

**REPORT
ON THE
RATE SETTING AUDIT**

**ST. ANNE'S HOME
SAN FRANCISCO, CALIFORNIA
PROVIDER NUMBER: ZZR18215F AND
NPI NUMBER: 1700873957**

**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: Kent Huang**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 19, 2011

Anthony Selewicz, Administrator
St. Anne's Home
300 Lake Street
San Francisco, CA 94118

PROVIDER: ST ANNE'S HOME
PROVIDER NUMBER: ZZR18215F
NPI NUMBER: 1700873957
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, 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.

Anthony Selewicz
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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. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility No.:
206380958

Line No.	PROGRAM DESCRIPTION	AS REPORTED	AS AUDITED	AUDITED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ N/A	\$ 2,073,422	\$ 127.97
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ N/A	\$ 773,672	\$ 47.75
3	Cost of Direct and Indirect NonLabor - Other (Sch. 4, Ln. 105)	\$ N/A	\$ 350,175	\$ 21.61
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ N/A	\$ 235,010	\$ 14.50
5	Property Taxes (Sch. 5, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
6	DPH Licensing Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 12,465	\$ 0.77
7	Liability Insurance (Sch. 6, Ln. 105)	\$ N/A	\$ 7,810	\$ 0.48
8	Caregiver Training (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ N/A	\$ 0	\$ 0.00
10	Cost of Administration (Sch. 6, Ln. 105)	\$ N/A	\$ 413,785	\$ 25.54
11	Cost of Routine Service/Audited Total Costs	\$ 4,193,553	\$ 3,866,340	\$ 238.62
12	Total Patient Days (Adj 10)	16,197	16,203	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 258.91	\$ 238.62	
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. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility No.:
206380958

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	

* (From Adult Subacute Schedule 1)

**ALLOCATION OF GENERAL SERVICES - LABOR
(DIRECT CARE)**

Provider Name:
ST. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility No.:
206380958

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)	\$ 49,987	\$ 49,987		
160	Activities (Salaries, Fringe Benefits, & Agency Labor)	108,313		\$ 108,313	
165	Administration				
166	Medical Records				
170	Inservice Education - Nursing				
	ANCILLARY SERVICES				
075	Patient Supplies	0	0	0	0
077	Specialized Support Surfaces	N/A	0	0	0
080	Physical Therapy	80,559	0	0	80,559
081	Respiratory Therapy	0	0	0	0
082	Occupational Therapy	0	0	0	0
083	Speech Pathology	0	0	0	0
085	Pharmacy	0	0	0	0
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	1,915,122	49,987	108,313	2,073,422
110	Intermediate Care	0	0	0	0
115	Mentally Disordered Care	0	0	0	0
120	Developmentally Disabled Care	0	0	0	0
125	Subacute Care	0	0	0	0
126	Subacute Care - Pediatrics	0	0	0	0
128	Transitional Inpatient Care	0	0	0	0
130	Hospice Inpatient Care	0	0	0	0
135	Other Routine Services	0	0	0	0
	NONREIMBURSABLE				
139	Residential Care	0	0	0	0
140	Beauty and Barber	0	0	0	0
145	Other Nonreimbursable	0	0	0	0
	TOTAL	\$ 2,153,981	\$ 49,987	\$ 108,313	\$ 2,153,981

* (To Schedule 1)

** (To Adult Subacute Schedule 1)

*** (To Adult Subacute Schedule 2)

ALLOCATION OF GENERAL SERVICES - LABOR
(INDIRECT CARE)

Provider Name:
ST. ANNE'S HOME

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

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	\$ 68,955	\$ 68,955										
010	Housekeeping	170,100	1,317	\$ 171,417									
060	Laundry and Linen	118,182	1,402	3,553	\$ 123,138								
065	Dietary	369,700	10,098	25,591	0	\$ 405,389							
155	Social Services	N/A	0	0	0	0	\$ -						
160	Activities	N/A	0	0	0	0	0	\$ -					
165	Administration	N/A	10,668	27,035	0	0	0	0		\$ 37,703	\$ 37,703		
166	Medical Records	36,935	0	0	0	0	0	0		36,935		\$ 36,935	
170	Inservice Education - Nursing	77,196	0	0	0	0	0	0	\$ 77,196				
ANCILLARY SERVICES													
075	Patient Supplies		0	0	0	0	0	0	0	0	0	0	\$ -
077	Specialized Support Surfaces		0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy		4,452	11,283	0	0	0	0	0	15,735	1,384	1,356	18,474
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	0	0	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		40,539	102,741	113,288	369,434	0	0	77,196	703,198	35,599	34,874	773,672
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		479	1,214	0	0	0	0	0	1,693	55	54	1,802
145	Other Nonreimbursable		0	0	9,849	35,954	0	0	0	45,803	665	651	47,119
	TOTAL	\$ 841,068	\$ 68,955	\$ 171,417	\$ 123,138	\$ 405,389	\$ -	\$ -	\$ 77,196	\$ 766,430	\$ 37,703	\$ 36,935	\$ 841,068

* (To Schedule 1)

