



## **Atlantic Shores Rehabilitation and Health Center**

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

June 30, 2014

Report Issued: March 2, 2016

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.



# Atlantic Shores Rehabilitation and Health Center

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## Independent Accountant's 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 Atlantic Shores Rehabilitation and Health Center (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, 2014. 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 February 5, 2016, 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*

February 5, 2016

# Atlantic Shores Rehabilitation & Health Center

## 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, 2014

| Description  | Page     | Line      | As Filed<br>Amounts | Examination<br>Adjustments |          | Adjusted<br>Amounts | Adjusted<br>Cost<br>Per Day | Note<br>Ref. |
|--|----------|-----------|---------------------|----------------------------|----------|---------------------|-----------------------------|--------------|
|  |          |           |                     | No.                        | Amount   |                     |                             |              |
| <b><u>PART I - COST REPORT TRIAL BALANCE AND ADJUSTMENTS</u></b> |          |           |                     |                            |          |                     |                             |              |
| <i>Primary Patient Care Costs (lines 1-5)</i>                    |          |           |                     |                            |          |                     |                             |              |
| Nursing Staff Salaries   |          |           |                     |                            |          |                     |                             |              |
| Agency Costs   | 2        | 1a        | \$ -                |                            | \$ -     | \$ -                |                             |              |
| Staff Nurse  | 2        | 1b        | 4,892,714           |                            | -        | 4,892,714           |                             |              |
|  |          |           | 4,892,714           |                            | -        | 4,892,714           |                             |              |
| Nursing Staff Benefits   | 2        | 2         | 1,082,123           |                            | -        | 1,082,123           |                             |              |
| Nursing Training Salaries  | 2        | 3         | 82,837              |                            | -        | 82,837              |                             |              |
| Other  | 2        | 4         | 2,926               |                            | -        | 2,926               |                             |              |
| <b>Subtotal - Primary Patient Care Costs</b>                     | <b>2</b> | <b>5</b>  | <b>6,060,600</b>    |                            | <b>-</b> | <b>6,060,600</b>    | <b>\$ 95.74</b>             |              |
| <i>Secondary Patient Care Costs (lines 6-14)</i>                 |          |           |                     |                            |          |                     |                             |              |
| Clinical Consultants   | 2        | 6         | 154,899             |                            | -        | 154,899             |                             |              |
| Social Services  | 2        | 7         | 113,545             |                            | -        | 113,545             |                             |              |
| Employee Benefits  | 2        | 8         | 26,137              |                            | -        | 26,137              |                             |              |
| Raw Food   | 2        | 9         | 455,338             |                            | -        | 455,338             |                             |              |
| Medical Supplies   | 2        | 10        | 492,912             |                            | -        | 492,912             |                             |              |
| Pharmacy   | 2        | 11        | 51,665              |                            | -        | 51,665              |                             |              |
| Other - Allowable Ancillary                                      | 2        | 12        | 41,877              |                            | -        | 41,877              |                             |              |
| <b>Subtotal - Secondary Patient Care Costs</b>                   | <b>2</b> | <b>14</b> | <b>1,336,373</b>    |                            | <b>-</b> | <b>1,336,373</b>    | <b>21.11</b>                |              |
| <i>Support Service Costs (lines 15-22)</i>                       |          |           |                     |                            |          |                     |                             |              |
| Dietary  | 2        | 15        | 618,996             |                            | -        | 618,996             |                             |              |
| Operation and Maintenance of Facility                            | 2        | 16        | 703,787             |                            | -        | 703,787             |                             |              |
| Housekeeping   | 2        | 17        | 290,288             |                            | -        | 290,288             |                             |              |
| Laundry & Linen  | 2        | 18        | 297,439             |                            | -        | 297,439             |                             |              |
| Patient Recreation   | 2        | 19        | 189,520             |                            | -        | 189,520             |                             |              |
| Employee Benefits  | 2        | 20        | 166,695             |                            | -        | 166,695             |                             |              |
| Other  | 2        | 21        | -                   |                            | -        | -                   |                             |              |
| <b>Subtotal - Support Service Costs</b>                          | <b>2</b> | <b>22</b> | <b>2,266,725</b>    |                            | <b>-</b> | <b>2,266,725</b>    | <b>35.81</b>                |              |

