REPORT
ON THE
RATE SETTING AUDIT

MONTEREY CARE CENTER
ROSEMEAD, CALIFORNIA
PROVIDER NUMBERS: ZZT18634J / NPI 1831294974

FISCAL PERIOD ENDED
DECEMBER 31, 2008

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

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Auditor: Tigist Shongwe

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

DAVID MAXWELL-JOLLY
Director

ARNOLD SCHWARZENEGGER
Governor

May 5, 2010

Randy Adler
Chief Financial Officer
Longwood Management Corporation
4032 Wilshire Boulevard, Suite 600
Los Angeles, CA 90010

PROVIDER: MONTEREY CARE CENTER
PROVIDER NOS. ZZT18634J / NPI 1831294974
FISCAL PERIOD ENDED DECEMBER 31, 2008

We have examined the facility's Integrated Disclosure and 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 was limited to a review of the cost report and accompanying financial statements, Medi-Cal Paid Claims Summary Report, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the data presented in the accompanying Summary of Audited Facility Cost per Patient Day represents a proper determination of the allowable costs and patient days for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules

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.

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

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF AUDITED FACILITY COST PER PATIENT DAY

Provider Name:
MONTEREY CARE CENTER

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

Provider Number:
ZZT18634J

Provider NPI:
1831294974

OSHPD Facility No.:
206190548

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
	SKILLED NURSING CARE			
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	$ N/A	$ 2,280,240	$ 60.95
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ N/A	$ 552,652	$ 14.77
3	Cost of Direct and Indirect NonLabor - Other (Sch. 4, Ln. 105)	$ N/A	$ 444,733	$ 11.89
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ N/A	$ 142,926	$ 3.82
5	Property Taxes (Sch. 5, Ln. 105)	$ N/A	$ 36,242	$ 0.97
6	Facility License Fees (Sch. 6, Ln. 105)	$ N/A	$ 22,885	$ 0.61
7	Liability Insurance (Sch. 6, Ln. 105)	$ N/A	$ 114,366	$ 3.06
8	Caregiver Training (Sch. 6, Ln. 105)	$ N/A	$ 0	$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ N/A	$ 314,670	$ 8.41
10	Cost of Administration (Sch. 6, Ln. 105)	$ N/A	$ 424,165	$ 11.34
11	Cost of Routine Service/Audited Total Costs	$ 4,517,240	$ 4,332,878	$ 115.82
12	Total Patient Days (Adj)	37,409	37,409	
13	Cost Per Patient Day (Cost Divided by Days)	$ 120.75	$ 115.82	
14	Overpayments (Adj)	$	$ 0	
	INTERMEDIATE CARE			
15	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
16	Total Patient Days (Adj)	0	0	
17	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
18	Overpayments (Adj)	$ 0	$ 0	
	MENTALLY DISORDERED			
19	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
20	Total Patient Days (Adj)	0	0	
21	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
22	Overpayments (Adj)	$ 0	$ 0	
	DEVELOPMENTALLY DISABLED			
23	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
24	Total Patient Days (Adj)	0	0	
25	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
26	Overpayments (Adj)	$ 0	$ 0	
	ADULT SUBACUTE			
27	Cost of Direct Care - Labor (Adult Subacute Sch. 1, Ln. 25)	$ N/A	$ 0	$ 0.00
28	Cost of Indirect Care - Labor (Adult Subacute Sch. 1, Ln. 26)	$ N/A	$ 0	$ 0.00
29	Cost of Direct and Indirect NonLabor - Other (Adult SA Sch. 1, Ln. 27)	$ N/A	$ 0	$ 0.00
30	Cost of Capital Related (Adult Subacute Sch. 1, Ln. 28)	$ N/A	$ 0	$ 0.00
31	Property Taxes (Adult Subacute Sch. 1, Ln. 29)	$ N/A	$ 0	$ 0.00
32	Facility License Fees (Adult Subacute Sch. 1, Ln. 30)	$ N/A	$ 0	$ 0.00
33	Liability Insurance (Adult Subacute Sch. 1, Ln. 31)	$ N/A	$ 0	$ 0.00
34	Caregiver Training (Adult Subacute Sch. 1, Ln. 32)	$ N/A	$ 0	$ 0.00
35	Quality Assurance Fees (Adult Subacute Sch. 1, Ln. 33)	$ N/A	$ 0	$ 0.00
36	Cost of Administration (Adult Subacute Sch., Ln. 34)	$ N/A	$ 0	$ 0.00
37	Total Cost of Subacute Service (Adult Subacute Sch. 1, Ln. 35)	$ 0	$ 0	$ 0.00
38	Total Patient Days (Adult Subacute Sch. 1, Ln. 36)	0	0	
39	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
40	Overpayments (Adult Subacute Sch. 1, Ln. 38 + Ln. 39)	$ 0	$ 0	

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF AUDITED FACILITY COST PER PATIENT DAY

Provider Name:
MONTEREY CARE CENTER

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

Provider Number:
ZZT18634J

Provider NPI:
1831294974

OSHPD Facility No.:
206190548

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
	PEDIATRIC SUBACUTE			
41	Cost of Routine Service (Ped-SA, Sch. 1, Ln 3)	$ 0	$ 0	
42	Cost of Ancillary Service (Ped-SA, Sch. 1, Ln. 1 + Ln. 2)	$ 0	$ 0	
43	Total Cost of Pediatric Subacute Service (Ln. 42 + Ln. 43)	$ 0	$ 0	
44	Total Patient Days (Ped-SA, Sch. 1, Ln. 5)	0	0	
45	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
46	Overpayments (Ped-SA, Sch. 1, Ln. 7 + Ln. 8)	$ 0	$ 0	
	HOSPICE INPATIENT CARE			
47	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
48	Total Patient Days (Adj)	0	0	
49	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
50	Overpayments (Adj)	$ 0	$ 0	
	OTHER ROUTINE SERVICES			
51	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
52	Total Patient Days (Adj)	0	0	
53	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
54	Overpayments (Adj)	$ 0	$ 0	

ALLOCATION OF GENERAL SERVICES - LABOR
(DIRECT CARE)

Provider Name: MONTEREY CARE CENTER

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

Provider Number: ZZT18634J

Provider NPI: 1831294974

OSHPD Facility No.: 206190548

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs 155	Activities 160	Total	
	GENERAL SERVICES					
5.00	Plant Operations and Maintenance					
10.00	Housekeeping					
60.00	Laundry and Linen					
65.00	Dietary					
155.00	Social Services (Salaries, Fringe Benefits, & Agency Labor)	$ 27,605	$ 27,605			
160.00	Activities (Salaries, Fringe Benefits, & Agency Labor)	54,062		$ 54,062		
165.00	Administration					
165.00	Medical Records					
170.00	Inservice Education - Nursing					
	ANCILLARY SERVICES					
75.00	Patient Supplies	6	0	0	$ 6	
77.00	Specialized Support Surfaces	N/A	0	0	0	
80.00	Physical Therapy	0	0	0	0	
81.00	Respiratory Therapy	0	0	0	0	
82.00	Occupational Therapy	0	0	0	0	
83.00	Speech Pathology	0	0	0	0	
85.00	Pharmacy	32,435	0	0	32,435	
90.00	Laboratory	2,059	0	0	2,059	
95.00	Home Health Services	0	0	0	0	
100.00	Other Ancillary Services	2,090	0	0	2,090	
100.06	Subacute Ancillary Services	0	0	0	0	
100.12	Subacute Pediatrics Ancillary Services	0	0	0	0	
	ROUTINE SERVICES					
105.00	Skilled Nursing Care	2,198,573	27,605	54,062	2,280,240	*
110.00	Intermediate Care	0	0	0	0	*
115.00	Mentally Disordered	0	0	0	0	*
120.00	Developmentally Disabled	0	0	0	0	*
125.00	Subacute Care	0	0	0	0	*
126.00	Subacute Care - Pediatrics	0	0	0	0	*
130.00	Hospice Inpatient Care	0	0	0	0	*
135.00	Other Routine Services	0	0	0	0	*
	NONREIMBURSABLE					
136.00	Residential Care	0	0	0	0	
140.00	Beauty and Barber	2,530	0	0	2,530	
145.00	Other Nonreimbursable	0	0	0	0	
	TOTAL	$ 2,319,360	$ 27,605	$ 54,062	$ 2,319,360	

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES - LABOR
(INDIRECT CARE)

