REPORT ON THE
RATE SETTING AUDIT

GRANITE HILLS CONVALESCENT HOSPITAL
EL CAJON, CALIFORNIA
PROVIDER NUMBER: ZZT05392I
NATIONAL PROVIDER IDENTIFIER: 1508953662

FISCAL PERIOD ENDED
SEPTEMBER 30, 2009

Audits Section—San Diego
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Patricia M. Fox
Audit Supervisor: Woosung Lee
Auditor: Michelle L. Moreno

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

June 21, 2011

Administrator
Granite Hills Convalescent Hospital
1340 East Madison Avenue
El Cajon, CA 92021

GRANITE HILLS CONVALESCENT HOSPITAL
PROVIDER NUMBER ZZT05392I
NATIONAL PROVIDER IDENTIFIER (NPI) 1508953662
FISCAL PERIOD ENDED SEPTEMBER 30, 2009

We have reviewed the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. Our review was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report.

This audit report includes the summary of Facility Cost per Patient Day and supporting schedules. The data presented in these schedules represents the reported Medi-Cal program costs for the above fiscal period, which were accepted as filed. Please note that the cost per day in the accompanying schedules may differ from the facility's filed Integrated Disclosure and Medi-Cal Cost Report due to the fact that the schedules used reported statistics on page 10.7 and the reported cost on page 10.5. These pages are specifically designed for the cost per day calculation under the AB 1629 reimbursement methodology.

Future Medi-Cal long-term care prospective rates may be affected by this examination. The extent to which the rates change will be determined by the Department's Medi-Cal Benefits, Waiver Analysis and Rates Division.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Financial Audits Branch/Audits Section—San Diego
7575 Metropolitan Drive, Suite 102, San Diego, CA 92108-4421
(619) 688-3200/(619) 688-3218 fax
Internet Address: www.dhcs.ca.gov

If you have questions regarding this report, you may call the Audits Section—San Diego at (619) 688-3200.

Original Signed by:

Patricia M. Fox, Chief
Audits Section—San Diego
Financial Audits Branch

Certified

cc: Robert M. Knight, CPA
P.O. Box U
El Cajon, CA 92022

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF AUDITED FACILITY COST PER PATIENT DAY

Provider Name:
GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period:
OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number:
ZZT05392I

NPI:
1508953662

OSHPD Facility No.:
206370778

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
	SKILLED NURSING CARE			
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	$ N/A	$ 2,214,844	$ 65.44
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ N/A	$ 636,040	$ 18.79
3	Cost of Direct and Indirect NonLabor - Other (Sch. 4, Ln. 105)	$ N/A	$ 603,806	$ 17.84
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ N/A	$ 449,297	$ 13.28
5	Property Taxes (Sch. 5, Ln. 105)	$ N/A	$ 30,818	$ 0.91
6	DPH Licensing Fees (Sch. 6, Ln. 105)	$ N/A	$ 25,961	$ 0.77
7	Liability Insurance (Sch. 6, Ln. 105)	$ N/A	$ 0	$ 0.00
8	Caregiver Training (Sch. 6, Ln. 105)	$ N/A	$ 0	$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ N/A	$ 300,374	$ 8.87
10	Cost of Administration (Sch. 6, Ln. 105)	$ N/A	$ 506,681	$ 14.97
11	Cost of Routine Service/Audited Total Costs	$ 4,753,634	$ 4,767,821	$ 140.87
12	Total Patient Days (Adj)	33,845	33,845	
13	Cost Per Patient Day (Cost Divided by Days)	$ 140.45	$ 140.87	
14	Overpayments (Adj)	$	$ 0	
15				
	INTERMEDIATE CARE			
16	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
17	Total Patient Days (Adj)		0	
18	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
19	Overpayments (Adj)	$	$ 0	
	MENTALLY DISORDERED CARE			
20	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
21	Total Patient Days (Adj)		0	
22	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
23	Overpayments (Adj)	$	$ 0	
	DEVELOPMENTALLY DISABLED			
24	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
25	Total Patient Days (Adj)		0	
26	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
27	Overpayments (Adj)	$	$ 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 AUDITED FACILITY COST PER PATIENT DAY

Provider Name:
GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period:
OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number:
ZZT05392I

