APPEAL RECOMPUTATION
OF THE
AUDIT REPORT

ALEXANDRIA CARE CENTER, LLC
HOLLYWOOD, CALIFORNIA
PROVIDER NUMBER: ZZT18000F
NATIONAL PROVIDER IDENTIFIER: 1760470736

FISCAL PERIOD ENDED
DECEMBER 31, 2009

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

Section Chief: Margaret A. Varho
Audit Supervisor: Felipe Avila
Auditor: Ted Ha

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

Date: November 18, 2011

Eddie Reardon
Director of Financial Operations and Reimbursement
Skilled Healthcare, LLC
27442 Portola Parkway, Suite 200
Foothill Ranch, CA 92610

In the Matter of:

PROVIDER: ALEXANDRIA CARE CENTER, LLC
PROVIDER NO.: ZZT18000F
NATIONAL PROVIDER IDENTIFIER: 1760470736
FISCAL PERIOD ENDED: DECEMBER 31, 2009
CASE NO. NF12-1209-017D-DG

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated November 8, 2011, the following revisions have been made to the Medi-Cal audit report dated June 10, 2011.

SUMMARY OF REVISIONS

OVERPAYMENTS

Audited Amount Due State	$	12,307
Revision		(12,307)
Revised Amount Due State	$	0

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

(Original signed by Margaret Varho)

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

Enclosure

605 West Santa Ana Blvd., Building 28, Room 830, Santa Ana, CA 92701
(714) 558-4434 / (714) 558-4179 fax
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STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF REVISED FACILITY COST PER PATIENT DAY

Provider Name:
ALEXANDRIA CARE CENTER, LLC

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

Provider Number:
ZZT18000F

NPI:
1760470736

OSHPD Facility No.:
206190015

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)	$ 4,059,707	$ 4,059,707	$ 68.30
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ 952,894	$ 952,894	$ 16.03
3	Cost of Direct and Indirect NonLabor - Other (Sch. 4, Ln. 105)	$ 1,001,215	$ 1,001,215	$ 16.84
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ 1,128,832	$ 1,128,832	$ 18.99
5	Property Taxes (Sch. 5, Ln. 105)	$ 27,540	$ 27,540	$ 0.46
6	DPH Licensing Fees (Sch. 6, Ln. 105)	$ 36,980	$ 36,980	$ 0.62
7	Liability Insurance (Sch. 6, Ln. 105)	$ 271,361	$ 271,361	$ 4.57
8	Caregiver Training (Sch. 6, Ln. 105)	$ 0	$ 0	$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ 429,618	$ 429,618	$ 7.23
10	Cost of Administration (Sch. 6, Ln. 105)	$ 1,512,501	$ 1,512,501	$ 25.45
11	Cost of Routine Service/Audited Total Costs	$ 9,420,648	$ 9,420,648	$ 158.50
12	Total Patient Days (Rev)	59,437	59,437	
13	Cost Per Patient Day (Cost Divided by Days)	$ 158.50	$ 158.50	
14	Overpayments (Rev 1)	$ (12,307)	$ 0	
15	Medi-Cal Days (Rev)	0	0	
	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	

SUMMARY OF REVISED FACILITY COST PER PATIENT DAY

Provider Name: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility No.: 206190015

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: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility No.: 206190015

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)	$ 92,703	$ 92,703			
160	Activities (Salaries, Fringe Benefits, & Agency Labor)	113,877		$ 113,877		
165	Administration					
166	Medical Records					
170	Inservice Education - Nursing					
	ANCILLARY SERVICES					
075	Patient Supplies	222,422	0	0	222,422	*****
077	Specialized Support Surfaces	N/A	0	0	0	*****
080	Physical Therapy	843,923	0	0	843,923	*****
081	Respiratory Therapy	340	0	0	340	*****
082	Occupational Therapy	695,399	0	0	695,399	*****
083	Speech Pathology	256,372	0	0	256,372	*****
085	Pharmacy	270,539	0	0	270,539	*****
090	Laboratory	31,855	0	0	31,855	***
095	Home Health Services	0	0	0	0	
100	Other Ancillary Services	37,209	0	0	37,209	***
101	Subacute Ancillary Services	0	0	0	0	***
102	Subacute Pediatrics Ancillary Services	0	0	0	0	****
	ROUTINE SERVICES					
105	Skilled Nursing Care	3,853,127	92,703	113,877	4,059,707	*
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	3,056	0	0	3,056	
145	Other Nonreimbursable	0	0	0	0	
	TOTAL	$ 6,420,822	$ 92,703	$ 113,877	$ 6,420,822	

