

**REPORT
ON THE
RATE SETTING AUDIT**

**PALMCREST CARE AND REHABILITATION CENTER
LONG BEACH, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1568766848**

**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: Diem Mi Ly**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 28, 2014

Isabel Tilney, Administrator
Palmcrest Care and Rehabilitation Center
3501 Cedar Avenue
Long Beach, CA 90807

PALMCREST CARE AND REHABILITATION CENTER
NATIONAL PROVIDER IDENTIFIER (NPI): 1568766848
FISCAL PERIOD ENDED: DECEMBER 31, 2012

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the data presented in the accompanying Summary of Audited Facility Cost per Patient Day represents a proper determination of the allowable costs 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 that include a summary of the total due the State in the amount of \$709, which resulted from Medi-Cal overpayments

The audit settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

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

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Gardena at (310) 516-4757.

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

Isabel Tilney
Page 3

Certified

cc: Jennifer Greenwell, Controller
Caravan Operations Corporation
5652 Wineland Avenue, Suite # 202
North Hollywood, CA 91601

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:

PALMCREST CARE AND REHABILITATION CENTER

Fiscal Period:

JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:

1568766848

OSHPD Facility No.:

206190594

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	\$	2,441,388	\$	69.70
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$	N/A	\$	964,012	\$	27.52
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$	N/A	\$	867,495	\$	24.77
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$	N/A	\$	489,264	\$	13.97
5	Property Taxes (Sch. 5, Ln. 105)	\$	N/A	\$	27,763	\$	0.79
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$	N/A	\$	28,013	\$	0.80
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$	N/A	\$	41,383	\$	1.18
8	Caregiver Training (Sch. 6, Ln. 105)	\$	N/A	\$	0	\$	0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$	N/A	\$	365,097	\$	10.42
10	Cost of Administration (Sch. 6, Ln. 105)	\$	N/A	\$	484,385	\$	13.83
11	Cost of Routine Service/Audited Total Costs	\$	5,852,329	\$	5,708,800	\$	162.98
12	Total Patient Days (Adj)		35,027		35,027		
13	Cost Per Patient Day (Cost Divided by Days)	\$	167.08	\$	162.98		
14	Overpayments (Adj 22)	\$	0	\$	(709)		
15	Medi-Cal Days (Adj 21)		24,622		23,689		
16	Medi-Cal Managed Care Days (Adj)				0		

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:

PALMCREST CARE AND REHABILITATION CENTER

Fiscal Period:

JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:

1568766848

OSHPD Facility No.:

206190594

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:
PALMCREST CARE AND REHABILITATION CENTER

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

NPI:
1568766848

OSHPD Facility No.:
206190594

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Svcs	Activities	Total
			155	160	
GENERAL SERVICES					
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 50,433	\$ 50,433		
160	Activities	74,078		\$ 74,078	
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	566,356	0	0	566,356
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	479,044	0	0	479,044
083	Speech Pathology	103,329	0	0	103,329
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	2,316,877	50,433	74,078	2,441,388 *
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	\$ 3,590,117	\$ 50,433	\$ 74,078	\$ 3,590,117

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name:
PALMCREST CARE AND REHABILITATION CENTER

NPI:
1568766848

OSHPD Facility Number:
206190594

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
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 79,589	\$ 79,589										
010	Housekeeping	155,925	488	\$ 156,413									
060	Laundry and Linen	101,818	6,215	12,290	\$ 120,323								
065	Dietary	511,756	15,402	30,455	0	\$ 557,613							
155	Social Services	N/A	388	767	0	0	\$ 1,154						
160	Activities	N/A	4,112	8,130	0	0	0	\$ 12,241					
165	Administration	N/A	4,181	8,267	0	0	0	0		\$ 12,447	\$ 12,447		
166	Medical Records	81,565	718	1,420	0	0	0	0		83,702		\$ 83,702	
170	Inservice Education - Nursing	74,035	180	357	0	0	0	0	\$ 74,572				
ANCILLARY SERVICES													
075	Patient Supplies		491	972	0	0	0	0	0	1,463	98	661	\$ 2,222
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		875	1,731	0	0	0	0	0	2,606	1,207	8,115	11,928
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		875	1,731	0	0	0	0	0	2,606	966	6,499	10,071
083	Speech Pathology		875	1,731	0	0	0	0	0	2,606	227	1,524	4,356
085	Pharmacy		165	326	0	0	0	0	0	491	602	4,046	5,139
090	Laboratory		0	0	0	0	0	0	0	0	60	406	467
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	42	282	324
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		42,704	84,442	120,323	557,613	1,154	12,241	74,572	893,051	9,186	61,775	964,012 *
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		1,919	3,795	0	0	0	0	0	5,715	59	395	6,169
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,004,688	\$ 79,589	\$ 156,413	\$ 120,323	\$ 557,613	\$ 1,154	\$ 12,241	\$ 74,572	\$ 908,538	\$ 12,447	\$ 83,702	\$ 1,004,688