Provider Name:	Provider Number:	Provider NPI:	OSHPD Facility Number:	Fiscal Period:
MONTEREY CARE CENTER	ZZT18634J	1831294974	206190548	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Srvs 155	Activities 160	In-serv. Ed 170	Accumulated Costs	Admin 165	Medical Records 165	Total	
	GENERAL SERVICES													
5.00	Plant Operations and Maintenance	$ 34,206	$ 34,206											
10.00	Housekeeping	124,943	0	$ 124,943										
60.00	Laundry and Linen	68,873	2,054	7,503	$ 78,430									
65.00	Dietary	244,855	1,818	6,639	0	$ 253,312								
155.00	Social Services	N/A	699	2,552	0	0	$ 3,251							
160.00	Activities	N/A	0	0	0	0	0	$ -						
165.00	Administration	N/A	5,978	21,836	0	0	0	0		$ 27,814	$ 27,814			
165.00	Medical Records	30,015	0	0	0	0	0	0		30,015		$ 30,015		
170.00	Inservice Education - Nursing	60,804	0	0	0	0	0	0	$ 60,804					
	ANCILLARY SERVICES													
75.00	Patient Supplies		0	0	0	0	0	0	0	0	0	0	$ 0	
77.00	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0	
80.00	Physical Therapy		1,600	5,843	0	0	0	0	0	7,442	193	208	7,843	
81.00	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0	
82.00	Occupational Therapy		0	0	0	0	0	0	0	0	0	0	0	
83.00	Speech Pathology		0	0	0	0	0	0	0	0	0	0	0	
85.00	Pharmacy		517	1,890	0	0	0	0	0	2,407	327	353	3,087	
90.00	Laboratory		0	0	0	0	0	0	0	0	17	18	35	
95.00	Home Health Services		0	0	0	0	0	0	0	0	0	0	0	
100.00	Other Ancillary Services		0	0	0	0	0	0	0	0	17	18	35	
100.06	Subacute Ancillary Services		0	0	0	0	0	0	0	0	0	0	0	
100.12	Subacute Pediatrics Ancillary Services		0	0	0	0	0	0	0	0	0	0	0	
	ROUTINE SERVICES													
105.00	Skilled Nursing Care		21,541	78,681	78,430	253,312	3,251	0	60,804	496,017	27,240	29,395	552,652	*
110.00	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0	*
115.00	Mentally Disordered		0	0	0	0	0	0	0	0	0	0	0	*
120.00	Developmentally Disabled		0	0	0	0	0	0	0	0	0	0	0	*
125.00	Subacute Care		0	0	0	0	0	0	0	0	0	0	0	*
126.00	Subacute Care - Pediatrics		0	0	0	0	0	0	0	0	0	0	0	*
130.00	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0	*
135.00	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0	*
	NONREIMBURSABLE													
136.00	Residential Care		0	0	0	0	0	0	0	0	0	0	0	
140.00	Beauty and Barber		0	0	0	0	0	0	0	0	21	22	43	
145.00	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 563,696	$ 34,206	$ 124,943	$ 78,430	$ 253,312	$ 3,251	$ -	$ 60,804	$ 505,867	$ 27,814	$ 30,015	$ 563,696	

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES - OTHER NONLABOR
(DIRECT AND INDIRECT CARE)

Provider Name:	Provider Number:	Provider Number:	OSHPD Facility Number:	Fiscal Period:
MONTEREY CARE CENTER	ZZT18634J	1831294974	206190548	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Srvs 155	Activities 160	In-serv. Ed 170	Accumulated Costs	Admin 165	Medical Records 165	Total	
	GENERAL SERVICES													
5.00	Plant Operations and Maintenance	$ 124,372	$ 124,372											
10.00	Housekeeping	30,597	0	$ 30,597										
60.00	Laundry and Linen	15,298	7,468	1,837	$ 24,604									
65.00	Dietary	185,333	6,609	1,626	0	$ 193,568								
155.00	Social Services	0	2,540	625	0	0	$ 3,165							
160.00	Activities	2,387	0	0	0	0	0	$ 2,387						
165.00	Administration	N/A	21,736	5,347	0	0	0	0		$ 27,084	$ 27,084			
165.00	Medical Records	491	0	0	0	0	0	0		491		$ 491		
170.00	Inservice Education - Nursing	0	0	0	0	0	0	0	$ -					
	ANCILLARY SERVICES													
75.00	Patient Supplies	0	0	0	0	0	0	0	0	0	0	0	$ 0	
77.00	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0	
80.00	Physical Therapy	0	5,816	1,431	0	0	0	0	0	7,247	188	3	7,438	
81.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0	
82.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0	
83.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0	
85.00	Pharmacy	0	1,881	463	0	0	0	0	0	2,344	318	6	2,668	
90.00	Laboratory	0	0	0	0	0	0	0	0	0	16	0	17	
95.00	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0	
100.00	Other Ancillary Services	0	0	0	0	0	0	0	0	0	17	0	17	
100.06	Subacute Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0	
100.12	Subacute Pediatrics Ancillary Services		0	0	0	0	0	0	0	0	0	0	0	
	ROUTINE SERVICES													
105.00	Skilled Nursing Care	96,415	78,321	19,268	24,604	193,568	3,165	2,387	0	417,727	26,524	481	444,733	*
110.00	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0	*
115.00	Mentally Disordered		0	0	0	0	0	0	0	0	0	0	0	*
120.00	Developmentally Disabled		0	0	0	0	0	0	0	0	0	0	0	*
125.00	Subacute Care	0	0	0	0	0	0	0	0	0	0	0	0	*
126.00	Subacute Care - Pediatrics		0	0	0	0	0	0	0	0	0	0	0	*
130.00	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0	*
135.00	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0	*
	NONREIMBURSABLE													
136.00	Residential Care		0	0	0	0	0	0	0	0	0	0	0	
140.00	Beauty and Barber		0	0	0	0	0	0	0	0	20	0	20	
145.00	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 454,893	$ 124,372	$ 30,597	$ 24,604	$ 193,568	$ 3,165	$ 2,387	$ -	$ 427,318	$ 27,084	$ 491	$ 454,893	

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name: MONTEREY CARE CENTER

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

Provider Number: ZZT18634J

Provider NPI: 1831294974

OSHPD Facility Number: 206190548

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital Various	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Srvs 155	Activities 160
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	$ 152,944	80%							
	Property Tax (line 40)	38,782	20%	$ 191,726						
5.00	Plant Operations and Maintenance			62,456	$ 62,456					
10.00	Housekeeping			0	0	$ -				
60.00	Laundry and Linen			7,762	3,750	0	$ 11,513			
65.00	Dietary			6,869	3,319	0	0	$ 10,188		
155.00	Social Services			2,640	1,276	0	0	0	$ 3,916	
160.00	Activities			0	0	0	0	0	0	$ -
165.00	Administration			22,592	10,915	0	0	0	0	0
165.00	Medical Records			0	0	0	0	0	0	0
170.00	Inservice Education - Nursing			0	0	0	0	0	0	0
	ANCILLARY SERVICES									
75.00	Patient Supplies			0	0	0	0	0	0	0
77.00	Specialized Support Surfaces			0	0	0	0	0	0	0
80.00	Physical Therapy			6,045	2,921	0	0	0	0	0
81.00	Respiratory Therapy			0	0	0	0	0	0	0
82.00	Occupational Therapy			0	0	0	0	0	0	0
83.00	Speech Pathology			0	0	0	0	0	0	0
85.00	Pharmacy			1,955	945	0	0	0	0	0
90.00	Laboratory			0	0	0	0	0	0	0
95.00	Home Health Services			0	0	0	0	0	0	0
100.00	Other Ancillary Services			0	0	0	0	0	0	0
100.06	Subacute Ancillary Services			0	0	0	0	0	0	0
100.12	Subacute Pediatrics Ancillary Services			0	0	0	0	0	0	0
	ROUTINE SERVICES									
105.00	Skilled Nursing Care			81,405	39,331	0	11,513	10,188	3,916	0
110.00	Intermediate Care			0	0	0	0	0	0	0
115.00	Mentally Disordered			0	0	0	0	0	0	0
120.00	Developmentally Disabled			0	0	0	0	0	0	0
125.00	Subacute Care			0	0	0	0	0	0	0
126.00	Subacute Care - Pediatrics			0	0	0	0	0	0	0
130.00	Hospice Inpatient Care			0	0	0	0	0	0	0
135.00	Other Routine Services			0	0	0	0	0	0	0
	NONREIMBURSABLE									
136.00	Residential Care			0	0	0	0	0	0	0
140.00	Beauty and Barber			0	0	0	0	0	0	0
145.00	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	$ 191,726	100%	$ 191,726	$ 62,456	$ -	$ 11,513	$ 10,188	$ 3,916	$ -