NPI:
1508953662

OSHPD Facility No.:
206370778

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED 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 (Adj)		0	
50	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
51	Overpayments (Adj)	$	$ 0	
	HOSPICE INPATIENT CARE			
52	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
53	Total Patient Days (Adj)		0	
54	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
55	Overpayments (Adj)	$	$ 0	
	OTHER ROUTINE SERVICES			
56	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
57	Total Patient Days (Adj)		0	
58	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
59	Overpayments (Adj)	$	$ 0	

ALLOCATION OF GENERAL SERVICES - LABOR
(DIRECT CARE)

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility No.: 206370778

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)	$ 48,171	$ 48,171			
160	Activities (Salaries, Fringe Benefits, & Agency Labor)	48,171		$ 48,171		
165	Administration					
166	Medical Records					
170	Inservice Education - Nursing					
	ANCILLARY SERVICES					
075	Patient Supplies	1,047	0	0	1,047	
077	Specialized Support Surfaces	N/A	0	0	0	
080	Physical Therapy	72,530	0	0	72,530	
081	Respiratory Therapy	0	0	0	0	
082	Occupational Therapy	76,828	0	0	76,828	
083	Speech Pathology	0	0	0	0	
085	Pharmacy	41,230	0	0	41,230	
090	Laboratory	3,774	0	0	3,774	
095	Home Health Services	0	0	0	0	
100	Other Ancillary Services	2,573	0	0	2,573	
101	Subacute Ancillary Services	0	0	0	0	
102	Subacute Pediatrics Ancillary Services	0	0	0	0	
	ROUTINE SERVICES					
105	Skilled Nursing Care	2,118,502	48,171	48,171	2,214,844	*
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	0	0	0	0	
145	Other Nonreimbursable	0	0	0	0	
	TOTAL	$ 2,412,826	$ 48,171	$ 48,171	$ 2,412,826	

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES - LABOR
(INDIRECT CARE)

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
GRANITE HILLS CONVALESCENT HOSPITAL	ZZT05392I	1508953662	206370778	OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 005	Hskpng 010	Laundry 060	Dietary 065	Soc Srvs 155	Activities 160	In-serv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	
	GENERAL SERVICES													
005	Plant Operations and Maintenance	$ -	$ -											
010	Housekeeping	198,324	-	$ 198,324										
060	Laundry and Linen	117,074	0	0	$ 117,074									
065	Dietary	232,154	0	0	0	$ 232,154								
155	Social Services	N/A	0	0	0	0	$ -							
160	Activities	N/A	0	0	0	0	0	$ -						
165	Administration	N/A	0	0	0	0	0	0		$ -	$ -			
166	Medical Records	50,109	0	0	0	0	0	0		50,109		$ 50,109		
170	Inservice Education - Nursing	48,171	0	0	0	0	0	0	$ 48,171					
	ANCILLARY SERVICES													
075	Patient Supplies		0	0	0	0	0	0	0	0	0	13	$ 13	
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0	
080	Physical Therapy		0	4,030	0	0	0	0	0	4,030	0	1,128	5,158	
081	Respiratory Therapy		0	0	0	0	0	0	0	0	0	0	0	
082	Occupational Therapy		0	0	0	0	0	0	0	0	0	934	934	
083	Speech Pathology		0	0	0	0	0	0	0	0	0	0	0	
085	Pharmacy		0	0	0	0	0	0	0	0	0	501	501	
090	Laboratory		0	0	0	0	0	0	0	0	0	46	46	
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services		0	335	0	0	0	0	0	335	0	52	387	
101	Subacute Ancillary Services		0	0	0	0	0	0	0	0	0	0	0	
102	Subacute Pediatrics Ancillary Services		0	0	0	0	0	0	0	0	0	0	0	
	ROUTINE SERVICES													
105	Skilled Nursing Care		0	191,364	117,074	232,154	0	0	48,171	588,763	0	47,277	636,040	*
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		0	2,595	0	0	0	0	0	2,595	0	158	2,753	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 645,832	$ -	$ 198,324	$ 117,074	$ 232,154	$ -	$ -	$ 48,171	$ 595,723	$ -	$ 50,109	$ 645,832	

* (To Schedule 1)

