AMENDED REPORT
ON THE
AUDITED COST REPORT

SANTA CLARITA CONVALESCENT HOSPITAL
NEWHALL, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1154389872

FISCAL PERIOD ENDED
DECEMBER 31, 2010

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

Section Chief: Robert G. Kvick
Audit Supervisor: Delia Valencia
Auditor: Welmond Chow

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

March 27, 2014

Steven Pavlow, President
SRPRFF Corporation
5600 West Spring Mountain Road, Suite 207
Las Vegas, NV 89146

AMENDED

SANTA CLARITA CONVALESCENT HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1154389872
FISCAL PERIOD ENDED DECEMBER 31, 2010

We have amended the provider's Medi-Cal Audit Report dated June 29, 2012, for the above-referenced fiscal period. The amendment was necessary due to further examination of the 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 Amended 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 amended audit report includes the:

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

2. Amendments that include a summary of the total due the State in the amount of $328,010, which resulted from Medi-Cal overpayments

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

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

Financial Audits Branch/Audits Section—Sacramento
MS 2106, P.O. Box 997413, Sacramento, CA 95899-7413
(916) 650-6994 / (916) 650-6990 fax
Internet Address: www.dhcs.ca.gov

Notwithstanding this amended 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:

Lisa Alder, 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—Sacramento at (916) 650-6994.

Original Signed By

Robert G. Kvick, Chief
Audits Section—Sacramento
Financial Audits Branch

Certified

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF AMENDED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
SANTA CLARITA CONVALESCENT HOSPITAL

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

Provider NPI:
1154389872

OSHPD Facility No.:
206190560

Line No.	PROGRAM DESCRIPTION	AS AUDITED	AS AMENDED	AMENDED COST PER PATIENT DAY
	SKILLED NURSING CARE			
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	$ 2,331,456	$ 2,331,456	$ 67.29
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ 752,665	$ 752,665	$ 21.72
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	$ 462,985	$ 462,985	$ 13.36
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ 574,695	$ 574,695	$ 16.59
5	Property Taxes (Sch. 5, Ln. 105)	$ 65,490	$ 65,490	$ 1.89
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	$ 23,541	$ 23,541	$ 0.68
7	Professional Liability Insurance (Sch. 6, Ln. 105)	$ 81,226	$ 81,226	$ 2.34
8	Caregiver Training (Sch. 6, Ln. 105)	$ 0	$ 0	$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ 343,497	$ 343,497	$ 9.91
10	Cost of Administration (Sch. 6, Ln. 105)	$ 343,907	$ 343,907	$ 9.93
11	Cost of Routine Service/Amended Total Costs	$ 4,979,462.22	$ 4,979,462.22	$ 143.72
12	Total Patient Days (Amd)	34,647	34,647	
13	Cost Per Patient Day (Cost Divided by Days)	$ 143.72	$ 143.72	
14	Overpayments (Amd 1, 2)	$ 306,035	$ 328,010	
15	Medi-Cal Days (Amd)	26,157	26,157	
16	Medi-Cal Managed Care Days (Amd)		0	
	INTERMEDIATE CARE			
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
18	Total Patient Days (Amd)		0	
19	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
20	Overpayments (Amd)	$	$ 0	
	MENTALLY DISORDERED CARE			
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
22	Total Patient Days (Amd)		0	
23	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
24	Overpayments (Amd)	$	$ 0	
	DEVELOPMENTALLY DISABLED CARE			
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
26	Total Patient Days (Amd)		0	
27	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
28	Overpayments (Amd)	$	$ 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 AMENDED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
SANTA CLARITA CONVALESCENT HOSPITAL

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

Provider NPI:
1154389872

OSHPD Facility No.:
206190560

Line No.	PROGRAM DESCRIPTION	AS AUDITED	AS AMENDED	AMENDED 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 (Amd)		0	
51	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
52	Overpayments (Amd)	$	$ 0	
	HOSPICE INPATIENT CARE			
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
54	Total Patient Days (Amd)		0	
55	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
56	Overpayments (Amd)	$	$ 0	
	OTHER ROUTINE SERVICES			
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
58	Total Patient Days (Amd)		0	
59	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
60	Overpayments (Amd)	$	$ 0	