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name:
PALMCREST CARE AND REHABILITATION CENTER

NPI:
1568766848

OSHPD Facility Number:
206190594

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 234,763	\$ 234,763										
010	Housekeeping	27,279	1,438	\$ 28,717									
060	Laundry and Linen	66,901	18,333	2,256	\$ 87,490								
065	Dietary	404,250	45,431	5,592	0	\$ 455,272							
155	Social Services	6,190	1,144	141	0	0	\$ 7,474						
160	Activities	11,719	12,128	1,493	0	0	0	\$ 25,339					
165	Administration	N/A	12,332	1,518	0	0	0	0		\$ 13,849	\$ 13,849		
166	Medical Records	21,956	2,118	261	0	0	0	0		24,334		\$ 24,334	
170	Inservice Education - Nursing	359	532	66	0	0	0	0	\$ 957				
ANCILLARY SERVICES													
075	Patient Supplies	43,304	1,449	178	0	0	0	0	0	44,932	109	192	\$ 45,233
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	34,763	2,582	318	0	0	0	0	0	37,663	1,343	2,359	41,365
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	2,582	318	0	0	0	0	0	2,900	1,075	1,889	5,864
083	Speech Pathology	0	2,582	318	0	0	0	0	0	2,900	252	443	3,595
085	Pharmacy	303,297	487	60	0	0	0	0	0	303,844	669	1,176	305,689
090	Laboratory	30,695	0	0	0	0	0	0	0	30,695	67	118	30,880
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	21,291	0	0	0	0	0	0	0	21,291	47	82	21,420
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	121,313	125,965	15,503	87,490	455,272	7,474	25,339	957	839,315	10,221	17,959	867,495 *
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	4,085	5,662	697	0	0	0	0	0	10,444	65	115	10,624
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 1,332,165	\$ 234,763	\$ 28,717	\$ 87,490	\$ 455,272	\$ 7,474	\$ 25,339	\$ 957	\$ 1,293,982	\$ 13,849	\$ 24,334	\$ 1,332,165

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
PALMCREST CARE AND REHABILITATION CENTER

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

NPI:
1568766848

OSHPD Facility Number:
206190594

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
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 532,958	95%							
	Property Tax (line 40)	30,242	5%	\$ 563,200						
005	Plant Operations and Maintenance			14,581	\$ 14,581					
010	Housekeeping			3,361	89	\$ 3,450				
060	Laundry and Linen			42,843	1,139	271	\$ 44,252			
065	Dietary			106,167	2,822	672	0	\$ 109,661		
155	Social Services			2,673	71	17	0	0	\$ 2,761	
160	Activities			28,341	753	179	0	0	0	\$ 29,274
165	Administration			28,818	766	182	0	0	0	0
166	Medical Records			4,948	132	31	0	0	0	0
170	Inservice Education - Nursing			1,244	33	8	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			3,387	90	21	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			6,033	160	38	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			6,033	160	38	0	0	0	0
083	Speech Pathology			6,033	160	38	0	0	0	0
085	Pharmacy			1,138	30	7	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
	ROUTINE SERVICES									
105	Skilled Nursing Care			294,368	7,824	1,863	44,252	109,661	2,761	29,274
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			13,231	352	84	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 563,200	100%	\$ 563,200	\$ 14,581	\$ 3,450	\$ 44,252	\$ 109,661	\$ 2,761	\$ 29,274

*(To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
PALMCREST CARE AND REHABILITATION CENTER

