REPORT
ON THE
RATE SETTING AUDIT

A & C CONVALESCENT MILLBRAE
MILLBRAE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1275703571

FISCAL PERIOD ENDED
DECEMBER 31, 2010

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

Section Chief: Louise Wong
Audit Supervisor: Jesse Duran
Auditor: Marilyn Clark

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

May 17, 2012

Carmen Preston-Foo, Administrator
A & C Convalescent Millbrae
33 Mateo Avenue
Millbrae, CA 94030

A & C CONVALESCENT MILLBRAE
NATIONAL PROVIDER IDENTIFIER (NPI) 1275703571
FISCAL PERIOD ENDED DECEMBER 31, 2010

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 $551, 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.

850 Marina Bay Parkway, Building P, 2nd Floor, MS 2104, Richmond, CA 94804-6403
Telephone: (510) 620-3100 FAX: (510) 620-3111
Internet Address: www.dhcs.ca.gov

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 Medi-Cal Benefits, Waiver Analysis and Rates 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:

John Melton, 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—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
A & C CONVALESCENT MILLBRAE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1275703571

OSHPD Facility No.:
206410896

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	$ 3,731,957	$ 84.75
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ N/A	$ 1,018,297	$ 23.13
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	$ N/A	$ 926,596	$ 21.04
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ N/A	$ 683,355	$ 15.52
5	Property Taxes (Sch. 5, Ln. 105)	$ N/A	$ 31,082	$ 0.71
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	$ N/A	$ 36,057	$ 0.82
7	Professional Liability Insurance (Sch. 6, Ln. 105)	$ N/A	$ 45,368	$ 1.03
8	Caregiver Training (Sch. 6, Ln. 105)	$ N/A	$ 0	$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ N/A	$ 490,037	$ 11.13
10	Cost of Administration (Sch. 6, Ln. 105)	$ N/A	$ 946,513	$ 21.50
11	Cost of Routine Service/Audited Total Costs	$ 8,110,273	$ 7,909,260	$ 179.62
12	Total Patient Days (Adj)	44,033	44,033	
13	Cost Per Patient Day (Cost Divided by Days)	$ 184.19	$ 179.62	
14	Overpayments (Adj 14)	$ 0	$ (551)	
15	Medi-Cal Days (Adj 12)	42,129	7,850	
16	Medi-Cal Managed Care Days (Adj 13)		34,410	
	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	
	MENTALLY DISORDERED CARE			
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
22	Total Patient Days (Adj)	0	0	
23	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
24	Overpayments (Adj)	$ 0	$ 0	
	DEVELOPMENTALLY DISABLED CARE			
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
26	Total Patient Days (Adj)	0	0	
27	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
28	Overpayments (Adj)	$ 0	$ 0	
	SUBACUTE CARE			
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	$ N/A	$ 0	$ 0.00
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	$ N/A	$ 0	$ 0.00
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	$ N/A	$ 0	$ 0.00
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	$ N/A	$ 0	$ 0.00
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	$ N/A	$ 0	$ 0.00
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	$ N/A	$ 0	$ 0.00
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	$ N/A	$ 0	$ 0.00
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	$ N/A	$ 0	$ 0.00
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	$ N/A	$ 0	$ 0.00
38	Cost of Administration (Subacute Care Sch.1, Ln. 34)	$ N/A	$ 0	$ 0.00
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	$ 0	$ 0	$ 0.00
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	$ 0	$ 0	

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
A & C CONVALESCENT MILLBRAE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1275703571

OSHPD Facility No.:
206410896

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
	SUBACUTE CARE - PEDIATRIC			
43	Cost of Routine Service (Subacute Care - Pediatric, Sch. 1, Ln 3)	$ 0	$ 0	
44	Cost of Ancillary Service (Subacute Care - Pediatric, Sch. 1, Ln. 1 + Ln. 2)	$ 0	$ 0	
45	Total Cost of Subacute Care - Pediatric Service (Ln. 42 + Ln. 43)	$ 0	$ 0	
46	Total Patient Days (Subacute Care - Pediatric, Sch. 1, Ln. 5)	0	0	
47	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
48	Amount Due Provider (State) (Subacute Care - Pediatric, Sch. 1, Ln. 9)	$ 0	$ 0	
	TRANSITIONAL INPATIENT CARE			
49	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
50	Total Patient Days (Adj)	0	0	
51	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
52	Overpayments (Adj)	$ 0	$ 0	
	HOSPICE INPATIENT CARE			
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
54	Total Patient Days (Adj)	0	0	
55	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
56	Overpayments (Adj)	$ 0	$ 0	
	OTHER ROUTINE SERVICES			
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
58	Total Patient Days (Adj)	0	0	
59	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
60	Overpayments (Adj)	$ 0	$ 0	

ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR

Provider Name:
A & C CONVALESCENT MILLBRAE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1275703571

