APPEAL RECOMPUTATION
OF THE
AUDIT REPORT

ASIAN COMMUNITY NURSING HOME
SACRAMENTO, CALIFORNIA
PROVIDER NUMBER: LTC55261F / 1639261795

FISCAL PERIOD ENDED
DECEMBER 31, 2009

Audits Section – Sacramento
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Steven Gary
Audit Supervisor: Gary Diffenderffer
Auditor: Janis Nelsen

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

November 8, 2011

Ray Gee, Controller
Asian Community Center
7801 Rush River Drive
Sacramento, CA 95831-4602

In the Matter of:

PROVIDER: ASIAN COMMUNITY NURSING HOME
PROVIDER NO. LTC556261F / 1639261795
FISCAL PERIOD ENDED DECEMBER 31, 2009
CASE NO. NF12-1209-128A-SG

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings, dated October 12, 2011, the following revision is made to the Medi-Cal audit report dated June 27, 2011.

SUMMARY OF REVISION

OVERPAYMENTS		
Audited Amount Due Provider (State)	$	(2,368)
Revision		1,185
Revised Amount Due Provider (State)	$	(1,183)

Enclosed is the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State/CMSP or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary.

Audits & Investigations/Audits-Sacramento, MS 2106, P.O. Box 997413, Sacramento, CA 95899-7413
(916) 650-6994 / (916) 650-6990 fax
Internet Address: www.dhcs.ca.gov

Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Original Signed By

Steven Gary, Chief
Audits Section—Sacramento
Financial Audits Branch

cc: Audit Review and Analysis Section
Department of Health Care Services
M.S. 2109
P.O. Box 997413
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Department of Health Care Services
M.S. 4612
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Sacramento, CA 95899-7417

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF REVISED FACILITY COST PER PATIENT DAY

Provider Name:
ASIAN COMMUNITY NURSING HOME

Fiscal Period:
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:
LTC55261F

NPI:
1639261795

OSHPD Facility No.:
206344001

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)	$ 3,127,834	$ 3,127,834	$ 88.02
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ 1,040,689	$ 1,040,689	$ 29.29
3	Cost of Direct and Indirect NonLabor - Other (Sch. 4, Ln. 105)	$ 722,678	$ 722,678	$ 20.34
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ 283,357	$ 283,357	$ 7.97
5	Property Taxes (Sch. 5, Ln. 105)	$ 8,769	$ 8,769	$ 0.25
6	DPH Licensing Fees (Sch. 6, Ln. 105)	$ 23,171	$ 23,171	$ 0.65
7	Liability Insurance (Sch. 6, Ln. 105)	$ 74,007	$ 74,007	$ 2.08
8	Caregiver Training (Sch. 6, Ln. 105)	$ 0	$ 0	$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ 287,774	$ 287,774	$ 8.10
10	Cost of Administration (Sch. 6, Ln. 105)	$ 524,282	$ 524,282	$ 14.75
11	Cost of Routine Service/Revised Total Costs	$ 6,092,561	$ 6,092,561	$ 171.45
12	Total Patient Days (Rev)	35,536	35,536	
13	Cost Per Patient Day (Cost Divided by Days)	$ 171.45	$ 171.45	
14	Overpayments (Rev 1)	$ 2,368	$ 1,183	
15				
	INTERMEDIATE CARE			
16	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
17	Total Patient Days (Rev)		0	
18	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
19	Overpayments (Rev)	$	$ 0	
	MENTALLY DISORDERED CARE			
20	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
21	Total Patient Days (Rev)		0	
22	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
23	Overpayments (Rev)	$	$ 0	
	DEVELOPMENTALLY DISABLED			
24	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
25	Total Patient Days (Rev)		0	
26	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
27	Overpayments (Rev)	$	$ 0	
	SUBACUTE CARE			
28	Cost of Direct Care - Labor (Adult Subacute Sch. 1, Ln. 25)	$ N/A	$ 0	$ 0.00 *
29	Cost of Indirect Care - Labor (Adult Subacute Sch. 1, Ln. 26)	$ N/A	$ 0	$ 0.00 *
30	Cost of Direct and Indirect NonLabor - Other (Adult SA Sch. 1, Ln. 27)	$ N/A	$ 0	$ 0.00 *
31	Cost of Capital Related (Adult Subacute Sch. 1, Ln. 28)	$ N/A	$ 0	$ 0.00 *
32	Property Taxes (Adult Subacute Sch. 1, Ln. 29)	$ N/A	$ 0	$ 0.00 *
33	DPH Licensing Fees (Adult Subacute Sch. 1, Ln. 30)	$ N/A	$ 0	$ 0.00 *
34	Liability Insurance (Adult Subacute Sch. 1, Ln. 31)	$ N/A	$ 0	$ 0.00 *
35	Quality Assurance Fees (Adult Subacute Sch. 1, Ln. 32)	$ N/A	$ 0	$ 0.00 *
36	Caregiver Training (Adult Subacute Sch. 1, Ln. 33)	$ N/A	$ 0	$ 0.00 *
37	Cost of Administration (Adult Subacute Sch., Ln. 34)	$ N/A	$ 0	$ 0.00 *
38	Total Cost of Subacute Service (Adult Subacute Sch. 1, Ln. 35)	$ 0	$ 0	$ 0.00 *
39	Total Patient Days (Adult Subacute Sch. 1, Ln. 36)	0	0	
40	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
41	Overpayments (Adult Subacute Sch. 1, Ln. 38 + Ln. 39)	$ 0	$ 0	

