APPEAL RECOMPUTATION
OF THE
AUDIT REPORT

ALL SAINTS HEALTHCARE
NORTH HOLLYWOOD, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1477645927

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: Gertrude Lake
Auditor: Lisa Ni

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

TOBY DOUGLAS
Director

EDMUND G. BROWN JR.
Governor

December 29, 2011

CERTIFIED MAIL NO. 7005 1160 0004 6090 0928

John Paul Sensibile, Administrator
All Saints Healthcare
11810 Saticoy Street
North Hollywood, CA 91605

In the Matter of:

PROVIDER: ALL SAINTS HEALTHCARE
NATIONAL PROVIDER IDENTIFIER (NPI): 1477645927
FISCAL PERIOD ENDED JUNE 30, 2009
CASE NO. NF11-0609-789C-JC

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated December 13, 2011, the following revisions are made to the Medi-Cal audit report dated April 11, 2011.

SUMMARY OF REVISIONS

ADULT SUBACUTE		**COST**		**COST PER DAY**
Audited Cost and Cost Per Day	$	7,462,403	$	415.85
Revision		2,054		0.11
Revised Cost and Cost Per Day	$	7,464,457	$	415.96

PEDIATRIC SUBACUTE		**COST**		**COST PER DAY**
Audited Cost and Cost Per Day	$	16,321,682	$	667.58
Revision		5,947		0.24
Revised Cost and Cost Per Day	$	16,327,629	$	667.82

Enclosed are the revised schedules detailing the results of the recomputation.

If you have any questions in regard to this revision, please contact the Audits Section – Burbank at (818) 295-2620.

Original Signed By

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

Enclosure

cc: Evie Correa, Chief
Audit Review and Analysis Section
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Chief
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STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF REVISED FACILITY COST PER PATIENT DAY

Provider Name:
ALL SAINTS HEALTHCARE

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

Provider Number:
ZZT18002G

NPI:
1477645927

OSHPD Facility No.:
206190021

Line No.	PROGRAM DESCRIPTION	AS AUDITED	AS REVISED	REVISED COST PER PATIENT DAY	
	SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	$ 0	$ 0	$ 0.00	
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ 0	$ 0	$ 0.00	
3	Cost of Direct and Indirect NonLabor - Other (Sch. 4, Ln. 105)	$ 0	$ 0	$ 0.00	
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ 0	$ 0	$ 0.00	
5	Property Taxes (Sch. 5, Ln. 105)	$ 0	$ 0	$ 0.00	
6	DPH Licensing Fees (Sch. 6, Ln. 105)	$ 0	$ 0	$ 0.00	
7	Liability Insurance (Sch. 6, Ln. 105)	$ 0	$ 0	$ 0.00	
8	Caregiver Training (Sch. 6, Ln. 105)	$ 0	$ 0	$ 0.00	
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ 0	$ 0	$ 0.00	
10	Cost of Administration (Sch. 6, Ln. 105)	$ 0	$ 0	$ 0.00	
11	Cost of Routine Service/Audited Total Costs	$ 0	$ 0	$ 0.00	
12	Total Patient Days (Rev)	0	0		
13	Cost Per Patient Day (Cost Divided by Days)	$ 0	$ 0		
14	Overpayments (Rev)	$ 0	$ 0		
15					
	INTERMEDIATE CARE				
16	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0		
17	Total Patient Days (Rev)	0	0		
18	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00		
19	Overpayments (Rev)	$ 0	$ 0		
	MENTALLY DISORDERED CARE				
20	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0		
21	Total Patient Days (Rev)	0	0		
22	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00		
23	Overpayments (Rev)	$ 0	$ 0		
	DEVELOPMENTALLY DISABLED				
24	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0		
25	Total Patient Days (Rev)	0	0		
26	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00		
27	Overpayments (Rev)	$ 0	$ 0		
	SUBACUTE CARE				
28	Cost of Direct Care - Labor (Adult Subacute Sch. 1, Ln. 25)	$ 4,478,551	$ 4,478,551	$ 249.57	*
29	Cost of Indirect Care - Labor (Adult Subacute Sch. 1, Ln. 26)	$ 555,840	$ 555,855	$ 30.98	*
30	Cost of Direct and Indirect NonLabor - Other (Adult SA Sch. 1, Ln. 27)	$ 1,288,689	$ 1,290,536	$ 71.92	*
31	Cost of Capital Related (Adult Subacute Sch. 1, Ln. 28)	$ 429,851	$ 429,858	$ 23.95	*
32	Property Taxes (Adult Subacute Sch. 1, Ln. 29)	$ 32,414	$ 32,414	$ 1.81	*
33	DPH Licensing Fees (Adult Subacute Sch. 1, Ln. 30)	$ 10,638	$ 10,641	$ 0.59	*
34	Liability Insurance (Adult Subacute Sch. 1, Ln. 31)	$ 92,381	$ 92,406	$ 5.15	*
35	Quality Assurance Fees (Adult Subacute Sch. 1, Ln. 32)	$ 50,046	$ 50,060	$ 2.79	*
36	Caregiver Training (Adult Subacute Sch. 1, Ln. 33)	$ 0	$ 0	$ 0.00	*
37	Cost of Administration (Adult Subacute Sch., Ln. 34)	$ 523,993	$ 524,137	$ 29.21	*
38	Total Cost of Subacute Service (Adult Subacute Sch. 1, Ln. 35)	$ 7,462,403	$ 7,464,457	$ 415.96	*
39	Total Patient Days (Adult Subacute Sch. 1, Ln. 36)	17,945	17,945		
40	Cost Per Patient Day (Cost Divided by Days)	$ 415.85	$ 415.96		
41	Overpayments (Adult Subacute Sch. 1, Ln. 38 + Ln. 39)	$ 4,800	$ 4,800		

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF REVISED FACILITY COST PER PATIENT DAY

Provider Name:
ALL SAINTS HEALTHCARE

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

Provider Number:
ZZT18002G

NPI:
1477645927

OSHPD Facility No.:
206190021

Line No.	PROGRAM DESCRIPTION	AS AUDITED	AS REVISED	REVISED COST PER PATIENT DAY
	SUBACUTE - PEDIATRIC SUBACUTE			
42	Cost of Routine Service (Ped-SA, Sch. 1, Ln 3)	$ 11,482,053	$ 11,482,053	
43	Cost of Ancillary Service (Ped-SA, Sch. 1, Ln. 1 + Ln. 2)	$ 4,839,629	$ 4,845,576	
44	Total Cost of Pediatric Subacute Service (Ln. 42 + Ln. 43)	$ 16,321,682	$ 16,327,629	
45	Total Patient Days (Ped-SA, Sch. 1, Ln. 5)	24,449	24,449	
46	Cost Per Patient Day (Cost Divided by Days)	$ 667.58	$ 667.82	
47	Overpayments (Ped-SA, Sch. 1, Ln. 7 + Ln. 8)	$ 13,093	$ 13,093	
	TRANSITIONAL INPATIENT CARE			
48	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
49	Total Patient Days (Rev)	0	0	
50	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
51	Overpayments (Rev)	$ 0	$ 0	
	HOSPICE INPATIENT CARE			
52	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
53	Total Patient Days (Rev)	0	0	
54	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
55	Overpayments (Rev)	$ 0	$ 0	
	OTHER ROUTINE SERVICES			
56	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$ 0	$ 0	
57	Total Patient Days (Rev)	0	0	
58	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
59	Overpayments (Rev)	$ 0	$ 0	

* (From Adult Subacute Schedule 1)

ALLOCATION OF GENERAL SERVICES - LABOR
(DIRECT CARE)

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility No.: 206190021

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs 155	Activities 160	Total	
	GENERAL SERVICES					
005	Plant Operations and Maintenance					
010	Housekeeping					
060	Laundry and Linen					
065	Dietary					
155	Social Services (Salaries, Fringe Benefits, & Agency Labor)	$ 357,580	$ 357,580			
160	Activities (Salaries, Fringe Benefits, & Agency Labor)	396,421		$ 396,421		
165	Administration					
166	Medical Records					
170	Inservice Education - Nursing					
	ANCILLARY SERVICES					
075	Patient Supplies	231,245	0	0	231,245	*****
077	Specialized Support Surfaces	N/A	0	0	0	*****
080	Physical Therapy	332,810	0	0	332,810	*****
081	Respiratory Therapy	2,653,440	0	0	2,653,440	*****
082	Occupational Therapy	319,478	0	0	319,478	*****
083	Speech Pathology	51,853	0	0	51,853	*****
085	Pharmacy	0	0	0	0	*****
090	Laboratory	0	0	0	0	***
095	Home Health Services	0	0	0	0	
100	Other Ancillary Services	0	0	0	0	***
101	Subacute Ancillary Services	0	0	0	0	***
102	Subacute Pediatrics Ancillary Services	0	0	0	0	****
	ROUTINE SERVICES					
105	Skilled Nursing Care	0	0	0	0	*
110	Intermediate Care	0	0	0	0	*
115	Mentally Disordered Care	0	0	0	0	*
120	Developmentally Disabled Care	0	0	0	0	*
125	Subacute Care	3,590,700	114,011	126,395	3,831,106	**
126	Subacute Care - Pediatrics	7,936,210	243,569	270,026	8,449,805	****
128	Transitional Inpatient Care	0	0	0	0	*
130	Hospice Inpatient Care	0	0	0	0	*
135	Other Routine Services	0	0	0	0	*
	NONREIMBURSABLE					
139	Residential Care	0	0	0	0	
140	Beauty and Barber	0	0	0	0	
145	Other Nonreimbursable	0	0	0	0	
	TOTAL	$ 15,869,737	$ 357,580	$ 396,421	$ 15,869,737	

* (To Schedule 1)
** (To Adult Subacute Schedule 1)
*** (To Adult Subacute Schedule 2)
**** (To Pediatric Subacute Schedule 1)
***** (To Adult Subacute Schedule 2 & Pediatric Subacute Schedule 2)

ALLOCATION OF GENERAL SERVICES - LABOR
(INDIRECT CARE)

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ALL SAINTS HEALTHCARE	ZZT18002G	1477645927	206190021	JULY 1, 2008 THROUGH JUNE 30, 2009