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name: MONTEREY CARE CENTER

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

Provider Number: ZZT18634J

Provider NPI: 1831294974

OSHPD Facility Number: 206190548

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	In-serv. Ed 170	Accumulated Costs	Admin 165	Medical Records 165	Total	Capital Related 80% Of Total	Property Tax 20% Of Total	
	GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	$ 152,944	80%								
	Property Tax (line 40)	38,782	20%								
5.00	Plant Operations and Maintenance										
10.00	Housekeeping										
60.00	Laundry and Linen										
65.00	Dietary										
155.00	Social Services										
160.00	Activities										
165.00	Administration				$ 33,508	$ 33,508					
165.00	Medical Records				0		$ -				
170.00	Inservice Education - Nursing			$ -							
	ANCILLARY SERVICES										
75.00	Patient Supplies			0	0	0	0	$ 0	$ 0	$ 0	
77.00	Specialized Support Surfaces			0	0	0	0	0	0	0	
80.00	Physical Therapy			0	8,966	232	0	9,198	7,338	1,861	
81.00	Respiratory Therapy			0	0	0	0	0	0	0	
82.00	Occupational Therapy			0	0	0	0	0	0	0	
83.00	Speech Pathology			0	0	0	0	0	0	0	
85.00	Pharmacy			0	2,900	394	0	3,294	2,628	666	
90.00	Laboratory			0	0	20	0	20	16	4	
95.00	Home Health Services			0	0	0	0	0	0	0	
100.00	Other Ancillary Services			0	0	21	0	21	16	4	
100.06	Subacute Ancillary Services			0	0	0	0	0	0	0	
100.12	Subacute Pediatrics Ancillary Services			0	0	0	0	0	0	0	
	ROUTINE SERVICES										
105.00	Skilled Nursing Care			0	146,352	32,816	0	179,168	142,926	36,242	*
110.00	Intermediate Care			0	0	0	0	0	0	0	*
115.00	Mentally Disordered			0	0	0	0	0	0	0	*
120.00	Developmentally Disabled			0	0	0	0	0	0	0	*
125.00	Subacute Care			0	0	0	0	0	0	0	*
126.00	Subacute Care - Pediatrics			0	0	0	0	0	0	0	*
130.00	Hospice Inpatient Care			0	0	0	0	0	0	0	*
135.00	Other Routine Services			0	0	0	0	0	0	0	*
	NONREIMBURSABLE										
136.00	Residential Care			0	0	0	0	0	0	0	
140.00	Beauty and Barber			0	0	25	0	25	20	5	
145.00	Other Nonreimbursable			0	0	0	0	0	0	0	
	TOTAL	$ 191,726	100%	$ -	$ 158,218	$ 33,508	$ -	$ 191,726	$ 152,944	$ 38,782	

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:	Provider Number:	Provider NPI:	OSHPD Facility Number:	Fiscal Period:
MONTEREY CARE CENTER	ZZT18634J	1831294974	206190548	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Accum Costs (From Sch 2)	Accum Costs (From Sch 3)	Accum Costs (From Sch 4)	Accum Costs (From Sch 5)	Total Accum Costs	Allocated Admin. Costs	Admin. 48% of Total	Facility License Fees 3% of Total	Liability Insurance 13% of Total	Caregiver Training 0% of Total	Quality Assur. Fees 36% of Total	
	GENERAL SERVICES														
45.00	Property Insurance	$ 4,073													
55.00	Interest-Other	0													
165.00	Administration (Salaries & Wages, Fringe Benefits,														
	and Other - Nonlabor - excludes lines 165.03 - 165.10)	429,035													
	Total Costs Allocable as Administration	433,108	48%												
165.07	Facility License Fees	23,367	3%												
165.08	Liability Insurance	116,777	13%												
165.09	Caregiver Training	0	0%												
165.10	Quality Assurance Fees	321,304	36%												
	Total	894,556	100%						$ 894,556						
	ANCILLARY SERVICES														
75.00	Patient Supplies			$ 6	$ -	$ -	$ -	$ 6	2	$ 1	$ 0	$ 0	$ -	$ 1	
77.00	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0	
80.00	Physical Therapy			0	7,442	7,247	8,966	23,655	6,204	3,004	162	810	0	2,228	
81.00	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0	
82.00	Occupational Therapy			0	0	0	0	0	0	0	0	0	0	0	
83.00	Speech Pathology			0	0	0	0	0	0	0	0	0	0	0	
85.00	Pharmacy			32,435	2,407	2,344	2,900	40,087	10,514	5,090	275	1,372	0	3,776	
90.00	Laboratory			2,059	0	0	0	2,059	540	261	14	70	0	194	
95.00	Home Health Services			0	0	0	0	0	0	0	0	0	0	0	
100.00	Other Ancillary Services			2,090	0	0	0	2,090	548	265	14	72	0	197	
100.06	Subacute Ancillary Services			0	0	0	0	0	0	0	0	0	0	0	
100.12	Subacute Pediatrics Ancillary Services			0	0	0	0	0	0	0	0	0	0	0	
	ROUTINE SERVICES														
105.00	Skilled Nursing Care			2,280,240	496,017	417,727	146,352	3,340,337	876,085	424,165	22,885	114,366	0	314,670	*
110.00	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0	*
115.00	Mentally Disordered			0	0	0	0	0	0	0	0	0	0	0	*
120.00	Developmentally Disabled			0	0	0	0	0	0	0	0	0	0	0	*
125.00	Subacute Care			0	0	0	0	0	0	0	0	0	0	0	*
126.00	Subacute Care - Pediatrics			0	0	0	0	0	0	0	0	0	0	0	*
130.00	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0	*
135.00	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0	*
	NONREIMBURSABLE														
136.00	Residential Care			0	0	0	0	0	0	0	0	0	0	0	
140.00	Beauty and Barber			2,530	0	0	0	2,530	664	321	17	87	0	238	
145.00	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0	
	SUBTOTAL	$ 894,556		$ 2,319,360	$ 505,867	$ 427,318	$ 158,218	$ 3,410,764	$ 894,556						
	Total Administrative Costs							$ 894,556		$ 433,108	$ 23,367	$ 116,777	$ -	$ 321,304	
	Unit Cost Multiplier							0.26227439							
	Accumulated Administration Costs (Sch 2 thru 5)				$ 57,829	$ 27,575	$ 33,508	$ 118,911							
	TOTAL FACILITY COSTS							$ 4,424,231							

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:	Provider Number:	Provider NPI:	OSHPD Facility Number:	Fiscal Period:
MONTEREY CARE CENTER	ZZT18634J	1831294974	206190548	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS	Plant Ops (SQ FT) 5	Hskpng (SQ FT) 10	Laundry (LBS) 60	Dietary (MEALS) 65	Soc Srvs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	In-serv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL (ACCUM COST)
		(Adj 13)	(Adj 13)	(Adj 13)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		
	GENERAL SERVICES										
5	Plant Operations and Maintenance	6,292									
10	Housekeeping										
60	Laundry and Linen	782	782	782							
65	Dietary	692	692	692							
155	Social Services	266	266	266							
160	Activities										
165	Administration	2,276	2,276	2,276							
165	Medical Records										
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
75	Patient Supplies									6	6
77	Specialized Support Surfaces									0	0
80	Physical Therapy	609	609	609						23,655	23,655
81	Respiratory Therapy									0	0
82	Occupational Therapy									0	0
83	Speech Pathology									0	0
85	Pharmacy	197	197	197						40,087	40,087
90	Laboratory									2,059	2,059
95	Home Health Services									0	0
100	Other Ancillary Services									2,090	2,090
100	Subacute Ancillary Services									0	0
100	Subacute Pediatrics Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	8,201	8,201	8,201	370,740	111,222	2,294,988	2,294,988	2,294,988	3,340,337	3,340,337
110	Intermediate Care						0	0	0	0	0
115	Mentally Disordered						0	0	0	0	0
120	Developmentally Disabled						0	0	0	0	0
125	Subacute Care						0	0	0	0	0
126	Subacute Care - Pediatrics						0	0	0	0	0
130	Hospice Inpatient Care						0	0	0	0	0
135	Other Routine Services						0	0	0	0	0
	NONREIMBURSABLE										
136	Residential Care									0	0
140	Beauty and Barber									2,530	2,530
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	19,315	13,023	13,023	370,740	111,222	2,294,988	2,294,988	2,294,988	3,410,764	3,410,764
	TOTAL DIRECT SALARIES COSTS - SCH. 2						$ 27,605	$ 54,062			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.012028385	0.02355655			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		$ 34,206	$ 124,943	$ 78,430	$ 253,312	$ 3,251	$ -	$ 60,804	$ 27,814	$ 30,015
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		2.62658374	9.59402595	0.21154857	2.27753198	0.00141643	0.00000000	0.02649426	0.00815480	0.00880008
	TOTAL INDIRECT OTHER COSTS - SCH. 4		$ 124,372	$ 30,597	$ 24,604	$ 193,568	$ 3,165	$ 2,387	$ -	$ 27,084	$ 491
	UNIT COST MULTIPLIER (INDIRECT OTHER)		9.55018045	2.34945865	0.06636327	1.74037106	0.00137923	0.00104009	0.00000000	0.00794062	0.00014396
	TOTAL CAPITAL COSTS - SCH. 5	$ 191,726	$ 62,456	$ -	$ 11,513	$ 10,188	$ 3,916	$ -	$ -	$ 33,508	$ -
	UNIT COST MULTIPLIER (CAPITAL COSTS)	9.92627492	4.79583213	0.00000000	0.03105327	0.09159787	0.00170636	0.00000000	0.00000000	0.00982405	0.00000000