* (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:
ALEXANDRIA CARE CENTER, LLC	ZZT18000F	1760470736	206190015	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	$ 47,389	$ 47,389											
010	Housekeeping	271,153	332	$ 271,485										
060	Laundry and Linen	104,262	790	4,559	$ 109,611									
065	Dietary	398,773	3,754	21,655	0	$ 424,181								
155	Social Services	N/A	379	2,188	0	0	$ 2,568							
160	Activities	N/A	6,085	35,104	0	0	0	$ 41,188						
165	Administration	N/A	664	3,830	0	0	0	0		$ 4,493	$ 4,493			
166	Medical Records	84,890	948	5,471	0	0	0	0		91,309		$ 91,309		
170	Inservice Education - Nursing	110,306	284	1,641	0	0	0	0	$ 112,232					
	ANCILLARY SERVICES													
075	Patient Supplies		774	4,468	0	0	0	0	0	5,242	118	2,408	$ 7,768	*****
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	17	344	361	*****
080	Physical Therapy		2,007	11,580	0	0	0	0	0	13,587	431	8,759	22,777	*****
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	3	3	*****
082	Occupational Therapy		2,489	14,361	0	0	0	0	0	16,850	372	7,555	24,777	*****
083	Speech Pathology		0	0	0	0	0	0	0	0	119	2,414	2,533	*****
085	Pharmacy		0	0	0	0	0	0	0	0	125	2,548	2,673	*****
090	Laboratory		0	0	0	0	0	0	0	0	15	300	315	***
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	17	350	368	***
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		28,566	164,806	109,611	424,181	2,568	41,188	112,232	883,152	3,271	66,470	952,894	*
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		316	1,824	0	0	0	0	0	2,140	8	157	2,304	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 1,016,773	$ 47,389	$ 271,485	$ 109,611	$ 424,181	$ 2,568	$ 41,188	$ 112,232	$ 920,971	$ 4,493	$ 91,309	$ 1,016,773	

* (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:
ALEXANDRIA CARE CENTER, LLC	ZZT18000F	1760470736	206190015	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	$ 341,341	$ 341,341											
010	Housekeeping	33,330	2,391	$ 35,721										
060	Laundry and Linen	38,816	5,692	600	$ 45,108									
065	Dietary	383,120	27,036	2,849	0	$ 413,006								
155	Social Services	0	2,732	288	0	0	$ 3,020							
160	Activities	12,930	43,827	4,619	0	0	0	$ 61,376						
165	Administration	N/A	4,781	504	0	0	0	0		$ 5,285	$ 5,285			
166	Medical Records	0	6,830	720	0	0	0	0		7,550		$ 7,550		
170	Inservice Education - Nursing	4,980	2,049	216	0	0	0	0	$ 7,245					
	ANCILLARY SERVICES													
075	Patient Supplies	0	5,578	588	0	0	0	0	0	6,166	139	199	$ 6,504	*****
077	Specialized Support Surfaces	36,561	0	0	0	0	0	0	0	36,561	20	28	36,609	*****
080	Physical Therapy	0	14,457	1,524	0	0	0	0	0	15,981	507	724	17,212	*****
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0	*****
082	Occupational Therapy	0	17,929	1,890	0	0	0	0	0	19,819	437	625	20,881	*****
083	Speech Pathology	0	0	0	0	0	0	0	0	0	140	200	339	*****
085	Pharmacy	0	0	0	0	0	0	0	0	0	147	211	358	*****
090	Laboratory	0	0	0	0	0	0	0	0	0	17	25	42	***
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	20	29	49	***
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	234,672	205,761	21,684	45,108	413,006	3,020	61,376	7,245	991,872	3,847	5,496	1,001,215	*
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		2,277	240	0	0	0	0	0	2,517	9	13	2,539	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 1,085,750	$ 341,341	$ 35,721	$ 45,108	$ 413,006	$ 3,020	$ 61,376	$ 7,245	$ 1,072,915	$ 5,285	$ 7,550	$ 1,085,750	

* (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: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

