REPORT
ON THE
RATE SETTING AUDIT

LINCOLN SQUARE POST ACUTE CARE
STOCKTON, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1780816777

FISCAL PERIOD ENDED
DECEMBER 31, 2010

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

Section Chief: Margaret A. Varho
Audit Supervisor: Henry Igboke
Auditor: Rita Lopez

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

Date: June 05, 2012

Spencer Olsen, CFO
North American Health Care, Inc.
3 Monarch Bay Plaza, Suite 203
Dana Point, CA 92629

LINCOLN SQUARE POST ACUTE CARE
NATIONAL PROVIDER IDENTIFIER (NPI) 1780816777
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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

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

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules

2. Audit adjustments that include a summary of the total due the State in the amount of $159, which resulted from Medi-Cal overpayments

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

Future Medi-Cal long-term care prospective rates may be affected by this examination. The extent to which the rates change will be determined by the Department's Medi-Cal Benefits, Waiver Analysis and Rates Division.

605 West Santa Ana Blvd., Building 28, Room 830, Santa Ana, CA 92701
(714) 558-4434 / (714) 558-4179 fax
Internet Address: www.dhcs.ca.gov

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—Santa Ana at (714) 558-4434.

(***Original signed by Margaret Varho***)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

Certified

STATE OF CALIFORNIA | SCHEDULE 1

SUMMARY OF AUDITED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
LINCOLN SQUARE POST ACUTE CARE

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

Provider NPI:
1780816777

OSHPD Facility No.:
206392310

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
	SKILLED NURSING CARE			
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	$ N/A	$ 1,633,425	$ 111.95
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ N/A	$ 514,763	$ 35.28
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	$ N/A	$ 396,276	$ 27.16
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ N/A	$ 496,029	$ 34.00
5	Property Taxes (Sch. 5, Ln. 105)	$ N/A	$ 14,505	$ 0.99
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	$ N/A	$ 18,692	$ 1.28
7	Professional Liability Insurance (Sch. 6, Ln. 105)	$ N/A	$ 19,843	$ 1.36
8	Caregiver Training (Sch. 6, Ln. 105)	$ N/A	$ 0	$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ N/A	$ 145,255	$ 9.96
10	Cost of Administration (Sch. 6, Ln. 105)	$ N/A	$ 616,341	$ 42.24
11	Cost of Routine Service/Audited Total Costs	$ 3,861,152.00	$ 3,855,128.02	$ 264.21
12	Total Patient Days (Adj)	14,591	14,591	
13	Cost Per Patient Day (Cost Divided by Days)	$ 264.63	$ 264.21	
14	Overpayments (Adj 5)	$ 0	$ (159)	
15	Medi-Cal Days (Adjs 2,3)	10,634	10,365	
16	Medi-Cal Managed Care Days (Adj 4)		259	
	INTERMEDIATE CARE			
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
18	Total Patient Days (Adj)		0	
19	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
20	Overpayments (Adj)	$	$ 0	
	MENTALLY DISORDERED CARE			
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
22	Total Patient Days (Adj)		0	
23	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
24	Overpayments (Adj)	$	$ 0	
	DEVELOPMENTALLY DISABLED CARE			
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
26	Total Patient Days (Adj)		0	
27	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
28	Overpayments (Adj)	$	$ 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:
LINCOLN SQUARE POST ACUTE CARE

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

Provider NPI:
1780816777

OSHPD Facility No.:
206392310

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	
50	Total Patient Days (Adj)		0	
51	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
52	Overpayments (Adj)	$	$ 0	
	HOSPICE INPATIENT CARE			
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
54	Total Patient Days (Adj)		0	
55	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
56	Overpayments (Adj)	$	$ 0	
	OTHER ROUTINE SERVICES			
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
58	Total Patient Days (Adj)		0	
59	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
60	Overpayments (Adj)	$	$ 0	

ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR

Provider Name:
LINCOLN SQUARE POST ACUTE CARE

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

Provider NPI:
1780816777

OSHPD Facility No.:
206392310

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	$ 50,879	$ 50,879			
160	Activities	44,262		$ 44,262		
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	146,418	0	0	146,418	
081	Respiratory Therapy	0	0	0	0	
082	Occupational Therapy	62,991	0	0	62,991	
083	Speech Pathology	9,065	0	0	9,065	
085	Pharmacy	0	0	0	0	
090	Laboratory	0	0	0	0	
095	Home Health Services	0	0	0	0	
100	Other Ancillary Services	0	0	0	0	
101	Subacute Care Ancillary Services	0	0	0	0	
102	Subacute Care - Pediatric Ancillary Services	0	0	0	0	
	ROUTINE SERVICES					
105	Skilled Nursing Care	1,538,284	50,879	44,262	1,633,425	*
110	Intermediate Care	0	0	0	0	*
115	Mentally Disordered Care	0	0	0	0	*
120	Developmentally Disabled Care	0	0	0	0	*
125	Subacute Care	0	0	0	0	*
126	Subacute Care - Pediatric	0	0	0	0	*
128	Transitional Inpatient Care	0	0	0	0	*
130	Hospice Inpatient Care	0	0	0	0	*
135	Other Routine Services	0	0	0	0	*
	NONREIMBURSABLE					
139	Residential Care	0	0	0	0	
140	Beauty and Barber	0	0	0	0	
145	Other Nonreimbursable	0	0	0	0	
	TOTAL	$ 1,851,899	$ 50,879	$ 44,262	$ 1,851,899	

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name: LINCOLN SQUARE POST ACUTE CARE
Provider NPI: 1780816777
OSHPD Facility Number: 206392310
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	$ 50,378	$ 50,378											
010	Housekeeping	55,277	729	$ 56,006										
060	Laundry and Linen	93,073	1,150	1,298	$ 95,521									
065	Dietary	182,635	9,083	10,245	0	$ 201,963								
155	Social Services	N/A	249	281	0	0	$ 530							
160	Activities	N/A	249	281	0	0	0	$ 530						
165	Administration	N/A	1,534	1,730	0	0	0	0		$ 3,264	$ 3,264			
166	Medical Records	48,570	968	1,092	0	0	0	0		50,630		$ 50,630		
170	Inservice Education - Nursing	104,557	302	341	0	0	0	0	$ 105,200					
	ANCILLARY SERVICES													
075	Patient Supplies		599	676	0	0	0	0	0	1,275	27	426	$ 1,728	
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0	
080	Physical Therapy		685	773	0	0	0	0	0	1,459	171	2,649	4,278	
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0	
082	Occupational Therapy		681	768	0	0	0	0	0	1,448	139	2,150	3,737	
083	Speech Pathology		681	768	0	0	0	0	0	1,448	26	408	1,882	
085	Pharmacy		1,582	1,784	0	0	0	0	0	3,366	144	2,232	5,742	
090	Laboratory		0	0	0	0	0	0	0	0	14	222	237	
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	53	829	882	
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		31,379	35,396	95,521	201,963	530	530	105,200	470,519	2,679	41,564	514,763	*
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		355	400	0	0	0	0	0	755	7	113	875	
145	Other Nonreimbursable		153	173	0	0	0	0	0	326	2	37	365	
	TOTAL	$ 534,490	$ 50,378	$ 56,006	$ 95,521	$ 201,963	$ 530	$ 530	$ 105,200	$ 480,596	$ 3,264	$ 50,630	$ 534,490	

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name: LINCOLN SQUARE POST ACUTE CARE
Provider NPI: 1780816777
OSHPD Facility Number: 206392310
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	$ 155,229	$ 155,229											
010	Housekeeping	16,822	2,245	$ 19,067										
060	Laundry and Linen	17,489	3,544	442	$ 21,475									
065	Dietary	110,652	27,986	3,488	0	$ 142,126								
155	Social Services	0	768	96	0	0	$ 864							
160	Activities	3,403	768	96	0	0	0	$ 4,267						
165	Administration	N/A	4,726	589	0	0	0	0		$ 5,315	$ 5,315			
166	Medical Records	10,334	2,983	372	0	0	0	0		13,689		$ 13,689		
170	Inservice Education - Nursing	0	930	116	0	0	0	0	$ 1,046					
	ANCILLARY SERVICES													
075	Patient Supplies	20,233	1,846	230	0	0	0	0	0	22,309	45	115	$ 22,469	
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0	
080	Physical Therapy	31,259	2,112	263	0	0	0	0	0	33,634	278	716	34,628	
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0	
082	Occupational Therapy	79,101	2,097	261	0	0	0	0	0	81,459	226	581	82,266	
083	Speech Pathology	8,454	2,097	261	0	0	0	0	0	10,812	43	110	10,965	
085	Pharmacy	132,596	4,874	607	0	0	0	0	0	138,077	234	604	138,915	
090	Laboratory	15,901	0	0	0	0	0	0	0	15,901	23	60	15,984	
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services	59,255	0	0	0	0	0	0	0	59,255	87	224	59,566	
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	102,159	96,688	12,050	21,475	142,126	864	4,267	1,046	380,675	4,363	11,238	396,276	*
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	2,025	1,093	136	0	0	0	0	0	3,254	12	31	3,296	
145	Other Nonreimbursable	0	473	59	0	0	0	0	0	531	4	10	545	
	TOTAL	$ 764,912	$ 155,229	$ 19,067	$ 21,475	$ 142,126	$ 864	$ 4,267	$ 1,046	$ 745,908	$ 5,315	$ 13,689	$ 764,912	