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: MONTEREY CARE CENTER

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

Provider Number: ZZT18634J

Provider NPI: 1831294974

OSHPD Facility Number: 206190548

Line No.	Natural Class	ACCOUNT TITLE	Account Number	AS REPORTED	AUDIT ADJUSTMENTS (SCHEDULE 8A-1)	SUBTOTAL	(SCHEDULE 8A-2)	AS AUDITED	
5.00		Plant Operations and Maintenance	6200	$ 175,845	$ (175,845)	$ 0	$ 0	$ 0	
5.01	.01-.19	Salaries and Wages	6200		27,130	27,130	0	27,130	(Sch 3)
5.02	.20-.39	Fringe Benefits	6200		7,076	7,076	0	7,076	(Sch 3)
5.03	.79	Agency Staff	6200		0	0	0	0	(Sch 3)
5.04	.40-.99	Other - Nonlabor	6200		141,639	141,639	(17,267)	124,372	(Sch 4)
5.05		Plant Operations and Maintenance - Total	6200	$ 175,845	$ 0	$ 175,845	$ (17,267)	$ 158,578	
10.00		Housekeeping	6300	$ 155,540	$ (155,540)	$ 0	$ 0	$ 0	
10.01	.01-.19	Salaries and Wages	6300		99,096	99,096	0	99,096	(Sch 3)
10.02	.20-.39	Fringe Benefits	6300		25,847	25,847	0	25,847	(Sch 3)
10.03	.79	Agency Staff	6300		0	0	0	0	(Sch 3)
10.04	.40-.99	Other - Nonlabor	6300		30,597	30,597	0	30,597	(Sch 4)
10.05		Housekeeping - Total	6300	$ 155,540	$ 0	$ 155,540	$ 0	$ 155,540	
15.00		Depreciation: Bldgs and Improvements	7110 - 7120	$ 2,989		$ 2,989	$ 0	$ 2,989	(Sch 5)
20.00		Depreciation: Leasehold Improvements	7130			0	0	0	(Sch 5)
25.00		Depreciation: Equipment	7140	17,955		17,955	0	17,955	(Sch 5)
30.00		Depreciation and Amortization - Other	7150 - 7160			0	0	0	(Sch 5)
35.00		Leases and Rentals	7200	132,000		132,000	0	132,000	(Sch 5)
40.00		Property Taxes	7300	38,782		38,782	0	38,782	(Sch 5)
45.00		Property Insurance	7400	4,073		4,073	0	4,073	(Sch 6)
50.00		Interest-Property, Plant, and Equipment	7500			0	0	0	(Sch 5)
55.00		Interest-Other	7600			0	0	0	(Sch 6)
57.00		**Subtotal 005 - 055**		$ 527,184	$ 0	$ 527,184	$ (17,267)	$ 509,917	
60.00		Laundry and Linen	6400	$ 84,471	$ (84,471)	$ 0	$ 0	$ 0	
60.01	.01-.19	Salaries and Wages	6400		54,625	54,625	0	54,625	(Sch 3)
60.02	.20-.39	Fringe Benefits	6400		14,248	14,248	0	14,248	(Sch 3)
60.03	.79	Agency Staff	6400		0	0	0	0	(Sch 3)
60.04	.40-.99	Other - Nonlabor	6400		15,598	15,598	(300)	15,298	(Sch 4)
60.05		Laundry and Linen - Total	6400	$ 84,471	$ 0	$ 84,471	$ (300)	$ 84,171	
65.00		Dietary	6500	$ 450,988	$ (450,988)	$ 0	$ 0	$ 0	
65.01	.01-.19	Salaries and Wages	6500		194,201	194,201	0	194,201	(Sch 3)
65.02	.20-.39	Fringe Benefits	6500		50,654	50,654	0	50,654	(Sch 3)
65.03	.79	Agency Staff	6500		0	0	0	0	(Sch 3)
65.04	.40-.99	Other - Nonlabor	6500		206,133	206,133	(20,800)	185,333	(Sch 4)
65.05		Dietary - Total	6500	$ 450,988	$ 0	$ 450,988	$ (20,800)	$ 430,188	
70.00		Provision for Bad Debts	7700	$		$ 0	$ 0	$ 0	
		Ancillary Services (Note 1)							
75.00		Patient Supplies	8100	$ 6	$ 0	$ 6	$ 0	$ 6	(Sch 2)
75.01	.01-.19	Salaries and Wages	8100		0	0	0	0	(Sch 2)
75.02	.20-.39	Fringe Benefits	8100		0	0	0	0	(Sch 2)
75.03	.79	Agency Staff	8100		0	0	0	0	(Sch 2)
75.04	.40-.99	Other - Nonlabor	8100		0	0	0	0	(Sch 4)
75.05		Patient Supplies - Total	8100	$ 6	$ 0	$ 6	$ 0	$ 6	
77.00		Specialized Support Surfaces	8150			$ 0	$ 0	$ 0	(Sch 4)
80.00		Physical Therapy	8200	$	$ 0	$ 0	$ 0	$ 0	(Sch 2)
80.01	.01-.19	Salaries and Wages	8200		0	0	0	0	(Sch 2)
80.02	.20-.39	Fringe Benefits	8200		0	0	0	0	(Sch 2)
80.03	.79	Agency Staff	8200		0	0	0	0	(Sch 2)
80.04	.40-.99	Other - Nonlabor	8200		0	0	0	0	(Sch 4)
80.05		Physical Therapy - Total	8200	$ 0	$ 0	$ 0	$ 0	$ 0	
81.00		Respiratory Therapy	8220	$	$ 0	$ 0	$ 0	$ 0	(Sch 2)
81.01	.01-.19	Salaries and Wages	8220		0	0	0	0	(Sch 2)
81.02	.20-.39	Fringe Benefits	8220		0	0	0	0	(Sch 2)
81.03	.79	Agency Staff	8220		0	0	0	0	(Sch 2)
81.04	.40-.99	Other - Nonlabor	8220		0	0	0	0	(Sch 4)
81.05		Respiratory Therapy - Total	8220	$ 0	$ 0	$ 0	$ 0	$ 0	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: MONTEREY CARE CENTER