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF REVISED FACILITY COST PER PATIENT DAY

Provider Name:
ASIAN COMMUNITY NURSING HOME

Fiscal Period:
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:
LTC55261F

NPI:
1639261795

OSHPD Facility No.:
206344001

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)	$ 0	$ 0	
43	Cost of Ancillary Service (Ped-SA, Sch. 1, Ln. 1 + Ln. 2)	$ 0	$ 0	
44	Total Cost of Pediatric Subacute Service (Ln. 42 + Ln. 43)	$ 0	$ 0	
45	Total Patient Days (Ped-SA, Sch. 1, Ln. 5)	0	0	
46	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
47	Overpayments (Ped-SA, Sch. 1, Ln. 7 + Ln. 8)	$ 0	$ 0	
	TRANSITIONAL INPATIENT CARE			
48	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
49	Total Patient Days (Rev)		0	
50	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
51	Overpayments (Rev)	$	$ 0	
	HOSPICE INPATIENT CARE			
52	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
53	Total Patient Days (Rev)		0	
54	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
55	Overpayments (Rev)	$	$ 0	
	OTHER ROUTINE SERVICES			
56	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
57	Total Patient Days (Rev)		0	
58	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
59	Overpayments (Rev)	$	$ 0	

* (From Adult Subacute Schedule 1)

ALLOCATION OF GENERAL SERVICES - LABOR
(DIRECT CARE)

Provider Name: ASIAN COMMUNITY NURSING HOME

Fiscal Period: JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number: LTC55261F

NPI: 1639261795

OSHPD Facility No.: 206344001

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)	$ 61,760	$ 61,760			
160	Activities (Salaries, Fringe Benefits, & Agency Labor)	54,451		$ 54,451		
165	Administration					
166	Medical Records					
170	Inservice Education - Nursing					
	ANCILLARY SERVICES					
075	Patient Supplies	14,173	0	0	14,173	***
077	Specialized Support Surfaces	N/A	0	0	0	***
080	Physical Therapy	469,136	0	0	469,136	***
081	Respiratory Therapy	23,727	0	0	23,727	***
082	Occupational Therapy	375,531	0	0	375,531	***
083	Speech Pathology	62,698	0	0	62,698	***
085	Pharmacy	120,292	0	0	120,292	***
090	Laboratory	17,421	0	0	17,421	***
095	Home Health Services	0	0	0	0	
100	Other Ancillary Services	6,423	0	0	6,423	***
101	Subacute Ancillary Services	0	0	0	0	***
102	Subacute Pediatrics Ancillary Services	0	0	0	0	
	ROUTINE SERVICES					
105	Skilled Nursing Care	3,011,623	61,760	54,451	3,127,834	*
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	0	0	0	0	**
126	Subacute Care - Pediatrics	0	0	0	0	*
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	18,508	0	0	18,508	
145	Other Nonreimbursable	0	0	0	0	
	TOTAL	$ 4,235,743	$ 61,760	$ 54,451	$ 4,235,743	

* (To Schedule 1)

** (To Adult Subacute Schedule 1)

*** (To Adult Subacute Schedule 2)

ALLOCATION OF GENERAL SERVICES - LABOR
(INDIRECT CARE)