OSHPD Facility No.:
206410896

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs 155	Activities 160	Total	
	GENERAL SERVICES					
005	Plant Operations and Maintenance					
010	Housekeeping					
060	Laundry and Linen					
065	Dietary					
155	Social Services	$ 90,383	$ 90,383			
160	Activities	153,983		$ 153,983		
165	Administration					
166	Medical Records					
170	Inservice Education - Nursing					
	ANCILLARY SERVICES					
075	Patient Supplies	0	0	0	0	
077	Specialized Support Surfaces	N/A	0	0	0	
080	Physical Therapy	0	0	0	0	
081	Respiratory Therapy	0	0	0	0	
082	Occupational Therapy	0	0	0	0	
083	Speech Pathology	0	0	0	0	
085	Pharmacy	0	0	0	0	
090	Laboratory	0	0	0	0	
095	Home Health Services	0	0	0	0	
100	Other Ancillary Services	0	0	0	0	
101	Subacute Care Ancillary Services	0	0	0	0	
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0	
	ROUTINE SERVICES					
105	Skilled Nursing Care	3,487,591	90,383	153,983	3,731,957	*
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	$ 3,731,957	$ 90,383	$ 153,983	$ 3,731,957	

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name: A & C CONVALESCENT MILLBRAE
Provider NPI: 1275703571
OSHPD Facility Number: 206410896
Fiscal Period: JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Srvs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	
	GENERAL SERVICES													
005	Plant Operations and Maintenance	$ 97,387	$ 97,387											
010	Housekeeping	226,036	278	$ 226,314										
060	Laundry and Linen	183,709	5,281	12,307	$ 201,297									
065	Dietary	395,260	10,815	25,204	0	$ 431,278								
155	Social Services	N/A	526	1,227	0	0	$ 1,753							
160	Activities	N/A	6,026	14,045	0	0	0	$ 20,071						
165	Administration	N/A	9,278	21,621	0	0	0	0		$ 30,899	$ 30,899			
166	Medical Records	55,824	809	1,884	0	0	0	0		58,517		$ 58,517		
170	Inservice Education - Nursing	92,028	851	1,983	0	0	0	0	$ 94,861					
	ANCILLARY SERVICES													
075	Patient Supplies		371	864	0	0	0	0	0	1,234	95	181	$ 1,511	
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0	
080	Physical Therapy		2,341	5,457	0	0	0	0	0	7,798	846	1,603	10,248	
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0	
082	Occupational Therapy		2,341	5,457	0	0	0	0	0	7,798	405	767	8,971	
083	Speech Pathology		2,341	5,457	0	0	0	0	0	7,798	317	600	8,715	
085	Pharmacy		0	0	0	0	0	0	0	0	349	661	1,010	
090	Laboratory		0	0	0	0	0	0	0	0	39	74	114	
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	48	91	140	
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		55,809	130,063	201,297	431,278	1,753	20,071	94,861	935,133	28,739	54,426	1,018,297	*
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		320	746	0	0	0	0	0	1,066	60	114	1,240	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 1,050,244	$ 97,387	$ 226,314	$ 201,297	$ 431,278	$ 1,753	$ 20,071	$ 94,861	$ 960,828	$ 30,899	$ 58,517	$ 1,050,244	

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name: A & C CONVALESCENT MILLBRAE
Provider NPI: 1275703571
OSHPD Facility Number: 206410896
Fiscal Period: JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Srvs 155	Activities 160	Inserv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	
	GENERAL SERVICES													
005	Plant Operations and Maintenance	$ 330,255	$ 330,255											
010	Housekeeping	39,298	943	$ 40,241										
060	Laundry and Linen	34,510	17,909	2,188	$ 54,607									
065	Dietary	247,609	36,674	4,481	0	$ 288,765								
155	Social Services	4,073	1,785	218	0	0	$ 6,076							
160	Activities	19,298	20,437	2,497	0	0	0	$ 42,232						
165	Administration	N/A	31,462	3,844	0	0	0	0		$ 35,306	$ 35,306			
166	Medical Records	5,896	2,742	335	0	0	0	0		8,973		$ 8,973		
170	Inservice Education - Nursing	1,138	2,885	353	0	0	0	0	$ 4,375					
	ANCILLARY SERVICES													
075	Patient Supplies	14,940	1,257	154	0	0	0	0	0	16,350	109	28	$ 16,487	
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0	
080	Physical Therapy	146,764	7,940	970	0	0	0	0	0	155,675	967	246	156,888	
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0	
082	Occupational Therapy	51,699	7,940	970	0	0	0	0	0	60,610	463	118	61,190	
083	Speech Pathology	32,698	7,940	970	0	0	0	0	0	41,609	362	92	42,063	
085	Pharmacy	75,160	0	0	0	0	0	0	0	75,160	399	101	75,660	
090	Laboratory	8,473	0	0	0	0	0	0	0	8,473	45	11	8,529	
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services	10,398	0	0	0	0	0	0	0	10,398	55	14	10,467	
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	276,975	189,256	23,126	54,607	288,765	6,076	42,232	4,375	885,412	32,838	8,346	926,596	*
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	8,080	1,085	133	0	0	0	0	0	9,298	69	17	9,384	
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 1,307,264	$ 330,255	$ 40,241	$ 54,607	$ 288,765	$ 6,076	$ 42,232	$ 4,375	$ 1,262,985	$ 35,306	$ 8,973	$ 1,307,264	

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
A & C CONVALESCENT MILLBRAE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1275703571

