REPORT
ON THE
RATE SETTING AUDIT

GOLDEN CROSS HEALTHCARE PASADENA
PASADENA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 197258772

FISCAL PERIOD ENDED
DECEMBER 31, 2010

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

Section Chief: Daniel J. Giardinelli
Audit Supervisor: Celia Avina
Auditor: Tatevik Parsamyan

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

May 15, 2012

Hermann Muennichow, CPA
Muennichow and Associates, LLP
12814 Riverside Drive
North Hollywood, CA 91607

GOLDEN CROSS HEALTHCARE PASADENA
NATIONAL PROVIDER IDENTIFIER (NPI) 1972587772
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. We also examined the facility's use of and Records of Noncovered Services deducted from patient share of cost. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the data presented in the accompanying Summary of Audited Facility Cost per Patient Day represents a proper determination of the allowable costs, patient days, and use of share of cost 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 $2,790, 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 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:

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

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

United States Postal Service (USPS)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

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

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

If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

Original Signed By

Daniel J. Giardinelli, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
GOLDEN CROSS HEALTHCARE PASADENA

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

Provider NPI:
1972587772

OSHPD Facility No.:
206190333

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
	SKILLED NURSING CARE			
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	$ N/A	$ 2,146,913	$ 66.38
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ N/A	$ 613,346	$ 18.96
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	$ N/A	$ 603,427	$ 18.66
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ N/A	$ 13,865	$ 0.43
5	Property Taxes (Sch. 5, Ln. 105)	$ N/A	$ 32,625	$ 1.01
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	$ N/A	$ 25,898	$ 0.80
7	Professional Liability Insurance (Sch. 6, Ln. 105)	$ N/A	$ 85,652	$ 2.65
8	Caregiver Training (Sch. 6, Ln. 105)	$ N/A	$ 0	$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ N/A	$ 354,526	$ 10.96
10	Cost of Administration (Sch. 6, Ln. 105)	$ N/A	$ 556,870	$ 17.22
11	Cost of Routine Service/Audited Total Costs	$ 4,532,946	$ 4,433,121	$ 137.06
12	Total Patient Days (Adj)	32,345	32,345	
13	Cost Per Patient Day (Cost Divided by Days)	$ 140.14	$ 137.06	
14	Overpayments (Adj 12)	$ 0	$ 2,790	
15	Medi-Cal Days (Adj 11)	29,186	28,582	
16	Medi-Cal Managed Care Days (Adj)		0	
	INTERMEDIATE CARE			
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
18	Total Patient Days (Adj)	0	0	
19	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
20	Overpayments (Adj)	$ 0	$ 0	
	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:
GOLDEN CROSS HEALTHCARE PASADENA

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

Provider NPI:
1972587772

OSHPD Facility No.:
206190333

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:
GOLDEN CROSS HEALTHCARE PASADENA

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

Provider NPI:
1972587772

OSHPD Facility No.:
206190333

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	$ 30,810	$ 30,810			
160	Activities	31,752		$ 31,752		
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	2,084,351	30,810	31,752	2,146,913	*
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	$ 2,146,913	$ 30,810	$ 31,752	$ 2,146,913	

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name: GOLDEN CROSS HEALTHCARE PASADENA
Provider NPI: 1972587772
OSHPD Facility Number: 206190333
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	$ 90,796	$ 90,796											
010	Housekeeping	91,725	652	$ 92,377										
060	Laundry and Linen	105,356	4,186	4,289	$ 113,831									
065	Dietary	228,134	6,716	6,882	0	$ 241,732								
155	Social Services	N/A	999	1,023	0	0	$ 2,022							
160	Activities	N/A	0	0	0	0	0	$ -						
165	Administration	N/A	8,051	8,250	0	0	0	0		$ 16,300	$ 16,300			
166	Medical Records	53,551	564	578	0	0	0	0		54,693		$ 54,693		
170	Inservice Education - Nursing	57,631	0	0	0	0	0	0	$ 57,631					
	ANCILLARY SERVICES													
075	Patient Supplies		1,014	1,039	0	0	0	0	0	2,053	122	408	$ 2,583	
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	20	68	88	
080	Physical Therapy		1,526	1,564	0	0	0	0	0	3,090	216	723	4,029	
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0	
082	Occupational Therapy		569	583	0	0	0	0	0	1,152	167	559	1,878	
083	Speech Pathology		512	525	0	0	0	0	0	1,037	31	105	1,173	
085	Pharmacy		207	212	0	0	0	0	0	419	355	1,190	1,963	
090	Laboratory		0	0	0	0	0	0	0	0	29	98	127	
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services		103	106	0	0	0	0	0	210	18	59	286	
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		64,896	66,503	113,831	241,732	2,022	0	57,631	546,614	15,322	51,409	613,346	*
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		802	822	0	0	0	0	0	1,624	22	73	1,719	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 627,193	$ 90,796	$ 92,377	$ 113,831	$ 241,732	$ 2,022	$ -	$ 57,631	$ 556,200	$ 16,300	$ 54,693	$ 627,193	