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ASIAN COMMUNITY NURSING HOME	LTC55261F	1639261795	206344001	JANUARY 1, 2009 THROUGH DECEMBER 31, 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	$ 117,660	$ 117,660											
010	Housekeeping	217,163	3,599	$ 220,762										
060	Laundry and Linen	107,752	3,599	6,966	$ 118,318									
065	Dietary	588,280	24,788	47,977	0	$ 661,045								
155	Social Services	N/A	650	1,257	0	0	$ 1,907							
160	Activities	N/A	0	0	0	0	0	$ -						
165	Administration	N/A	6,740	13,044	0	0	0	0		$ 19,784	$ 19,784			
166	Medical Records	38,061	1,299	2,515	0	0	0	0		41,875		$ 41,875		
170	Inservice Education - Nursing	0	0	0	0	0	0	0	$ -					
	ANCILLARY SERVICES													
075	Patient Supplies		806	1,559	0	0	0	0	0	2,365	66	139	$ 2,570	***
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0	***
080	Physical Therapy		1,733	3,353	1,048	0	0	0	0	6,134	1,534	3,246	10,914	***
081	Respiratory Therapy		0	0	0	0	0	0	0	0	75	159	234	***
082	Occupational Therapy		1,014	1,962	0	0	0	0	0	2,975	1,215	2,571	6,761	***
083	Speech Pathology		372	721	0	0	0	0	0	1,093	208	440	1,742	***
085	Pharmacy		476	922	0	0	0	0	0	1,399	393	832	2,623	***
090	Laboratory		0	0	0	0	0	0	0	0	55	117	172	***
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	20	43	63	***
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		71,601	138,582	117,270	661,045	1,907	0	0	990,405	16,134	34,150	1,040,689	*
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		0	0	0	0	0	0	0	0	0	0	0	**
126	Subacute Care - Pediatrics		0	0	0	0	0	0	0	0	0	0	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		983	1,903	0	0	0	0	0	2,886	84	178	3,148	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 1,068,916	$ 117,660	$ 220,762	$ 118,318	$ 661,045	$ 1,907	$ -	$ -	$ 1,007,257	$ 19,784	$ 41,875	$ 1,068,916	

* (To Schedule 1)

** (To Adult Subacute Schedule 1)

*** (To Adult Subacute Schedule 2)

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

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ASIAN COMMUNITY NURSING HOME	LTC55261F	1639261795	206344001	JANUARY 1, 2009 THROUGH DECEMBER 31, 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	$ 245,621	$ 245,621											
010	Housekeeping	43,596	7,514	$ 51,110										
060	Laundry and Linen	13,954	7,514	1,613	$ 23,081									
065	Dietary	278,886	51,746	11,107	0	$ 341,740								
155	Social Services	2,337	1,356	291	0	0	$ 3,984							
160	Activities	13,812	0	0	0	0	0	$ 13,812						
165	Administration	N/A	14,069	3,020	0	0	0	0		$ 17,089	$ 17,089			
166	Medical Records	0	2,713	582	0	0	0	0		3,295		$ 3,295		
170	Inservice Education - Nursing	0	0	0	0	0	0	0	$ -					
	ANCILLARY SERVICES													
075	Patient Supplies	0	1,682	361	0	0	0	0	0	2,043	57	11	$ 2,111	***
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0	***
080	Physical Therapy	0	3,617	776	204	0	0	0	0	4,597	1,325	255	6,178	***
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	65	13	77	***
082	Occupational Therapy	0	2,116	454	0	0	0	0	0	2,570	1,049	202	3,821	***
083	Speech Pathology	0	778	167	0	0	0	0	0	945	180	35	1,159	***
085	Pharmacy	0	995	213	0	0	0	0	0	1,208	339	65	1,613	***
090	Laboratory	0	0	0	0	0	0	0	0	0	48	9	57	***
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services	0	0	0	0	0	0	0	0	0	18	3	21	***
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	142,088	149,470	32,084	22,876	341,740	3,984	13,812	0	706,054	13,936	2,687	722,678	*
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	0	0	0	0	0	0	0	0	0	0	0	0	**
126	Subacute Care - Pediatrics		0	0	0	0	0	0	0	0	0	0	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		2,052	441	0	0	0	0	0	2,493	73	14	2,580	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 740,294	$ 245,621	$ 51,110	$ 23,081	$ 341,740	$ 3,984	$ 13,812	$ -	$ 719,910	$ 17,089	$ 3,295	$ 740,294	

* (To Schedule 1)

** (To Adult Subacute Schedule 1)

*** (To Adult Subacute Schedule 2)

ALLOCATION OF CAPITAL COSTS

Provider Name: ASIAN COMMUNITY NURSING HOME

Fiscal Period: JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number: LTC55261F