OSHPD Facility Number:
206410896

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital Various	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Srvs 155	Activities 160
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	$ 748,234	96%							
	Property Tax (line 40)	34,033	4%	$ 782,267						
005	Plant Operations and Maintenance			16,977	$ 16,977					
010	Housekeeping			2,184	48	$ 2,233				
060	Laundry and Linen			41,499	921	121	$ 42,541			
065	Dietary			84,984	1,885	249	0	$ 87,118		
155	Social Services			4,137	92	12	0	0	$ 4,241	
160	Activities			47,357	1,051	139	0	0	0	$ 48,546
165	Administration			72,905	1,617	213	0	0	0	0
166	Medical Records			6,354	141	19	0	0	0	0
170	Inservice Education - Nursing			6,685	148	20	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			2,912	65	9	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			18,400	408	54	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			18,400	408	54	0	0	0	0
083	Speech Pathology			18,400	408	54	0	0	0	0
085	Pharmacy			0	0	0	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
	ROUTINE SERVICES									
105	Skilled Nursing Care			438,557	9,729	1,283	42,541	87,118	4,241	48,546
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			2,515	56	7	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	$ 782,267	100%	$ 782,267	$ 16,977	$ 2,233	$ 42,541	$ 87,118	$ 4,241	$ 48,546

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
A & C CONVALESCENT MILLBRAE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1275703571

OSHPD Facility Number:
206410896

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 96% Of Total	Property Tax 4% Of Total	
	GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	$ 748,234	96%								
	Property Tax (line 40)	34,033	4%								
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen										
065	Dietary										
155	Social Services										
160	Activities										
165	Administration				$ 74,736	$ 74,736					
166	Medical Records				6,514		$ 6,514				
170	Inservice Education - Nursing			$ 6,853							
	ANCILLARY SERVICES										
075	Patient Supplies			0	2,985	231	20	$ 3,236	$ 3,096	$ 141	
077	Specialized Support Surfaces			0	0	0	0	0	0	0	
080	Physical Therapy			0	18,862	2,047	178	21,088	20,170	917	
081	Respiratory Therapy			0	0	0	0	0	0	0	
082	Occupational Therapy			0	18,862	980	85	19,927	19,060	867	
083	Speech Pathology			0	18,862	766	67	19,695	18,838	857	
085	Pharmacy			0	0	844	74	917	877	40	
090	Laboratory			0	0	95	8	103	99	4	
095	Home Health Services			0	0	0	0	0	0	0	
100	Other Ancillary Services			0	0	117	10	127	121	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			6,853	638,868	69,511	6,058	714,437	683,355	31,082	*
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	2,578	145	13	2,736	2,617	119	
145	Other Nonreimbursable			0	0	0	0	0	0	0	
	TOTAL	$ 782,267	100%	$ 6,853	$ 701,018	$ 74,736	$ 6,514	$ 782,267	$ 748,234	$ 34,033	

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name: A & C CONVALESCENT MILLBRAE
Provider NPI: 1275703571
OSHPD Facility Number: 206410896
Fiscal Period: JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

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. 62% of Total	CDPH Licensing Fees 2% of Total	Professional Liability Ins. 3% of Total	Quality Assur. Fees 32% of Total	Caregiver Training 0% of Total
	GENERAL SERVICES													
045	Property Insurance	$ 13,694												
055	Interest - Other	1,066												
165	Administration (Salaries & Wages, Fringe Benefits,													
	Agency Staff and Other - Nonlabor)	1,002,904												
	Total Costs Allocable as Administration	1,017,664	62%											
167	CDPH Licensing Fees	38,767	2%											
168	Professional Liability Insurance	48,778	3%											
169	Quality Assurance Fees	526,874	32%											
174	Caregiver Training	0	0%											
	Total	1,632,083	100%						$ 1,632,083					
	ANCILLARY SERVICES													
075	Patient Supplies			$ -	$ 1,234	$ 16,350	$ 2,985	$ 20,570	5,043	$ 3,145	$ 120	$ 151	$ 1,628	$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	7,798	155,675	18,862	182,335	44,704	27,875	1,062	1,336	14,432	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	7,798	60,610	18,862	87,270	21,397	13,342	508	639	6,907	0
083	Speech Pathology			0	7,798	41,609	18,862	68,269	16,738	10,437	398	500	5,403	0
085	Pharmacy			0	0	75,160	0	75,160	18,427	11,490	438	551	5,949	0
090	Laboratory			0	0	8,473	0	8,473	2,077	1,295	49	62	671	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	10,398	0	10,398	2,549	1,590	61	76	823	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			3,731,957	935,133	885,412	638,868	6,191,370	1,517,974	946,513	36,057	45,368	490,037	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	1,066	9,298	2,578	12,942	3,173	1,979	75	95	1,024	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	$ 1,632,083		$ 3,731,957	$ 960,828	$ 1,262,985	$ 701,018	$ 6,656,787	$ 1,632,083					
	Total Administrative Costs							$ 1,632,083		$ 1,017,664	$ 38,767	$ 48,778	$ 526,874	$ -
	Unit Cost Multiplier							0.24517578						
	Accumulated Administration Costs (Sch 2 thru 5)				$ 89,416	$ 44,279	$ 81,249	$ 214,945						
	TOTAL FACILITY COSTS							$ 8,503,815						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name: A & C CONVALESCENT MILLBRAE
Provider NPI: 1275703571
OSHPD Facility Number: 206410896
Fiscal Period: JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS	Plant Ops (SQ FT) 5	Hskpng (SQ FT) 10	Laundry (LBS) 60	Dietary (MEALS) 65	Soc Srvs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	Inserv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL (ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	513									
010	Housekeeping	66	66								
060	Laundry and Linen	1,254	1,254	1,254							
065	Dietary	2,568	2,568	2,568							
155	Social Services	125	125	125							
160	Activities	1,431	1,431	1,431							
165	Administration	2,203	2,203	2,203							
166	Medical Records	192	192	192							
170	Inservice Education - Nursing	202	202	202							
	ANCILLARY SERVICES										
075	Patient Supplies	88	88	88						20,570	20,570
077	Specialized Support Surfaces									0	0
080	Physical Therapy	556	556	556						182,335	182,335
081	Respiratory Therapy									0	0
082	Occupational Therapy	556	556	556						87,270	87,270
083	Speech Pathology	556	556	556						68,269	68,269
085	Pharmacy									75,160	75,160
090	Laboratory									8,473	8,473
095	Home Health Services									0	0
100	Other Ancillary Services									10,398	10,398
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	13,252	13,252	13,252	908,916	130,404	3,764,566	3,764,566	3,764,566	6,191,370	6,191,370
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	76	76	76						12,942	12,942
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	23,638	23,125	23,059	908,916	130,404	3,764,566	3,764,566	3,764,566	6,656,787	6,656,787
	TOTAL DIRECT SALARIES COSTS - SCH. 2						$ 90,383	$ 153,983			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.024008876	0.040903254			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		$ 97,387	$ 226,314	$ 201,297	$ 431,278	$ 1,753	$ 20,071	$ 94,861	$ 30,899	$ 58,517
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		4.21132973	9.81456038	0.22146982	3.30724890	0.00046572	0.00533157	0.02519845	0.00464173	0.00879057
	TOTAL INDIRECT OTHER COSTS - SCH. 4		$ 330,255	$ 40,241	$ 54,607	$ 288,765	$ 6,076	$ 42,232	$ 4,375	$ 35,306	$ 8,973
	UNIT COST MULTIPLIER (INDIRECT OTHER)		14.28129730	1.74511322	0.06007939	2.21438623	0.00161408	0.01121824	0.00116224	0.00530379	0.00134796
	TOTAL CAPITAL COSTS - SCH. 5	$ 782,267	$ 16,977	$ 2,233	$ 42,541	$ 87,118	$ 4,241	$ 48,546	$ 6,853	$ 74,736	$ 6,514
	UNIT COST MULTIPLIER (CAPITAL COSTS)	33.09362044	0.73414172	0.09682260	0.04680458	0.66806489	0.00112644	0.01289553	0.00182033	0.01122702	0.00097848