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Srvs 155	Activities 160	In-serv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	
	GENERAL SERVICES													
005	Plant Operations and Maintenance	$ 175,637	$ 175,637											
010	Housekeeping	480,830	959	$ 481,789										
060	Laundry and Linen	194,375	6,316	17,420	$ 218,111									
065	Dietary	201,236	18,717	51,625	0	$ 271,578								
155	Social Services	N/A	1,328	3,662	0	0	$ 4,990							
160	Activities	N/A	18,560	51,192	0	0	0	$ 69,753						
165	Administration	N/A	11,064	30,517	0	0	0	0		$ 41,581	$ 41,581			
166	Medical Records	124,489	1,254	3,459	0	0	0	0		129,202		$ 129,202		
170	Inservice Education - Nursing	153,506	5,505	15,182	0	0	0	0	$ 174,193					
	ANCILLARY SERVICES													
075	Patient Supplies		3,817	10,528	0	0	0	0	0	14,346	3,956	12,293	$ 30,595	*****
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0	*****
080	Physical Therapy		3,863	10,656	0	0	0	0	0	14,519	760	2,360	17,639	*****
081	Respiratory Therapy		1,365	3,764	0	0	0	0	0	5,128	5,541	17,216	27,886	*****
082	Occupational Therapy		0	0	0	0	0	0	0	0	616	1,914	2,530	*****
083	Speech Pathology		0	0	0	0	0	0	0	0	100	311	411	*****
085	Pharmacy		0	0	0	0	0	0	0	0	498	1,548	2,046	*****
090	Laboratory		0	0	0	0	0	0	0	0	0	0	0	***
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services		0	0	0	0	0	0	0	0	14	43	57	***
101	Subacute Ancillary Services		0	0	0	0	0	0	0	0	0	0	0	***
102	Subacute Pediatrics Ancillary Services		0	0	0	0	0	0	0	0	0	0	0	****
	ROUTINE SERVICES													
105	Skilled Nursing Care		0	0	0	0	0	0	0	0	0	0	0	*
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0	*
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0	*
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0	*
125	Subacute Care		42,247	116,525	92,151	163,430	1,591	22,240	55,540	493,724	10,270	31,910	535,904	**
126	Subacute Care - Pediatrics		60,642	167,259	125,960	108,148	3,399	47,513	118,653	631,573	19,827	61,605	713,005	****
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0	*
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0	*
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0	*
	NONREIMBURSABLE													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0	
140	Beauty and Barber		0	0	0	0	0	0	0	0	0	0	0	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 1,330,073	$ 175,637	$ 481,789	$ 218,111	$ 271,578	$ 4,990	$ 69,753	$ 174,193	$ 1,159,290	$ 41,581	$ 129,202	$ 1,330,073	

* (To Schedule 1)
** (To Adult Subacute Schedule 1)
*** (To Adult Subacute Schedule 2)
**** (To Pediatric Subacute Schedule 1)
***** (To Adult Subacute Schedule 2 & Pediatric Subacute Schedule 2)

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

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ALL SAINTS HEALTHCARE	ZZT18002G	1477645927	206190021	JULY 1, 2008 THROUGH JUNE 30, 2009

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 166	Total	
	GENERAL SERVICES													
005	Plant Operations and Maintenance	$ 827,573	$ 827,573											
010	Housekeeping	134,669	4,518	$ 139,187										
060	Laundry and Linen	121,403	29,759	5,033	$ 156,195									
065	Dietary	57,379	88,192	14,914	0	$ 160,485								
155	Social Services	10,888	6,256	1,058	0	0	$ 18,202							
160	Activities	25,953	87,454	14,789	0	0	0	$ 128,196						
165	Administration	N/A	52,133	8,816	0	0	0	0		$ 60,950	$ 60,950			
166	Medical Records	14,439	5,908	999	0	0	0	0		21,347		$ 21,347		
170	Inservice Education - Nursing	11,316	25,936	4,386	0	0	0	0	$ 41,638					
	ANCILLARY SERVICES													
075	Patient Supplies	1,759,860	17,986	3,042	0	0	0	0	0	1,780,888	5,799	2,031	$ 1,788,718	*****
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0	*****
080	Physical Therapy	0	18,203	3,078	0	0	0	0	0	21,282	1,114	390	22,785	*****
081	Respiratory Therapy	198,156	6,430	1,087	0	0	0	0	0	205,673	8,122	2,844	216,639	*****
082	Occupational Therapy	0	0	0	0	0	0	0	0	0	903	316	1,219	*****
083	Speech Pathology	0	0	0	0	0	0	0	0	0	147	51	198	*****
085	Pharmacy	258,374	0	0	0	0	0	0	0	258,374	730	256	259,360	*****
090	Laboratory	0	0	0	0	0	0	0	0	0	0	0	0	***
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services	7,164	0	0	0	0	0	0	0	7,164	20	7	7,191	***
101	Subacute Ancillary Services	0	0	0	0	0	0	0	0	0	0	0	0	***
102	Subacute Pediatrics Ancillary Services		0	0	0	0	0	0	0	0	0	0	0	****
	ROUTINE SERVICES													
105	Skilled Nursing Care	0	0	0	0	0	0	0	0	0	0	0	0	*
110	Intermediate Care		0	0	0	0	0	0	0	0	0	0	0	*
115	Mentally Disordered Care		0	0	0	0	0	0	0	0	0	0	0	*
120	Developmentally Disabled Care		0	0	0	0	0	0	0	0	0	0	0	*
125	Subacute Care	124,113	199,062	33,664	65,992	96,577	5,804	40,874	13,276	579,361	15,053	5,272	599,687	**
126	Subacute Care - Pediatrics		285,734	48,321	90,203	63,908	12,398	87,322	28,362	616,249	29,062	10,178	655,489	****
128	Transitional Inpatient Care		0	0	0	0	0	0	0	0	0	0	0	*
130	Hospice Inpatient Care		0	0	0	0	0	0	0	0	0	0	0	*
135	Other Routine Services		0	0	0	0	0	0	0	0	0	0	0	*
	NONREIMBURSABLE													
139	Residential Care		0	0	0	0	0	0	0	0	0	0	0	
140	Beauty and Barber		0	0	0	0	0	0	0	0	0	0	0	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 3,551,287	$ 827,573	$ 139,187	$ 156,195	$ 160,485	$ 18,202	$ 128,196	$ 41,638	$ 3,468,991	$ 60,950	$ 21,347	$ 3,551,287	

* (To Schedule 1)
** (To Adult Subacute Schedule 1)
*** (To Adult Subacute Schedule 2)
**** (To Pediatric Subacute Schedule 1)
***** (To Adult Subacute Schedule 2 & Pediatric Subacute Schedule 2)

ALLOCATION OF CAPITAL COSTS

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

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)	$ 1,064,459	93%							
	Property Tax (line 40)	80,268	7%	$ 1,144,727						
005	Plant Operations and Maintenance			6,216	$ 6,216					
010	Housekeeping			6,216	34	$ 6,250				
060	Laundry and Linen			40,941	224	226	$ 41,390			
065	Dietary			121,328	662	670	0	$ 122,660		
155	Social Services			8,607	47	48	0	0	$ 8,701	
160	Activities			120,312	657	664	0	0	0	$ 121,633
165	Administration			71,721	392	396	0	0	0	0
166	Medical Records			8,128	44	45	0	0	0	0
170	Inservice Education - Nursing			35,681	195	197	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			24,744	135	137	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			25,043	137	138	0	0	0	0
081	Respiratory Therapy			8,846	48	49	0	0	0	0
082	Occupational Therapy			0	0	0	0	0	0	0
083	Speech Pathology			0	0	0	0	0	0	0
085	Pharmacy			0	0	0	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Ancillary Services			0	0	0	0	0	0	0
102	Subacute Pediatrics Ancillary Services			0	0	0	0	0	0	0
	ROUTINE SERVICES									
105	Skilled Nursing Care			0	0	0	0	0	0	0
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			273,855	1,495	1,512	17,487	73,814	2,774	38,781
126	Subacute Care - Pediatrics			393,091	2,146	2,170	23,903	48,846	5,927	82,851
128	Transitional Inpatient Care			0	0	0	0	0	0	0
130	Hospice Inpatient Care			0	0	0	0	0	0	0
135	Other Routine Services			0	0	0	0	0	0	0
	NONREIMBURSABLE									
139	Residential Care			0	0	0	0	0	0	0
140	Beauty and Barber			0	0	0	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	$ 1,144,727	100%	$ 1,144,727	$ 6,216	$ 6,250	$ 41,390	$ 122,660	$ 8,701	$ 121,633

* (To Schedule 1)

** (To Adult Subacute Schedule 1)

*** (To Adult Subacute Schedule 2)

**** (To Pediatric Subacute Schedule 1)

***** (To Adult Subacute Schedule 2 & Pediatric Subacute Schedule 2)

ALLOCATION OF CAPITAL COSTS

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	In-serv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	Capital Related 93% Of Total	Property Tax 7% Of Total	
	GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	$ 1,064,459	93%								
	Property Tax (line 40)	80,268	7%								
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen										
065	Dietary										
155	Social Services										
160	Activities										
165	Administration				$ 72,508	$ 72,508					
166	Medical Records				8,218		$ 8,218				
170	Inservice Education - Nursing			$ 36,073							
	ANCILLARY SERVICES										
075	Patient Supplies			0	25,015	6,899	782	$ 32,696	$ 30,403	$ 2,293	*****
077	Specialized Support Surfaces			0	0	0	0	0	0	0	*****
080	Physical Therapy			0	25,318	1,325	150	26,792	24,914	1,879	*****
081	Respiratory Therapy			0	8,943	9,662	1,095	19,700	18,318	1,381	*****
082	Occupational Therapy			0	0	1,074	122	1,196	1,112	84	*****
083	Speech Pathology			0	0	174	20	194	181	14	*****
085	Pharmacy			0	0	869	98	967	899	68	*****
090	Laboratory			0	0	0	0	0	0	0	***
095	Home Health Services			0	0	0	0	0	0	0	
100	Other Ancillary Services			0	0	24	3	27	25	2	***
101	Subacute Ancillary Services			0	0	0	0	0	0	0	***
102	Subacute Pediatrics Ancillary Services			0	0	0	0	0	0	0	****
	ROUTINE SERVICES										
105	Skilled Nursing Care			0	0	0	0	0	0	0	*
110	Intermediate Care			0	0	0	0	0	0	0	*
115	Mentally Disordered Care			0	0	0	0	0	0	0	*
120	Developmentally Disabled Care			0	0	0	0	0	0	0	*
125	Subacute Care			11,502	421,220	17,908	2,030	441,158	410,224	30,934	**
126	Subacute Care - Pediatrics			24,571	583,505	34,573	3,918	621,997	578,382	43,614	****
128	Transitional Inpatient Care			0	0	0	0	0	0	0	*
130	Hospice Inpatient Care			0	0	0	0	0	0	0	*
135	Other Routine Services			0	0	0	0	0	0	0	*
	NONREIMBURSABLE										
139	Residential Care			0	0	0	0	0	0	0	
140	Beauty and Barber			0	0	0	0	0	0	0	
145	Other Nonreimbursable			0	0	0	0	0	0	0	
	TOTAL	$ 1,144,727	100%	$ 36,073	$ 1,064,001	$ 72,508	$ 8,218	$ 1,144,727	$ 1,064,459	$ 80,268	

* (To Schedule 1)
** (To Adult Subacute Schedule 1)
*** (To Adult Subacute Schedule 2)
**** (To Pediatric Subacute Schedule 1)
***** (To Adult Subacute Schedule 2 & Pediatric Subacute Schedule 2)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ALL SAINTS HEALTHCARE	ZZT18002G	1477645927	206190021	JULY 1, 2008 THROUGH JUNE 30, 2009

