



## **Pinnacle Rehabilitation and Care 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.



# Pinnacle Rehabilitation and Care 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 Pinnacle Rehabilitation and Care 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

# Pinnacle Rehabilitation and Care 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 Amounts	Examination Adjustments		Adjusted Amounts	Adjusted Cost Per Day	Note 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	4,154,432	1	(13,742)	4,140,690		S-1
			4,154,432		(13,742)	4,140,690		
Nursing Staff Benefits	2	2	829,764		-	829,764		
Nursing Training Salaries	2	3	31,962		-	31,962		
Other	2	4	10,000		-	10,000		
<b>Subtotal - Primary Patient Care Costs</b>	<b>2</b>	<b>5</b>	<b>5,026,158</b>		<b>(13,742)</b>	<b>5,012,416</b>	<b>\$ 96.98</b>	
<i>Secondary Patient Care Costs (lines 6-14)</i>								
Clinical Consultants	2	6	206,236		-	206,236		
Social Services	2	7	91,833		-	91,833		
Employee Benefits	2	8	25,738		-	25,738		
Raw Food	2	9	365,084		-	365,084		
Medical Supplies	2	10	511,799		-	511,799		
Pharmacy	2	11	29,410		-	29,410		
Other - Allowable Ancillary	2	12	118,095		-	118,095		
<b>Subtotal - Secondary Patient Care Costs</b>	<b>2</b>	<b>14</b>	<b>1,348,195</b>		<b>-</b>	<b>1,348,195</b>	<b>26.08</b>	
<i>Support Service Costs (lines 15-22)</i>								
Dietary	2	15	581,718		-	581,718		
Operation and Maintenance of Facility	2	16	503,829		-	503,829		
Housekeeping	2	17	281,595		-	281,595		
Laundry & Linen	2	18	282,316		-	282,316		
Patient Recreation	2	19	162,361		-	162,361		
Employee Benefits	2	20	157,570		-	157,570		
Other	2	21	-		-	-		
<b>Subtotal - Support Service Costs</b>	<b>2</b>	<b>22</b>	<b>1,969,389</b>		<b>-</b>	<b>1,969,389</b>	<b>38.10</b>	

## Pinnacle Rehabilitation and Care 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 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 &amp; Routine Costs (lines 23-32)</i>								
Owner/Executive Director Salary	2	23	135,624		-	135,624		
Medical and Nursing Director Salary	2	24	153,265		-	153,265		
Other Administrative Salaries	2	25	811,504	1	13,742	825,246		S-1
Employee Benefits	2	26	200,864		-	200,864		
Medical Records	2	27	-		-	-		
Training	2	28	-		-	-		
Interest - Working Capital	2	29	(8)		-	(8)		
Home Office - Admin	2	30	-		-	-		
Other	2	31	1,635,198		-	1,635,198		
<b>Subtotal - Administrative &amp; Routine Costs</b>	<b>2</b>	<b>32</b>	<b>2,936,447</b>		<b>13,742</b>	<b>2,950,189</b>	<b>57.08</b>	
<i>Capital Costs (lines 33-39)</i>								
Lease Costs	3	33	2,129,643		-	2,129,643		
Interest - Mortgage	3	34	-		-	-		
Property Taxes	3	35	37,473		-	37,473		
Depreciation	3	36	161,047		-	161,047		
Home Office Capital	3	37	-		-	-		
Other	3	38	50,519		-	50,519		
<b>Subtotal - Capital Costs</b>	<b>3</b>	<b>39</b>	<b>2,378,682</b>		<b>-</b>	<b>2,378,682</b>	<b>46.02</b>	
<b>SUBTOTAL (lines 1-39)</b>	<b>3</b>	<b>40</b>	<b>13,658,871</b>		<b>-</b>	<b>13,658,871</b>	<b>264.27</b>	

## Pinnacle Rehabilitation and Care 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 Amounts	Examination Adjustments		Adjusted Amounts	Adjusted Cost Per Day	Note Ref.
				No.	Amount			
<i>Ancillary Costs (lines 41-49)</i>								
Laboratory	3	41	46,268	-	-	46,268		
X-Rays	3	42	34,273	-	-	34,273		
Physical Therapy	3	43	962,798	-	-	962,798		
Occupational Therapy	3	44	600,834	-	-	600,834		
Speech Therapy	3	45	220,587	-	-	220,587		
Pharmacy (Rx)	3	46	684,772	-	-	684,772		
Oxygen	3	47	14,409	-	-	14,409		
Non Allowable Expenses	3	48	3,897	-	-	3,897		
<b>Subtotal - Ancillary Costs</b>	<b>3</b>	<b>49</b>	<b>2,567,838</b>	<b>-</b>	<b>-</b>	<b>2,567,838</b>	<b>49.68</b>	
<i>Other Costs (lines 50-52)</i>								
Gift, Beauty Shop, etc.	3	50	18	-	-	18		
Util. Review	3	51	-	-	-	-		
<b>Subtotal - Other Costs</b>	<b>3</b>	<b>52</b>	<b>18</b>	<b>-</b>	<b>-</b>	<b>18</b>	<b>0.00</b>	
<b>TOTAL COSTS</b>	<b>3</b>	<b>53</b>	<b>\$ 16,226,727</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 16,226,727</b>	<b>\$ 313.95</b>	

#### PART II - COST REPORT PATIENT DAYS

Total Beds	6	1, 3	151	-	-	151
Total Bed Days Available	6	4	55,115	-	-	55,115
Medicaid Patient Days	6	5D	34,043	-	-	34,043
Medicare Patient Days	6	5F	14,118	-	-	14,118
Private Pay Patient Days	6	5G,H	3,053	-	-	3,053
Other Days	6	5I	471	-	-	471
<b>Total Census Days</b>	<b>6</b>	<b>5J</b>	<b>51,685</b>	<b>-</b>	<b>-</b>	<b>51,685</b>
90% Minimum Census Threshold	6		49,604	-	-	49,604

# Pinnacle Rehabilitation and Care 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 Amounts</u>	<u>Examination Adjustments</u>		<u>Adjusted Amounts</u>	<u>Note Ref.</u>
				<u>No.</u>	<u>Amount</u>		
<b><u>PART III - NURSING WAGE SURVEY</u></b>							
<i>II. Staff Nurse Information</i>							
RNs - Total Payroll	9	B	\$ 22,853	\$	3,099	\$ 25,952	NWS-1
RNs - Total Hours	9	B	680		87	767	NWS-1
LPNs - Total Hours	9	B	2,120		39	2,159	NWS-1
CNAs - Total Hours	9	B	4,602		(29)	4,573	NWS-1

**PART IV - DETAILED EXPLANATION OF ADJUSTMENTS**

S-1 *To reclassify Case Manager Bonus out of Line 1b and into Line 25.*

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 that Pinnacle Rehabilitation and Care 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, 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

Pinnacle Rehabilitation and Care Center  
Schedule of Findings and Responses

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*June 30, 2014*

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CURRENT YEAR CONDITIONS

NONE