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
A & C CONVALESCENT MILLBRAE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1275703571

OSHPD Facility Number:
206410896

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	$ 80,528	$ 0	$ 80,528	(Sch 3)
005	.20-.39	Fringe Benefits	6200	16,859	0	16,859	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	330,255	0	330,255	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	$ 427,642	$ 0	$ 427,642	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	$ 189,672	$ 0	$ 189,672	(Sch 3)
010	.20-.39	Fringe Benefits	6300	36,364	0	36,364	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	39,298	0	39,298	(Sch 4)
010		Housekeeping - Total	6300	$ 265,334	$ 0	$ 265,334	
015		Depreciation: Buildings and Improvements	7110 - 7120	$ 0	$ 0	$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	3,162	0	3,162	(Sch 5)
025		Depreciation: Equipment	7140	29,837	0	29,837	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	49,583	(49,583)	0	(Sch 5)
035		Leases and Rentals	7200	715,235	0	715,235	(Sch 5)
040		Property Taxes	7300	34,033	0	34,033	(Sch 5)
045		Property Insurance	7400	13,694	0	13,694	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500	0	0	0	(Sch 5)
055		Interest - Other	7600	$ 1,066	$ 0	$ 1,066	(Sch 6)
057		**Subtotal 005 - 055**		$ 1,539,586	$ (49,583)	$ 1,490,003	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	$ 151,121	$ 0	$ 151,121	(Sch 3)
060	.20-.39	Fringe Benefits	6400	32,588	0	32,588	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	34,510	0	34,510	(Sch 4)
060		Laundry and Linen - Total	6400	$ 218,219	$ 0	$ 218,219	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	$ 334,478	$ 0	$ 334,478	(Sch 3)
065	.20-.39	Fringe Benefits	6500	60,782	0	60,782	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	247,609	0	247,609	(Sch 4)
065		Dietary - Total	6500	$ 642,869	$ 0	$ 642,869	
070		Provision for Bad Debts	7700	$ 98,113	(98,113)	$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	$ 0	$ 0	$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	1,760	13,180	14,940	(Sch 4)
075		Patient Supplies - Total	8100	$ 1,760	$ 13,180	$ 14,940	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	$ 0	$ 0	$ 0	N/A
077	.20-.39	Fringe Benefits	8150	0	0	0	N/A
077	.79	Agency Staff	8150	0	0	0	N/A
077	.40-.99	Other - Nonlabor	8150	0	0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	$ 0	$ 0	$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
A & C CONVALESCENT MILLBRAE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1275703571