# Atlantic Shores Rehabilitation & Health Center

## 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, 2014

| <u>Description</u>                                      | <u>Page</u> | <u>Line</u> | <u>As Filed<br/>Amounts</u> | <u>Examination<br/>Adjustments</u> |               | <u>Adjusted<br/>Amounts</u> | <u>Adjusted<br/>Cost<br/>Per Day</u> | <u>Note<br/>Ref.</u> |
|---|-------------|-------------|-----------------------------|------------------------------------|---------------|-----------------------------|--------------------------------------|----------------------|
|   |             |             |                             | <u>No.</u>                         | <u>Amount</u> |                             |                                      |                      |
| <i>Administrative &amp; Routine Costs (lines 23-32)</i> |             |             |                             |                                    |               |                             |                                      |                      |
| Owner/Executive Director Salary                         | 2           | 23          | 142,121                     | -                                  |               | 142,121                     |                                      |                      |
| Medical and Nursing Director Salary                     | 2           | 24          | 175,449                     | -                                  |               | 175,449                     |                                      |                      |
| Other Administrative Salaries                           | 2           | 25          | 997,262                     | -                                  |               | 997,262                     |                                      |                      |
| Employee Benefits                                       | 2           | 26          | 220,486                     | -                                  |               | 220,486                     |                                      |                      |
| Medical Records   | 2           | 27          | 3,549                       | -                                  |               | 3,549                       |                                      |                      |
| Training  | 2           | 28          | -                           | -                                  |               | -                           |                                      |                      |
| Interest - Working Capital                              | 2           | 29          | 2,266                       | -                                  |               | 2,266                       |                                      |                      |
| Home Office - Admin                                     | 2           | 30          | -                           | -                                  |               | -                           |                                      |                      |
| Other   | 2           | 31          | 1,796,080                   | -                                  |               | 1,796,080                   |                                      |                      |
| <b>Subtotal - Administrative &amp; Routine Costs</b>    | <b>2</b>    | <b>32</b>   | <b>3,337,213</b>            | <b>-</b>                           |               | <b>3,337,213</b>            | <b>52.72</b>                         |                      |
| <i>Capital Costs (lines 33-39)</i>                      |             |             |                             |                                    |               |                             |                                      |                      |
| Lease Costs   | 3           | 33          | 2,363,942                   | -                                  |               | 2,363,942                   |                                      |                      |
| Interest - Mortgage                                     | 3           | 34          | -                           | -                                  |               | -                           |                                      |                      |
| Property Taxes  | 3           | 35          | 48,549                      | -                                  |               | 48,549                      |                                      |                      |
| Depreciation  | 3           | 36          | 109,620                     | -                                  |               | 109,620                     |                                      |                      |
| Home Office Capital                                     | 3           | 37          | -                           | -                                  |               | -                           |                                      |                      |
| Other   | 3           | 38          | 52,426                      | -                                  |               | 52,426                      |                                      |                      |
| <b>Subtotal - Capital Costs</b>                         | <b>3</b>    | <b>39</b>   | <b>2,574,537</b>            | <b>-</b>                           |               | <b>2,574,537</b>            | <b>40.67</b>                         |                      |
| <b>SUBTOTAL (lines 1-39)</b>                            | <b>3</b>    | <b>40</b>   | <b>15,575,448</b>           | <b>-</b>                           |               | <b>15,575,448</b>           | <b>246.04</b>                        |                      |