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name: GOLDEN CROSS HEALTHCARE PASADENA
Provider NPI: 1972587772
OSHPD Facility Number: 206190333
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	$ 258,098	$ 258,098											
010	Housekeeping	40,366	1,853	$ 42,219										
060	Laundry and Linen	34,666	11,898	1,960	$ 48,525									
065	Dietary	199,183	19,090	3,145	0	$ 221,418								
155	Social Services	3,469	2,839	468	0	0	$ 6,775							
160	Activities	4,882	0	0	0	0	0	$ 4,882						
165	Administration	N/A	22,885	3,770	0	0	0	0		$ 26,655	$ 26,655			
166	Medical Records	0	1,603	264	0	0	0	0		1,867		$ 1,867		
170	Inservice Education - Nursing	0	0	0	0	0	0	0	$ -					
	ANCILLARY SERVICES													
075	Patient Supplies	20,338	2,883	475	0	0	0	0	0	23,696	199	14	$ 23,908	
077	Specialized Support Surfaces	4,368	0	0	0	0	0	0	0	4,368	33	2	4,403	
080	Physical Therapy	37,620	4,339	715	0	0	0	0	0	42,673	352	25	43,051	
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0	
082	Occupational Therapy	32,679	1,618	267	0	0	0	0	0	34,563	273	19	34,855	
083	Speech Pathology	3,752	1,456	240	0	0	0	0	0	5,448	51	4	5,503	
085	Pharmacy	75,438	588	97	0	0	0	0	0	76,123	580	41	76,744	
090	Laboratory	6,286	0	0	0	0	0	0	0	6,286	48	3	6,337	
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services	3,212	294	48	0	0	0	0	0	3,555	29	2	3,586	
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	80,150	184,473	30,394	48,525	221,418	6,775	4,882	0	576,617	25,055	1,755	603,427	*
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	0	2,280	376	0	0	0	0	0	2,655	36	3	2,693	
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 804,507	$ 258,098	$ 42,219	$ 48,525	$ 221,418	$ 6,775	$ 4,882	$ -	$ 775,985	$ 26,655	$ 1,867	$ 804,507	

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
GOLDEN CROSS HEALTHCARE PASADENA

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

Provider NPI:
1972587772

OSHPD Facility Number:
206190333

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)	$ 14,723	30%							
	Property Tax (line 40)	34,643	70%	$ 49,366						
005	Plant Operations and Maintenance			2,899	$ 2,899					
010	Housekeeping			334	21	$ 354				
060	Laundry and Linen			2,142	134	16	$ 2,292			
065	Dietary			3,437	214	26	0	$ 3,678		
155	Social Services			511	32	4	0	0	$ 547	
160	Activities			0	0	0	0	0	0	$ -
165	Administration			4,120	257	32	0	0	0	0
166	Medical Records			289	18	2	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			519	32	4	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			781	49	6	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			291	18	2	0	0	0	0
083	Speech Pathology			262	16	2	0	0	0	0
085	Pharmacy			106	7	1	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			53	3	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			33,212	2,072	255	2,292	3,678	547	0
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			410	26	3	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	$ 49,366	100%	$ 49,366	$ 2,899	$ 354	$ 2,292	$ 3,678	$ 547	$ -

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
GOLDEN CROSS HEALTHCARE PASADENA

