

**REPORT  
ON THE  
RATE SETTING AUDIT**

**VALLEY HEALTHCARE CENTER  
SAN BERNARDINO, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1851364855**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2012**

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

**Section Chief: Julio M. Cueto  
Audit Supervisor: Virat Shah  
Auditor: Apichaya Anekananda**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

May 30, 2014

Florence Westphal, Controller  
Progressive Health Care  
25271 Barton Road  
Loma Linda, CA 92354

VALLEY HEALTHCARE CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1851364855  
FISCAL PERIOD ENDED December 31, 2012

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

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

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules
2. Audit adjustments that include a summary of the total due the State in the amount of \$10,152, which resulted from Medi-Cal overpayments

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

Florence Westphal  
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If you have questions regarding this report, you may call the Audits Section—Rancho Cucamonga at (909) 481-3420.

Original Signed By

Julio M. Cueto, Chief  
Audits Section—Rancho Cucamonga  
Financial Audits Branch

Certified

cc: Laura Gale Niederhauser, Consultant  
Medical Reimbursement Consultant  
P.O. Box 839  
Glendale, CA 91740

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

Provider Name:  
VALLEY HEALTHCARE CENTER

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

NPI:  
1851364855

OSHPD Facility No.:  
206361366

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
<b>SKILLED NURSING CARE</b>				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 3,110,975	\$ 88.70
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 783,589	\$ 22.34
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 762,394	\$ 21.74
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 244,778	\$ 6.98
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 43,344	\$ 1.24
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 23,487	\$ 0.67
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 70,744	\$ 2.02
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 399,761	\$ 11.40
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 723,220	\$ 20.62
11	Cost of Routine Service/Audited Total Costs	\$ 6,189,726	\$ 6,162,291	\$ 175.70
12	Total Patient Days (Adj )	35,073	35,073	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 176.48	\$ 175.70	
14	Overpayments (Adjs 4, 5)	\$ 0	\$ (10,152)	
15	Medi-Cal Days (Adj 2)	21,111	21,162	
16	Medi-Cal Managed Care Days (Adj 3)		1,172	
<b>INTERMEDIATE CARE</b>				
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	
<b>MENTALLY DISORDERED CARE</b>				
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	
<b>DEVELOPMENTALLY DISABLED CARE</b>				
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	
<b>SUBACUTE CARE</b>				
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:**  
VALLEY HEALTHCARE CENTER

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

**NPI:**  
1851364855

**OSHPD Facility No.:**  
206361366

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

**ALLOCATION OF GENERAL SERVICES  
DIRECT CARE LABOR**

**Provider Name:**  
VALLEY HEALTHCARE CENTER

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

**NPI:**  
1851364855

**OSHPD Facility No.:**  
206361366

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
	<b>GENERAL SERVICES</b>				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services	\$ 89,260	\$ 89,260		
160	Activities	71,261		\$ 71,261	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	<b>ANCILLARY SERVICES</b>				
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	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
	<b>ROUTINE SERVICES</b>				
105	Skilled Nursing Care	2,950,454	89,260	71,261	3,110,975 *
110	Intermediate Care	0	0	0	0 *
115	Mentally Disordered Care	0	0	0	0 *
120	Developmentally Disabled Care	0	0	0	0 *
125	Subacute Care	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0 *
128	Transitional Inpatient Care	0	0	0	0 *
130	Hospice Inpatient Care	0	0	0	0 *
135	Other Routine Services	0	0	0	0 *
	<b>NONREIMBURSABLE</b>				
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	<b>TOTAL</b>	<b>\$ 3,110,975</b>	<b>\$ 89,260</b>	<b>\$ 71,261</b>	<b>\$ 3,110,975</b>

\* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
INDIRECT CARE LABOR

Provider Name:  
VALLEY HEALTHCARE CENTER

NPI:  
1851364855

OSHPD Facility Number:  
206361366

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities	Inserv. Ed	Accumulated Costs	Admin	Medical Records	Total
			005	010	060	065	155	160	170		165	166	
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 110,274	\$ 110,274										
010	Housekeeping	166,749	2,587	\$ 169,336									
060	Laundry and Linen	85,545	2,384	3,749	\$ 91,678								
065	Dietary	310,119	12,336	19,398	0	\$ 341,854							
155	Social Services	N/A	2,830	4,450	0	0	\$ 7,279						
160	Activities	N/A	2,132	3,352	0	0	0	\$ 5,484					
165	Administration	N/A	7,060	11,101	0	0	0	0		\$ 18,161	\$ 18,161		
166	Medical Records	81,612	1,846	2,903	0	0	0	0		86,361		\$ 86,361	
170	Inservice Education - Nursing	62,135	2,558	4,023	0	0	0	0	\$ 68,716				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies		276	434	0	0	0	0	0	710	44	207	\$ 961
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	27	130	157
080	Physical Therapy		1,890	2,971	0	0	0	0	0	4,861	1,349	6,414	12,624
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy		1,279	2,011	0	0	0	0	0	3,291	1,036	4,927	9,254
083	Speech Pathology		0	0	0	0	0	0	0	0	340	1,617	1,957
085	Pharmacy		0	0	0	0	0	0	0	0	816	3,881	4,698
090	Laboratory		0	0	0	0	0	0	0	0	72	342	414
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	76	361	437
101	Subacute Care Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services		0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care		72,277	113,655	91,678	341,854	7,279	5,484	68,716	700,944	14,360	68,285	783,589 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care		0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric		0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
<b>NONREIMBURSABLE</b>													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber		819	1,288	0	0	0	0	0	2,106	41	196	2,344
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 816,434</b>	<b>\$ 110,274</b>	<b>\$ 169,336</b>	<b>\$ 91,678</b>	<b>\$ 341,854</b>	<b>\$ 7,279</b>	<b>\$ 5,484</b>	<b>\$ 68,716</b>	<b>\$ 711,912</b>	<b>\$ 18,161</b>	<b>\$ 86,361</b>	<b>\$ 816,434</b>

(To Schedule 1)

ALLOCATION OF GENERAL SERVICES  
OTHER - NONLABOR

Provider Name:  
VALLEY HEALTHCARE CENTER

NPI:  
1851364855

OSHPD Facility Number:  
206361366

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

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Svcs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
<b>GENERAL SERVICES</b>													
005	Plant Operations and Maintenance	\$ 215,553	\$ 215,553										
010	Housekeeping	43,506	5,058	\$ 48,564									
060	Laundry and Linen	32,368	4,660	1,075	\$ 38,103								
065	Dietary	285,119	24,113	5,563	0	\$ 314,796							
155	Social Services	441	5,531	1,276	0	0	\$ 7,248						
160	Activities	4,471	4,167	961	0	0	0	\$ 9,600					
165	Administration	N/A	13,799	3,184	0	0	0	0		\$ 16,983	\$ 16,983		
166	Medical Records	1,940	3,608	833	0	0	0	0		6,381		\$ 6,381	
170	Inservice Education - Nursing	750	5,001	1,154	0	0	0	0	\$ 6,904				
<b>ANCILLARY SERVICES</b>													
075	Patient Supplies	12,482	540	125	0	0	0	0	0	13,146	41	15	\$ 13,202
077	Specialized Support Surfaces	9,189	0	0	0	0	0	0	0	9,189	26	10	9,224
080	Physical Therapy	438,327	3,694	852	0	0	0	0	0	442,873	1,261	474	444,608
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	338,066	2,500	577	0	0	0	0	0	341,143	969	364	342,476
083	Speech Pathology	114,214	0	0	0	0	0	0	0	114,214	318	119	114,651
085	Pharmacy	274,193	0	0	0	0	0	0	0	274,193	763	287	275,243
090	Laboratory	24,170	0	0	0	0	0	0	0	24,170	67	25	24,263
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	25,503	0	0	0	0	0	0	0	25,503	71	27	25,601
101	Subacute Care Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>													
105	Skilled Nursing Care	193,394	141,281	32,595	38,103	314,796	7,248	9,600	6,904	743,920	13,428	5,045	762,394 *
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0 *
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0 *
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0 *
125	Subacute Care	0	0	0	0	0	0	0	0	0	0	0	0 *
126	Subacute Care - Pediatric	0	0	0	0	0	0	0	0	0	0	0	0 *
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0 *
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0 *
<b>NONREIMBURSABLE</b>													
139	Residential Care	0	0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber	7,468	1,601	369	0	0	0	0	0	9,438	39	15	9,491
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 2,021,154</b>	<b>\$ 215,553</b>	<b>\$ 48,564</b>	<b>\$ 38,103</b>	<b>\$ 314,796</b>	<b>\$ 7,248</b>	<b>\$ 9,600</b>	<b>\$ 6,904</b>	<b>\$ 1,997,790</b>	<b>\$ 16,983</b>	<b>\$ 6,381</b>	<b>\$ 2,021,154</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
VALLEY HEALTHCARE CENTER