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

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
GRANITE HILLS CONVALESCENT HOSPITAL	ZZT05392I	1508953662	206370778	OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Plant Ops 5	Hskpng 10	Laundry 60	Dietary 65	Soc Srvs 155	Activities 160	In-serv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total	
	GENERAL SERVICES													
005	Plant Operations and Maintenance	$ 236,922	$ 236,922											
010	Housekeeping	60,757	0	$ 60,757										
060	Laundry and Linen	37,053	0	0	$ 37,053									
065	Dietary	203,593	0	0	0	$ 203,593								
155	Social Services	5,982	0	0	0	0	$ 5,982							
160	Activities	0	0	0	0	0	0	$ -						
165	Administration	N/A	0	0	0	0	0	0		$ -	$ -			
166	Medical Records	0	0	0	0	0	0	0		0		$ -		
170	Inservice Education - Nursing	0	0	0	0	0	0	0	$ -					
	ANCILLARY SERVICES													
075	Patient Supplies	0	0	0	0	0	0	0	0	0	0	0	$ -	
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0	
080	Physical Therapy	0	4,815	1,235	0	0	0	0	0	6,049	0	0	6,049	
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0	
082	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0	
083	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0	
085	Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	
090	Laboratory	0	0	0	0	0	0	0	0	0	0	0	0	
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services	0	400	103	0	0	0	0	0	503	0	0	503	
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	69,946	228,607	58,625	37,053	203,593	5,982	0	0	603,806	0	0	603,806	*
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		3,100	795	0	0	0	0	0	3,895	0	0	3,895	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 614,253	$ 236,922	$ 60,757	$ 37,053	$ 203,593	$ 5,982	$ -	$ -	$ 614,253	$ -	$ -	$ 614,253	

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

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)	$ 465,639	94%							
	Property Tax (line 40)	31,939	6%	$ 497,578						
005	Plant Operations and Maintenance			6,427	$ 6,427					
010	Housekeeping			0	0	$ -				
060	Laundry and Linen			0	0	0	$ -			
065	Dietary			0	0	0	0	$ -		
155	Social Services			0	0	0	0	0	$ -	
160	Activities			0	0	0	0	0	0	$ -
165	Administration			0	0	0	0	0	0	0
166	Medical Records			0	0	0	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			0	0	0	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			9,981	131	0	0	0	0	0
081	Respiratory Therapy			0	0	0	0	0	0	0
082	Occupational Therapy			0	0	0	0	0	0	0
083	Speech Pathology			0	0	0	0	0	0	0
085	Pharmacy			0	0	0	0	0	0	0
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			829	11	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			473,913	6,201	0	0	0	0	0
110	Intermediate Care			0	0	0	0	0	0	0
115	Mentally Disordered Care			0	0	0	0	0	0	0
120	Developmentally Disabled Care			0	0	0	0	0	0	0
125	Subacute Care			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			6,427	84	0	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	$ 497,578	100%	$ 497,578	$ 6,427	$ -	$ -	$ -	$ -	$ -

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

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 94% Of Total	Property Tax 6% Of Total	
	GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	$ 465,639	94%								
	Property Tax (line 40)	31,939	6%								
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen										
065	Dietary										
155	Social Services										
160	Activities										
165	Administration				$ -	$ -					
166	Medical Records				0		$ -				
170	Inservice Education - Nursing			$ -							
	ANCILLARY SERVICES										
075	Patient Supplies			0	0	0	0	$ -	$ -	$ -	
077	Specialized Support Surfaces			0	0	0	0	0	0	0	
080	Physical Therapy			0	10,112	0	0	10,112	9,463	649	
081	Respiratory Therapy			0	0	0	0	0	0	0	
082	Occupational Therapy			0	0	0	0	0	0	0	
083	Speech Pathology			0	0	0	0	0	0	0	
085	Pharmacy			0	0	0	0	0	0	0	
090	Laboratory			0	0	0	0	0	0	0	
095	Home Health Services			0	0	0	0	0	0	0	
100	Other Ancillary Services			0	840	0	0	840	786	54	
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	480,115	0	0	480,115	449,297	30,818	*
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	6,511	0	0	6,511	6,093	418	
145	Other Nonreimbursable			0	0	0	0	0	0	0	
	TOTAL	$ 497,578	100%	$ -	$ 497,578	$ -	$ -	$ 497,578	$ 465,639	$ 31,939	

