

**REPORT  
ON THE  
RATE SETTING AUDIT**

**LA PALMA NURSING CENTER  
ANAHEIM, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1881681559**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2012**

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

**Section Chief: Maria Delgado  
Audit Supervisor: Deborah Lee  
Auditor: Ngocle Truong**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

April 11, 2014

Joseph Berkowitz, Administrator  
La Palma Nursing Center  
1130 West La Palma Avenue  
Anaheim, CA 92801

LA PALMA NURSING CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI): 1881681559  
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 was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the data presented in the accompanying Summary of Audited Facility Cost per Patient Day represents a proper determination of the allowable costs and patient days for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules
2. Audit Adjustments Schedule

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.

Joseph Berkowitz  
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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—Gardena at (310) 516-4757.

**Original Signed By:**

Maria Delgado, Chief  
Audits Section—Gardena  
Financial Audits Branch

Certified

cc: Merle Sin, Controller  
US Skilledserve  
4115 East Broadway, Suite A  
Long Beach, CA 90803

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

Provider Name:  
LA PALMA NURSING CENTER

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

NPI:  
1881681559

OSHPD Facility No.:  
206301201

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
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## SKILLED NURSING CARE

1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$	N/A	\$	2,398,837	\$	97.64
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$	N/A	\$	613,212	\$	24.96
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$	N/A	\$	570,727	\$	23.23
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$	N/A	\$	19,012	\$	0.77
5	Property Taxes (Sch. 5, Ln. 105)	\$	N/A	\$	14,113	\$	0.57
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$	N/A	\$	20,885	\$	0.85
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$	N/A	\$	51,991	\$	2.12
8	Caregiver Training (Sch. 6, Ln. 105)	\$	N/A	\$	0	\$	0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$	N/A	\$	369,607	\$	15.04
10	Cost of Administration (Sch. 6, Ln. 105)	\$	N/A	\$	505,140	\$	20.56
11	Cost of Routine Service/Audited Total Costs	\$	4,618,991	\$	4,563,525	\$	185.76
12	Total Patient Days (Adj 9)		24,569		24,567		
13	Cost Per Patient Day (Cost Divided by Days)	\$	188.00	\$	185.76		
14	Overpayments (Adj )	\$	0	\$	0		
15	Medi-Cal Days (Adj 11)		15,854		1,156		
16	Medi-Cal Managed Care Days (Adj 10)				14,039		

## 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	\$	0	\$	0.00
32	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$	N/A	\$	0	\$	0.00
33	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$	N/A	\$	0	\$	0.00
34	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$	N/A	\$	0	\$	0.00
35	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$	N/A	\$	0	\$	0.00
36	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$	N/A	\$	0	\$	0.00
37	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$	N/A	\$	0	\$	0.00
38	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$	N/A	\$	0	\$	0.00
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	\$	0	\$	0.00
41	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$	0	\$	0	\$	0.00
42	Total Patient Days (Subacute Care Sch. 1, Ln. 36)		0		0		
43	Cost Per Patient Day (Cost Divided by Days)	\$	0.00	\$	0.00		
44	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$	0	\$	0		

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

**Provider Name:**  
LA PALMA NURSING CENTER

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

**NPI:**  
1881681559

**OSHPD Facility No.:**  
206301201

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SUBACUTE CARE - PEDIATRIC</b>				
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	
<b>TRANSITIONAL INPATIENT CARE</b>				
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	
<b>HOSPICE INPATIENT CARE</b>				
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	
<b>OTHER ROUTINE SERVICES</b>				
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	

**ALLOCATION OF GENERAL SERVICES  
DIRECT CARE LABOR**

**Provider Name:**  
LA PALMA NURSING CENTER

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

**NPI:**  
1881681559

**OSHPD Facility No.:**  
206301201

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
<b>GENERAL SERVICES</b>					
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 89,373	\$ 89,373		
160	Activities	83,480		\$ 83,480	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
<b>ANCILLARY SERVICES</b>					
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	194,396	0	0	194,396
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	158,597	0	0	158,597
083	Speech Pathology	29,085	0	0	29,085
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
<b>ROUTINE SERVICES</b>					
105	Skilled Nursing Care	2,225,984	89,373	83,480	2,398,837
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
<b>NONREIMBURSABLE</b>					
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	<b>TOTAL</b>	<b>\$ 2,780,915</b>	<b>\$ 89,373</b>	<b>\$ 83,480</b>	<b>\$ 2,780,915</b>

