APPEAL RECOMPUTATION
OF THE
AUDIT REPORT

HANCOCK PARK REHABILITATION CENTER, LLC
LOS ANGELES, CALIFORNIA
PROVIDER NUMBER: ZZT06195H
NATIONAL PROVIDER IDENTIFIER: 1023099108

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: HANCOCK PARK REHABILITATION CENTER, LLC
PROVIDER NO.: ZZT06195H
NATIONAL PROVIDER IDENTIFIER: 1023099108
FISCAL PERIOD ENDED: DECEMBER 31, 2009
CASE NO. NF12-1209-018D-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	$	515
Revision		(515)
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:
HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number:
ZZT06195H

NPI:
1023099108

OSHPD Facility No.:
206190361

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)	$ 4,287,548	$ 4,287,548	$ 91.32
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ 1,107,555	$ 1,107,555	$ 23.59
3	Cost of Direct and Indirect NonLabor - Other (Sch. 4, Ln. 105)	$ 877,359	$ 877,359	$ 18.69
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ 1,272,775	$ 1,272,775	$ 27.11
5	Property Taxes (Sch. 5, Ln. 105)	$ 29,116	$ 29,116	$ 0.62
6	DPH Licensing Fees (Sch. 6, Ln. 105)	$ 25,310	$ 25,310	$ 0.54
7	Liability Insurance (Sch. 6, Ln. 105)	$ 255,929	$ 255,929	$ 5.45
8	Caregiver Training (Sch. 6, Ln. 105)	$ 0	$ 0	$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ 0	$ 0	$ 0.00
10	Cost of Administration (Sch. 6, Ln. 105)	$ 1,543,618	$ 1,543,618	$ 32.88
11	Cost of Routine Service/Audited Total Costs	$ 9,399,210	$ 9,399,210	$ 200.20
12	Total Patient Days (Rev)	46,950	46,950	
13	Cost Per Patient Day (Cost Divided by Days)	$ 200.20	$ 200.20	
14	Overpayments (Rev 1)	$ (515)	$ 0	
15		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: HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number: ZZT06195H

NPI: 1023099108

OSHPD Facility No.: 206190361

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:
HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number:
ZZT06195H

NPI:
1023099108

OSHPD Facility No.:
206190361

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)	$ 164,990	$ 164,990			
160	Activities (Salaries, Fringe Benefits, & Agency Labor)	146,827		$ 146,827		
165	Administration					
166	Medical Records					
170	Inservice Education - Nursing					
	ANCILLARY SERVICES					
075	Patient Supplies	488,044	0	0	488,044	*****
077	Specialized Support Surfaces	N/A	0	0	0	*****
080	Physical Therapy	960,672	0	0	960,672	*****
081	Respiratory Therapy	361,996	0	0	361,996	*****
082	Occupational Therapy	806,491	0	0	806,491	*****
083	Speech Pathology	350,712	0	0	350,712	*****
085	Pharmacy	476,625	0	0	476,625	*****
090	Laboratory	92,117	0	0	92,117	***
095	Home Health Services	0	0	0	0	
100	Other Ancillary Services	64,210	0	0	64,210	***
101	Subacute Ancillary Services	0	0	0	0	***
102	Subacute Pediatrics Ancillary Services	0	0	0	0	****
	ROUTINE SERVICES					
105	Skilled Nursing Care	3,975,731	164,990	146,827	4,287,548	*
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	372	0	0	372	
145	Other Nonreimbursable	0	0	0	0	
	TOTAL	$ 7,888,787	$ 164,990	$ 146,827	$ 7,888,787	