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)	$ 1,294,595	98%							
	Property Tax (line 40)	31,584	2%	$ 1,326,179						
005	Plant Operations and Maintenance			15,733	$ 15,733					
010	Housekeeping			9,178	110	$ 9,288				
060	Laundry and Linen			21,852	262	156	$ 22,270			
065	Dietary			103,796	1,246	741	0	$ 105,783		
155	Social Services			10,489	126	75	0	0	$ 10,690	
160	Activities			168,258	2,020	1,201	0	0	0	$ 171,479
165	Administration			18,355	220	131	0	0	0	0
166	Medical Records			26,222	315	187	0	0	0	0
170	Inservice Education - Nursing			7,867	94	56	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			21,415	257	153	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			55,503	666	396	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			68,833	826	491	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			789,939	9,484	5,638	22,270	105,783	10,690	171,479
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			8,741	105	62	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	$ 1,326,179	100%	$ 1,326,179	$ 15,733	$ 9,288	$ 22,270	$ 105,783	$ 10,690	$ 171,479

* (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: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

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 98% Of Total	Property Tax 2% Of Total	
	GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	$ 1,294,595	98%								
	Property Tax (line 40)	31,584	2%								
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen										
065	Dietary										
155	Social Services										
160	Activities										
165	Administration				$ 18,707	$ 18,707					
166	Medical Records				26,724		$ 26,724				
170	Inservice Education - Nursing			$ 8,017							
	ANCILLARY SERVICES										
075	Patient Supplies			0	21,825	493	705	$ 23,023	$ 22,474	$ 548	*****
077	Specialized Support Surfaces			0	0	71	101	171	167	4	*****
080	Physical Therapy			0	56,566	1,794	2,564	60,924	59,473	1,451	*****
081	Respiratory Therapy			0	0	1	1	2	2	0	*****
082	Occupational Therapy			0	70,151	1,548	2,211	73,910	72,149	1,760	*****
083	Speech Pathology			0	0	495	707	1,201	1,173	29	*****
085	Pharmacy			0	0	522	746	1,268	1,237	30	*****
090	Laboratory			0	0	61	88	149	146	4	***
095	Home Health Services			0	0	0	0	0	0	0	
100	Other Ancillary Services			0	0	72	103	174	170	4	***
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			8,017	1,123,299	13,618	19,454	1,156,372	1,128,832	27,540	*
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	8,908	32	46	8,986	8,772	214	
145	Other Nonreimbursable			0	0	0	0	0	0	0	
	TOTAL	$ 1,326,179	100%	$ 8,017	$ 1,280,748	$ 18,707	$ 26,724	$ 1,326,179	$ 1,294,595	$ 31,584	

* (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:
ALEXANDRIA CARE CENTER, LLC	ZZT18000F	1760470736	206190015	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. 67% of Total	DPH License Fees 2% of Total	Liability Insurance 12% of Total	Quality Assur. Fees 19% of Total	Caregiver Training 0% of Total	
	GENERAL SERVICES														
045	Property Insurance	$ 20,346													
055	Interest-Other	0													
165	Administration (Salaries & Wages, Fringe Benefits,														
	Agency Staff and Other - Nonlabor)	2,057,342													
	Total Costs Allocable as Administration	2,077,688	67%												
167	DPH Licensing Fees	50,799	2%												
168	Liability Insurance	372,763	12%												
169	Quality Assurance Fees	590,157	19%												
174	Caregiver Training	0	0%												
	Total	3,091,407	100%						$ 3,091,407						
	ANCILLARY SERVICES														
075	Patient Supplies			$ 222,422	$ 5,242	$ 6,166	$ 21,825	$ 255,655	81,516	$ 54,786	$ 1,339	$ 9,829	$ 15,562	$ -	*****
077	Specialized Support Surfaces			0	0	36,561	0	36,561	11,658	7,835	192	1,406	2,225	0	*****
080	Physical Therapy			843,923	13,587	15,981	56,566	930,057	296,550	199,307	4,873	35,758	56,612	0	*****
081	Respiratory Therapy			340	0	0	0	340	108	73	2	13	21	0	*****
082	Occupational Therapy			695,399	16,850	19,819	70,151	802,218	255,788	171,911	4,203	30,843	48,831	0	*****
083	Speech Pathology			256,372	0	0	0	256,372	81,745	54,939	1,343	9,857	15,605	0	*****
085	Pharmacy			270,539	0	0	0	270,539	86,262	57,975	1,417	10,401	16,468	0	*****
090	Laboratory			31,855	0	0	0	31,855	10,157	6,826	167	1,225	1,939	0	***
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services			37,209	0	0	0	37,209	11,864	7,974	195	1,431	2,265	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			4,059,707	883,152	991,872	1,123,299	7,058,030	2,250,461	1,512,501	36,980	271,361	429,618	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			3,056	2,140	2,517	8,908	16,620	5,299	3,562	87	639	1,012	0	
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0	
	SUBTOTAL	$ 3,091,407		$ 6,420,822	$ 920,971	$ 1,072,915	$ 1,280,748	$ 9,695,456	$ 3,091,407						
	Total Administrative Costs							$ 3,091,407		$ 2,077,688	$ 50,799	$ 372,763	$ 590,157	$ -	
	Unit Cost Multiplier							0.31885113							
	Accumulated Administration Costs (Sch 2 thru 5)				$ 95,802	$ 12,835	$ 18,707	$ 127,344							
	TOTAL FACILITY COSTS							$ 12,914,207							