\* (To Schedule 1)

**ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR**

Provider Name:  
LA PALMA NURSING CENTER

NPI:  
1881681559

OSHPD Facility Number:  
206301201

Fiscal Period:  
JANUARY 1, 2012 THROUGH DECEMBER 31, 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
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 84,709	\$ 84,709										
010	Housekeeping	73,899	672	\$ 74,571									
060	Laundry and Linen	88,775	4,396	3,901	\$ 97,072								
065	Dietary	230,409	10,383	9,213	0	\$ 250,005							
155	Social Services	N/A	1,125	998	0	0	\$ 2,123						
160	Activities	N/A	2,243	1,991	0	0	0	\$ 4,234					
165	Administration	N/A	4,765	4,228	0	0	0	0		\$ 8,993	\$ 8,993		
166	Medical Records	92,027	1,009	895	0	0	0	0		93,930		\$ 93,930	
170	Inservice Education - Nursing	68,659	646	574	0	0	0	0	\$ 69,879				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		465	413	0	0	0	0	0	879	53	552	\$ 1,484
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		1,209	1,073	0	0	0	0	0	2,282	427	4,457	7,165
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		1,332	1,182	0	0	0	0	0	2,514	349	3,649	6,512
083	Speech Pathology		181	161	0	0	0	0	0	342	63	662	1,067
085	Pharmacy		0	0	0	0	0	0	0	0	602	6,286	6,888
090	Laboratory		0	0	0	0	0	0	0	0	60	629	689
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	23	241	264
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
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care		55,714	49,439	97,072	250,005	2,123	4,234	69,879	528,466	7,404	77,341	613,212
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
<b>NONREIMBURSABLE</b>													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		569	505	0	0	0	0	0	1,074	11	113	1,198
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 638,478</b>	<b>\$ 84,709</b>	<b>\$ 74,571</b>	<b>\$ 97,072</b>	<b>\$ 250,005</b>	<b>\$ 2,123</b>	<b>\$ 4,234</b>	<b>\$ 69,879</b>	<b>\$ 535,555</b>	<b>\$ 8,993</b>	<b>\$ 93,930</b>	<b>\$ 638,478</b>

(To Schedule 1)

**ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR**

Provider Name:  
LA PALMA NURSING CENTER

NPI:  
1881681559

OSHPD Facility Number:  
206301201

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
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 221,429	\$ 221,429										
010	Housekeeping	21,223	1,758	\$ 22,981									
060	Laundry and Linen	23,651	11,491	1,202	\$ 36,345								
065	Dietary	146,466	27,140	2,839	0	\$ 176,445							
155	Social Services	2,841	2,940	308	0	0	\$ 6,089						
160	Activities	4,351	5,864	613	0	0	0	\$ 10,828					
165	Administration	N/A	12,455	1,303	0	0	0	0		\$ 13,758	\$ 13,758		
166	Medical Records	9,088	2,636	276	0	0	0	0		12,000		\$ 12,000	
170	Inservice Education - Nursing	0	1,690	177	0	0	0	0	\$ 1,867				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	22,631	1,217	127	0	0	0	0	0	23,975	81	71	\$ 24,126
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	1,485	3,160	331	0	0	0	0	0	4,976	653	569	6,198
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	3,481	364	0	0	0	0	0	3,845	534	466	4,846
083	Speech Pathology	0	473	50	0	0	0	0	0	523	97	85	704
085	Pharmacy	285,128	0	0	0	0	0	0	0	285,128	921	803	286,852
090	Laboratory	28,508	0	0	0	0	0	0	0	28,508	92	80	28,680
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	10,918	0	0	0	0	0	0	0	10,918	35	31	10,984
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
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care	157,073	145,637	15,235	36,345	176,445	6,089	10,828	1,867	549,519	11,328	9,881	570,727
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
<b>NONREIMBURSABLE</b>													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	2,178	1,487	156	0	0	0	0	0	3,821	17	14	3,852
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 936,970	\$ 221,429	\$ 22,981	\$ 36,345	\$ 176,445	\$ 6,089	\$ 10,828	\$ 1,867	\$ 911,212	\$ 13,758	\$ 12,000	\$ 936,970

