Examination Report Medicaid Cost Report and Nursing Wage Survey

June 30, 2013

Report Issued: January 5, 2015





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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 Broadmeadow Nursing and Rehab Center of Middletown (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. 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 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 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.

BOO USA, LLP

December 15, 2014

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

			As Filed		amination justments	Adjusted	Adjusted Cost	Note
<u>Description</u>	<u>Page</u>	<u>Line</u>	<u>Amounts</u>	No.	Amount	Amounts	Per Day	Ref.
PART I - COST REPORT TRIAL BALANCE AND ADJUST	MENTS							
Primary Patient Care Costs (lines 1-5)								
Nursing Staff Salaries Agency Costs Staff Nurse	2 2	1a 1b	\$ - 3,209,572 3,209,572	_	- - -	\$ - 3,209,572 3,209,572		
Nursing Staff Benefits	2	2	826,115		-	826,115		
Nursing Training Salaries	2	3	100,361		-	100,361		
Other	2	4	33,586		(4,138)	29,448		0-1
Subtotal - Primary Patient Care Costs	2	5	4,169,634		(4,138)	4,165,496	\$ 101.09	
Secondary Patient Care Costs (lines 6-14)								
Clinical Consultants	2	6	15,375		-	15,375		
Social Services	2	7	53,466		-	53,466		
Employee Benefits	2	8	13,344		-	13,344		
Raw Food	2	9	304,937		-	304,937		
Medical Supplies	2	10	382,754		-	382,754		
Pharmacy	2	11	56,939		-	56,939		
Other - Allowable Ancillary	2	12		_	-			
Subtotal - Secondary Patient Care Costs	2	14	826,815		-	826,815	20.07	
Support Service Costs (lines 15-22)								
Dietary	2	15	442,279		-	442,279		
Operation and Maintenance of Facility	2	16	471,755		-	471,755		
Housekeeping	2	17	203,119		-	203,119		
Laundry & Linen	2	18	131,304		-	131,304		
Patient Recreation	2	19	162,782		-	162,782		
Employee Benefits	2	20	151,916		-	151,916		
Other	2	21		_	-			
Subtotal - Support Service Costs	2	22	1,563,155		-	1,563,155	37.94	

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

			As Filed	Examination Adjustments	Adjusted	Adjusted Cost	Note
<u>Description</u>	<u>Page</u>	<u>Line</u>	<u>Amounts</u>	No. Amount	<u>Amounts</u>	Per Day	Ref.
Administrative & Routine Costs (lines 23-32)							
Owner/Executive Director Salary	2	23	-	-	-		
Medical and Nursing Director Salary	2	24	418,905	-	418,905		
Other Administrative Salaries	2	25	406,632	-	406,632		
Employee Benefits	2	26	194,028	-	194,028		
Medical Records	2	27	-	-	-		
Training	2	28	-	-	-		
Interest - Working Capital	2	29	-	-	-		
Home Office - Admin	2	30	594,990	-	594,990		
Other	2	31	513,265	4,138	517,403		0-1
Subtotal - Administrative & Routine Costs	2	32	2,127,820	4,138	2,131,958	51.74	
Capital Costs (lines 33-39)							
Lease Costs	3	33	3,030,005	-	3,030,005		
Interest - Mortgage	3	34	-	-	-		
Property Taxes	3	35	67,726	-	67,726		
Depreciation	3	36	22,321	-	22,321		
Home Office Capital	3	37	31,028	-	31,028		
Other	3	38	60,704		60,704		
Subtotal - Capital Costs	3	39	3,211,784	-	3,211,784	77.94	
SUBTOTAL (lines 1-39)	3	40	11,899,208	-	11,899,208	288.77	

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

				As Filed	Examination Adjustments	Adjusted	Adjusted Cost	Note
	<u>Description</u>	<u>Page</u>	<u>Line</u>	Amounts	No. Amount	Amounts	Per Day	Ref.
Ancill	ary Costs - (lines 41-49)							
Ancin	ary 00313 - (mic3 41 47)							
	Laboratory	3	41	25,972	-	25,972		
	X-Rays	3	42	58,339	-	58,339		
	Physical Therapy	3	43	477,338	-	477,338		
	Occupational Therapy	3	44	633,395	-	633,395		
	Speech Therapy	3	45	117,917	-	117,917		
	Pharmacy (Rx)	3	46	630,479	-	630,479		
	Oxygen	3	47	25,344	-	25,344		
	Non Allowable Expenses	3	48	248		248		
	Subtotal - Ancillary Costs	3	49	1,969,032	-	1,969,032	47.79	
Other	· Costs - (lines 50-52)							
	Gift, Beauty Shop, etc.	3	50	-	-	-		
	Util. Review	3	51					
	Subtotal Other Costs	3	52					
TOTA	L COSTS	3	53	\$ 13,868,240	-	\$ 13,868,240	\$ 336.56	
DART	II - COST REPORT PATIENT DAYS							
FARI	II - GOST REFORT FATIENT DATS							
	Total beds Total bed days available	6 6	1, 3 4	120 43,800	-	120 43,800		
	Medicaid Patient Days Medicare Patient Days Private Pay Patient Days Other Days Total census days	6 6 6 6	5D 5F 5G,H 5I 5J	25,155 10,125 5,425 501 41,206	- - - -	25,155 10,125 5,425 501 41,206		
	90% minimum census threshold	6		39,420	-	39,420		

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

			As Filed	Examination As Filed Adjustments		Adjusted	Note
<u>Description</u>	<u>Page</u>	<u>Line</u>	<u>Amounts</u>	<u>No.</u>	<u>Amount</u>	<u>Amounts</u>	Ref.
PART III - NURSING WAGE SURVEY							
II. Staff Nurse Information							
RNs - Total Number	9	В	15		1	16	NWS-1
LPNs - Total Number	9	В	21		1	22	NWS-1
CNAs - Total Payroll CNAs - Total Hours	9 9	B B	51,395 3,738		690 62	52,085 3,800	NWS-1

PART IV - DETAILED EXPLANATION OF ADJUSTMENTS

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

O-1 To reclassify nursing and administrative supplies and admin out of Line 4. Per Cost Report Instructions, Line 4 includes "all other costs associated with nursing staff providing basic medical care for nursing home patients", and administrative supplies do not meet this criteria.





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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 Broadmeadow Nursing and Rehab Center of Middletown (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.

BOO USA, LLP

December 15, 2014

Broadmeadow Nursing and Rehab Center of Middletown Schedule of Findings and Responses

June 30, 2013

CURRENT YEAR CONDITIONS

NONE