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
LINCOLN SQUARE POST ACUTE CARE

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

Provider NPI:
1780816777

OSHPD Facility Number:
206392310

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)	$ 553,850	97%							
	Property Tax (line 40)	16,196	3%	$ 570,046						
005	Plant Operations and Maintenance			3,289	$ 3,289					
010	Housekeeping			8,196	48	$ 8,243				
060	Laundry and Linen			12,941	75	191	$ 13,207			
065	Dietary			102,179	593	1,508	0	$ 104,280		
155	Social Services			2,804	16	41	0	0	$ 2,862	
160	Activities			2,804	16	41	0	0	0	$ 2,862
165	Administration			17,255	100	255	0	0	0	0
166	Medical Records			10,892	63	161	0	0	0	0
170	Inservice Education - Nursing			3,397	20	50	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			6,740	39	99	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			7,711	45	114	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			7,657	44	113	0	0	0	0
083	Speech Pathology			7,657	44	113	0	0	0	0
085	Pharmacy			17,794	103	263	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			353,017	2,049	5,210	13,207	104,280	2,862	2,862
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			3,990	23	59	0	0	0	0
145	Other Nonreimbursable			1,725	10	25	0	0	0	0
	TOTAL	$ 570,046	100%	$ 570,046	$ 3,289	$ 8,243	$ 13,207	$ 104,280	$ 2,862	$ 2,862

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
LINCOLN SQUARE POST ACUTE CARE

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

Provider NPI:
1780816777

OSHPD Facility Number:
206392310

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 97% Of Total	Property Tax 3% Of Total	
	GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	$ 553,850	97%								
	Property Tax (line 40)	16,196	3%								
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen										
065	Dietary										
155	Social Services										
160	Activities										
165	Administration				$ 17,609	$ 17,609					
166	Medical Records				11,116		$ 11,116				
170	Inservice Education - Nursing			$ 3,467							
	ANCILLARY SERVICES										
075	Patient Supplies			0	6,879	148	94	$ 7,120	$ 6,918	$ 202	
077	Specialized Support Surfaces			0	0	0	0	0	0	0	
080	Physical Therapy			0	7,869	921	582	9,372	9,106	266	
081	Respiratory Therapy			0	0	0	0	0	0	0	
082	Occupational Therapy			0	7,814	748	472	9,034	8,777	257	
083	Speech Pathology			0	7,814	142	89	8,045	7,817	229	
085	Pharmacy			0	18,160	776	490	19,426	18,874	552	
090	Laboratory			0	0	77	49	126	123	4	
095	Home Health Services			0	0	0	0	0	0	0	
100	Other Ancillary Services			0	0	288	182	470	457	13	
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			3,467	486,952	14,456	9,125	510,534	496,029	14,505	*
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	4,072	39	25	4,136	4,019	118	
145	Other Nonreimbursable			0	1,761	13	8	1,782	1,731	51	
	TOTAL	$ 570,046	100%	$ 3,467	$ 541,321	$ 17,609	$ 11,116	$ 570,046	$ 553,850	$ 16,196	