** (To Adult Subacute Schedule 1)

*** (To Adult Subacute Schedule 2)

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

Provider Name:
ST. ANNE'S HOME

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

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	\$ 210,635	\$ 210,635										
010	Housekeeping	9,260	4,024	\$ 13,284									
060	Laundry and Linen	8,305	4,283	275	\$ 12,863								
065	Dietary	87,987	30,845	1,983	0	\$ 120,815							
155	Social Services	0	0	0	0	0	\$ -						
160	Activities	0	0	0	0	0	0	\$ -					
165	Administration	N/A	32,586	2,095	0	0	0	0		\$ 34,681	\$ 34,681		
166	Medical Records	204	0	0	0	0	0	0		204		\$ 204	
170	Inservice Education - Nursing	0	0	0	0	0	0	0	\$ -				
ANCILLARY SERVICES													
075	Patient Supplies	0	0	0	0	0	0	0	0	0	0	0	\$ -
077	Specialized Support Surfaces	0	0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy	0	13,600	874	0	0	0	0	0	14,474	1,273	7	15,754
081	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
082	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
083	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
085	Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0
090	Laboratory	0	0	0	0	0	0	0	0	0	0	0	0
095	Home Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100	Other Ancillary Services	0	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	0
ROUTINE SERVICES													
105	Skilled Nursing Care	63,506	123,834	7,962	11,834	110,100	0	0	0	317,236	32,746	193	350,175
110	Intermediate Care	0	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	0
120	Developmentally Disabled Care	0	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	0
128	Transitional Inpatient Care	0	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	0
135	Other Routine Services	0	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	0
140	Beauty and Barber	0	1,463	94	0	0	0	0	0	1,557	51	0	1,608
145	Other Nonreimbursable	0	0	0	1,029	10,715	0	0	0	11,744	611	4	12,359
	TOTAL	\$ 379,897	\$ 210,635	\$ 13,284	\$ 12,863	\$ 120,815	\$ -	\$ -	\$ -	\$ 345,012	\$ 34,681	\$ 204	\$ 379,897

* (To Schedule 1)
** (To Adult Subacute Schedule 1)
*** (To Adult Subacute Schedule 2)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ST. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

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)	\$ 260,140	100%							
	Property Tax (line 40)	0	0%	\$ 260,140						
005	Plant Operations and Maintenance			0	\$ -					
010	Housekeeping			4,970	0	\$ 4,970				
060	Laundry and Linen			5,290	0	103	\$ 5,393			
065	Dietary			38,094	0	742	0	\$ 38,836		
155	Social Services			0	0	0	0	0	\$ -	
160	Activities			0	0	0	0	0	0	\$ -
165	Administration			40,244	0	784	0	0	0	0
166	Medical Records			0	0	0	0	0	0	0
170	Inservice Education - Nursing			0	0	0	0	0	0	0
	ANCILLARY SERVICES									
075	Patient Supplies			0	0	0	0	0	0	0
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			16,796	0	327	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			152,938	0	2,979	4,961	35,392	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			1,807	0	35	0	0	0	0
145	Other Nonreimbursable			0	0	0	431	3,444	0	0
	TOTAL	\$ 260,140	100%	\$ 260,140	\$ -	\$ 4,970	\$ 5,393	\$ 38,836	\$ -	\$ -

* (To Schedule 1)

** (To Adult Subacute Schedule 1)

*** (To Adult Subacute Schedule 2)

ALLOCATION OF CAPITAL COSTS

Provider Name:
ST. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

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 100% Of Total	Property Tax 0% Of Total
GENERAL SERVICES										
	Capital Related (excluding lines 40 & 45)	\$ 260,140	100%							
	Property Tax (line 40)	0	0%							
005	Plant Operations and Maintenance									
010	Housekeeping									
060	Laundry and Linen									
065	Dietary									
155	Social Services									
160	Activities									
165	Administration				\$ 41,028	\$ 41,028				
166	Medical Records				0		\$ -			
170	Inservice Education - Nursing			\$ -						
ANCILLARY SERVICES										
075	Patient Supplies			0	0	0	0	\$ -	\$ -	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0
080	Physical Therapy			0	17,123	1,506	0	18,629	18,629	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			0	196,270	38,739	0	235,010	235,010	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	1,843	60	0	1,903	1,903	0
145	Other Nonreimbursable			0	3,876	723	0	4,599	4,599	0
	TOTAL	\$ 260,140	100%	\$ -	\$ 219,112	\$ 41,028	\$ -	\$ 260,140	\$ 260,140	\$ -

* (To Schedule 1)
 ** (To Adult Subacute Schedule 1)
 *** (To Adult Subacute Schedule 2)

