

**REPORT  
ON THE  
RATE SETTING AUDIT**

**LA ALMENDRA  
SACRAMENTO, CALIFORNIA  
PROVIDER NUMBER: LTC60535G  
NPI NUMBER: 1770610438**

**FISCAL PERIOD ENDED  
JUNE 30, 2008**

**Audits Section—Rancho Cucamonga  
Financial Audits Branch  
Audits and Investigations  
Department of Health Care Services**

**Section Chief: Julio M. Cueto  
Audit Supervisor: Virat Shah  
Auditor: Emmanuel Ypil**



DAVID MAXWELL-JOLLY  
Director

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



ARNOLD SCHWARZENEGGER  
Governor

February 26, 2010

Board of Directors  
ResCare, Incorporated  
9901 Linn Station Road  
Louisville, KY 40223-3808

PROVIDER: LA ALMENDRA  
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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 and patient days 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	\$	335,653	\$ 158.70
Net Audit Adjustment		(219)	(0.10)
Audited Cost/Cost Per Day	\$	<u>335,434</u>	\$ <u>158.60</u>

This audit report includes the:

1. Audit Report Schedules 1 through 2
2. Audit Adjustments Schedule
3. Audited Allocation of Home Office Cost

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 Appeals and Hearings  
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.

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If you have questions regarding this report, you may call the Audits Section—Rancho Cucamonga at (909) 481-3420.

Original Signed By

Julio M. Cueto, Chief  
Audits Section—Rancho Cucamonga  
Financial Audits Branch

Certified

cc: Steven B. Mowery  
Vice President of Reimbursement

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

**Provider:**  
LA ALMENDRA

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

**Provider Number:**  
LTC60535G

**Provider NPI:**  
1770610438

**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 )	2,114	2,114
2. Other Client Days (Adj )	1	1
3. Total Client Days	<u>2,115</u>	<u>2,115</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>335,653</u>	\$ <u>335,434</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>158.70</u>	\$ <u>158.60</u>

**SHARE OF COST**

1. Share of Cost Audit Adjustment (Adj )	\$ <u>NA</u>	\$ <u>0</u>
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**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:  
LA ALMENDRA

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

Provider Number:  
LTC60535G

Provider NPI:  
1770610438

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		\$ 1,928	\$	\$ 1,928
050	Leases and Rentals		26,823		26,823
055	Real Property Taxes	1	1,802	(18)	1,784
060	Personal Property Taxes		12		12
065	Mortgage Interest				0
070	Property Insurance		1,169		1,169
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 31,734	\$ (18)	\$ 31,716
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance		\$ 4,854	\$	\$ 4,854
085	Utilities		7,523		7,523
090	Client Transportation		13,907		13,907
095	Dietary	2	11,793	(61)	11,732
100	Personal Care and Laundry		2,674		2,674
					0
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 40,751	\$ (61)	\$ 40,690
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 72,485	\$ (79)	\$ 72,406
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 9,971	\$	\$ 9,971
120	QMRP Fringe Benefits		3,529		3,529
125	Lead Salaries		30,566		30,566
130	Lead Fringe Benefits		11,048		11,048
135	Aides Salaries		93,730		93,730
140	Aides Fringe Benefits		24,536		24,536
145	Other Salaries		16,942		16,942
150	Other Fringe Benefits		3,516		3,516
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 193,838	\$ 0	\$ 193,838

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
LA ALMENDRA

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

Provider Number:  
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Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	<b>EXPENSES: CONSULTANT COSTS</b>				
160	Dietician Consultant		\$ 787	\$	\$ 787
165	Speech Pathology Consultant		474		474
170	Physical Therapy Consultant				0
175	Occupational Therapy Consultant		542		542
180	Pharmacist Consultant				0
185	Nurse Consultant				0
190	Psychologist Consultant				0
195	Physician Consultant		1,048		1,048
200	Recreational Consultant		1,050		1,050
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 3,901	\$ 0	\$ 3,901
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries		\$ 9,016	\$	\$ 9,016
225	Administrative Fringe Benefits		2,789		2,789
226	Quality Assurance Fees		21,274		21,274
230	Other Administrative and General	3,4	32,350	(140)	32,210
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 65,429	\$ (140)	\$ 65,289
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 335,653	\$ (219)	\$ 335,434
	<b>NON-CLIENT CARE EXPENSES</b>		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 335,653	\$ (219)	\$ 335,434

