Examination Report Medicaid Cost Report and Nursing Wage Survey

June 30, 2015



Contents

Independent Accountant's Report	2-3
Schedule of Adjustments to the Statement of Reimbursement Cost for Skilled and Intermediate Care Nursing Facilities - Title XIX and the Nursing Wage Survey	4-7
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	8-9
Schedule of Findings and Responses	10



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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 Regency Healthcare and Rehabilitation 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, 2015. 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 procedures 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 CRF 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 8, 2017, 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.

BOO USA, LLP

December 8, 2017

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, 2015

Description	<u>Page</u>	<u>Line</u>	As Filed Amounts		xamination djustments Amount	Adjusted <u>Amounts</u>	Adjusted Cost <u>Per Day</u>	Note <u>Ref.</u>	
		Line	Amounts	<u>IVO.</u>	Amount	Amounts	<u>rei bay</u>	Kei.	
PART I - COST REPORT TRIAL BALANCE AND ADJUSTMENTS									
Primary Patient Care Costs (lines 1-5) Nursing Staff Salaries Agency Costs Staff Nurse	2 2	1a 1b	\$ - 2,998,708	-	\$ -	\$ - 2,998,708			
			2,998,708		-	2,998,708			
Nursing Staff Benefits	2	2	687,326		-	687,326			
Nursing Training Salaries	2	3	10,235		-	10,235			
Other	2	4							
Subtotal - Primary Patient Care Costs	2	5	3,696,269		-	3,696,269	\$ 109.16		
Secondary Patient Care Costs (lines 6-14)									
Clinical Consultants	2	6	50,867		-	50,867			
Social Services	2	7	58,618		-	58,618			
Employee Benefits	2	8	13,436		-	13,436			
Raw Food	2	9	193,698		-	193,698			
Medical Supplies	2	10	178,059		-	178,059			
Pharmacy	2	11	15,689		-	15,689			
Other - Allowable Ancillary	2	12	1,913			1,913			
Subtotal - Secondary Patient Care Costs	2	14	512,280		-	512,280	15.13		
Support Service Costs (lines 15-22)									
Dietary	2	15	451,268		-	451,268			
Operation and Maintenance of Facility	2	16	335,477		-	335,477			
Housekeeping	2	17	2,074		-	2,074			
Laundry & Linen	2	18	278,560		-	278,560			
Patient Recreation	2	19	210,057		-	210,057			
Employee Benefits	2	20	53,863		-	53,863			
Other	2	21	-						
Subtotal - Support Service Costs	2	22	1,331,299		-	1,331,299	39.32		

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, 2015

			As Filed	Examination Adjustments	Adjusted	Adjusted Cost N	lote
<u>Description</u>	<u>Page</u>	<u>Line</u>	<u>Amounts</u>	No. Amount	<u>Amounts</u>		Ref.
Administrative & Routine Costs (lines 23-32)							
Owner/Executive Director Salary	2	23	122,251	-	122,251		
Medical and Nursing Director Salary	2	24	127,935	-	127,935		
Other Administrative Salaries	2	25	655,828	-	655,828		
Employee Benefits	2	26	198,593	-	198,593		
Medical Records	2	27	1,500	-	1,500		
Training	2	28	-	-	-		
Interest - Working Capital	2	29	1,411	-	1,411		
Home Office - Admin	2	30	396,872	-	396,872		
Other	2	31	280,588		280,588		
Quality Assessment/Provider Tax	2	31A					
Subtotal - Administrative & Routine Costs	2	32	1,784,978	-	1,784,978	52.71	
Capital Costs (lines 33-39)							
Lease Costs	3	33	561,872	-	561,872		
Interest - Mortgage	3	34	-	-	-		
Property Taxes	3	35	67,921	-	67,921		
Depreciation	3	36	197,859	-	197,859		
Home Office Capital	3	37	37,828	-	37,828		
Other	3	38	10,325		10,325		
Subtotal - Capital Costs	3	39	875,805		875,805	25.86	
SUBTOTAL (lines 1-39)	3	40	8,200,631	-	8,200,631	242.18	

