

**REPORT
ON THE
RATE SETTING AUDIT
SHADOW HILLS CONVALESCENT HOSPITAL
SUNLAND, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1356334197
FISCAL PERIOD ENDED
MAY 31, 2012**

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

**Section Chief: Allen Dervi
Audit Supervisor: Henry Kwan
Auditor: Miriam Dau**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

February 12, 2014

Orlando Clarizio Jr., Administrator
Shadow Hills Convalescent Hospital
10158 Sunland Boulevard
Sunland, CA 91040

SHADOW HILLS CONVALESCENT HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1356334197
FISCAL PERIOD ENDED MAY 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.

Orlando Clarizio Jr.
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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—Burbank at (818) 295-2620.

Original Signed By

Allen Dervi, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:

SHADOW HILLS CONVALESCENT HOSPITAL

Fiscal Period:

JUNE 1, 2011 THROUGH MAY 31, 2012

NPI:

1356334197

OSHPD Facility No.:

206190698

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 1,683,840	\$ 70.19
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 468,850	\$ 19.54
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 459,342	\$ 19.15
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 161,003	\$ 6.71
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 9,687	\$ 0.40
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 15,576	\$ 0.65
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 50,754	\$ 2.12
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 283,903	\$ 11.83
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 398,591	\$ 16.62
11	Cost of Routine Service/Audited Total Costs	\$ 3,583,802	\$ 3,531,546	\$ 147.22
12	Total Patient Days (Adj)	23,989	23,989	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 149.39	\$ 147.22	
14	Overpayments (Adj)	\$ 0	\$ 0	
15	Medi-Cal Days (Adj 10)	18,906	18,911	
16	Medi-Cal Managed Care Days (Adj 11)		1,077	
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:

SHADOW HILLS CONVALESCENT HOSPITAL

Fiscal Period:

JUNE 1, 2011 THROUGH MAY 31, 2012

NPI:

1356334197

OSHPD Facility No.:

206190698

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

**ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR**

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

NPI:
1356334197

OSHPD Facility No.:
206190698

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	\$ 41,304	\$ 41,304		
160	Activities	58,695		\$ 58,695	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	ANCILLARY SERVICES				
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	0	0	0	0
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	0	0	0	0
083	Speech Pathology	0	0	0	0
085	Pharmacy	0	0	0	0
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	0	0	0	0
101	Subacute Care Ancillary Services	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0
	ROUTINE SERVICES				
105	Skilled Nursing Care	1,583,841	41,304	58,695	1,683,840 *
110	Intermediate Care	0	0	0	0 *
115	Mentally Disordered Care	0	0	0	0 *
120	Developmentally Disabled Care	0	0	0	0 *
125	Subacute Care	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0 *
128	Transitional Inpatient Care	0	0	0	0 *
130	Hospice Inpatient Care	0	0	0	0 *
135	Other Routine Services	0	0	0	0 *
	NONREIMBURSABLE				
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	TOTAL	\$ 1,683,840	\$ 41,304	\$ 58,695	\$ 1,683,840

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

NPI:
1356334197

OSHPD Facility Number:
206190698

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities	Inserv. Ed	Accumulated Costs	Admin	Medical Records	Total
			005	010	060	065	155	160	170		165	166	
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 29,062	\$ 29,062										
010	Housekeeping	57,896	755	\$ 58,651									
060	Laundry and Linen	105,568	162	335	\$ 106,065								
065	Dietary	184,890	3,455	7,159	0	\$ 195,504							
155	Social Services	N/A	422	875	0	0	\$ 1,297						
160	Activities	N/A	1,809	3,747	0	0	0	\$ 5,556					
165	Administration	N/A	993	2,057	0	0	0	0		\$ 3,050	\$ 3,050		
166	Medical Records	17,706	404	838	0	0	0	0		18,948		\$ 18,948	
170	Inservice Education - Nursing	79,038	413	856	0	0	0	0	\$ 80,308				
ANCILLARY SERVICES													
075	Patient Supplies		467	968	0	0	0	0	0	1,435	7	46	\$ 1,489
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		299	619	0	0	0	0	0	918	160	995	2,073
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		0	0	0	0	0	0	0	0	160	996	1,156
083	Speech Pathology		0	0	0	0	0	0	0	0	1	5	5
085	Pharmacy		0	0	0	0	0	0	0	0	65	402	466
090	Laboratory		0	0	0	0	0	0	0	0	8	52	61
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	5	31	36
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		19,882	41,195	106,065	195,504	1,297	5,556	80,308	449,808	2,640	16,402	468,850
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	0	0	0	0	0	0	0	3	21	25
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 474,160	\$ 29,062	\$ 58,651	\$ 106,065	\$ 195,504	\$ 1,297	\$ 5,556	\$ 80,308	\$ 452,161	\$ 3,050	\$ 18,948	\$ 474,160

