

**REPORT
ON THE
RATE SETTING AUDIT
UCP/SCF WENDT HOUSE
CHATSWORTH, CALIFORNIA
PROVIDER NUMBERS: LTC80049F / NPI 1548412034
FISCAL PERIOD ENDED
JUNE 30, 2009**

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

**Section Chief: Daniel J. Giardinelli
Audit Supervisor: Debra K. Blake
Auditor: Lee Ly**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

November 30, 2010

James P. Hudson
Chief Financial Officer
UCP/SCF of Los Angeles and Ventura Counties
6430 Independence Avenue
Woodland Hills, CA 91367

PROVIDER: UCF/SCF WENDT HOUSE
PROVIDER NO. LTC80049F / NPI 1548412034
FISCAL PERIOD ENDED JUNE 30, 2009

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	\$	580,920	\$ 265.26
Net Audit Adjustment		(123)	(0.06)
Audited Cost/Cost Per Day	\$	<u>580,797</u>	\$ <u>265.20</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.

James P. Hudson
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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—Burbank at (818) 295-2620.

Original Signed By

Daniel J. Giardinelli, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

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

Provider:
UCP/SCF WENDT HOUSE

Fiscal Period:
JULY 1, 2008 THROUGH JUNE 30, 2009

Provider Number:
LTC80049F

Provider NPI:
1548412034

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

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj)	2,190	2,190
2. Other Client Days (Adj)	0	0
3. Total Client Days	<u>2,190</u>	<u>2,190</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>580,920</u>	\$ <u>580,797</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>265.26</u>	\$ <u>265.20</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:
UCP/SCF WENDT HOUSE

Fiscal Period:
JULY 1, 2008 THROUGH JUNE 30, 2009

Provider Number:
LTC80049F

NPI:
1548412034

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 16,638	\$	\$ 16,638
050	Leases and Rentals		0		0
055	Real Property Taxes		310		310
060	Personal Property Taxes		0		0
065	Mortgage Interest		0		0
070	Property Insurance		1,084		1,084
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 18,032	\$ 0	\$ 18,032
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 7,054	\$	\$ 7,054
085	Utilities		7,946		7,946
090	Client Transportation		3,209		3,209
095	Dietary		20,610		20,610
100	Personal Care and Laundry	1	20,912	(123)	20,789
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 59,731	\$ (123)	\$ 59,608
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 77,763	\$ (123)	\$ 77,640
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 11,157	\$	\$ 11,157
120	QMRP Fringe Benefits		3,507		3,507
125	Lead Salaries		28,876		28,876
130	Lead Fringe Benefits		9,251		9,251
135	Aides Salaries		101,499		101,499
140	Aides Fringe Benefits		54,501		54,501
145	Other Salaries		24,297		24,297
150	Other Fringe Benefits		7,808		7,808
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 240,896	\$ 0	\$ 240,896

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
UCP/SCF WENDT HOUSE

Fiscal Period:
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Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 705	\$	\$ 705
165	Speech Pathology Consultant		0		0
170	Physical Therapy Consultant		0		0
175	Occupational Therapy Consultant		2,615		2,615
180	Pharmacist Consultant		164		164
185	Nurse Consultant		137,537		137,537
190	Psychologist Consultant		1,430		1,430
195	Physician Consultant		0		0
200	Recreational Consultant		0		0
205	Social Service Consultant		3,100		3,100
210	Other Consultant		553		553
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 146,104	\$ 0	\$ 146,104
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		\$ 20,507	\$	\$ 20,507
225	Administrative Fringe Benefits		7,155		7,155
226	Quality Assurance Fees		25,513		25,513
230	Other Administrative and General		62,982		62,982
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 116,157	\$ 0	\$ 116,157
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 580,920	\$ (123)	\$ 580,797
	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)		\$ 580,920	\$ (123)	\$ 580,797

Provider Name		Fiscal Period		Provider Number		Adjustme					
UCP/SCF WENDT HOUSE		JULY 1, 2008 THROUGH JUNE 30, 2009		LTC80049F		1					
Adj. No.	DHS 3076 Page or Exhibit	Report References		Line	Sch.	Col.	Line	Col	As Reported	Increase (Decrease)	As Adjusted
		Cost Report	Audit Report								
1	4	100	4	2	100	2	2	2	\$20,912	(\$123)	\$20,789
Explanation of Audit Adjustments <u>ADJUSTMENT TO REPORTED COSTS</u> Personal Care and Laundry To eliminate prior year Kyffin Pharmacy expense. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300 and 2302.1											