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

NPI:  
1851364855

OSHPD Facility Number:  
206361366

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities
				Various	5	10	60	65	155	160
<b>GENERAL SERVICES</b>										
	Capital Related (excluding lines 40 & 45)	\$ 259,547	85%							
	Property Tax (line 40)	45,959	15%	\$ 305,506						
005	Plant Operations and Maintenance			5,975	\$ 5,975					
010	Housekeeping			7,028	140	\$ 7,168				
060	Laundry and Linen			6,475	129	159	\$ 6,763			
065	Dietary			33,508	668	821	0	\$ 34,997		
155	Social Services			7,686	153	188	0	0	\$ 8,028	
160	Activities			5,791	116	142	0	0	0	\$ 6,048
165	Administration			19,176	383	470	0	0	0	0
166	Medical Records			5,014	100	123	0	0	0	0
170	Inservice Education - Nursing			6,949	139	170	0	0	0	0
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			750	15	18	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			5,133	102	126	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			3,475	69	85	0	0	0	0
083	Speech Pathology			0	0	0	0	0	0	0
085	Pharmacy			0	0	0	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care			196,322	3,916	4,811	6,763	34,997	8,028	6,048
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
<b>NONREIMBURSABLE</b>										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			2,224	44	55	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>\$ 305,506</b>	<b>100%</b>	<b>\$ 305,506</b>	<b>\$ 5,975</b>	<b>\$ 7,168</b>	<b>\$ 6,763</b>	<b>\$ 34,997</b>	<b>\$ 8,028</b>	<b>\$ 6,048</b>

\* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:  
VALLEY HEALTHCARE CENTER

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

NPI:  
1851364855

OSHPD Facility Number:  
206361366

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 85% Of Total	Property Tax 15% Of Total
<b>GENERAL SERVICES</b>										
	Capital Related (excluding lines 40 & 45)	\$ 259,547	85%							
	Property Tax (line 40)	45,959	15%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 20,028	\$ 20,028				
166	Medical Records				5,237		\$ 5,237			
170	Inservice Education - Nursing			\$ 7,258						
<b>ANCILLARY SERVICES</b>										
075	Patient Supplies			0	784	48	13	\$ 844	\$ 717	\$ 127
077	Specialized Support Surfaces			0	0	30	8	38	32	6
080	Physical Therapy			0	5,361	1,487	389	7,237	6,149	1,089
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	3,629	1,143	299	5,070	4,308	763
083	Speech Pathology			0	0	375	98	473	402	71
085	Pharmacy			0	0	900	235	1,135	965	171
090	Laboratory			0	0	79	21	100	85	15
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	84	22	106	90	16
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care			7,258	268,144	15,836	4,141	288,121	244,778	43,344
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
<b>NONREIMBURSABLE</b>										
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	2,323	46	12	2,381	2,022	358
145	Other Nonreimbursable			0	0	0	0	0	0	0
	<b>TOTAL</b>	\$ 305,506	100%	\$ 7,258	\$ 280,241	\$ 20,028	\$ 5,237	\$ 305,506	\$ 259,547	\$ 45,959

\* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:  
VALLEY HEALTHCARE CENTER

NPI:  
1851364855

OSHPD Facility Number:  
206361366

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. 59% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 6% of Total	Quality Assur. Fees 33% of Total	Caregiver Training 0% of Total
<b>GENERAL SERVICES</b>														
045	Property Insurance	\$ 8,145												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	906,515												
	Total Costs Allocable as Administration	914,660	59%											
167	CDPH Licensing Fees	29,704	2%											
168	Professional Liability Insurance	89,470	6%											
169	Quality Assurance Fees	505,580	33%											
174	Caregiver Training	0	0%											
	Total	1,539,414	100%						\$ 1,539,414					
<b>ANCILLARY SERVICES</b>														
075	Patient Supplies			\$ 0	\$ 710	\$ 13,146	\$ 784	\$ 14,640	3,694	\$ 2,195	\$ 71	\$ 215	\$ 1,213	\$ 0
077	Specialized Support Surfaces			0	0	9,189	0	9,189	2,319	1,378	45	135	761	0
080	Physical Therapy			0	4,861	442,873	5,361	453,095	114,327	67,929	2,206	6,645	37,548	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	3,291	341,143	3,629	348,063	87,825	52,182	1,695	5,104	28,844	0
083	Speech Pathology			0	0	114,214	0	114,214	28,819	17,123	556	1,675	9,465	0
085	Pharmacy			0	0	274,193	0	274,193	69,186	41,107	1,335	4,021	22,722	0
090	Laboratory			0	0	24,170	0	24,170	6,099	3,624	118	354	2,003	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	25,503	0	25,503	6,435	3,823	124	374	2,113	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
<b>ROUTINE SERVICES</b>														
105	Skilled Nursing Care			3,110,975	700,944	743,920	268,144	4,823,983	1,217,211	723,220	23,487	70,744	399,761	0
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0
125	Subacute Care			0	0	0	0	0	0	0	0	0	0	0
126	Subacute Care - Pediatric			0	0	0	0	0	0	0	0	0	0	0
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE</b>														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0
140	Beauty and Barber			0	2,106	9,438	2,323	13,867	3,499	2,079	68	203	1,149	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	<b>SUBTOTAL</b>	\$ 1,539,414		\$ 3,110,975	\$ 711,912	\$ 1,997,790	\$ 280,241	\$ 6,100,918	\$ 1,539,414					
	Total Administrative Costs							\$ 1,539,414		\$ 914,660	\$ 29,704	\$ 89,470	\$ 505,580	\$ 0
	Unit Cost Multiplier							0.25232498						
	Accumulated Administration Costs (Sch 2 thru 5)				\$ 104,522	\$ 23,364	\$ 25,265	\$ 153,151						
	<b>TOTAL FACILITY COSTS</b>							\$ 7,793,483						

\* (To Schedule 1)