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
GRANITE HILLS CONVALESCENT HOSPITAL	ZZT05392I	1508953662	206370778	OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Accum Costs (From Sch 2)	Accum Costs (From Sch 3)	Accum Costs (From Sch 4)	Accum Costs (From Sch 5)	Total Accum Costs	Allocated Admin. Costs	Admin. 61% of Total	DPH License Fees 3% of Total	Liability Insurance 0% of Total	Quality Assur. Fees 36% of Total	Caregiver Training 0% of Total	
	GENERAL SERVICES														
045	Property Insurance	$ 69,313													
055	Interest-Other	0													
165	Administration (Salaries & Wages, Fringe Benefits,														
	Agency Staff and Other - Nonlabor)	467,717													
	Total Costs Allocable as Administration	537,030	61%												
167	DPH Licensing Fees	27,516	3%												
168	Liability Insurance	0	0%												
169	Quality Assurance Fees	318,366	36%												
174	Caregiver Training	0	0%												
	Total	882,912	100%						$ 882,912						
	ANCILLARY SERVICES														
075	Patient Supplies			$ 1,047	$ -	$ -	$ -	$ 1,047	224	$ 136	$ 7	$ -	$ 81	$ -	
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0	
080	Physical Therapy			72,530	4,030	6,049	10,112	92,722	19,868	12,085	619	0	7,164	0	
081	Respiratory Therapy			0	0	0	0	0	0	0	0	0	0	0	
082	Occupational Therapy			76,828	0	0	0	76,828	16,463	10,013	513	0	5,936	0	
083	Speech Pathology			0	0	0	0	0	0	0	0	0	0	0	
085	Pharmacy			41,230	0	0	0	41,230	8,835	5,374	275	0	3,186	0	
090	Laboratory			3,774	0	0	0	3,774	809	492	25	0	292	0	
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services			2,573	335	503	840	4,251	911	554	28	0	328	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			2,214,844	588,763	603,806	480,115	3,887,527	833,016	506,681	25,961	0	300,374	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			0	2,595	3,895	6,511	13,002	2,786	1,695	87	0	1,005	0	
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0	
	SUBTOTAL	$ 882,912		$ 2,412,826	$ 595,723	$ 614,253	$ 497,578	$ 4,120,380	$ 882,912						
	Total Administrative Costs							$ 882,912		$ 537,030	$ 27,516	$ -	$ 318,366	$ -	
	Unit Cost Multiplier							0.21427927							
	Accumulated Administration Costs (Sch 2 thru 5)				$ 50,109	$ -	$ -	$ 50,109							
	TOTAL FACILITY COSTS							$ 5,053,401							

* (To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
GRANITE HILLS CONVALESCENT HOSPITAL	ZZT05392I	1508953662	206370778	OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS	Plant Ops (SQ FT) 5	Hskpng (SQ FT) 10	Laundry (LBS) 60	Dietary (MEALS) 65	Soc Srvs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	In-serv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL (ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance	217									
010	Housekeeping										
060	Laundry and Linen										
065	Dietary										
155	Social Services										
160	Activities										
165	Administration										
166	Medical Records										
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies									1,047	1,047
077	Specialized Support Surfaces									0	0
080	Physical Therapy	337	337	337						92,722	92,722
081	Respiratory Therapy									0	0
082	Occupational Therapy									76,828	76,828
083	Speech Pathology									0	0
085	Pharmacy									41,230	41,230
090	Laboratory									3,774	3,774
095	Home Health Services									0	0
100	Other Ancillary Services	28	28	28						4,251	4,251
101	Subacute Ancillary Services									0	0
102	Subacute Pediatrics Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	16,001	16,001	16,001	77,167	101,535	2,188,448	2,188,448	2,188,448	3,887,527	3,887,527
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	217	217	217						13,002	13,002
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	16,800	16,583	16,583	77,167	101,535	2,188,448	2,188,448	2,188,448	4,120,380	4,120,380
	TOTAL DIRECT SALARIES COSTS - SCH. 2						$ 48,171	$ 48,171			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.022011489	0.022011489			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		$ -	$ 198,324	$ 117,074	$ 232,154	$ -	$ -	$ 48,171	$ -	$ 50,109
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		0.00000000	11.95947657	1.51715111	2.28644310	0.00000000	0.00000000	0.02201149	0.00000000	0.01216126
	TOTAL INDIRECT OTHER COSTS - SCH. 4		$ 236,922	$ 60,757	$ 37,053	$ 203,593	$ 5,982	$ -	$ -	$ -	$ -
	UNIT COST MULTIPLIER (INDIRECT OTHER)		14.28704095	3.66381234	0.48016639	2.00515093	0.00273344	0.00000000	0.00000000	0.00000000	0.00000000
	TOTAL CAPITAL COSTS - SCH. 5	$ 497,578	$ 6,427	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	UNIT COST MULTIPLIER (CAPITAL COSTS)	29.61773810	0.38756854	0.00000000	0.00000000	0.00000000	0.00000000	0.00000000	0.00000000	0.00000000	0.00000000