ALLOCATION OF ADMINISTRATION AND OTHER DIRECT PASS-THROUGH COSTS

Provider Name: ST. ANNE'S HOME Provider Number: ZZR18215F NPI: 1700873957 OSHPD Facility Number: 206380958 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. 95% of Total	DPH License Fees 3% of Total	Liability Insurance 2% of Total	Quality Assur. Fees 0% of Total	Caregiver Training 0% of Total
GENERAL SERVICES														
045	Property Insurance	\$ 7,143												
055	Interest-Other	0												
165	Administration (Salaries & Wages, Fringe Benefits, Agency Staff and Other - Nonlabor)	431,092												
	Total Costs Allocable as Administration	438,235	95%											
167	DPH Licensing Fees	13,202	3%											
168	Liability Insurance	8,272	2%											
169	Quality Assurance Fees	0	0%											
174	Caregiver Training	0	0%											
	Total	459,709	100%						\$ 459,709					
ANCILLARY SERVICES														
075	Patient Supplies			\$ -	\$ -	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -
077	Specialized Support Surfaces			0	0	0	0	0	0	0	0	0	0	0
080	Physical Therapy			80,559	15,735	14,474	17,123	127,891	16,872	16,084	485	304	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	0	0	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			2,073,422	703,198	317,236	196,270	3,290,127	434,061	413,785	12,465	7,810	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			0	1,693	1,557	1,843	5,093	672	641	19	12	0	0
145	Other Nonreimbursable			0	45,803	11,744	3,876	61,423	8,103	7,725	233	146	0	0
	SUBTOTAL	\$ 459,709		\$ 2,153,981	\$ 766,430	\$ 345,012	\$ 219,112	\$ 3,484,535	\$ 459,709					
	Total Administrative Costs							\$ 459,709		\$ 438,235	\$ 13,202	\$ 8,272	\$ -	\$ -
	Unit Cost Multiplier							0.13192837						
	Accumulated Administration Costs (Sch 2 thru 5)				\$ 74,638	\$ 34,885	\$ 41,028	\$ 150,551						
	TOTAL FACILITY COSTS							\$ 4,094,795						

* (To Schedule 1)
 ** (To Adult Subacute Schedule 1)
 *** (To Adult Subacute Schedule 2)

STATISTICS FOR COST ALLOCATION

Provider Name:
ST. ANNE'S HOME

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

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

Line No.	DESCRIPTION	Capital (SQ FT) VARIOUS (Adj 7)	Plant Ops (SQ FT) 5 (Adj 7)	Hskpng (SQ FT) 10 (Adj 7)	Laundry (LBS) 60 (Adj 8)	Dietary (MEALS) 65 (Adj 9)	Soc Svcs (DIRECT EXP) 155	Activities (DIRECT EXP) 160	In-serv. Ed (DIRECT EXP) 170	Admin. (TOTAL ACCUM COST)	Med Records (TOTAL ACCUM COST)
	GENERAL SERVICES										
005	Plant Operations and Maintenance										
010	Housekeeping	638	638								
060	Laundry and Linen	679	679	679							
065	Dietary	4,890	4,890	4,890							
155	Social Services										
160	Activities										
165	Administration	5,166	5,166	5,166							
166	Medical Records										
170	Inservice Education - Nursing										
	ANCILLARY SERVICES										
075	Patient Supplies									0	0
077	Specialized Support Surfaces									0	0
080	Physical Therapy	2,156	2,156	2,156						127,891	127,891
081	Respiratory Therapy									0	0
082	Occupational Therapy									0	0
083	Speech Pathology									0	0
085	Pharmacy									0	0
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	19,632	19,632	19,632	226,851	48,591	1,978,628	1,978,628	1,978,628	3,290,127	3,290,127
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	0	0	0				0	0
140	Beauty and Barber	232	232	232						5,093	5,093
145	Other Nonreimbursable				19,722	4,729				61,423	61,423
	TOTAL STATISTICS	33,393	33,393	32,755	246,573	53,320	1,978,628	1,978,628	1,978,628	3,484,535	3,484,535
	TOTAL DIRECT SALARIES COSTS - SCH. 2 UNIT COST MULTIPLIER (DIRECT SALARIES)						\$ 49,987 0.025263465	\$ 108,313 0.054741467			
	TOTAL INDIRECT SALARIES COSTS - SCH. 3 UNIT COST MULTIPLIER (INDIRECT SALARIES)		\$ 68,955 2.06495373	\$ 171,417 5.23332134	\$ 123,138 0.49939583	\$ 405,389 7.60293633	\$ - 0.00000000	\$ - 0.00000000	\$ 77,196 0.03901491	\$ 37,703 0.01082006	\$ 36,935 0.01059969
	TOTAL INDIRECT OTHER COSTS - SCH. 4 UNIT COST MULTIPLIER (INDIRECT OTHER)		\$ 210,635 6.30775911	\$ 13,284 0.40556710	\$ 12,863 0.05216852	\$ 120,815 2.26585081	\$ - 0.00000000	\$ - 0.00000000	\$ - 0.00000000	\$ 34,681 0.00995285	\$ 204 0.00005854
	TOTAL CAPITAL COSTS - SCH. 5 UNIT COST MULTIPLIER (CAPITAL COSTS)	\$ 260,140 7.79025544	\$ - 0.00000000	\$ 4,970 0.15173815	\$ 5,393 0.02187025	\$ 38,836 0.72836363	\$ - 0.00000000	\$ - 0.00000000	\$ - 0.00000000	\$ 41,028 0.01177441	\$ - 0.00000000

