabled Care - Other - Nonlabor	0							
125	1	Subacute Care - Salaries and Wages	0							
125	2	Subacute Care - Fringe Benefits	0							
125	3	Subacute Care - Agency Staff	0							
125	4	Subacute Care - Other - Nonlabor	0							
126	1	Subacute Care - Pediatric - Salaries and Wages	0							
126	2	Subacute Care - Pediatric - Fringe Benefits	0							
126	3	Subacute Care - Pediatric - Agency Staff	0							
126	4	Subacute Care - Pediatric - Other - Nonlabor	0							

Provider Name:
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER

Provider NPI:
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OSHPD Facility Number:
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Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

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
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	88,932		88,932					
165	2	Administration - Fringe Benefits	53,762		30,910	22,852				
165	3	Administration - Agency Staff	0							
165	4	Administration - Other - Nonlabor	(14,256)	490			(2,036)	(12,710)		
166	1	Medical Records - Salaries and Wages	0							
166	2	Medical Records - Fringe Benefits	(22,745)			(22,745)				
166	3	Medical Records - Agency Staff	0							
166	4	Medical Records - Other - Nonlabor	(490)	(490)						
167	4	CDPH Licensing Fees	0							
168	4	Professional Liability Insurance	0							
169	4	Quality Assurance Fees	0							
170	1	Inservice Education - Nursing - Salaries and Wages	0							
170	2	Inservice Education - Nursing - Fringe Benefits	0							
170	3	Inservice Education - Nursing - Agency Staff	0							
170	4	Inservice Education - Nursing - Other - Nonlabor	0							
174	1	Caregiver Training - Salaries and Wages	0							
174	2	Caregiver Training - Fringe Benefits	0							

Provider Name							Fiscal Period			NPI		Adjustments
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1497779086		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>MEMORANDUM ADJUSTMENT</u>												
1	N/A			8	210	N/A	Total Facility Group Health Insurance To identify health insurance costs for informational purposes only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$1,051,966	\$1,051,966

Provider Name							Fiscal Period	NPI	Adjustments	
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012	1497779086	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>										
2	10.5	166	4	8A-1	166	4	Medical Records - Other - Nonlabor	\$9,161	(\$490)	\$8,671
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	1,744,727	490	1,745,217 *
							To reclassify the provider's offset of medical records sales to the appropriate cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304 and 2328			
3	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	\$6,220,724	(\$88,932)	\$6,131,792
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	2,668,100	(30,910)	2,637,190
	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	848,721	88,932	937,653
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	342,202	30,910	373,112 *
							To reclassify case manager expense to agree with AB 1629 reporting requirements. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 52000			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI	Adjustments		
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012	1497779086	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 COSTS											
4	10.5	060	4	8A-1	060	4	Laundry and Linen - Other - Nonlabor	\$37,960	(\$2,461)	\$35,499	
	10.5	166	2	8A-1	166	2	Medical Records - Fringe Benefits	61,869	(22,745)	39,124	
	10.5	060	3	8A-1	060	3	Laundry and Linen - Agency Staff	259,718	2,461	262,179	
	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits	* 373,112	22,852	395,964	
							To adjust reported expenses to agree with provider's trial balance.				
							42 CFR 413.20 and 413.24				
							CMS Pub. 15-1, Sections 2300 and 2304				
5	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$1,745,217	(\$2,036)	\$1,743,181 *	
							To adjust home office costs to agree with the filed Kindred Healthcare, Inc. Home Office Cost Reports for fiscal periods ended 12/31/11 and 12/31/12.				
							42 CFR 413.17 and 413.24				
							CMS Pub. 15-1, Sections 2150.2 and 2304				
6	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	\$490,231	(\$2,488)	\$487,743	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 1,743,181	(12,710)	1,730,471	
							To eliminate cost of expensed assets that should have been capitalized and allow applicable depreciation for audit period.				
							42 CFR 413.20 and 413.24				
							CMS Pub. 15-1, Sections 104.10, 2300 and 2304				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI		Adjustments
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012	1497779086		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>ADJUSTMENT TO REPORTED STATISTICS</u>										
7	10.7	010		7	010	2	Housekeeping (Square Feet)	0	479	479
	10.7	075		7	075	1,2,3	Patient Supplies	181	350	531
	10.7	080		7	080	1,2,3	Physical Therapy	1,516	331	1,847
	10.7	082		7	082	1,2,3	Occupational Therapy	1,347	(524)	823
	10.7	083		7	083	1,2,3	Speech Pathology	189	192	381
	10.7	105		7	105	1,2,3	Skilled Nursing Care	21,060	(742)	20,318
	10.7	140		7	140	1,2,3	Beauty and Barber	51	(47)	4
	10.7	145		7	145	1,2,3	Other Nonreimbursable	0	295	295
	10.7	165		7	165	1,2,3	Administration	2,429	127	2,556
	10.7	170		7	170	1,2,3	Inservice Education - Nursing	360	15	375
	10.7	175		7	N/A	1	Total - Square Feet - Capital	34,241	(3)	34,238
	10.7	175		7	N/A	2	Total - Square Feet - Plant Operations	32,755	476	33,231
	10.7	175		7	N/A	3	Total - Square Feet - Housekeeping	32,755	(3)	32,752
							To adjust reported square footage statistics to agree with prior year audit findings and tour of facility. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			

Provider Name							Fiscal Period	NPI	Adjustments	
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012	1497779086	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		Total Patient Days - Skilled Nursing Care To adjust total patient days to agree with provider's census records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	60,051	77	60,128
9	4.1	5	2	1	15		Medi-Cal Days - Skilled Nursing Care To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: July 1, 2011 through June 30, 2012 Payment Period: July 1, 2011 through September 4, 2013 Report Date: September 20, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404 and 2408 CCR, Title 22, Section 51541	15,682	(869)	14,813
10	Not Reportec			1	16		Medi-Cal Managed Care Days - Skilled Nursing Care To include Medi-Cal Managed Care days to agree with the provider's patient census records. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304	0	451	451

Provider Name							Fiscal Period			NPI		Adjustments
KINDRED TRANSITIONAL & REHAB-TUNNELL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1497779086		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>												
	Not Reportec			1	14		Overpayments - Skilled Nursing Care	\$0				
11							To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1		\$9,119			
12							To recover overpayments for overstated Medi-Cal patient days when patients were in hospice. 42 CFR 433.139, 413.20 and 413.24 and 431.107 CMS Pub. 15-1, Section 2409 CCR, Title 22, Section 51458.1		1,428			
13							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		<u>4,830</u> \$15,377	\$15,377		