

**REPORT
ON THE
RATE SETTING AUDIT**

**TRI-ELIZABETH III – SAN PACO
BUENA PARK, CALIFORNIA
PROVIDER NUMBER: LTC80264F**

**FISCAL PERIOD ENDED
JUNE 30, 2008**

**Audits Section – Santa Ana
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Margaret A. Varho
Audit Supervisor: Henry Igboke
Auditor: Julie Kephart / David Ellis**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

December 17, 2009

Prescila S. Barrios, President
ECP Homes, Inc.
6962 San Paco Circle
Buena Park, CA 90620

PROVIDER: TRI-ELIZABETH III – SAN PACO
PROVIDER NO. LTC80264F
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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	\$	471,954	\$ 214.92
Net Audit Adjustment		<u>(10,792)</u>	<u>(4.92)</u>
Audited Cost/Cost Per Day	\$	<u>461,162</u>	\$ <u>210.00</u>

This audit report includes the:

1. Audit Report Schedules 1 through 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.

Prescila S. Barrios
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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 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.

If you have questions regarding this report, you may call the Audits Section—Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

Certified

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

Provider:
TRI-ELIZABETH III - SAN PACO

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

Provider Number:
LTC80264F

Provider NPI:
1205857315

**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>471,954</u>	\$ <u>461,162</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>214.92</u>	\$ <u>210.00</u>

SHARE OF COST

1. Share of Cost Audit Adjustment (Adj)	\$ <u>0</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:
TRI-ELIZABETH III - SAN PACO

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

Provider Number:
LTC80264F

Provider NPI:
1205857315

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 4,281	\$	\$ 4,281
050	Leases and Rentals		0		0
055	Real Property Taxes		2,199		2,199
060	Personal Property Taxes		0		0
065	Mortgage Interest		10,896		10,896
070	Property Insurance		0		0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 17,376	\$ 0	\$ 17,376
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 11,542	\$	\$ 11,542
085	Utilities		5,715		5,715
090	Client Transportation		5,475		5,475
095	Dietary		20,100		20,100
100	Personal Care and Laundry		1,707		1,707
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 44,539	\$ 0	\$ 44,539
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 61,915	\$ 0	\$ 61,915
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 10,400	\$	\$ 10,400
120	QMRP Fringe Benefits		1,603		1,603
125	Lead Salaries		40,238		40,238
130	Lead Fringe Benefits		6,201		6,201
135	Aides Salaries		78,887		78,887
140	Aides Fringe Benefits		12,158		12,158
145	Other Salaries		77,889		77,889
150	Other Fringe Benefits		11,215		11,215
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 238,591	\$ 0	\$ 238,591

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
TRI-ELIZABETH III - SAN PACO

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

Provider Number:
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Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 1,440	\$	\$ 1,440
165	Speech Pathology Consultant		0		0
170	Physical Therapy Consultant		1,770		1,770
175	Occupational Therapy Consultant		2,400		2,400
180	Pharmacist Consultant		500		500
185	Nurse Consultant		12,900		12,900
190	Psychologist Consultant		1,125		1,125
195	Physician Consultant		0		0
200	Recreational Consultant		900		900
205	Social Service Consultant		0		0
210	Other Consultant		18,189		18,189
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 39,224	\$ 0	\$ 39,224
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		\$ 0	\$	\$ 0
225	Administrative Fringe Benefits		0		0
226	Quality Assurance Fees		0		0
230	Other Administrative and General	1	132,224	(10,792)	121,432
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 132,224	\$ (10,792)	\$ 121,432
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 471,954	\$ (10,792)	\$ 461,162
	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)		\$ 471,954	\$ (10,792)	\$ 461,162

Provider Name		Fiscal Period		Provider Numbers		Adjustments		
TRI-ELIZABETH III - SAN PACO		JULY 1, 2007 THROUGH JUNE 30, 2008		LTC80264F		1		
Adj. No.	Report References		AUDIT REPORT		As Reported	Increase (Decrease)	As Adjusted	
	COST REPORT	Line	Col.	Sch				Line
1	4.1	230	4	2	230	\$132,224	(\$10,792)	\$121,432
<p>Other General and Administrative To adjust home office costs to agree with the filed Home Office Cost Report. 42 CFR 413.17 / CMS Pub. 15-1, Sections 2150.2 and 2304</p>								
ADJUSTMENT TO REPORTED COSTS								