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

NPI:
1356334197

OSHPD Facility Number:
206190698

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 165,541	\$ 165,541										
010	Housekeeping	2,452	4,300	\$ 6,752									
060	Laundry and Linen	2,985	921	39	\$ 3,945								
065	Dietary	131,473	19,682	824	0	\$ 151,979							
155	Social Services	6,195	2,406	101	0	0	\$ 8,702						
160	Activities	7,977	10,302	431	0	0	0	\$ 18,710					
165	Administration	N/A	5,656	237	0	0	0	0		\$ 5,893	\$ 5,893		
166	Medical Records	0	2,303	96	0	0	0	0		2,400		\$ 2,400	
170	Inservice Education - Nursing	0	2,355	99	0	0	0	0	\$ 2,453				
ANCILLARY SERVICES													
075	Patient Supplies	546	2,662	111	0	0	0	0	0	3,319	14	6	\$ 3,339
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	162,163	1,702	71	0	0	0	0	0	163,936	309	126	164,372
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	166,912	0	0	0	0	0	0	0	166,912	310	126	167,348
083	Speech Pathology	767	0	0	0	0	0	0	0	767	1	1	769
085	Pharmacy	67,301	0	0	0	0	0	0	0	67,301	125	51	67,477
090	Laboratory	8,747	0	0	0	0	0	0	0	8,747	16	7	8,770
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	5,167	0	0	0	0	0	0	0	5,167	10	4	5,180
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	148,380	113,253	4,742	3,945	151,979	8,702	18,710	2,453	452,164	5,101	2,077	459,342
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0
125	Subacute Care	0	0	0	0	0	0	0	0	0	0	0	0
126	Subacute Care - Pediatric	0	0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	3,542	0	0	0	0	0	0	0	3,542	7	3	3,551
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 880,148	\$ 165,541	\$ 6,752	\$ 3,945	\$ 151,979	\$ 8,702	\$ 18,710	\$ 2,453	\$ 871,855	\$ 5,893	\$ 2,400	\$ 880,148

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

NPI:
1356334197

OSHPD Facility Number:
206190698

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 94% Of Total	Property Tax 6% Of Total
GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	\$ 166,618	94%							
	Property Tax (line 40)	10,025	6%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 6,197	\$ 6,197				
166	Medical Records				2,523		\$ 2,523			
170	Inservice Education - Nursing			\$ 2,580						
ANCILLARY SERVICES										
075	Patient Supplies			0	2,916	15	6	\$ 2,937	\$ 2,770	\$ 167
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	1,865	325	132	2,322	2,191	132
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	0	326	133	458	432	26
083	Speech Pathology			0	0	1	1	2	2	0
085	Pharmacy			0	0	131	53	185	174	10
090	Laboratory			0	0	17	7	24	23	1
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	10	4	14	13	1
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			2,580	163,142	5,364	2,184	170,690	161,003	9,687
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	0	7	3	10	9	1
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 176,643	100%	\$ 2,580	\$ 167,923	\$ 6,197	\$ 2,523	\$ 176,643	\$ 166,618	\$ 10,025