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
LA PALMA NURSING CENTER

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

NPI:  
1881681559

OSHPD Facility Number:  
206301201

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital	Plant Ops	Hskpng	Laundry	Dietary	Soc Svcs	Activities
				Various	5	10	60	65	155	160
	<b>GENERAL SERVICES</b>									
	Capital Related (excluding lines 40 & 45)	\$ 20,158	57%							
	Property Tax (line 40)	14,963	43%	\$ 35,121						
005	Plant Operations and Maintenance			1,216	\$ 1,216					
010	Housekeeping			269	10	\$ 279				
060	Laundry and Linen			1,760	63	15	\$ 1,837			
065	Dietary			4,156	149	34	0	\$ 4,339		
155	Social Services			450	16	4	0	0	\$ 470	
160	Activities			898	32	7	0	0	0	\$ 938
165	Administration			1,907	68	16	0	0	0	0
166	Medical Records			404	14	3	0	0	0	0
170	Inservice Education - Nursing			259	9	2	0	0	0	0
	<b>ANCILLARY SERVICES</b>									
075	Patient Supplies			186	7	2	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			484	17	4	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			533	19	4	0	0	0	0
083	Speech Pathology			72	3	1	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
	<b>ROUTINE SERVICES</b>									
105	Skilled Nursing Care			22,300	800	185	1,837	4,339	470	938
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
	<b>NONREIMBURSABLE</b>									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			228	8	2	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 35,121	100%	\$ 35,121	\$ 1,216	\$ 279	\$ 1,837	\$ 4,339	\$ 470	\$ 938

\*(To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
LA PALMA NURSING CENTER

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

NPI:  
1881681559

OSHPD Facility Number:  
206301201

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 57% Of Total	Property Tax 43% Of Total
<b>GENERAL SERVICES</b>										
	Capital Related (excluding lines 40 & 45)	\$ 20,158	57%							
	Property Tax (line 40)	14,963	43%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 1,991	\$ 1,991				
166	Medical Records				421		\$ 421			
170	Inservice Education - Nursing			\$ 270						
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			0	195	12	2	\$ 209	\$ 120	\$ 89
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	505	94	20	620	356	264
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	557	77	16	650	373	277
083	Speech Pathology			0	76	14	3	93	53	39
085	Pharmacy			0	0	133	28	161	93	69
090	Laboratory			0	0	13	3	16	9	7
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	5	1	6	4	3
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
<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care			270	31,139	1,640	347	33,125	19,012	14,113
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
<b>NONREIMBURSABLE</b>										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	238	2	1	241	138	103
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 35,121</b>	<b>100%</b>	<b>\$ 270</b>	<b>\$ 32,708</b>	<b>\$ 1,991</b>	<b>\$ 421</b>	<b>\$ 35,121</b>	<b>\$ 20,158</b>	<b>\$ 14,963</b>