OSHPD Facility Number:
206410896

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	$ 0	$ 0	$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200	0	0	0	(Sch 2)
080	.79	Agency Staff	8200	0	0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	146,764	0	146,764	(Sch 4)
080		Physical Therapy - Total	8200	$ 146,764	$ 0	$ 146,764	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	$ 0	$ 0	$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	0	0	0	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	0	0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	$ 0	$ 0	$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	$ 0	$ 0	$ 0	(Sch 2)
082	.20-.39	Fringe Benefits	8250	0	0	0	(Sch 2)
082	.79	Agency Staff	8250	0	0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	51,699	0	51,699	(Sch 4)
082		Occupational Therapy - Total	8250	$ 51,699	$ 0	$ 51,699	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	$ 0	$ 0	$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280	0	0	0	(Sch 2)
083	.79	Agency Staff	8280	0	0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	32,698	0	32,698	(Sch 4)
083		Speech Pathology - Total	8280	$ 32,698	$ 0	$ 32,698	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	$ 0	$ 0	$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300	0	0	0	(Sch 2)
085	.79	Agency Staff	8300	0	0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	75,160	0	75,160	(Sch 4)
085		Pharmacy - Total	8300	$ 75,160	$ 0	$ 75,160	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	$ 0	$ 0	$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400	0	0	0	(Sch 2)
090	.79	Agency Staff	8400	0	0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	8,473	0	8,473	(Sch 4)
090		Laboratory - Total	8400	$ 8,473	$ 0	$ 8,473	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	$ 0	$ 0	$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800	0	0	0	(Sch 2)
095	.79	Agency Staff	8800	0	0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800	0	0	0	(Sch 4)
095		Home Health Services - Total	8800	$ 0	$ 0	$ 0	
100		Other Ancillary Services					
100	.01-.19	Salaries and Wages	8900	$ 0	$ 0	$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900	0	0	0	(Sch 2)
100	.79	Agency Staff	8900	0	0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	10,398	0	10,398	(Sch 4)
100		Other Ancillary Services - Total	8900	$ 10,398	$ 0	$ 10,398	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
A & C CONVALESCENT MILLBRAE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1275703571

OSHPD Facility Number:
206410896

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
101		Subacute Care Ancillary Services					
101	.01-.19	Salaries and Wages	8100-8900	$ 0	$ 0	$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
101	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
101		Subacute Care Ancillary Services - Total	8100-8900	$ 0	$ 0	$ 0	
102		Subacute Care - Pediatric Ancillary Services					
102	.01-.19	Salaries and Wages	8100-8900	$ 0	$ 0	$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
102	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	$ 0	$ 0	$ 0	
104		Subtotal 075 - 102		$ 326,952	$ 13,180	$ 340,132	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	$ 2,989,686	$ 0	$ 2,989,686	(Sch 2)
105	.20-.39	Fringe Benefits	6110	497,255	0	497,255	(Sch 2)
105	.49	Agency Staff	6110	650	0	650	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	290,155	(13,180)	276,975	(Sch 4)
105		Skilled Nursing Care - Total	6110	$ 3,777,746	$ (13,180)	$ 3,764,566	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	$ 0	$ 0	$ 0	
110	.20-.39	Fringe Benefits	6120	0	0	0	
110	.49	Agency Staff	6120	0	0	0	
110	.40-.99	Other - Nonlabor	6120	0	0	0	
110		Intermediate Care - Total	6120	$ 0	$ 0	$ 0	(Sch 2)
115		Mentally Disordered Care					
115	.01-.19	Salaries and Wages	6130	$ 0	$ 0	$ 0	
115	.20-.39	Fringe Benefits	6130	0	0	0	
115	.49	Agency Staff	6130	0	0	0	
115	.40-.99	Other - Nonlabor	6130	0	0	0	
115		Mentally Disordered Care - Total	6130	$ 0	$ 0	$ 0	(Sch 2)
120		Developmentally Disabled Care					
120	.01-.19	Salaries and Wages	6140	$ 0	$ 0	$ 0	
120	.20-.39	Fringe Benefits	6140	0	0	0	
120	.49	Agency Staff	6140	0	0	0	
120	.40-.99	Other - Nonlabor	6140	0	0	0	
120		Developmentally Disabled Care - Total	6140	$ 0	$ 0	$ 0	(Sch 2)
125		Subacute Care					
125	.01-.19	Salaries and Wages	6150	$ 0	$ 0	$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150	0	0	0	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	0	0	0	(Sch 4)
125		Subacute Care - Total	6150	$ 0	$ 0	$ 0	
126		Subacute Care - Pediatric					
126	.01-.19	Salaries and Wages	6160	$ 0	$ 0	$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160	0	0	0	(Sch 2)
126	.49	Agency Staff	6160	0	0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160	0	0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	$ 0	$ 0	$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
A & C CONVALESCENT MILLBRAE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1275703571

