

**REPORT
ON THE
RATE SETTING AUDIT**

**ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.
HAYWARD, CALIFORNIA
PROVIDER NUMBER: ZZR18217F
NPI NUMBER: 1760471346**

**FISCAL PERIOD ENDED
DECEMBER 31, 2009**

**Audits Section - Richmond
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Louise Wong
Audit Supervisor: Marisa Ho
Auditor: Philip Wah**



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

May 27, 2011

Melanie Rapp, Administrator
St. Christopher Convalescent Hospital
22822 Myrtle Street
Hayward, CA 94541

PROVIDER: ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.
PROVIDER NUMBER: ZZR18217F
NPI NUMBER: 1760471346
FISCAL PERIOD ENDED DECEMBER 31, 2009

We have examined the facility's Integrated Disclosure and Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal Paid Claims Summary Report, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the data presented in the accompanying Summary of Audited Facility Cost per Patient Day represents a proper determination of the allowable costs and patient days for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Audited Facility Cost per Patient Day and supporting schedules
2. Audit Adjustments Schedule

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 Rate Development Branch.

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.

Melanie Rapp
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If you disagree with the decision of the Department, you may appeal by writing to:

John Melton, Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
Sacramento, CA 95814-2825
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
P.O. Box 997413
Sacramento, CA 95899-7413

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814-5005
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY COST PER PATIENT DAY

Provider Name:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Fiscal Period:

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:

ZZR18217F

NPI:

1760471346

OSHPD Facility No.:

206010959

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	\$ 908,352	\$ 85.65
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 278,980	\$ 26.30
3	Cost of Direct and Indirect NonLabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 184,829	\$ 17.43
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 4,431	\$ 0.42
6	DPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 10,161	\$ 0.96
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	\$ 310,727	\$ 29.30
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 263,174	\$ 24.81
11	Cost of Routine Service/Audited Total Costs	\$ 1,979,499	\$ 1,960,656	\$ 184.86
12	Total Patient Days (Adj)	10,606	10,606	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 186.64	\$ 184.86	
14	Overpayments (Adj)	\$ 0	\$ 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	

SUMMARY OF AUDITED FACILITY COST PER PATIENT DAY

Provider Name:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Fiscal Period:

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:

ZZR18217F

NPI:

1760471346

OSHDP Facility No.:

206010959

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:
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

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

Provider Number:
ZZR18217F

NPI:
1760471346

OSHPD Facility No.:
206010959

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Soc Srvs	Activities	Total
			155	160	
	GENERAL SERVICES				
005	Plant Operations and Maintenance				
010	Housekeeping				
060	Laundry and Linen				
065	Dietary				
155	Social Services (Salaries, Fringe Benefits, & Agency Labor)	\$ 44,839	\$ 44,839		
160	Activities (Salaries, Fringe Benefits, & Agency Labor)	50,385		\$ 50,385	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	ANCILLARY SERVICES				
075	Patient Supplies	15,234	0	0	15,234
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	0	0	0	0
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	0	0	0	0
083	Speech Pathology	0	0	0	0
085	Pharmacy	6,023	0	0	6,023
090	Laboratory	0	0	0	0
095	Home Health Services	0	0	0	0
100	Other Ancillary Services	0	0	0	0
101	Subacute Ancillary Services	0	0	0	0
102	Subacute Pediatrics Ancillary Services	0	0	0	0
	ROUTINE SERVICES				
105	Skilled Nursing Care	813,128	44,839	50,385	908,352 *
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	1,530	0	0	1,530
145	Other Nonreimbursable	0	0	0	0
	TOTAL	\$ 931,139	\$ 44,839	\$ 50,385	\$ 931,139

* (To Schedule 1)

ALLOCATION OF GENERAL SERVICES - LABOR
(INDIRECT CARE)

Provider Name:
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Provider Number:
ZZR18217F