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

NPI:
1356334197

OSHPD Facility Number:
206190698

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 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. 7% of Total	Quality Assur. Fees 38% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 3,982												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	456,498												
	Total Costs Allocable as Administration	460,480	53%											
167	CDPH Licensing Fees	17,994	2%											
168	Professional Liability Insurance	58,634	7%											
169	Quality Assurance Fees	327,984	38%											
174	Caregiver Training	0	0%											
	Total	865,092	100%						\$ 865,092					
ANCILLARY SERVICES														
075	Patient Supplies			\$ 0	\$ 1,435	\$ 3,319	\$ 2,916	\$ 7,671	2,090	\$ 1,112	\$ 43	\$ 142	\$ 792	\$ 0
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	918	163,936	1,865	166,719	45,415	24,174	945	3,078	17,218	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	0	166,912	0	166,912	45,467	24,202	946	3,082	17,238	0
083	Speech Pathology			0	0	767	0	767	209	111	4	14	79	0
085	Pharmacy			0	0	67,301	0	67,301	18,333	9,758	381	1,243	6,951	0
090	Laboratory			0	0	8,747	0	8,747	2,383	1,268	50	161	903	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	5,167	0	5,167	1,408	749	29	95	534	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
ROUTINE SERVICES														
105	Skilled Nursing Care			1,683,840	449,808	452,164	163,142	2,748,954	748,823	398,591	15,576	50,754	283,903	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	0	3,542	0	3,542	965	514	20	65	366	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 865,092		\$ 1,683,840	\$ 452,161	\$ 871,855	\$ 167,923	\$ 3,175,779	\$ 865,092					
	Total Administrative Costs							\$ 865,092		\$ 460,480	\$ 17,994	\$ 58,634	\$ 327,984	\$ 0
	Unit Cost Multiplier							0.27240306						
	Accumulated Administration Costs (Sch 2 thru 5)				\$ 21,999	\$ 8,293	\$ 8,720	\$ 39,012						
	TOTAL FACILITY COSTS							\$ 4,079,883						

(To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

NPI:
1356334197

OSHPD Facility Number:
206190698

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 9)	Plant Ops (SQ FT) 5 (Adj 9)	Hskpng (SQ FT) 10 (Adj 9)	Laundry (LBS) 60 (Adj)	Dietary (MEALS) 65 (Adj)	Soc Srvs (DIRECT EXP) 155 (Adj)	Activities (DIRECT EXP) 160 (Adj)	Inserv. Ed (DIRECT EXP) 170 (Adj)	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
GENERAL SERVICES											
005	Plant Operations and Maintenance	198									
010	Housekeeping	336	336								
060	Laundry and Linen	72	72	72							
065	Dietary	1,538	1,538	1,538							
155	Social Services	188	188	188							
160	Activities	805	805	805							
165	Administration	442	442	442							
166	Medical Records	180	180	180							
170	Inservice Education - Nursing	184	184	184							
ANCILLARY SERVICES											
075	Patient Supplies	208	208	208						7,671	7,671
077	Specialized Support Surfaces									0	0
080	Physical Therapy	133	133	133						166,719	166,719
081	Respiratory Therapy									0	0
082	Occupational Therapy									166,912	166,912
083	Speech Pathology									767	767
085	Pharmacy									67,301	67,301
090	Laboratory									8,747	8,747
095	Home Health Services									0	0
100	Other Ancillary Services									5,167	5,167
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
ROUTINE SERVICES											
105	Skilled Nursing Care	8,850	8,850	8,850	143,934	71,967	1,732,221	1,732,221	1,732,221	2,748,954	2,748,954
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									3,542	3,542
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	13,134	12,936	12,600	143,934	71,967	1,732,221	1,732,221	1,732,221	3,175,779	3,175,779
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 41,304 0.023844533	\$ 58,695 0.033884245			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 29,062 2.24659864	\$ 58,651 4.65482993	\$ 106,065 0.73689957	\$ 195,504 2.71658395	\$ 1,297 0.00074902	\$ 5,556 0.00320724	\$ 80,308 0.04636121	\$ 3,050 0.00096053	\$ 18,948 0.00596649
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 165,541 12.79692332	\$ 6,752 0.53585446	\$ 3,945 0.02740812	\$ 151,979 2.11178474	\$ 8,702 0.00502336	\$ 18,710 0.01080110	\$ 2,453 0.00141623	\$ 5,893 0.00185564	\$ 2,400 0.00075569
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 176,643 13.44929191	\$ 2,663 0.20585651	\$ 4,588 0.36413729	\$ 1,009 0.00701286	\$ 21,562 0.29960484	\$ 2,636 0.00152153	\$ 11,286 0.00651506	\$ 2,580 0.00148916	\$ 6,197 0.00195118	\$ 2,523 0.00079460