ALLOCATION OF GENERAL SERVICES
DIRECT CARE LABOR

Provider Name:
SANTA CLARITA CONVALESCENT HOSPITAL

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

Provider NPI:
1154389872

OSHPD Facility No.:
206190560

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	$ 39,678	$ 39,678			
160	Activities	108,425		$ 108,425		
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	206,123	0	0	206,123	
081	Respiratory Therapy	0	0	0	0	
082	Occupational Therapy	228,870	0	0	228,870	
083	Speech Pathology	32,372	0	0	32,372	
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	2,183,353	39,678	108,425	2,331,456	*
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	$ 2,798,821	$ 39,678	$ 108,425	$ 2,798,821	

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
INDIRECT CARE LABOR

Provider Name: SANTA CLARITA CONVALESCENT HOSPITAL
Provider NPI: 1154389872
OSHPD Facility Number: 206190560
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	$ 81,979	$ 81,979											
010	Housekeeping	161,199	-	$ 161,199										
060	Laundry and Linen	104,194	3,715	7,304	$ 115,213									
065	Dietary	297,093	8,674	17,057	0	$ 322,824								
155	Social Services	N/A	274	538	0	0	$ 811							
160	Activities	N/A	0	0	0	0	0	$ -						
165	Administration	N/A	10,978	21,587	0	0	0	0		$ 32,565	$ 32,565			
166	Medical Records	60,214	0	0	0	0	0	0		60,214		$ 60,214		
170	Inservice Education - Nursing	69,019	0	0	0	0	0	0	$ 69,019					
	ANCILLARY SERVICES													
075	Patient Supplies		0	0	0	0	0	0	0	0	432	799	$ 1,231	
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	67	124	191	
080	Physical Therapy		1,152	2,265	0	0	0	0	0	3,417	1,489	2,753	7,659	
081	Respiratory Therapy		576	1,132	0	0	0	0	0	1,708	52	96	1,856	
082	Occupational Therapy		0	0	0	0	0	0	0	0	1,538	2,844	4,382	
083	Speech Pathology		0	0	0	0	0	0	0	0	218	402	620	
085	Pharmacy		0	0	0	0	0	0	0	0	1,130	2,090	3,220	
090	Laboratory		0	0	0	0	0	0	0	0	306	566	872	
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	342	632	974	
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		56,611	111,316	115,213	322,824	811	0	69,019	675,794	26,981	49,889	752,665	*
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	0	0	0	0	0	0	0	10	19	29	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 773,698	$ 81,979	$ 161,199	$ 115,213	$ 322,824	$ 811	$ -	$ 69,019	$ 680,919	$ 32,565	$ 60,214	$ 773,698	

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES
OTHER - NONLABOR

Provider Name: SANTA CLARITA CONVALESCENT HOSPITAL
Provider NPI: 1154389872
OSHPD Facility Number: 206190560
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	$ 158,803	$ 158,803											
010	Housekeeping	29,712	0	$ 29,712										
060	Laundry and Linen	16,579	7,195	1,346	$ 25,121									
065	Dietary	182,060	16,803	3,144	0	$ 202,007								
155	Social Services	0	530	99	0	0	$ 629							
160	Activities	6,843	0	0	0	0	0	$ 6,843						
165	Administration	N/A	21,266	3,979	0	0	0	0		$ 25,245	$ 25,245			
166	Medical Records	0	0	0	0	0	0	0		0		$ -		
170	Inservice Education - Nursing	0	0	0	0	0	0	0	$ -					
	ANCILLARY SERVICES													
075	Patient Supplies	64,304	0	0	0	0	0	0	0	64,304	335	0	$ 64,639	
077	Specialized Support Surfaces	9,951	0	0	0	0	0	0	0	9,951	52	0	10,003	
080	Physical Therapy	0	2,231	417	0	0	0	0	0	2,649	1,154	0	3,803	
081	Respiratory Therapy	0	1,116	209	0	0	0	0	0	1,324	40	0	1,365	
082	Occupational Therapy	0	0	0	0	0	0	0	0	0	1,192	0	1,192	
083	Speech Pathology	0	0	0	0	0	0	0	0	0	169	0	169	
085	Pharmacy	168,205	0	0	0	0	0	0	0	168,205	876	0	169,081	
090	Laboratory	45,525	0	0	0	0	0	0	0	45,525	237	0	45,762	
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services	50,871	0	0	0	0	0	0	0	50,871	265	0	51,136	
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	77,290	109,662	20,518	25,121	202,007	629	6,843	0	442,069	20,916	0	462,985	*
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	1,528	0	0	0	0	0	0	0	1,528	8	0	1,536	
145	Other Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 811,671	$ 158,803	$ 29,712	$ 25,121	$ 202,007	$ 629	$ 6,843	$ -	$ 786,426	$ 25,245	$ -	$ 811,671	