NPI:
1760471346

OSHPD Facility Number:
206010959

Fiscal Period:
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 Svcs 155	Activities 160	In-serv. Ed 170	Accumulated Costs	Admin 165	Medical Records 166	Total
GENERAL SERVICES													
005	Plant Operations and Maintenance	\$ 49,677	\$ 49,677										
010	Housekeeping	43,842	184	\$ 44,026									
060	Laundry and Linen	38,433	1,430	1,272	\$ 41,135								
065	Dietary	124,430	5,516	4,907	0	\$ 134,853							
155	Social Services	N/A	0	0	0	0	\$ -						
160	Activities	N/A	0	0	0	0	0	\$ -					
165	Administration	N/A	1,348	1,199	0	0	0	0		\$ 2,548	\$ 2,548		
166	Medical Records	14,057	449	400	0	0	0	0		14,906		\$ 14,906	
170	Inservice Education - Nursing	8,830	0	0	0	0	0	0	\$ 8,830				
ANCILLARY SERVICES													
075	Patient Supplies		0	0	0	0	0	0	0	0	28	165	\$ 193
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		0	0	0	0	0	0	0	0	0	0	0
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	0	0
083	Speech Pathology		0	0	0	0	0	0	0	0	0	0	0
085	Pharmacy		0	0	0	0	0	0	0	0	11	65	76
090	Laboratory		0	0	0	0	0	0	0	0	0	0	0
095	Home Health Services		0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services		0	0	0	0	0	0	0	0	0	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		40,749	36,248	41,135	134,853	0	0	8,830	261,815	2,506	14,660	278,980 *
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	0	0	0	0	0	0	0	3	17	19
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 279,269	\$ 49,677	\$ 44,026	\$ 41,135	\$ 134,853	\$ -	\$ -	\$ 8,830	\$ 261,815	\$ 2,548	\$ 14,906	\$ 279,269

* (To Schedule 1)

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

Provider Name:
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Provider Number:
ZZR18217F

NPI:
1760471346

OSHPD Facility Number:
206010959

Fiscal Period:
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	\$ 66,754	\$ 66,754										
010	Housekeeping	8,625	247	\$ 8,872									
060	Laundry and Linen	8,895	1,922	256	\$ 11,073								
065	Dietary	58,638	7,413	989	0	\$ 67,039							
155	Social Services	1,112	0	0	0	0	\$ 1,112						
160	Activities	1,924	0	0	0	0	0	\$ 1,924					
165	Administration	N/A	1,812	242	0	0	0	0		\$ 2,054	\$ 2,054		
166	Medical Records	937	604	81	0	0	0	0		1,622		\$ 1,622	
170	Inservice Education - Nursing	1,600	0	0	0	0	0	0	\$ 1,600				
ANCILLARY SERVICES													
075	Patient Supplies	0	0	0	0	0	0	0	0	0	23	18	\$ 41
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0
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	9	7	16
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	0	0	0	0	0	0	0	0	0	0	0
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	36,405	54,757	7,305	11,073	67,039	1,112	1,924	1,600	181,215	2,020	1,595	184,829 *
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		0	0	0	0	0	0	0	0	2	2	4
145	Other Nonreimbursable		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	\$ 184,890	\$ 66,754	\$ 8,872	\$ 11,073	\$ 67,039	\$ 1,112	\$ 1,924	\$ 1,600	\$ 181,215	\$ 2,054	\$ 1,622	\$ 184,890

* (To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

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

Provider Number:
ZZR18217F

NPI:
1760471346

OSHPD Facility Number:
206010959

Line No.	DESCRIPTION	Net Exp For Cost Alloc (From Sch 8)	Ratio	Capital	Plant Ops	Hskpng	Laundry	Dietary	Soc Srvs	Activities
				Various	5	10	60	65	155	160
	GENERAL SERVICES									
	Capital Related (excluding lines 40 & 45)	\$ -	0%							
	Property Tax (line 40)	4,434	100%	\$ 4,434						
005	Plant Operations and Maintenance			0	\$ -					
010	Housekeeping			16	0	\$ 16				
060	Laundry and Linen			128	0	0	\$ 128			
065	Dietary			492	0	2	0	\$ 494		
155	Social Services			0	0	0	0	0	\$ -	
160	Activities			0	0	0	0	0	0	\$ -
165	Administration			120	0	0	0	0	0	0
166	Medical Records			40	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			0	0	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			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			3,637	0	14	128	494	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			0	0	0	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 4,434	100%	\$ 4,434	\$ -	\$ 16	\$ 128	\$ 494	\$ -	\$ -