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

NPI:
1568766848

OSHPD Facility Number:
206190594

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	Capital Related 95% Of Total	Property Tax 5% Of Total
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ 532,958	95%							
	Property Tax (line 40)	30,242	5%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 29,766	\$ 29,766				
166	Medical Records				5,111		\$ 5,111			
170	Inservice Education - Nursing			\$ 1,285						
	ANCILLARY SERVICES									
075	Patient Supplies			0	3,499	235	40	\$ 3,774	\$ 3,571	\$ 203
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	6,232	2,886	496	9,614	9,097	516
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	6,232	2,311	397	8,940	8,460	480
083	Speech Pathology			0	6,232	542	93	6,867	6,498	369
085	Pharmacy			0	1,175	1,439	247	2,861	2,707	154
090	Laboratory			0	0	145	25	169	160	9
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	100	17	117	111	6
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			1,285	491,286	21,968	3,772	517,027	489,264	27,763 *
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	13,667	140	24	13,831	13,088	743
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 563,200	100%	\$ 1,285	\$ 528,323	\$ 29,766	\$ 5,111	\$ 563,200	\$ 532,958	\$ 30,242

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
PALMCREST CARE AND REHABILITATION CENTER

NPI:
1568766848

OSHPD Facility Number:
206190594

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 3% of Total	Professional Liability Ins. 5% of Total	Quality Assur. Fees 40% of Total	Caregiver Training 0% of Total
	GENERAL SERVICES													
045	Property Insurance	\$ 12,607												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	643,717												
	Total Costs Allocable as Administration	656,324	53%											
167	CDPH Licensing Fees	37,957	3%											
168	Professional Liability Insurance	56,073	5%											
169	Quality Assurance Fees	494,693	40%											
174	Caregiver Training	0	0%											
	Total	1,245,047	100%						\$ 1,245,047					
	ANCILLARY SERVICES													
075	Patient Supplies			\$ 0	\$ 1,463	\$ 44,932	\$ 3,499	\$ 49,894	9,828	\$ 5,181	\$ 300	\$ 443	\$ 3,905	\$ 0
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			566,356	2,606	37,663	6,232	612,857	120,715	63,635	3,680	5,437	47,964	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			479,044	2,606	2,900	6,232	490,782	96,670	50,959	2,947	4,354	38,410	0
083	Speech Pathology			103,329	2,606	2,900	6,232	115,067	22,665	11,948	691	1,021	9,005	0
085	Pharmacy			0	491	303,844	1,175	305,511	60,177	31,722	1,835	2,710	23,910	0
090	Laboratory			0	0	30,695	0	30,695	6,046	3,187	184	272	2,402	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	21,291	0	21,291	4,194	2,211	128	189	1,666	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			2,441,388	893,051	839,315	491,286	4,665,040	918,878	484,385	28,013	41,383	365,097	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	5,715	10,444	13,667	29,825	5,875	3,097	179	265	2,334	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 1,245,047		\$ 3,590,117	\$ 908,538	\$ 1,293,982	\$ 528,323	\$ 6,320,960	\$ 1,245,047					
	Total Administrative Costs							\$ 1,245,047		\$ 656,324	\$ 37,957	\$ 56,073	\$ 494,693	\$ 0
	Unit Cost Multiplier							0.19697119						
	Accumulated Administration Costs (Sch 2 thru 5)			\$ 96,150	\$ 38,183	\$ 34,877	\$ 169,210							
	TOTAL FACILITY COSTS							\$ 7,735,217						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
PALMCREST CARE AND REHABILITATION CENTER

