Examination Report Medicaid Cost Report and Nursing Wage Survey

June 30, 2014

Report Issued: March 2, 2016





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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 Arbors at New Castle (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. 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, 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 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.

BOO USA, LLP

February 5, 2016

# 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

			As Filed	Examination Adjustments	Adjusted	Adjusted Cost Note
<u>Description</u>	<u>Page</u>	Line	Amounts	No. Amount	Amounts	Per Day Ref.
PART I - COST REPORT TRIAL BALANCE AND ADJUST	TMENTS					
Primary Patient Care Costs (lines 1-5)						
Nursing Staff Salaries Agency Costs Staff Nurse	2	1a 1b	\$ - 2,951,717	\$ -	\$ - 2,951,717	
			2,951,717	-	2,951,717	
Nursing Staff Benefits	2	2	660,968	-	660,968	
Nursing Training Salaries	2	3	126,387	-	126,387	
Other	2	4	715	-	715	
Subtotal - Primary Patient Care Costs	2	5	3,739,787	-	3,739,787	\$ 89.43
Secondary Patient Care Costs (lines 6-14)						
Clinical Consultants	2	6	50,568	-	50,568	
Social Services	2	7	76,452	-	76,452	
Employee Benefits	2	8	15,509	-	15,509	
Raw Food	2	9	270,161	-	270,161	
Medical Supplies	2	10	159,020	-	159,020	
Pharmacy	2	11	29,276	-	29,276	
Other - Allowable Ancillary	2	12	92,105	-	92,105	
Subtotal - Secondary Patient Care Costs	2	14	693,091	-	693,091	16.57
Support Service Costs (lines 15-22)						
Dietary	2	15	390,161	-	390,161	
Operation and Maintenance of Facility	2	16	402,463	-	402,463	
Housekeeping	2	17	145,421	-	145,421	
Laundry & Linen	2	18	119,089	-	119,089	
Patient Recreation	2	19	101,435	-	101,435	
Employee Benefits	2	20	103,889	-	103,889	
Other	2	21	2,193		2,193	
Subtotal - Support Service Costs	2	22	1,264,651	-	1,264,651	30.24

# 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

			As Filed	Examination Adjustments	Adjusted	Adjusted Cost Note	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	90,282	-	90,282		
Medical and Nursing Director Salary	2	24	199,741	-	199,741		
Other Administrative Salaries	2	25	556,006	-	556,006		
Employee Benefits	2	26	158,723	-	158,723		
Medical Records	2	27	814	-	814		
Training	2	28	385	-	385		
Interest - Working Capital	2	29	-	-	-		
Home Office - Admin	2	30	499,253	-	499,253		
Other	2	31	430,129		430,129		
Subtotal - Administrative & Routine Costs	2	32	1,935,333	-	1,935,333	46.28	
Capital Costs (lines 33-39)							
Lease Costs	3	33	123,894	-	123,894		
Interest - Mortgage	3	34	369,391	-	369,391		
Property Taxes	3	35	84,968	-	84,968		
Depreciation	3	36	203,249	-	203,249		
Home Office Capital	3	37	63,442	-	63,442		
Other	3	38	11,219		11,219		
Subtotal - Capital Costs	3	39	856,163		856,163	20.47	
SUBTOTAL (lines 1-39)	3	40	8,489,025	-	8,489,025	203.00	

# 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

				As Filed	Examination Adjustments		Adjusted	Adjusted Cost	Note
	<u>Description</u>	<u>Page</u>	<u>Line</u>	<u>Amounts</u>	No.	<u>Amount</u>	<u>Amounts</u>	Per Day	Ref.
Ancilla	ary Costs (lines 41-49)								
	Laboratory	3	41	53,475		-	53,475		
	X-Rays	3	42	53,082		-	53,082		
	Physical Therapy	3	43	553,370		-	553,370		
	Occupational Therapy	3	44	707,008		-	707,008		
	Speech Therapy	3	45	218,562		-	218,562		
	Pharmacy (Rx)	3	46	495,359		-	495,359		
	Oxygen	3	47	11,049		-	11,049		
	Non Allowable Expenses	3	48	818	_		818		
	Subtotal - Ancillary Costs	3	49	2,092,723		-	2,092,723	50.04	
Other	Costs (lines 50-52)								
	Gift, Beauty Shop, etc.	3	50	5,891		-	5,891		
	Util. Review	3	51		_				
	Subtotal - Other Costs	3	52	5,891	=		5,891	0.14	
TOTAL	COSTS	3	53	\$ 10,587,639	=	\$ -	\$10,587,639	\$ 253.19	
PART	II - COST REPORT PATIENT DAYS								
	Total Beds Total Bed Days Available	6 6	1, 3 4	120 43,800		-	120 43,800		
	Medicaid Patient Days	6	5D	28,389		_	28,389		
	Medicare Patient Days	6	5F	10,752		-	10,752		
	Private Pay Patient Days	6	5G,H	1,267		-	1,267		
	Other Days	6	51	1,409		-	1,409		
	Total Census Days	6	5J	41,817	_	-	41,817		
	90% Minimum Census Threshold	6		39,420		-	39,420		

#### PART III - NURSING WAGE SURVEY

No adjustments.





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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 Arbors at New Castle (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 unqualified. 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

## Schedule of Findings and Responses

June 30, 2014

### **CURRENT YEAR CONDITIONS**

NONE