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, 2015

				As Filed	Examination Adjustments		Adjusted	Adjusted Cost	Note
	<u>Description</u>	<u>Page</u>	<u>Line</u>	Amounts	No.	Amount	<u>Amounts</u>	Per Day	Ref.
Ancill	ary Costs (lines 41-49)								
	Laboratory	3	41	15,292		-	15,292		
	X-Rays	3	42	3,758		-	3,758		
	Physical Therapy	3	43	270,321		-	270,321		
	Occupational Therapy	3	44	222,056		-	222,056		
	Speech Therapy	3	45	159,719		-	159,719		
	Pharmacy (Rx)	3	46	129,931		-	129,931		
	Oxygen	3	47	-		-	-		
	Non Allowable Expenses	3	48			-			
	Subtotal - Ancillary Costs	3	49	801,077		-	801,077	23.66	
Other	Costs (lines 50-52)								
	Gift, Beauty Shop, etc.	3	50	6,041		-	6,041		
	Util. Review	3	51		. <u>-</u>	-			
	Subtotal - Other Costs	3	52	6,041	· <u>-</u>	-	6,041	0.18	
TOTA	L COSTS	3	53	\$ 9,007,749	\$		\$ 9,007,749	\$ 266.01	
<u>PART</u>	II - COST REPORT PATIENT DAYS								
	Total Beds	6	1, 3	100		-	100		
	Total Bed Days Available	6	4	36,500		-	36,500		
	Medicaid Patient Days	6	5D	27,946		11	27,957		K-1
	Medicare Patient Days	6	5F	3,332		-	3,332		
	Private Pay Patient Days	6	5G,H	1,328		16	1,344		K-1
	Other Days	6	51	1,263		(34)	1,229		K-1
	Total Census Days	6	5J	33,869	· <u>-</u>	(7)	33,862		
	90% Minimum Census Threshold	6		32,850		-	32,850		

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, 2015

		As Filed	Adjus	stments	Adjusted	Note
Page	Line	Amounts	<u>NO.</u>	Amount	Amounts	Ref.
3	В	8		1	9	NWS-1
3	В	\$ 18,913	\$	1,360	\$ 20,273	NWS-1
3	В	545		42	587	NWS-1
					-	
3	В	23		(1)	22	NWS-1
3	В	\$ 32,809	\$	(1,360)	\$ 31,449	NWS-1
3	В	1,137		(42)	1,095	NWS-1
	3 3 3	3 B 3 B 3 B 3 B	Page Line Amounts 3 B 8 3 B \$ 18,913 3 B 545 3 B 23 3 B \$ 32,809	Page Line As Filed Amounts Adjust 3 B 8 8 3 8 3 8 18,913 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ \$ 3 \$ \$ 3 \$ \$ \$ 3 \$ \$ 3 \$ \$ \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ 3 \$ \$ 3 <	Page Line Amounts No. Amount 3 B 8 1 3 B 18,913 1,360 3 B 545 42 3 B 23 (1) 3 B 32,809 \$ (1,360)	Page Line As Filed Amounts Adjusted Amounts 3 B 8 1 9 3 B \$ 18,913 \$ 1,360 \$ 20,273 3 B 545 42 587 3 B 23 (1) 22 3 B 32,809 \$ (1,360) \$ 31,449

PART IV - DETAILED EXPLANATION OF ADJUSTMENTS

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

K-1 To adjust Census data 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 that Regency Healthcare and Rehabilitation 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, 2015, and have issued our report thereon dated December 8, 2017, 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

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 that would be 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 8, 2017.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Facility's internal control or on compliance. This report is an integral part of an examination performed in accordance with *Government Auditing Standards* in considering the Facility's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

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.

BOO USA, LLP

December 8, 2017

Regency Healthcare and Rehabilitation CenterRegency Schedule of Findings and Responses

June 30, 2015

CURRENT YEAR CONDITIONS

NONE.