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name: LINCOLN SQUARE POST ACUTE CARE
Provider NPI: 1780816777
OSHPD Facility Number: 206392310
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. 77% of Total	DPH Licensing Fees 2% of Total	Professional Liability Ins. 2% of Total	Quality Assur. Fees 18% of Total	Caregiver Training 0% of Total
	GENERAL SERVICES													
045	Property Insurance	$ 7,941												
055	Interest - Other	160												
165	Administration (Salaries & Wages, Fringe Benefits,													
	Agency Staff and Other - Nonlabor)	742,675												
	Total Costs Allocable as Administration	750,776	77%											
167	DPH Licensing Fees	22,769	2%											
168	Professional Liability Insurance	24,171	2%											
169	Quality Assurance Fees	176,938	18%											
174	Caregiver Training	0	0%											
	Total	974,654	100%						$ 974,654					
	ANCILLARY SERVICES													
075	Patient Supplies			$ -	$ 1,275	$ 22,309	$ 6,879	$ 30,463	8,202	$ 6,318	$ 192	$ 203	$ 1,489	$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			146,418	1,459	33,634	7,869	189,380	50,993	39,280	1,191	1,265	9,257	0
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy			62,991	1,448	81,459	7,814	153,713	41,389	31,882	967	1,026	7,514	0
083	Speech Pathology			9,065	1,448	10,812	7,814	29,140	7,846	6,044	183	195	1,424	0
085	Pharmacy			0	3,366	138,077	18,160	159,602	42,975	33,104	1,004	1,066	7,802	0
090	Laboratory			0	0	15,901	0	15,901	4,282	3,298	100	106	777	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	59,255	0	59,255	15,955	12,290	373	396	2,896	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0	0	0	0	0
	ROUTINE SERVICES													
105	Skilled Nursing Care			1,633,425	470,519	380,675	486,952	2,971,571	800,131	616,341	18,692	19,843	145,255	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	755	3,254	4,072	8,081	2,176	1,676	51	54	395	0
145	Other Nonreimbursable			0	326	531	1,761	2,619	705	543	16	17	128	0
	SUBTOTAL	$ 974,654		$ 1,851,899	$ 480,596	$ 745,908	$ 541,321	$ 3,619,724	$ 974,654					
	Total Administrative Costs							$ 974,654		$ 750,776	$ 22,769	$ 24,171	$ 176,938	$ -
	Unit Cost Multiplier							0.26926197						
	Accumulated Administration Costs (Sch 2 thru 5)				$ 53,894	$ 19,004	$ 28,725	$ 101,623						
	TOTAL FACILITY COSTS							$ 4,696,001						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name: LINCOLN SQUARE POST ACUTE CARE
Provider NPI: 1780816777
OSHPD Facility Number: 206392310
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)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		
	GENERAL SERVICES										
005	Plant Operations and Maintenance	61									
010	Housekeeping	152	152								
060	Laundry and Linen	240	240	240							
065	Dietary	1,895	1,895	1,895							
155	Social Services	52	52	52							
160	Activities	52	52	52							
165	Administration	320	320	320							
166	Medical Records	202	202	202							
170	Inservice Education - Nursing	63	63	63							
	ANCILLARY SERVICES										
075	Patient Supplies	125	125	125						30,463	30,463
077	Specialized Support Surfaces									0	0
080	Physical Therapy	143	143	143						189,380	189,380
081	Respiratory Therapy									0	0
082	Occupational Therapy	142	142	142						153,713	153,713
083	Speech Pathology	142	142	142						29,140	29,140
085	Pharmacy	330	330	330						159,602	159,602
090	Laboratory									15,901	15,901
095	Home Health Services									0	0
100	Other Ancillary Services									59,255	59,255
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	6,547	6,547	6,547	55,450	43,484	1,640,443	1,640,443	1,640,443	2,971,571	2,971,571
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	74	74	74						8,081	8,081
145	Other Nonreimbursable	32	32	32						2,619	2,619
	TOTAL STATISTICS	10,572	10,511	10,359	55,450	43,484	1,640,443	1,640,443	1,640,443	3,619,724	3,619,724
	TOTAL DIRECT SALARIES COSTS - SCH. 2						$ 50,879	$ 44,262			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.031015403	0.026981736			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		$ 50,378	$ 56,006	$ 95,521	$ 201,963	$ 530	$ 530	$ 105,200	$ 3,264	$ 50,630
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		4.79288365	5.40645992	1.72264820	4.64453031	0.00032331	0.00032331	0.06412875	0.00090167	0.01398733
	TOTAL INDIRECT OTHER COSTS - SCH. 4		$ 155,229	$ 19,067	$ 21,475	$ 142,126	$ 864	$ 4,267	$ 1,046	$ 5,315	$ 13,689
	UNIT COST MULTIPLIER (INDIRECT OTHER)		14.76824279	1.84059976	0.38728805	3.26846097	0.00052648	0.00260092	0.00063785	0.00146830	0.00378178
	TOTAL CAPITAL COSTS - SCH. 5	$ 570,046	$ 3,289	$ 8,243	$ 13,207	$ 104,280	$ 2,862	$ 2,862	$ 3,467	$ 17,609	$ 11,116
	UNIT COST MULTIPLIER (CAPITAL COSTS)	53.92035566	0.31292377	0.79577744	0.23817806	2.39812489	0.00174435	0.00174435	0.00211335	0.00486482	0.00307092