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

Provider NPI:
1972587772

OSHPD Facility Number:
206190333

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 30% Of Total	Property Tax 70% Of Total	
	GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	$ 14,723	30%								
	Property Tax (line 40)	34,643	70%								
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen										
065	Dietary										
155	Social Services										
160	Activities										
165	Administration				$ 4,409	$ 4,409					
166	Medical Records				309		$ 309				
170	Inservice Education - Nursing			$ -							
	ANCILLARY SERVICES										
075	Patient Supplies			0	555	33	2	$ 591	$ 176	$ 414	
077	Specialized Support Surfaces			0	0	5	0	6	2	4	
080	Physical Therapy			0	836	58	4	898	268	630	
081	Respiratory Therapy			0	0	0	0	0	0	0	
082	Occupational Therapy			0	312	45	3	360	107	253	
083	Speech Pathology			0	281	8	1	290	86	203	
085	Pharmacy			0	113	96	7	216	64	152	
090	Laboratory			0	0	8	1	8	3	6	
095	Home Health Services			0	0	0	0	0	0	0	
100	Other Ancillary Services			0	57	5	0	62	18	43	
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			0	42,056	4,144	290	46,490	13,865	32,625	*
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	439	6	0	445	133	313	
145	Other Nonreimbursable			0	0	0	0	0	0	0	
	TOTAL	$ 49,366	100%	$ -	$ 44,648	$ 4,409	$ 309	$ 49,366	$ 14,723	$ 34,643	

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name: GOLDEN CROSS HEALTHCARE PASADENA
Provider NPI: 1972587772
OSHPD Facility Number: 206190333
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. 54% of Total	DPH Licensing Fees 3% of Total	Professional Liability Ins. 8% of Total	Quality Assur. Fees 35% of Total	Caregiver Training 0% of Total
	GENERAL SERVICES													
045	Property Insurance	$ 11,888												
055	Interest - Other	3,636												
165	Administration (Salaries & Wages, Fringe Benefits,													
	Agency Staff and Other - Nonlabor)	576,912												
	Total Costs Allocable as Administration	592,436	54%											
167	DPH Licensing Fees	27,552	3%											
168	Professional Liability Insurance	91,122	8%											
169	Quality Assurance Fees	377,169	35%											
174	Caregiver Training	0	0%											
	Total	1,088,279	100%						$ 1,088,279					
	ANCILLARY SERVICES													
075	Patient Supplies			$ -	$ 2,053	$ 23,696	$ 555	$ 26,304	8,124	$ 4,422	$ 206	$ 680	$ 2,816	$ -
077	Specialized Support Surfaces			0	0	4,368	0	4,368	1,349	734	34	113	468	0
080	Physical Therapy			0	3,090	42,673	836	46,600	14,392	7,835	364	1,205	4,988	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			0	1,152	34,563	312	36,027	11,127	6,057	282	932	3,856	0
083	Speech Pathology			0	1,037	5,448	281	6,766	2,089	1,137	53	175	724	0
085	Pharmacy			0	419	76,123	113	76,656	23,674	12,888	599	1,982	8,205	0
090	Laboratory			0	0	6,286	0	6,286	1,941	1,057	49	163	673	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	210	3,555	57	3,821	1,180	642	30	99	409	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
	ROUTINE SERVICES													
105	Skilled Nursing Care			2,146,913	546,614	576,617	42,056	3,312,201	1,022,945	556,870	25,898	85,652	354,526	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	1,624	2,655	439	4,718	1,457	793	37	122	505	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	$ 1,088,279		$ 2,146,913	$ 556,200	$ 775,985	$ 44,648	$ 3,523,746	$ 1,088,279					
	Total Administrative Costs							$ 1,088,279		$ 592,436	$ 27,552	$ 91,122	$ 377,169	$ -
	Unit Cost Multiplier							0.30884151						
	Accumulated Administration Costs (Sch 2 thru 5)				$ 70,993	$ 28,522	$ 4,718	$ 104,233						
	TOTAL FACILITY COSTS							$ 4,716,258						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name: GOLDEN CROSS HEALTHCARE PASADENA
Provider NPI: 1972587772
OSHPD Facility Number: 206190333
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)
		(Adj 8)	(Adj 8)	(Adj 8)	(Adj 9)	(Adj 10)	(Adj)	(Adj)	(Adj)		
	GENERAL SERVICES										
005	Plant Operations and Maintenance	1,095									
010	Housekeeping	126	126								
060	Laundry and Linen	809	809	809							
065	Dietary	1,298	1,298	1,298							
155	Social Services	193	193	193							
160	Activities										
165	Administration	1,556	1,556	1,556							
166	Medical Records	109	109	109							
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies	196	196	196						26,304	26,304
077	Specialized Support Surfaces									4,368	4,368
080	Physical Therapy	295	295	295						46,600	46,600
081	Respiratory Therapy									0	0
082	Occupational Therapy	110	110	110						36,027	36,027
083	Speech Pathology	99	99	99						6,766	6,766
085	Pharmacy	40	40	40						76,656	76,656
090	Laboratory									6,286	6,286
095	Home Health Services									0	0
100	Other Ancillary Services	20	20	20						3,821	3,821
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	12,543	12,543	12,543	81,315	93,825	2,164,501	2,164,501	2,164,501	3,312,201	3,312,201
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	155	155	155						4,718	4,718
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	18,644	17,549	17,423	81,315	93,825	2,164,501	2,164,501	2,164,501	3,523,746	3,523,746
	TOTAL DIRECT SALARIES COSTS - SCH. 2						$ 30,810	$ 31,752			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.014234228	0.014669432			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		$ 90,796	$ 92,377	$ 113,831	$ 241,732	$ 2,022	$ -	$ 57,631	$ 16,300	$ 54,693
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		5.17385606	5.30200918	1.39987671	2.57641005	0.00093409	0.00000000	0.02662554	0.00462589	0.01552123
	TOTAL INDIRECT OTHER COSTS - SCH. 4		$ 258,098	$ 42,219	$ 48,525	$ 221,418	$ 6,775	$ 4,882	$ -	$ 26,655	$ 1,867
	UNIT COST MULTIPLIER (INDIRECT OTHER)		14.70727677	2.42318297	0.59674773	2.35990767	0.00313013	0.00225549	0.00000000	0.00756439	0.00052990
	TOTAL CAPITAL COSTS - SCH. 5	$ 49,366	$ 2,899	$ 354	$ 2,292	$ 3,678	$ 547	$ -	$ -	$ 4,409	$ 309
	UNIT COST MULTIPLIER (CAPITAL COSTS)	2.64782236	0.16521542	0.02034338	0.02818921	0.03919775	0.00025264	0.00000000	0.00000000	0.00125115	0.00008765