## STATISTICS FOR COST ALLOCATION

Provider Name:  
VALLEY HEALTHCARE CENTER

NPI:  
1851364855

OSHPD Facility Number:  
206361366

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS	Plant Ops (SQ FT) 5	Hskpng (SQ FT) 10	Laundry (LBS) 60	Dietary (MEALS) 65	Soc Svcs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	Inserv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	<b>GENERAL SERVICES</b>										
005	Plant Operations and Maintenance	454									
010	Housekeeping	534	534								
060	Laundry and Linen	492	492	492							
065	Dietary	2,546	2,546	2,546							
155	Social Services	584	584	584							
160	Activities	440	440	440							
165	Administration	1,457	1,457	1,457							
166	Medical Records	381	381	381							
170	Inservice Education - Nursing	528	528	528							
	<b>ANCILLARY SERVICES</b>										
075	Patient Supplies	57	57	57						14,640	14,640
077	Specialized Support Surfaces									9,189	9,189
080	Physical Therapy	390	390	390						453,095	453,095
081	Respiratory Therapy									0	0
082	Occupational Therapy	264	264	264						348,063	348,063
083	Speech Pathology									114,214	114,214
085	Pharmacy									274,193	274,193
090	Laboratory									24,170	24,170
095	Home Health Services									0	0
100	Other Ancillary Services									25,503	25,503
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	<b>ROUTINE SERVICES</b>										
105	Skilled Nursing Care	14,917	14,917	14,917	173,000	103,800	3,143,848	3,143,848	3,143,848	4,823,983	4,823,983
110	Intermediate Care						0	0	0	0	0
115	Mentally Disordered Care						0	0	0	0	0
120	Developmentally Disabled Care						0	0	0	0	0
125	Subacute Care						0	0	0	0	0
126	Subacute Care - Pediatric						0	0	0	0	0
128	Transitional Inpatient Care						0	0	0	0	0
130	Hospice Inpatient Care						0	0	0	0	0
135	Other Routine Services						0	0	0	0	0
	<b>NONREIMBURSABLE</b>										
139	Residential Care									0	0
140	Beauty and Barber	169	169	169						13,867	13,867
145	Other Nonreimbursable									0	0
	<b>TOTAL STATISTICS</b>	23,213	22,759	22,225	173,000	103,800	3,143,848	3,143,848	3,143,848	6,100,918	6,100,918
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 89,260 0.028391958	\$ 71,261 0.022666808			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 110,274 4.84529197	\$ 169,336 7.61918497	\$ 91,678 0.52992788	\$ 341,854 3.29338688	\$ 7,279 0.00231540	\$ 5,484 0.00174448	\$ 68,716 0.02185737	\$ 18,161 0.00297672	\$ 86,361 0.01415541
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 215,553 9.47111033	\$ 48,564 2.18508765	\$ 38,103 0.22024768	\$ 314,796 3.03271368	\$ 7,248 0.00230553	\$ 9,600 0.00305350	\$ 6,904 0.00219619	\$ 16,983 0.00278369	\$ 6,381 0.00104591
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 305,506 13.16098738	\$ 5,975 0.26253738	\$ 7,168 0.32252698	\$ 6,763 0.03909282	\$ 34,997 0.33716231	\$ 8,028 0.00255346	\$ 6,048 0.00192384	\$ 7,258 0.00230861	\$ 20,028 0.00328278	\$ 5,237 0.00085844

## SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
VALLEY HEALTHCARE CENTER

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

NPI:  
1851364855

OSHPD Facility Number:  
206361366

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	\$ 80,828	\$ 0	\$ 80,828	(Sch 3)
005	.20-.39	Fringe Benefits	6200	29,446	0	29,446	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	215,553	0	215,553	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 325,827	\$ 0	\$ 325,827	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 121,010	\$ 0	\$ 121,010	(Sch 3)
010	.20-.39	Fringe Benefits	6300	45,739	0	45,739	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	43,506	0	43,506	(Sch 4)
010		Housekeeping - Total	6300	\$ 210,255	\$ 0	\$ 210,255	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 51,413	\$ 0	\$ 51,413	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	23,805	0	23,805	(Sch 5)
025		Depreciation: Equipment	7140	37,853	0	37,853	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	3,246	0	3,246	(Sch 5)
035		Leases and Rentals	7200		0	0	(Sch 5)
040		Property Taxes	7300	45,959	0	45,959	(Sch 5)
045		Property Insurance	7400	8,145	0	8,145	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500	143,230	0	143,230	(Sch 5)
055		Interest - Other	7600		0	0	(Sch 6)
057		<b>Subtotal 005 - 055</b>		\$ 849,733	\$ 0	\$ 849,733	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 61,926	\$ 0	\$ 61,926	(Sch 3)
060	.20-.39	Fringe Benefits	6400	23,619	0	23,619	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	32,368	0	32,368	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 117,913	\$ 0	\$ 117,913	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 222,158	\$ 0	\$ 222,158	(Sch 3)
065	.20-.39	Fringe Benefits	6500	87,961	0	87,961	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	285,119	0	285,119	(Sch 4)
065		Dietary - Total	6500	\$ 595,238	\$ 0	\$ 595,238	
070		Provision for Bad Debts	7700		\$ 0	\$ 0	
		<b>Ancillary Services</b>					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	\$	\$ 0	\$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	12,482	0	12,482	(Sch 4)
075		Patient Supplies - Total	8100	\$ 12,482	\$ 0	\$ 12,482	
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	9,189	0	9,189	(Sch 4)
077		Specialized Support Surfaces - Total	8150	\$ 9,189	\$ 0	\$ 9,189	

## SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
VALLEY HEALTHCARE CENTER

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

NPI:  
1851364855

OSHPD Facility Number:  
206361366

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	\$	\$	0	\$ 0 (Sch 2)
080	.20-.39	Fringe Benefits	8200			0	0 (Sch 2)
080	.79	Agency Staff	8200			0	0 (Sch 2)
080	.40-.99	Other - Nonlabor	8200	438,327		0	438,327 (Sch 4)
080		Physical Therapy - Total	8200	\$ 438,327	\$	0	\$ 438,327
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	\$	\$	0	\$ 0 (Sch 2)
081	.20-.39	Fringe Benefits	8220			0	0 (Sch 2)
081	.79	Agency Staff	8220			0	0 (Sch 2)
081	.40-.99	Other - Nonlabor	8220			0	0 (Sch 4)
081		Respiratory Therapy - Total	8220	\$ 0	\$	0	\$ 0
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	\$	\$	0	\$ 0 (Sch 2)
082	.20-.39	Fringe Benefits	8250			0	0 (Sch 2)
082	.79	Agency Staff	8250			0	0 (Sch 2)
082	.40-.99	Other - Nonlabor	8250	338,066		0	338,066 (Sch 4)
082		Occupational Therapy - Total	8250	\$ 338,066	\$	0	\$ 338,066
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	\$	\$	0	\$ 0 (Sch 2)
083	.20-.39	Fringe Benefits	8280			0	0 (Sch 2)
083	.79	Agency Staff	8280			0	0 (Sch 2)
083	.40-.99	Other - Nonlabor	8280	114,214		0	114,214 (Sch 4)
083		Speech Pathology - Total	8280	\$ 114,214	\$	0	\$ 114,214
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	274,193		0	274,193 (Sch 4)
085		Pharmacy - Total	8300	\$ 274,193	\$	0	\$ 274,193
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	24,170		0	24,170 (Sch 4)
090		Laboratory - Total	8400	\$ 24,170	\$	0	\$ 24,170
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	25,503		0	25,503 (Sch 4)
100		Other Ancillary Services - Total	8900	\$ 25,503	\$	0	\$ 25,503

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
VALLEY HEALTHCARE CENTER

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

NPI:  
1851364855

OSHPD Facility Number:  
206361366

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		\$ 1,236,144	\$ 0	\$ 1,236,144	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 2,086,270	\$ 0	\$ 2,086,270	(Sch 2)
105	.20-.39	Fringe Benefits	6110	864,184	0	864,184	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	193,394	0	193,394	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 3,143,848	\$ 0	\$ 3,143,848	
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:  
VALLEY HEALTHCARE CENTER