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LINCOLN SQUARE POST ACUTE CARE

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

Provider NPI:
1780816777

OSHPD Facility Number:
206392310

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	$ 43,606	$ 0	$ 43,606	(Sch 3)
005	.20-.39	Fringe Benefits	6200	6,772	0	6,772	(Sch 3)
005	.79	Agency Staff	6200		0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	155,229	0	155,229	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	$ 205,607	$ 0	$ 205,607	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	$ 48,636	$ 0	$ 48,636	(Sch 3)
010	.20-.39	Fringe Benefits	6300	6,641	0	6,641	(Sch 3)
010	.79	Agency Staff	6300		0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	16,822	0	16,822	(Sch 4)
010		Housekeeping - Total	6300	$ 72,099	$ 0	$ 72,099	
015		Depreciation: Buildings and Improvements	7110 - 7120	$	$ 0	$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	164,127	0	164,127	(Sch 5)
025		Depreciation: Equipment	7140	54,167	0	54,167	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160		0	0	(Sch 5)
035		Leases and Rentals	7200	289,934	0	289,934	(Sch 5)
040		Property Taxes	7300	16,196	0	16,196	(Sch 5)
045		Property Insurance	7400	7,941	0	7,941	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500	45,622	0	45,622	(Sch 5)
055		Interest - Other	7600	$ 160	$ 0	$ 160	(Sch 6)
057		**Subtotal 005 - 055**		$ 855,853	$ 0	$ 855,853	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	$ 81,201	$ 0	$ 81,201	(Sch 3)
060	.20-.39	Fringe Benefits	6400	11,872	0	11,872	(Sch 3)
060	.79	Agency Staff	6400		0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	17,489	0	17,489	(Sch 4)
060		Laundry and Linen - Total	6400	$ 110,562	$ 0	$ 110,562	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	$ 153,929	$ 0	$ 153,929	(Sch 3)
065	.20-.39	Fringe Benefits	6500	28,706	0	28,706	(Sch 3)
065	.79	Agency Staff	6500		0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	110,652	0	110,652	(Sch 4)
065		Dietary - Total	6500	$ 293,287	$ 0	$ 293,287	
070		Provision for Bad Debts	7700	$ 0	0	$ 0	
		Ancillary Services					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	$	$ 0	$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100		0	0	(Sch 2)
075	.79	Agency Staff	8100		0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	20,233	0	20,233	(Sch 4)
075		Patient Supplies - Total	8100	$ 20,233	$ 0	$ 20,233	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	$	$ 0	$ 0	N/A
077	.20-.39	Fringe Benefits	8150		0	0	N/A
077	.79	Agency Staff	8150		0	0	N/A
077	.40-.99	Other - Nonlabor	8150		0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	$ 0	$ 0	$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LINCOLN SQUARE POST ACUTE CARE