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. 77% of Total	DPH License Fees 2% of Total	Liability Insurance 14% of Total	Quality Assur. Fees 7% of Total	Caregiver Training 0% of Total	
	GENERAL SERVICES														
045	Property Insurance	$ 254,713													
055	Interest-Other	0													
165	Administration (Salaries & Wages, Fringe Benefits,														
	Agency Staff and Other - Nonlabor)	1,436,174													
	Total Costs Allocable as Administration	1,690,887	77%												
167	DPH Licensing Fees	34,328	2%												
168	Liability Insurance	298,106	14%												
169	Quality Assurance Fees	161,494	7%												
174	Caregiver Training	0	0%												
	Total	2,184,815	100%						$ 2,184,815						
	ANCILLARY SERVICES														
075	Patient Supplies			$ 231,245	$ 14,346	$ 1,780,888	$ 25,015	$ 2,051,494	207,872	$ 160,878	$ 3,266	$ 28,363	$ 15,365	$ -	*****
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0	*****
080	Physical Therapy			332,810	14,519	21,282	25,318	393,928	39,916	30,892	627	5,446	2,950	0	*****
081	Respiratory Therapy			2,653,440	5,128	205,673	8,943	2,873,184	291,131	225,314	4,574	39,723	21,519	0	*****
082	Occupational Therapy			319,478	0	0	0	319,478	32,372	25,053	509	4,417	2,393	0	*****
083	Speech Pathology			51,853	0	0	0	51,853	5,254	4,066	83	717	388	0	*****
085	Pharmacy			0	0	258,374	0	258,374	26,180	20,262	411	3,572	1,935	0	*****
090	Laboratory			0	0	0	0	0	0	0	0	0	0	0	***
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services			0	0	7,164	0	7,164	726	562	11	99	54	0	***
101	Subacute Ancillary Services			0	0	0	0	0	0	0	0	0	0	0	***
102	Subacute Pediatrics Ancillary Services			0	0	0	0	0	0	0	0	0	0	0	****
	ROUTINE SERVICES														
105	Skilled Nursing Care			0	0	0	0	0	0	0	0	0	0	0	*
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0	*
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0	*
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0	*
125	Subacute Care			3,831,106	493,724	579,361	421,220	5,325,412	539,608	417,617	8,478	73,627	39,886	0	**
126	Subacute Care - Pediatrics			8,449,805	631,573	616,249	583,505	10,281,132	1,041,756	806,243	16,368	142,142	77,003	0	****
128	Transitional Inpatient Care			0	0	0	0	0	0	0	0	0	0	0	*
130	Hospice Inpatient Care			0	0	0	0	0	0	0	0	0	0	0	*
135	Other Routine Services			0	0	0	0	0	0	0	0	0	0	0	*
	NONREIMBURSABLE														
139	Residential Care			0	0	0	0	0	0	0	0	0	0	0	
140	Beauty and Barber			0	0	0	0	0	0	0	0	0	0	0	
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0	
	SUBTOTAL	$ 2,184,815		$ 15,869,737	$ 1,159,290	$ 3,468,991	$ 1,064,001	$ 21,562,019	$ 2,184,815						
	Total Administrative Costs							$ 2,184,815		$ 1,690,887	$ 34,328	$ 298,106	$ 161,494	$ -	
	Unit Cost Multiplier							0.10132702							
	Accumulated Administration Costs (Sch 2 thru 5)				$ 170,783	$ 82,296	$ 72,508	$ 325,588							
	TOTAL FACILITY COSTS							$ 24,072,421							

* (To Schedule 1)
** (To Adult Subacute Schedule 1)
*** (To Adult Subacute Schedule 2)
**** (To Pediatric Subacute Schedule 1)
***** (To Adult Subacute Schedule 2 & Pediatric Subacute Schedule 2)

STATISTICS FOR COST ALLOCATION

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ALL SAINTS HEALTHCARE	ZZT18002G	1477645927	206190021	JULY 1, 2008 THROUGH JUNE 30, 2009

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)
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)		
	GENERAL SERVICES										
005	Plant Operations and Maintenance	104									
010	Housekeeping	104	104								
060	Laundry and Linen	685	685	685							
065	Dietary	2,030	2,030	2,030							
155	Social Services	144	144	144							
160	Activities	2,013	2,013	2,013							
165	Administration	1,200	1,200	1,200							
166	Medical Records	136	136	136							
170	Inservice Education - Nursing	597	597	597							
	ANCILLARY SERVICES										
075	Patient Supplies	414	414	414						2,051,494	2,051,494
077	Specialized Support Surfaces		0	0						0	0
080	Physical Therapy	419	419	419						393,928	393,928
081	Respiratory Therapy	148	148	148						2,873,184	2,873,184
082	Occupational Therapy									319,478	319,478
083	Speech Pathology									51,853	51,853
085	Pharmacy									258,374	258,374
090	Laboratory									0	0
095	Home Health Services									0	0
100	Other Ancillary Services									7,164	7,164
101	Subacute Ancillary Services									0	0
102	Subacute Pediatrics Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care						0	0	0	0	0
110	Intermediate Care						0	0	0	0	0
115	Mentally Disordered Care						0	0	0	0	0
120	Developmentally Disabled Care						0	0	0	0	0
125	Subacute Care	4,582	4,582	4,582	477,647	6,421	3,714,813	3,714,813	3,714,813	5,325,412	5,325,412
126	Subacute Care - Pediatrics	6,577	6,577	6,577	652,886	4,249	7,936,210	7,936,210	7,936,210	10,281,132	10,281,132
128	Transitional Inpatient Care						0	0	0	0	0
130	Hospice Inpatient Care						0	0	0	0	0
135	Other Routine Services						0	0	0	0	0
	NONREIMBURSABLE										
139	Residential Care									0	0
140	Beauty and Barber									0	0
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	19,153	19,049	18,945	1,130,533	10,670	11,651,023	11,651,023	11,651,023	21,562,019	21,562,019
	TOTAL DIRECT SALARIES COSTS - SCH. 2						$ 357,580	$ 396,421			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.030690867	0.034024566			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		$ 175,637	$ 481,789	$ 218,111	$ 271,578	$ 4,990	$ 69,753	$ 174,193	$ 41,581	$ 129,202
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		9.22027403	25.43092681	0.19292765	25.45247776	0.00042827	0.00598685	0.01495086	0.00192846	0.00599209
	TOTAL INDIRECT OTHER COSTS - SCH. 4		$ 827,573	$ 139,187	$ 156,195	$ 160,485	$ 18,202	$ 128,196	$ 41,638	$ 60,950	$ 21,347
	UNIT COST MULTIPLIER (INDIRECT OTHER)		43.44443278	7.34691058	0.13816056	15.04080853	0.00156226	0.01100298	0.00357380	0.00282671	0.00099001
	TOTAL CAPITAL COSTS - SCH. 5	$ 1,144,727	$ 6,216	$ 6,250	$ 41,390	$ 122,660	$ 8,701	$ 121,633	$ 36,073	$ 72,508	$ 8,218
	UNIT COST MULTIPLIER (CAPITAL COSTS)	59.76750379	0.32630691	0.32988949	0.03661126	11.49579301	0.00074680	0.01043968	0.00309612	0.00336279	0.00038112

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	AUDIT REVISIONS	AS REVISED	
005		Plant Operations and Maintenance					
005	.01-.19	Salaries and Wages	6200	$ 143,689	$ 0	$ 143,689	(Sch 3)
005	.20-.39	Fringe Benefits	6200	31,948	0	31,948	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	827,573	0	827,573	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	$ 1,003,210	$ 0	$ 1,003,210	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	$ 394,000	$ 0	$ 394,000	(Sch 3)
010	.20-.39	Fringe Benefits	6300	86,830	0	86,830	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	134,669	0	134,669	(Sch 4)
010		Housekeeping - Total	6300	$ 615,499	$ 0	$ 615,499	
015		Depreciation: Buildings and Improvements	7110 - 7120	$ 0	0	$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	128,371	0	128,371	(Sch 5)
025		Depreciation: Equipment	7140	167,808	0	167,808	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	740,359	0	740,359	(Sch 5)
040		Property Taxes	7300	80,268	0	80,268	(Sch 5)
045		Property Insurance	7400	254,713	0	254,713	(Sch 6)
050		Interest-Property, Plant, and Equipment	7500	27,921	0	27,921	(Sch 5)
055		Interest-Other	7600	0	0	0	(Sch 6)
057		Subtotal 005 - 055		$ 3,018,149	$ 0	$ 3,018,149	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	$ 159,575	$ 0	$ 159,575	(Sch 3)
060	.20-.39	Fringe Benefits	6400	34,800	0	34,800	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	121,403	0	121,403	(Sch 4)
060		Laundry and Linen - Total	6400	$ 315,778	$ 0	$ 315,778	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	$ 164,437	$ 0	$ 164,437	(Sch 3)
065	.20-.39	Fringe Benefits	6500	36,799	0	36,799	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	57,379	0	57,379	(Sch 4)
065		Dietary - Total	6500	$ 258,615	$ 0	$ 258,615	
070		Provision for Bad Debts	7700	$ 0	0	$ 0	
		Ancillary Services (Note 1)					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	$ 194,588	$ 0	$ 194,588	(Sch 2)
075	.20-.39	Fringe Benefits	8100	36,657	0	36,657	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	1,759,860	0	1,759,860	(Sch 4)
075		Patient Supplies - Total	8100	$ 1,991,105	$ 0	$ 1,991,105	
077		Specialized Support Surfaces					
077	.01-.19	Salaries and Wages	8150	$ 0	$ 0	$ 0	N/A
077	.20-.39	Fringe Benefits	8150	0	0	0	N/A
077	.79	Agency Staff	8150	0	0	0	N/A
077	.40-.99	Other - Nonlabor	8150	0	0	0	(Sch 4)
077		Specialized Support Surfaces - Total	8150	$ 0	$ 0	$ 0	

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	AUDIT REVISIONS	AS REVISED	
080		Physical Therapy					
080	.01-.19	Salaries and Wages	8200	$ 0	$ 0	$ 0	(Sch 2)
080	.20-.39	Fringe Benefits	8200	0	0	0	(Sch 2)
080	.79	Agency Staff	8200	332,810	0	332,810	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	0	0	0	(Sch 4)
080		Physical Therapy - Total	8200	$ 332,810	$ 0	$ 332,810	
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	$ 2,373,859	$ 0	$ 2,373,859	(Sch 2)
081	.20-.39	Fringe Benefits	8220	279,581	0	279,581	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	198,156	0	198,156	(Sch 4)
081		Respiratory Therapy - Total	8220	$ 2,851,596	$ 0	$ 2,851,596	
082		Occupational Therapy					
082	.01-.19	Salaries and Wages	8250	0	0	0	(Sch 2)
082	.20-.39	Fringe Benefits	8250	0	0	0	(Sch 2)
082	.79	Agency Staff	8250	319,478	0	319,478	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	0	0	0	(Sch 4)
082		Occupational Therapy - Total	8250	$ 319,478	$ 0	$ 319,478	
083		Speech Pathology					
083	.01-.19	Salaries and Wages	8280	$ 0	$ 0	$ 0	(Sch 2)
083	.20-.39	Fringe Benefits	8280	0	0	0	(Sch 2)
083	.79	Agency Staff	8280	51,853	0	51,853	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	0	0	0	(Sch 4)
083		Speech Pathology - Total	8280	$ 51,853	$ 0	$ 51,853	
085		Pharmacy					
085	.01-.19	Salaries and Wages	8300	$ 0	$ 0	$ 0	(Sch 2)
085	.20-.39	Fringe Benefits	8300	0	0	0	(Sch 2)
085	.79	Agency Staff	8300	0	0	0	(Sch 2)
085	.40-.99	Other - Nonlabor	8300	258,374	0	258,374	(Sch 4)
085		Pharmacy - Total	8300	$ 258,374	$ 0	$ 258,374	
090		Laboratory					
090	.01-.19	Salaries and Wages	8400	$ 0	$ 0	$ 0	(Sch 2)
090	.20-.39	Fringe Benefits	8400	0	0	0	(Sch 2)
090	.79	Agency Staff	8400	0	0	0	(Sch 2)
090	.40-.99	Other - Nonlabor	8400	0	0	0	(Sch 4)
090		Laboratory - Total	8400	$ 0	$ 0	$ 0	
095		Home Health Services					
095	.01-.19	Salaries and Wages	8800	$ 0	$ 0	$ 0	(Sch 2)
095	.20-.39	Fringe Benefits	8800	0	0	0	(Sch 2)
095	.79	Agency Staff	8800	0	0	0	(Sch 2)
095	.40-.99	Other - Nonlabor	8800	0	0	0	(Sch 4)
095		Home Health Services - Total	8800	$ 0	$ 0	$ 0	
100		Other Ancillary Services					
100	.01-.19	Salaries and Wages	8900	$ 0	$ 0	$ 0	(Sch 2)
100	.20-.39	Fringe Benefits	8900	0	0	0	(Sch 2)
100	.79	Agency Staff	8900	0	0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	0	7,164	7,164	(Sch 4)
100		Other Ancillary Services - Total	8900	$ 0	$ 7,164	$ 7,164	