* (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:
HANCOCK PARK REHABILITATION CENTER, LLC	ZZT06195H	1023099108	206190361	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	$ 83,392	$ 83,392											
010	Housekeeping	251,678	209	$ 251,887										
060	Laundry and Linen	107,412	1,773	5,369	$ 114,554									
065	Dietary	436,165	9,718	29,426	0	$ 475,308								
155	Social Services	N/A	652	1,975	0	0	$ 2,627							
160	Activities	N/A	4,893	14,816	0	0	0	$ 19,709						
165	Administration	N/A	2,898	8,776	0	0	0	0		$ 11,674	$ 11,674			
166	Medical Records	148,295	1,227	3,717	0	0	0	0		153,239		$ 153,239		
170	Inservice Education - Nursing	166,544	1,611	4,878	0	0	0	0	$ 173,034					
	ANCILLARY SERVICES													
075	Patient Supplies		1,019	3,085	0	0	0	0	0	4,103	531	6,973	$ 11,607	*****
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	96	1,266	1,363	*****
080	Physical Therapy		1,739	5,266	0	0	0	0	0	7,005	1,039	13,634	21,678	*****
081	Respiratory Therapy		1,739	5,266	0	0	0	0	0	7,005	419	5,505	12,929	*****
082	Occupational Therapy		1,743	5,279	0	0	0	0	0	7,022	879	11,542	19,443	*****
083	Speech Pathology		665	2,013	0	0	0	0	0	2,678	380	4,988	8,046	*****
085	Pharmacy		68	206	0	0	0	0	0	275	495	6,495	7,264	*****
090	Laboratory		0	0	0	0	0	0	0	0	95	1,251	1,346	***
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	66	872	938	***
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		53,140	160,912	114,554	475,308	2,627	19,709	173,034	999,283	7,665	100,607	1,107,555	*
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		298	903	0	0	0	0	0	1,202	8	106	1,316	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 1,193,486	$ 83,392	$ 251,887	$ 114,554	$ 475,308	$ 2,627	$ 19,709	$ 173,034	$ 1,028,572	$ 11,674	$ 153,239	$ 1,193,486	

* (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:
HANCOCK PARK REHABILITATION CENTER, LLC	ZZT06195H	1023099108	206190361	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	$ 251,433	$ 251,433											
010	Housekeeping	38,535	630	$ 39,165										
060	Laundry and Linen	38,995	5,346	835	$ 45,176									
065	Dietary	296,240	29,299	4,575	0	$ 330,114								
155	Social Services	0	1,966	307	0	0	$ 2,273							
160	Activities	9,726	14,752	2,304	0	0	0	$ 26,782						
165	Administration	N/A	8,738	1,365	0	0	0	0		$ 10,103	$ 10,103			
166	Medical Records	0	3,701	578	0	0	0	0		4,279		$ 4,279		
170	Inservice Education - Nursing	2,951	4,857	759	0	0	0	0	$ 8,567					
	ANCILLARY SERVICES													
075	Patient Supplies	0	3,071	480	0	0	0	0	0	3,551	460	195	$ 4,205	*****
077	Specialized Support Surfaces	93,273	0	0	0	0	0	0	0	93,273	83	35	93,392	*****
080	Physical Therapy	0	5,243	819	0	0	0	0	0	6,062	899	381	7,341	*****
081	Respiratory Therapy	0	5,243	819	0	0	0	0	0	6,062	363	154	6,578	*****
082	Occupational Therapy	0	5,256	821	0	0	0	0	0	6,077	761	322	7,160	*****
083	Speech Pathology	0	2,005	313	0	0	0	0	0	2,318	329	139	2,786	*****
085	Pharmacy	0	206	32	0	0	0	0	0	238	428	181	847	*****
090	Laboratory	0	0	0	0	0	0	0	0	0	82	35	117	***
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	57	24	82	***
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	269,765	160,220	25,019	45,176	330,114	2,273	26,782	8,567	867,917	6,633	2,809	877,359	*
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		900	140	0	0	0	0	0	1,040	7	3	1,050	
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0	
	TOTAL	$ 1,000,918	$ 251,433	$ 39,165	$ 45,176	$ 330,114	$ 2,273	$ 26,782	$ 8,567	$ 986,536	$ 10,103	$ 4,279	$ 1,000,918	

* (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: HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number: ZZT06195H

NPI: 1023099108

OSHPD Facility Number: 206190361

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)	$ 1,421,216	98%							
	Property Tax (line 40)	32,512	2%	$ 1,453,728						
005	Plant Operations and Maintenance			3,114	$ 3,114					
010	Housekeeping			3,633	8	$ 3,641				
060	Laundry and Linen			30,842	66	78	$ 30,986			
065	Dietary			169,038	363	425	0	$ 169,826		
155	Social Services			11,343	24	29	0	0	$ 11,396	
160	Activities			85,112	183	214	0	0	0	$ 85,509
165	Administration			50,415	108	127	0	0	0	0
166	Medical Records			21,352	46	54	0	0	0	0
170	Inservice Education - Nursing			28,025	60	71	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			17,719	38	45	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			30,249	65	76	0	0	0	0
081	Respiratory Therapy			30,249	65	76	0	0	0	0
082	Occupational Therapy			30,323	65	76	0	0	0	0
083	Speech Pathology			11,566	25	29	0	0	0	0
085	Pharmacy			1,186	3	3	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			924,372	1,984	2,326	30,986	169,826	11,396	85,509
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			5,190	11	13	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	$ 1,453,728	100%	$ 1,453,728	$ 3,114	$ 3,641	$ 30,986	$ 169,826	$ 11,396	$ 85,509