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

Provider Number: ZZT18634J

Provider NPI: 1831294974

OSHPD Facility Number: 206190548

Line No.	Natural Class	ACCOUNT TITLE	Account Number	AS REPORTED	AUDIT ADJUSTMENTS (SCHEDULE 8A-1)	SUBTOTAL	(SCHEDULE 8A-2)	AS AUDITED	
82.00		Occupational Therapy	8250	$	$ 0	$ 0	$ 0	$ 0	(Sch 2)
82.01	.01-.19	Salaries and Wages	8250		0	0	0	0	(Sch 2)
82.02	.20-.39	Fringe Benefits	8250		0	0	0	0	(Sch 2)
82.03	.79	Agency Staff	8250		0	0	0	0	(Sch 2)
82.04	.40-.99	Other - Nonlabor	8250		0	0	0	0	(Sch 4)
82.05		Occupational Therapy - Total	8250	$ 0	$ 0	$ 0	$ 0	$ 0	
83.00		Speech Pathology	8280	$	$ 0	$ 0	$ 0	$ 0	(Sch 2)
83.01	.01-.19	Salaries and Wages	8280		0	0	0	0	(Sch 2)
83.02	.20-.39	Fringe Benefits	8280		0	0	0	0	(Sch 2)
83.03	.79	Agency Staff	8280		0	0	0	0	(Sch 2)
83.04	.40-.99	Other - Nonlabor	8280		0	0	0	0	(Sch 4)
83.05		Speech Pathology - Total	8280	$ 0	$ 0	$ 0	$ 0	$ 0	
85.00		Pharmacy	8300	$ 32,435	$ 0	$ 32,435	$ 0	$ 32,435	(Sch 2)
85.01	.01-.19	Salaries and Wages	8300		0	0	0	0	(Sch 2)
85.02	.20-.39	Fringe Benefits	8300		0	0	0	0	(Sch 2)
85.03	.79	Agency Staff	8300		0	0	0	0	(Sch 2)
85.04	.40-.99	Other - Nonlabor	8300		0	0	0	0	(Sch 4)
85.05		Pharmacy - Total	8300	$ 32,435	$ 0	$ 32,435	$ 0	$ 32,435	
90.00		Laboratory	8400	$ 2,059	$ 0	$ 2,059	$ 0	$ 2,059	(Sch 2)
90.01	.01-.19	Salaries and Wages	8400		0	0	0	0	(Sch 2)
90.02	.20-.39	Fringe Benefits	8400		0	0	0	0	(Sch 2)
90.03	.79	Agency Staff	8400		0	0	0	0	(Sch 2)
90.04	.40-.99	Other - Nonlabor	8400		0	0	0	0	(Sch 4)
90.05		Laboratory - Total	8400	$ 2,059	$ 0	$ 2,059	$ 0	$ 2,059	
95.00		Home Health Services	8800	$	$ 0	$ 0	$ 0	$ 0	(Sch 2)
95.01	.01-.19	Salaries and Wages	8800		0	0	0	0	(Sch 2)
95.02	.20-.39	Fringe Benefits	8800		0	0	0	0	(Sch 2)
95.03	.79	Agency Staff	8800		0	0	0	0	(Sch 2)
95.04	.40-.99	Other - Nonlabor	8800		0	0	0	0	(Sch 4)
95.05		Home Health Services - Total	8800	$ 0	$ 0	$ 0	$ 0	$ 0	
100.00		Other Ancillary Services	8900	$ 2,090	$ 0	$ 2,090	$ 0	$ 2,090	(Sch 2)
100.01	.01-.19	Salaries and Wages	8900		0	0	0	0	(Sch 2)
100.02	.20-.39	Fringe Benefits	8900		0	0	0	0	(Sch 2)
100.03	.79	Agency Staff	8900		0	0	0	0	(Sch 2)
100.04	.40-.99	Other - Nonlabor	8900		0	0	0	0	(Sch 4)
100.05		Other Ancillary Services - Total	8900	$ 2,090	$ 0	$ 2,090	$ 0	$ 2,090	
100.06		Subacute Ancillary Services		$	$ 0	$ 0	$ 0	$ 0	(Sch 2)
100.07	.01-.19	Salaries and Wages			0	0	0	0	(Sch 2)
100.08	.20-.39	Fringe Benefits			0	0	0	0	(Sch 2)
100.09	.79	Agency Staff			0	0	0	0	(Sch 2)
100.10	.40-.99	Other - Nonlabor			0	0	0	0	(Sch 4)
100.11		Subacute Ancillary Services - Total		$ 0	$ 0	$ 0	$ 0	$ 0	
100.12		Subacute Pediatrics Ancillary Services		$		$ 0	$ 0	$ 0	(Sch 2)
101.00		**Subtotal 075 - 100.12**		$ 36,590	$ 0	$ 36,590	$ 0	$ 36,590	
		Routine Services							
105.00		Skilled Nursing Care	6110	$ 2,325,682	$ (2,325,682)	$ 0	$ 0	$ 0	
105.01	.01-.19	Salaries and Wages	6110		1,743,750	1,743,750	0	1,743,750	(Sch 2)
105.02	.20-.39	Fringe Benefits	6110		454,823	454,823	0	454,823	(Sch 2)
105.03	.49	Agency Staff	6110		0	0	0	0	(Sch 2)
105.04	.40-.99	Other - Nonlabor	6110		127,109	127,109	(30,694)	96,415	(Sch 4)
105.05		Skilled Nursing Care - Total	6110	$ 2,325,682	$ 0	$ 2,325,682	$ (30,694)	$ 2,294,988	
110.00		Intermediate Care	6120	$		$ 0	$ 0	$ 0	(Sch 2)
115.00		Mentally Disordered	6130			0	0	0	(Sch 2)
120.00		Developmentally Disabled	6140			0	0	0	(Sch 2)

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: MONTEREY CARE CENTER

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

Provider Number: ZZT18634J

Provider NPI: 1831294974

OSHPD Facility Number: 206190548

Line No.	Natural Class	ACCOUNT TITLE	Account Number	AS REPORTED	AUDIT ADJUSTMENTS (SCHEDULE 8A-1)	SUBTOTAL	(SCHEDULE 8A-2)	AS AUDITED	
125.00		Subacute Care	6150	$	$ 0	$ 0	$ 0	$ 0	
125.01	.01-.19	Salaries and Wages	6150		0	0	0	0	(Sch 2)
125.02	.20-.39	Fringe Benefits	6150		0	0	0	0	(Sch 2)
125.03	.49	Agency Staff	6150		0	0	0	0	(Sch 2)
125.04	.40-.99	Other - Nonlabor	6150		0	0	0	0	(Sch 4)
125.05		Subacute Care - Total	6150	$ 0	$ 0	$ 0	$ 0	$ 0	
126.00		Subacute Care - Pediatrics	6160	$		$ 0	$ 0	$ 0	(Sch 2)
130.00		Hospice Inpatient Care	6180			0	0	0	(Sch 2)
135.00		Other Routine Services	6190			0	0	0	(Sch 2)
		Other Nonreimbursable							
136.00		Residential Care	9100	$		$ 0	$ 0	$ 0	(Sch 2)
140.00		Beauty and Barber	8900	2,530		2,530	0	2,530	(Sch 2)
145.00		Other Nonreimbursable	9100			0	0	0	(Sch 2)
146.00		**Subtotal 105 - 145**		$ 2,328,212	$ 0	$ 2,328,212	$ (30,694)	$ 2,297,518	
155.00		Social Services	6600	$ 27,605	$ (27,605)	$ 0	$ 0	$ 0	
155.01	.01-.19	Salaries and Wages	6600		21,894	21,894	0	21,894	(Sch 2)
155.02	.20-.39	Fringe Benefits	6600		5,711	5,711	0	5,711	(Sch 2)
155.03	.79	Agency Staff	6600		0	0	0	0	(Sch 2)
155.04	.40-.99	Other - Nonlabor	6600		0	0	0	0	(Sch 4)
155.05		Social Services - Total	6600	$ 27,605	$ 0	$ 27,605	$ 0	$ 27,605	
160.00		Activities	6700	$ 56,449	$ (56,449)	$ 0	$ 0	$ 0	
160.01	.01-.19	Salaries and Wages	6700		42,878	42,878	0	42,878	(Sch 2)
160.02	.20-.39	Fringe Benefits	6700		11,184	11,184	0	11,184	(Sch 2)
160.03	.79	Agency Staff	6700		0	0	0	0	(Sch 2)
160.04	.40-.99	Other - Nonlabor	6700		2,387	2,387	0	2,387	(Sch 4)
160.05		Activities - Total	6700	$ 56,449	$ 0	$ 56,449	$ 0	$ 56,449	
165.00		Administration	6900	$ 994,953	$ (994,953)	$ 0	$ 0	$ 0	
165.01	.01-.19	Salaries and Wages	6900		113,201	113,201	0	113,201	(Sch 6)
165.02	.20-.39	Fringe Benefits	6900		29,526	29,526	0	29,526	(Sch 6)
165.03	.01-.19	Medical Records - Salaries and Wages	6900		23,806	23,806	0	23,806	(Sch 3)
165.04	.20-.39	Medical Records - Fringe Benefits	6900		6,209	6,209	0	6,209	(Sch 3)
165.05	.79	Medical Records - Agency Staff	6900		0	0	0	0	(Sch 3)
165.06	.40-.99	Medical Records - Other - Nonlabor	6900		491	491	0	491	(Sch 4)
165.07		Facility License Fees	6900		23,367	23,367	0	23,367	(Sch 6)
165.08		Liability Insurance	6900		116,777	116,777	0	116,777	(Sch 6)
165.09		Caregiver Training	6900		0	0	0	0	(Sch 6)
165.10		Quality Assurance Fees	6900		321,304	321,304	0	321,304	(Sch 6)
165.11	.40-.99	Other - Nonlabor	6900		360,272	360,272	(73,964)	286,308	(Sch 6)
165.12		Administration - Total	6900	$ 994,953	$ 0	$ 994,953	$ (73,964)	$ 920,989	
170.00		Inservice Education - Nursing	6800	$ 60,804	$ (60,804)	$ 0	$ 0	$ 0	
170.01	.01-.19	Salaries and Wages	6800		48,225	48,225	0	48,225	(Sch 3)
170.02	.20-.39	Fringe Benefits	6800		12,579	12,579	0	12,579	(Sch 3)
170.03	.79	Agency Staff	6800		0	0	0	0	(Sch 3)
170.04	.40-.99	Other - Nonlabor	6800		0	0	0	0	(Sch 4)
170.05		Inservice Education - Nursing - Total	6800	$ 60,804	$ 0	$ 60,804	$ 0	$ 60,804	
171.00		**Subtotal 155 - 170.05**		$ 1,139,811	$ 0	$ 1,139,811	$ (73,964)	$ 1,065,847	
175.00		**Total**		**$ 4,567,256**	**$ 0**	**$ 4,567,256**	**$ (143,025)**	**$ 4,424,231**	