NPI:
1568766848

OSHPD Facility Number:
206190594

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 18)	Plant Ops (SQ FT) 5 (Adj 18)	Hskpng (SQ FT) 10 (Adj 18)	Laundry (LBS) 60 (Adj 19)	Dietary (MEALS) 65 (Adj 20)	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	551									
010	Housekeeping	127	127								
060	Laundry and Linen	1,619	1,619	1,619							
065	Dietary	4,012	4,012	4,012							
155	Social Services	101	101	101							
160	Activities	1,071	1,071	1,071							
165	Administration	1,089	1,089	1,089							
166	Medical Records	187	187	187							
170	Inservice Education - Nursing	47	47	47							
	ANCILLARY SERVICES										
075	Patient Supplies	128	128	128						49,894	49,894
077	Specialized Support Surfaces									0	0
080	Physical Therapy	228	228	228						612,857	612,857
081	Respiratory Therapy									0	0
082	Occupational Therapy	228	228	228						490,782	490,782
083	Speech Pathology	228	228	228						115,067	115,067
085	Pharmacy	43	43	43						305,511	305,511
090	Laboratory									30,695	30,695
095	Home Health Services									0	0
100	Other Ancillary Services									21,291	21,291
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	11,124	11,124	11,124	70,054	105,081	2,438,190	2,438,190	2,438,190	4,665,040	4,665,040
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	500	500	500						29,825	29,825
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	21,283	20,732	20,605	70,054	105,081	2,438,190	2,438,190	2,438,190	6,320,960	6,320,960
	TOTAL DIRECT SALARIES COSTS - SCH. 2						\$ 50,433	\$ 74,078			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.020684606	0.030382374			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		\$ 79,589	\$ 156,413	\$ 120,323	\$ 557,613	\$ 1,154	\$ 12,241	\$ 74,572	\$ 12,447	\$ 83,702
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		3.83894463	7.59099956	1.71757615	5.30650580	0.00047348	0.00502072	0.03058507	0.00196920	0.01324204
	TOTAL INDIRECT OTHER COSTS - SCH. 4		\$ 234,763	\$ 28,717	\$ 87,490	\$ 455,272	\$ 7,474	\$ 25,339	\$ 957	\$ 13,849	\$ 24,334
	UNIT COST MULTIPLIER (INDIRECT OTHER)		11.32370249	1.39369620	1.24890040	4.33258347	0.00306558	0.01039268	0.00039239	0.00219100	0.00384976
	TOTAL CAPITAL COSTS - SCH. 5	\$ 563,200	\$ 14,581	\$ 3,450	\$ 44,252	\$ 109,661	\$ 2,761	\$ 29,274	\$ 1,285	\$ 29,766	\$ 5,111
	UNIT COST MULTIPLIER (CAPITAL COSTS)	26.46243481	0.70329932	0.16743743	0.63168991	1.04358242	0.00113225	0.01200638	0.00052689	0.00470907	0.00080863

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PALMCREST CARE AND REHABILITATION CENTER

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

NPI:
1568766848

OSHPD Facility Number:
206190594

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	\$ 62,518	\$ 0	\$ 62,518	(Sch 3)
005	.20-.39	Fringe Benefits	6200	17,071	0	17,071	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	234,763	0	234,763	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 314,352	\$ 0	\$ 314,352	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$	\$ 0	\$ 0	(Sch 3)
010	.20-.39	Fringe Benefits	6300		0	0	(Sch 3)
010	.79	Agency Staff	6300	155,925	0	155,925	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	27,279	0	27,279	(Sch 4)
010		Housekeeping - Total	6300	\$ 183,204	\$ 0	\$ 183,204	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$	\$ 0	\$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	1,787	0	1,787	(Sch 5)
025		Depreciation: Equipment	7140	3,090	0	3,090	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	27,772	0	27,772	(Sch 5)
035		Leases and Rentals	7200	492,870	7,439	500,309	(Sch 5)
040		Property Taxes	7300	30,242	0	30,242	(Sch 5)
045		Property Insurance	7400	12,607	0	12,607	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500		0	0	(Sch 5)
055		Interest - Other	7600	66,893	(66,893)	0	(Sch 6)
057		Subtotal 005 - 055		\$ 1,132,817	\$ (59,454)	\$ 1,073,363	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$	\$ 0	\$ 0	(Sch 3)
060	.20-.39	Fringe Benefits	6400		0	0	(Sch 3)
060	.79	Agency Staff	6400	101,818	0	101,818	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	66,901	0	66,901	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 168,719	\$ 0	\$ 168,719	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$	\$ 0	\$ 0	(Sch 3)
065	.20-.39	Fringe Benefits	6500		0	0	(Sch 3)
065	.79	Agency Staff	6500	511,756	0	511,756	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	404,250	0	404,250	(Sch 4)
065		Dietary - Total	6500	\$ 916,006	\$ 0	\$ 916,006	
070		Provision for Bad Debts	7700	\$ 151,845	\$ (151,845)	\$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	43,304	0	43,304	(Sch 4)
075		Patient Supplies - Total	8100	\$ 43,304	\$ 0	\$ 43,304	
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:

PALMCREST CARE AND REHABILITATION CENTER

Fiscal Period:

JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

NPI:

1568766848

OSHPD Facility Number:

206190594

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	\$	\$ 0	\$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200		0	0	(Sch 2)
080	.79	Agency Staff	8200	566,356	0	566,356	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	34,763	0	34,763	(Sch 4)
080		Physical Therapy - Total	8200	\$ 601,119	\$ 0	\$ 601,119	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$	\$ 0	\$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220		0	0	(Sch 2)
081	.79	Agency Staff	8220		0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220		0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$ 0	\$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$	\$ 0	\$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250		0	0	(Sch 2)
082	.79	Agency Staff	8250	479,044	0	479,044	(Sch 2)
082	.40-.99	Other - Nonlabor	8250		0	0	(Sch 4)
082		Occupational Therapy - Total	8250	\$ 479,044	\$ 0	\$ 479,044	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$	\$ 0	\$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280		0	0	(Sch 2)
083	.79	Agency Staff	8280	103,329	0	103,329	(Sch 2)
083	.40-.99	Other - Nonlabor	8280		0	0	(Sch 4)
083		Speech Pathology - Total	8280	\$ 103,329	\$ 0	\$ 103,329	
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	299,765	3,532	303,297	(Sch 4)
085		Pharmacy - Total	8300	\$ 299,765	\$ 3,532	\$ 303,297	
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	30,695	0	30,695	(Sch 4)
090		Laboratory - Total	8400	\$ 30,695	\$ 0	\$ 30,695	
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	21,291	0	21,291	(Sch 4)
100		Other Ancillary Services - Total	8900	\$ 21,291	\$ 0	\$ 21,291	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PALMCREST CARE AND REHABILITATION CENTER

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

NPI:
1568766848

OSHPD Facility Number:
206190594

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
101		Subacute Care Ancillary Services					
101	.01-.19	Salaries and Wages	8100-8900	\$	\$ 0	\$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
101	.79	Agency Staff	8100-8900		0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
101		Subacute Care Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
102		Subacute Care - Pediatric Ancillary Services					
102	.01-.19	Salaries and Wages	8100-8900	\$	\$ 0	\$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
102	.79	Agency Staff	8100-8900		0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	\$ 0	\$ 0	\$ 0	
104		Subtotal 075 - 102		\$ 1,578,547	\$ 3,532	\$ 1,582,079	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,819,919	\$ 0	\$ 1,819,919	(Sch 2)
105	.20-.39	Fringe Benefits	6110	496,958	0	496,958	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	147,706	(26,393)	121,313	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 2,464,583	\$ (26,393)	\$ 2,438,190	
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:
PALMCREST CARE AND REHABILITATION CENTER

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

NPI:
1568766848

OSHPD Facility Number:
206190594

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
128		Transitional Inpatient Care				
128	.01-.19	Salaries and Wages	6170	\$	\$ 0	\$ 0
128	.20-.39	Fringe Benefits	6170		0	0
128	.49	Agency Staff	6170		0	0
128	.40-.99	Other - Nonlabor	6170		0	0
128		Transitional Inpatient Care - Total	6170	\$ 0	\$ 0	\$ 0 (Sch 2)
130		Hospice Inpatient Care				
130	.01-.19	Salaries and Wages	6180	\$	\$ 0	\$ 0
130	.20-.39	Fringe Benefits	6180		0	0
130	.49	Agency Staff	6180		0	0
130	.40-.99	Other - Nonlabor	6180		0	0
130		Hospice Inpatient Care - Total	6180	\$ 0	\$ 0	\$ 0 (Sch 2)
135		Other Routine Services				
135	.01-.19	Salaries and Wages	6190	\$	\$ 0	\$ 0
135	.20-.39	Fringe Benefits	6190		0	0
135	.49	Agency Staff	6190		0	0
135	.40-.99	Other - Nonlabor	6190		0	0
135		Other Routine Services - Total	6190	\$ 0	\$ 0	\$ 0 (Sch 2)
		Other Nonreimbursable				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
139	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
139	.49	Agency Staff	9100		0	0 (Sch 2)
139	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$	\$ 0	\$ 0 (Sch 2)
140	.20-.39	Fringe Benefits	8900		0	0 (Sch 2)
140	.49	Agency Staff	8900		0	0 (Sch 2)
140	.40-.99	Other - Nonlabor	8900	4,085	0	4,085 (Sch 4)
140		Beauty and Barber - Total	8900	\$ 4,085	\$ 0	\$ 4,085
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0 (Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0 (Sch 2)
145	.49	Agency Staff	9100		0	0 (Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0 (Sch 4)
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 2,468,668	\$ (26,393)	\$ 2,442,275
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 39,615	\$ 0	\$ 39,615 (Sch 2)
155	.20-.39	Fringe Benefits	6600	10,818	0	10,818 (Sch 2)
155	.49	Agency Staff	6600		0	0 (Sch 2)
155	.40-.99	Other - Nonlabor	6600	6,190	0	6,190 (Sch 4)
155		Social Services - Total	6600	\$ 56,623	\$ 0	\$ 56,623