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ST. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

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	\$ 46,015	\$ 0	\$ 46,015	(Sch 3)
005	.20-.39	Fringe Benefits	6200	22,940	0	22,940	(Sch 3)
005	.79	Agency Staff	6200	0	0	0	(Sch 3)
005	.40-.99	Other - Nonlabor	6200	210,635	0	210,635	(Sch 4)
005		Plant Operations and Maintenance - Total	6200	\$ 279,590	\$ 0	\$ 279,590	
010		Housekeeping					
010	.01-.19	Salaries and Wages	6300	\$ 119,024	\$ 0	\$ 119,024	(Sch 3)
010	.20-.39	Fringe Benefits	6300	51,076	0	51,076	(Sch 3)
010	.79	Agency Staff	6300	0	0	0	(Sch 3)
010	.40-.99	Other - Nonlabor	6300	9,260	0	9,260	(Sch 4)
010		Housekeeping - Total	6300	\$ 179,360	\$ 0	\$ 179,360	
015		Depreciation: Buildings and Improvements	7110 - 7120	\$ 233,258	0	\$ 233,258	(Sch 5)
020		Depreciation: Leasehold Improvements	7130	0	0	0	(Sch 5)
025		Depreciation: Equipment	7140	26,882	0	26,882	(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	0	0	0	(Sch 5)
045		Property Insurance	7400	6,853	290	7,143	(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		\$ 725,943	\$ 290	\$ 726,233	
060		Laundry and Linen					
060	.01-.19	Salaries and Wages	6400	\$ 81,433	\$ 0	\$ 81,433	(Sch 3)
060	.20-.39	Fringe Benefits	6400	36,749	0	36,749	(Sch 3)
060	.79	Agency Staff	6400	0	0	0	(Sch 3)
060	.40-.99	Other - Nonlabor	6400	8,305	0	8,305	(Sch 4)
060		Laundry and Linen - Total	6400	\$ 126,487	\$ 0	\$ 126,487	
065		Dietary					
065	.01-.19	Salaries and Wages	6500	\$ 253,684	\$ 0	\$ 253,684	(Sch 3)
065	.20-.39	Fringe Benefits	6500	116,016	0	116,016	(Sch 3)
065	.79	Agency Staff	6500	0	0	0	(Sch 3)
065	.40-.99	Other - Nonlabor	6500	87,987	0	87,987	(Sch 4)
065		Dietary - Total	6500	\$ 457,687	\$ 0	\$ 457,687	
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	0	0	0	(Sch 2)
075		Patient Supplies - Total	8100	\$ 0	\$ 0	\$ 0	(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. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

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	\$ 53,985	\$ 0	\$ 53,985	(Sch 2)
080	.20-.39	Fringe Benefits	8200	26,299	0	26,299	(Sch 2)
080	.79	Agency Staff	8200	0	0	0	(Sch 2)
080	.40-.99	Other - Nonlabor	8200	275	0	275	
080		Physical Therapy - Total	8200	\$ 80,559	\$ 0	\$ 80,559	(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	0	0	0	
085		Pharmacy - Total	8300	\$ 0	\$ 0	\$ 0	(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. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

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		\$ 80,559	\$ 0	\$ 80,559	
		Routine Services					
105		Skilled Nursing Care					
105	.01-.19	Salaries and Wages	6110	\$ 1,337,404	\$ (15,891)	\$ 1,321,513	(Sch 2)
105	.20-.39	Fringe Benefits	6110	593,609	0	593,609	(Sch 2)
105	.49	Agency Staff	6110	0	0	0	(Sch 2)
105	.40-.99	Other - Nonlabor	6110	63,506	0	63,506	(Sch 4)
105		Skilled Nursing Care - Total	6110	\$ 1,994,519	\$ (15,891)	\$ 1,978,628	
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. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

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	0	0	0	
140		Beauty and Barber - Total	8900	\$ 0	\$ 0	\$ 0	(Sch 2)
145		Other Nonreimbursable					
145	.01-.19	Salaries and Wages	9100	\$ 0	\$ 0	\$ 0	
145	.20-.39	Fringe Benefits	9100	0	0	0	
145	.49	Agency Staff	9100	0	0	0	
145	.40-.99	Other - Nonlabor	9100	0	0	0	
145		Other Nonreimbursable - Total	9100	\$ 0	\$ 0	\$ 0	(Sch 2)
146		Subtotal 105 - 145		\$ 1,994,519	\$ (15,891)	\$ 1,978,628	
155		Social Services					
155	.01-.19	Salaries and Wages	6600	\$ 30,416	\$ 0	\$ 30,416	(Sch 2)
155	.20-.39	Fringe Benefits	6600	19,571	0	19,571	(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	\$ 49,987	\$ 0	\$ 49,987	

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ST. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