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

NPI:
1356334197

OSHPD Facility Number:
206190698

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	\$ 22,663	\$ 0	\$ 22,663	(Sch 3)
005	.20-.39	Fringe Benefits	6200	6,399	0	6,399	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	166,327	(786)	165,541	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 195,389	\$ (786)	\$ 194,603	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 42,028	\$ 0	\$ 42,028	(Sch 3)
010	.20-.39	Fringe Benefits	6300	15,868	0	15,868	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	2,452	0	2,452	(Sch 4)
010		Housekeeping - Total	6300	\$ 60,348	\$ 0	\$ 60,348	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 0	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	24,085	0	24,085	(Sch 5)
025		Depreciation: Equipment	7140	7,933	0	7,933	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	7,761	8,585	16,346	(Sch 5)
040		Property Taxes	7300	30,671	(20,646)	10,025	(Sch 5)
045		Property Insurance	7400	3,982	0	3,982	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500	118,254	0	118,254	(Sch 5)
055		Interest - Other	7600	0	0	0	(Sch 6)
057		Subtotal 005 - 055		\$ 448,423	\$ (12,847)	\$ 435,576	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 80,239	\$ 0	\$ 80,239	(Sch 3)
060	.20-.39	Fringe Benefits	6400	25,329	0	25,329	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	8,013	(5,028)	2,985	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 113,581	\$ (5,028)	\$ 108,553	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 145,389	\$ 0	\$ 145,389	(Sch 3)
065	.20-.39	Fringe Benefits	6500	39,501	0	39,501	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	133,361	(1,888)	131,473	(Sch 4)
065		Dietary - Total	6500	\$ 318,251	\$ (1,888)	\$ 316,363	
070		Provision for Bad Debts	7700	\$ 0	\$ 0	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$ 0	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	546	0	546	(Sch 4)
075		Patient Supplies - Total	8100	\$ 546	\$ 0	\$ 546	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	\$ 0	\$ 0	\$ 0	N/A
077	.20-.39	Fringe Benefits	8150	0	0	0	N/A
077	.79	Agency Staff	8150	0	0	0	N/A
077	.40-.99	Other - Nonlabor	8150	0	0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

NPI:
1356334197

OSHPD Facility Number:
206190698

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	\$ 0	\$ 0	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200	0	0	0	(Sch 2)
080	.79	Agency Staff	8200	0	0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	162,163	0	162,163	(Sch 4)
080		Physical Therapy - Total	8200	\$ 162,163	\$ 0	\$ 162,163	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$ 0	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	0	0	0	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	0	0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$ 0	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250	0	0	0	(Sch 2)
082	.79	Agency Staff	8250	0	0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	166,912	0	166,912	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 166,912	\$ 0	\$ 166,912	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$ 0	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280	0	0	0	(Sch 2)
083	.79	Agency Staff	8280	0	0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	767	0	767	(Sch 4)
083		Speech Pathology - Total	8280	\$ 767	\$ 0	\$ 767	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	\$ 0	\$ 0	\$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300	0	0	0	(Sch 2)
085	.79	Agency Staff	8300	0	0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	67,301	0	67,301	(Sch 4)
085		Pharmacy - Total	8300	\$ 67,301	\$ 0	\$ 67,301	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	\$ 0	\$ 0	\$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400	0	0	0	(Sch 2)
090	.79	Agency Staff	8400	0	0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	8,747	0	8,747	(Sch 4)
090		Laboratory - Total	8400	\$ 8,747	\$ 0	\$ 8,747	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	\$ 0	\$ 0	\$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800	0	0	0	(Sch 2)
095	.79	Agency Staff	8800	0	0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800	0	0	0	(Sch 4)
095		Home Health Services - Total	8800	\$ 0	\$ 0	\$ 0	
100		Other Ancillary Services					
100	.01-.19	Salaries and Wages	8900	\$ 0	\$ 0	\$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900	0	0	0	(Sch 2)
100	.79	Agency Staff	8900	0	0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	8,709	(3,542)	5,167	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 8,709	\$ (3,542)	\$ 5,167	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