NPI: 1639261795

OSHPD Facility Number: 206344001

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)	$ 301,599	97%							
	Property Tax (line 40)	9,333	3%	$ 310,932						
005	Plant Operations and Maintenance			8,104	$ 8,104					
010	Housekeeping			9,264	248	$ 9,512				
060	Laundry and Linen			9,264	248	300	$ 9,812			
065	Dietary			63,798	1,707	2,067	0	$ 67,573		
155	Social Services			1,672	45	54	0	0	$ 1,771	
160	Activities			0	0	0	0	0	0	$ -
165	Administration			17,346	464	562	0	0	0	0
166	Medical Records			3,344	90	108	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			2,073	55	67	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			4,459	119	144	87	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			2,609	70	85	0	0	0	0
083	Speech Pathology			959	26	31	0	0	0	0
085	Pharmacy			1,226	33	40	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			184,283	4,932	5,971	9,725	67,573	1,771	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			0	0	0	0	0	0	0
126	Subacute Care - Pediatrics			0	0	0	0	0	0	0
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			2,531	68	82	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	$ 310,932	100%	$ 310,932	$ 8,104	$ 9,512	$ 9,812	$ 67,573	$ 1,771	$ -

* (To Schedule 1)

** (To Adult Subacute Schedule 1)

*** (To Adult Subacute Schedule 2)

ALLOCATION OF CAPITAL COSTS

Provider Name: ASIAN COMMUNITY NURSING HOME

Fiscal Period: JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number: LTC55261F

NPI: 1639261795

OSHPD Facility Number: 206344001

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 97% Of Total	Property Tax 3% Of Total	
	GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	$ 301,599	97%								
	Property Tax (line 40)	9,333	3%								
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen										
065	Dietary										
155	Social Services										
160	Activities										
165	Administration				$ 18,372	$ 18,372					
166	Medical Records				3,542		$ 3,542				
170	Inservice Education - Nursing			$ -							
	ANCILLARY SERVICES										
075	Patient Supplies			0	2,196	61	12	$ 2,269	$ 2,201	$ 68	***
077	Specialized Support Surfaces			0	0	0	0	0	0	0	***
080	Physical Therapy			0	4,810	1,424	275	6,509	6,313	195	***
081	Respiratory Therapy			0	0	70	13	83	81	2	***
082	Occupational Therapy			0	2,763	1,128	217	4,108	3,985	123	***
083	Speech Pathology			0	1,015	193	37	1,246	1,208	37	***
085	Pharmacy			0	1,299	365	70	1,734	1,682	52	***
090	Laboratory			0	0	51	10	61	59	2	***
095	Home Health Services			0	0	0	0	0	0	0	
100	Other Ancillary Services			0	0	19	4	23	22	1	***
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	274,254	14,983	2,889	292,126	283,357	8,769	*
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			0	0	0	0	0	0	0	**
126	Subacute Care - Pediatrics			0	0	0	0	0	0	0	*
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	2,680	78	15	2,773	2,690	83	
145	Other Nonreimbursable			0	0	0	0	0	0	0	
	TOTAL	$ 310,932	100%	$ -	$ 289,018	$ 18,372	$ 3,542	$ 310,932	$ 301,599	$ 9,333	

* (To Schedule 1)