* (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:
ALEXANDRIA CARE CENTER, LLC	ZZT18000F	1760470736	206190015	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	144									
010	Housekeeping	84	84								
060	Laundry and Linen	200	200	200							
065	Dietary	950	950	950							
155	Social Services	96	96	96							
160	Activities	1,540	1,540	1,540							
165	Administration	168	168	168							
166	Medical Records	240	240	240							
170	Inservice Education - Nursing	72	72	72							
	ANCILLARY SERVICES										
075	Patient Supplies	196	196	196						255,655	255,655
077	Specialized Support Surfaces									36,561	36,561
080	Physical Therapy	508	508	508						930,057	930,057
081	Respiratory Therapy									340	340
082	Occupational Therapy	630	630	630						802,218	802,218
083	Speech Pathology									256,372	256,372
085	Pharmacy									270,539	270,539
090	Laboratory									31,855	31,855
095	Home Health Services									0	0
100	Other Ancillary Services									37,209	37,209
101	Subacute Ancillary Services									0	0
102	Subacute Pediatrics Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	7,230	7,230	7,230	118,846	148,558	4,087,799	4,087,799	4,087,799	7,058,030	7,058,030
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	80	80	80						16,620	16,620
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	12,138	11,994	11,910	118,846	148,558	4,087,799	4,087,799	4,087,799	9,695,456	9,695,456
	TOTAL DIRECT SALARIES COSTS - SCH. 2						$ 92,703	$ 113,877			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.022677974	0.027857779			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		$ 47,389	$ 271,485	$ 109,611	$ 424,181	$ 2,568	$ 41,188	$ 112,232	$ 4,493	$ 91,309
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		3.95105886	22.79470100	0.92229568	2.85532568	0.00062811	0.01007595	0.02745529	0.00046344	0.00941771
	TOTAL INDIRECT OTHER COSTS - SCH. 4		$ 341,341	$ 35,721	$ 45,108	$ 413,006	$ 3,020	$ 61,376	$ 7,245	$ 5,285	$ 7,550
	UNIT COST MULTIPLIER (INDIRECT OTHER)		28.45931299	2.99920926	0.37954752	2.78009664	0.00073879	0.01501447	0.00177235	0.00054510	0.00077872
	TOTAL CAPITAL COSTS - SCH. 5	$ 1,326,179	$ 15,733	$ 9,288	$ 22,270	$ 105,783	$ 10,690	$ 171,479	$ 8,017	$ 18,707	$ 26,724
	UNIT COST MULTIPLIER (CAPITAL COSTS)	109.25844455	1.31175721	0.77984021	0.18738543	0.71206222	0.00261500	0.04194900	0.00196125	0.00192944	0.00275634

