

**REPORT ON THE  
RATE SETTING AUDIT**

**HOME OF GUIDING HANDS—ANJA  
LAKESIDE, CALIFORNIA  
PROVIDER NUMBER: LTC60289F  
NATIONAL PROVIDER IDENTIFIER: 1114988847**

**FISCAL PERIOD ENDED  
JUNE 30, 2008**

**Audits Section—San Diego  
Financial Audits Branch  
Audits and Investigations  
Department of Health Care Services**

**Section Chief: Patricia M. Fox  
Audit Supervisor: Sergio Gonzalez  
Auditors: Scott C. Riddick/Ally Zhang**



DAVID MAXWELL-JOLLY  
Director

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



ARNOLD SCHWARZENEGGER  
Governor

December 10, 2009

Jan Adams  
Director of Financial Services  
Home of Guiding Hands Corporation  
1825 Gillespie Way, Suite 200  
El Cajon, CA 92020

HOME OF GUIDING HANDS—ANJA  
PROVIDER NUMBER LTC60289F  
NATIONAL PROVIDER IDENTIFIER (NPI) 1114988847  
FISCAL PERIOD ENDED JUNE 30, 2008

We have examined the facility's financial records/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 audit report schedules represent 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. The results of our examination are as follows:

<u>COST AND COST PER DAY</u>		<u>COST</u>	<u>COST PER DAY</u>
Reported Cost/Cost Per Day	\$	392,831	\$ 178.88
Net Audit Adjustment		<u>27,207</u>	<u>12.39</u>
Audited Cost/Cost Per Day	\$	<u>420,038</u>	\$ <u>191.27</u>

This audit report includes the:

1. Audit Report Schedules 1 and 2
2. Audit Adjustments Schedule

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 Rate Development Branch.

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  
Office of Administrative Hearings and Appeals  
1029 J Street, Suite 200  
Sacramento, CA 95814-2825  
(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 95899-7413

**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 95814-5005  
(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—San Diego at (619) 688-3200.

Original Signed By

Patricia M. Fox, Chief  
Audits Section—San Diego  
Financial Audits Branch

Certified

**SUMMARY OF AUDITED FACILITY CENSUS  
AND AUDITED CLIENT COST PER DAY**

**Provider:**  
HOME OF GUIDING HANDS—ANJA

**Fiscal Period:**  
JULY 1, 2007 THROUGH JUNE 30, 2008

**Provider Number:**  
LTC60289F

**Provider NPI:**  
1114988847

**SUMMARY OF AUDITED FACILITY CENSUS  
AND AUDITED CLIENT COST PER DAY**

	<b>AS REPORTED</b>	<b>AS AUDITED</b>
1. Medi-Cal Client Days (Adj )	2,196	2,196
2. Other Client Days (Adj )	0	0
3. Total Client Days	<u>2,196</u>	<u>2,196</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>392,831</u>	\$ <u>420,038</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>178.88</u>	\$ <u>191.27</u>

**SHARE OF COST**

1. Share of Cost Audit Adjustment (Adj )	\$ <u>N/A</u>	\$ <u>0</u>
--	---------------	-------------

**OVERPAYMENTS**

1. Duplicate Payments (Adj )	\$ <u>0</u>	\$ <u>0</u>
2. Credit Balances (Adj )	\$ <u>0</u>	\$ <u>0</u>
3. Total Overpayments	\$ <u>0</u>	\$ <u>0</u>

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
HOME OF GUIDING HANDS—ANJA

Fiscal Period:  
JULY 1, 2007 THROUGH JUNE 30, 2008

Provider Number:  
LTC60289F

Provider NPI:  
1114988847

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	<b>EXPENSES: CLIENT SERVICES</b>				
	<b>Basic Facility Cost - Property Expenses</b>				
045	Depreciation and Amortization		\$ 11,245	\$	\$ 11,245
050	Leases and Rentals		881		881
055	Real Property Taxes		178		178
060	Personal Property Taxes		0		0
065	Mortgage Interest		0		0
070	Property Insurance		2,815		2,815
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 15,119	\$ 0	\$ 15,119
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance	2	\$ 0	\$ 14,637	\$ 14,637
085	Utilities	2	1,722	8,822	10,544
090	Client Transportation		4,668		4,668
095	Dietary		15,878		15,878
100	Personal Care and Laundry		9,047		9,047
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 31,314	\$ 23,459	\$ 54,773
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 46,433	\$ 23,459	\$ 69,892
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 10,869	\$	\$ 10,869
120	QMRP Fringe Benefits		3,291		3,291
125	Lead Salaries		39,216		39,216
130	Lead Benefits		11,874		11,874
135	Aides Salaries		132,098		132,098
140	Aides Benefits		39,995		39,995
145	Other Salaries		21,285		21,285
150	Other Benefits		6,444		6,444
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 265,073	\$ 0	\$ 265,073

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
HOME OF GUIDING HANDS—ANJA

Fiscal Period:  
JULY 1, 2007 THROUGH JUNE 30, 2008

Provider Number:  
LTC60289F

Provider NPI:  
1114988847

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	<b>EXPENSES: CONSULTANT COSTS</b>				
160	Dietician Consultant		\$ 327	\$	\$ 327
165	Speech Pathology Consultant		1,172		1,172
170	Physical Therapy Consultant		1,560		1,560
175	Occupational Therapy Consultant		257		257
180	Pharmacist Consultant		0		0
185	Nurse Consultant		0		0
190	Psychologist Consultant	1	2,358	(2,052)	306
195	Physician Consultant		324		324
200	Recreational Consultant		0		0
205	Social Service Consultant		8		8
210	Other Consultant		799		799
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 6,804	\$ (2,052)	\$ 4,752
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries		\$ 8,259	\$	\$ 8,259
225	Administrative Fringe Benefits		2,471		2,471
226	Quality Assurance Fees		19,081		19,081
230	Other General and Administrative	2	44,709	5,800	50,509
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 74,520	\$ 5,800	\$ 80,320
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 392,831	\$ 27,207	\$ 420,038
	<b>NON-CLIENT CARE EXPENSES</b>		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$ 0	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 392,831	\$ 27,207	\$ 420,038

Provider Name		Fiscal Period				Provider Number, NPI		Adjustments	
HOME OF GUIDING HANDS—ANJA		JULY 1, 2007 THROUGH JUNE 30, 2008				LTC60289F, 1114988847		2	
Adj. No.	DHS 3076 Page or Exhibit	Report References		Audit Report		As Reported	Increase (Decrease)	As Adjusted	
		Line	Col.	Sch	Line				
1	4.1 of 6	190	4	2	190.00	Psychologist To adjust psychologist expense to agree with provider's invoice. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$2,358 (\$2,052)	\$306	
2	4 of 6 4 of 6 4.1 of 6	80 85 230	4 4 4	2 2 2	80.00 85.00 230.00	Home Operation and Maintenance Utilities Other General and Administrative To reverse the provider's abatement of HUD Grant revenue for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 600, 606, 2300, and 2304	\$0 1,722 44,709	\$14,637 8,822 50,509	

**ADJUSTMENTS TO REPORTED COSTS**