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS	AS AUDITED	
005		Plant Operations and Maintenance					
005	.01-.19	Salaries and Wages	6200	$ 0	$ 0	$ 0	(Sch 3)
005	.20-.39	Fringe Benefits	6200	0	0	0	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	236,922	0	236,922	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	$ 236,922	$ 0	$ 236,922	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	$ 157,203	$ 0	$ 157,203	(Sch 3)
010	.20-.39	Fringe Benefits	6300	41,121	0	41,121	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	60,757	0	60,757	(Sch 4)
010		Housekeeping - Total	6300	$ 259,081	$ 0	$ 259,081	
015		Depreciation: Buildings and Improvements	7110 - 7120	$ 0	0	$ 0	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	0	0	0	(Sch 5)
025		Depreciation: Equipment	7140	28,034	0	28,034	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	3,579	0	3,579	(Sch 5)
035		Leases and Rentals	7200	434,026	0	434,026	(Sch 5)
040		Property Taxes	7300	31,939	0	31,939	(Sch 5)
045		Property Insurance	7400	69,313	0	69,313	(Sch 6)
050		Interest-Property, Plant, and Equipment	7500	0	0	0	(Sch 5)
055		Interest-Other	7600	0	0	0	(Sch 6)
057		Subtotal 005 - 055		$ 1,062,894	$ 0	$ 1,062,894	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	$ 92,800	$ 0	$ 92,800	(Sch 3)
060	.20-.39	Fringe Benefits	6400	24,274	0	24,274	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	37,053	0	37,053	(Sch 4)
060		Laundry and Linen - Total	6400	$ 154,127	$ 0	$ 154,127	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	$ 184,019	$ 0	$ 184,019	(Sch 3)
065	.20-.39	Fringe Benefits	6500	48,135	0	48,135	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	203,593	0	203,593	(Sch 4)
065		Dietary - Total	6500	$ 435,747	$ 0	$ 435,747	
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	1,047	0	1,047	
075		Patient Supplies - Total	8100	$ 1,047	$ 0	$ 1,047	(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 AUDITED PROGRAM EXPENSES

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS	AS AUDITED	
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	72,530	0	72,530	
080		Physical Therapy - Total	8200	$ 72,530	$ 0	$ 72,530	(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	0	0	0	
081		Respiratory Therapy - Total	8220	$ 0	$ 0	$ 0	(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	76,828	0	76,828	
082		Occupational Therapy - Total	8250	$ 76,828	$ 0	$ 76,828	(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	0	0	0	
083		Speech Pathology - Total	8280	$ 0	$ 0	$ 0	(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	41,230	0	41,230	
085		Pharmacy - Total	8300	$ 41,230	$ 0	$ 41,230	(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	3,774	0	3,774	
090		Laboratory - Total	8400	$ 3,774	$ 0	$ 3,774	(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	2,573	0	2,573	
100		Other Ancillary Services - Total	8900	$ 2,573	$ 0	$ 2,573	(Sch 2)

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS	AS AUDITED	
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		$ 197,982	$ 0	$ 197,982	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	$ 1,679,248	$ 0	$ 1,679,248	(Sch 2)
105	.20-.39	Fringe Benefits	6110	439,254	0	439,254	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	69,946	0	69,946	(Sch 4)
105		Skilled Nursing Care - Total	6110	$ 2,188,448	$ 0	$ 2,188,448	
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 AUDITED PROGRAM EXPENSES