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	\$ 64,928	\$ 0	\$ 64,928	(Sch 2)
160	.20-.39	Fringe Benefits	6700	43,385	0	43,385	(Sch 2)
160	.49	Agency Staff	6700	0	0	0	(Sch 2)
160	.40-.99	Other - Nonlabor	6700	0	0	0	(Sch 4)
160		Activities - Total	6700	\$ 108,313	\$ 0	\$ 108,313	
165		Administration					
165	.01-.19	Salaries and Wages	6900	\$ 245,494	\$ (67,954)	\$ 177,540	(Sch 6)
165	.20-.39	Fringe Benefits	6900	112,861	(36,203)	76,658	(Sch 6)
165	.49	Agency Staff	6900	0	0	0	(Sch 6)
165	.40-.99	Other - Nonlabor	6900	305,503	(128,609)	176,894	(Sch 6)
165		Administration - Total	6900	\$ 663,858	\$ (232,766)	\$ 431,092	
166		Medical Records					
166	.01-.19	Medical Records - Salaries and Wages	6900	\$ 24,506	\$ 0	\$ 24,506	(Sch 3)
166	.20-.39	Medical Records - Fringe Benefits	6900	12,429	0	12,429	(Sch 3)
166	.49	Medical Records - Agency Staff	6900	0	0	0	(Sch 3)
166	.40-.99	Medical Records - Other - Nonlabor	6900	204	0	204	(Sch 4)
166		Medical Records - Total	6900	\$ 37,139	\$ 0	\$ 37,139	
167		DPH Licensing Fees	6900	\$ 19,378	\$ (6,176)	\$ 13,202	(Sch 6)
168		Liability Insurance	6900	\$ 37,902	\$ (29,630)	\$ 8,272	(Sch 6)
169		Quality Assurance Fees	6900	\$ 0	\$ 0	\$ 0	(Sch 6)
170		Inservice Education - Nursing					
170	.01-.19	Salaries and Wages	6800	\$ 53,469	\$ 0	\$ 53,469	(Sch 3)
170	.20-.39	Fringe Benefits	6800	23,727	0	23,727	(Sch 3)
170	.49	Agency Staff	6800	0	0	0	(Sch 3)
170	.40-.99	Other - Nonlabor	6800	0	0	0	(Sch 4)
170		Inservice Education - Nursing - Total	6800	\$ 77,196	\$ 0	\$ 77,196	
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		\$ 993,773	\$ (268,572)	\$ 725,201	
200		Total		\$ 4,378,968	\$ (284,173)	\$ 4,094,795	

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

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ST. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS REPORTED	MEMO ADJUSTMENT	AS ADJUSTED
005		Plant Operations and Maintenance				
005	1	Salaries and Wages	1	\$ 121,960	\$ (75,945)	\$ 46,015
005	2	Fringe Benefits	1	60,801	(37,861)	22,940
005	3	Agency Staff				0
005	4	Other - Nonlabor	1	500,108	(289,473)	210,635
005	5	Plant Operations and Maintenance - Total		\$ 682,869	\$ (403,279)	\$ 279,590
010		Housekeeping				
010	1	Salaries and Wages	1	\$ 224,703	\$ (105,679)	\$ 119,024
010	2	Fringe Benefits	1	108,716	(57,640)	51,076
010	3	Agency Staff				0
010	4	Other - Nonlabor	1	24,544	(15,284)	9,260
010	5	Housekeeping - Total		\$ 357,963	\$ (178,603)	\$ 179,360
015	4	Depreciation: Buildings and Improvements	1	\$ 567,676	\$ (334,418)	\$ 233,258
020	4	Depreciation: Leasehold Improvements				0
025	4	Depreciation: Equipment	1	71,250	(44,368)	26,882
030	4	Depreciation and Amortization - Other				0
035	4	Leases and Rentals				0
040	4	Property Taxes				0
045	4	Property Insurance	1	18,163	(11,310)	6,853
050	4	Interest-Property, Plant, and Equipment				0
055	4	Interest-Other				0
		Subtotal 005 - 055		1,697,921	(971,978)	725,943
060		Laundry and Linen				
060	1	Salaries and Wages	1	\$ 158,171	\$ (76,738)	\$ 81,433
060	2	Fringe Benefits	1	71,379	(34,630)	36,749
060	3	Agency Staff				0
060	4	Other - Nonlabor	1	35,683	(27,378)	8,305
060	5	Laundry and Linen - Total		\$ 265,233	\$ (138,746)	\$ 126,487
065		Dietary				
065	1	Salaries and Wages	1	\$ 500,378	\$ (246,694)	\$ 253,684
065	2	Fringe Benefits	1	230,365	(114,349)	116,016
065	3	Agency Staff				0
065	4	Other - Nonlabor	1	112,231	(24,244)	87,987
065	5	Dietary - Total		\$ 842,974	\$ (385,287)	\$ 457,687
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
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
077	5	Specialized Support Surfaces - Total		\$ 0	\$ 0	\$ 0

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
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Provider Number:
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Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS REPORTED	MEMO ADJUSTMENT	AS ADJUSTED
080		Physical Therapy				
080	1	Salaries and Wages		\$ 53,985	\$ 0	\$ 53,985
080	2	Fringe Benefits		26,299	0	26,299
080	3	Agency Staff				0
080	4	Other - Nonlabor		275	0	275
080	5	Physical Therapy - Total		\$ 80,559	\$ 0	\$ 80,559
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				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
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