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GOLDEN CROSS HEALTHCARE PASADENA

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

Provider NPI:
1972587772

OSHPD Facility Number:
206190333

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	$ 77,153	$ 0	$ 77,153	(Sch 3)
005	.20-.39	Fringe Benefits	6200	13,643	0	13,643	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	258,098	0	258,098	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	$ 348,894	$ 0	$ 348,894	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	$ 77,805	$ 0	$ 77,805	(Sch 3)
010	.20-.39	Fringe Benefits	6300	13,920	0	13,920	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	40,366	0	40,366	(Sch 4)
010		Housekeeping - Total	6300	$ 132,091	$ 0	$ 132,091	
015		Depreciation: Buildings and Improvements	7110 - 7120	$ 0	$ 0	$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	4,989	0	4,989	(Sch 5)
025		Depreciation: Equipment	7140	9,734	0	9,734	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	0	0	0	(Sch 5)
040		Property Taxes	7300	42,267	(7,624)	34,643	(Sch 5)
045		Property Insurance	7400	11,888	0	11,888	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500	0	0	0	(Sch 5)
055		Interest - Other	7600	$ 3,636	$ 0	$ 3,636	(Sch 6)
057		**Subtotal 005 - 055**		$ 553,499	$ (7,624)	$ 545,875	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	$ 88,412	$ 0	$ 88,412	(Sch 3)
060	.20-.39	Fringe Benefits	6400	16,944	0	16,944	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	34,666	0	34,666	(Sch 4)
060		Laundry and Linen - Total	6400	$ 140,022	$ 0	$ 140,022	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	$ 181,976	$ 0	$ 181,976	(Sch 3)
065	.20-.39	Fringe Benefits	6500	46,158	0	46,158	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	199,183	0	199,183	(Sch 4)
065		Dietary - Total	6500	$ 427,317	$ 0	$ 427,317	
070		Provision for Bad Debts	7700	$ 0	0	$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	$ 0	$ 0	$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	20,338	0	20,338	(Sch 4)
075		Patient Supplies - Total	8100	$ 20,338	$ 0	$ 20,338	
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	4,368	0	4,368	(Sch 4)
077		Specialized Support Surfaces - Total	8150	$ 4,368	$ 0	$ 4,368	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GOLDEN CROSS HEALTHCARE PASADENA