* (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:
HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number:
ZZT06195H

NPI:
1023099108

OSHPD Facility Number:
206190361

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)	$ 1,421,216	98%								
	Property Tax (line 40)	32,512	2%								
005	Plant Operations and Maintenance										
010	Housekeeping										
060	Laundry and Linen										
065	Dietary										
155	Social Services										
160	Activities										
165	Administration				$ 50,650	$ 50,650					
166	Medical Records				21,452		$ 21,452				
170	Inservice Education - Nursing			$ 28,155							
	ANCILLARY SERVICES										
075	Patient Supplies			0	17,802	2,305	976	$ 21,083	$ 20,611	$ 472	*****
077	Specialized Support Surfaces			0	0	419	177	596	583	13	*****
080	Physical Therapy			0	30,390	4,507	1,909	36,805	35,982	823	*****
081	Respiratory Therapy			0	30,390	1,820	771	32,980	32,243	738	*****
082	Occupational Therapy			0	30,464	3,815	1,616	35,895	35,093	803	*****
083	Speech Pathology			0	11,620	1,649	698	13,967	13,654	312	*****
085	Pharmacy			0	1,192	2,147	909	4,248	4,153	95	*****
090	Laboratory			0	0	413	175	589	575	13	***
095	Home Health Services			0	0	0	0	0	0	0	
100	Other Ancillary Services			0	0	288	122	410	401	9	***
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			28,155	1,254,555	33,253	14,084	1,301,892	1,272,775	29,116	*
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	5,214	35	15	5,264	5,146	118	
145	Other Nonreimbursable			0	0	0	0	0	0	0	
	TOTAL	$ 1,453,728	100%	$ 28,155	$ 1,381,626	$ 50,650	$ 21,452	$ 1,453,728	$ 1,421,216	$ 32,512	

* (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:
HANCOCK PARK REHABILITATION CENTER, LLC	ZZT06195H	1023099108	206190361	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. 85% of Total	DPH License Fees 1% of Total	Liability Insurance 14% of Total	Quality Assur. Fees 0% of Total	Caregiver Training 0% of Total	
	GENERAL SERVICES														
045	Property Insurance	$ 58,707													
055	Interest-Other	0													
165	Administration (Salaries & Wages, Fringe Benefits,														
	Agency Staff and Other - Nonlabor)	2,292,464													
	Total Costs Allocable as Administration	2,351,171	85%												
167	DPH Licensing Fees	38,551	1%												
168	Liability Insurance	389,819	14%												
169	Quality Assurance Fees	0	0%												
174	Caregiver Training	0	0%												
	Total	2,779,541	100%						$ 2,779,541						
	ANCILLARY SERVICES														
075	Patient Supplies			$ 488,044	$ 4,103	$ 3,551	$ 17,802	$ 513,500	126,471	$ 106,980	$ 1,754	$ 17,737	$ -	$ -	*****
077	Specialized Support Surfaces			0	0	93,273	0	93,273	22,972	19,432	319	3,222	0	0	*****
080	Physical Therapy			960,672	7,005	6,062	30,390	1,004,128	247,309	209,195	3,430	34,684	0	0	*****
081	Respiratory Therapy			361,996	7,005	6,062	30,390	405,452	99,860	84,470	1,385	14,005	0	0	*****
082	Occupational Therapy			806,491	7,022	6,077	30,464	850,054	209,362	177,096	2,904	29,362	0	0	*****
083	Speech Pathology			350,712	2,678	2,318	11,620	367,328	90,470	76,527	1,255	12,688	0	0	*****
085	Pharmacy			476,625	275	238	1,192	478,329	117,809	99,653	1,634	16,522	0	0	*****
090	Laboratory			92,117	0	0	0	92,117	22,688	19,191	315	3,182	0	0	***
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0	
100	Other Ancillary Services			64,210	0	0	0	64,210	15,814	13,377	219	2,218	0	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			4,287,548	999,283	867,917	1,254,555	7,409,303	1,824,857	1,543,618	25,310	255,929	0	0	*
110	Intermediate Care			0	0	0	0	0	0	0	0	0	0	0	*
115	Mentally Disordered Care			0	0	0	0	0	0	0	0	0	0	0	*
120	Developmentally Disabled Care			0	0	0	0	0	0	0	0	0	0	0	*
125	Subacute Care			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			372	1,202	1,040	5,214	7,828	1,928	1,631	27	270	0	0	
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0	
	SUBTOTAL	$ 2,779,541		$ 7,888,787	$ 1,028,572	$ 986,536	$ 1,381,626	$ 11,285,522	$ 2,779,541						
	Total Administrative Costs							$ 2,779,541		$ 2,351,171	$ 38,551	$ 389,819	$ -	$ -	
	Unit Cost Multiplier							0.24629264							
	Accumulated Administration Costs (Sch 2 thru 5)				$ 164,914	$ 14,382	$ 50,650	$ 229,945							
	TOTAL FACILITY COSTS							$ 14,295,008							