NOTE 1: Ancillary service costs are reclassified only if the facility has an Adult Subacute unit.

Provider Name:	Provider Number:	Provider NPI:	OSHPD Facility Number:	Fiscal Period:
MONTEREY CARE CENTER	ZZT18634J	1831294974	206190548	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

	TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9
5.00 Plant Operations and Maintenance	(175,845)	(175,845)								
5.01 Plant Operations and Maintenance - Salaries and Wages	27,130	27,130								
5.02 Plant Operations and Maintenance - Fringe Benefits	7,076	7,076								
5.03 Plant Operations and Maintenance - Agency Staff	0									
5.04 Plant Operations and Maintenance - Other - Nonlabor	141,639	141,639								
10.00 Housekeeping	(155,540)		(155,540)							
10.01 Housekeeping - Salaries and Wages	99,096		99,096							
10.02 Housekeeping - Fringe Benefits	25,847		25,847							
10.03 Housekeeping - Agency Staff	0									
10.04 Housekeeping - Other - Nonlabor	30,597		30,597							
60.00 Laundry and Linen	(84,471)			(84,471)						
60.01 Laundry and Linen - Salaries and Wages	54,625			54,625						
60.02 Laundry and Linen - Fringe Benefits	14,248			14,248						
60.03 Laundry and Linen - Agency Staff	0									
60.04 Laundry and Linen - Other - Nonlabor	15,598			15,598						
65.00 Dietary	(450,988)				(450,988)					
65.01 Dietary - Salaries and Wages	194,201				194,201					
65.02 Dietary - Fringe Benefits	50,654				50,654					
65.03 Dietary - Agency Staff	0									
65.04 Dietary - Other - Nonlabor	206,133				206,133					
75.00 Patient Supplies	0									
75.01 Patient Supplies - Salaries and Wages	0									
75.02 Patient Supplies - Fringe Benefits	0									
75.03 Patient Supplies - Agency Staff	0									
75.04 Patient Supplies - Other - Nonlabor	0									
80.00 Physical Therapy	0									
80.01 Physical Therapy - Salaries and Wages	0									
80.02 Physical Therapy - Fringe Benefits	0									
80.03 Physical Therapy - Agency Staff	0									
80.04 Physical Therapy - Other - Nonlabor	0									
81.00 Respiratory Therapy	0									
81.01 Respiratory Therapy - Salaries and Wages	0									
81.02 Respiratory Therapy - Fringe Benefits	0									
81.03 Respiratory Therapy - Agency Staff	0									
81.04 Respiratory Therapy - Other - Nonlabor	0									
82.00 Occupational Therapy	0									
82.01 Occupational Therapy - Salaries and Wages	0									
82.02 Occupational Therapy - Fringe Benefits	0									
82.03 Occupational Therapy - Agency Staff	0									
82.04 Occupational Therapy - Other - Nonlabor	0									
83.00 Speech Pathology	0									

Provider Name:	Provider Number:	Provider NPI:	OSHPD Facility Number:	Fiscal Period:
MONTEREY CARE CENTER	ZZT18634J	1831294974	206190548	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

	TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9
83.01 Speech Pathology - Salaries and Wages	0									
83.02 Speech Pathology - Fringe Benefits	0									
83.03 Speech Pathology - Agency Staff	0									
83.04 Speech Pathology - Other - Nonlabor	0									
85.00 Pharmacy	0									
85.01 Pharmacy - Salaries and Wages	0									
85.02 Pharmacy - Fringe Benefits	0									
85.03 Pharmacy - Agency Staff	0									
85.04 Pharmacy - Other - Nonlabor	0									
90.00 Laboratory	0									
90.01 Laboratory - Salaries and Wages	0									
90.02 Laboratory - Fringe Benefits	0									
90.03 Laboratory - Agency Staff	0									
90.04 Laboratory - Other - Nonlabor	0									
95.00 Home Health Services	0									
95.01 Home Health Services - Salaries and Wages	0									
95.02 Home Health Services - Fringe Benefits	0									
95.03 Home Health Services - Agency Staff	0									
95.04 Home Health Services - Other - Nonlabor	0									
100.00 Other Ancillary Services	0									
100.01 Other Ancillary Services - Salaries and Wages	0									
100.02 Other Ancillary Services - Fringe Benefits	0									
100.03 Other Ancillary Services - Agency Staff	0									
100.04 Other Ancillary Services - Other - Nonlabor	0									
100.06 Subacute Ancillary Services	0									
100.07 Subacute Ancillary Services - Salaries and Wages	0									
100.08 Subacute Ancillary Services - Fringe Benefits	0									
100.09 Subacute Ancillary Services - Agency Staff	0									
100.10 Subacute Ancillary Services - Other - Nonlabor	0									
105.00 Skilled Nursing Care	(2,325,682)					(2,325,682)				
105.01 Skilled Nursing Care - Salaries and Wages	1,743,750					1,743,750				
105.02 Skilled Nursing Care - Fringe Benefits	454,823					454,823				
105.03 Skilled Nursing Care - Agency Staff	0									
105.04 Skilled Nursing Care - Other - Nonlabor	127,109					127,109				
125.00 Subacute Care	0									
125.01 Subacute Care - Salaries and Wages	0									
125.02 Subacute Care - Fringe Benefits	0									
125.03 Subacute Care - Agency Staff	0									
125.04 Subacute Care - Other - Nonlabor	0									
155.00 Social Services	(27,605)						(27,605)			
155.01 Social Services - Salaries and Wages	21,894						21,894			

Provider Name:	Provider Number:	Provider NPI:	OSHPD Facility Number:	Fiscal Period:
MONTEREY CARE CENTER	ZZT18634J	1831294974	206190548	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

	TOTAL ADJ (Page 1)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9
155.02 Social Services - Fringe Benefits	5,711						5,711			
155.03 Social Services - Agency Staff	0									
155.04 Social Services - Other - Nonlabor	0									
160.00 Activities	(56,449)							(56,449)		
160.01 Activities - Salaries and Wages	42,878							42,878		
160.02 Activities - Fringe Benefits	11,184							11,184		
160.03 Activities - Agency Staff	0									
160.04 Activities - Other - Nonlabor	2,387							2,387		
165.00 Administration	(994,953)								(994,953)	
165.01 Administration - Salaries and Wages	113,201								113,201	
165.02 Administration - Fringe Benefits	29,526								29,526	
165.03 Administration - Medical Records - Salaries and Wages	23,806								23,806	
165.04 Administration - Medical Records - Fringe Benefits	6,209								6,209	
165.05 Administration - Medical Records - Agency Staff	0									
165.06 Administration - Medical Records - Other - Nonlabor	491								491	
165.07 Administration - Facility License Fees	23,367								23,367	
165.08 Administration - Liability Insurance	116,777								116,777	
165.09 Administration - Caregiver Training	0									
165.10 Administration - Quality Assurance Fees	321,304								321,304	
165.11 Administration - Other - Nonlabor	360,272								360,272	
170.00 Inservice Education - Nursing	(60,804)									(60,804)
170.01 Inservice Education - Nursing - Salaries and Wages	48,225									48,225
170.02 Inservice Education - Nursing - Fringe Benefits	12,579									12,579
170.03 Inservice Education - Nursing - Agency Staff	0									
170.04 Inservice Education - Nursing - Other - Nonlabor	0									
175.00 Total	$0	0	0	0	0	0	0	0	0	0
	(To Sch 8)									