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS	AS AUDITED	
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	0	0	0	
140		Beauty and Barber - Total	8900	$ 0	$ 0	$ 0	(Sch 2)
145		Other Nonreimbursable					
145	.01-.19	Salaries and Wages	9100	$ 0	$ 0	$ 0	
145	.20-.39	Fringe Benefits	9100	0	0	0	
145	.49	Agency Staff	9100	0	0	0	
145	.40-.99	Other - Nonlabor	9100	0	0	0	
145		Other Nonreimbursable - Total	9100	$ 0	$ 0	$ 0	(Sch 2)
146		**Subtotal 105 - 145**		$ 2,188,448	$ 0	$ 2,188,448	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	$ 38,183	$ 0	$ 38,183	(Sch 2)
155	.20-.39	Fringe Benefits	6600	9,988	0	9,988	(Sch 2)
155	.49	Agency Staff	6600	0	0	0	(Sch 2)
155	.40-.99	Other - Nonlabor	6600	5,982	0	5,982	(Sch 4)
155		Social Services - Total	6600	$ 54,153	$ 0	$ 54,153	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS REPORTED	AUDIT ADJUSTMENTS	AS AUDITED	
160		Activities					
160	.01-.19	Salaries and Wages	6700	$ 38,183	$ 0	$ 38,183	(Sch 2)
160	.20-.39	Fringe Benefits	6700	9,988	0	9,988	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	0	0	0	(Sch 4)
160		Activities - Total	6700	$ 48,171	$ 0	$ 48,171	
165		Administration					
165	.01-.19	Salaries and Wages	6900	$ 47,340	$ 0	$ 47,340	(Sch 6)
165	.20-.39	Fringe Benefits	6900	12,383	0	12,383	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	407,994	0	407,994	(Sch 6)
165		Administration - Total	6900	$ 467,717	$ 0	$ 467,717	
166		Medical Records					
166	.01-.19	Medical Records - Salaries and Wages	6900	$ 39,719	$ 0	$ 39,719	(Sch 3)
166	.20-.39	Medical Records - Fringe Benefits	6900	10,390	0	10,390	(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	$ 50,109	$ 0	$ 50,109	
167		DPH Licensing Fees	6900	$ 27,516	$ 0	$ 27,516	(Sch 6)
168		Liability Insurance	6900	$ 0	$ 0	$ 0	(Sch 6)
169		Quality Assurance Fees	6900	$ 318,366	$ 0	$ 318,366	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	$ 38,183	$ 0	$ 38,183	(Sch 3)
170	.20-.39	Fringe Benefits	6800	9,988	0	9,988	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	0	0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	$ 48,171	$ 0	$ 48,171	
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		$ 1,014,203	$ 0	$ 1,014,203	
200		**Total**		**$ 5,053,401**	**$ 0**	**$ 5,053,401**	

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

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

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		0
005	4	Other - Nonlabor		236,922		236,922
005	5	Plant Operations and Maintenance - Total		$ 236,922	$ 0	$ 236,922
010		Housekeeping				
010	1	Salaries and Wages		$ 157,203	$	$ 157,203
010	2	Fringe Benefits		41,121		41,121
010	3	Agency Staff		0		0
010	4	Other - Nonlabor		60,757		60,757
010	5	Housekeeping - Total		$ 259,081	$ 0	$ 259,081
015	4	Depreciation: Buildings and Improvements		$	$	$ 0
020	4	Depreciation: Leasehold Improvements				0
025	4	Depreciation: Equipment		28,034		28,034
030	4	Depreciation and Amortization - Other		3,579		3,579
035	4	Leases and Rentals		434,026		434,026
040	4	Property Taxes		31,939		31,939
045	4	Property Insurance		69,313		69,313
050	4	Interest-Property, Plant, and Equipment				0
055	4	Interest-Other		0		0
		Subtotal 005 - 055		1,062,894	0	1,062,894
060		Laundry and Linen				
060	1	Salaries and Wages		$ 92,800	$	$ 92,800
060	2	Fringe Benefits		24,274		24,274
060	3	Agency Staff		0		0
060	4	Other - Nonlabor		37,053		37,053
060	5	Laundry and Linen - Total		$ 154,127	$ 0	$ 154,127
065		Dietary				
065	1	Salaries and Wages		$ 184,019	$	$ 184,019
065	2	Fringe Benefits		48,135		48,135
065	3	Agency Staff		0		0
065	4	Other - Nonlabor		203,593		203,593
065	5	Dietary - Total		$ 435,747	$ 0	$ 435,747
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		1,047		1,047
075	5	Patient Supplies - Total		$ 1,047	$ 0	$ 1,047
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
077	5	Specialized Support Surfaces - Total		$ 0	$ 0	$ 0