* (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:
HANCOCK PARK REHABILITATION CENTER, LLC	ZZT06195H	1023099108	206190361	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)					
	GENERAL SERVICES										
005	Plant Operations and Maintenance	42									
010	Housekeeping	49	49								
060	Laundry and Linen	416	416	416							
065	Dietary	2,280	2,280	2,280							
155	Social Services	153	153	153							
160	Activities	1,148	1,148	1,148							
165	Administration	680	680	680							
166	Medical Records	288	288	288							
170	Inservice Education - Nursing	378	378	378							
	ANCILLARY SERVICES										
075	Patient Supplies	239	239	239						513,500	513,500
077	Specialized Support Surfaces									93,273	93,273
080	Physical Therapy	408	408	408						1,004,128	1,004,128
081	Respiratory Therapy	408	408	408						405,452	405,452
082	Occupational Therapy	409	409	409						850,054	850,054
083	Speech Pathology	156	156	156						367,328	367,328
085	Pharmacy	16	16	16						478,329	478,329
090	Laboratory									92,117	92,117
095	Home Health Services									0	0
100	Other Ancillary Services									64,210	64,210
101	Subacute Ancillary Services									0	0
102	Subacute Pediatrics Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	12,468	12,468	12,468	93,898	117,373	4,245,496	4,245,496	4,245,496	7,409,303	7,409,303
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	70	70	70						7,828	7,828
145	Other Nonreimbursable	0	0	0						0	0
	TOTAL STATISTICS	19,608	19,566	19,517	93,898	117,373	4,245,496	4,245,496	4,245,496	11,285,522	11,285,522
	TOTAL DIRECT SALARIES COSTS - SCH. 2						$ 164,990	$ 146,827			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.038862361	0.034584181			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		$ 83,392	$ 251,887	$ 114,554	$ 475,308	$ 2,627	$ 19,709	$ 173,034	$ 11,674	$ 153,239
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		4.26208729	12.90602256	1.21998268	4.04955391	0.00061871	0.00464233	0.04075697	0.00103445	0.01357841
	TOTAL INDIRECT OTHER COSTS - SCH. 4		$ 251,433	$ 39,165	$ 45,176	$ 330,114	$ 2,273	$ 26,782	$ 8,567	$ 10,103	$ 4,279
	UNIT COST MULTIPLIER (INDIRECT OTHER)		12.85050598	2.00669543	0.48111350	2.81252434	0.00053543	0.00630835	0.00201791	0.00089521	0.00037915
	TOTAL CAPITAL COSTS - SCH. 5	$ 1,453,728	$ 3,114	$ 3,641	$ 30,986	$ 169,826	$ 11,396	$ 85,509	$ 28,155	$ 50,650	$ 21,452
	UNIT COST MULTIPLIER (CAPITAL COSTS)	74.13953488	0.15914650	0.18653663	0.32999479	1.44689407	0.00268431	0.02014112	0.00663183	0.00448805	0.00190082