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	AUDIT REVISIONS	AS REVISED	
101		Subacute Ancillary Services					
101	.01-.19	Salaries and Wages	8100-8900	$ 0	$ 0	$ 0	(Sch 2)
101	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
101	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
101	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
101		Subacute Ancillary Services - Total	8100-8900	$ 0	$ 0	$ 0	
102		Subacute Pediatrics Ancillary Services					
102	.01-.19	Salaries and Wages	8100-8900	$ 0	$ 0	$ 0	(Sch 2)
102	.20-.39	Fringe Benefits	8100-8900	0	0	0	(Sch 2)
102	.79	Agency Staff	8100-8900	0	0	0	(Sch 2)
102	.40-.99	Other - Nonlabor	8100-8900	0	0	0	(Sch 4)
102		Subacute Pediatrics Ancillary Services - Total	8100-8900	$ 0	$ 0	$ 0	
104		Subtotal 075 - 102		$ 5,805,216	$ 7,164	$ 5,812,380	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	$ 0	$ 0	$ 0	(Sch 2)
105	.20-.39	Fringe Benefits	6110	0	0	0	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	0	0	0	(Sch 4)
105		Skilled Nursing Care - Total	6110	$ 0	$ 0	$ 0	
110		Intermediate Care					
110	.01-.19	Salaries and Wages	6120	$ 0	$ 0	$ 0	
110	.20-.39	Fringe Benefits	6120	0	0	0	
110	.49	Agency Staff	6120	0	0	0	
110	.40-.99	Other - Nonlabor	6120	0	0	0	
110		Intermediate Care - Total	6120	$ 0	$ 0	$ 0	(Sch 2)
115		Mentally Disordered Care					
115	.01-.19	Salaries and Wages	6130	$ 0	$ 0	$ 0	
115	.20-.39	Fringe Benefits	6130	0	0	0	
115	.49	Agency Staff	6130	0	0	0	
115	.40-.99	Other - Nonlabor	6130	0	0	0	
115		Mentally Disordered Care- Total	6130	$ 0	$ 0	$ 0	(Sch 2)
120		Developmentally Disabled Care					
120	.01-.19	Salaries and Wages	6140	$ 0	$ 0	$ 0	
120	.20-.39	Fringe Benefits	6140	0	0	0	
120	.49	Agency Staff	6140	0	0	0	
120	.40-.99	Other - Nonlabor	6140	0	0	0	
120		Developmentally Disabled Care- Total	6140	$ 0	$ 0	$ 0	(Sch 2)
125		Subacute Care					
125	.01-.19	Salaries and Wages	6150	$ 2,944,177	$ 0	$ 2,944,177	(Sch 2)
125	.20-.39	Fringe Benefits	6150	646,523	0	646,523	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	124,113	0	124,113	(Sch 4)
125		Subacute Care - Total	6150	$ 3,714,813	$ 0	$ 3,714,813	
126		Subacute Care - Pediatrics					
126	.01-.19	Salaries and Wages	6160	$ 6,108,005	$ 0	$ 6,108,005	
126	.20-.39	Fringe Benefits	6160	1,553,273	0	1,553,273	
126	.49	Agency Staff	6160	0	0	0	
126	.40-.99	Other - Nonlabor	6160	274,932	0	274,932	
126		Subacute Care - Pediatrics - Total	6160	$ 7,936,210	$ 0	$ 7,936,210	(Sch 2)

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	AUDIT REVISIONS	AS REVISED	
128		Transitional Inpatient Care					
128	.01-.19	Salaries and Wages	6170	$ 0	$ 0	$ 0	
128	.20-.39	Fringe Benefits	6170	0	0	0	
128	.49	Agency Staff	6170	0	0	0	
128	.40-.99	Other - Nonlabor	6170	0	0	0	
128		Transitional Inpatient Care - Total	6170	$ 0	$ 0	$ 0	(Sch 2)
130		Hospice Inpatient Care					
130	.01-.19	Salaries and Wages	6180	$ 0	$ 0	$ 0	
130	.20-.39	Fringe Benefits	6180	0	0	0	
130	.49	Agency Staff	6180	0	0	0	
130	.40-.99	Other - Nonlabor	6180	0	0	0	
130		Hospice Inpatient Care - Total	6180	$ 0	$ 0	$ 0	(Sch 2)
135		Other Routine Services					
135	.01-.19	Salaries and Wages	6190	$ 0	$ 0	$ 0	
135	.20-.39	Fringe Benefits	6190	0	0	0	
135	.49	Agency Staff	6190	0	0	0	
135	.40-.99	Other - Nonlabor	6190	0	0	0	
135		Other Routine Services - Total	6190	$ 0	$ 0	$ 0	(Sch 2)
		Other Nonreimbursable					
139		Residential Care					
139	.01-.19	Salaries and Wages	9100	$ 0	$ 0	$ 0	
139	.20-.39	Fringe Benefits	9100	0	0	0	
139	.49	Agency Staff	9100	0	0	0	
139	.40-.99	Other - Nonlabor	9100	0	0	0	
139		Residential Care - Total	9100	$ 0	$ 0	$ 0	(Sch 2)
140		Beauty and Barber					
140	.01-.19	Salaries and Wages	8900	$ 0	$ 0	$ 0	
140	.20-.39	Fringe Benefits	8900	0	0	0	
140	.49	Agency Staff	8900	0	0	0	
140	.40-.99	Other - Nonlabor	8900	7,164	(7,164)	0	
140		Beauty and Barber - Total	8900	$ 7,164	$ (7,164)	$ 0	(Sch 2)
145		Other Nonreimbursable					
145	.01-.19	Salaries and Wages	9100	$ 0	$ 0	$ 0	
145	.20-.39	Fringe Benefits	9100	0	0	0	
145	.49	Agency Staff	9100	0	0	0	
145	.40-.99	Other - Nonlabor	9100	0	0	0	
145		Other Nonreimbursable - Total	9100	$ 0	$ 0	$ 0	(Sch 2)
146		**Subtotal 105 - 145**		$ 11,658,187	$ (7,164)	$ 11,651,023	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	$ 299,005	$ 0	$ 299,005	(Sch 2)
155	.20-.39	Fringe Benefits	6600	58,575	0	58,575	(Sch 2)
155	.49	Agency Staff	6600	0	0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600	10,888	0	10,888	(Sch 4)
155		Social Services - Total	6600	$ 368,468	$ 0	$ 368,468	

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	AUDIT REVISIONS	AS REVISED	
160		Activities					
160	.01-.19	Salaries and Wages	6700	$ 328,977	$ 0	$ 328,977	(Sch 2)
160	.20-.39	Fringe Benefits	6700	67,444	0	67,444	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	25,953	0	25,953	(Sch 4)
160		Activities - Total	6700	$ 422,374	$ 0	$ 422,374	
165		Administration					
165	.01-.19	Salaries and Wages	6900	$ 854,014	$ 0	$ 854,014	(Sch 6)
165	.20-.39	Fringe Benefits	6900	167,698	0	167,698	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	414,462	0	414,462	(Sch 6)
165		Administration - Total	6900	$ 1,436,174	$ 0	$ 1,436,174	
166		Medical Records					
166	.01-.19	Medical Records - Salaries and Wages	6900	$ 107,330	$ 0	$ 107,330	(Sch 3)
166	.20-.39	Medical Records - Fringe Benefits	6900	17,159	0	17,159	(Sch 3)
166	.49	Medical Records - Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Medical Records - Other - Nonlabor	6900	14,439	0	14,439	(Sch 4)
166		Medical Records - Total	6900	$ 138,928	$ 0	$ 138,928	
167		DPH Licensing Fees	6900	$ 34,328	$ 0	$ 34,328	(Sch 6)
168		Liability Insurance	6900	$ 298,106	$ 0	$ 298,106	(Sch 6)
169		Quality Assurance Fees	6900	$ 161,494	$ 0	$ 161,494	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	$ 125,247	$ 0	$ 125,247	(Sch 3)
170	.20-.39	Fringe Benefits	6800	28,259	0	28,259	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	11,316	0	11,316	(Sch 4)
170		Inservice Education - Nursing - Total	6800	$ 164,822	$ 0	$ 164,822	
174		Caregiver Training					
174	.01-.19	Salaries and Wages	6900	$ 0	$ 0	$ 0	(Sch 6)
174	.20-.39	Fringe Benefits	6900	0	0	0	(Sch 6)
174	.49	Agency Staff	6900	0	0	0	(Sch 6)
174	.40-.99	Other - Nonlabor	6900	0	0	0	(Sch 6)
174		Caregiver Training - Total	6900	$ 0	$ 0	$ 0	
		Subtotal 155 - 174		$ 3,024,694	$ 0	$ 3,024,694	
200		**Total**		**$ 24,080,639**	**$ 0**	**$ 24,080,639**	

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

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No.	Sub No.	ACCOUNT TITLE	REV NO.	AS ADJUSTED	MEMO REVISIONS	AS REVISED
005		Plant Operations and Maintenance				
005	1	Salaries and Wages		$ 143,689	$	$ 143,689
005	2	Fringe Benefits		31,948		31,948
005	3	Agency Staff		0		0
005	4	Other - Nonlabor		827,573		827,573
005	5	Plant Operations and Maintenance - Total		$ 1,003,210	$ 0	$ 1,003,210
010		Housekeeping				
010	1	Salaries and Wages		$ 394,000	$	$ 394,000
010	2	Fringe Benefits		86,830		86,830
010	3	Agency Staff		0		0
010	4	Other - Nonlabor		134,669		134,669
010	5	Housekeeping - Total		$ 615,499	$ 0	$ 615,499
015	4	Depreciation: Buildings and Improvements		$ 0	$	$ 0
020	4	Depreciation: Leasehold Improvements		128,371		128,371
025	4	Depreciation: Equipment		167,808		167,808
030	4	Depreciation and Amortization - Other		0		0
035	4	Leases and Rentals		0		0
040	4	Property Taxes		80,455		80,455
045	4	Property Insurance		37,262		37,262
050	4	Interest-Property, Plant, and Equipment		0		0
055	4	Interest-Other		27,921		27,921
		Subtotal 005 - 055		2,060,526	0	2,060,526
060		Laundry and Linen				
060	1	Salaries and Wages		$ 159,575	$	$ 159,575
060	2	Fringe Benefits		34,800		34,800
060	3	Agency Staff		0		0
060	4	Other - Nonlabor		121,403		121,403
060	5	Laundry and Linen - Total		$ 315,778	$ 0	$ 315,778
065		Dietary				
065	1	Salaries and Wages		$ 164,437	$	$ 164,437
065	2	Fringe Benefits		36,799		36,799
065	3	Agency Staff		0		0
065	4	Other - Nonlabor		57,379		57,379
065	5	Dietary - Total		$ 258,615	$ 0	$ 258,615
070	4	Provision for Bad Debts		$	$	$ 0
		Ancillary Services (Note 1)				
075		Patient Supplies				
075	1	Salaries and Wages		$ 12,170	$	$ 12,170
075	2	Fringe Benefits		1,364		1,364
075	3	Agency Staff		0		0
075	4	Other - Nonlabor		1,753,228		1,753,228
075	5	Patient Supplies - Total		$ 1,766,762	$ 0	$ 1,766,762
077		Specialized Support Surfaces				
077	1	Salaries and Wages		$ 0	$	$ 0
077	2	Fringe Benefits		0		0
077	3	Agency Staff		0		0
077	4	Other - Nonlabor		615,924		615,924
077	5	Specialized Support Surfaces - Total		$ 615,924	$ 0	$ 615,924