*(To Schedule 1)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

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

Provider Number: ZZR18217F NPI: 1760471346

OSHPD Facility Number: 206010959

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 0% Of Total	Property Tax 100% Of Total
GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	\$ -	0%							
	Property Tax (line 40)	4,434	100%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 121	\$ 121				
166	Medical Records				40		\$ 40			
170	Inservice Education - Nursing			\$ -						
ANCILLARY SERVICES										
075	Patient Supplies			0	0	1	0	\$ 2	\$ -	\$ 2
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	0	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	1	0	1	0	1
090	Laboratory			0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0
101	Subacute Ancillary Services			0	0	0	0	0	0	0
102	Subacute Pediatrics Ancillary Services			0	0	0	0	0	0	0
ROUTINE SERVICES										
105	Skilled Nursing Care			0	4,273	119	40	4,431	0	4,431
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	0	0	0	0	0	0
145	Other Nonreimbursable			0	0	0	0	0	0	0
	TOTAL	\$ 4,434	100%	\$ -	\$ 4,273	\$ 121	\$ 40	\$ 4,434	\$ -	\$ 4,434

* (To Schedule 1)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name:
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Provider Number:
ZZR18217F

NPI:
1760471346

OSHPD Facility Number:
206010959

Fiscal Period:
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. 45% of Total	DPH License Fees 2% of Total	Liability Insurance 0% of Total	Quality Assur. Fees 53% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ -												
055	Interest-Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	267,598												
	Total Costs Allocable as Administration	267,598	45%											
167	DPH Licensing Fees	10,332	2%											
168	Liability Insurance	0	0%											
169	Quality Assurance Fees	315,950	53%											
174	Caregiver Training	0	0%											
	Total	593,880	100%						\$ 593,880					
ANCILLARY SERVICES														
075	Patient Supplies			\$ 15,234	\$ -	\$ -	\$ -	\$ 15,234	6,563	\$ 2,957	\$ 114	\$ -	\$ 3,492	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			0	0	0	0	0	0	0	0	0	0	0
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	0	0
083	Speech Pathology			0	0	0	0	0	0	0	0	0	0	0
085	Pharmacy			6,023	0	0	0	6,023	2,595	1,169	45	0	1,381	0
090	Laboratory			0	0	0	0	0	0	0	0	0	0	0
095	Home Health Services			0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services			0	0	0	0	0	0	0	0	0	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			908,352	261,815	181,215	4,273	1,355,655	584,063	263,174	10,161	0	310,727	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			1,530	0	0	0	1,530	659	297	11	0	351	0
145	Other Nonreimbursable			0	0	0	0	0	0	0	0	0	0	0
	SUBTOTAL	\$ 593,880		\$ 931,139	\$ 261,815	\$ 181,215	\$ 4,273	\$ 1,378,442	\$ 593,880					
	Total Administrative Costs							\$ 593,880		\$ 267,598	\$ 10,332	\$ -	\$ 315,950	\$ -
	Unit Cost Multiplier							0.43083438						
	Accumulated Administration Costs (Sch 2 thru 5)				\$ 17,454	\$ 3,675	\$ 121	\$ 21,250						
	TOTAL FACILITY COSTS							\$ 1,993,572						

(To Schedule 1)

STATISTICS FOR COST ALLOCATION

Provider Name:
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Provider Number:
ZZR18217F