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

Provider NPI:
1972587772

OSHPD Facility Number:
206190333

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	37,620	0	37,620	(Sch 4)
080		Physical Therapy - Total	8200	$ 37,620	$ 0	$ 37,620	
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	32,679	0	32,679	(Sch 4)
082		Occupational Therapy - Total	8250	$ 32,679	$ 0	$ 32,679	
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	3,752	0	3,752	(Sch 4)
083		Speech Pathology - Total	8280	$ 3,752	$ 0	$ 3,752	
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	75,438	0	75,438	(Sch 4)
085		Pharmacy - Total	8300	$ 75,438	$ 0	$ 75,438	
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	6,286	0	6,286	(Sch 4)
090		Laboratory - Total	8400	$ 6,286	$ 0	$ 6,286	
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	3,212	0	3,212	(Sch 4)
100		Other Ancillary Services - Total	8900	$ 3,212	$ 0	$ 3,212	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GOLDEN CROSS HEALTHCARE PASADENA

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

Provider NPI:
1972587772

OSHPD Facility Number:
206190333

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		$ 183,693	$ 0	$ 183,693	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	$ 1,725,697	$ 0	$ 1,725,697	(Sch 2)
105	.20-.39	Fringe Benefits	6110	338,637	0	338,637	(Sch 2)
105	.49	Agency Staff	6110	20,017	0	20,017	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	80,150	0	80,150	(Sch 4)
105		Skilled Nursing Care - Total	6110	$ 2,164,501	$ 0	$ 2,164,501	
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:
GOLDEN CROSS HEALTHCARE PASADENA

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

Provider NPI:
1972587772

OSHPD Facility Number:
206190333

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GOLDEN CROSS HEALTHCARE PASADENA

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

Provider NPI:
1972587772

OSHPD Facility Number:
206190333

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	0	0	0	(Sch 4)
140		Beauty and Barber - Total	8900	$ 0	$ 0	$ 0	
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**		$ 2,164,501	$ 0	$ 2,164,501	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	$ 26,196	$ 0	$ 26,196	(Sch 2)
155	.20-.39	Fringe Benefits	6600	4,614	0	4,614	(Sch 2)
155	.49	Agency Staff	6600	0	0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600	3,469	0	3,469	(Sch 4)
155		Social Services - Total	6600	$ 34,279	$ 0	$ 34,279	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
GOLDEN CROSS HEALTHCARE PASADENA