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

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		72,530		72,530
080	5	Physical Therapy - Total		$ 72,530	$ 0	$ 72,530
081		Respiratory Therapy				
081	1	Salaries and Wages		$	$	$ 0
081	2	Fringe Benefits				0
081	3	Agency Staff				0
081	4	Other - Nonlabor				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		76,828		76,828
082	5	Occupational Therapy - Total		$ 76,828	$ 0	$ 76,828
083		Speech Pathology				
083	1	Salaries and Wages		$	$	$ 0
083	2	Fringe Benefits				0
083	3	Agency Staff				0
083	4	Other - Nonlabor				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		41,230		41,230
085	5	Pharmacy - Total		$ 41,230	$ 0	$ 41,230
090		Laboratory				
090	1	Salaries and Wages		$	$	$ 0
090	2	Fringe Benefits				0
090	3	Agency Staff				0
090	4	Other - Nonlabor		3,774		3,774
090	5	Laboratory - Total		$ 3,774	$ 0	$ 3,774
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		2,573		2,573
100	5	Other Ancillary Services - Total		$ 2,573	$ 0	$ 2,573

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

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**		$ 197,982	$ 0	$ 197,982
		Routine Services				
105		Skilled Nursing Care				
105	1	Salaries and Wages		$ 1,679,248	$	$ 1,679,248
105	2	Fringe Benefits		439,254		439,254
105	3	Agency Staff		0		0
105	4	Other - Nonlabor		69,946		69,946
105	5	Skilled Nursing Care - Total		$ 2,188,448	$ 0	$ 2,188,448
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: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

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**		$ 2,188,448	$ 0	$ 2,188,448
155		Social Services				
155	1	Salaries and Wages		$ 38,183	$	$ 38,183
155	2	Fringe Benefits		9,988		9,988
155	3	Agency Staff		0		0
155	4	Other - Nonlabor		5,982		5,982
155	5	Social Services - Total		$ 54,153	$ 0	$ 54,153
160		Activities				
160	1	Salaries and Wages		$ 38,183	$	$ 38,183
160	2	Fringe Benefits		9,988		9,988
160	3	Agency Staff		0		0
160	4	Other - Nonlabor		0		0
160	5	Activities - Total		$ 48,171	$ 0	$ 48,171

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: GRANITE HILLS CONVALESCENT HOSPITAL

Fiscal Period: OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Provider Number: ZZT05392I

NPI: 1508953662

OSHPD Facility Number: 206370778

Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS REPORTED	MEMO ADJUSTMENT	AS ADJUSTED
165		Administration				
165	1	Salaries and Wages		$ 47,340	$	$ 47,340
165	2	Fringe Benefits		12,383		12,383
165	3	Agency Staff		0		0
165	4	Other - Nonlabor		407,994		407,994
165	5	Administration - Total		$ 467,717	$ 0	$ 467,717
166		Medical Records				
166	1	Medical Records - Salaries and Wages		$ 39,719	$	$ 39,719
166	2	Medical Records - Fringe Benefits		10,390		10,390
166	3	Medical Records - Agency Staff				0
166	4	Medical Records - Other - Nonlabor				0
166	5	Medical Records - Total		$ 50,109	$ 0	$ 50,109
167	4	DPH Licensing Fees ***		$ 27,516	$	$ 27,516
168	4	Liability Insurance ***		$ 0	$	$ 0
169	4	Quality Assurance Fees ***		$ 318,366	$	$ 318,366
170		Inservice Education - Nursing				
170	1	Salaries and Wages		$ 38,183	$	$ 38,183
170	2	Fringe Benefits		9,988		9,988
170	3	Agency Staff				0
170	4	Other - Nonlabor				0
170	5	Inservice Education - Nursing - Total		$ 48,171	$ 0	$ 48,171
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		$ 1,014,203	$ 0	$ 1,014,203
200		**Total**		**$ 5,053,401**	**$ $ -**	**$ 5,053,401**