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	REVISED ADJUSTMENTS 8A-2	AS REVISED	
005		Plant Operations and Maintenance					
005	.01-.19	Salaries and Wages	6200	$ 39,181	$ 0	$ 39,181	(Sch 3)
005	.20-.39	Fringe Benefits	6200	8,208	0	8,208	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	341,341	0	341,341	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	$ 388,730	$ 0	$ 388,730	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	$ 224,189	$ 0	$ 224,189	(Sch 3)
010	.20-.39	Fringe Benefits	6300	46,964	0	46,964	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	33,330	0	33,330	(Sch 4)
010		Housekeeping - Total	6300	$ 304,483	$ 0	$ 304,483	
015		Depreciation: Buildings and Improvements	7110 - 7120	$ 2,169	0	$ 2,169	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	358,958	0	358,958	(Sch 5)
025		Depreciation: Equipment	7140	78,213	0	78,213	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	851,693	0	851,693	(Sch 5)
040		Property Taxes	7300	31,584	0	31,584	(Sch 5)
045		Property Insurance	7400	20,346	0	20,346	(Sch 6)
050		Interest-Property, Plant, and Equipment	7500	3,562	0	3,562	(Sch 5)
055		Interest-Other	7600	0	0	0	(Sch 6)
057		Subtotal 005 - 055		$ 2,039,738	$ 0	$ 2,039,738	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	$ 86,204	$ 0	$ 86,204	(Sch 3)
060	.20-.39	Fringe Benefits	6400	18,058	0	18,058	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	38,816	0	38,816	(Sch 4)
060		Laundry and Linen - Total	6400	$ 143,078	$ 0	$ 143,078	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	$ 329,705	$ 0	$ 329,705	(Sch 3)
065	.20-.39	Fringe Benefits	6500	69,068	0	69,068	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	383,120	0	383,120	(Sch 4)
065		Dietary - Total	6500	$ 781,893	$ 0	$ 781,893	
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	222,422	0	222,422	
075		Patient Supplies - Total	8100	$ 222,422	$ 0	$ 222,422	(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	36,561	0	36,561	(Sch 4)
077		Specialized Support Surfaces - Total	8150	$ 36,561	$ 0	$ 36,561	

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	REVISED ADJUSTMENTS 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	843,923	0	843,923	
080		Physical Therapy - Total	8200	$ 843,923	$ 0	$ 843,923	(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	340	0	340	
081		Respiratory Therapy - Total	8220	$ 340	$ 0	$ 340	(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	695,399	0	695,399	
082		Occupational Therapy - Total	8250	$ 695,399	$ 0	$ 695,399	(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	256,372	0	256,372	
083		Speech Pathology - Total	8280	$ 256,372	$ 0	$ 256,372	(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	270,539	0	270,539	
085		Pharmacy - Total	8300	$ 270,539	$ 0	$ 270,539	(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	31,855	0	31,855	
090		Laboratory - Total	8400	$ 31,855	$ 0	$ 31,855	(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	37,209	0	37,209	
100		Other Ancillary Services - Total	8900	$ 37,209	$ 0	$ 37,209	(Sch 2)

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	REVISED ADJUSTMENTS 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		$ 2,394,620	$ 0	$ 2,394,620	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	$ 3,185,777	$ 0	$ 3,185,777	(Sch 2)
105	.20-.39	Fringe Benefits	6110	667,350	0	667,350	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	234,672	0	234,672	(Sch 4)
105		Skilled Nursing Care - Total	6110	$ 4,087,799	$ 0	$ 4,087,799	
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	

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	REVISED ADJUSTMENTS 8A-2	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	3,056	0	3,056	
140		Beauty and Barber - Total	8900	$ 3,056	$ 0	$ 3,056	(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**		$ 4,090,855	$ 0	$ 4,090,855	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	$ 76,646	$ 0	$ 76,646	(Sch 2)
155	.20-.39	Fringe Benefits	6600	16,057	0	16,057	(Sch 2)
155	.49	Agency Staff	6600	0	0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600	0	0	0	(Sch 4)
155		Social Services - Total	6600	$ 92,703	$ 0	$ 92,703	