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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		\$ 80,559	\$ 0	\$ 80,559
		Routine Services				
105		Skilled Nursing Care				
105	1	Salaries and Wages		\$ 1,337,404	\$ 0	\$ 1,337,404
105	2	Fringe Benefits		593,609	0	593,609
105	3	Agency Staff				0
105	4	Other - Nonlabor	1	141,254	(77,748)	63,506
105	5	Skilled Nursing Care - Total		\$ 2,072,267	\$ (77,748)	\$ 1,994,519
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. ANNE'S HOME

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

Provider Number:
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NPI:
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OSHPD Facility Number:
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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	1	\$ 13,939	\$ (13,939)	\$ 0
139	2	Fringe Benefits	1	6,619	(6,619)	0
139	3	Agency Staff				0
139	4	Other - Nonlabor	1	95,510	(95,510)	0
139	5	Residential Care - Total		\$ 116,068	\$ (116,068)	\$ 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
140	5	Beauty and Barber - Total		\$ 0	\$ 0	\$ 0
145		Other Nonreimbursable				
145	1	Salaries and Wages		\$	\$	\$ 0
145	2	Fringe Benefits				0
145	3	Agency Staff				0
145	4	Other - Nonlabor				0
145	5	Other Nonreimbursable - Total		\$ 0	\$ 0	\$ 0
146		Subtotal 105 - 145		\$ 2,188,335	\$ (193,816)	\$ 1,994,519
155		Social Services				
155	1	Salaries and Wages	1	\$ 50,838	\$ (20,422)	\$ 30,416
155	2	Fringe Benefits	1	25,569	(5,998)	19,571
155	3	Agency Staff				0
155	4	Other - Nonlabor				0
155	5	Social Services - Total		\$ 76,407	\$ (26,420)	\$ 49,987
160		Activities				
160	1	Salaries and Wages	1	\$ 141,601	\$ (76,673)	\$ 64,928
160	2	Fringe Benefits	1	65,904	(22,519)	43,385
160	3	Agency Staff				0
160	4	Other - Nonlabor				0
160	5	Activities - Total		\$ 207,505	\$ (99,192)	\$ 108,313

SUMMARY OF AUDITED PROGRAM EXPENSES

Provider Name:
ST. ANNE'S HOME

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

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

Line No.	Sub No.	ACCOUNT TITLE	ADJ NO.	AS REPORTED	MEMO ADJUSTMENT	AS ADJUSTED
165		Administration				
165	1	Salaries and Wages		\$ 245,494	\$ 0	\$ 245,494
165	2	Fringe Benefits		112,861	0	112,861
165	3	Agency Staff				0
165	4	Other - Nonlabor	1	399,452	(93,949)	305,503
165	5	Administration - Total		\$ 757,807	\$ (93,949)	\$ 663,858
166		Medical Records				
166	1	Medical Records - Salaries and Wages		\$ 24,506	\$ 0	\$ 24,506
166	2	Medical Records - Fringe Benefits		12,429	0	12,429
166	3	Medical Records - Agency Staff				0
166	4	Medical Records - Other - Nonlabor		204	0	204
166	5	Medical Records - Total		\$ 37,139	\$ 0	\$ 37,139
167	4	DPH Licensing Fees ***		\$ 19,378	\$ 0	\$ 19,378
168	4	Liability Insurance ***		\$ 37,902	\$ 0	\$ 37,902
169	4	Quality Assurance Fees ***		\$	\$	\$ 0
170		Inservice Education - Nursing				
170	1	Salaries and Wages		\$ 53,469	\$ 0	\$ 53,469
170	2	Fringe Benefits		23,727	0	23,727
170	3	Agency Staff				0
170	4	Other - Nonlabor				0
170	5	Inservice Education - Nursing - Total		\$ 77,196	\$ 0	\$ 77,196
174		Caregiver Training ***				
174	1	Salaries and Wages		\$	\$	\$ 0
174	2	Fringe Benefits				0
174	3	Agency Staff				0
174	4	Other - Nonlabor				0
174	5	Caregiver Training - Total		\$ 0	\$ 0	\$ 0
		Subtotal 155 - 174		\$ 1,213,334	\$ (219,561)	\$ 993,773
200		Total		\$ 6,288,356	\$ (1,909,388)	\$ 4,378,968

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:
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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 5	AUDIT ADJ 6	AUDIT ADJ	AUDIT ADJ
005	1	Plant Operations and Maintenance - Salaries and Wages	0							
005	2	Plant Operations and Maintenance - Fringe Benefits	0							
005	3	Plant Operations and Maintenance - Agency Staff	0							
005	4	Plant Operations and Maintenance - Other - Nonlabor	0							
010	1	Housekeeping - Salaries and Wages	0							
010	2	Housekeeping - Fringe Benefits	0							
010	3	Housekeeping - Agency Staff	0							
010	4	Housekeeping - Other - Nonlabor	0							
015	4	Depreciation: Buildings and Improvements	0							
020	4	Depreciation: Leasehold Improvements	0							
025	4	Depreciation: Equipment	0							
030	4	Depreciation and Amortization - Other	0							
035	4	Leases and Rentals	0							
040	4	Property Taxes	0							
045	4	Property Insurance	290		290					
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							