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
LA PALMA NURSING CENTER

NPI:  
1881681559

OSHPD Facility Number:  
206301201

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. 53% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 5% of Total	Quality Assur. Fees 39% of Total	Caregiver Training 0% of Total
	<b>GENERAL SERVICES</b>													
045	Property Insurance	\$ 10,514												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	602,975												
	Total Costs Allocable as Administration	613,489	53%											
167	CDPH Licensing Fees	25,365	2%											
168	Professional Liability Insurance	63,143	5%											
169	Quality Assurance Fees	448,885	39%											
174	Caregiver Training	0	0%											
	Total	1,150,882	100%						\$ 1,150,882					
	<b>ANCILLARY SERVICES</b>													
075	Patient Supplies			\$ 0	\$ 879	\$ 23,975	\$ 195	\$ 25,048	6,766	\$ 3,607	\$ 149	\$ 371	\$ 2,639	\$ 0
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			194,396	2,282	4,976	505	202,159	54,610	29,111	1,204	2,996	21,300	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			158,597	2,514	3,845	557	165,512	44,711	23,834	985	2,453	17,439	0
083	Speech Pathology			29,085	342	523	76	30,025	8,111	4,324	179	445	3,164	0
085	Pharmacy			0	0	285,128	0	285,128	77,023	41,058	1,698	4,226	30,042	0
090	Laboratory			0	0	28,508	0	28,508	7,701	4,105	170	423	3,004	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	10,918	0	10,918	2,949	1,572	65	162	1,150	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
	<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care			2,398,837	528,466	549,519	31,139	3,507,960	947,624	505,140	20,885	51,991	369,607	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
	<b>NONREIMBURSABLE</b>													
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	1,074	3,821	238	5,132	1,386	739	31	76	541	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	<b>SUBTOTAL</b>	\$ 1,150,882		\$ 2,780,915	\$ 535,555	\$ 911,212	\$ 32,708	\$ 4,260,391	\$ 1,150,882					
	Total Administrative Costs							\$ 1,150,882		\$ 613,489	\$ 25,365	\$ 63,143	\$ 448,885	\$ 0
	Unit Cost Multiplier							0.27013532						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 102,923	\$ 25,758	\$ 2,413	\$ 131,093							
	<b>TOTAL FACILITY COSTS</b>							\$ 5,542,366						

\*(To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
LA PALMA NURSING CENTER

NPI:  
1881681559

OSHPD Facility Number:  
206301201

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 7)	(Adj 8)	(Adj)	(Adj)	(Adj)		
	<b>GENERAL SERVICES</b>	)	)	)			)	)	)		
005	Plant Operations and Maintenance	470									
010	Housekeeping	104	104								
060	Laundry and Linen	680	680	680							
065	Dietary	1,606	1,606	1,606							
155	Social Services	174	174	174							
160	Activities	347	347	347							
165	Administration	737	737	737							
166	Medical Records	156	156	156							
170	Inservice Education - Nursing	100	100	100							
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	72	72	72						25,048	25,048
077	Specialized Support Surfaces									0	0
080	Physical Therapy	187	187	187						202,159	202,159
081	Respiratory Therapy									0	0
082	Occupational Therapy	206	206	206						165,512	165,512
083	Speech Pathology	28	28	28						30,025	30,025
085	Pharmacy									285,128	285,128
090	Laboratory									28,508	28,508
095	Home Health Services									0	0
100	Other Ancillary Services									10,918	10,918
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	8,618	8,618	8,618	120,925	72,555	2,383,057	2,383,057	2,383,057	3,507,960	3,507,960
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
	<b>NONREIMBURSABLE</b>										
139	Residential Care									0	0
140	Beauty and Barber	88	88	88						5,132	5,132
145	Other Nonreimbursable									0	0
	<b>TOTAL STATISTICS</b>	13,573	13,103	12,999	120,925	72,555	2,383,057	2,383,057	2,383,057	4,260,391	4,260,391
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 89,373 0.037503509	\$ 83,480 0.035030635			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 84,709 6.46485538	\$ 74,571 5.73669859	\$ 97,072 0.80274597	\$ 250,005 3.44572663	\$ 2,123 0.00089090	\$ 4,234 0.00177668	\$ 69,879 0.02932333	\$ 8,993 0.00211073	\$ 93,930 0.02204738
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 221,429 16.89910708	\$ 22,981 1.76786731	\$ 36,345 0.30055442	\$ 176,445 2.43188148	\$ 6,089 0.00255514	\$ 10,828 0.00454393	\$ 1,867 0.00078332	\$ 13,758 0.00322918	\$ 12,000 0.00281665
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 35,121 2.58756355	\$ 1,216 0.09281499	\$ 279 0.02144468	\$ 1,837 0.01519322	\$ 4,339 0.05980467	\$ 470 0.00019728	\$ 938 0.00039342	\$ 270 0.00011338	\$ 1,991 0.00046739	\$ 421 0.00009893