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No.	Sub No.	ACCOUNT TITLE	REV NO.	AS ADJUSTED	MEMO REVISIONS	AS REVISED
080		Physical Therapy				
080	1	Salaries and Wages		$ 0	$	$ 0
080	2	Fringe Benefits		0		0
080	3	Agency Staff		332,810		332,810
080	4	Other - Nonlabor		0		0
080	5	Physical Therapy - Total		$ 332,810	$ 0	$ 332,810
081		Respiratory Therapy				
081	1	Salaries and Wages		$ 2,373,859	$	$ 2,373,859
081	2	Fringe Benefits		279,581		279,581
081	3	Agency Staff		0		0
081	4	Other - Nonlabor		198,156		198,156
081	5	Respiratory Therapy - Total		$ 2,851,596	$ 0	$ 2,851,596
082		Occupational Therapy				
082	1	Salaries and Wages		$ 0	$	$ 0
082	2	Fringe Benefits		0		0
082	3	Agency Staff		319,478		319,478
082	4	Other - Nonlabor		0		0
082	5	Occupational Therapy - Total		$ 319,478	$ 0	$ 319,478
083		Speech Pathology				
083	1	Salaries and Wages		$ 0	$	$ 0
083	2	Fringe Benefits		0		0
083	3	Agency Staff		51,853		51,853
083	4	Other - Nonlabor		0		0
083	5	Speech Pathology - Total		$ 51,853	$ 0	$ 51,853
085		Pharmacy				
085	1	Salaries and Wages		$ 0	$	$ 0
085	2	Fringe Benefits		0		0
085	3	Agency Staff		0		0
085	4	Other - Nonlabor		251,774		251,774
085	5	Pharmacy - Total		$ 251,774	$ 0	$ 251,774
090		Laboratory				
090	1	Salaries and Wages		$ 0	$	$ 0
090	2	Fringe Benefits		0		0
090	3	Agency Staff		0		0
090	4	Other - Nonlabor		0		0
090	5	Laboratory - Total		$ 0	$ 0	$ 0
095		Home Health Services				
095	1	Salaries and Wages		$ 0	$	$ 0
095	2	Fringe Benefits		0		0
095	3	Agency Staff		0		0
095	4	Other - Nonlabor		0		0
095	5	Home Health Services - Total		$ 0	$ 0	$ 0
100		Other Ancillary Services				
100	1	Salaries and Wages		$ 0	$	$ 0
100	2	Fringe Benefits		0		0
100	3	Agency Staff		0		0
100	4	Other - Nonlabor		7,164		7,164
100	5	Other Ancillary Services - Total		$ 7,164	$ 0	$ 7,164

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No.	Sub No.	ACCOUNT TITLE	REV NO.	AS ADJUSTED	MEMO REVISIONS	AS REVISED
101		Subacute Ancillary Services				
101	1	Salaries and Wages		$ 0	$	$ 0
101	2	Fringe Benefits		0		0
101	3	Agency Staff		0		0
101	4	Other - Nonlabor		0		0
101	5	Subacute Ancillary Services - Total		$ 0	$ 0	$ 0
102		Subacute Pediatrics Ancillary Services				
102	1	Salaries and Wages		$ 0	$	$ 0
102	2	Fringe Benefits		0		0
102	3	Agency Staff		0		0
102	4	Other - Nonlabor		0		0
102	5	Subacute Pediatrics Ancillary Services - Total		$ 0	$ 0	$ 0
104		**Subtotal 075 - 102**		$ 6,197,361	$ 0	$ 6,197,361
		Routine Services				
105		Skilled Nursing Care				
105	1	Salaries and Wages		$ 0	$	$ 0
105	2	Fringe Benefits		0		0
105	3	Agency Staff		0		0
105	4	Other - Nonlabor		0		0
105	5	Skilled Nursing Care - Total		$ 0	$ 0	$ 0
110		Intermediate Care				
110	1	Salaries and Wages		$ 0	$	$ 0
110	2	Fringe Benefits		0		0
110	3	Agency Staff		0		0
110	4	Other - Nonlabor		0		0
110	5	Intermediate Care - Total		$ 0	$ 0	$ 0
115		Mentally Disordered				
115	1	Salaries and Wages		$ 0	$	$ 0
115	2	Fringe Benefits		0		0
115	3	Agency Staff		0		0
115	4	Other - Nonlabor		0		0
115	5	Mentally Disordered - Total		$ 0	$ 0	$ 0
120		Developmentally Disabled				
120	1	Salaries and Wages		$ 0	$	$ 0
120	2	Fringe Benefits		0		0
120	3	Agency Staff		0		0
120	4	Other - Nonlabor		0		0
120	5	Developmentally Disabled - Total		$ 0	$ 0	$ 0
125		Subacute Care				
125	1	Salaries and Wages		$ 3,126,595	$	$ 3,126,595
125	2	Fringe Benefits		681,816		681,816
125	3	Agency Staff		6,600		6,600
125	4	Other - Nonlabor		130,745		130,745
125	5	Subacute Care - Total		$ 3,945,756	$ 0	$ 3,945,756
126		Subacute Care - Pediatrics				
126	1	Salaries and Wages		$ 6,108,005	$	$ 6,108,005
126	2	Fringe Benefits		1,553,273		1,553,273
126	3	Agency Staff		0		0
126	4	Other - Nonlabor		274,932		274,932
126	5	Subacute Care - Pediatrics - Total		$ 7,936,210	$ 0	$ 7,936,210

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No.	Sub No.	ACCOUNT TITLE	REV NO.	AS ADJUSTED	MEMO REVISIONS	AS REVISED
128		Transitional Inpatient Care				
128	1	Salaries and Wages		$ 0	$	$ 0
128	2	Fringe Benefits		0		0
128	3	Agency Staff		0		0
128	4	Other - Nonlabor		0		0
128	5	Transitional Inpatient Care - Total		$ 0	$ 0	$ 0
130		Hospice Inpatient Care				
130	1	Salaries and Wages		$ 0	$	$ 0
130	2	Fringe Benefits		0		0
130	3	Agency Staff		0		0
130	4	Other - Nonlabor		0		0
130	5	Hospice Inpatient Care - Total		$ 0	$ 0	$ 0
135		Other Routine Services				
135	1	Salaries and Wages		$ 0	$	$ 0
135	2	Fringe Benefits		0		0
135	3	Agency Staff		0		0
135	4	Other - Nonlabor		0		0
135	5	Other Routine Services - Total		$ 0	$ 0	$ 0
		Other Nonreimbursable				
139		Residential Care **				
139	1	Salaries and Wages		$ 0	$	$ 0
139	2	Fringe Benefits		0		0
139	3	Agency Staff		0		0
139	4	Other - Nonlabor		0		0
139	5	Residential Care - Total		$ 0	$ 0	$ 0
140		Beauty and Barber				
140	1	Salaries and Wages		$ 0	$	$ 0
140	2	Fringe Benefits		0		0
140	3	Agency Staff		0		0
140	4	Other - Nonlabor		0		0
140	5	Beauty and Barber - Total		$ 0	$ 0	$ 0
145		Other Nonreimbursable				
145	1	Salaries and Wages		$ 0	$	$ 0
145	2	Fringe Benefits		0		0
145	3	Agency Staff		0		0
145	4	Other - Nonlabor		0		0
145	5	Other Nonreimbursable - Total		$ 0	$ 0	$ 0
146		**Subtotal 105 - 145**		$ 11,881,966	$ 0	$ 11,881,966
155		Social Services				
155	1	Salaries and Wages		$ 299,005	$	$ 299,005
155	2	Fringe Benefits		51,252		51,252
155	3	Agency Staff		0		0
155	4	Other - Nonlabor		10,888		10,888
155	5	Social Services - Total		$ 361,145	$ 0	$ 361,145
160		Activities				
160	1	Salaries and Wages		$ 328,977	$	$ 328,977
160	2	Fringe Benefits		67,444		67,444
160	3	Agency Staff		0		0
160	4	Other - Nonlabor		25,953		25,953
160	5	Activities - Total		$ 422,374	$ 0	$ 422,374

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: ZZT18002G

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No.	Sub No.	ACCOUNT TITLE	REV NO.	AS ADJUSTED	MEMO REVISIONS	AS REVISED
165		Administration				
165	1	Salaries and Wages		$ 991,765	$	$ 991,765
165	2	Fringe Benefits		183,085		183,085
165	3	Agency Staff		0		0
165	4	Other - Nonlabor		1,198,461		1,198,461
165	5	Administration - Total		$ 2,373,311	$ 0	$ 2,373,311
166		Medical Records				
166	1	Medical Records - Salaries and Wages		$ 107,330	$	$ 107,330
166	2	Medical Records - Fringe Benefits		17,159		17,159
166	3	Medical Records - Agency Staff		26,413		26,413
166	4	Medical Records - Other - Nonlabor		6,326		6,326
166	5	Medical Records - Total		$ 157,228	$ 0	$ 157,228
167	4	DPH Licensing Fees ***		$ 161,494	$	$ 161,494
168	4	Liability Insurance ***		$ 217,451	$	$ 217,451
169	4	Quality Assurance Fees ***		$ 38,160	$	$ 38,160
170		Inservice Education - Nursing				
170	1	Salaries and Wages		$ 125,247	$	$ 125,247
170	2	Fringe Benefits		28,259		28,259
170	3	Agency Staff		0		0
170	4	Other - Nonlabor		11,316		11,316
170	5	Inservice Education - Nursing - Total		$ 164,822	$ 0	$ 164,822
174		Caregiver Training ***				
174	1	Salaries and Wages		$ 0	$	$ 0
174	2	Fringe Benefits		0		0
174	3	Agency Staff		0		0
174	4	Other - Nonlabor		0		0
174	5	Caregiver Training - Total		$ 0	$ 0	$ 0
		Subtotal 155 - 174		$ 3,895,985	$ 0	$ 3,895,985
200		**Total**		**$ 24,610,231**	**$ $ -**	**$ 24,610,231**

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

* Amounts reclassified from ancillary service type accounts (lines 75 through 100)