## Atlantic Shores Rehabilitation & Health Center

### 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, 2014

| Description                          | Page     | Line      | As Filed<br>Amounts  | Examination<br>Adjustments |             | Adjusted<br>Amounts  | Adjusted<br>Cost<br>Per Day | Note<br>Ref. |
|--------------------------------------|----------|-----------|----------------------|----------------------------|-------------|----------------------|-----------------------------|--------------|
|                                      |          |           |                      | No.                        | Amount      |                      |                             |              |
| <i>Ancillary Costs (lines 41-49)</i> |          |           |                      |                            |             |                      |                             |              |
| Laboratory                           | 3        | 41        | 65,392               | -                          | -           | 65,392               |                             |              |
| X-Rays                               | 3        | 42        | 24,800               | -                          | -           | 24,800               |                             |              |
| Physical Therapy                     | 3        | 43        | 865,920              | -                          | -           | 865,920              |                             |              |
| Occupational Therapy                 | 3        | 44        | 483,558              | -                          | -           | 483,558              |                             |              |
| Speech Therapy                       | 3        | 45        | 124,054              | -                          | -           | 124,054              |                             |              |
| Pharmacy (Rx)                        | 3        | 46        | 581,561              | -                          | -           | 581,561              |                             |              |
| Oxygen                               | 3        | 47        | 15,025               | -                          | -           | 15,025               |                             |              |
| Non Allowable Expenses               | 3        | 48        | 5,084                | -                          | -           | 5,084                |                             |              |
| <b>Subtotal - Ancillary Costs</b>    | <b>3</b> | <b>49</b> | <b>2,165,394</b>     | <b>-</b>                   | <b>-</b>    | <b>2,165,394</b>     | <b>34.21</b>                |              |
| <i>Other Costs (lines 50-52)</i>     |          |           |                      |                            |             |                      |                             |              |
| Gift, Beauty Shop, etc.              | 3        | 50        | 3,679                | -                          | -           | 3,679                |                             |              |
| Util. Review                         | 3        | 51        | -                    | -                          | -           | -                    |                             |              |
| <b>Subtotal - Other Costs</b>        | <b>3</b> | <b>52</b> | <b>3,679</b>         | <b>-</b>                   | <b>-</b>    | <b>3,679</b>         | <b>0.06</b>                 |              |
| <b>TOTAL COSTS</b>                   | <b>3</b> | <b>53</b> | <b>\$ 17,744,521</b> | <b>\$ -</b>                | <b>\$ -</b> | <b>\$ 17,744,521</b> | <b>\$ 280.31</b>            |              |

#### PART II - COST REPORT PATIENT DAYS

|                              |          |           |               |          |          |               |  |     |
|------------------------------|----------|-----------|---------------|----------|----------|---------------|--|-----|
| Total Beds                   | 6        | 1, 3      | 181           | -        | -        | 181           |  |     |
| Total Bed Days Available     | 6        | 4         | 66,065        | -        | -        | 66,065        |  |     |
| Medicaid Patient Days        | 6        | 5D        | 44,486        | (86)     | (86)     | 44,400        |  | K-1 |
| Medicare Patient Days        | 6        | 5F        | 14,435        | (49)     | (49)     | 14,386        |  | K-1 |
| Private Pay Patient Days     | 6        | 5G        | 3,837         | -        | -        | 3,837         |  |     |
| Other Days                   | 6        | 5H        | 546           | 135      | 135      | 681           |  | K-1 |
| <b>Total Census Days</b>     | <b>6</b> | <b>5E</b> | <b>63,304</b> | <b>-</b> | <b>-</b> | <b>63,304</b> |  |     |
| 90% Minimum Census Threshold | 6        |           | 59,459        | -        | -        | 59,459        |  |     |

# Atlantic Shores Rehabilitation & Health Center

## 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, 2014

| <u>Description</u>                           | <u>Page</u> | <u>Line</u> | <u>As Filed<br/>Amounts</u> | <u>Examination<br/>Adjustments</u> |               | <u>Adjusted<br/>Amounts</u> | <u>Note<br/>Ref.</u> |
|--|-------------|-------------|-----------------------------|------------------------------------|---------------|-----------------------------|----------------------|
|  |             |             |                             | <u>No.</u>                         | <u>Amount</u> |                             |                      |
| <b><u>PART III - NURSING WAGE SURVEY</u></b> |             |             |                             |                                    |               |                             |                      |
| <i>II. Staff Nurse Information</i>           |             |             |                             |                                    |               |                             |                      |
| LPNs - Total Number                          | 9           | B           | 38                          |                                    | (1)           | 37                          | NWS-1                |
| LPNs - Total Payroll                         | 9           | B           | \$ 74,536                   |                                    | \$ (2,198)    | \$ 72,338                   | NWS-1                |
| LPNs - Total Hours                           | 9           | B           | 2,706                       |                                    | (93)          | 2,613                       | NWS-1                |
| CNAs - Total Hours                           | 9           | B           | 5,824                       |                                    | 17            | 5,841                       | NWS-1                |

### **PART IV - DETAILED EXPLANATION OF ADJUSTMENTS**

K-1 *To adjust Census data to agree to supporting documentation.*

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



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**Independent Accountant's 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 Atlantic Shores Rehabilitation and Health Center (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, 2014, and have issued our report thereon dated February 5, 2016, 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 or Survey will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.



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 February 5, 2016.

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

February 5, 2016

**Atlantic Shores Rehabilitation and Health Center**  
**Schedule of Findings and Responses**

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*June 30, 2014*

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**CURRENT YEAR CONDITIONS**

NONE