** (To Adult Subacute Schedule 1)

*** (To Adult Subacute Schedule 2)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ASIAN COMMUNITY NURSING HOME	LTC55261F	1639261795	206344001	JANUARY 1, 2009 THROUGH DECEMBER 31, 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. 58% of Total	DPH License Fees 3% of Total	Liability Insurance 8% of Total	Quality Assur. Fees 32% of Total	Caregiver Training 0% of Total	
	GENERAL SERVICES														
045	Property Insurance	$ 9,383													
055	Interest-Other	0													
165	Administration (Salaries & Wages, Fringe Benefits,														
	Agency Staff and Other - Nonlabor)	633,501													
	Total Costs Allocable as Administration	642,884	58%												
167	DPH Licensing Fees	28,413	3%												
168	Liability Insurance	90,749	8%												
169	Quality Assurance Fees	352,873	32%												
174	Caregiver Training	0	0%												
	Total	1,114,919	100%						$ 1,114,919						
	ANCILLARY SERVICES														
075	Patient Supplies			$ 14,173	$ 2,365	$ 2,043	$ 2,196	$ 20,777	3,705	$ 2,136	$ 94	$ 302	$ 1,173	$ -	***
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0	***
080	Physical Therapy			469,136	6,134	4,597	4,810	484,677	86,433	49,839	2,203	7,035	27,356	0	***
081	Respiratory Therapy			23,727	0	0	0	23,727	4,231	2,440	108	344	1,339	0	***
082	Occupational Therapy			375,531	2,975	2,570	2,763	383,839	68,451	39,470	1,744	5,572	21,665	0	***
083	Speech Pathology			62,698	1,093	945	1,015	65,751	11,726	6,761	299	954	3,711	0	***
085	Pharmacy			120,292	1,399	1,208	1,299	124,197	22,148	12,771	564	1,803	7,010	0	***
090	Laboratory			17,421	0	0	0	17,421	3,107	1,791	79	253	983	0	***
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services			6,423	0	0	0	6,423	1,145	660	29	93	363	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			3,127,834	990,405	706,054	274,254	5,098,548	909,234	524,282	23,171	74,007	287,774	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			0	0	0	0	0	0	0	0	0	0	0	**
126	Subacute Care - Pediatrics			0	0	0	0	0	0	0	0	0	0	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			18,508	2,886	2,493	2,680	26,567	4,738	2,732	121	386	1,500	0	
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0	
	SUBTOTAL	$ 1,114,919		$ 4,235,743	$ 1,007,257	$ 719,910	$ 289,018	$ 6,251,928	$ 1,114,919						
	Total Administrative Costs							$ 1,114,919		$ 642,884	$ 28,413	$ 90,749	$ 352,873	$ -	
	Unit Cost Multiplier							0.17833203							
	Accumulated Administration Costs (Sch 2 thru 5)				$ 61,659	$ 20,384	$ 18,372	$ 100,415							
	TOTAL FACILITY COSTS							$ 7,467,262							

* (To Schedule 1)

** (To Adult Subacute Schedule 1)

*** (To Adult Subacute Schedule 2)

STATISTICS FOR COST ALLOCATION

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ASIAN COMMUNITY NURSING HOME	LTC55261F	1639261795	206344001	JANUARY 1, 2009 THROUGH DECEMBER 31, 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	727									
010	Housekeeping	831	831								
060	Laundry and Linen	831	831	831							
065	Dietary	5,723	5,723	5,723							
155	Social Services	150	150	150							
160	Activities										
165	Administration	1,556	1,556	1,556							
166	Medical Records	300	300	300							
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies	186	186	186						20,777	20,777
077	Specialized Support Surfaces									0	0
080	Physical Therapy	400	400	400	1,112					484,677	484,677
081	Respiratory Therapy									23,727	23,727
082	Occupational Therapy	234	234	234						383,839	383,839
083	Speech Pathology	86	86	86						65,751	65,751
085	Pharmacy	110	110	110						124,197	124,197
090	Laboratory									17,421	17,421
095	Home Health Services									0	0
100	Other Ancillary Services									6,423	6,423
101	Subacute Ancillary Services									0	0
102	Subacute Pediatrics Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	16,531	16,531	16,531	124,440	103,904	3,153,711	3,153,711	3,153,711	5,098,548	5,098,548
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						0	0	0	0	0
126	Subacute Care - Pediatrics						0	0	0	0	0
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	227	227	227						26,567	26,567
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	27,892	27,165	26,334	125,552	103,904	3,153,711	3,153,711	3,153,711	6,251,928	6,251,928
	TOTAL DIRECT SALARIES COSTS - SCH. 2						$ 61,760	$ 54,451			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.019583278	0.017265691			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		$ 117,660	$ 220,762	$ 118,318	$ 661,045	$ 1,907	$ -	$ -	$ 19,784	$ 41,875
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		4.33130867	8.38316691	0.94238028	6.36207407	0.00060474	0.00000000	0.00000000	0.00316442	0.00669799
	TOTAL INDIRECT OTHER COSTS - SCH. 4		$ 245,621	$ 51,110	$ 23,081	$ 341,740	$ 3,984	$ 13,812	$ -	$ 17,089	$ 3,295
	UNIT COST MULTIPLIER (INDIRECT OTHER)		9.04181852	1.94082749	0.18383283	3.28899449	0.00126340	0.00437960	0.00000000	0.00273340	0.00052700
	TOTAL CAPITAL COSTS - SCH. 5	$ 310,932	$ 8,104	$ 9,512	$ 9,812	$ 67,573	$ 1,771	$ -	$ -	$ 18,372	$ 3,542
	UNIT COST MULTIPLIER (CAPITAL COSTS)	11.14771261	0.29833930	0.36119348	0.07814946	0.65033940	0.00056159	0.00000000	0.00000000	0.00293863	0.00056657