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

Provider NPI:
1972587772

OSHPD Facility Number:
206190333

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	$ 25,463	$ 0	$ 25,463	(Sch 2)
160	.20-.39	Fringe Benefits	6700	6,289	0	6,289	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	4,882	0	4,882	(Sch 4)
160		Activities - Total	6700	$ 36,634	$ 0	$ 36,634	
165		Administration					
165	.01-.19	Salaries and Wages	6900	$ 294,088	$ 0	$ 294,088	(Sch 6)
165	.20-.39	Fringe Benefits	6900	195,572	(96,374)	99,198	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	240,673	(57,047)	183,626	(Sch 6)
165		Administration - Total	6900	$ 730,333	$ (153,421)	$ 576,912	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	$ 38,585	$ 0	$ 38,585	(Sch 3)
166	.20-.39	Fringe Benefits	6900	14,966	0	14,966	(Sch 3)
166	.49	Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 4)
166		Medical Records - Total	6900	$ 53,551	$ 0	$ 53,551	
167		CDPH Licensing Fees	6900	$ 27,552	$ 0	$ 27,552	(Sch 6)
168		Professional Liability Insurance	6900	$ 98,883	$ (7,761)	$ 91,122	(Sch 6)
169		Quality Assurance Fees	6900	$ 313,619	$ 63,550	$ 377,169	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	$ 43,008	$ 0	$ 43,008	(Sch 3)
170	.20-.39	Fringe Benefits	6800	14,623	0	14,623	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	0	0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	$ 57,631	$ 0	$ 57,631	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	$ 0	$ 0	$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900	0	0	0	(Sch 6)
174	.49	Agency Staff	6900	0	0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 6)
174		Caregiver Training - Total	6900	$ 0	$ 0	$ 0	
		Subtotal 155 - 174		$ 1,352,482	$ (97,632)	$ 1,254,850	
200		**Total**		**$ 4,821,514**	**$ (105,256)**	**$ 4,716,258**	

Provider Name: GOLDEN CROSS HEALTHCARE PASADENA

Provider NPI: 1972587772

OSHPD Facility Number: 206190333

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 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	(7,624)				(7,127)	(497)			
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								
083	1	Speech Pathology - Salaries and Wages	0								
083	2	Speech Pathology - Fringe Benefits	0								
083	3	Speech Pathology - Agency Staff	0								

Provider Name: GOLDEN CROSS HEALTHCARE PASADENA

Provider NPI: 1972587772

OSHPD Facility Number: 206190333

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 ADJ
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	0								
110	1	Intermediate Care - Salaries and Wages	0								
110	2	Intermediate Care - Fringe Benefits	0								
110	3	Intermediate Care - Agency Staff	0								
110	4	Intermediate Care - Other - Nonlabor	0								
115	1	Mentally Disordered Care - Salaries and Wages	0								
115	2	Mentally Disordered Care - Fringe Benefits	0								
115	3	Mentally Disordered Care - Agency Staff	0								
115	4	Mentally Disordered Care - Other - Nonlabor	0								
120	1	Developmentally Disabled Care - Salaries and Wages	0								
120	2	Developmentally Disabled Care - Fringe Benefits	0								
120	3	Developmentally Disabled Care - Agency Staff	0								
120	4	Developmentally Disabled Care - Other - Nonlabor	0								
125	1	Subacute Care - Salaries and Wages	0								
125	2	Subacute Care - Fringe Benefits	0								
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: GOLDEN CROSS HEALTHCARE PASADENA

Provider NPI: 1972587772

OSHPD Facility Number: 206190333

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 ADJ
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	0								
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	(96,374)						(96,374)		
165	3	Administration - Agency Staff	0								
165	4	Administration - Other - Nonlabor	(57,047)	(63,550)	7,761	(7,258)				6,000	
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	0								
167	4	CDPH Licensing Fees	0								
168	4	Professional Liability Insurance	(7,761)		(7,761)						
169	4	Quality Assurance Fees	63,550	63,550							
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: GOLDEN CROSS HEALTHCARE PASADENA

Provider NPI: 1972587772

OSHPD Facility Number: 206190333

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 ADJ
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	0								
200		Total	($105,256)	0	0	(7,258)	(7,127)	(497)	(96,374)	6,000	0
			(To Sch 8)								

Provider Name	Fiscal Period	Provider NPI	Adjustments
GOLDEN CROSS HEALTHCARE PASADENA	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1972587772	12

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	$240,673	($63,550)	$177,123 *
	10.5	169	4	8A-1	169	4	Administration - Quality Assurance Fees	313,619	63,550	377,169
							To reclassify quality assurance fees to the quality assurance fees cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 52100, 52101 and 52506			
2	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor *	$177,123	$7,761	$184,884 *
	10.5	168	4	8A-1	168	4	Professional Liability Insurance	98,883	(7,761)	91,122
							To reclassify all other insurance expense from the Professional Liability Insurance cost center to Administration cost center. 42 CFR 413.24 / CMS Pub. 15-1, Sections 2304 and 2162 CCR, Title 22, Sections 52000(b), 52501 and 52507			