** Complete with Direct Residential Care Costs

*** Amounts reclassified from Administration (line 165)

**** Totals in column 5 must match page 10.1, column 14, for each respective cost center (except reclasses)

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ALL SAINTS HEALTHCARE	ZZT18002G	1477645927	206190021	JULY 1, 2008 THROUGH JUNE 30, 2009

Line No.	Sub No.		TOTAL REV (Pages 1)	AUDIT REV 1	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
005	1	Plant Operations and Maintenance - Salaries and Wages	0							
005	2	Plant Operations and Maintenance - Fringe Benefits	0							
005	3	Plant Operations and Maintenance - Agency Staff	0							
005	4	Plant Operations and Maintenance - Other - Nonlabor	0							
010	1	Housekeeping - Salaries and Wages	0							
010	2	Housekeeping - Fringe Benefits	0							
010	3	Housekeeping - Agency Staff	0							
010	4	Housekeeping - Other - Nonlabor	0							
015	4	Depreciation: Buildings and Improvements	0							
020	4	Depreciation: Leasehold Improvements	0							
025	4	Depreciation: Equipment	0							
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	0							
040	4	Property Taxes	0							
045	4	Property Insurance	0							
050	4	Interest-Property, Plant, and Equipment	0							
055	4	Interest-Other	0							
060	1	Laundry and Linen - Salaries and Wages	0							
060	2	Laundry and Linen - Fringe Benefits	0							
060	3	Laundry and Linen - Agency Staff	0							
060	4	Laundry and Linen - Other - Nonlabor	0							
065	1	Dietary - Salaries and Wages	0							
065	2	Dietary - Fringe Benefits	0							
065	3	Dietary - Agency Staff	0							
065	4	Dietary - Other - Nonlabor	0							
070	4	Provision for Bad Debts	0							
075	1	Patient Supplies - Salaries and Wages	0							
075	2	Patient Supplies - Fringe Benefits	0							
075	3	Patient Supplies - Agency Staff	0							
075	4	Patient Supplies - Other - Nonlabor	0							
077	1	Specialized Support Surfaces - Salaries and Wages	0							
077	2	Specialized Support Surfaces - Fringe Benefits	0							
077	3	Specialized Support Surfaces - Agency Staff	0							
077	4	Specialized Support Surfaces - Other - Nonlabor	0							
080	1	Physical Therapy - Salaries and Wages	0							
080	2	Physical Therapy - Fringe Benefits	0							
080	3	Physical Therapy - Agency Staff	0							
080	4	Physical Therapy - Other - Nonlabor	0							
081	1	Respiratory Therapy - Salaries and Wages	0							
081	2	Respiratory Therapy - Fringe Benefits	0							
081	3	Respiratory Therapy - Agency Staff	0							
081	4	Respiratory Therapy - Other - Nonlabor	0							
082	1	Occupational Therapy - Salaries and Wages	0							
082	2	Occupational Therapy - Fringe Benefits	0							
082	3	Occupational Therapy - Agency Staff	0							
082	4	Occupational Therapy - Other - Nonlabor	0							

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ALL SAINTS HEALTHCARE	ZZT18002G	1477645927	206190021	JULY 1, 2008 THROUGH JUNE 30, 2009

Line No.	Sub No.		TOTAL REV (Pages 1)	AUDIT REV 1	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
083	1	Speech Pathology - Salaries and Wages	0							
083	2	Speech Pathology - Fringe Benefits	0							
083	3	Speech Pathology - Agency Staff	0							
083	4	Speech Pathology - Other - Nonlabor	0							
085	1	Pharmacy - Salaries and Wages	0							
085	2	Pharmacy - Fringe Benefits	0							
085	3	Pharmacy - Agency Staff	0							
085	4	Pharmacy - Other - Nonlabor	0							
090	1	Laboratory - Salaries and Wages	0							
090	2	Laboratory - Fringe Benefits	0							
090	3	Laboratory - Agency Staff	0							
090	4	Laboratory - Other - Nonlabor	0							
095	1	Home Health Services - Salaries and Wages	0							
095	2	Home Health Services - Fringe Benefits	0							
095	3	Home Health Services - Agency Staff	0							
095	4	Home Health Services - Other - Nonlabor	0							
100	1	Other Ancillary Services - Salaries and Wages	0							
100	2	Other Ancillary Services - Fringe Benefits	0							
100	3	Other Ancillary Services - Agency Staff	0							
100	4	Other Ancillary Services - Other - Nonlabor	7,164	7,164						
101	1	Subacute Ancillary Services - Salaries and Wages	0							
101	2	Subacute Ancillary Services - Fringe Benefits	0							
101	3	Subacute Ancillary Services - Agency Staff	0							
101	4	Subacute Ancillary Services - Other - Nonlabor	0							
102	1	Subacute Pediatrics Ancillary Services - Salaries and Wages	0							
102	2	Subacute Pediatrics Ancillary - Services Fringe Benefits	0							
102	3	Subacute Pediatrics Ancillary - Services Agency Staff	0							
102	4	Subacute Pediatrics Ancillary Services - Other - Nonlabor	0							
105	1	Skilled Nursing Care - Salaries and Wages	0							
105	2	Skilled Nursing Care - Fringe Benefits	0							
105	3	Skilled Nursing Care - Agency Staff	0							
105	4	Skilled Nursing Care - Other - Nonlabor	0							
110	1	Intermediate Care - Salaries and Wages	0							
110	2	Intermediate Care - Fringe Benefits	0							
110	3	Intermediate Care Agency Staff	0							
110	4	Intermediate Care - Other - Nonlabor	0							
115	1	Mentally Disordered - Salaries and Wages	0							
115	2	Mentally Disordered - Fringe Benefits	0							
115	3	Mentally Disordered - Agency Staff	0							
115	4	Mentally Disordered - Other - Nonlabor	0							
120	1	Developmentally Disabled - Salaries and Wages	0							
120	2	Developmentally Disabled - Fringe Benefits	0							
120	3	Developmentally Disabled - Agency Staff	0							
120	4	Developmentally Disabled - Other - Nonlabor	0							
125	1	Subacute Care - Salaries and Wages	0							
125	2	Subacute Care - Fringe Benefits	0							

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ALL SAINTS HEALTHCARE	ZZT18002G	1477645927	206190021	JULY 1, 2008 THROUGH JUNE 30, 2009

Line No.	Sub No.		TOTAL REV (Pages 1)	AUDIT REV 1	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
125	3	Subacute Care - Agency Staff	0							
125	4	Subacute Care - Other - Nonlabor	0							
126	1	Subacute Care - Pediatrics - Salaries and Wages	0							
126	2	Subacute Care - Pediatrics - Fringe Benefits	0							
126	3	Subacute Care - Pediatrics - Agency Staff	0							
126	4	Subacute Care - Pediatrics - Other - Nonlabor	0							
128	1	Transitional Inpatient Care Salaries and Wages	0							
128	2	Transitional Inpatient Care Fringe Benefits	0							
128	3	Transitional Inpatient Care Agency Staff	0							
128	4	Transitional Inpatient Care - Other - Nonlabor	0							
130	1	Hospice Inpatient Care - Salaries and Wages	0							
130	2	Hospice Inpatient Care - Fringe Benefits	0							
130	3	Hospice Inpatient Care -Agency Staff	0							
130	4	Hospice Inpatient Care - Other - Nonlabor	0							
135	1	Other Routine Services - Salaries and Wages	0							
135	2	Other Routine Services - Fringe Benefits	0							
135	3	Other Routine Services - Agency Staff	0							
135	4	Other Routine Services - Other - Nonlabor	0							
139	1	Residential Care - Salaries and Wages	0							
139	2	Residential Care - Fringe Benefits	0							
139	3	Residential Care - Agency Staff	0							
139	4	Residential Care - Other - Nonlabor	0							
140	1	Beauty and Barber Salaries and Wages	0							
140	2	Beauty and Barber Fringe Benefits	0							
140	3	Beauty and Barber Agency Staff	0							
140	4	Beauty and Barber - Other - Nonlabor	(7,164)	(7,164)						
145	1	Other Nonreimbursable - Salaries and Wages	0							
145	2	Other Nonreimbursable - Fringe Benefits	0							
145	3	Other Nonreimbursable - Agency Staff	0							
145	4	Other Nonreimbursable - Other - Nonlabor	0							
155	1	Social Services - Salaries and Wages	0							
155	2	Social Services - Fringe Benefits	0							
155	3	Social Services - Agency Staff	0							
155	4	Social Services - Other - Nonlabor	0							
160	1	Activities - Salaries and Wages	0							
160	2	Activities - Fringe Benefits	0							
160	3	Activities - Agency Staff	0							
160	4	Activities - Other - Nonlabor	0							
165	1	Administration - Salaries and Wages	0							
165	2	Administration - Fringe Benefits	0							
165	3	Administration - Agency Staff	0							
165	4	Administration - Other - Nonlabor	0							
166	1	Medical Records - Salaries and Wages	0							
166	2	Medical Records - Fringe Benefits	0							
166	3	Medical Records - Agency Staff	0							
166	4	Medical Records - Other - Nonlabor	0							

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ALL SAINTS HEALTHCARE	ZZT18002G	1477645927	206190021	JULY 1, 2008 THROUGH JUNE 30, 2009

Line No.	Sub No.		TOTAL REV (Pages 1)	AUDIT REV 1	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
167	4	DPH Licensing Fees	0							
168	4	Liability Insurance	0							
169	4	Quality Assurance Fees	0							
170	1	Inservice Education - Nursing - Salaries and Wages	0							
170	2	Inservice Education - Nursing - Fringe Benefits	0							
170	3	Inservice Education - Nursing - Agency Staff	0							
170	4	Inservice Education - Nursing - Other - Nonlabor	0							
174	1	Caregiver Training - Salaries and Wages	0							
174	2	Caregiver Training - Fringe Benefits	0							
174	3	Caregiver Training - Agency Staff	0							
174	4	Caregiver Training - Other - Nonlabor	0							
180	4	Professional Liability - Deductible	0							
			0							
			0							
			0							
			0							
			0							
			0							
			0							
200		Total	$0	0	0	0	0	0	0	0
			(To Sch 8)							