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
SANTA CLARITA CONVALESCENT HOSPITAL

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

Provider NPI:
1154389872

OSHPD Facility Number:
206190560

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)	$ 601,168	90%							
	Property Tax (line 40)	68,507	10%	$ 669,675						
005	Plant Operations and Maintenance			0	$ -					
010	Housekeeping			0	0	$ -				
060	Laundry and Linen			30,344	0	0	$ 30,344			
065	Dietary			70,860	0	0	0	$ 70,860		
155	Social Services			2,235	0	0	0	0	$ 2,235	
160	Activities			0	0	0	0	0	0	$ -
165	Administration			89,678	0	0	0	0	0	0
166	Medical Records			0	0	0	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			0	0	0	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			9,409	0	0	0	0	0	0
081	Respiratory Therapy			4,704	0	0	0	0	0	0
082	Occupational Therapy			0	0	0	0	0	0	0
083	Speech Pathology			0	0	0	0	0	0	0
085	Pharmacy			0	0	0	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Care Ancillary Services			0	0	0	0	0	0	0
102	Subacute Care - Pediatric Ancillary Services			0	0	0	0	0	0	0
	ROUTINE SERVICES									
105	Skilled Nursing Care			462,445	0	0	30,344	70,860	2,235	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			0	0	0	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	$ 669,675	100%	$ 669,675	$ -	$ -	$ 30,344	$ 70,860	$ 2,235	$ -

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
SANTA CLARITA CONVALESCENT HOSPITAL

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

Provider NPI:
1154389872

OSHPD Facility Number:
206190560

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 90% Of Total	Property Tax 10% Of Total	
	GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	$ 601,168	90%								
	Property Tax (line 40)	68,507	10%								
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen										
065	Dietary										
155	Social Services										
160	Activities										
165	Administration				$ 89,678	$ 89,678					
166	Medical Records				0		$ -				
170	Inservice Education - Nursing			$ -							
	ANCILLARY SERVICES										
075	Patient Supplies			0	0	1,190	0	$ 1,190	$ 1,068	$ 122	
077	Specialized Support Surfaces			0	0	184	0	184	165	19	
080	Physical Therapy			0	9,409	4,101	0	13,509	12,127	1,382	
081	Respiratory Therapy			0	4,704	143	0	4,848	4,352	496	
082	Occupational Therapy			0	0	4,235	0	4,235	3,802	433	
083	Speech Pathology			0	0	599	0	599	538	61	
085	Pharmacy			0	0	3,113	0	3,113	2,794	318	
090	Laboratory			0	0	842	0	842	756	86	
095	Home Health Services			0	0	0	0	0	0	0	
100	Other Ancillary Services			0	0	941	0	941	845	96	
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	565,884	74,301	0	640,185	574,695	65,490	*
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	0	28	0	28	25	3	
145	Other Nonreimbursable			0	0	0	0	0	0	0	
	TOTAL	$ 669,675	100%	$ -	$ 579,997	$ 89,678	$ -	$ 669,675	$ 601,168	$ 68,507	