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
PALMCREST CARE AND REHABILITATION CENTER

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

NPI:
1568766848

OSHPD Facility Number:
206190594

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	\$ 58,189	\$ 0	\$ 58,189	(Sch 2)
160	.20-.39	Fringe Benefits	6700	15,889	0	15,889	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	11,719	0	11,719	(Sch 4)
160		Activities - Total	6700	\$ 85,797	\$ 0	\$ 85,797	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 187,481	\$ 0	\$ 187,481	(Sch 6)
165	.20-.39	Fringe Benefits	6900	51,195	0	51,195	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	512,438	(107,397)	405,041	(Sch 6)
165		Administration - Total	6900	\$ 751,114	\$ (107,397)	\$ 643,717	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 64,070	\$ 0	\$ 64,070	(Sch 3)
166	.20-.39	Fringe Benefits	6900	17,495	0	17,495	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	25,437	(3,481)	21,956	(Sch 4)
166		Medical Records - Total	6900	\$ 107,002	\$ (3,481)	\$ 103,521	
167		CDPH Licensing Fees	6900	\$ 37,957	\$ 0	\$ 37,957	(Sch 6)
168		Professional Liability Insurance	6900	\$ 63,556	\$ (7,483)	\$ 56,073	(Sch 6)
169		Quality Assurance Fees	6900	\$ 494,693	\$ 0	\$ 494,693	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 58,155	\$ 0	\$ 58,155	(Sch 3)
170	.20-.39	Fringe Benefits	6800	15,880	0	15,880	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	359	0	359	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 74,394	\$ 0	\$ 74,394	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900		0	0	(Sch 6)
174	.49	Agency Staff	6900		0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900		0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		Subtotal 155 - 174		\$ 1,671,136	\$ (118,361)	\$ 1,552,775	
200		Total		\$ 8,087,738	\$ (352,521)	\$ 7,735,217	

210	0.24	Total Facility Group Health Insurance * (Adj 1)	6900			\$ 147,936	
-----	------	---	------	--	--	------------	--

* For informational purposes only, this amount is included in various cost centers above.

Provider Name:
PALMCREST CARE AND REHABILITATION CENTER

NPI:
1568766848

OSHPD Facility Number:
206190594
Fiscal Period:
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