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

Provider NPI:
1780816777

OSHPD Facility Number:
206392310

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	$ 131,971	$ 0	$ 131,971	(Sch 2)
080	.20-.39	Fringe Benefits	8200	14,447	0	14,447	(Sch 2)
080	.79	Agency Staff	8200		0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	31,259	0	31,259	(Sch 4)
080		Physical Therapy - Total	8200	$ 177,677	$ 0	$ 177,677	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	$	$ 0	$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220		0	0	(Sch 2)
081	.79	Agency Staff	8220		0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220		0	0	(Sch 4)
081		Respiratory Therapy - Total	8220	$ 0	$ 0	$ 0	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	$ 56,089	$ 0	$ 56,089	(Sch 2)
082	.20-.39	Fringe Benefits	8250	6,902	0	6,902	(Sch 2)
082	.79	Agency Staff	8250		0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	79,101	0	79,101	(Sch 4)
082		Occupational Therapy - Total	8250	$ 142,092	$ 0	$ 142,092	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	$ 8,112	$ 0	$ 8,112	(Sch 2)
083	.20-.39	Fringe Benefits	8280	953	0	953	(Sch 2)
083	.79	Agency Staff	8280		0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	8,454	0	8,454	(Sch 4)
083		Speech Pathology - Total	8280	$ 17,519	$ 0	$ 17,519	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	$	$ 0	$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300		0	0	(Sch 2)
085	.79	Agency Staff	8300		0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	132,596	0	132,596	(Sch 4)
085		Pharmacy - Total	8300	$ 132,596	$ 0	$ 132,596	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	$	$ 0	$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400		0	0	(Sch 2)
090	.79	Agency Staff	8400		0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	15,901	0	15,901	(Sch 4)
090		Laboratory - Total	8400	$ 15,901	$ 0	$ 15,901	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	$	$ 0	$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800		0	0	(Sch 2)
095	.79	Agency Staff	8800		0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800		0	0	(Sch 4)
095		Home Health Services - Total	8800	$ 0	$ 0	$ 0	
100		Other Ancillary Services					
100	.01-.19	Salaries and Wages	8900	$	$ 0	$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900		0	0	(Sch 2)
100	.79	Agency Staff	8900		0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	59,255	0	59,255	(Sch 4)
100		Other Ancillary Services - Total	8900	$ 59,255	$ 0	$ 59,255	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LINCOLN SQUARE POST ACUTE CARE

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

Provider NPI:
1780816777

OSHPD Facility Number:
206392310

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
101		Subacute Care Ancillary Services					
101	.01-.19	Salaries and Wages	8100-8900	$	$ 0	$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
101	.79	Agency Staff	8100-8900		0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
101		Subacute Care Ancillary Services - Total	8100-8900	$ 0	$ 0	$ 0	
102		Subacute Care - Pediatric Ancillary Services					
102	.01-.19	Salaries and Wages	8100-8900	$	$ 0	$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900		0	0	(Sch 2)
102	.79	Agency Staff	8100-8900		0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900		0	0	(Sch 4)
102		Subacute Care - Pediatric Ancillary Services - Total	8100-8900	$ 0	$ 0	$ 0	
104		Subtotal 075 - 102		$ 565,273	$ 0	$ 565,273	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	$ 1,289,112	$ 0	$ 1,289,112	(Sch 2)
105	.20-.39	Fringe Benefits	6110	249,172	0	249,172	(Sch 2)
105	.49	Agency Staff	6110		0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	102,159	0	102,159	(Sch 4)
105		Skilled Nursing Care - Total	6110	$ 1,640,443	$ 0	$ 1,640,443	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	$	$ 0	$ 0	
110	.20-.39	Fringe Benefits	6120		0	0	
110	.49	Agency Staff	6120		0	0	
110	.40-.99	Other - Nonlabor	6120		0	0	
110		Intermediate Care - Total	6120	$ 0	$ 0	$ 0	(Sch 2)
115		Mentally Disordered Care					
115	.01-.19	Salaries and Wages	6130	$	$ 0	$ 0	
115	.20-.39	Fringe Benefits	6130		0	0	
115	.49	Agency Staff	6130		0	0	
115	.40-.99	Other - Nonlabor	6130		0	0	
115		Mentally Disordered Care - Total	6130	$ 0	$ 0	$ 0	(Sch 2)
120		Developmentally Disabled Care					
120	.01-.19	Salaries and Wages	6140	$	$ 0	$ 0	
120	.20-.39	Fringe Benefits	6140		0	0	
120	.49	Agency Staff	6140		0	0	
120	.40-.99	Other - Nonlabor	6140		0	0	
120		Developmentally Disabled Care - Total	6140	$ 0	$ 0	$ 0	(Sch 2)
125		Subacute Care					
125	.01-.19	Salaries and Wages	6150	$	$ 0	$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150		0	0	(Sch 2)
125	.49	Agency Staff	6150		0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150		0	0	(Sch 4)
125		Subacute Care - Total	6150	$ 0	$ 0	$ 0	
126		Subacute Care - Pediatric					
126	.01-.19	Salaries and Wages	6160	$	$ 0	$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160		0	0	(Sch 2)
126	.49	Agency Staff	6160		0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160		0	0	(Sch 4)
126		Subacute Care - Pediatric - Total	6160	$ 0	$ 0	$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LINCOLN SQUARE POST ACUTE CARE