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:
GRANITE HILLS CONVALESCENT HOSPITAL	ZZT05392I	1508953662	206370778	OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

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

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
GRANITE HILLS CONVALESCENT HOSPITAL	ZZT05392I	1508953662	206370778	OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Line No.	Sub No.		TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
083	1	Speech Pathology - Salaries and Wages	0							
083	2	Speech Pathology - Fringe Benefits	0							
083	3	Speech Pathology - Agency Staff	0							
083	4	Speech Pathology - Other - Nonlabor	0							
085	1	Pharmacy - Salaries and Wages	0							
085	2	Pharmacy - Fringe Benefits	0							
085	3	Pharmacy - Agency Staff	0							
085	4	Pharmacy - Other - Nonlabor	0							
090	1	Laboratory - Salaries and Wages	0							
090	2	Laboratory - Fringe Benefits	0							
090	3	Laboratory - Agency Staff	0							
090	4	Laboratory - Other - Nonlabor	0							
095	1	Home Health Services - Salaries and Wages	0							
095	2	Home Health Services - Fringe Benefits	0							
095	3	Home Health Services - Agency Staff	0							
095	4	Home Health Services - Other - Nonlabor	0							
100	1	Other Ancillary Services - Salaries and Wages	0							
100	2	Other Ancillary Services - Fringe Benefits	0							
100	3	Other Ancillary Services - Agency Staff	0							
100	4	Other Ancillary Services - Other - Nonlabor	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							

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
GRANITE HILLS CONVALESCENT HOSPITAL	ZZT05392I	1508953662	206370778	OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Line No.	Sub No.		TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
125	3	Subacute Care - Agency Staff	0							
125	4	Subacute Care - Other - Nonlabor	0							
126	1	Subacute Care - Pediatrics - Salaries and Wages	0							
126	2	Subacute Care - Pediatrics - Fringe Benefits	0							
126	3	Subacute Care - Pediatrics - Agency Staff	0							
126	4	Subacute Care - Pediatrics - Other - Nonlabor	0							
128	1	Transitional Inpatient Care Salaries and Wages	0							
128	2	Transitional Inpatient Care Fringe Benefits	0							
128	3	Transitional Inpatient Care Agency Staff	0							
128	4	Transitional Inpatient Care - Other - Nonlabor	0							
130	1	Hospice Inpatient Care - Salaries and Wages	0							
130	2	Hospice Inpatient Care - Fringe Benefits	0							
130	3	Hospice Inpatient Care -Agency Staff	0							
130	4	Hospice Inpatient Care - Other - Nonlabor	0							
135	1	Other Routine Services - Salaries and Wages	0							
135	2	Other Routine Services - Fringe Benefits	0							
135	3	Other Routine Services - Agency Staff	0							
135	4	Other Routine Services - Other - Nonlabor	0							
139	1	Residential Care - Salaries and Wages	0							
139	2	Residential Care - Fringe Benefits	0							
139	3	Residential Care - Agency Staff	0							
139	4	Residential Care - Other - Nonlabor	0							
140	1	Beauty and Barber Salaries and Wages	0							
140	2	Beauty and Barber Fringe Benefits	0							
140	3	Beauty and Barber Agency Staff	0							
140	4	Beauty and Barber - Other - Nonlabor	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							

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
GRANITE HILLS CONVALESCENT HOSPITAL	ZZT05392I	1508953662	206370778	OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009

Line No.	Sub No.		TOTAL ADJ (Pages 1 & 2)		AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
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 - Medical Records - Salaries and Wages	0								
170	4	Inservice Education - Nursing - Medical Records - Fringe Benefits	0								
174	1	Caregiver Training - Salaries and Wages	0								
174	2	Caregiver Training - Fringe Benefits	0								
174	3	Caregiver Training - Agency Staff	0								
174	4	Caregiver Training - Other - Nonlabor	0								
180	4	Professional Liability - Deductible	0								
			0								
			0								
			0								
			0								
			0								
			0								
			0								
200		Total	$0	0	0	0	0	0	0	0	0
			(To Sch 8)								