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
LA PALMA NURSING CENTER

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

NPI:  
1881681559

OSHPD Facility Number:  
206301201

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	\$ 70,662	\$ (872)	\$ 69,790	(Sch 3)
005	.20-.39	Fringe Benefits	6200	14,919	0	14,919	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	221,429	0	221,429	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 307,010	\$ (872)	\$ 306,138	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 62,873	\$ (2,402)	\$ 60,471	(Sch 3)
010	.20-.39	Fringe Benefits	6300	13,428	0	13,428	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	21,223	0	21,223	(Sch 4)
010		Housekeeping - Total	6300	\$ 97,524	\$ (2,402)	\$ 95,122	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 683	\$ 0	\$ 683	(Sch 5)
020		Depreciation: Leasehold Improvements	7130		0	0	(Sch 5)
025		Depreciation: Equipment	7140	277	0	277	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	19,198	0	19,198	(Sch 5)
040		Property Taxes	7300	14,595	368	14,963	(Sch 5)
045		Property Insurance	7400	10,514	0	10,514	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600		0	0	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 449,801	\$ (2,906)	\$ 446,895	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 76,842	\$ (2,885)	\$ 73,957	(Sch 3)
060	.20-.39	Fringe Benefits	6400	14,818	0	14,818	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	23,651	0	23,651	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 115,311	\$ (2,885)	\$ 112,426	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 189,743	\$ (5,845)	\$ 183,898	(Sch 3)
065	.20-.39	Fringe Benefits	6500	46,511	0	46,511	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	146,466	0	146,466	(Sch 4)
065		Dietary - Total	6500	\$ 382,720	\$ (5,845)	\$ 376,875	
070		Provision for Bad Debts	7700	\$	\$ 0	\$ 0	
		<b>Ancillary Services</b>					
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	22,631	0	22,631	(Sch 4)
075		Patient Supplies - Total	8100	\$ 22,631	\$ 0	\$ 22,631	
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:  
LA PALMA NURSING CENTER

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

NPI:  
1881681559

OSHPD Facility Number:  
206301201

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	\$ 159,057	\$ (950)	\$ 158,107	(Sch 2)
080	.20-.39	Fringe Benefits	8200	36,289	0	36,289	(Sch 2)
080	.79	Agency Staff	8200		0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	1,485	0	1,485	(Sch 4)
080		Physical Therapy - Total	8200	\$ 196,831	\$ (950)	\$ 195,881	
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	\$ 139,808	\$ 0	\$ 139,808	(Sch 2)
082	.20-.39	Fringe Benefits	8250	18,789	0	18,789	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250		0	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 158,597	\$ 0	\$ 158,597	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 22,827	\$ 0	\$ 22,827	(Sch 2)
083	.20-.39	Fringe Benefits	8280	6,258	0	6,258	(Sch 2)
083	.79	Agency Staff	8280		0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280		0	0	(Sch 4)
083		Speech Pathology - Total	8280	\$ 29,085	\$ 0	\$ 29,085	
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	285,128	0	285,128	(Sch 4)
085		Pharmacy - Total	8300	\$ 285,128	\$ 0	\$ 285,128	
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	28,508	0	28,508	(Sch 4)
090		Laboratory - Total	8400	\$ 28,508	\$ 0	\$ 28,508	
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	10,918	0	10,918	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 10,918	\$ 0	\$ 10,918	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
LA PALMA NURSING CENTER