NPI:
1356334197

OSHPD Facility Number:
206190698

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
101		Subacute Care Ancillary Services					
101	.01-.19	Salaries and Wages	8100-8900	\$ 0	\$ 0	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
101	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
101		Subacute Care Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
102		Subacute Care - Pediatric Ancillary Services					
102	.01-.19	Salaries and Wages	8100-8900	\$ 0	\$ 0	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
102	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 415,145	\$ (3,542)	\$ 411,603	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,228,987	\$ 0	\$ 1,228,987	(Sch 2)
105	.20-.39	Fringe Benefits	6110	354,854	0	354,854	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	148,380	0	148,380	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,732,221	\$ 0	\$ 1,732,221	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	\$ 0	\$ 0	\$ 0	
110	.20-.39	Fringe Benefits	6120	0	0	0	
110	.49	Agency Staff	6120	0	0	0	
110	.40-.99	Other - Nonlabor	6120	0	0	0	
110		Intermediate Care - Total	6120	\$ 0	\$ 0	\$ 0	(Sch 2)
115		Mentally Disordered Care					
115	.01-.19	Salaries and Wages	6130	\$ 0	\$ 0	\$ 0	
115	.20-.39	Fringe Benefits	6130	0	0	0	
115	.49	Agency Staff	6130	0	0	0	
115	.40-.99	Other - Nonlabor	6130	0	0	0	
115		Mentally Disordered Care - Total	6130	\$ 0	\$ 0	\$ 0	(Sch 2)
120		Developmentally Disabled Care					
120	.01-.19	Salaries and Wages	6140	\$ 0	\$ 0	\$ 0	
120	.20-.39	Fringe Benefits	6140	0	0	0	
120	.49	Agency Staff	6140	0	0	0	
120	.40-.99	Other - Nonlabor	6140	0	0	0	
120		Developmentally Disabled Care - Total	6140	\$ 0	\$ 0	\$ 0	(Sch 2)
125		Subacute Care					
125	.01-.19	Salaries and Wages	6150	\$ 0	\$ 0	\$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150	0	0	0	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	0	0	0	(Sch 4)
125		Subacute Care - Total	6150	\$ 0	\$ 0	\$ 0	
126		Subacute Care - Pediatric					
126	.01-.19	Salaries and Wages	6160	\$ 0	\$ 0	\$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160	0	0	0	(Sch 2)
126	.49	Agency Staff	6160	0	0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160	0	0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	\$ 0	\$ 0	\$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

NPI:
1356334197

OSHPD Facility Number:
206190698

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
128		Transitional Inpatient Care				
128	.01-.19	Salaries and Wages	6170	\$ 0	\$ 0	\$ 0
128	.20-.39	Fringe Benefits	6170	0	0	0
128	.49	Agency Staff	6170	0	0	0
128	.40-.99	Other - Nonlabor	6170	0	0	0
128		Transitional Inpatient Care - Total	6170	\$ 0	\$ 0	\$ 0
130		Hospice Inpatient Care				
130	.01-.19	Salaries and Wages	6180	\$ 0	\$ 0	\$ 0
130	.20-.39	Fringe Benefits	6180	0	0	0
130	.49	Agency Staff	6180	0	0	0
130	.40-.99	Other - Nonlabor	6180	0	0	0
130		Hospice Inpatient Care - Total	6180	\$ 0	\$ 0	\$ 0
135		Other Routine Services				
135	.01-.19	Salaries and Wages	6190	\$ 0	\$ 0	\$ 0
135	.20-.39	Fringe Benefits	6190	0	0	0
135	.49	Agency Staff	6190	0	0	0
135	.40-.99	Other - Nonlabor	6190	0	0	0
135		Other Routine Services - Total	6190	\$ 0	\$ 0	\$ 0
		Other Nonreimbursable				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0
139	.20-.39	Fringe Benefits	9100	0	0	0
139	.49	Agency Staff	9100	0	0	0
139	.40-.99	Other - Nonlabor	9100	0	0	0
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$ 0	\$ 0	\$ 0
140	.20-.39	Fringe Benefits	8900	0	0	0
140	.49	Agency Staff	8900	0	0	0
140	.40-.99	Other - Nonlabor	8900	0	3,542	3,542
140		Beauty and Barber - Total	8900	\$ 0	\$ 3,542	\$ 3,542
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0
145	.20-.39	Fringe Benefits	9100	0	0	0
145	.49	Agency Staff	9100	0	0	0
145	.40-.99	Other - Nonlabor	9100	0	0	0
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 1,732,221	\$ 3,542	\$ 1,735,763
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 32,518	\$ 0	\$ 32,518
155	.20-.39	Fringe Benefits	6600	8,786	0	8,786
155	.49	Agency Staff	6600	0	0	0
155	.40-.99	Other - Nonlabor	6600	6,195	0	6,195
155		Social Services - Total	6600	\$ 47,499	\$ 0	\$ 47,499