OSHPD Facility Number:
206410896

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
128		Transitional Inpatient Care					
128	.01-.19	Salaries and Wages	6170	$ 0	$ 0	$ 0	
128	.20-.39	Fringe Benefits	6170	0	0	0	
128	.49	Agency Staff	6170	0	0	0	
128	.40-.99	Other - Nonlabor	6170	0	0	0	
128		Transitional Inpatient Care - Total	6170	$ 0	$ 0	$ 0	(Sch 2)
130		Hospice Inpatient Care					
130	.01-.19	Salaries and Wages	6180	$ 0	$ 0	$ 0	
130	.20-.39	Fringe Benefits	6180	0	0	0	
130	.49	Agency Staff	6180	0	0	0	
130	.40-.99	Other - Nonlabor	6180	0	0	0	
130		Hospice Inpatient Care - Total	6180	$ 0	$ 0	$ 0	(Sch 2)
135		Other Routine Services					
135	.01-.19	Salaries and Wages	6190	$ 0	$ 0	$ 0	
135	.20-.39	Fringe Benefits	6190	0	0	0	
135	.49	Agency Staff	6190	0	0	0	
135	.40-.99	Other - Nonlabor	6190	0	0	0	
135		Other Routine Services - Total	6190	$ 0	$ 0	$ 0	(Sch 2)
		Other Nonreimbursable					
139		Residential Care					
139	.01-.19	Salaries and Wages	9100	$ 0	$ 0	$ 0	(Sch 2)
139	.20-.39	Fringe Benefits	9100	0	0	0	(Sch 2)
139	.49	Agency Staff	9100	0	0	0	(Sch 2)
139	.40-.99	Other - Nonlabor	9100	0	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	$ 0	(Sch 2)
140	.20-.39	Fringe Benefits	8900	0	0	0	(Sch 2)
140	.49	Agency Staff	8900	0	0	0	(Sch 2)
140	.40-.99	Other - Nonlabor	8900	5,460	2,620	8,080	(Sch 4)
140		Beauty and Barber - Total	8900	$ 5,460	$ 2,620	$ 8,080	
145		Other Nonreimbursable					
145	.01-.19	Salaries and Wages	9100	$ 0	$ 0	$ 0	(Sch 2)
145	.20-.39	Fringe Benefits	9100	0	0	0	(Sch 2)
145	.49	Agency Staff	9100	0	0	0	(Sch 2)
145	.40-.99	Other - Nonlabor	9100	0	0	0	(Sch 4)
145		Other Nonreimbursable - Total	9100	$ 0	$ 0	$ 0	
146		**Subtotal 105 - 145**		$ 3,783,206	$ (10,560)	$ 3,772,646	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	$ 75,928	$ 0	$ 75,928	(Sch 2)
155	.20-.39	Fringe Benefits	6600	14,455	0	14,455	(Sch 2)
155	.49	Agency Staff	6600	0	0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600	4,073	0	4,073	(Sch 4)
155		Social Services - Total	6600	$ 94,456	$ 0	$ 94,456	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
A & C CONVALESCENT MILLBRAE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1275703571

OSHPD Facility Number:
206410896

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	$ 130,489	$ 0	$ 130,489	(Sch 2)
160	.20-.39	Fringe Benefits	6700	23,494	0	23,494	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	19,298	0	19,298	(Sch 4)
160		Activities - Total	6700	$ 173,281	$ 0	$ 173,281	
165		Administration					
165	.01-.19	Salaries and Wages	6900	$ 232,679	$ 0	$ 232,679	(Sch 6)
165	.20-.39	Fringe Benefits	6900	57,291	0	57,291	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	775,919	(62,985)	712,934	(Sch 6)
165		Administration - Total	6900	$ 1,065,889	$ (62,985)	$ 1,002,904	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	$ 49,077	$ 0	$ 49,077	(Sch 3)
166	.20-.39	Fringe Benefits	6900	6,747	0	6,747	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	0	5,896	5,896	(Sch 4)
166		Medical Records - Total	6900	$ 55,824	$ 5,896	$ 61,720	
167		CDPH Licensing Fees	6900	$ 38,767	$ 0	$ 38,767	(Sch 6)
168		Professional Liability Insurance	6900	$ 60,972	$ (12,194)	$ 48,778	(Sch 6)
169		Quality Assurance Fees	6900	$ 526,874	$ 0	$ 526,874	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	$ 77,192	$ 0	$ 77,192	(Sch 3)
170	.20-.39	Fringe Benefits	6800	14,836	0	14,836	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	1,138	0	1,138	(Sch 4)
170		Inservice Education - Nursing - Total	6800	$ 93,166	$ 0	$ 93,166	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	$ 0	$ 0	$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900	0	0	0	(Sch 6)
174	.49	Agency Staff	6900	0	0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 6)
174		Caregiver Training - Total	6900	$ 0	$ 0	$ 0	
		Subtotal 155 - 174		$ 2,109,229	$ (69,283)	$ 2,039,946	
200		**Total**		**$ 8,718,174**	**$ (214,359)**	**$ 8,503,815**	

Provider Name: A & C CONVALESCENT MILLBRAE

Provider NPI: 1275703571

OSHPD Facility Number: 206410896

Fiscal Period: JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJS 8 - 11
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	(49,583)						(49,583)		
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	(98,113)							(98,113)	
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	13,180		13,180						
077	1	Specialized Support Surfaces - Salaries and Wages	0								
077	2	Specialized Support Surfaces - Fringe Benefits	0								
077	3	Specialized Support Surfaces - Agency Staff	0								
077	4	Specialized Support Surfaces - Other - Nonlabor	0								
080	1	Physical Therapy - Salaries and Wages	0								
080	2	Physical Therapy - Fringe Benefits	0								
080	3	Physical Therapy - Agency Staff	0								
080	4	Physical Therapy - Other - Nonlabor	0								
081	1	Respiratory Therapy - Salaries and Wages	0								
081	2	Respiratory Therapy - Fringe Benefits	0								
081	3	Respiratory Therapy - Agency Staff	0								
081	4	Respiratory Therapy - Other - Nonlabor	0								
082	1	Occupational Therapy - Salaries and Wages	0								
082	2	Occupational Therapy - Fringe Benefits	0								
082	3	Occupational Therapy - Agency Staff	0								
082	4	Occupational Therapy - Other - Nonlabor	0								
083	1	Speech Pathology - Salaries and Wages	0								
083	2	Speech Pathology - Fringe Benefits	0								
083	3	Speech Pathology - Agency Staff	0								