SUMMARY OF REVISED SUBACUTE COST PER PATIENT DAY

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: LTC70002F

NPI: 1477645927

OSHPD Facility No: 206190021

LINE NO.	DESCRIPTION	AS AUDITED	AS REVISED	REVISED SUBACUTE COST PER PATIENT DAY
	ADULT SUB-ACUTE ROUTINE			
1	Cost of Direct Care - Labor (Sch. 2, Ln. 125)	$ 3,831,106	$ 3,831,106	$ 213.49
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 125)	$ 535,904	$ 535,904	$ 29.86
3	Cost of Direct and Indirect NonLabor - Other (Sch. 4, Ln. 125)	$ 599,687	$ 599,687	$ 33.42
4	Cost of Capital Related (Sch. 5, Ln. 125)	$ 410,224	$ 410,224	$ 22.86
5	Property Taxes (Sch. 5, Ln. 125)	$ 30,934	$ 30,934	$ 1.72
6	DPH Licensing Fees (Sch. 6, Ln. 125)	$ 8,478	$ 8,478	$ 0.47
7	Liability Insurance (Sch. 6, Ln. 125)	$ 73,627	$ 73,627	$ 4.10
8	Quality Assurance Fees (Sch. 6, Ln. 125)	$ 39,886	$ 39,886	$ 2.22
9	Caregiver Training (Sch. 6. Ln. 125)	$ 0	$ 0	$ 0.00
10	Cost of Administration (Sch. 6, Ln. 125)	$ 417,617	$ 417,617	$ 23.27
11	Cost of Routine Service/Audited Total Routine Costs	$ 5,947,463	$ 5,947,463	$ 331.43
12	Routine Cost Per Patient Day (Routine Cost Divided by Days)	$ 331.43	$ 331.43	
	ADULT SUB-ACUTE ANCILLARY			
13	Cost of Direct Care - Labor (Adult SA Sch. 2, Ln. 122)	$ 647,445	$ 647,445	$ 36.08
14	Cost of Indirect Care - Labor (Adult SA Sch. 2, Ln. 123)	$ 19,936	$ 19,951	$ 1.11
15	Cost of Direct and Indirect NonLabor - Other (Adult SA Sch. 2, Ln. 124)	$ 689,002	$ 690,849	$ 38.50
16	Cost of Capital Related (Adult SA Sch. 2, Ln. 125)	$ 19,627	$ 19,633	$ 1.09
17	Property Taxes (Adult SA Sch. 2, Ln. 126)	$ 1,480	$ 1,481	$ 0.08
18	DPH Licensing Fees (Adult SA Sch. 2, Ln. 127)	$ 2,160	$ 2,163	$ 0.12
19	Liability Insurance (Adult SA Sch. 2, Ln. 128)	$ 18,754	$ 18,780	$ 1.05
20	Quality Assurance Fees (Adult SA Sch. 6, Ln. 129)	$ 10,160	$ 10,174	$ 0.57
21	Caregiver Training (Adult SA Sch. 2, Ln. 130)	$ 0	$ 0	$ 0.00
22	Cost of Administration (Adult SA Sch. 2, Ln. 131)	$ 106,376	$ 106,520	$ 5.94
23	Cost of Ancillary Service/Audited Total Ancillary Costs	$ 1,514,940	$ 1,516,994	$ 84.54
24	Ancillary Cost Per Patient Day (Ancillary Cost Divided by Days)	$ 84.42	$ 84.54	
	ADULT SUB-ACUTE TOTAL			
25	Cost of Direct Care - Labor (Line 1 + Line 13)	$ 4,478,551	$ 4,478,551	$ 249.57
26	Cost of Indirect Care - Labor (Line 2 + Line 14)	$ 555,840	$ 555,855	$ 30.98
27	Cost of Direct and Indirect NonLabor - Other (Line 3 + Line 15)	$ 1,288,689	$ 1,290,536	$ 71.92
28	Cost of Capital Related (Line 4 + Line 16)	$ 429,851	$ 429,858	$ 23.95
29	Property Taxes (Line 5 + Line 17)	$ 32,414	$ 32,414	$ 1.81
30	DPH Licensing Fees (Line 6 + Line 18)	$ 10,638	$ 10,641	$ 0.59
31	Liability Insurance (Line 7 + Line 19)	$ 92,381	$ 92,406	$ 5.15
32	Quality Assurance Fees (Line 9 + Line 21)	$ 50,046	$ 50,060	$ 2.79
33	Caregiver Training (Line 8 + Line 20)	$ 0	$ 0	$ 0.00
34	Cost of Administration (Line 10 + Line 22)	$ 523,993	$ 524,137	$ 29.21
35	Total Cost of Subacute Service (Line 11 + Line 23)	$ 7,462,403	$ 7,464,457	$ 415.96
36	Total Patient Days (Rev)	17,945	17,945	
37	Total Cost Per Patient Day (Total Cost Divided by Days)	$ 415.85	$ 415.96	
38	Medi-Cal Overpayments (Rev)	$ 0	$ 0	
39	Medi-Cal Credit Balances (Rev)	$ 4,800	$ 4,800	
40	Amount Due State	$ 4,800	$ 4,800	
	GENERAL INFORMATION			
41	Contracted Number of Adult Subacute Beds (Rev)	56	56	
42	Total Licensed Nursing Facility Beds (Rev)	128	128	
43	Total Licensed Capacity (All levels) (Rev)	128	128	
44	Total Medi-Cal Adult Subacute Patient Days (Rev)	14,926	14,926	
	CAPITAL RELATED COST			
45	Direct Capital Related Cost (Rev)	$ 0	$ 0	
46	Indirect Capital Related Cost (Line 28)	$ 429,851	$ 429,858	
47	Total Capital Related Cost (Line 45 + Line 46)	$ 429,851	$ 429,858	

	VENTILATOR / NONVENTILATOR COSTS	REVISED COSTS (Rev)	REVISED TOTAL DAYS (Rev)	REVISED MEDI-CAL DAYS (Rev)
48	Ventilator (Equipment Cost Only)	$ 111,285	8,597	7,079
49	Nonventilator	N/A	9,348	N/A
50	TOTAL	$ N/A	17,945	N/A

SUMMARY OF TOTAL ALLOWABLE SUBACUTE ANCILLARY COSTS*

Provider Name:
ALL SAINTS HEALTHCARE

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

Provider Number:
LTC70002F

NPI:
1477645927

OSHPD Facility Number:
206190021

LINE NO.	DESCRIPTION	ANCILLARY COSTS	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST/CHG	TOTAL SUBACUTE ANCILLARY CHARGES * (Rev)	SUBACUTE ANCILLARY COST **
	PATIENT SUPPLIES					
1	Cost of Direct Care - Labor (Sch. 2, Ln. 75)	$ 231,245				$ 84,042
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 75)	30,595				11,119
3	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 75)	1,788,718				650,076
4	Cost of Capital Related (Sch. 5, Ln. 75)	30,403				11,050
5	Property Taxes (Sch. 5, Ln. 75)	2,293				833
6	Facility License Fees (Sch. 6, Ln. 75)	3,266				1,187
7	Liability Insurance (Sch. 6, Ln. 75)	28,363				10,308
8	Quality Assurance Fees (Sch. 6, Ln. 75)	15,365				5,584
9	Caregiver Training (Sch. 6, Ln. 75)	0				
10	Cost of Administration (Sch. 6, Ln. 75)	160,878				58,468
11	Total Patient Supplies Ancillary Service	$ 2,291,125	$ 2,666,622	0.859186	$ 969,134	$ 832,666
	SPECIALIZED SUPPORT SURFACES					
12	Cost of Direct Care - Labor (Sch. 2, Ln. 77)	$ 0				$ N/A
13	Cost of Indirect Care - Labor (Sch. 3, Ln. 77)	0				
14	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 77)	0				
15	Cost of Capital Related (Sch. 5, Ln. 77)	0				
16	Property Taxes (Sch. 5, Ln. 77)	0				
17	Facility License Fees (Sch. 6, Ln. 77)	0				
18	Liability Insurance (Sch. 6, Ln. 77)	0				
19	Quality Assurance Fees (Sch. 6, Ln. 77)	0				
20	Caregiver Training (Sch. 6, Ln. 77)	0				
21	Cost of Administration (Sch. 6, Ln. 77)	0				
22	Total Specialized Support Surfaces Ancillary Service	$ 0	$ 969,191	0.000000	$ 0	$ 0
	PHYSICAL THERAPY					
23	Cost of Direct Care - Labor (Sch. 2, Ln. 80)	$ 332,810				$ 72,940
24	Cost of Indirect Care - Labor (Sch. 3, Ln. 80)	17,639				3,866
25	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 80)	22,785				4,994
26	Cost of Capital Related (Sch. 5, Ln. 80)	24,914				5,460
27	Property Taxes (Sch. 5, Ln. 80)	1,879				412
28	Facility License Fees (Sch. 6, Ln. 80)	627				137
29	Liability Insurance (Sch. 6, Ln. 80)	5,446				1,194
30	Quality Assurance Fees (Sch. 6, Ln. 80)	2,950				647
31	Caregiver Training (Sch. 6, Ln. 80)	0				
32	Cost of Administration (Sch. 6, Ln. 80)	30,892				6,770
33	Total Physical Therapy Ancillary Service	$ 439,942	$ 445,965	0.986494	$ 97,740	$ 96,420
	RESPIRATORY THERAPY					
34	Cost of Direct Care - Labor (Sch. 2, Ln. 81)	$ 2,653,440				$ 411,949
35	Cost of Indirect Care - Labor (Sch. 3, Ln. 81)	27,886				4,329
36	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 81)	216,639				33,633
37	Cost of Capital Related (Sch. 5, Ln. 81)	18,318				2,844
38	Property Taxes (Sch. 5, Ln. 81)	1,381				214
39	Facility License Fees (Sch. 6, Ln. 81)	4,574				710
40	Liability Insurance (Sch. 6, Ln. 81)	39,723				6,167
41	Quality Assurance Fees (Sch. 6, Ln. 81)	21,519				3,341
42	Caregiver Training (Sch. 6, Ln. 81)	0				
43	Cost of Administration (Sch. 6, Ln. 81)	225,314				34,980
44	Total Respiratory Ancillary Service	$ 3,208,796	$ 4,795,304	0.669154	$ 744,474	$ 498,168

SUMMARY OF TOTAL ALLOWABLE SUBACUTE ANCILLARY COSTS*

Provider Name:
ALL SAINTS HEALTHCARE

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

Provider Number:
LTC70002F

NPI:
1477645927

OSHPD Facility Number:
206190021

LINE NO.	DESCRIPTION	ANCILLARY COSTS	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST/CHG	TOTAL SUBACUTE ANCILLARY CHARGES * (Rev)	SUBACUTE ANCILLARY COST **
	OCCUPATIONAL THERAPY					
45	Cost of Direct Care - Labor (Sch. 2, Ln. 82)	$ 319,478				$ 51,223
46	Cost of Indirect Care - Labor (Sch. 3, Ln. 82)	2,530				406
47	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 82)	1,219				196
48	Cost of Capital Related (Sch. 5, Ln. 82)	1,112				178
49	Property Taxes (Sch. 5, Ln. 82)	84				13
50	Facility License Fees (Sch. 6, Ln. 82)	509				82
51	Liability Insurance (Sch. 6, Ln. 82)	4,417				708
52	Quality Assurance Fees (Sch. 6, Ln. 82)	2,393				384
53	Caregiver Training (Sch. 6, Ln. 82)	0				
54	Cost of Administration (Sch. 6, Ln. 82)	25,053				4,017
55	Total Occupational Therapy Ancillary Service	$ 356,796	$ 428,100	0.833440	$ 68,638	$ 57,206
	SPEECH PATHOLOGY					
56	Cost of Direct Care - Labor (Sch. 2, Ln. 83)	$ 51,853				$ 27,292
57	Cost of Indirect Care - Labor (Sch. 3, Ln. 83)	411				216
58	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 83)	198				104
59	Cost of Capital Related (Sch. 5, Ln. 83)	181				95
60	Property Taxes (Sch. 5, Ln. 83)	14				7
61	Facility License Fees (Sch. 6, Ln. 83)	83				43
62	Liability Insurance (Sch. 6, Ln. 83)	717				377
63	Quality Assurance Fees (Sch. 6, Ln. 83)	388				204
64	Caregiver Training (Sch. 6, Ln. 83)	0				
65	Cost of Administration (Sch. 6, Ln. 83)	4,066				2,140
66	Total Speech Pathology Ancillary Service	$ 57,910	$ 70,501	0.821405	$ 37,107	$ 30,480
	PHARMACY					
67	Cost of Direct Care - Labor (Sch. 2, Ln. 85)	$ 0				$
68	Cost of Indirect Care - Labor (Sch. 3, Ln. 85)	2,046				0
69	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 85)	259,360				0
70	Cost of Capital Related (Sch. 5, Ln. 85)	899				0
71	Property Taxes (Sch. 5, Ln. 85)	68				0
72	Facility License Fees (Sch. 6, Ln. 85)	411				0
73	Liability Insurance (Sch. 6, Ln. 85)	3,572				0
74	Quality Assurance Fees (Sch. 6, Ln. 85)	1,935				0
75	Caregiver Training (Sch. 6, Ln. 85)	0				
76	Cost of Administration (Sch. 6, Ln. 85)	20,262				0
77	Total Pharmacy Ancillary Service	$ 288,554	$ 306,897	0.940231	$ 0	$ 0
	LABORATORY					
78	Cost of Direct Care - Labor (Sch. 2, Ln. 90)	$ 0				$
79	Cost of Indirect Care - Labor (Sch. 3, Ln. 90)	0				
80	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 90)	0				
81	Cost of Capital Related (Sch. 5, Ln. 90)	0				
82	Property Taxes (Sch. 5, Ln. 90)	0				
83	Facility License Fees (Sch. 6, Ln. 90)	0				
84	Liability Insurance (Sch. 6, Ln. 90)	0				
85	Quality Assurance Fees (Sch. 6, Ln. 90)	0				
86	Caregiver Training (Sch. 6, Ln. 90)	0				
87	Cost of Administration (Sch. 6, Ln. 90)	0				
88	Total Laboratory Ancillary Service	$ 0	$ 21,059	0.000000	$ 14,115	$ 0