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name:
ASIAN COMMUNITY NURSING HOME

Fiscal Period:
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:
LTC55261F

NPI:
1639261795

OSHPD Facility Number:
206344001

Line No.		ACCOUNT TITLE	ACCOUNT NUMBER	AS REVISED 8A-1	REVISIONS 8A-2	AS REVISED	
005		Plant Operations and Maintenance					
005	.01-.19	Salaries and Wages	6200	$ 77699	$ 0	$ 77699	(Sch 3)
005	.20-.39	Fringe Benefits	6200	39961	0	39961	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	245621	0	245621	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	$ 363281	$ 0	$ 363281	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	$ 151218	$ 0	$ 151218	(Sch 3)
010	.20-.39	Fringe Benefits	6300	65945	0	65945	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	43596	0	43596	(Sch 4)
010		Housekeeping - Total	6300	$ 260759	$ 0	$ 260759	
015		Depreciation: Buildings and Improvements	7110 - 7120	$ 187518	0	$ 187518	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	0	0	0	(Sch 5)
025		Depreciation: Equipment	7140	86379	0	86379	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	17385	0	17385	(Sch 5)
035		Leases and Rentals	7200	0	0	0	(Sch 5)
040		Property Taxes	7300	9333	0	9333	(Sch 5)
045		Property Insurance	7400	9383	0	9383	(Sch 6)
050		Interest-Property, Plant, and Equipment	7500	10317	0	10317	(Sch 5)
055		Interest-Other	7600	0	0	0	(Sch 6)
057		Subtotal 005 - 055		$ 944355	$ 0	$ 944355	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	$ 66896	$ 0	$ 66896	(Sch 3)
060	.20-.39	Fringe Benefits	6400	40856	0	40856	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	13954	0	13954	(Sch 4)
060		Laundry and Linen - Total	6400	$ 121706	$ 0	$ 121706	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	$ 406585	$ 0	$ 406585	(Sch 3)
065	.20-.39	Fringe Benefits	6500	181695	0	181695	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	278886	0	278886	(Sch 4)
065		Dietary - Total	6500	$ 867166	$ 0	$ 867166	
070		Provision for Bad Debts	7700	$ 0	$ 0	$ 0	
		Ancillary Services (Note 1)					
075		Patient Supplies					
075	.01-.19	Salaries and Wages	8100	$ 0	$ 0	$ 0	(Sch 2)
075	.20-.39	Fringe Benefits	8100	0	0	0	(Sch 2)
075	.79	Agency Staff	8100	0	0	0	(Sch 2)
075	.40-.99	Other - Nonlabor	8100	14173	0	14173	
075		Patient Supplies - Total	8100	$ 14173	$ 0	$ 14173	(Sch 2)
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:
ASIAN COMMUNITY NURSING HOME

Fiscal Period:
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:
LTC55261F

NPI:
1639261795

OSHPD Facility Number:
206344001

Line No.		ACCOUNT TITLE	ACCOUNT NUMBER	AS REVISED 8A-1	REVISIONS 8A-2	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	0	0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	469136	0	469136	
080		Physical Therapy - Total	8200	$ 469136	$ 0	$ 469136	(Sch 2)
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	$ 0	$ 0	$ 0	(Sch 2)
081	.20-.39	Fringe Benefits	8220	0	0	0	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	23727	0	23727	
081		Respiratory Therapy - Total	8220	$ 23727	$ 0	$ 23727	(Sch 2)
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	0	0	0	(Sch 2)
082	.40-.99	Other - Nonlabor	8250	375531	0	375531	
082		Occupational Therapy - Total	8250	$ 375531	$ 0	$ 375531	(Sch 2)
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	0	0	0	(Sch 2)
083	.40-.99	Other - Nonlabor	8280	62698	0	62698	
083		Speech Pathology - Total	8280	$ 62698	$ 0	$ 62698	(Sch 2)
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	120292	0	120292	
085		Pharmacy - Total	8300	$ 120292	$ 0	$ 120292	(Sch 2)
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	17421	0	17421	
090		Laboratory - Total	8400	$ 17421	$ 0	$ 17421	(Sch 2)
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	
095		Home Health Services - Total	8800	$ 0	$ 0	$ 0	(Sch 2)
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	6423	0	6423	
100		Other Ancillary Services - Total	8900	$ 6423	$ 0	$ 6423	(Sch 2)