Provider Name:	Provider Number:	Provider NPI:	OSHPD Facility Number:	Fiscal Period:
MONTEREY CARE CENTER	ZZT18634J	1831294974	206190548	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

		TOTAL ADJ (Page 1)	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ 12	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
5.00	Plant Operations and Maintenance	0									
5.01	Plant Operations and Maintenance - Salaries and Wages	0									
5.02	Plant Operations and Maintenance - Fringe Benefits	0									
5.03	Plant Operations and Maintenance - Agency Staff	0									
5.04	Plant Operations and Maintenance - Other - Nonlabor	(17,267)		3,439	(20,706)						
10.00	Housekeeping	0									
10.01	Housekeeping - Salaries and Wages	0									
10.02	Housekeeping - Fringe Benefits	0									
10.03	Housekeeping - Agency Staff	0									
10.04	Housekeeping - Other - Nonlabor	0									
15.00	Depreciation: Bldgs and Improvements	0									
20.00	Depreciation: Leasehold Improvements	0									
25.00	Depreciation: Equipment	0									
30.00	Depreciation and Amortization - Other	0									
35.00	Leases and Rentals	0									
40.00	Property Taxes	0									
45.00	Property Insurance	0									
50.00	Interest-Property, Plant, and Equipment	0									
55.00	Interest-Other	0									
60.00	Laundry and Linen	0									
60.01	Laundry and Linen - Salaries and Wages	0									
60.02	Laundry and Linen - Fringe Benefits	0									
60.03	Laundry and Linen - Agency Staff	0									
60.04	Laundry and Linen - Other - Nonlabor	(300)		(300)							
65.00	Dietary	0									
65.01	Dietary - Salaries and Wages	0									
65.02	Dietary - Fringe Benefits	0									
65.03	Dietary - Agency Staff	0									
65.04	Dietary - Other - Nonlabor	(20,800)		(12,000)	(8,800)						
70.00	Provision for Bad Debts	0									
75.00	Patient Supplies	0									
75.01	Patient Supplies - Salaries and Wages	0									
75.02	Patient Supplies - Fringe Benefits	0									
75.03	Patient Supplies - Agency Staff	0									
75.04	Patient Supplies - Other - Nonlabor	0									
77.00	Specialized Support Surfaces	0									
80.00	Physical Therapy	0									
80.01	Physical Therapy - Salaries and Wages	0									
80.02	Physical Therapy - Fringe Benefits	0									
80.03	Physical Therapy - Agency Staff	0									
80.04	Physical Therapy - Other - Nonlabor	0									
81.00	Respiratory Therapy	0									
81.01	Respiratory Therapy - Salaries and Wages	0									
81.02	Respiratory Therapy - Fringe Benefits	0									
81.03	Respiratory Therapy - Agency Staff	0									
81.04	Respiratory Therapy - Other - Nonlabor	0									
82.00	Occupational Therapy	0									
82.01	Occupational Therapy - Salaries and Wages	0									

Provider Name:	Provider Number:	Provider NPI:	OSHPD Facility Number:	Fiscal Period:
MONTEREY CARE CENTER	ZZT18634J	1831294974	206190548	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

		TOTAL ADJ (Page 1)	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ 12	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
82.02	Occupational Therapy - Fringe Benefits	0									
82.03	Occupational Therapy - Agency Staff	0									
82.04	Occupational Therapy - Other - Nonlabor	0									
83.00	Speech Pathology	0									
83.01	Speech Pathology - Salaries and Wages	0									
83.02	Speech Pathology - Fringe Benefits	0									
83.03	Speech Pathology - Agency Staff	0									
83.04	Speech Pathology - Other - Nonlabor	0									
85.00	Pharmacy	0									
85.01	Pharmacy - Salaries and Wages	0									
85.02	Pharmacy - Fringe Benefits	0									
85.03	Pharmacy - Agency Staff	0									
85.04	Pharmacy - Other - Nonlabor	0									
90.00	Laboratory	0									
90.01	Laboratory - Salaries and Wages	0									
90.02	Laboratory - Fringe Benefits	0									
90.03	Laboratory - Agency Staff	0									
90.04	Laboratory - Other - Nonlabor	0									
95.00	Home Health Services	0									
95.01	Home Health Services - Salaries and Wages	0									
95.02	Home Health Services - Fringe Benefits	0									
95.03	Home Health Services - Agency Staff	0									
95.04	Home Health Services - Other - Nonlabor	0									
100.00	Other Ancillary Services	0									
100.01	Other Ancillary Services - Salaries and Wages	0									
100.02	Other Ancillary Services - Fringe Benefits	0									
100.03	Other Ancillary Services - Agency Staff	0									
100.04	Other Ancillary Services - Other - Nonlabor	0									
100.06	Subacute Ancillary Services	0									
100.07	Subacute Ancillary Services - Salaries and Wages	0									
100.08	Subacute Ancillary Services - Fringe Benefits	0									
100.09	Subacute Ancillary Services - Agency Staff	0									
100.10	Subacute Ancillary Services - Other - Nonlabor	0									
100.12	Subacute Pediatrics Ancillary Services	0									
105.00	Skilled Nursing Care	0									
105.01	Skilled Nursing Care - Salaries and Wages	0									
105.02	Skilled Nursing Care - Fringe Benefits	0									
105.03	Skilled Nursing Care - Agency Staff	0									
105.04	Skilled Nursing Care - Other - Nonlabor	(30,694)	(2,800)	(60)	(27,834)						
110.00	Intermediate Care	0									
115.00	Mentally Disordered	0									
120.00	Developmentally Disabled	0									
125.00	Subacute Care	0									
125.01	Subacute Care - Salaries and Wages	0									
125.02	Subacute Care - Fringe Benefits	0									
125.03	Subacute Care - Agency Staff	0									
125.04	Subacute Care - Other - Nonlabor	0									
126.00	Subacute Care - Pediatrics	0									

Provider Name:	Provider Number:	Provider NPI:	OSHPD Facility Number:	Fiscal Period:
MONTEREY CARE CENTER	ZZT18634J	1831294974	206190548	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

		TOTAL ADJ (Page 1)	AUDIT ADJ 10	AUDIT ADJ 11	AUDIT ADJ 12	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
130.00	Hospice Inpatient Care	0									
135.00	Other Routine Services	0									
136.00	Residential Care	0									
140.00	Beauty and Barber	0									
145.00	Other Nonreimbursable	0									
155.00	Social Services	0									
155.01	Social Services - Salaries and Wages	0									
155.02	Social Services - Fringe Benefits	0									
155.03	Social Services - Agency Staff	0									
155.04	Social Services - Other - Nonlabor	0									
160.00	Activities	0									
160.01	Activities - Salaries and Wages	0									
160.02	Activities - Fringe Benefits	0									
160.03	Activities - Agency Staff	0									
160.04	Activities - Other - Nonlabor	0									
165.00	Administration	0									
165.01	Administration - Salaries and Wages	0									
165.02	Administration - Fringe Benefits	0									
165.03	Administration - Medical Records - Salaries and Wages	0									
165.04	Administration - Medical Records - Fringe Benefits	0									
165.05	Administration - Medical Records - Agency Staff	0									
165.06	Administration - Medical Records - Other - Nonlabor	0									
165.07	Administration - Facility License Fees	0									
165.08	Administration - Liability Insurance	0									
165.09	Administration - Caregiver Training	0									
165.10	Administration - Quality Assurance Fees	0									
165.11	Administration - Other - Nonlabor	(73,964)		(225)	(73,739)						
170.00	Inservice Education - Nursing	0									
170.01	Inservice Education - Nursing - Salaries and Wages	0									
170.02	Inservice Education - Nursing - Fringe Benefits	0									
170.03	Inservice Education - Nursing - Agency Staff	0									
170.04	Inservice Education - Nursing - Other - Nonlabor	0									
175.00	Total	($143,025)	(2,800)	(9,146)	(131,079)	0	0	0	0	0	0
		(To Sch 8)									

