



Masonic Home of Delaware, Inc.

**Examination Report
Medicaid Cost Report
and Nursing Wage Survey**

June 30, 2013

Report Issued: January 5, 2015

The report accompanying these financial statements was issued by BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.



Masonic Home of Delaware, Inc.

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Independent Accountants' Report

State of Delaware
Office of Auditor of Accounts
Department of Health & Social Services
Division of Social Services Medicaid
Dover, Delaware

We have examined management's assertions that Masonic Home of Delaware, Inc. (the "Facility") has complied with federal requirements (42 CFR 447.253 and 483 Subpart B) and state requirements (Title XIX Delaware Medicaid State Plan, Attachment 4.19D), as applicable, relative to the Facility's fiscal records of the Department of Health and Social Services (DHSS), Division of Social Services, Medicaid Long-Term Care Facilities' Statement of Reimbursement Costs for Skilled and Intermediate Care Nursing Facilities - Title XIX and Nursing Wage Survey ("Statement" and "Survey", respectively) for the fiscal year ended June 30, 2013. The Facility's management is responsible for the assertions. Our responsibility is to express an opinion on the assertions based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and United States Government Accountability Office, *Government Auditing Standards* and, accordingly, included examining, on a test basis, evidence supporting management's assertions and performing such other tests as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion.

In our opinion, except for the items listed as adjustments on the accompanying Schedule of Adjustments on pages 4-7, management's assertions referred to above are fairly stated, in all material respects, based on the federal requirements (42 CFR 447.253 and 483 Subpart B) and state requirements (Title XIX Delaware Medicaid State Plan, Attachment 4.19D).

In accordance with *Government Auditing Standards*, we also issued our report dated December 15, 2014, on our consideration of the Facility's internal control over reporting for the Statement and Survey and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting and compliance. That report is an integral part of an examination performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our examination.



This report is intended solely for the information and use of the Office of Auditor of Accounts of the State of Delaware, the Department of Health and Social Services of the State of Delaware, the Board of Directors and management of the Facility, Office of the Governor, Office of the Controller General, Office of the Attorney General, Office of Management and Budget, Office of the State Treasurer, and the Department of Finance. However, under 29 Del. C., Section 10002, this report is available to the public and its distribution is not limited.

BDO USA, LLP

December 15, 2014

Masonic Home of Delaware, Inc.

Schedule of Adjustments to the Statement of Reimbursement Cost for Skilled and Intermediate Care Nursing Facilities - Title XIX and the Nursing Wage Survey

Year ended June 30, 2013

Description	Page	Line	As Filed Amounts	Examination Adjustments		Adjusted Amounts	Adjusted Cost Per Day	Note Ref.
				No.	Amount			
<u>PART I - COST REPORT TRIAL BALANCE AND ADJUSTMENTS</u>								
<i>Primary Patient Care Costs (lines 1-5)</i>								
Nursing Staff Salaries								
Agency Costs	2	1a	\$ -		\$ -	\$ -		
Staff Nurse	2	1b	858,236		-	858,236		
			<u>858,236</u>		<u>-</u>	<u>858,236</u>		
Nursing Staff Benefits	2	2	127,502		-	127,502		
Nursing Training Salaries	2	3	4,220		-	4,220		
Other	2	4	-		-	-		
			<u>-</u>		<u>-</u>	<u>-</u>		
Subtotal - Primary Patient Care Costs	2	5	989,958		-	989,958	\$ 173.28	
<i>Secondary Patient Care Costs (lines 6-14)</i>								
Clinical Consultants	2	6	102,573		-	102,573		
Social Services	2	7	27,863		-	27,863		
Employee Benefits	2	8	5,024		-	5,024		
Raw Food	2	9	54,859		-	54,859		
Medical Supplies	2	10	15,702		-	15,702		
Pharmacy	2	11	4,873		-	4,873		
Other - Allowable Ancillary	2	12	13,905		-	13,905		
			<u>13,905</u>		<u>-</u>	<u>13,905</u>		
Subtotal - Secondary Patient Care Costs	2	14	224,799		-	224,799	39.35	
<i>Support Service Costs (lines 15-22)</i>								
Dietary	2	15	335,841		-	335,841		
Operation and Maintenance of Facility	2	16	518,399		-	518,399		
Housekeeping	2	17	162,044		-	162,044		
Laundry & Linen	2	18	54,700		-	54,700		
Patient Recreation	2	19	77,236		-	77,236		
Employee Benefits	2	20	92,574		-	92,574		
Other	2	21	7,112		-	7,112		
			<u>7,112</u>		<u>-</u>	<u>7,112</u>		
Subtotal - Support Service Costs	2	22	1,247,906		-	1,247,906	218.43	