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Line No.	Sub No.		TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	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	(15,891)				(15,891)			
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							

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Line No.	Sub No.		TOTAL ADJ (Pages 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	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	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	(67,954)				10,794	(78,748)		
165	2	Administration - Fringe Benefits	(36,203)					(36,203)		
165	3	Administration - Agency Staff	0							
165	4	Administration - Other - Nonlabor	(128,609)	(22,964)	18,293	4,195		(128,133)		
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	(6,176)			(6,176)				
168	4	Liability Insurance	(29,630)		(17,472)			(12,158)		
169	4	Quality Assurance Fees	0							
170	1	Inservice Education - Nursing - Salaries and Wages	0							
170	2	Inservice Education - Nursing - Fringe Benefits	0							
170	3	Inservice Education - Nursing - Medical Records - Salaries and Wages	0							
170	4	Inservice Education - Nursing - Medical Records - Fringe Benefits	0							
174	1	Caregiver Training - Salaries and Wages	0							
174	2	Caregiver Training - Fringe Benefits	0							

Provider Name:
ST. ANNE'S HOME

Provider Number:
ZZR18215F

NPI:
1700873957

OSHPD Facility Number:
206380958

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 5	AUDIT ADJ 6	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>(\$284,173)</u> (To Sch 8)	<u>(22,964)</u>	<u>1,111</u>	<u>(1,981)</u>	<u>(5,097)</u>	<u>(255,242)</u>	<u>0</u>	<u>0</u>

Provider Name							Fiscal Period	Provider Number		Adjustments
ST. ANNE'S HOME							JANUARY 1 THROUGH DECEMBER 31, 2009	ZZR18215F		10
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.				
MEMORANDUM ADJUSTMENT										
1	10.5	005	1	8A-1	005	1	Plant Operations and Maintenance - Salaries and Wages	\$121,960	(\$75,945)	\$46,015
	10.5	005	2	8A-1	005	2	Plant Operations and Maintenance - Fringe Benefits	60,801	(37,861)	22,940
	10.5	005	4	8A-1	005	4	Plant Operations and Maintenance - Other - Nonlabor	500,108	(289,473)	210,635
	10.5	010	1	8A-1	010	1	Housekeeping - Salaries and Wages	224,703	(105,679)	119,024
	10.5	010	2	8A-1	010	2	Housekeeping - Fringe Benefits	108,716	(57,640)	51,076
	10.5	010	4	8A-1	010	4	Housekeeping - Other - Nonlabor	24,544	(15,284)	9,260
	10.5	015	4	8A-1	015	4	Depreciation - Buildings and Improvements	567,676	(334,418)	233,258
	10.5	025	4	8A-1	025	4	Depreciation - Equipment	71,250	(44,368)	26,882
	10.5	045	4	8A-1	045	4	Property Insurance	18,163	(11,310)	6,853 *
	10.5	060	1	8A-1	060	1	Laundry and Linen - Salaries and Wages	158,171	(76,738)	81,433
	10.5	060	2	8A-1	060	2	Laundry and Linen - Fringe Benefits	71,379	(34,630)	36,749
	10.5	060	4	8A-1	060	4	Laundry and Linen - Other - Nonlabor	35,683	(27,378)	8,305
	10.5	065	1	8A-1	065	1	Dietary - Salaries and Wages	500,378	(246,694)	253,684
	10.5	065	2	8A-1	065	2	Dietary - Fringe Benefits	230,365	(114,349)	116,016
	10.5	065	4	8A-1	065	4	Dietary - Other - Nonlabor	112,231	(24,244)	87,987
	10.5	105	4	8A-1	105	4	Skilled Nursing Care - Other - Nonlabor	141,254	(77,748)	63,506
	10.5	139	1	8A-1	139	1	Residential Care - Salaries and Wages	13,939	(13,939)	0
	10.5	139	2	8A-1	139	2	Residential Care - Fringe Benefits	6,619	(6,619)	0
	10.5	139	4	8A-1	139	4	Residential Care - Other - Nonlabor	95,510	(95,510)	0
	10.5	155	1	8A-1	155	1	Social Services - Salaries and Wages	50,838	(20,422)	30,416
	10.5	155	2	8A-1	155	2	Social Services - Fringe Benefits	25,569	(5,998)	19,571
	10.5	160	1	8A-1	160	1	Activities - Salaries and Wages	141,601	(76,673)	64,928
	10.5	160	2	8A-1	160	2	Activities - Fringe Benefits	65,904	(22,519)	43,385
	10.5	165	4	8A-1	165	4	Administration - Other - Nonlabor	399,452	(93,949)	305,503 *
							To reconcile provider's reported costs on page 10.5 to provider's reported costs on page 10.1 column 14.			
							CMS Pub. 15-1, Sections 2300 and 2304			

