

**REPORT  
ON THE  
RATE SETTING AUDIT**

**SHINRAI - CROYDON  
SAN JOSE, CALIFORNIA  
PROVIDER NUMBER: LTC60949F AND  
NPI NUMBER: 1205987864**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2008**

**Audits Section - Richmond  
Financial Audits Branch  
Audits and Investigations  
Department of Health Care Services**

**Section Chief: Louise Wong  
Audit Supervisor: Diana Dong  
Auditors: Laurie Plancarte and Lan Peng**



DAVID MAXWELL-JOLLY  
Director

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



ARNOLD SCHWARZENEGGER  
Governor

January 26, 2010

Yvette Lojera, Administrator  
Shinrai - Croydon  
3220 Flintdale Drive  
San Jose, CA 95148

PROVIDER: SHINRAI – CROYDON  
PROVIDER NO. LTC60949F AND NPI NO. 1205987864  
FISCAL PERIOD ENDED DECEMBER 31, 2008

We have reviewed the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our review was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report.

The data presented in the accompanying audit report schedules represents the reported Medi-Cal program costs and patient days for the above fiscal period, which were accepted as filed as follows:

<u>COST AND COST PER DAY</u>		<u>COST</u>	<u>COST PER DAY</u>
Reported Cost/Cost Per Day	\$	362,372	\$ 167.38
Net Audit Adjustment		<u>0</u>	<u>0</u>
Audited Cost/Cost Per Day	\$	<u>362,372</u>	\$ <u>167.38</u>

This audit report includes the:

1. Audit Report Schedules 1 through 2

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.

Yvette Lojera  
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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 have questions regarding this report, you may call the Audits Section—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief  
Audits Section—Richmond  
Financial Audits Branch

Certified

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

**Provider:**  
SHINRAI - CROYDON

**Fiscal Period:**  
JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

**Provider Number:**  
LTC60949F

**Provider NPI:**  
1205987864

**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 )	2,165	2,165
2. Other Client Days (Adj )		0
3. Total Client Days	<u>2,165</u>	<u>2,165</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>362,372</u>	\$ <u>362,372</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>167.38</u>	\$ <u>167.38</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 )	\$ _____	\$ _____
2. Credit Balances (Adj )	\$ _____	\$ _____
3. Total Overpayments	\$ <u>0</u>	\$ <u>0</u>

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
SHINRAI - CROYDON

Fiscal Period:  
JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

Provider Number:  
LTC60949F

Provider NPI:  
1205987864

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		\$ 3,102	\$ 0	\$ 3,102
050	Leases and Rentals		48,000	0	48,000
055	Real Property Taxes				
060	Personal Property Taxes				
065	Mortgage Interest				
070	Property Insurance		6,032	0	6,032
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 57,134	\$ 0	\$ 57,134
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance		\$ 4,206	\$ 0	\$ 4,206
085	Utilities		11,922	0	11,922
090	Client Transportation		4,812	0	4,812
095	Dietary		19,733	0	19,733
100	Personal Care and Laundry		9,090	0	9,090
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 49,763	\$ 0	\$ 49,763
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 106,897	\$ 0	\$ 106,897
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 24,000	\$ 0	\$ 24,000
120	QMRP Fringe Benefits				
125	Lead Salaries				
130	Lead Fringe Benefits				
135	Aides Salaries		149,695	0	149,695
140	Aides Fringe Benefits		21,712	0	21,712
145	Other Salaries				
150	Other Fringe Benefits				
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 195,407	\$ 0	\$ 195,407

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
SHINRAI - CROYDON

Fiscal Period:  
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Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	<b>EXPENSES: CONSULTANT COSTS</b>				
160	Dietician Consultant		\$ 1,457	\$ 0	\$ 1,457
165	Speech Pathology Consultant				
170	Physical Therapy Consultant		2,030	0	2,030
175	Occupational Therapy Consultant				
180	Pharmacist Consultant				
185	Nurse Consultant		10,702	0	10,702
190	Psychologist Consultant		975	0	975
195	Physician Consultant		1,893	0	1,893
200	Recreational Consultant		945	0	945
205	Social Service Consultant				
210	Other Consultant				
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 18,002	\$ 0	\$ 18,002
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries		\$	\$	\$
225	Administrative Fringe Benefits				
226	Quality Assurance Fees		21,761	0	21,761
230	Other Administrative and General		20,305	0	20,305
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 42,066	\$ 0	\$ 42,066
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 362,372	\$ 0	\$ 362,372
	<b>NON-CLIENT CARE EXPENSES</b>		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 362,372	\$ 0	\$ 362,372