Masonic Home of Delaware, Inc.

Schedule of Adjustments to the Statement of Reimbursement Cost for Skilled and Intermediate Care Nursing Facilities - Title XIX and the Nursing Wage Survey, continued

Year ended June 30, 2013

<u>Description</u>	<u>Page</u>	<u>Line</u>	<u>As Filed Amounts</u>	<u>Examination Adjustments</u>		<u>Adjusted Amounts</u>	<u>Adjusted Cost Per Day</u>	<u>Note Ref.</u>
				<u>No.</u>	<u>Amount</u>			
<i>Administrative & Routine Costs (lines 23-32)</i>								
Owner/Executive Director Salary	2	23	60,435		-	60,435		
Medical and Nursing Director Salary	2	24	110,627		-	110,627		
Other Administrative Salaries	2	25	163,261		-	163,261		
Employee Benefits	2	26	45,544		-	45,544		
Medical Records	2	27	-		-	-		
Training	3	28	-		-	-		
Interest - Working Capital	3	29	-		-	-		
Home Office - Admin	3	30	-		-	-		
Other	3	31	191,172		-	191,172		
			<hr/>		<hr/>	<hr/>		
Subtotal - Administrative & Routine Costs	3	32	571,039		-	571,039	99.95	
<i>Capital Costs (lines 33-39)</i>								
Lease Costs	4	33	972		-	972		
Interest - Mortgage	4	34	-		-	-		
Property Taxes	4	35	-		-	-		
Depreciation	4	36	148,589		-	148,589		
Home Office Capital	4	37	-		-	-		
Other	4	38	24,098		-	24,098		
			<hr/>		<hr/>	<hr/>		
Subtotal - Capital Costs	4	39	173,659		-	173,659	30.40	
SUBTOTAL (lines 1-39)	4	40	3,207,361		-	3,207,361	561.40	

Masonic Home of Delaware, Inc.

Schedule of Adjustments to the Statement of Reimbursement Cost for Skilled and Intermediate Care Nursing Facilities - Title XIX and the Nursing Wage Survey, continued

Year ended June 30, 2013

Description	Page	Line	As Filed Amounts	Examination Adjustments		Adjusted Amounts	Adjusted Cost Per Day	Note Ref.
				No.	Amount			
<i>Ancillary Costs - (lines 41-49)</i>								
Laboratory	4	41	4,986	-	-	4,986		
X-Rays	4	42	5,743	-	-	5,743		
Physical Therapy	4	43	115,881	-	-	115,881		
Occupational Therapy	4	44	95,752	-	-	95,752		
Speech Therapy	4	45	25,416	-	-	25,416		
Pharmacy (Rx)	4	46	47,513	-	-	47,513		
Oxygen	4	47	546	-	-	546		
Non Allowable Expenses	4	48	-	-	-	-		
Subtotal - Ancillary Costs	4	49	295,837	-	-	295,837	51.78	
<i>Other Costs - (lines 50-52)</i>								
Gift, Beauty Shop, etc.	4	50	565	-	-	565		
Util. Review	4	51	-	-	-	-		
Subtotal Other Costs	4	52	565	-	-	565	0.10	
TOTAL COSTS	4	53	\$ 3,503,763	\$ -	\$ -	\$ 3,503,763	\$ 613.30	

PART II - COST REPORT PATIENT DAYS

Total beds	7	1, 3	25	-	-	25	
Total bed days available	7	4	9,125	-	-	9,125	
Medicaid Patient Days	7	5D	985	-	-	985	
Medicare Patient Days	7	5F	1,761	-	-	1,761	
Private Pay Patient Days	7	5G,H	2,667	-	-	2,667	
Other Patient Days	7	5I	300	-	-	300	
Total census days	7	5J	5,713	-	-	5,713	
90% minimum census threshold	7		8,213	-	-	8,213	

Masonic Home of Delaware, Inc.