Line No.	Sub No.	TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9
005	1	Plant Operations and Maintenance - Salaries and Wages	0							
005	2	Plant Operations and Maintenance - Fringe Benefits	0							
005	3	Plant Operations and Maintenance - Agency Staff	0							
005	4	Plant Operations and Maintenance - Other - Nonlabor	0							
010	1	Housekeeping - Salaries and Wages	0							
010	2	Housekeeping - Fringe Benefits	0							
010	3	Housekeeping - Agency Staff	0							
010	4	Housekeeping - Other - Nonlabor	0							
015	4	Depreciation: Buildings and Improvements	0							
020	4	Depreciation: Leasehold Improvements	0							
025	4	Depreciation: Equipment	0							
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	7,439		7,439					
040	4	Property Taxes	0							
045	4	Property Insurance	0							
050	4	Interest - Property, Plant, and Equipment	0							
055	4	Interest - Other	(66,893)							
060	1	Laundry and Linen - Salaries and Wages	0							
060	2	Laundry and Linen - Fringe Benefits	0							
060	3	Laundry and Linen - Agency Staff	0							
060	4	Laundry and Linen - Other - Nonlabor	0							
065	1	Dietary - Salaries and Wages	0							
065	2	Dietary - Fringe Benefits	0							
065	3	Dietary - Agency Staff	0							
065	4	Dietary - Other - Nonlabor	0							
070	4	Provision for Bad Debts	(151,845)							
075	1	Patient Supplies - Salaries and Wages	0							
075	2	Patient Supplies - Fringe Benefits	0							
075	3	Patient Supplies - Agency Staff	0							
075	4	Patient Supplies - Other - Nonlabor	0							
077	1	Specialized Support Surfaces - Salaries and Wages	0							
077	2	Specialized Support Surfaces - Fringe Benefits	0							
077	3	Specialized Support Surfaces - Agency Staff	0							
077	4	Specialized Support Surfaces - Other - Nonlabor	0							
080	1	Physical Therapy - Salaries and Wages	0							
080	2	Physical Therapy - Fringe Benefits	0							
080	3	Physical Therapy - Agency Staff	0							
080	4	Physical Therapy - Other - Nonlabor	0							
081	1	Respiratory Therapy - Salaries and Wages	0							
081	2	Respiratory Therapy - Fringe Benefits	0							
081	3	Respiratory Therapy - Agency Staff	0							
081	4	Respiratory Therapy - Other - Nonlabor	0							
082	1	Occupational Therapy - Salaries and Wages	0							
082	2	Occupational Therapy - Fringe Benefits	0							
082	3	Occupational Therapy - Agency Staff	0							
082	4	Occupational Therapy - Other - Nonlabor	0							
083	1	Speech Pathology - Salaries and Wages	0							

Provider Name							Fiscal Period	NPI	Adjustments	
PALMCREST CARE AND REHABILITATION CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1568766848	22	
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		Group Health Insurance To include Group Health Insurance cost in the audit report for informational purpose only. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2300 and 2304	\$0	\$147,936	\$147,936

Provider Name							Fiscal Period	NPI	Adjustments		
PALMCREST CARE AND REHABILITATION CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1568766848	22		
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>											
2	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	\$147,706	(\$12,000)	\$135,706 *	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	512,438	12,000	524,438 *	
							To reclassify medical director fees to Administration cost center. 42 CFR 483.75(2)(i), 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 52000(b)				
3	10.5	035	4	8A-1	035	4	Leases and Rentals	\$492,870	\$7,439	\$500,309	
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* 524,438	(3,958)	520,480 *	
	10.5	166	4	8A-1	166	4	Medical Records - Other - Nonlabor	25,437	(3,481)	21,956	
							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				
4	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$520,480	\$3,037	\$523,517 *	
	10.5	168	4	8A-1	168	4	Professional Liability Insurance	63,556	(3,037)	60,519 *	
							To reclassify finance fees, 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				
5	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	* \$523,517	\$6,374	\$529,891 *	
	10.5	168	4	8A-1	168	4	Professional Liability Insurance	* 60,519	(6,374)	54,145 *	
							To reclassify all other insurance expense from the Professional Liability Insurance cost center to Administration cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2304 and 2162 CCR, Title 22, Sections 52000(b), 52501 and 52507				

Provider Name							Fiscal Period	NPI	Adjustments		
PALMCREST CARE AND REHABILITATION CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1568766848	22		
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	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	\$529,891	(\$1,928)	\$527,963 *
	10.5	168	4	8A-1	168	4	Professional Liability Insurance	*	54,145	1,928	56,073
							To reconcile costs on cost report page 10.1(1), 10.2, 10.3, and 10.4 to page 10.5				
							42 CFR 413.20 and 413.24				
							CMS Pub. 15-1, Sections 2300 and 2304				
7	10.5	085	4	8A-1	085	4	Pharmacy - Other - Nonlabor		\$299,765	\$3,532	\$303,297
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	*	135,706	(3,532)	132,174 *
							To reclassify legend drug expense to the appropriate cost center for proper cost determination.				
							42 CFR 413.20 and 413.24				
							CMS Pub. 15-1, Sections 2300, 2302.4 and 2302.8				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI	Adjustments		
PALMCREST CARE AND REHABILITATION CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1568766848	22		
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
ADJUSTMENTS TO REPORTED COSTS											
8	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate patient cable television. 42 CFR 413.9(c)(3), 413.24 and 413.50 CMS Pub. 15-1, Sections 2106.1 and 2304	*	\$527,963	(\$21,252)	\$506,711 *
9	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate fines and penalties expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105	*	\$506,711	(\$15,000)	\$491,711 *
10	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor To eliminate personal expense for nonpatient care related items. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2104.3	*	\$132,174	(\$10,861)	\$121,313
11	10.5	055	4	8A-1	055	4	Interest - Other To eliminate interest expense paid to a related party. 42 CFR 413.153 and 413.17 CMS Pub. 15-1, Sections 218.1 and 1005		\$66,893	(\$66,893)	\$0
12	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate marketing costs not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.3, 2136 and 2136.2	*	\$491,711	(\$36,311)	\$455,400 *