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS AUDITED	REVISED ADJUSTMENTS 8A-2	AS REVISED	
160		Activities					
160	.01-.19	Salaries and Wages	6700	$ 94,153	$ 0	$ 94,153	(Sch 2)
160	.20-.39	Fringe Benefits	6700	19,724	0	19,724	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	12,930	0	12,930	(Sch 4)
160		Activities - Total	6700	$ 126,807	$ 0	$ 126,807	
165		Administration					
165	.01-.19	Salaries and Wages	6900	$ 484,205	$ 0	$ 484,205	(Sch 6)
165	.20-.39	Fringe Benefits	6900	101,453	0	101,453	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	1,471,684	0	1,471,684	(Sch 6)
165		Administration - Total	6900	$ 2,057,342	$ 0	$ 2,057,342	
166		Medical Records					
166	.01-.19	Medical Records - Salaries and Wages	6900	$ 70,187	$ 0	$ 70,187	(Sch 3)
166	.20-.39	Medical Records - Fringe Benefits	6900	14,703	0	14,703	(Sch 3)
166	.49	Medical Records - Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Medical Records - Other - Nonlabor	6900	0	0	0	(Sch 4)
166		Medical Records - Total	6900	$ 84,890	$ 0	$ 84,890	
167		DPH Licensing Fees	6900	$ 50,799	$ 0	$ 50,799	(Sch 6)
168		Liability Insurance	6900	$ 372,763	$ 0	$ 372,763	(Sch 6)
169		Quality Assurance Fees	6900	$ 590,157	$ 0	$ 590,157	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	$ 91,201	$ 0	$ 91,201	(Sch 3)
170	.20-.39	Fringe Benefits	6800	19,105	0	19,105	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	4,980	0	4,980	(Sch 4)
170		Inservice Education - Nursing - Total	6800	$ 115,286	$ 0	$ 115,286	
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		$ 3,490,747	$ 0	$ 3,490,747	
200		**Total**		**$ 12,940,931**	**$ 0**	**$ 12,940,931**	

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

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS REPORTED	MEMO ADJUSTMENT	AS ADJUSTED
005		Plant Operations and Maintenance				
005	1	Salaries and Wages		$ 0	$	$ 0
005	2	Fringe Benefits		0		0
005	3	Agency Staff				0
005	4	Other - Nonlabor		0		0
005	5	Plant Operations and Maintenance - Total		$ 0	$ 0	$ 0
010		Housekeeping				
010	1	Salaries and Wages		$ 0	$	$ 0
010	2	Fringe Benefits		0		0
010	3	Agency Staff				0
010	4	Other - Nonlabor		0		0
010	5	Housekeeping - Total		$ 0	$ 0	$ 0
015	4	Depreciation: Buildings and Improvements		$ 0	$	$ 0
020	4	Depreciation: Leasehold Improvements		0		0
025	4	Depreciation: Equipment		0		0
030	4	Depreciation and Amortization - Other				0
035	4	Leases and Rentals				0
040	4	Property Taxes		0		0
045	4	Property Insurance				0
050	4	Interest-Property, Plant, and Equipment		0		0
055	4	Interest-Other				0
		Subtotal 005 - 055		0	0	0
060		Laundry and Linen				
060	1	Salaries and Wages		$ 0	$	$ 0
060	2	Fringe Benefits		0		0
060	3	Agency Staff				0
060	4	Other - Nonlabor		0		0
060	5	Laundry and Linen - Total		$ 0	$	$ 0
065		Dietary				
065	1	Salaries and Wages		$ 0	$	$ 0
065	2	Fringe Benefits		0		0
065	3	Agency Staff				0
065	4	Other - Nonlabor		0		0
065	5	Dietary - Total		$ 0	$ 0	$ 0
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		0		0
075	5	Patient Supplies - Total		$ 0	$ 0	$ 0
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		0
077	5	Specialized Support Surfaces - Total		$ 0	$ 0	$ 0

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS REPORTED	MEMO ADJUSTMENT	AS ADJUSTED
080		Physical Therapy				
080	1	Salaries and Wages		$	$	$ 0
080	2	Fringe Benefits				0
080	3	Agency Staff				0
080	4	Other - Nonlabor		0		0
080	5	Physical Therapy - Total		$ 0	$ 0	$ 0
081		Respiratory Therapy				
081	1	Salaries and Wages		$	$	$ 0
081	2	Fringe Benefits				0
081	3	Agency Staff				0
081	4	Other - Nonlabor		0		0
081	5	Respiratory Therapy - Total		$ 0	$ 0	$ 0
082		Occupational Therapy				
082	1	Salaries and Wages		$	$	$ 0
082	2	Fringe Benefits				0
082	3	Agency Staff				0
082	4	Other - Nonlabor		0		0
082	5	Occupational Therapy - Total		$ 0	$ 0	$ 0
083		Speech Pathology				
083	1	Salaries and Wages		$	$	$ 0
083	2	Fringe Benefits				0
083	3	Agency Staff				0
083	4	Other - Nonlabor		0		0
083	5	Speech Pathology - Total		$ 0	$ 0	$ 0
085		Pharmacy				
085	1	Salaries and Wages		$	$	$ 0
085	2	Fringe Benefits				0
085	3	Agency Staff				0
085	4	Other - Nonlabor		0		0
085	5	Pharmacy - Total		$ 0	$ 0	$ 0
090		Laboratory				
090	1	Salaries and Wages		$	$	$ 0
090	2	Fringe Benefits				0
090	3	Agency Staff				0
090	4	Other - Nonlabor		0		0
090	5	Laboratory - Total		$ 0	$ 0	$ 0
095		Home Health Services				
095	1	Salaries and Wages		$	$	$ 0
095	2	Fringe Benefits				0
095	3	Agency Staff				0
095	4	Other - Nonlabor				0
095	5	Home Health Services - Total		$ 0	$ 0	$ 0
100		Other Ancillary Services				
100	1	Salaries and Wages		$	$	$ 0
100	2	Fringe Benefits				0
100	3	Agency Staff				0
100	4	Other - Nonlabor		0		0
100	5	Other Ancillary Services - Total		$ 0	$ 0	$ 0