Schedule of Adjustments to the Statement of Reimbursement Cost for Skilled and Intermediate Care Nursing Facilities - Title XIX and the Nursing Wage Survey, continued

Year ended June 30, 2013

<u>Description</u>	<u>Page</u>	<u>Line</u>	<u>As Filed Amounts</u>	<u>Examination Adjustments</u>		<u>Adjusted Amounts</u>	<u>Note Ref.</u>
				<u>No.</u>	<u>Amount</u>		
<u>PART III - NURSING WAGE SURVEY</u>							
<i>II. Staff Nurse Information</i>							
RNs - Total Payroll	9	B	14,362		280	14,642	NWS-1
RNs - Total Hours	9	B	414		8	422	NWS-1
LPNs - Total Number	9	B	-		4	4	NWS-1
LPNs - Total Payroll	9	B	-		4,975	4,975	NWS-1
LPNs - Total Hours	9	B	-		185	185	NWS-1
CNAs - Total Number	9	B	13		4	17	NWS-1
CNAs - Total Payroll	9	B	9,944		3,362	13,306	NWS-1
CNAs - Total Hours	9	B	739		234	973	NWS-1

PART IV - DETAILED EXPLANATION OF ADJUSTMENTS

NWS-1 *To adjust Nursing Wage Survey to agree to supporting documentation.*



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Independent Accountants' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Examination of Financial Statements Performed in Accordance With *Government Auditing Standards*

State of Delaware
Office of Auditor of Accounts
Department of Health & Social Services
Division of Social Services Medicaid
Dover, Delaware

We have examined management's assertions that Masonic Home of Delaware, Inc. (the "Facility") has complied with federal requirements (42 CRF 447.253 and 483 Subpart B) and state requirements (Title XIX Delaware Medicaid State Plan, Attachment 4.19D), as applicable, relative to the Facility's fiscal records of the Department of Health and Social Services (DHSS), Division of Social Services, Medicaid Long-Term Care Facilities' Statement of Reimbursement Costs for Skilled and Intermediate Care Nursing Facilities - Title XIX and Nursing Wage Survey ("Statement" and "Survey", respectively) for the fiscal year ended June 30, 2013, and have issued our report thereon dated December 15, 2014, which was qualified due to the required adjustments reported in the Schedule of Adjustments accompanying it. We conducted our examination in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to financial examinations contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America.

Internal Control Over Reporting

Management of the Facility is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our examination, we considered the Facility's internal control over financial reporting in order to determine our examination procedures for the purpose of expressing our opinions on management's assertions, but not for the purposes of expressing an opinion on the effectiveness of the Facility's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Facility's internal control over financial reporting.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Statement and/or Survey will not be prevented, or detected and corrected on a timely basis.



Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Facility's Statement and Survey are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of reported amounts. However, providing an opinion on compliance with those provisions was not an objective of our examination, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

We noted certain matters that we reported to management of the Facility in a separate letter dated December 15, 2014.

This report is intended solely for the information and use of the Office of Auditor of Accounts of the State of Delaware, the Department of Health and Social Services of the State of Delaware, the Board of Directors and management of the Facility, Office of the Governor, Office of the Controller General, Office of the Attorney General, Office of Management and Budget, Office of the State Treasurer, and the Department of Finance. However, under 29 Del. C., Section 10002, this report is available to the public and its distribution is not limited.

BDO USA, LLP

December 15, 2014

Masonic Home of Delaware, Inc.
Schedule of Findings and Responses

June 30, 2013

CURRENT YEAR CONDITIONS

NONE