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
GOLDEN CROSS HEALTHCARE PASADENA	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1972587772	12

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			
3	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor * To eliminate costs of fines and penalties not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2105	$184,884	($7,258)	$177,626 *
4	10.5	040	4	8A-1	040	4	Property Taxes 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	$42,267	($7,127)	$35,140 *
5	10.5	040	4	8A-1	040	4	Property Taxes * To reconcile the reported property tax expenses to agree with the provider's invoices. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	$35,140	($497)	$34,643
6	10.5	165	2	8A-1	165	2	Administration - Fringe Benefits To eliminate other employee benefits expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)	$195,572	($96,374)	$99,198
7	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor * To reverse the provider's adjustment of Utilization Review expense since the State of California is no longer providing this service. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	$177,626	$6,000	$183,626

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
GOLDEN CROSS HEALTHCARE PASADENA	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1972587772	12

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 STATISTICS			
8	10.7	005	1	7	005		Plant Operations and Maintenance (Square Feet)	0	1,095	1,095
	10.7	010	1,2	7	010		Housekeeping	0	126	126
	10.7	060	1,2,3	7	060		Laundry and Linen	0	809	809
	10.7	065	1,2,3	7	065		Dietary	0	1,298	1,298
	10.7	075	1,2,3	7	075		Patient Supplies	0	196	196
	10.7	080	1,2,3	7	080		Physical Therapy	0	295	295
	10.7	082	1,2,3	7	082		Occupational Therapy	0	110	110
	10.7	083	1,2,3	7	083		Speech Pathology	0	99	99
	10.7	085	1,2,3	7	085		Pharmacy	0	40	40
	10.7	100	1,2,3	7	100		Other Ancillary Services	0	20	20
	10.7	105	1,2,3	7	105		Skilled Nursing Care	0	12,543	12,543
	10.7	140	1,2,3	7	140		Beauty and Barber	0	155	155
	10.7	155	1,2,3	7	155		Social Services	0	193	193
	10.7	165	1,2,3	7	165		Administration	0	1,556	1,556
	10.7	166	1,2,3	7	166		Medical Records	0	109	109
	10.7	175	1	7	N/A		Total Statistics - Square Feet	0	18,644	18,644
	10.7	175	2	7	N/A		Total Statistics - Square Feet	0	17,549	17,549
	10.7	175	3	7	N/A		Total Statistics - Square Feet	0	17,423	17,423
							To adjust square footage statistics to agree with the prior year's audit findings.			
							42 CFR 413.24 / CMS Pub. 15-1, Sections 2300 and 2306			
9	10.7	105	4	7	105		Skilled Nursing Care (Pounds of Laundry)	0	81,315	81,315
	10.7	175	4	7	N/A		Total Statistics - Pounds of Laundry	0	81,315	81,315
							To adjust laundry pounds statistics to agree with the provider's records in order to properly allocate indirect costs.			
							42 CFR 413.24 and 413.50			
							CMS Pub. 15-1, Sections 2304 and 2306			
10	10.7	105	5	7	105		Skilled Nursing Care (Number of Meals)	0	93,825	93,825
	10.7	175	5	7	N/A		Total Statistics - Number of Meals	0	93,825	93,825
							To adjust patient meals statistics to agree with the provider's records in order to properly allocate indirect costs.			
							42 CFR 413.24 and 413.50			
							CMS Pub. 15-1, Sections 2304 and 2306			

Provider Name	Fiscal Period	Provider NPI	Adjustments
GOLDEN CROSS HEALTHCARE PASADENA	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1972587772	12

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 REPORTED PATIENT DAYS			
11	4.1	5	2	1	15		Medi-Cal Days To adjust reported Medi-Cal Nursing Facility days based on the following Fiscal Intermediary Payment Data: Service Period: January 01, 2010 through December 31, 2010 Payment Period: January 01, 2010 through July 14, 2011 Report Date: July 15, 2011 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	29,186	(604)	28,582

Provider Name	Fiscal Period	Provider NPI	Adjustments
GOLDEN CROSS HEALTHCARE PASADENA	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1972587772	12

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			
12	Not Reported			1	14		Overpayment 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	$0	$2,790	$2,790