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name: SANTA CLARITA CONVALESCENT HOSPITAL
Provider NPI: 1154389872
OSHPD Facility Number: 206190560
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. 43% of Total	DPH Licensing Fees 3% of Total	Professional Liability Ins. 10% of Total	Quality Assur. Fees 43% of Total	Caregiver Training 0% of Total
	GENERAL SERVICES													
045	Property Insurance	$ 16,625												
055	Interest - Other	0												
165	Administration (Salaries & Wages, Fringe Benefits,													
	Agency Staff and Other - Nonlabor)	398,455												
	Total Costs Allocable as Administration	415,080	43%											
167	DPH Licensing Fees	28,413	3%											
168	Professional Liability Insurance	98,036	10%											
169	Quality Assurance Fees	414,585	43%											
174	Caregiver Training	0	0%											
	Total	956,114	100%						$ 956,114					
	ANCILLARY SERVICES													
075	Patient Supplies			$ -	$ -	$ 64,304	$ -	$ 64,304	12,687	$ 5,508	$ 377	$ 1,301	$ 5,501	$ -
077	Specialized Support Surfaces			0	0	9,951	0	9,951	1,963	852	58	201	851	0
080	Physical Therapy			206,123	3,417	2,649	9,409	221,597	43,720	18,980	1,299	4,483	18,957	0
081	Respiratory Therapy			0	1,708	1,324	4,704	7,737	1,526	663	45	157	662	0
082	Occupational Therapy			228,870	0	0	0	228,870	45,154	19,603	1,342	4,630	19,580	0
083	Speech Pathology			32,372	0	0	0	32,372	6,387	2,773	190	655	2,769	0
085	Pharmacy			0	0	168,205	0	168,205	33,186	14,407	986	3,403	14,390	0
090	Laboratory			0	0	45,525	0	45,525	8,982	3,899	267	921	3,895	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	50,871	0	50,871	10,036	4,357	298	1,029	4,352	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			2,331,456	675,794	442,069	565,884	4,015,203	792,171	343,907	23,541	81,226	343,497	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	0	1,528	0	1,528	301	131	9	31	131	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	$ 956,114		$ 2,798,821	$ 680,919	$ 786,426	$ 579,997	$ 4,846,164	$ 956,114					
	Total Administrative Costs							$ 956,114		$ 415,080	$ 28,413	$ 98,036	$ 414,585	$ -
	Unit Cost Multiplier							0.19729297						
	Accumulated Administration Costs (Sch 2 thru 5)				$ 92,779	$ 25,245	$ 89,678	$ 207,701						
	TOTAL FACILITY COSTS							$ 6,009,979						

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name: SANTA CLARITA CONVALESCENT HOSPITAL
Provider NPI: 1154389872
OSHPD Facility Number: 206190560
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)
		(Amd)	(Amd)	(Amd)	(Amd)	(Amd)	(Amd)	(Amd)	(Amd)		
	GENERAL SERVICES										
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen	516	516	516							
065	Dietary	1,205	1,205	1,205							
155	Social Services	38	38	38							
160	Activities										
165	Administration	1,525	1,525	1,525							
166	Medical Records										
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies									64,304	64,304
077	Specialized Support Surfaces									9,951	9,951
080	Physical Therapy	160	160	160						221,597	221,597
081	Respiratory Therapy	80	80	80						7,737	7,737
082	Occupational Therapy									228,870	228,870
083	Speech Pathology									32,372	32,372
085	Pharmacy									168,205	168,205
090	Laboratory									45,525	45,525
095	Home Health Services									0	0
100	Other Ancillary Services									50,871	50,871
101	Subacute Care Ancillary Services									0	0
102	Subacute Care - Pediatric Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	7,864	7,864	7,864	535,530	102,072	2,260,643	2,260,643	2,260,643	4,015,203	4,015,203
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									1,528	1,528
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	11,388	11,388	11,388	535,530	102,072	2,260,643	2,260,643	2,260,643	4,846,164	4,846,164
	TOTAL DIRECT SALARIES COSTS - SCH. 2						$ 39,678	$ 108,425			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.017551643	0.047962018			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		$ 81,979	$ 161,199	$ 115,213	$ 322,824	$ 811	$ -	$ 69,019	$ 32,565	$ 60,214
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		7.19871795	14.15516333	0.21513753	3.16271286	0.00035895	0.00000000	0.03053069	0.00671968	0.01242509
	TOTAL INDIRECT OTHER COSTS - SCH. 4		$ 158,803	$ 29,712	$ 25,121	$ 202,007	$ 629	$ 6,843	$ -	$ 25,245	$ -
	UNIT COST MULTIPLIER (INDIRECT OTHER)		13.94476642	2.60906217	0.04690825	1.97906736	0.00027826	0.00302702	0.00000000	0.00520919	0.00000000
	TOTAL CAPITAL COSTS - SCH. 5	$ 669,675	$ -	$ -	$ 30,344	$ 70,860	$ 2,235	$ -	$ -	$ 89,678	$ -
	UNIT COST MULTIPLIER (CAPITAL COSTS)	58.80532139	0.00000000	0.00000000	0.05666078	0.69421989	0.00098848	0.00000000	0.00000000	0.01850497	0.00000000