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI	Adjustments		
PALMCREST CARE AND REHABILITATION CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1568766848	22		
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No					
ADJUSTMENTS TO REPORTED COSTS											
13	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate legal expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code, Section 14124.2(b)	*	\$455,400	(\$7,187)	\$448,213 *
14	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate legal expense for nonpatient care related items. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.3 and 2104.3	*	\$448,213	(\$755)	\$447,458 *
15	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate the reported expense since the expense belongs to the home office. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	*	\$447,458	(\$2,000)	\$445,458 *
16	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To eliminate travel and entertainment, company car and public relation expenses due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code, Section 14124.2(b)	*	\$445,458	(\$40,417)	\$405,041
17	10.5	070	4	8A-1	070	4	Provision for Bad Debts To eliminate bad debt expense that is not recognized under the Medi-Cal program. 42 CFR 413.89(b)(1) and 413.178 / CMS Pub. 15-1, Section 300		\$151,845	(\$151,845)	\$0

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI	Adjustments	
PALMCREST CARE AND REHABILITATION CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1568766848	22	
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 STATISTICS</u>										
18	10.7	005	1	7	005	Plant Operations and Maintenance (Square Feet)	0	551	551	
	10.7	010	1,2	7	010	Housekeeping	0	127	127	
	10.7	060	1,2,3	7	060	Laundry and Linen	0	1,619	1,619	
	10.7	065	1,2,3	7	065	Dietary	0	4,012	4,012	
	10.7	075	1,2,3	7	075	Patient Supplies	0	128	128	
	10.7	080	1,2,3	7	080	Physical Therapy	0	228	228	
	10.7	082	1,2,3	7	082	Occupational Therapy	0	228	228	
	10.7	083	1,2,3	7	083	Speech Pathology	0	228	228	
	10.7	085	1,2,3	7	085	Pharmacy	0	43	43	
	10.7	105	1,2,3	7	105	Skilled Nursing Care	0	11,124	11,124	
	10.7	140	1,2,3	7	140	Beauty and Barber	0	500	500	
	10.7	155	1,2,3	7	155	Social Services	0	101	101	
	10.7	160	1,2,3	7	160	Activities	0	1,071	1,071	
	10.7	165	1,2,3	7	165	Administration	0	1,089	1,089	
	10.7	166	1,2,3	7	166	Medical Records	0	187	187	
	10.7	170	1,2,3	7	170	Inservice Education - Nursing	0	47	47	
	10.7	175	1	7	N/A	Total - Square Feet	0	21,283	21,283	
	10.7	175	2	7	N/A	Total - Square Feet	0	20,732	20,732	
	10.7	175	3	7	N/A	Total - Square Feet	0	20,605	20,605	
19	10.7	105	4	7	105	Skilled Nursing Care (Pounds of Laundry)	0	70,054	70,054	
	10.7	175	4	7	N/A	Total - Pounds of Laundry	0	70,054	70,054	
20	10.7	105	5	7	105	Skilled Nursing Care (Meals Served)	0	105,081	105,081	
	10.7	175	5	7	N/A	Total - Number of Meals	0	105,081	105,081	
To adjust square footage, laundry and linen, and meals 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										

Provider Name							Fiscal Period	NPI	Adjustments	
PALMCREST CARE AND REHABILITATION CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1568766848	22	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
ADJUSTMENT TO REPORTED PATIENT DAYS										
21	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 October 31, 2013 Report Date: November 18, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541	24,622	(933)	23,689	

Provider Name							Fiscal Period	NPI		Adjustments
PALMCREST CARE AND REHABILITATION CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1568766848		22
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<u>ADJUSTMENT TO OTHER MATTERS</u>										
22	Not Reported			1	14		Overpayments To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1	\$0	\$709	\$709