MAGNOLIA PLACE, INC.
D/B/A MAGNOLIA PLACE AT SPARTANBURG

CONTRACT PERIOD
BEGINNING JANUARY 1, 2003
AC# 3-MMP-J1

AGREED-UPON PROCEDURES REPORT

ON CONTRACT

FOR

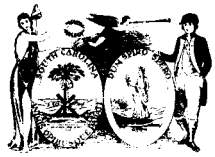
PURCHASE OF NURSING CARE SERVICES

WITH

STATE OF SOUTH CAROLINA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

State of South Carolina



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INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

July 27, 2004

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

RE: AC# 3-MMP-J1 – Magnolia Place, Inc. d/b/a Magnolia Place at Spartanburg

We have performed the procedures enumerated below, which were agreed to by the South Carolina Department of Health and Human Services, solely to compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with Magnolia Place, Inc. d/b/a Magnolia Place at Spartanburg, for the contract period beginning January 1, 2003, and for the twelve month cost report period ended September 30, 2001. The management of Magnolia Place, Inc. d/b/a Magnolia Place at Spartanburg is responsible for the Financial and Statistical Report for Nursing Homes and supporting accounting and statistical records. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the South Carolina 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 selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by Magnolia Place, Inc. d/b/a Magnolia Place at Spartanburg, to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the provider. We found no material exceptions as a result of these procedures.

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

CONTRACT PERIOD	INTERIM MEDICAID RATE
January 1, 2003 – September 30, 2003	$113.60

Department of Health and Human Services
State of South Carolina
July 27, 2004

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on the financial statements or a part thereof. 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 P. Hayes