Provider Name: A & C CONVALESCENT MILLBRAE

Provider NPI: 1275703571

OSHPD Facility Number: 206410896

Fiscal Period: JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJS 8 - 11
083	4	Speech Pathology - Other - Nonlabor	0								
085	1	Pharmacy - Salaries and Wages	0								
085	2	Pharmacy - Fringe Benefits	0								
085	3	Pharmacy - Agency Staff	0								
085	4	Pharmacy - Other - Nonlabor	0								
090	1	Laboratory - Salaries and Wages	0								
090	2	Laboratory - Fringe Benefits	0								
090	3	Laboratory - Agency Staff	0								
090	4	Laboratory - Other - Nonlabor	0								
095	1	Home Health Services - Salaries and Wages	0								
095	2	Home Health Services - Fringe Benefits	0								
095	3	Home Health Services - Agency Staff	0								
095	4	Home Health Services - Other - Nonlabor	0								
100	1	Other Ancillary Services - Salaries and Wages	0								
100	2	Other Ancillary Services - Fringe Benefits	0								
100	3	Other Ancillary Services - Agency Staff	0								
100	4	Other Ancillary Services - Other - Nonlabor	0								
101	1	Subacute Care Ancillary Services - Salaries and Wages	0								
101	2	Subacute Care Ancillary Services - Fringe Benefits	0								
101	3	Subacute Care Ancillary Services - Agency Staff	0								
101	4	Subacute Care Ancillary Services - Other - Nonlabor	0								
102	1	Subacute Pediatric Ancillary Services - Salaries and Wages	0								
102	2	Subacute Pediatric Ancillary Services - Fringe Benefits	0								
102	3	Subacute Pediatric Ancillary Services - Agency Staff	0								
102	4	Subacute Pediatric Ancillary Services - Other - Nonlabor	0								
105	1	Skilled Nursing Care - Salaries and Wages	0								
105	2	Skilled Nursing Care - Fringe Benefits	0								
105	3	Skilled Nursing Care - Agency Staff	0								
105	4	Skilled Nursing Care - Other - Nonlabor	(13,180)		(13,180)						
110	1	Intermediate Care - Salaries and Wages	0								
110	2	Intermediate Care - Fringe Benefits	0								
110	3	Intermediate Care - Agency Staff	0								
110	4	Intermediate Care - Other - Nonlabor	0								
115	1	Mentally Disordered Care - Salaries and Wages	0								
115	2	Mentally Disordered Care - Fringe Benefits	0								
115	3	Mentally Disordered Care - Agency Staff	0								
115	4	Mentally Disordered Care - Other - Nonlabor	0								
120	1	Developmentally Disabled Care - Salaries and Wages	0								
120	2	Developmentally Disabled Care - Fringe Benefits	0								
120	3	Developmentally Disabled Care - Agency Staff	0								
120	4	Developmentally Disabled Care - Other - Nonlabor	0								
125	1	Subacute Care - Salaries and Wages	0								
125	2	Subacute Care - Fringe Benefits	0								
125	3	Subacute Care - Agency Staff	0								
125	4	Subacute Care - Other - Nonlabor	0								
126	1	Subacute Care - Pediatric - Salaries and Wages	0								
126	2	Subacute Care - Pediatric - Fringe Benefits	0								
126	3	Subacute Care - Pediatric - Agency Staff	0								
126	4	Subacute Care - Pediatric - Other - Nonlabor	0								

Provider Name: A & C CONVALESCENT MILLBRAE

Provider NPI: 1275703571

OSHPD Facility Number: 206410896

Fiscal Period: JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJS 8 - 11
128	1	Transitional Inpatient Care - Salaries and Wages	0								
128	2	Transitional Inpatient Care - Fringe Benefits	0								
128	3	Transitional Inpatient Care - Agency Staff	0								
128	4	Transitional Inpatient Care - Other - Nonlabor	0								
130	1	Hospice Inpatient Care - Salaries and Wages	0								
130	2	Hospice Inpatient Care - Fringe Benefits	0								
130	3	Hospice Inpatient Care - Agency Staff	0								
130	4	Hospice Inpatient Care - Other - Nonlabor	0								
135	1	Other Routine Services - Salaries and Wages	0								
135	2	Other Routine Services - Fringe Benefits	0								
135	3	Other Routine Services - Agency Staff	0								
135	4	Other Routine Services - Other - Nonlabor	0								
139	1	Residential Care - Salaries and Wages	0								
139	2	Residential Care - Fringe Benefits	0								
139	3	Residential Care - Agency Staff	0								
139	4	Residential Care - Other - Nonlabor	0								
140	1	Beauty and Barber - Salaries and Wages	0								
140	2	Beauty and Barber - Fringe Benefits	0								
140	3	Beauty and Barber - Agency Staff	0								
140	4	Beauty and Barber - Other - Nonlabor	2,620				2,620				
145	1	Other Nonreimbursable - Salaries and Wages	0								
145	2	Other Nonreimbursable - Fringe Benefits	0								
145	3	Other Nonreimbursable - Agency Staff	0								
145	4	Other Nonreimbursable - Other - Nonlabor	0								
155	1	Social Services - Salaries and Wages	0								
155	2	Social Services - Fringe Benefits	0								
155	3	Social Services - Agency Staff	0								
155	4	Social Services - Other - Nonlabor	0								
160	1	Activities - Salaries and Wages	0								
160	2	Activities - Fringe Benefits	0								
160	3	Activities - Agency Staff	0								
160	4	Activities - Other - Nonlabor	0								
165	1	Administration - Salaries and Wages	0								
165	2	Administration - Fringe Benefits	0								
165	3	Administration - Agency Staff	0								
165	4	Administration - Other - Nonlabor	(62,985)	(5,911)		12,194		(279)			(68,989)
166	1	Medical Records - Salaries and Wages	0								
166	2	Medical Records - Fringe Benefits	0								
166	3	Medical Records - Agency Staff	0								
166	4	Medical Records - Other - Nonlabor	5,896	5,911				(15)			
167	4	CDPH Licensing Fees	0								
168	4	Professional Liability Insurance	(12,194)			(12,194)					
169	4	Quality Assurance Fees	0								
170	1	Inservice Education - Nursing - Salaries and Wages	0								
170	2	Inservice Education - Nursing - Fringe Benefits	0								
170	3	Inservice Education - Nursing - Agency Staff	0								
170	4	Inservice Education - Nursing - Other - Nonlabor	0								
174	1	Caregiver Training - Salaries and Wages	0								
174	2	Caregiver Training - Fringe Benefits	0								