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ASIAN COMMUNITY NURSING HOME

Fiscal Period: JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number: LTC55261F

NPI: 1639261795

OSHPD Facility Number: 206344001

Line No.		ACCOUNT TITLE	ACCOUNT NUMBER	AS REVISED 8A-1	REVISIONS 8A-2	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	
101		Subacute Ancillary Services - Total	8100-8900	$ 0	$ 0	$ 0	(Sch 2)
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	
102		Subacute Pediatrics Ancillary Services - Total	8100-8900	$ 0	$ 0	$ 0	(Sch 2)
104		Subtotal 075 - 102		$ 1089401	$ 0	$ 1089401	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	$ 2223311	$ 0	$ 2223311	(Sch 2)
105	.20-.39	Fringe Benefits	6110	788312	0	788312	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	142088	0	142088	(Sch 4)
105		Skilled Nursing Care - Total	6110	$ 3153711	$ 0	$ 3153711	
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	$ 0	$ 0	$ 0	(Sch 2)
125	.20-.39	Fringe Benefits	6150	0	0	0	(Sch 2)
125	.49	Agency Staff	6150	0	0	0	(Sch 2)
125	.40-.99	Other - Nonlabor	6150	0	0	0	(Sch 4)
125		Subacute Care - Total	6150	$ 0	$ 0	$ 0	
126		Subacute Care - Pediatrics					
126	.01-.19	Salaries and Wages	6160	$ 0	$ 0	$ 0	(Sch 2)
126	.20-.39	Fringe Benefits	6160	0	0	0	(Sch 2)
126	.49	Agency Staff	6160	0	0	0	(Sch 2)
126	.40-.99	Other - Nonlabor	6160	0	0	0	
126		Subacute Care - Pediatrics - Total	6160	$ 0	$ 0	$ 0	

STATE OF CALIFORNIA

SCHEDULE 8A-1

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name:
ASIAN COMMUNITY NURSING HOME

Fiscal Period:
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:
LTC55261F

NPI:
1639261795

OSHPD Facility Number:
206344001

Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS AUDITED	REVISIONS	AS REVISED
005		Plant Operations and Maintenance				
005	1	Salaries and Wages		$ 77,699	$	$ 77,699
005	2	Fringe Benefits		39,961		39,961
005	3	Agency Staff				0
005	4	Other - Nonlabor		245,621		245,621
005	5	Plant Operations and Maintenance - Total		$ 363,281	$ 0	$ 363,281
010		Housekeeping				
	1	Salaries and Wages		$ 151,218	$	$ 151,218
010	2	Fringe Benefits		65,945		65,945
010	3	Agency Staff				0
010	4	Other - Nonlabor		43,596		43,596
010	5	Housekeeping - Total		$ 260,759	$ 0	$ 260,759
015	4	Depreciation: Buildings and Improvements		$ 187,518	$	$ 187,518
020	4	Depreciation: Leasehold Improvements				0
025	4	Depreciation: Equipment		86,379		86,379
030	4	Depreciation and Amortization - Other		17,385		17,385
035	4	Leases and Rentals				0
040	4	Property Taxes		9,333		9,333
045	4	Property Insurance		9,383		9,383
050	4	Interest-Property, Plant, and Equipment		10,317		10,317
055	4	Interest-Other				0
		Subtotal 005 - 055		944,355	0	944,355
060		Laundry and Linen				
060	1	Salaries and Wages		$ 66,896	$	$ 66,896
060	2	Fringe Benefits		40,856		40,856
060	3	Agency Staff				0
060	4	Other - Nonlabor	4	13,954		13,954
060	5	Laundry and Linen - Total		$ 121,706	$ 0	$ 121,706
065		Dietary				
065	1	Salaries and Wages		$ 406,585	$	$ 406,585
065	2	Fringe Benefits		181,695		181,695
065	3	Agency Staff				0
065	4	Other - Nonlabor		278,886		278,886
065	5	Dietary - Total		$ 867,166	$ 0	$ 867,166
070	4	Provision for Bad Debts		$	$	$ 0
		Ancillary Services (Note 1)				
075		Patient Supplies				
075	1	Salaries and Wages		$	$	$ 0
075	2	Fringe Benefits				0
075	3	Agency Staff				0
075	4	Other - Nonlabor		14,173		14,173
075	5	Patient Supplies - Total		$ 14,173	$ 0	$ 14,173
077		Specialized Support Surfaces				
077	1	Salaries and Wages		$	$	$ 0
077	2	Fringe Benefits				0
077	3	Agency Staff				0
077	4	Other - Nonlabor				0