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

NPI:
1356334197

OSHPD Facility Number:
206190698

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	\$ 46,138	\$ 0	\$ 46,138	(Sch 2)
160	.20-.39	Fringe Benefits	6700	12,557	0	12,557	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	7,977	0	7,977	(Sch 4)
160		Activities - Total	6700	\$ 66,672	\$ 0	\$ 66,672	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 196,743	\$ 0	\$ 196,743	(Sch 6)
165	.20-.39	Fringe Benefits	6900	124,798	0	124,798	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	578,546	(443,589)	134,957	(Sch 6)
165		Administration - Total	6900	\$ 900,087	\$ (443,589)	\$ 456,498	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 14,056	\$ 0	\$ 14,056	(Sch 3)
166	.20-.39	Fringe Benefits	6900	3,650	0	3,650	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 4)
166		Medical Records - Total	6900	\$ 17,706	\$ 0	\$ 17,706	
167		CDPH Licensing Fees	6900	\$ 0	\$ 17,994	\$ 17,994	(Sch 6)
168		Professional Liability Insurance	6900	\$ 0	\$ 58,634	\$ 58,634	(Sch 6)
169		Quality Assurance Fees	6900	\$ 0	\$ 327,984	\$ 327,984	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 62,594	\$ 0	\$ 62,594	(Sch 3)
170	.20-.39	Fringe Benefits	6800	16,444	0	16,444	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	0	0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 79,038	\$ 0	\$ 79,038	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900	0	0	0	(Sch 6)
174	.49	Agency Staff	6900	0	0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 1,111,002	\$ (38,977)	\$ 1,072,025	
200		Total		\$ 4,138,623	\$ (58,740)	\$ 4,079,883	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 110,377
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* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

NPI:
1356334197

OSHPD Facility Number:
206190698

Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

Line No.	Sub No.	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	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	(786)	(786)						
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	8,585	8,585						
040	4	Property Taxes	(20,646)						(20,646)	
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	0							
060	4	Laundry and Linen - Other - Nonlabor	(5,028)	(5,028)						
065	1	Dietary - Salaries and Wages	0							
065	2	Dietary - Fringe Benefits	0							
065	3	Dietary - Agency Staff	0							
065	4	Dietary - Other - Nonlabor	(1,888)	(1,888)						
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							

Provider Name:
SHADOW HILLS CONVALESCENT HOSPITAL

NPI:
1356334197

OSHPD Facility Number:
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Fiscal Period:
JUNE 1, 2011 THROUGH MAY 31, 2012

Line No.	Sub No.	TOTAL ADJ (Page 1)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ
083	1	Speech Pathology - Salaries and Wages	0							
083	2	Speech Pathology - Fringe Benefits	0							
083	3	Speech Pathology - Agency Staff	0							
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	(3,542)				(3,542)			
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	0							
105	2	Skilled Nursing Care - Fringe Benefits	0							
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							

Provider Name							Fiscal Period			NPI		Adjustments
SHADOW HILLS CONVALESCENT HOSPITAL							JUNE 1, 2011 THROUGH MAY 31, 2012			1356334197		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						
<u>MEMORANDUM ADJUSTMENT</u>												
1	Not Reported			8	210		Total Facility Group Health Insurance To include group health insurance costs for informational purposes. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			\$0	\$110,377	\$110,377