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

NPI:  
1881681559

OSHPD Facility Number:  
206301201

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	\$ 1,842,441	\$ (1,842,441)	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900	447,107	(447,107)	0	(Sch 2)
101	.79	Agency Staff	8100-8900		0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900	157,073	(157,073)	0	(Sch 4)
101		Subacute Care Ancillary Services - Total	8100-8900	\$ 2,446,621	\$ (2,446,621)	\$ 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		<b>Subtotal 075 - 102</b>		\$ 3,178,319	\$ (2,447,571)	\$ 730,748	
		<b>Routine Services</b>					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$	\$ 1,778,877	\$ 1,778,877	(Sch 2)
105	.20-.39	Fringe Benefits	6110		447,107	447,107	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110		157,073	157,073	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 0	\$ 2,383,057	\$ 2,383,057	
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:  
LA PALMA NURSING CENTER

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

NPI:  
1881681559

OSHPD Facility Number:  
206301201

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)
		<b>Other Nonreimbursable</b>					
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	2,178	0	2,178	(Sch 4)
140		Beauty and Barber - Total	8900	\$ 2,178	\$ 0	\$ 2,178	
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		<b>Subtotal 105 - 145</b>		\$ 2,178	\$ 2,383,057	\$ 2,385,235	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	\$ 71,600	\$ (1,148)	\$ 70,452	(Sch 2)
155	.20-.39	Fringe Benefits	6600	18,921	0	18,921	(Sch 2)
155	.49	Agency Staff	6600		0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600	2,841	0	2,841	(Sch 4)
155		Social Services - Total	6600	\$ 93,362	\$ (1,148)	\$ 92,214	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
LA PALMA NURSING CENTER

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

NPI:  
1881681559

OSHPD Facility Number:  
206301201

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	\$ 66,633	\$ (1,060)	\$ 65,573	(Sch 2)
160	.20-.39	Fringe Benefits	6700	17,907	0	17,907	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	4,351	0	4,351	(Sch 4)
160		Activities - Total	6700	\$ 88,891	\$ (1,060)	\$ 87,831	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 185,633	\$ (2,221)	\$ 183,412	(Sch 6)
165	.20-.39	Fringe Benefits	6900	75,764	0	75,764	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	294,080	49,719	343,799	(Sch 6)
165		Administration - Total	6900	\$ 555,477	\$ 47,498	\$ 602,975	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 78,180	\$ (1,179)	\$ 77,001	(Sch 3)
166	.20-.39	Fringe Benefits	6900	15,026	0	15,026	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	9,088	0	9,088	(Sch 4)
166		Medical Records - Total	6900	\$ 102,294	\$ (1,179)	\$ 101,115	
167		CDPH Licensing Fees	6900	\$ 21,394	\$ 3,971	\$ 25,365	(Sch 6)
168		Professional Liability Insurance	6900	\$ 85,169	\$ (22,026)	\$ 63,143	(Sch 6)
169		Quality Assurance Fees	6900	\$ 448,885	\$ 0	\$ 448,885	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 57,371	\$ 0	\$ 57,371	(Sch 3)
170	.20-.39	Fringe Benefits	6800	11,288	0	11,288	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800		0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 68,659	\$ 0	\$ 68,659	
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	
		<b>Subtotal 155 - 174</b>		\$ 1,464,131	\$ 26,056	\$ 1,490,187	
200		<b>Total</b>		\$ 5,592,460	\$ (50,094)	\$ 5,542,366	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 68,752	
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\* For informational purposes only, this amount is included in various cost centers above.









Provider Name							Fiscal Period		NPI		Adjustments
LA PALMA NURSING CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012		1881681559		11
Report References							Explanation of Audit Adjustments				As Adjusted
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>MEMORANDUM ADJUSTMENT</u>											
1	Not Reported			8	210		Total Facility Group Health Insurance To include Group Health Insurance in the audit for informational purposes only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$0	\$68,752	\$68,752	

Provider Name							Fiscal Period	NPI	Adjustments	
LA PALMA NURSING CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1881681559	11	
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				
<b><u>RECLASSIFICATION OF REPORTED COSTS</u></b>										
2	10.5	168	4	8A-1	168	4	Professional Liability Insurance	\$85,169	(\$2,804)	\$82,365 *
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	294,080	2,804	296,884 *
							To reclassify taxes and other fees associated with liability insurance to the Administration cost center. 42 CFR 413.24 / CMS Pub. 15-1, Section 2162 CCR, Title 22, Sections 52000(b) and 52501			