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS REPORTED	MEMO ADJUSTMENT	AS ADJUSTED
101		Subacute Ancillary Services				
101	1	Salaries and Wages		$	$	$ 0
101	2	Fringe Benefits				0
101	3	Agency Staff				0
101	4	Other - Nonlabor				0
101	5	Subacute Ancillary Services - Total		$ 0	$ 0	$ 0
102		Subacute Pediatrics Ancillary Services				
102	1	Salaries and Wages		$	$	$ 0
102	2	Fringe Benefits				0
102	3	Agency Staff				0
102	4	Other - Nonlabor				0
102	5	Subacute Pediatrics Ancillary Services - Total		$ 0	$ 0	$ 0
104		**Subtotal 075 - 102**		$ 0	$ 0	$ 0
		Routine Services				
105		Skilled Nursing Care				
105	1	Salaries and Wages		$ 0	$	$ 0
105	2	Fringe Benefits		0		0
105	3	Agency Staff				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
110	2	Fringe Benefits				0
110	3	Agency Staff				0
110	4	Other - Nonlabor				0
110	5	Intermediate Care - Total		$ 0	$ 0	$ 0
115		Mentally Disordered				
115	1	Salaries and Wages		$	$	$ 0
115	2	Fringe Benefits				0
115	3	Agency Staff				0
115	4	Other - Nonlabor				0
115	5	Mentally Disordered - Total		$ 0	$ 0	$ 0
120		Developmentally Disabled				
120	1	Salaries and Wages		$	$	$ 0
120	2	Fringe Benefits				0
120	3	Agency Staff				0
120	4	Other - Nonlabor				0
120	5	Developmentally Disabled - Total		$ 0	$ 0	$ 0
125		Subacute Care				
125	1	Salaries and Wages		$	$	$ 0
125	2	Fringe Benefits				0
125	3	Agency Staff				0
125	4	Other - Nonlabor				0
125	5	Subacute Care - Total		$ 0	$ 0	$ 0
126		Subacute Care - Pediatrics				
126	1	Salaries and Wages		$	$	$ 0
126	2	Fringe Benefits				0
126	3	Agency Staff				0
126	4	Other - Nonlabor				0
126	5	Subacute Care - Pediatrics - Total		$ 0	$ 0	$ 0