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

NPI:  
1851364855

OSHPD Facility Number:  
206361366

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED
128		Transitional Inpatient Care				
128	.01-.19	Salaries and Wages	6170	\$	\$ 0	\$ 0
128	.20-.39	Fringe Benefits	6170		0	0
128	.49	Agency Staff	6170		0	0
128	.40-.99	Other - Nonlabor	6170		0	0
128		Transitional Inpatient Care - Total	6170	\$ 0	\$ 0	\$ 0
130		Hospice Inpatient Care				
130	.01-.19	Salaries and Wages	6180	\$	\$ 0	\$ 0
130	.20-.39	Fringe Benefits	6180		0	0
130	.49	Agency Staff	6180		0	0
130	.40-.99	Other - Nonlabor	6180		0	0
130		Hospice Inpatient Care - Total	6180	\$ 0	\$ 0	\$ 0
135		Other Routine Services				
135	.01-.19	Salaries and Wages	6190	\$	\$ 0	\$ 0
135	.20-.39	Fringe Benefits	6190		0	0
135	.49	Agency Staff	6190		0	0
135	.40-.99	Other - Nonlabor	6190		0	0
135		Other Routine Services - Total	6190	\$ 0	\$ 0	\$ 0
		<b>Other Nonreimbursable</b>				
139		Residential Care				
139	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0
139	.20-.39	Fringe Benefits	9100		0	0
139	.49	Agency Staff	9100		0	0
139	.40-.99	Other - Nonlabor	9100		0	0
139		Residential Care - Total	9100	\$ 0	\$ 0	\$ 0
140		Beauty and Barber				
140	.01-.19	Salaries and Wages	8900	\$	\$ 0	\$ 0
140	.20-.39	Fringe Benefits	8900		0	0
140	.49	Agency Staff	8900		0	0
140	.40-.99	Other - Nonlabor	8900	7,468	0	7,468
140		Beauty and Barber - Total	8900	\$ 7,468	\$ 0	\$ 7,468
145		Other Nonreimbursable				
145	.01-.19	Salaries and Wages	9100	\$	\$ 0	\$ 0
145	.20-.39	Fringe Benefits	9100		0	0
145	.49	Agency Staff	9100		0	0
145	.40-.99	Other - Nonlabor	9100		0	0
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0
146		<b>Subtotal 105 - 145</b>		\$ 3,151,316	\$ 0	\$ 3,151,316
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 62,977	\$ 0	\$ 62,977
155	.20-.39	Fringe Benefits	6600	26,283	0	26,283
155	.49	Agency Staff	6600		0	0
155	.40-.99	Other - Nonlabor	6600	441	0	441
155		Social Services - Total	6600	\$ 89,701	\$ 0	\$ 89,701

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:  
VALLEY HEALTHCARE CENTER

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

NPI:  
1851364855

OSHPD Facility Number:  
206361366

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	\$ 51,046	\$ 0	\$ 51,046	(Sch 2)
160	.20-.39	Fringe Benefits	6700	20,215	0	20,215	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	4,471	0	4,471	(Sch 4)
160		Activities - Total	6700	\$ 75,732	\$ 0	\$ 75,732	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 222,902	\$ 0	\$ 222,902	(Sch 6)
165	.20-.39	Fringe Benefits	6900	67,435	0	67,435	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	623,124	(6,946)	616,178	(Sch 6)
165		Administration - Total	6900	\$ 913,461	\$ (6,946)	\$ 906,515	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	\$ 67,535	\$ 0	\$ 67,535	(Sch 3)
166	.20-.39	Fringe Benefits	6900	14,077	0	14,077	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	1,940	0	1,940	(Sch 4)
166		Medical Records - Total	6900	\$ 83,552	\$ 0	\$ 83,552	
167		CDPH Licensing Fees	6900	\$ 29,704	\$ 0	\$ 29,704	(Sch 6)
168		Professional Liability Insurance	6900	\$ 89,470	\$ 0	\$ 89,470	(Sch 6)
169		Quality Assurance Fees	6900	\$ 505,580	\$ 0	\$ 505,580	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 43,677	\$ 0	\$ 43,677	(Sch 3)
170	.20-.39	Fringe Benefits	6800	18,458	0	18,458	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	750	0	750	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 62,885	\$ 0	\$ 62,885	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	\$	\$ 0	\$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900		0	0	(Sch 6)
174	.49	Agency Staff	6900		0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900		0	0	(Sch 6)
174		Caregiver Training - Total	6900	\$ 0	\$ 0	\$ 0	
		<b>Subtotal 155 - 174</b>		\$ 1,850,085	\$ (6,946)	\$ 1,843,139	
200		<b>Total</b>		\$ 7,800,429	\$ (6,946)	\$ 7,793,483	

210	0.24	Total Facility Group Health Insurance * (Adj)	6900			\$ 0
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\* For informational purposes only, this amount is included in various cost centers above.