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

Provider NPI:
1780816777

OSHPD Facility Number:
206392310

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

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LINCOLN SQUARE POST ACUTE CARE

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

Provider NPI:
1780816777

OSHPD Facility Number:
206392310

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS 8A-1	AS AUDITED	
128		Transitional Inpatient Care					
128	.01-.19	Salaries and Wages	6170	$	$ 0	$ 0	
128	.20-.39	Fringe Benefits	6170		0	0	
128	.49	Agency Staff	6170		0	0	
128	.40-.99	Other - Nonlabor	6170		0	0	
128		Transitional Inpatient Care - Total	6170	$ 0	$ 0	$ 0	(Sch 2)
130		Hospice Inpatient Care					
130	.01-.19	Salaries and Wages	6180	$	$ 0	$ 0	
130	.20-.39	Fringe Benefits	6180		0	0	
130	.49	Agency Staff	6180		0	0	
130	.40-.99	Other - Nonlabor	6180		0	0	
130		Hospice Inpatient Care - Total	6180	$ 0	$ 0	$ 0	(Sch 2)
135		Other Routine Services					
135	.01-.19	Salaries and Wages	6190	$	$ 0	$ 0	
135	.20-.39	Fringe Benefits	6190		0	0	
135	.49	Agency Staff	6190		0	0	
135	.40-.99	Other - Nonlabor	6190		0	0	
135		Other Routine Services - Total	6190	$ 0	$ 0	$ 0	(Sch 2)
		Other Nonreimbursable					
139		Residential Care					
139	.01-.19	Salaries and Wages	9100	$	$ 0	$ 0	(Sch 2)
139	.20-.39	Fringe Benefits	9100		0	0	(Sch 2)
139	.49	Agency Staff	9100		0	0	(Sch 2)
139	.40-.99	Other - Nonlabor	9100		0	0	(Sch 4)
139		Residential Care - Total	9100	$ 0	$ 0	$ 0	
140		Beauty and Barber					
140	.01-.19	Salaries and Wages	8900	$	$ 0	$ 0	(Sch 2)
140	.20-.39	Fringe Benefits	8900		0	0	(Sch 2)
140	.49	Agency Staff	8900		0	0	(Sch 2)
140	.40-.99	Other - Nonlabor	8900	2,025	0	2,025	(Sch 4)
140		Beauty and Barber - Total	8900	$ 2,025	$ 0	$ 2,025	
145		Other Nonreimbursable					
145	.01-.19	Salaries and Wages	9100	$	$ 0	$ 0	(Sch 2)
145	.20-.39	Fringe Benefits	9100		0	0	(Sch 2)
145	.49	Agency Staff	9100		0	0	(Sch 2)
145	.40-.99	Other - Nonlabor	9100		0	0	(Sch 4)
145		Other Nonreimbursable - Total	9100	$ 0	$ 0	$ 0	
146		**Subtotal 105 - 145**		$ 1,642,468	$ 0	$ 1,642,468	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	$ 42,927	$ 0	$ 42,927	(Sch 2)
155	.20-.39	Fringe Benefits	6600	7,952	0	7,952	(Sch 2)
155	.49	Agency Staff	6600		0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600		0	0	(Sch 4)
155		Social Services - Total	6600	$ 50,879	$ 0	$ 50,879	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
LINCOLN SQUARE POST ACUTE CARE