STATE OF CALIFORNIA

SCHEDULE 8A-1

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name:
ASIAN COMMUNITY NURSING HOME

Fiscal Period:
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:
LTC55261F

NPI:
1639261795

OSHPD Facility Number:
206344001

077	5	Specialized Support Surfaces - Total		$ 0	$ 0	$ 0

REVISIONS TO AUDITED COSTS

Provider Na	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ASIAN COM	LTC55261F	1639261795	206344001	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.	TOTAL REV (Pages 1 & 2)	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION
005	1	0							
005	2	0							
005	3	0							
005	4	0							
010	1	0							
010	2	0							
010	3	0							
010	4	0							
015	4	0							
020	4	0							
025	4	0							
030	4	0							
035	4	0							
040	4	0							
045	4	0							
050	4	0							
055	4	0							
060	1	0							
060	2	0							
060	3	0							
060	4	0							
065	1	0							
065	2	0							
065	3	0							
065	4	0							
070	4	0							
075	1	0							
075	2	0							
075	3	0							
075	4	0							
077	1	0							
077	2	0							
077	3	0							
077	4	0							
080	1	0							
080	2	0							
080	3	0							
080	4	0							
081	1	0							
081	2	0							
081	3	0							
081	4	0							
082	1	0							
082	2	0							
082	3	0							
082	4	0							

REVISIONS TO AUDITED COSTS

Provider Na	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ASIAN COM	LTC55261F	1639261795	206344001	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.	TOTAL REV (Pages 1 & 2)	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION
083	1	0							
083	2	0							
083	3	0							
083	4	0							
085	1	0							
085	2	0							
085	3	0							
085	4	0							
090	1	0							
090	2	0							
090	3	0							
090	4	0							
095	1	0							
095	2	0							
095	3	0							
095	4	0							
100	1	0							
100	2	0							
100	3	0							
100	4	0							
101	1	0							
101	2	0							
101	3	0							
101	4	0							
102	1	0							
102	2	0							
102	3	0							
102	4	0							
105	1	0							
105	2	0							
105	3	0							
105	4	0							
110	1	0							
110	2	0							
110	3	0							
110	4	0							
115	1	0							
115	2	0							
115	3	0							
115	4	0							
120	1	0							
120	2	0							
120	3	0							
120	4	0							
125	1	0							
125	2	0							

REVISIONS TO AUDITED COSTS

Provider Na	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ASIAN COM	LTC55261F	1639261795	206344001	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.	TOTAL REV (Pages 1 & 2)	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION
125	3	0							
125	4	0							
126	1	0							
126	2	0							
126	3	0							
126	4	0							
128	1	0							
128	2	0							
128	3	0							
128	4	0							
130	1	0							
130	2	0							
130	3	0							
130	4	0							
135	1	0							
135	2	0							
135	3	0							
135	4	0							
139	1	0							
139	2	0							
139	3	0							
139	4	0							
140	1	0							
140	2	0							
140	3	0							
140	4	0							
145	1	0							
145	2	0							
145	3	0							
145	4	0							
155	1	0							
155	2	0							
155	3	0							
155	4	0							
160	1	0							
160	2	0							
160	3	0							
160	4	0							
165	1	0							
165	2	0							
165	3	0							
165	4	0							
166	1	0							
166	2	0							
166	3	0							
166	4	0							

REVISIONS TO AUDITED COSTS

Provider Na	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ASIAN COM	LTC55261F	1639261795	206344001	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.	TOTAL REV (Pages 1 & 2)		REVISION	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION
167	4	0								
168	4	0								
169	4	0								
170	1	0								
170	2	0								
170	3	0								
170	4	0								
174	1	0								
174	2	0								
174	3	0								
174	4	0								
180	4	0								
		0								
		0								
		0								
		0								
		0								
		0								
		0								
200		$0	0	0	0	0	0	0	0	0
		(To Sch 8)								

Provider Name	Fiscal Period	Provider Number	Revision
ASIAN COMMUNITY NURSING HOME	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	LTC55261F / 1639261795	1

Report References								
	Cost Report			Revised Report				
Rev. No.	MC530 Page or Exhibit	Line	Col.	Sch	Line	Explanation of Revision	As Audited	Increase (Decrease)	As Revised
1	Not Reported			1	14.00	Overpayments APPEAL FINDING - ISSUE 1	$2,368	($1,185)	$1,183