Provider Name:  
VALLEY HEALTHCARE CENTER

NPI:  
1851364855

OSHPD Facility Number:  
206361366

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

Line No.	Sub No.	TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ						
005	1	Plant Operations and Maintenance - Salaries and Wages	0							
005	2	Plant Operations and Maintenance - Fringe Benefits	0							
005	3	Plant Operations and Maintenance - Agency Staff	0							
005	4	Plant Operations and Maintenance - Other - Nonlabor	0							
010	1	Housekeeping - Salaries and Wages	0							
010	2	Housekeeping - Fringe Benefits	0							
010	3	Housekeeping - Agency Staff	0							
010	4	Housekeeping - Other - Nonlabor	0							
015	4	Depreciation: Buildings and Improvements	0							
020	4	Depreciation: Leasehold Improvements	0							
025	4	Depreciation: Equipment	0							
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	0							
040	4	Property Taxes	0							
045	4	Property Insurance	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	0							
065	1	Dietary - Salaries and Wages	0							
065	2	Dietary - Fringe Benefits	0							
065	3	Dietary - Agency Staff	0							
065	4	Dietary - Other - Nonlabor	0							
070	4	Provision for Bad Debts	0							
075	1	Patient Supplies - Salaries and Wages	0							
075	2	Patient Supplies - Fringe Benefits	0							
075	3	Patient Supplies - Agency Staff	0							
075	4	Patient Supplies - Other - Nonlabor	0							
077	1	Specialized Support Surfaces - Salaries and Wages	0							
077	2	Specialized Support Surfaces - Fringe Benefits	0							
077	3	Specialized Support Surfaces - Agency Staff	0							
077	4	Specialized Support Surfaces - Other - Nonlabor	0							
080	1	Physical Therapy - Salaries and Wages	0							
080	2	Physical Therapy - Fringe Benefits	0							
080	3	Physical Therapy - Agency Staff	0							
080	4	Physical Therapy - Other - Nonlabor	0							
081	1	Respiratory Therapy - Salaries and Wages	0							
081	2	Respiratory Therapy - Fringe Benefits	0							
081	3	Respiratory Therapy - Agency Staff	0							
081	4	Respiratory Therapy - Other - Nonlabor	0							
082	1	Occupational Therapy - Salaries and Wages	0							
082	2	Occupational Therapy - Fringe Benefits	0							
082	3	Occupational Therapy - Agency Staff	0							
082	4	Occupational Therapy - Other - Nonlabor	0							







Provider Name							Fiscal Period	NPI	Adjustments	
VALLEY HEALTHCARE CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1851364855	5	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<b><u>ADJUSTMENT TO REPORTED COSTS</u></b>										
1	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To adjust home office costs to agree with the filed Progressive Health Care Home Office Cost Report for fiscal period ended December 31, 2012. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	\$623,124	(\$6,946)	\$616,178

Provider Name							Fiscal Period	NPI		Adjustments
VALLEY HEALTHCARE CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1851364855		5
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<b>ADJUSTMENTS TO REPORTED PATIENT DAYS</b>										
2	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 1, 2012 through December 31, 2012 Payment Period: January 1, 2012 through December 31, 2013 Report Date: January 2, 2014 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51511	21,111	51	21,162
3	Not Reported			1	16		Medi-Cal Managed Care Days - Skilled Nursing Care To include Medi-Cal Managed Care days to agree with the provider's patient census records. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304	0	1,172	1,172

Provider Name							Fiscal Period	NPI	Adjustments	
VALLEY HEALTHCARE CENTER							JANUARY 1, 2012 THROUGH DECEMBER 31, 2012	1851364855	5	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No				
<b><u>ADJUSTMENTS TO OTHER MATTERS</u></b>										
	Not Reported			1	14		Overpayments - Skilled Nursing Care	\$0		
4							To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1		\$8,810	
5							To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1		<u>1,342</u> \$10,152	\$10,152