Provider Name: A & C CONVALESCENT MILLBRAE

Provider NPI: 1275703571

OSHPD Facility Number: 206410896

Fiscal Period: JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJS 8 - 11
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	0								
200		Total	($214,359)	0	0	0	2,620	(294)	(49,583)	(98,113)	(68,989)
			(To Sch 8)								

Provider Name	Fiscal Period	Provider NPI	Adjustments
A & C CONVALESCENT MILLBRAE	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1275703571	14

Report References										
	Cost Report			Audit Report						
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.	Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
							RECLASSIFICATIONS OF REPORTED COSTS				
1	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor		$775,919	($5,911)	$770,008 *
	10.5	166	4	8A-1	166	4	Medical Records - Other - Nonlabo		0	5,911	5,911 *
							To reclassify office supplies expense to the appropriate cost center f proper cost determination 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, and 2302.8				
2	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor		$290,155	($13,180)	$276,975
	10.5	075	4	8A-1	075	4	Patient Supplies - Other - Nonlabor		1,760	13,180	14,940
							To reclassify oxygen and other medical gases expense to the appropriate ancillary cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2202.8, 2203.2, 2300, and 2304 CCR, Title 22, Section 51511				
3	10.5	168	4	8A-1	168	4	Administration - Professional Liability Insurance		$60,972	($12,194)	$48,778
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	770,008	12,194	782,202 *
							To reclassify general liability insurance 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	Provider NPI	Adjustments
A & C CONVALESCENT MILLBRAE	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1275703571	14

Report References										
	Cost Report			Audit Report						
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.	Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED COSTS				
4	10.5	140	4	8A-1	140	4	Beauty and Barber To reverse the provider's abatement of revenue against a nonreimbursable cost center. 42 CFR 413.9, 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2328 CMS Pub. 15-2, Section 3613		$5,460	$2,620	$8,080
5	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	$782,202	($279)	$781,923 *
	10.5	166	4	8A-1	166	4	Medical Records - Other - Nonlabor	*	5,911	(15)	5,896
							To abate other revenue against the related costs. 42 CFR 413.5 and 413.9 / CMS Pub. 15-1, Section 2328 CMS Pub. 15-2, Section 3613				
6	10.5	030	4	8A-1	030	4	Depreciation and Amortization - Other To eliminate nonallowable goodwill amortization not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 1214, 1218.1, 2102.3, 2300, and 2304		$49,583	($49,583)	$0
7	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		$98,113	($98,113)	$0

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
A & C CONVALESCENT MILLBRAE	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1275703571	14

Report References										
	Cost Report			Audit Report						
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.	Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED COSTS				
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	*	$781,923		
8							To eliminate legal fee expenses not applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1, 2304, and 2306			($65,709)	
9							To eliminate tax penalties and/or fines not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2122.1			($560)	
10							To eliminate contribution/donation costs not related to patient care. 42 CFR 413.5(c)(7) and 413.9 CMS Pub. 15-1, Sections 608, 610, and 2102.3			($200)	
11							To eliminate political contributions/lobby fees not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.3 and 2139, 2300, and 2304			($2,520) ($68,989)	$712,934

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
A & C CONVALESCENT MILLBRAE	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1275703571	14

Report References										
	Cost Report			Audit Report						
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED PATIENT DAYS			
12	4.1	5	2	1	15	N/A	Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2010 through December 31, 2010 Payment Period: January 1, 2010 through January 15, 2012 Report Date: February 13, 2012 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	42,129	(34,279)	7,850
13	Not Reported			1	16	N/A	Medi-Cal Managed Care Days 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	34,410	34,410

Provider Name	Fiscal Period	Provider NPI	Adjustments
A & C CONVALESCENT MILLBRAE	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1275703571	14

Report References										
	Cost Report			Audit Report						
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENT TO OTHER MATTERS			
14	Not Reported			1	14	N/A	Medi-Cal Overpayments To recover Medi-Cal overpayments due to improper billing of bedhold days beyond the allowed maximum of seven consecutive days. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Section 2409 CCR, Title 22, Sections 51535.1(b) and 51458.1	$0	$551	$551