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider Number		Adjustments	
ST. ANNE'S HOME							JANUARY 1 THROUGH DECEMBER 31, 2009	ZZR18215F		10	
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.					
ADJUSTMENTS TO REPORTED COSTS											
2	10.5	165	4	8A-2	165	4	Administration - Other - Nonlabor To adjust the reported costs to reflect the proper apportionment factor. CMS Pub. 15-1, Sections 2300 and 2304	*	\$305,503	(\$22,964)	\$282,539 *
3	10.5	045	4	8A-2	045	4	Property Insurance	*	\$6,853	\$290	\$7,143
	10.5	165	4	8A-2	165	4	Administration - Other - Nonlabor	*	282,539	18,293	300,832 *
	10.5	168	4	8A-2	168	4	Liability Insurance To adjust the reported insurance expenses to agree with provider's record for proper cost determination. CMS. Pub. 15-1, Sections 2300 and 2302		37,902	(17,472)	20,430 *
4	10.5	165	4	8A-2	165	4	Administration - Other - Nonlabor	*	\$300,832	\$4,195	\$305,027 *
	10.5	167	4	8A-2	167	4	DPH Licensing Fees To reclassify the reported cost to the proper cost center and reflect the proper apportionment factor. CMS. Pub. 15-1, Sections 2300 and 2302		19,378	(6,176)	13,202
5	10.5	105	1	8A-2	105	1	Skilled Nursing Care - Salaries and Wages		\$1,337,404	(\$15,891)	\$1,321,513
	10.5	165	1	8A-2	165	1	Administration - Salaries and Wages To reclassify the reported driver's salaries to the proper cost center and reflect the proper apportionment factor. CMS. Pub. 15-1, Sections 2203, 2300, and 2304		245,494	10,794	256,288 *
6	10.5	165	1	8A-2	165	1	Administration - Salaries and Wages	*	\$256,288	(\$78,748)	\$177,540
	10.5	165	2	8A-2	165	2	Administration - Fringe Benefits		112,861	(36,203)	76,658
	10.5	165	4	8A-2	165	4	Administration - Other - Nonlabor	*	305,027	(128,133)	176,894
	10.5	168	4	8A-2	168	4	Liability Insurance To adjust the reported Administrative expenses to exclude the portion applicable to the Residential Care unit. CMS. Pub. 15-1, Sections 2203, 2300, and 2304	*	20,430	(12,158)	8,272

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider Number		Adjustments
ST. ANNE'S HOME							JANUARY 1 THROUGH DECEMBER 31, 2009		ZZR18215F		10
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 STATISTICS											
7	10.7	010	1,2	7	010	N/A	Housekeeping (Square Feet)	1,692	(1,054)	638	
	10.7	060	1,2,3	7	060	N/A	Laundry and Linen	1,319	(640)	679	
	10.7	065	1,2,3	7	065	N/A	Dietary	5,984	(1,094)	4,890	
	10.7	105	1,2,3	7	105	N/A	Skilled Nursing Care	21,441	(1,809)	19,632	
	10.7	139	1,2,3	7	139	N/A	Residential Care	39,328	(39,328)	0	
	10.7	165	1,2,3	7	165	N/A	Administration	10,035	(4,869)	5,166	
	10.7	175	1	7	175	N/A	Total Statistics - Square Feet - Capital	82,187	(48,794)	33,393	
	10.7	175	2	7	175	N/A	Total Statistics - Square Feet - Plant Operations and Maintenance	82,187	(48,794)	33,393	
	10.7	175	3	7	175	N/A	Total Statistics - Square Feet - Housekeeping	80,495	(47,740)	32,755	
To adjust the reported square footage statistics to agree with provider's record for proper cost allocation.											
CMS. Pub. 15-1, Sections 2304 and 2306											
8	10.7	139	4	7	139	N/A	Residential Care (Pounds of Laundry)	175,464	(175,464)	0	
	10.7	145	4	7	145	N/A	Other Nonreimbursable	38,306	(18,584)	19,722	
	10.7	175	4	7	175	N/A	Total Statistics - Pounds of Laundry	440,621	(194,048)	246,573	
To adjust the reported Laundry and Linen statistics for proper cost allocation.											
CMS. Pub. 15-1, Sections 2304 and 2306											
9	10.7	139	5	7	139	N/A	Residential Care (Meals Served)	37,584	(37,584)	0	
	10.7	145	5	7	145	N/A	Other Nonreimbursable	11,460	(6,731)	4,729	
	10.7	175	5	7	175	N/A	Total Statistics - Meals Served	97,635	(44,315)	53,320	
To adjust the reported Dietary statistics for proper cost allocation.											
CMS. Pub. 15-1, Sections 2304 and 2306											

Provider Name							Fiscal Period	Provider Number		Adjustments
ST. ANNE'S HOME							JANUARY 1 THROUGH DECEMBER 31, 2009	ZZR18215F		10
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 PATIENT DAYS</u>										
10	11(2)	105		1	12	N/A	Total Patient Days To adjust total patient days to agree with the provider's patient census reports. CMS Pub. 15-1, Sections 2205 and 2304	16,197	6	16,203