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

Provider NPI:
1780816777

OSHPD Facility Number:
206392310

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	$ 35,855	$ 0	$ 35,855	(Sch 2)
160	.20-.39	Fringe Benefits	6700	8,407	0	8,407	(Sch 2)
160	.49	Agency Staff	6700		0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	3,403	0	3,403	(Sch 4)
160		Activities - Total	6700	$ 47,665	$ 0	$ 47,665	
165		Administration					
165	.01-.19	Salaries and Wages	6900	$ 230,449	$ 0	$ 230,449	(Sch 6)
165	.20-.39	Fringe Benefits	6900	65,037	0	65,037	(Sch 6)
165	.49	Agency Staff	6900		0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	458,255	(11,066)	447,189	(Sch 6)
165		Administration - Total	6900	$ 753,741	$ (11,066)	$ 742,675	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	$ 41,363	$ 0	$ 41,363	(Sch 3)
166	.20-.39	Fringe Benefits	6900	7,207	0	7,207	(Sch 3)
166	.49	Agency Staff	6900		0	0	(Sch 3)
166	.40-.99	Other - Nonlabor	6900	10,334	0	10,334	(Sch 4)
166		Medical Records - Total	6900	$ 58,904	$ 0	$ 58,904	
167		CDPH Licensing Fees	6900	$ 22,769	$ 0	$ 22,769	(Sch 6)
168		Professional Liability Insurance	6900	$ 24,171	$ 0	$ 24,171	(Sch 6)
169		Quality Assurance Fees	6900	$ 176,938	$ 0	$ 176,938	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	$ 86,632	$ 0	$ 86,632	(Sch 3)
170	.20-.39	Fringe Benefits	6800	17,925	0	17,925	(Sch 3)
170	.49	Agency Staff	6800		0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800		0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	$ 104,557	$ 0	$ 104,557	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	$	$ 0	$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900		0	0	(Sch 6)
174	.49	Agency Staff	6900		0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900		0	0	(Sch 6)
174		Caregiver Training - Total	6900	$ 0	$ 0	$ 0	
		Subtotal 155 - 174		$ 1,239,624	$ (11,066)	$ 1,228,558	
200		**Total**		**$ 4,707,067**	**$ (11,066)**	**$ 4,696,001**	

Provider Name: LINCOLN SQUARE POST ACUTE CARE

Provider NPI: 1780816777

OSHPD Facility Number: 206392310

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

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

Provider Name: LINCOLN SQUARE POST ACUTE CARE

Provider NPI: 1780816777

OSHPD Facility Number: 206392310

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

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	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: LINCOLN SQUARE POST ACUTE CARE

Provider NPI: 1780816777

OSHPD Facility Number: 206392310

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

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	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	0								
165	3	Administration - Agency Staff	0								
165	4	Administration - Other - Nonlabor	(11,066)	(11,066)							
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	0								
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: LINCOLN SQUARE POST ACUTE CARE

Provider NPI: 1780816777

OSHPD Facility Number: 206392310

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

Line No.	Sub No.		TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	0								
200		Total	($11,066)	(11,066)	0	0	0	0	0	0	0
			(To Sch 8)								

Provider Name	Fiscal Period	Provider NPI	Adjustments
LINCOLN SQUARE POST ACUTE CARE	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1780816777	5

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 COSTS			
1	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor To adjust reported home office costs to agree with the North American Health Care, Inc. Home Office Audit Report for fiscal year ended December 31, 2010. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	$458,255	($11,066)	$447,189

Provider Name	Fiscal Period	Provider NPI	Adjustments
LINCOLN SQUARE POST ACUTE CARE	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1780816777	5

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 MEDI-CAL SETTLEMENT DATA			
2	4.1	5	2	1	15		Medi-Cal Days To adjust reported Medi-Cal days based on the following Fiscal Intermediary Payment Data: Service Period: January 01, 2010 through December 31, 2010 Payment Period: January 01, 2010 through January 15, 2012 Report Date: January 30, 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	10,634	(259)	10,375 *
3	4.1	5	2	1	15		Medi-Cal Days * To eliminate patient days billed and paid as Medi-Cal days to provider, but later refunded portions of them to the State, based on census report and the following Fiscal Intermediary Payment Data: Service Period: January 01, 2010 through December 31, 2010 Payment Period: January 01, 2010 through January 15, 2012 Report Date: January 30, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2205, 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541	10,375	(10)	10,365
4	Not Reported			1	16		Medi-Cal Managed Care Days To adjust Medi-Cal Managed Care days based on the following Fiscal Intermediary Payment Data: Service Period: January 01, 2010 through December 31, 2010 Payment Period: January 01, 2010 through January 15, 2012 Report Date: January 30, 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	0	259	259

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
LINCOLN SQUARE POST ACUTE CARE	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1780816777	5

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			
5	Not Reported			1	14		Overpayments To recover overpayments for overstated Medi-Cal patient days. 42 CFR 433.139, 413.20 and 413.24 and 431.07 CMS Pub. 15-1, Section 2409 CCR, Title 22, Section 51458.1	$0	$159	$159

Provider Name							**Fiscal Period**	**Provider NPI**		**Adjustments**
LINCOLN SQUARE POST ACUTE CARE							JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1780816777		5
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