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS REPORTED	MEMO ADJUSTMENT	AS ADJUSTED
128		Transitional Inpatient Care				
128	1	Salaries and Wages		$	$	$ 0
128	2	Fringe Benefits				0
128	3	Agency Staff				0
128	4	Other - Nonlabor				0
128	5	Transitional Inpatient Care - Total		$ 0	$ 0	$ 0
130		Hospice Inpatient Care				
130	1	Salaries and Wages		$	$	$ 0
130	2	Fringe Benefits				0
130	3	Agency Staff				0
130	4	Other - Nonlabor				0
130	5	Hospice Inpatient Care - Total		$ 0	$ 0	$ 0
135		Other Routine Services				
135	1	Salaries and Wages		$	$	$ 0
135	2	Fringe Benefits				0
135	3	Agency Staff				0
135	4	Other - Nonlabor				0
135	5	Other Routine Services - Total		$ 0	$ 0	$ 0
		Other Nonreimbursable				
139		Residential Care **				
139	1	Salaries and Wages		$	$	$ 0
139	2	Fringe Benefits				0
139	3	Agency Staff				0
139	4	Other - Nonlabor				0
139	5	Residential Care - Total		$ 0	$ 0	$ 0
140		Beauty and Barber				
140	1	Salaries and Wages		$	$	$ 0
140	2	Fringe Benefits				0
140	3	Agency Staff				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
145	2	Fringe Benefits				0
145	3	Agency Staff				0
145	4	Other - Nonlabor				0
145	5	Other Nonreimbursable - Total		$ 0	$ 0	$ 0
146		**Subtotal 105 - 145**		$ 0	$ 0	$ 0
155		Social Services				
155	1	Salaries and Wages		$ 0	$	$ 0
155	2	Fringe Benefits		0		0
155	3	Agency Staff				0
155	4	Other - Nonlabor				0
155	5	Social Services - Total		$ 0	$ 0	$ 0
160		Activities				
160	1	Salaries and Wages		$ 0	$	$ 0
160	2	Fringe Benefits		0		0
160	3	Agency Staff				0
160	4	Other - Nonlabor		0		0
160	5	Activities - Total		$ 0	$ 0	$ 0

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: ALEXANDRIA CARE CENTER, LLC

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

Provider Number: ZZT18000F

NPI: 1760470736

OSHPD Facility Number: 206190015

Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS REPORTED	MEMO ADJUSTMENT	AS ADJUSTED
165		Administration				
165	1	Salaries and Wages		$ 0	$	$ 0
165	2	Fringe Benefits		0		0
165	3	Agency Staff				0
165	4	Other - Nonlabor		0		0
165	5	Administration - Total		$ 0	$ 0	$ 0
166		Medical Records				
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
166	5	Medical Records - Total		$ 0	$ 0	$ 0
167	4	DPH Licensing Fees ***		$	$	$ 0
168	4	Liability Insurance ***		$	$	$ 0
169	4	Quality Assurance Fees ***		$	$	$ 0
170		Inservice Education - Nursing				
170	1	Salaries and Wages		$ 0	$	$ 0
170	2	Fringe Benefits		0		0
170	3	Agency Staff				0
170	4	Other - Nonlabor		0		0
170	5	Inservice Education - Nursing - Total		$ 0	$ 0	$ 0
174		Caregiver Training ***				
174	1	Salaries and Wages		$	$	$ 0
174	2	Fringe Benefits				0
174	3	Agency Staff				0
174	4	Other - Nonlabor				0
174	5	Caregiver Training - Total		$ 0	$ 0	$ 0
		Subtotal 155 - 174		$ 0	$ 0	$ 0
200		**Total**		**$ 0**	**$ $ -**	**$ 0**

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:
ALEXANDRIA CARE CENTER, LLC	ZZT18000F	1760470736	206190015	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	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							
083	1	Speech Pathology - Salaries and Wages	0							
083	2	Speech Pathology - Fringe Benefits	0							
083	3	Speech Pathology - Agency Staff	0							

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ALEXANDRIA CARE CENTER, LLC	ZZT18000F	1760470736	206190015	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.		TOTAL REV (Pages 1 & 2)	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION
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	0							
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							
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							

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
ALEXANDRIA CARE CENTER, LLC	ZZT18000F	1760470736	206190015	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.		TOTAL REV (Pages 1 & 2)	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION
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	0							
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							
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							

RECLASSIFICATIONS AND/OR ADJUSTMENTS TO REVISED COSTS

Provider Name:	**Provider Number:**	**NPI:**	**OSHPD Facility Number:**	**Fiscal Period:**
ALEXANDRIA CARE CENTER, LLC	ZZT18000F	1760470736	206190015	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.		TOTAL REV (Pages 1 & 2)		REVISION	REVISION	REVISION	REVISION	REVISION	REVISION	REVISION
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	0								
			0								
			0								
			0								
			0								
			0								
			0								
			0								
			0								
200		Total	$0	0	0	0	0	0	0	0	0
			(To Sch 8)								

Provider Name	Fiscal Period	Provider Number	Revisions
ALEXANDRIA CARE CENTER, LLC	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	ZZT18000F	1

Report References										
	Cost Report			Revised Report						
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No	Explanation of Revision	As Audited	Increase (Decrease)	As Revised
1	Not Reported			1	14	N/A	Overpayments APPEAL FINDING - ISSUE 1	$12,307	($12,307)	$0