SUMMARY OF AMENDED PROGRAM EXPENSES

Provider Name:
SANTA CLARITA CONVALESCENT HOSPITAL

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

Provider NPI:
1154389872

OSHPD Facility Number:
206190560

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	AUDIT AMENDMENTS 8A-1	AS AMENDED	
005		Plant Operations and Maintenance					
005	.01-.19	Salaries and Wages	6200	$ 66,512	$ 0	$ 66,512	(Sch 3)
005	.20-.39	Fringe Benefits	6200	15,467	0	15,467	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	158,803	0	158,803	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	$ 240,782	$ 0	$ 240,782	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	$ 0	$ 0	$ 0	(Sch 3)
010	.20-.39	Fringe Benefits	6300	0	0	0	(Sch 3)
010	.79	Agency Staff	6300	161,199	0	161,199	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	29,712	0	29,712	(Sch 4)
010		Housekeeping - Total	6300	$ 190,911	$ 0	$ 190,911	
015		Depreciation: Buildings and Improvements	7110 - 7120	$ 0	$ 0	$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	21,386	0	21,386	(Sch 5)
025		Depreciation: Equipment	7140	15,042	0	15,042	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	564,740	0	564,740	(Sch 5)
040		Property Taxes	7300	68,507	0	68,507	(Sch 5)
045		Property Insurance	7400	16,625	0	16,625	(Sch 6)
050		Interest - Property, Plant, and Equipment	7500	0	0	0	(Sch 5)
055		Interest - Other	7600	$ 0	$ 0	$ 0	(Sch 6)
057		**Subtotal 005 - 055**		$ 1,117,993	$ 0	$ 1,117,993	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	$ 0	$ 0	$ 0	(Sch 3)
060	.20-.39	Fringe Benefits	6400	0	0	0	(Sch 3)
060	.79	Agency Staff	6400	104,194	0	104,194	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	16,579	0	16,579	(Sch 4)
060		Laundry and Linen - Total	6400	$ 120,773	$ 0	$ 120,773	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	$ 0	$ 0	$ 0	(Sch 3)
065	.20-.39	Fringe Benefits	6500	0	0	0	(Sch 3)
065	.79	Agency Staff	6500	297,093	0	297,093	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	182,060	0	182,060	(Sch 4)
065		Dietary - Total	6500	$ 479,153	$ 0	$ 479,153	
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	64,304	0	64,304	(Sch 4)
075		Patient Supplies - Total	8100	$ 64,304	$ 0	$ 64,304	
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	9,951	0	9,951	(Sch 4)
077		Specialized Support Surfaces - Total	8150	$ 9,951	$ 0	$ 9,951	

SUMMARY OF AMENDED PROGRAM EXPENSES

Provider Name:
SANTA CLARITA CONVALESCENT HOSPITAL

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

Provider NPI:
1154389872

OSHPD Facility Number:
206190560

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	AUDIT AMENDMENTS 8A-1	AS AMENDED	
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	206,123	0	206,123	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	0	0	0	(Sch 4)
080		Physical Therapy - Total	8200	$ 206,123	$ 0	$ 206,123	
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	228,870	0	228,870	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	0	0	0	(Sch 4)
082		Occupational Therapy - Total	8250	$ 228,870	$ 0	$ 228,870	
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	32,372	0	32,372	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	0	0	0	(Sch 4)
083		Speech Pathology - Total	8280	$ 32,372	$ 0	$ 32,372	
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	168,205	0	168,205	(Sch 4)
085		Pharmacy - Total	8300	$ 168,205	$ 0	$ 168,205	
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	45,525	0	45,525	(Sch 4)
090		Laboratory - Total	8400	$ 45,525	$ 0	$ 45,525	
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	50,871	0	50,871	(Sch 4)
100		Other Ancillary Services - Total	8900	$ 50,871	$ 0	$ 50,871	

SUMMARY OF AMENDED PROGRAM EXPENSES

Provider Name:
SANTA CLARITA CONVALESCENT HOSPITAL

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

Provider NPI:
1154389872

OSHPD Facility Number:
206190560

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	AUDIT AMENDMENTS 8A-1	AS AMENDED	
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		$ 806,221	$ 0	$ 806,221	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	$ 1,779,313	$ 0	$ 1,779,313	(Sch 2)
105	.20-.39	Fringe Benefits	6110	404,040	0	404,040	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	77,290	0	77,290	(Sch 4)
105		Skilled Nursing Care - Total	6110	$ 2,260,643	$ 0	$ 2,260,643	
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 AMENDED PROGRAM EXPENSES