NPI:
1760471346

OSHPD Facility Number:
206010959

Fiscal Period:
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 Svcs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	In-serv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
			Adj (1, 5)	Adj (1, 5)							
	GENERAL SERVICES										
005	Plant Operations and Maintenance										
010	Housekeeping	18	18								
060	Laundry and Linen	140	140	140							
065	Dietary	540	540	540							
155	Social Services										
160	Activities										
165	Administration	132	132	132							
166	Medical Records	44	44	44							
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies									15,234	15,234
077	Specialized Support Surfaces									0	0
080	Physical Therapy									0	0
081	Respiratory Therapy									0	0
082	Occupational Therapy									0	0
083	Speech Pathology									0	0
085	Pharmacy									6,023	6,023
090	Laboratory									0	0
095	Home Health Services									0	0
100	Other Ancillary Services									0	0
101	Subacute Ancillary Services									0	0
102	Subacute Pediatrics Ancillary Services									0	0
	ROUTINE SERVICES										
105	Skilled Nursing Care	3,989	3,989	3,989	103,980	31,194	849,533	849,533	849,533	1,355,655	1,355,655
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									1,530	1,530
145	Other Nonreimbursable									0	0
	TOTAL STATISTICS	4,863	4,863	4,845	103,980	31,194	849,533	849,533	849,533	1,378,442	1,378,442
	TOTAL DIRECT SALARIES COSTS - SCH. 2						\$ 44,839	\$ 50,385			
	UNIT COST MULTIPLIER (DIRECT SALARIES)						0.052780763	0.059309056			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3		\$ 49,677	\$ 44,026	\$ 41,135	\$ 134,853	\$ -	\$ -	\$ 8,830	\$ 2,548	\$ 14,906
	UNIT COST MULTIPLIER (INDIRECT SALARIES)		10.21529920	9.08686799	0.39560784	4.32304835	0.00000000	0.00000000	0.01039395	0.00184838	0.01081388
	TOTAL INDIRECT OTHER COSTS - SCH. 4		\$ 66,754	\$ 8,872	\$ 11,073	\$ 67,039	\$ 1,112	\$ 1,924	\$ 1,600	\$ 2,054	\$ 1,622
	UNIT COST MULTIPLIER (INDIRECT OTHER)		13.72691754	1.83118360	0.10649292	2.14911120	0.00130895	0.00226477	0.00188339	0.00148985	0.00117637
	TOTAL CAPITAL COSTS - SCH. 5	\$ 4,434	\$ -	\$ 16	\$ 128	\$ 494	\$ -	\$ -	\$ -	\$ 121	\$ 40
	UNIT COST MULTIPLIER (CAPITAL COSTS)	0.91178285	0.00000000	0.00338743	0.00123220	0.01584253	0.00000000	0.00000000	0.00000000	0.00008764	0.00002921

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Fiscal Period:

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:

ZZR18217F

NPI:

1760471346

OSHPD Facility Number:

206010959

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS ADJUSTED 8A-1	AUDIT ADJUSTMENTS 8A-2	AS AUDITED	
005		Plant Operations and Maintenance					
005	.01-.19	Salaries and Wages	6200	\$ 38,076	\$ 0	\$ 38,076	(Sch 3)
005	.20-.39	Fringe Benefits	6200	11,891	(290)	11,601	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	66,754	0	66,754	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 116,721	\$ (290)	\$ 116,431	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 27,287	\$ 0	\$ 27,287	(Sch 3)
010	.20-.39	Fringe Benefits	6300	17,711	(1,156)	16,555	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	8,625	0	8,625	(Sch 4)
010		Housekeeping - Total	6300	\$ 53,623	\$ (1,156)	\$ 52,467	
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	0	0	0	(Sch 5)
030		Depreciation and Amortization - Other	7150 - 7160	0	0	0	(Sch 5)
035		Leases and Rentals	7200	0	0	0	(Sch 5)
040		Property Taxes	7300	7,835	(3,401)	4,434	(Sch 5)
045		Property Insurance	7400	0	0	0	(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		\$ 178,179	\$ (4,847)	\$ 173,332	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 23,511	\$ 0	\$ 23,511	(Sch 3)
060	.20-.39	Fringe Benefits	6400	16,005	(1,083)	14,922	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	8,895	0	8,895	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 48,411	\$ (1,083)	\$ 47,328	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 80,655	\$ 0	\$ 80,655	(Sch 3)
065	.20-.39	Fringe Benefits	6500	43,078	(3,249)	39,829	(Sch 3)
065	.79	Agency Staff	6500	3,946	0	3,946	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	58,638	0	58,638	(Sch 4)
065		Dietary - Total	6500	\$ 186,317	\$ (3,249)	\$ 183,068	
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	15,234	0	15,234	(Sch 2)
075		Patient Supplies - Total	8100	\$ 15,234	\$ 0	\$ 15,234	(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:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Fiscal Period:

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:

ZZR18217F

NPI:

1760471346

OSHPD Facility Number:

206010959

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS ADJUSTED 8A-1	AUDIT ADJUSTMENTS 8A-2	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	0	0	0	
080		Physical Therapy - Total	8200	\$ 0	\$ 0	\$ 0	(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	0	0	0	
082		Occupational Therapy - Total	8250	\$ 0	\$ 0	\$ 0	(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	6,023	0	6,023	
085		Pharmacy - Total	8300	\$ 6,023	\$ 0	\$ 6,023	(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	0	0	0	
090		Laboratory - Total	8400	\$ 0	\$ 0	\$ 0	(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	0	0	0	
100		Other Ancillary Services - Total	8900	\$ 0	\$ 0	\$ 0	(Sch 2)

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Fiscal Period:

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:

ZZR18217F

NPI:

1760471346

OSHPD Facility Number:

206010959

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS ADJUSTED 8A-1	AUDIT ADJUSTMENTS 8A-2	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		\$ 21,257	\$ 0	\$ 21,257	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 599,087	\$ 0	\$ 599,087	(Sch 2)
105	.20-.39	Fringe Benefits	6110	220,029	(8,238)	211,791	(Sch 2)
105	.49	Agency Staff	6110	2,250	0	2,250	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	36,405	0	36,405	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 857,771	\$ (8,238)	\$ 849,533	
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:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Fiscal Period:

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:

ZZR18217F

NPI:

1760471346

OSHPD Facility Number:

206010959

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS ADJUSTED 8A-1	AUDIT ADJUSTMENTS 8A-2	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	1,530	0	1,530
140		Beauty and Barber - Total	8900	\$ 1,530	\$ 0	\$ 1,530
						(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		\$ 859,301	\$ (8,238)	\$ 851,063
155		Social Services				
155	.01-.19	Salaries and Wages	6600	\$ 34,766	\$ 0	\$ 34,766
155	.20-.39	Fringe Benefits	6600	10,218	(145)	10,073
155	.49	Agency Staff	6600	0	0	0
155	.40-.99	Other - Nonlabor	6600	1,112	0	1,112
155		Social Services - Total	6600	\$ 46,096	\$ (145)	\$ 45,951
						(Sch 2)
						(Sch 2)
						(Sch 2)
						(Sch 4)

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Fiscal Period:

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:

ZZR18217F

NPI:

1760471346

OSHPD Facility Number:

206010959

Line No.	Natural Class	ACCOUNT TITLE	ACCOUNT NUMBER	AS ADJUSTED 8A-1	AUDIT ADJUSTMENTS 8A-2	AS AUDITED	
160		Activities					
160	.01-.19	Salaries and Wages	6700	\$ 36,673	\$ 0	\$ 36,673	(Sch 2)
160	.20-.39	Fringe Benefits	6700	13,929	(217)	13,712	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	1,924	0	1,924	(Sch 4)
160		Activities - Total	6700	\$ 52,526	\$ (217)	\$ 52,309	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 102,652	\$ 0	\$ 102,652	(Sch 6)
165	.20-.39	Fringe Benefits	6900	16,022	(507)	15,515	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	149,431	0	149,431	(Sch 6)
165		Administration - Total	6900	\$ 268,105	\$ (507)	\$ 267,598	
166		Medical Records					
166	.01-.19	Medical Records - Salaries and Wages	6900	\$ 8,256	\$ 0	\$ 8,256	(Sch 3)
166	.20-.39	Medical Records - Fringe Benefits	6900	5,946	(145)	5,801	(Sch 3)
166	.49	Medical Records - Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Medical Records - Other - Nonlabor	6900	937	0	937	(Sch 4)
166		Medical Records - Total	6900	\$ 15,139	\$ (145)	\$ 14,994	
167		DPH Licensing Fees	6900	\$ 10,332	\$ 0	\$ 10,332	(Sch 6)
168		Liability Insurance	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
169		Quality Assurance Fees	6900	\$ 315,950	\$ 0	\$ 315,950	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 3,029	\$ 0	\$ 3,029	(Sch 3)
170	.20-.39	Fringe Benefits	6800	5,946	(145)	5,801	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	1,600	0	1,600	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 10,575	\$ (145)	\$ 10,430	
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		\$ 718,723	\$ (1,159)	\$ 717,564	
200		Total		\$ 2,012,188	\$ (18,576)	\$ 1,993,612	

