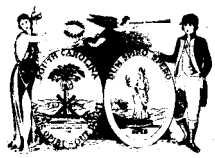
State of South Carolina



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INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

May 10, 2001

Department of Health and Human Services
State of South Carolina
Columbia, South Carolina

RE: AC# 3-BWD-J8 – Briarwood Nursing Center

We have performed the procedures described below, which were agreed to by the South Carolina Department of Health and Human Services, solely to determine the reimbursement rate to be used by the Department in determining the reimbursement settlement with Briarwood Nursing Center, for the contract period beginning October 1, 1999, and for the twelve month cost report period ended September 30, 1998. This engagement to apply agreed-upon procedures was performed in accordance with standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the Department of Health and Human Services. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures and the associated findings are as follows:

1. We considered the results of agreed-upon procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by Briarwood Nursing Center, for the cost report period ended September 30, 1999, to determine if the results, when applied to the cost report period ended September 30, 1998, would have a material effect on the interim Medicaid rates. We found no material effect on the applicable rates as a result of these procedures.

2. We applied limited analytical procedures to the statistical data and reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by Briarwood Nursing Center, to identify significant changes in costs or statistics, if any, that would warrant the application of additional procedures. We found no significant changes as a result of these procedures.

3. We considered the results of our procedures and determined that there was no material effect on the provider's interim Medicaid reimbursement rate as listed below.

CONTRACT PERIOD	INTERIM MEDICAID RATE
October 1, 1999 – September 30, 2000	$93.02

We were not engaged to, and did not, perform an audit, the objective of which would be the expression of an opinion on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.

Thomas L. Wagner, Jr., CPA
State Auditor

TLWjr/sag

cc: Ms. Brenda L. Hyleman
Mr. Jeff Saxon
Mr. Joseph Hayes