Provider Name:
SANTA CLARITA CONVALESCENT HOSPITAL

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

Provider NPI:
1154389872

OSHPD Facility Number:
206190560

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	AUDIT AMENDMENTS 8A-1	AS AMENDED	
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	1,528	0	1,528	(Sch 4)
140		Beauty and Barber - Total	8900	$ 1,528	$ 0	$ 1,528	
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**		$ 2,262,171	$ 0	$ 2,262,171	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	$ 32,753	$ 0	$ 32,753	(Sch 2)
155	.20-.39	Fringe Benefits	6600	6,925	0	6,925	(Sch 2)
155	.49	Agency Staff	6600	0	0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600	0	0	0	(Sch 4)
155		Social Services - Total	6600	$ 39,678	$ 0	$ 39,678	

SUMMARY OF AMENDED PROGRAM EXPENSES

Provider Name:
SANTA CLARITA CONVALESCENT HOSPITAL

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

Provider NPI:
1154389872

OSHPD Facility Number:
206190560

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	AUDIT AMENDMENTS 8A-1	AS AMENDED	
160		Activities					
160	.01-.19	Salaries and Wages	6700	$ 90,039	$ 0	$ 90,039	(Sch 2)
160	.20-.39	Fringe Benefits	6700	18,386	0	18,386	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	6,843	0	6,843	(Sch 4)
160		Activities - Total	6700	$ 115,268	$ 0	$ 115,268	
165		Administration					
165	.01-.19	Salaries and Wages	6900	$ 157,594	$ 0	$ 157,594	(Sch 6)
165	.20-.39	Fringe Benefits	6900	24,590	0	24,590	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	216,271	0	216,271	(Sch 6)
165		Administration - Total	6900	$ 398,455	$ 0	$ 398,455	
166		Medical Records					
166	.01-.19	Salaries and Wages	6900	$ 46,182	$ 0	$ 46,182	(Sch 3)
166	.20-.39	Fringe Benefits	6900	14,032	0	14,032	(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	$ 60,214	$ 0	$ 60,214	
167		CDPH Licensing Fees	6900	$ 28,413	$ 0	$ 28,413	(Sch 6)
168		Professional Liability Insurance	6900	$ 98,036	$ 0	$ 98,036	(Sch 6)
169		Quality Assurance Fees	6900	$ 414,585	$ 0	$ 414,585	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	$ 56,002	$ 0	$ 56,002	(Sch 3)
170	.20-.39	Fringe Benefits	6800	13,017	0	13,017	(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	$ 69,019	$ 0	$ 69,019	
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		$ 1,223,668	$ 0	$ 1,223,668	
200		**Total**		**$ 6,009,979**	**$ 0**	**$ 6,009,979**	

Provider Name: SANTA CLARITA CONVALESCENT HOSPITAL

Provider NPI: 1154389872

OSHPD Facility Number: 206190560

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

Line No.	Sub No.		TOTAL AMD (Pages 1,2,3&4)	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD
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								

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

Line No.	Sub No.		TOTAL AMD (Pages 1,2,3&4)	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD
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								

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OSHPD Facility Number: 206190560

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Line No.	Sub No.		TOTAL AMD (Pages 1,2,3&4)	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD
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	0								
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								

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Line No.	Sub No.		TOTAL AMD (Pages 1,2,3&4)	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD	AUDIT AMD
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	0								
200		Total	$0 (To Sch 8)	0	0	0	0	0	0	0	0

Provider Name	Fiscal Period	Provider NPI	Amendments
SANTA CLARITA CONVALESCENT HOSPITAL	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1154389872	2

Report References										
	Cost Report			Audit Report						
Amd. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No	Explanation of Audit Amendments	As Audited	Increase (Decrease)	As Amended
							AMENDMENTS TO OTHER MATTERS			
1	Not Reported			1	14	N/A	Overpayments	$306,035		
							To recover Medi-Cal overpayments for share of cost due to lack of documentation for years ending 12/31/2006, 12/31/2007, 12/31/2008, 12/31/2009, and 12/31/2010. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51476 and 72543 W & I Code 14124.2(b)		$22,730	
2							To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. Items were covered under Managed Care, Medicare, HMO or in the Medi-Cal reimbursement rate. 42 CFR 413.15 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1		(755) $21,975	$328,010