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

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Fiscal Period:

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:

ZZR18217F

NPI:

1760471346

OSHPD Facility Number:

206010959

Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS REPORTED	MEMO ADJUSTMENT	AS ADJUSTED
005		Plant Operations and Maintenance				
005	1	Salaries and Wages		\$ 38,076	\$ 0	\$ 38,076
005	2	Fringe Benefits		11,891	0	11,891
005	3	Agency Staff				0
005	4	Other - Nonlabor		66,754	0	66,754
005	5	Plant Operations and Maintenance - Total		\$ 116,721	\$ 0	\$ 116,721
010		Housekeeping				
010	1	Salaries and Wages		\$ 27,287	\$ 0	\$ 27,287
010	2	Fringe Benefits		17,711	0	17,711
010	3	Agency Staff				0
010	4	Other - Nonlabor		8,625	0	8,625
010	5	Housekeeping - Total		\$ 53,623	\$ 0	\$ 53,623
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		7,835	0	7,835
045	4	Property Insurance				0
050	4	Interest-Property, Plant, and Equipment				0
055	4	Interest-Other				0
		Subtotal 005 - 055		178,179	0	178,179
060		Laundry and Linen				
060	1	Salaries and Wages		\$ 23,511	\$ 0	\$ 23,511
060	2	Fringe Benefits		16,005	0	16,005
060	3	Agency Staff				0
060	4	Other - Nonlabor		8,895	0	8,895
060	5	Laundry and Linen - Total		\$ 48,411	\$ 0	\$ 48,411
065		Dietary				
065	1	Salaries and Wages		\$ 80,655	\$ 0	\$ 80,655
065	2	Fringe Benefits		43,078	0	43,078
065	3	Agency Staff		3,946	0	3,946
065	4	Other - Nonlabor		58,638	0	58,638
065	5	Dietary - Total		\$ 186,317	\$ 0	\$ 186,317
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		15,234	0	15,234
075	5	Patient Supplies - Total		\$ 15,234	\$ 0	\$ 15,234
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:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Fiscal Period:

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:

ZZR18217F

NPI:

1760471346

OSHDP Facility Number:

206010959

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
080	5	Physical Therapy - Total		\$ 0	\$ 0	\$ 0
081		Respiratory Therapy				
081	1	Salaries and Wages		\$	\$	\$ 0
081	2	Fringe Benefits				0
081	3	Agency Staff				0
081	4	Other - Nonlabor				0
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
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
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		6,023	0	6,023
085	5	Pharmacy - Total		\$ 6,023	\$ 0	\$ 6,023
090		Laboratory				
090	1	Salaries and Wages		\$	\$	\$ 0
090	2	Fringe Benefits				0
090	3	Agency Staff				0
090	4	Other - Nonlabor				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
100	5	Other Ancillary Services - Total		\$ 0	\$ 0	\$ 0

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

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Provider Number:

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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		\$ 21,257	\$ 0	\$ 21,257
		Routine Services				
105		Skilled Nursing Care				
105	1	Salaries and Wages		\$ 599,087	\$ 0	\$ 599,087
105	2	Fringe Benefits		220,029	0	220,029
105	3	Agency Staff		2,250	0	2,250
105	4	Other - Nonlabor		36,405	0	36,405
105	5	Skilled Nursing Care - Total		\$ 857,771	\$ 0	\$ 857,771
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:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Fiscal Period:

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:

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206010959

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		1,530	0	1,530
140	5	Beauty and Barber - Total		\$ 1,530	\$ 0	\$ 1,530
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		\$ 859,301	\$ 0	\$ 859,301
155		Social Services				
155	1	Salaries and Wages		\$ 34,766	\$ 0	\$ 34,766
155	2	Fringe Benefits		10,218	0	10,218
155	3	Agency Staff				0
155	4	Other - Nonlabor		1,112	0	1,112
155	5	Social Services - Total		\$ 46,096	\$ 0	\$ 46,096
160		Activities				
160	1	Salaries and Wages		\$ 36,673	\$ 0	\$ 36,673
160	2	Fringe Benefits		13,929	0	13,929
160	3	Agency Staff				0
160	4	Other - Nonlabor		1,924	0	1,924
160	5	Activities - Total		\$ 52,526	\$ 0	\$ 52,526

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:

ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Fiscal Period:

JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:

ZZR18217F

NPI:

1760471346

OSHPD Facility Number:

206010959

Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS REPORTED	MEMO ADJUSTMENT	AS ADJUSTED
165		Administration				
165	1	Salaries and Wages		\$ 102,652	\$ 0	\$ 102,652
165	2	Fringe Benefits		16,022	0	16,022
165	3	Agency Staff				0
165	4	Other - Nonlabor		149,431	0	149,431
165	5	Administration - Total		\$ 268,105	\$ 0	\$ 268,105
166		Medical Records				
166	1	Medical Records - Salaries and Wages		\$ 8,256	\$ 0	\$ 8,256
166	2	Medical Records - Fringe Benefits		5,946	0	5,946
166	3	Medical Records - Agency Staff				0
166	4	Medical Records - Other - Nonlabor		937	0	937
166	5	Medical Records - Total		\$ 15,139	\$ 0	\$ 15,139
167	4	DPH Licensing Fees ***		\$ 10,332	\$ 0	\$ 10,332
168	4	Liability Insurance ***		\$	\$	\$ 0
169	4	Quality Assurance Fees ***		\$ 315,950	\$ 0	\$ 315,950
170		Inservice Education - Nursing				
170	1	Salaries and Wages		\$ 3,029	\$ 0	\$ 3,029
170	2	Fringe Benefits		5,946	0	5,946
170	3	Agency Staff				0
170	4	Other - Nonlabor		1,600	0	1,600
170	5	Inservice Education - Nursing - Total		\$ 10,575	\$ 0	\$ 10,575
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		\$ 718,723	\$ 0	\$ 718,723
200		Total		\$ 2,012,188	\$ 0	\$ 2,012,188

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:
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Provider Number:
ZZR18217F

NPI:
1760471346

OSHPD Facility Number: 206010959
Fiscal Period: JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.		TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	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	(290)		(290)					
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	(1,156)		(362)	(794)				
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	(3,401)	(3,401)						
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	(1,083)		(290)	(793)				
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	(3,249)		(869)	(2,380)				
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:
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Provider Number:
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OSHPD Facility Number: 206010959
Fiscal Period: JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.		TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
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	(8,238)		(4,272)	(3,966)				
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:
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Provider Number:
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OSHPD Facility Number: 206010959
Fiscal Period: JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.		TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
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	(145)		(145)					
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	(217)		(217)					
160	3	Activities - Agency Staff	0							
160	4	Activities - Other - Nonlabor	0							
165	1	Administration - Salaries and Wages	0							
165	2	Administration - Fringe Benefits	(507)		(507)					
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	(145)		(145)					
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	(145)		(145)					
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							

Provider Name:
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.