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI	Adjustments	
LA PALMA NURSING CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1881681559	11	
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				
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>										
3	10.5	005	1	8A-1	005	1	Plant Operations and Maintenance - Salaries and Wages	\$70,662	(\$872)	\$69,790
	10.5	010	1	8A-1	010	1	Housekeeping - Salaries and Wages	62,873	(2,402)	60,471
	10.5	060	1	8A-1	060	1	Laundry and Linen - Salaries and Wages	76,842	(2,885)	73,957
	10.5	065	1	8A-1	065	1	Dietary - Salaries and Wages	189,743	(5,845)	183,898
	10.5	080	1	8A-1	080	1	Physical Therapy - Salaries and Wages	159,057	(950)	158,107
	10.5	101	1	8A-1	101	1	Subacute Care Ancillary Services - Salaries and Wages	1,842,441	(1,842,441)	0
	10.5	101	2	8A-1	101	2	Subacute Care Ancillary Services - Fringe Benefits	447,107	(447,107)	0
	10.5	101	4	8A-1	101	4	Subacute Care Ancillary Services - Other - Nonlabor	157,073	(157,073)	0
	10.5	105	1	8A-1	105	1	Skilled Nursing Care - Salaries and Wages	0	1,778,877	1,778,877
	10.5	105	2	8A-1	105	2	Skilled Nursing Care - Fringe Benefits	0	447,107	447,107
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	0	157,073	157,073
	10.5	155	1	8A-1	155	1	Social Services - Salaries and Wages	71,600	(1,148)	70,452
	10.5	160	1	8A-1	160	1	Activities - Salaries and Wages	66,633	(1,060)	65,573
	10.5	165	1	8A-1	165	1	Administration - Salaries and Wages	185,633	(2,221)	183,412
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 296,884	69,029	365,913 *
	10.5	166	1	8A-1	166	1	Medical Records - Salaries and Wages	78,180	(1,179)	77,001
	10.5	167	4	8A-1	167	4	CDPH Licensing Fees	21,394	3,971	25,365
							To reconcile the reported expenses to agree with the provider's trial balance.			
							42 CFR 413.20 and 413.24			
							CMS Pub. 15-1, Sections 2300 and 2304			

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI		Adjustments	
LA PALMA NURSING CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1881681559		11	
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					
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>											
4	10.5	040	4	8A-1	040	4	Property Taxes To include property tax expense to agree with the provider's invoices. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$14,595	\$368	\$14,963	
5	10.5	168	4	8A-1	168	4	Professional Liability Insurance To adjust the reported liability insurance expense to agree with the provider's records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	*	\$82,365	(\$19,222)	\$63,143
6	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To adjust reported home office costs to agree with the US Skilledserve Home Office Audit Report for fiscal period ended December 31, 2012. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	*	\$365,913	(\$22,114)	\$343,799

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI		Adjustments
LA PALMA NURSING CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1881681559		11
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				
<b><u>ADJUSTMENTS TO REPORTED STATISTICS</u></b>										
7	10.7	105	4	7	105	Skilled Nursing Care (Pounds of Laundry) To adjust laundry pounds statistics to agree with the provider's records in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306	120,755	170	120,925	
8	10.7	105	5	7	105	Skilled Nursing Care (Meals Served) To adjust meals served statistics to agree with the provider's records in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306	72,453	102	72,555	

Provider Name							Fiscal Period	NPI		Adjustments
LA PALMA NURSING CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1881681559		11
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				
<b>ADJUSTMENTS TO REPORTED PATIENT DAYS</b>										
9	4.1	5	6	1	12		Total Patient Days - Skilled Nursing Care 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	24,569	(2)	24,567
10	Not Reported			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	14,039	14,039
11	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: January 01, 2012 through December 31, 2012 Payment Period: January 01, 2012 through December 15, 2013 Report Date: December 24, 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 51511	15,854	(14,698)	1,156