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number: ZZT06195H

NPI: 1023099108

OSHPD Facility Number: 206190361

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	$ 68,094	$ 0	$ 68,094	(Sch 3)
005	.20-.39	Fringe Benefits	6200	15,298	0	15,298	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	251,433	0	251,433	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	$ 334,825	$ 0	$ 334,825	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	$ 205,508	$ 0	$ 205,508	(Sch 3)
010	.20-.39	Fringe Benefits	6300	46,170	0	46,170	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	38,535	0	38,535	(Sch 4)
010		Housekeeping - Total	6300	$ 290,213	$ 0	$ 290,213	
015		Depreciation: Buildings and Improvements	7110 - 7120	$ 538	0	$ 538	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	235,995	0	235,995	(Sch 5)
025		Depreciation: Equipment	7140	188,915	0	188,915	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	990,415	0	990,415	(Sch 5)
040		Property Taxes	7300	32,512	0	32,512	(Sch 5)
045		Property Insurance	7400	58,707	0	58,707	(Sch 6)
050		Interest-Property, Plant, and Equipment	7500	5,353	0	5,353	(Sch 5)
055		Interest-Other	7600	0	0	0	(Sch 6)
057		Subtotal 005 - 055		$ 2,137,473	$ 0	$ 2,137,473	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	$ 87,707	$ 0	$ 87,707	(Sch 3)
060	.20-.39	Fringe Benefits	6400	19,705	0	19,705	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	38,995	0	38,995	(Sch 4)
060		Laundry and Linen - Total	6400	$ 146,407	$ 0	$ 146,407	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	$ 356,151	$ 0	$ 356,151	(Sch 3)
065	.20-.39	Fringe Benefits	6500	80,014	0	80,014	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	296,240	0	296,240	(Sch 4)
065		Dietary - Total	6500	$ 732,405	$ 0	$ 732,405	
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	488,044	0	488,044	
075		Patient Supplies - Total	8100	$ 488,044	$ 0	$ 488,044	(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	93,273	0	93,273	(Sch 4)
077		Specialized Support Surfaces - Total	8150	$ 93,273	$ 0	$ 93,273	

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number: ZZT06195H

NPI: 1023099108

OSHPD Facility Number: 206190361

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	960,672	0	960,672	
080		Physical Therapy - Total	8200	$ 960,672	$ 0	$ 960,672	(Sch 2)
081		Respiratory Therapy					
081	.01-.19	Salaries and Wages	8220	$ 272,554	$ 0	$ 272,554	(Sch 2)
081	.20-.39	Fringe Benefits	8220	61,233	0	61,233	(Sch 2)
081	.79	Agency Staff	8220	0	0	0	(Sch 2)
081	.40-.99	Other - Nonlabor	8220	28,209	0	28,209	
081		Respiratory Therapy - Total	8220	$ 361,996	$ 0	$ 361,996	(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	806,491	0	806,491	
082		Occupational Therapy - Total	8250	$ 806,491	$ 0	$ 806,491	(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	350,712	0	350,712	
083		Speech Pathology - Total	8280	$ 350,712	$ 0	$ 350,712	(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	476,625	0	476,625	
085		Pharmacy - Total	8300	$ 476,625	$ 0	$ 476,625	(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	92,117	0	92,117	
090		Laboratory - Total	8400	$ 92,117	$ 0	$ 92,117	(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	$ 4,551	$ 0	$ 4,551	(Sch 2)
100	.20-.39	Fringe Benefits	8900	1,022	0	1,022	(Sch 2)
100	.79	Agency Staff	8900	0	0	0	(Sch 2)
100	.40-.99	Other - Nonlabor	8900	58,637	0	58,637	
100		Other Ancillary Services - Total	8900	$ 64,210	$ 0	$ 64,210	(Sch 2)

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name:
HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number:
ZZT06195H

NPI:
1023099108

OSHPD Facility Number:
206190361

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		$ 3,694,140	$ 0	$ 3,694,140	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	$ 3,182,986	$ 0	$ 3,182,986	(Sch 2)
105	.20-.39	Fringe Benefits	6110	715,105	0	715,105	(Sch 2)
105	.49	Agency Staff	6110	77,640	0	77,640	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	269,765	0	269,765	(Sch 4)
105		Skilled Nursing Care - Total	6110	$ 4,245,496	$ 0	$ 4,245,496	
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: HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number: ZZT06195H