SUMMARY OF TOTAL ALLOWABLE SUBACUTE ANCILLARY COSTS*

Provider Name:
ALL SAINTS HEALTHCARE

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

Provider Number:
LTC70002F

NPI:
1477645927

OSHPD Facility Number:
206190021

LINE NO.	DESCRIPTION	ANCILLARY COSTS	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST/CHG	TOTAL SUBACUTE ANCILLARY CHARGES * (Rev)	SUBACUTE ANCILLARY COST **
	HOME HEALTH SERVICES					
89	Cost of Direct Care - Labor (Sch. 2, Ln. 95)	$ 0				$
90	Cost of Indirect Care - Labor (Sch. 3, Ln. 95)	0				
91	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 95)	0				
92	Cost of Capital Related (Sch. 5, Ln. 95)	0				
93	Property Taxes (Sch. 5, Ln. 95)	0				
94	Facility License Fees (Sch. 6, Ln. 95)	0				
95	Liability Insurance (Sch. 6, Ln. 95)	0				
96	Quality Assurance Fees (Sch. 6, Ln. 95)	0				
97	Caregiver Training (Sch. 6, Ln. 95)	0				
98	Cost of Administration (Sch. 6, Ln. 95)	0				
99	Total Home Health Services Ancillary Service	$ 0	$	0.000000	$	$ 0
	OTHER ANCILLARY SERVICES					
100	Cost of Direct Care - Labor (Sch. 2, Ln. 100)	$ 0				$
101	Cost of Indirect Care - Labor (Sch. 3, Ln. 100)	57				15
102	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 100)	7,191				1,846
103	Cost of Capital Related (Sch. 5, Ln. 100)	25				6
104	Property Taxes (Sch. 5, Ln. 100)	2				0
105	Facility License Fees (Sch. 6, Ln. 100)	11				3
106	Liability Insurance (Sch. 6, Ln. 100)	99				25
107	Quality Assurance Fees (Sch. 6, Ln. 100)	54				14
108	Caregiver Training (Sch. 6, Ln. 100)	0				
109	Cost of Administration (Sch. 6, Ln. 100)	562				144
110	Total Other Ancillary Service	$ 8,001	$ 57,713	0.138631	$ 14,814	$ 2,054
	SUB - ACUTE ANCILLARY SERVICES					
111	Cost of Direct Care - Labor (Sch. 2, Ln. 101)					$ 0
112	Cost of Indirect Care - Labor (Sch. 3, Ln. 101)					0
113	Cost of Direct and Indirect NonLabor (Sch. 4, Ln. 101)					0
114	Cost of Capital Related (Sch. 5, Ln. 101)					0
115	Property Taxes (Sch. 5, Ln. 101)					0
116	Facility License Fees (Sch. 6, Ln. 101)					0
117	Liability Insurance (Sch. 6, Ln. 101)					0
118	Quality Assurance Fees (Sch. 6, Ln. 101)					0
119	Caregiver Training (Sch. 6, Ln. 101)					0
120	Cost of Administration (Sch. 6, Ln. 101)					0
121	Total Subacute Ancillary Service					$ 0
	TOTAL COST OF ANCILLARY SERVICES					
122	Cost of Direct Care - Labor					$ 647,445
123	Cost of Indirect Care - Labor					19,951
124	Cost of Direct and Indirect NonLabor					690,849
125	Cost of Capital Related					19,633
126	Property Taxes					1,481
127	Facility License Fees					2,163
128	Liability Insurance					18,780
129	Quality Assurance Fees					10,174
130	Caregiver Training					0
131	Cost of Administration					106,520
132	Total Cost of Subacute Ancillary Service					$ 1,516,994

* Total Other Allowable Ancillary Charges included in the rate.

** Total Other Ancillary Costs included in the rate.

(To Adult Subacute Sch 1)

COMPUTATION OF PEDIATRIC SUBACUTE PER DIEM

Provider Name:
ALL SAINTS HEALTHCARE

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

Provider Number, NPI:
LTC40004F, 1477645927

OSHPD Facility Number:
206190021

	AS AUDITED	AS REVISED	DIFFERENCE
COMPUTATION OF SUBACUTE PER DIEM			
1. Pediatrics Subacute Ancillary Cost (Pediatric Subacute Sch. 2)	$ 4,839,629	$ 4,845,576	$ 5,947
2. Pediatrics Subacute Ancillary Cost (Sch. 2, 3, 4, 5, & 6; Ln 100.12)	$ 0	$ 0	$ 0
3. Pediatrics Subacute Routine Cost (Sch. 2, 3, 4, 5, & 6; Ln. 126)	$ 11,482,053	$ 11,482,053	$ (0)
4. Total Pediatrics Subacute Facility Cost (Lines 1, 2, & 3)	$ 16,321,682	$ 16,327,629	$ 5,947
5. Total Pediatrics Subacute Patient Days (Rev)	24,449	24,449	0
6. Average Pediatrics Subacute Per Diem Cost (L 4 / L 5)	$ 667.58	$ 667.82	$ 0.24
7. Medi-Cal Overpayments (Rev)	$ 0	$ 0	$ 0
8. Medi-Cal Credit Balances (Rev)	$ 13,093	$ 13,093	$ 0
9. Amount Due State	$ 13,093	$ 13,093	$ 0
GENERAL INFORMATION			
10. Contracted Number of Pediatrics Subacute Beds (Rev)	72	72	0
11. Total Licensed Nursing Facility Beds (Rev)	128	128	0
12. Total Licensed Capacity (All levels) (Rev)	128	128	0
13. Total Medi-Cal Pediatrics Subacute Patient Days (Rev)	24,239	24,239	0
CAPITAL RELATED COST			
14. Direct Capital Related Cost (Rev)	$ 0	$ 0	$ 0
15. Indirect Capital Related Cost (Sch 5, Line 100.12 + Line 126)	$ 621,997	$ 621,997	$
16. Total Capital Related Cost (Lines 14 & 15)	$ 621,997	$ 621,997	$ 0

AUDITED PEDIATRICS SUBACUTE COST-VENTILATOR AND NONVENTILATOR

	REVISED COSTS (Rev)	REVISED TOTAL DAYS (Rev)	REVISED MEDI-CAL DAYS (Rev)
17. Ventilator (Equipment Cost Only)	$ 153,996	12,159	12,060
18. Nonventilator	N/A	12,290	N/A
19. TOTAL	N/A	24,449	N/A

SCHEDULE OF TOTAL OTHER ALLOWABLE PEDIATRIC SUBACUTE ANCILLARY COSTS**

Provider Name:
ALL SAINTS HEALTHCARE

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

Provider Number:
1477645927

NPI:
1477645927

OSHPD Facility Number:
206190021

Line No	ANCILLARY COST CENTERS	TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST/CHG	TOTAL PEDIATRIC SUBACUTE ANCILLARY CHARGES ** (From SA-Ped Sch 3)	PEDIATRICS SUBACUTE ANCILLARY COSTS***
075	Patient Supplies	$ 2,291,125	$ 2,666,622	0.859186	$ 1,697,487	$ 1,458,457
077	Specialized Support Surfaces	0	969,191	0.000000	0	0
080	Physical Therapy	439,942	445,965	0.986494	348,226	343,523
081	Respiratory Therapy	3,208,796	4,795,304	0.669154	4,050,831	2,710,630
082	Occupational Therapy	356,796	428,100	0.833440	359,462	299,590
083	Speech Pathology	57,910	70,501	0.821405	33,393	27,429
085	Pharmacy	288,554	306,897	0.940231	0	0
090	Laboratory	0	21,059	0.000000	6,944	0
095	Home Health Services	0	0	0.000000	0	0
100	Other Ancillary Services	8,001	57,713	0.138631	42,899	5,947
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
	TOTAL ANCILLARY SERVICES	$ 6,651,123	$ 9,761,352		$ 6,539,242	$ 4,845,576

(To Ped-SA Sch 1)

* From Schedules 2, 3, 4, 5, and 6.

** Total Other Allowable Ancillary Charges included in the rate.

*** Total Other Ancillary Costs included in the rate.

ADJUSTMENTS TO OTHER ALLOWABLE
PEDIATRIC SUBACUTE ANCILLARY CHARGES

Provider Name: ALL SAINTS HEALTHCARE

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

Provider Number: LTC40004F

NPI: 1477645927

OSHPD Facility Number: 206190021

Line No	OTHER ALLOWABLE ANCILLARY CHARGES	AS AUDITED	REVISIONS	AS REVISED
075	Patient Supplies	$ 1,697,487	$	$ 1,697,487
077	Specialized Support Surfaces	0		0
080	Physical Therapy	348,226		348,226
081	Respiratory Therapy	4,050,831		4,050,831
082	Occupational Therapy	359,462		359,462
083	Speech Pathology	33,393		33,393
085	Pharmacy	0		0
090	Laboratory	6,944		6,944
095	Home Health Services	0		0
100	Other Ancillary Services	42,899		42,899
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
	TOTAL ANCILLARY CHARGES	$ 6,539,242	$ 0	$ 6,539,242

(To Ped-SA Sch 2)

Provider Name	Fiscal Period	Provider NPI	Revision
ALL SAINTS HEALTHCARE	JULY 1, 2008 THROUGH JUNE 30, 2009	1477645927	1

Report References										
	Cost Report			Audit Report						
Rev No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No	Explanation of Appeal Revision	As Audited	Increase (Decrease)	As Revised
1	10.5	100	4	8A-2	100	4	Other Ancillary Services	$0	$7,164	$7,164
	10.5	140	4	8A-2	140	4	Beauty and Barber	7,164	(7,164)	0

APPEAL FINDINGS - ISSUE NO. 1