Provider Name							Fiscal Period	NPI	Adjustments	
SHADOW HILLS CONVALESCENT HOSPITAL							JUNE 1, 2011 THROUGH MAY 31, 2012	1356334197	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				
RECLASSIFICATIONS OF REPORTED COSTS										
2	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	\$166,327	(\$786)	\$165,541
	10.5	060	4	8A-1	060	4	Laundry and Linen - Other - Nonlabor	8,013	(5,028)	2,985
	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor	133,361	(1,888)	131,473
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	578,546	(883)	577,663 *
	10.5	035	4	8A-1	035	4	Leases and Rentals	7,761	8,585	16,346
							To reclassify lease expenses from the using cost centers to the Leases and Rentals cost center. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000(e) and 52501			
3	10.5	167	4	8A-1	167	4	CDPH Licensing Fees	\$0	\$17,994	\$17,994
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 577,663	(17,994)	559,669 *
							To reclassify facility license fees to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52000 and 52506			
4	10.5	169	4	8A-1	169	4	Quality Assurance Fees	\$0	\$327,984	\$327,984
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 559,669	(327,984)	231,685 *
							To reclassify quality assurance fees to the quality assurance fees cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52100, 52101, and 52506			
5	10.5	168	4	8A-1	168	4	Professional Liability Insurance	\$0	\$58,634	\$58,634
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 231,685	(58,634)	173,051 *
							To reclassify professional liability insurance expense to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8			

Provider Name							Fiscal Period		NPI		Adjustments
SHADOW HILLS CONVALESCENT HOSPITAL							JUNE 1, 2011 THROUGH MAY 31, 2012		1356334197		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					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>											
6	10.5	140	4	8A-1	140	4	Beauty and Barber - Other - Nonlabor	\$0	\$3,542	\$3,542	
	10.5	100	4	8A-1	100	4	Other Ancillary Services - Other - Nonlabor	8,709	(3,542)	5,167	
							To reclassify beauty and barber expense to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2328				

Provider Name							Fiscal Period	NPI	Adjustments		
SHADOW HILLS CONVALESCENT HOSPITAL							JUNE 1, 2011 THROUGH MAY 31, 2012	1356334197	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					
<u>ADJUSTMENTS TO REPORTED COSTS</u>											
7	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To adjust reported liability insurance expense to agree with the provider's paid invoices. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	\$173,051	(\$38,094)	\$134,957	
8	10.5	040	4	8A-1	040	4	Property Taxes To adjust reported property taxes expense to agree with the provider's paid invoices. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	\$30,671	(\$20,646)	\$10,025	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			NPI		Adjustments
SHADOW HILLS CONVALESCENT HOSPITAL							JUNE 1, 2011 THROUGH MAY 31, 2012			1356334197		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						
ADJUSTMENT TO REPORTED STATISTICS												
9	10.7	005	1	7	005	N/A	Plant Operations and Maintenance (Square Feet)	0	198	198		
	10.7	010	1,2	7	010	N/A	Housekeeping	0	336	336		
	10.7	060	1,2,3	7	060	N/A	Laundry and Linen	0	72	72		
	10.7	065	1,2,3	7	065	N/A	Dietary	0	1,538	1,538		
	10.7	075	1,2,3	7	075	N/A	Patient Supplies	0	208	208		
	10.7	155	1,2,3	7	155	N/A	Social Services	0	188	188		
	10.7	160	1,2,3	7	160	N/A	Activities	0	805	805		
	10.7	165	1,2,3	7	165	N/A	Administration	0	442	442		
	10.7	166	1,2,3	7	166	N/A	Medical Records	0	180	180		
	10.7	170	1,2,3	7	170	N/A	Inservice Education - Nursing	0	184	184		
	10.7	175	1	7	N/A	N/A	Total Statistics - Square Feet	8,983	4,151	13,134		
	10.7	175	2	7	N/A	N/A	Total Statistics - Square Feet	8,983	3,953	12,936		
	10.7	175	3	7	N/A	N/A	Total Statistics - Square Feet	8,983	3,617	12,600		
<p>To adjust square feet statistics to agree with the prior year audited square feet in order to properly allocate indirect costs. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306</p>												

Provider Name							Fiscal Period			NPI		Adjustments
SHADOW HILLS CONVALESCENT HOSPITAL							JUNE 1, 2011 THROUGH MAY 31, 2012			1356334197		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						
ADJUSTMENTS TO REPORTED PATIENT DAYS												
10	4.1	5	2	1	15	N/A	Medi-Cal Days - Skilled Nursing Care To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: June 1, 2011 through May 31, 2012 Payment Period: June 1, 2011 through June 30, 2013 Report Date: July 3, 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	18,906	5	18,911		
11	Not Reported			1	16	N/A	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	1,077	1,077		