Provider Number:
ZZR18217F

NPI:
1760471346

OSHPD Facility Number: 206010959
Fiscal Period: JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Line No.	Sub No.	Description	TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
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	<u>(\$18,576)</u> (To Sch 8)	<u>(3,401)</u>	<u>(7,242)</u>	<u>(7,933)</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Provider Name							Fiscal Period		Provider Number		Adjustments
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		ZZR18217F		5
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Cost Report			Audit Report							
	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.					
<u>MEMORANDUM ADJUSTMENT</u>											
1	10.7	105	2, 3	7	105	N/A	Skilled Nursing Care	0	3,989	3,989	
	10.7	175	2, 3	7	N/A	N/A	Total Statistics - Square Feet To reconcile provider's reported statistics on page 10.7 to the provider's reported statistics on page 11(1). CMS Pub. 15-1, Sections 2300 and 2304	0	3,989	3,989 *	

*Balance carried forward from prior/to subsequent adjustments

Provider Name				Fiscal Period				Provider Number		Adjustments
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.				JANUARY 1, 2009 THROUGH DECEMBER 31, 2009				ZZR18217F		5
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.				
ADJUSTMENTS TO REPORTED COSTS										
2	10.5	040	4	8A-2	040	4	Property Taxes To adjust reported property taxes to agree with the provider's and County tax statements. CMS 15-1, Sections 2102,3, 2122.1, 2300, and 2304	\$7,835	(\$3,401)	\$4,434
3	10.5	005	2	8A-2	005	2	Plant Operations and Maintenance - Fringe Benefits	\$11,891	(\$290)	\$11,601
	10.5	010	2	8A-2	010	2	Housekeeping - Fringe Benefits	17,711	(362)	17,349 *
	10.5	060	2	8A-2	060	2	Laundry and Linen - Fringe Benefits	16,005	(290)	15,715 *
	10.5	065	2	8A-2	065	2	Dietary - Fringe Benefits	43,078	(869)	42,209 *
	10.5	105	2	8A-2	105	2	Skilled Nursing Care - Fringe Benefits	220,029	(4,272)	215,757 *
	10.5	155	2	8A-2	155	2	Social Services - Fringe Benefits	10,218	(145)	10,073
	10.5	160	2	8A-2	160	2	Activities - Fringe Benefits	13,929	(217)	13,712
	10.5	165	2	8A-2	165	2	Administration - Fringe Benefits	16,022	(507)	15,515
	10.5	166	2	8A-2	166	2	Medical Records - Fringe Benefits	5,946	(145)	5,801
	10.5	170	2	8A-2	170	2	Inservice Education - Nursing - Fringe Benefits To adjust worker's compensation cost to agree with the provider's supporting documents. CMS Pub. 15-1, Sections 2122.5C, 2300, and 2304	5,946	(145)	5,801
4	10.5	010	2	8A-2	010	2	Housekeeping - Fringe Benefits	* \$17,349	(\$794)	\$16,555
	10.5	060	2	8A-2	060	2	Laundry and Linen - Fringe Benefits	* 15,715	(793)	14,922
	10.5	065	2	8A-2	065	2	Dietary - Fringe Benefits	* 42,209	(2,380)	39,829
	10.5	105	2	8A-2	105	2	Skilled Nursing Care - Fringe Benefits To adjust union fees cost to agree with the provider's supporting documents. CMS Pub. 15-1, Sections 2300 and 2304	* 215,757	(3,966)	211,791

Provider Name							Fiscal Period			Provider Number		Adjustments
ST. CHRISTOPHER CONVALESCENT HOSPITAL, INC.							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009			ZZR18217F		5
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Cost Report			Audit Report									
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.						
<u>ADJUSTMENT TO REPORTED STATISTICS</u>												
5	10.7	010	2	7	010	N/A	Housekeeping (Square Feet)	0	18	18		
	10.7	060	2, 3	7	060	N/A	Laundry and Linen	0	140	140		
	10.7	065	2, 3	7	065	N/A	Dietary	0	540	540		
	10.7	165	2, 3	7	165	N/A	Administration	0	132	132		
	10.7	166	2, 3	7	166	N/A	Medical Records	0	44	44		
	10.7	175	2	7	N/A	N/A	Total Statistics - Square Feet - Plant Operations and Maintenance	*	3,989	4,863		
	10.7	175	3	7	N/A	N/A	Total Statistics - Square Feet - Housekeeping	*	3,989	4,845		
To adjust square footage statistics to agree with the provider's records. CMS Pub. 15-1, Sections 2300 and 2304												

*Balance carried forward from prior/to subsequent adjustments