Provider Name	Fiscal Period	Provider Number	Adjustments
MONTEREY CARE CENTER	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008	ZZT18634J	13

Report References									
	Cost Report			Audit Report					
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
						RECONCILIATION OF THE PROVIDER'S RECORDS TO THE AUDIT REPORT			
1	10.1(4)	05	14	8A-1	5.00	Plant Operations and Maintenance	$175,845	($175,845)	$0
	Not Reported			8A-1	5.01	Plant Operations and Maintenance - Salaries and Wages	0	27,130	27,130
	Not Reported			8A-1	5.02	Plant Operations and Maintenance - Fringe Benefits	0	7,076	7,076
	Not Reported			8A-1	5.04	Plant Operations and Maintenance - Other - Nonlabor	0	141,639	141,639 *
2	10.1(4)	10	14	8A-1	10.00	Housekeeping	$155,540	($155,540)	$0
	Not Reported			8A-1	10.01	Housekeeping - Salaries and Wages	0	99,096	99,096
	Not Reported			8A-1	10.02	Housekeeping - Fringe Benefits	0	25,847	25,847
	Not Reported			8A-1	10.04	Housekeeping - Other - Nonlabor	0	30,597	30,597
3	10.1(4)	60	14	8A-1	60.00	Laundry and Linen	$84,471	($84,471)	$0
	Not Reported			8A-1	60.01	Laundry and Linen - Salaries and Wages	0	54,625	54,625
	Not Reported			8A-1	60.02	Laundry and Linen - Fringe Benefits	0	14,248	14,248
	Not Reported			8A-1	60.04	Laundry and Linen - Other - Nonlabor	0	15,598	15,598 *
4	10.1(4)	65	14	8A-1	65.00	Dietary	$450,988	($450,988)	$0
	Not Reported			8A-1	65.01	Dietary - Salaries and Wages	0	194,201	194,201
	Not Reported			8A-1	65.02	Dietary - Fringe Benefits	0	50,654	50,654
	Not Reported			8A-1	65.04	Dietary - Other - Nonlabor	0	206,133	206,133 *
5	10.1(4)	105	14	8A-1	105.00	Skilled Nursing Care	$2,325,682	($2,325,682)	$0
	Not Reported			8A-1	105.01	Skilled Nursing Care - Salaries and Wages	0	1,743,750	1,743,750
	Not Reported			8A-1	105.02	Skilled Nursing Care - Fringe Benefits	0	454,823	454,823
	Not Reported			8A-1	105.04	Skilled Nursing Care - Other - Nonlabor	0	127,109	127,109 *
6	10.1(4)	155	14	8A-1	155.00	Social Services	$27,605	($27,605)	$0
	Not Reported			8A-1	155.01	Social Services - Salaries and Wages	0	21,894	21,894
	Not Reported			8A-1	155.02	Social Services - Fringe Benefits	0	5,711	5,711

-Continued on next page-

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider Number	Adjustments
MONTEREY CARE CENTER	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008	ZZT18634J	13

Report References									
	Cost Report			Audit Report					
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
						RECONCILIATION OF THE PROVIDER'S RECORDS TO THE AUDIT REPORT			
-Continued from previous page-									
7	10.1(4)	160	14	8A-1	160.00	Activities	$56,449	($56,449)	$0
	Not Reported			8A-1	160.01	Activities - Salaries and Wages	0	42,878	42,878
	Not Reported			8A-1	160.02	Activities - Fringe Benefits	0	11,184	11,184
	Not Reported			8A-1	160.04	Activities - Other - Nonlabor	0	2,387	2,387
8	10.1(4)	165	14	8A-1	165.00	Administration	$994,953	($994,953)	$0
	Not Reported			8A-1	165.01	Administration - Salaries and Wages	0	113,201	113,201
	Not Reported			8A-1	165.02	Administration - Fringe Benefits	0	29,526	29,526
	Not Reported			8A-1	165.03	Administration - Medical Records - Salaries and Wages	0	23,806	23,806
	Not Reported			8A-1	165.04	Administration - Medical Records - Fringe Benefits	0	6,209	6,209
	Not Reported			8A-1	165.06	Administration - Medical Records - Other - Nonlabor	0	491	491
	Not Reported			8A-1	165.07	Administration - Facility License Fees	0	23,367	23,367
	Not Reported			8A-1	165.08	Administration - Liability Insurance	0	116,777	116,777
	Not Reported			8A-1	165.10	Administration - Quality Assurance Fees	0	321,304	321,304
	Not Reported			8A-1	165.11	Administration - Other - Nonlabor	0	360,272	360,272 *
9	10.1(4)	170	14	8A-1	170.00	Inservice Education - Nursing	$60,804	($60,804)	$0
	Not Reported			8A-1	170.01	Inservice Education - Nursing - Salaries and Wages	0	48,225	48,225
	Not Reported			8A-1	170.02	Inservice Education - Nursing - Fringe Benefits	0	12,579	12,579

To reclassify expenses for proper cost determination.
42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider Number	Adjustments
MONTEREY CARE CENTER	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008	ZZT18634J	13

Report References										
	Cost Report			Audit Report						
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch	Line	Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
						ADJUSTMENTS TO REPORTED COSTS				
10	Not Reported			8A-2	105.04	Skilled Nursing Care - Other - Nonlabor	*	$127,109	($2,800)	$124,309 *
						To eliminate provider adjustment of accrued nursing - nonlabor expense due to lack of documentation.				
						42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304				
11	Not Reported			8A-2	5.04	Plant Operations and Maintenance - Other - Nonlabor	*	$141,639	$3,439	$145,078 *
	Not Reported			8A-2	60.04	Laundry and Linen - Other - Nonlabor	*	15,598	(300)	15,298
	Not Reported			8A-2	65.04	Dietary - Other - Nonlabor	*	206,133	(12,000)	194,133 *
	Not Reported			8A-2	105.04	Skilled Nursing Care - Other - Nonlabor	*	124,309	(60)	124,249 *
	Not Reported			8A-2	165.11	Administration - Other - Nonlabor	*	360,272	(225)	360,047 *
						To adjust expenses for various intercompany transactions with Longwood Management Corporation since the expenses were claimed on the home office cost report.				
						42 CFR 413.17 / CMS Pub. 15-1, Sections 1000, 1005 and 2150.2				
12	Not Reported			8A-2	5.04	Plant Operations and Maintenance - Other - Nonlabor	*	$145,078	($20,706)	$124,372
	Not Reported			8A-2	65.04	Dietary - Other - Nonlabor	*	194,133	(8,800)	185,333
	Not Reported			8A-2	105.04	Skilled Nursing Care - Other - Nonlabor	*	124,249	(27,834)	96,415
	Not Reported			8A-2	165.11	Administration - Other - Nonlabor	*	360,047	(73,739)	286,308
						To adjust the reported home office costs to agree with the Longwood Management Corporation Home Office Audit Reports for the fiscal periods ended February 29, 2008 and February 28, 2009.				
						42 CFR 413.17 and 413.24				
						CMS Pub. 15-1, Sections 2150.2 and 2304				
						State Plan Amendment Section V, C, 3				

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider Number	Adjustments
MONTEREY CARE CENTER	JANUARY 1, 2008 THROUGH DECEMBER 31, 2008	ZZT18634J	13

Report References									
	Cost Report			Audit Report					
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
						ADJUSTMENT TO REPORTED STATISTICS			
13	Not Reported			7	5.00	Plant Operations and Maintenance (Square Feet)	0	6,292	6,292
	Not Reported			7	60.00	Laundry and Linen	0	782	782
	Not Reported			7	65.00	Dietary	0	692	692
	11.1(1 of 3)	15	2	7	80.00	Physical Therapy	0	609	609
	11.1(1 of 3)	20	2	7	85.00	Pharmacy	0	197	197
	11.1(1 of 3)	40	2	7	105.00	Skilled Nursing Care	11,330	(3,129)	8,201
	Not Reported			7	155.00	Social Services	0	266	266
	Not Reported			7	165.00	Administration	0	2,276	2,276
	11.1(1 of 3)	85	2	7	N/A	Total Statistics - Square Feet	11,330	7,985	19,315
	11.1(1 of 3)	85	2	7	N/A	Total Statistics - Square Feet	11,330	1,693	13,023

To adjust square footage statistics to agree with the prior year audited statistics.
42 CFR 413.24 and 413.50 / CMS Pub. 15-1, Sections 2304 and 2306