

**REPORT
ON THE
RATE SETTING AUDIT**

**YORK HOUSE
YUCAIPA, CALIFORNIA
PROVIDER NUMBER: LTC60248G
NPI: 1255471843**

**FISCAL PERIOD ENDED
DECEMBER 31, 2008**

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

**Section Chief: Julio M. Cueto
Audit Supervisor: Bina Matani
Auditor: Jing H. Zhang**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

September 14, 2009

Jonathan Joseph
Chief Executive Officer
JonBec Care, Inc.
1711 Plum Lane, Suite A
Redlands, CA 92374

PROVIDER: YORK HOUSE
PROVIDER NO. LTC60248G
NPI: 1255471843
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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	\$	315,034	\$ 143.46
Net Audit Adjustment		<u>0</u>	<u>0.00</u>
Audited Cost/Cost Per Day	\$	<u>315,034</u>	\$ <u>143.46</u>

This audit report includes the:

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

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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: Cindy Collins, Treasurer
JonBec Care, Inc.
1711 Plum Lane, Suite A
Redlands, CA 92374

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

Provider:
YORK HOUSE

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

Provider Number:
LTC60248G

Provider NPI:
1255471843

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

	AS REPORTED	AS AUDITED
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>315,034</u>	\$ <u>315,034</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>143.46</u>	\$ <u>143.46</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:
YORK HOUSE

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

Provider Number:
LTC60248G

Provider NPI:
1255471843

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 3,153	\$	\$ 3,153
050	Leases and Rentals		0		0
055	Real Property Taxes	1	2,079	(85)	1,994
060	Personal Property Taxes	1	0	85	85
065	Mortgage Interest		7,725		7,725
070	Property Insurance	2	1,582	(918)	664
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 14,539	\$ (918)	\$ 13,621
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance	3	\$ 2,330	\$ 813	\$ 3,143
085	Utilities		7,930		7,930
090	Client Transportation		0		0
095	Dietary		14,855		14,855
100	Personal Care and Laundry	3	3,158	(813)	2,345
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 28,273	\$ 0	\$ 28,273
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 42,812	\$ (918)	\$ 41,894
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 15,170	\$	\$ 15,170
120	QMRP Fringe Benefits		3,651		3,651
125	Lead Salaries		29,458		29,458
130	Lead Fringe Benefits		7,090		7,090
135	Aides Salaries		85,682		85,682
140	Aides Fringe Benefits		20,623		20,623
145	Other Salaries		9,210		9,210
150	Other Fringe Benefits		2,217		2,217
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 173,101	\$ 0	\$ 173,101

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
YORK HOUSE

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

Provider Number:
LTC60248G

Provider NPI:
1255471843

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
EXPENSES: CONSULTANT COSTS					
160	Dietician Consultant		\$ 996	\$	\$ 996
165	Speech Pathology Consultant		900		900
170	Physical Therapy Consultant		1,200		1,200
175	Occupational Therapy Consultant		833		833
180	Pharmacist Consultant	4	660	60	720
185	Nurse Consultant		0		0
190	Psychologist Consultant		1,920		1,920
195	Physician Consultant	4	3,060	(60)	3,000
200	Recreational Consultant		960		960
205	Social Service Consultant		0		0
210	Other Consultant		0		0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 10,529	\$ 0	\$ 10,529
EXPENSES: ADMINISTRATIVE COSTS					
220	Administrative Salaries		\$ 0	\$	\$ 0
225	Administrative Fringe Benefits		0		0
226	Quality Assurance Fees		15,990		15,990
230	Other Administrative and General	2	72,602	918	73,520
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 88,592	\$ 918	\$ 89,510
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 315,034	\$ 0	\$ 315,034
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$ 0	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 315,034	\$ 0	\$ 315,034

Provider Name		Fiscal Period		Provider Number		Adjustments		
YORK HOUSE		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		LTC60248G		4		
Adj. No.	DHS 3076 Page or Exhibit	Report References		Sch	Line	As Reported	Increase (Decrease)	As Adjusted
		Cost Report	Audit Report					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>								
1	4	55	4	2	55.00	\$2,079	(\$85)	\$1,994
	4	60	4	2	60.00	0	85	85
Real Property Taxes Personal Property Taxes To reclassify unsecured property taxes to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304								
2	4	70	4	2	70.00	\$1,582	(\$918)	\$664
	4.1	230	4	2	230.00	72,602	918	73,520
Property Insurance Other General and Administrative To reclassify general liability insurance expenses to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304								
3	4	80	4	2	80.00	\$2,330	\$813	\$3,143
	4	100	4	2	100.00	3,158	(813)	2,345
Home Operations and Maintenance Personal Care and Laundry To reclassify housekeeping expenses to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304								
4	4.1	180	4	2	180.00	\$660	\$60	\$720
	4.1	195	4	2	195.00	3,060	(60)	3,000
Pharmacist Consultant Physician Consultant To reclassify pharmacy consultant expense to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304								