NPI: 1023099108

OSHPD Facility Number: 206190361

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	372	0	372	
140		Beauty and Barber - Total	8900	$ 372	$ 0	$ 372	(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**		$ 4,245,868	$ 0	$ 4,245,868	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	$ 134,723	$ 0	$ 134,723	(Sch 2)
155	.20-.39	Fringe Benefits	6600	30,267	0	30,267	(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	$ 164,990	$ 0	$ 164,990	

SUMMARY OF REVISED PROGRAM EXPENSES

Provider Name: HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number: ZZT06195H

NPI: 1023099108

OSHPD Facility Number: 206190361

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	$ 119,892	$ 0	$ 119,892	(Sch 2)
160	.20-.39	Fringe Benefits	6700	26,935	0	26,935	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	9,726	0	9,726	(Sch 4)
160		Activities - Total	6700	$ 156,553	$ 0	$ 156,553	
165		Administration					
165	.01-.19	Salaries and Wages	6900	$ 618,091	$ 0	$ 618,091	(Sch 6)
165	.20-.39	Fringe Benefits	6900	138,864	0	138,864	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	1,535,509	0	1,535,509	(Sch 6)
165		Administration - Total	6900	$ 2,292,464	$ 0	$ 2,292,464	
166		Medical Records					
166	.01-.19	Medical Records - Salaries and Wages	6900	$ 121,091	$ 0	$ 121,091	(Sch 3)
166	.20-.39	Medical Records - Fringe Benefits	6900	27,204	0	27,204	(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	$ 148,295	$ 0	$ 148,295	
167		DPH Licensing Fees	6900	$ 38,551	$ 0	$ 38,551	(Sch 6)
168		Liability Insurance	6900	$ 389,819	$ 0	$ 389,819	(Sch 6)
169		Quality Assurance Fees	6900	$ 0	$ 0	$ 0	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	$ 135,991	$ 0	$ 135,991	(Sch 3)
170	.20-.39	Fringe Benefits	6800	30,553	0	30,553	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	2,951	0	2,951	(Sch 4)
170		Inservice Education - Nursing - Total	6800	$ 169,495	$ 0	$ 169,495	
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		$ 3,360,167	$ 0	$ 3,360,167	
200		**Total**		**$ 14,316,460**	**$ 0**	**$ 14,316,460**	

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

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name: HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number: ZZT06195H

NPI: 1023099108

OSHPD Facility Number: 206190361

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	$ 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: HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number: ZZT06195H

NPI: 1023099108

OSHPD Facility Number: 206190361

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	$	$ 0
081	2	Fringe Benefits		0		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: HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number: ZZT06195H

NPI: 1023099108

OSHPD Facility Number: 206190361

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		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	$	$ 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: HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number: ZZT06195H

NPI: 1023099108

OSHPD Facility Number: 206190361

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: HANCOCK PARK REHABILITATION CENTER, LLC

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

Provider Number: ZZT06195H

NPI: 1023099108

OSHPD Facility Number: 206190361

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	$	$ 0
166	2	Medical Records - Fringe Benefits				0
166	3	Medical Records - Agency Staff				0
166	4	Medical Records - Other - Nonlabor		0		0
166	5	Medical Records - Total		$ 0	$ 0	$ 0
167	4	DPH Licensing Fees ***		$ 0	$	$ 0
168	4	Liability Insurance ***		$ 0	$	$ 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:
HANCOCK PARK REHABILITATION CENTER, LLC	ZZT06195H	1023099108	206190361	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.		TOTAL ADJ (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:
HANCOCK PARK REHABILITATION CENTER, LLC	ZZT06195H	1023099108	206190361	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.		TOTAL ADJ (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:
HANCOCK PARK REHABILITATION CENTER, LLC	ZZT06195H	1023099108	206190361	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.		TOTAL ADJ (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							

Provider Name:	Provider Number:	NPI:	OSHPD Facility Number:	Fiscal Period:
HANCOCK PARK REHABILITATION CENTER, LLC	ZZT06195H	1023099108	206190361	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.		TOTAL ADJ (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
			(To Sch 8)							

Provider Name	Fiscal Period	Provider Number	Revisions
HANCOCK PARK REHABILITATION CENTER, LLC	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	ZZT06195H	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	$515	($515)	$0