

State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200
COLUMBIA, S.C. 29201

RICHARD H. GILBERT, JR., CPA
DEPUTY STATE AUDITOR

(803) 253-4160
FAX (803) 343-0723

January 26, 2010

Ms. Susan Weesner, Chief Financial Officer
Wilson Senior Care, Inc.
116 Cashua Street
Darlington, South Carolina 29532

Re: AC# 3-MMC-J5 – Morrell Nursing Center, LLC

Dear Ms. Weesner:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 2004 through September 30, 2005. That report was used to set the rate covering the contract period beginning October 1, 2006.

We are recommending that the Department of Health and Human Services certify an accounts receivable to recover amounts due as a result of the rate change shown on Exhibit A. You will be notified of repayment terms by that Agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the Code of Laws of South Carolina, 1976, as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.

Yours very truly,

A handwritten signature in black ink, appearing to read "Richard H. Gilbert, Jr.", written in a cursive style.

Richard H. Gilbert, Jr., CPA
Deputy State Auditor

RHGjr/sag

cc: Ms. Brenda L. Hyleman
Mr. Jeff Saxon
Ms. Kathleen C. Snider

**MORRELL NURSING CENTER, LLC
HARTSVILLE, SOUTH CAROLINA**

**CONTRACT PERIOD
BEGINNING OCTOBER 1, 2006
AC# 3-MMC-J5**

**AGREED-UPON PROCEDURES REPORT
ON CONTRACT
FOR
PURCHASE OF NURSING CARE SERVICES
WITH
STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

CONTENTS

	<u>EXHIBIT OR SCHEDULE</u>	<u>PAGE</u>
INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES		1
COMPUTATION OF RATE CHANGE FOR THE CONTRACT PERIOD BEGINNING OCTOBER 1, 2006	A	3
COMPUTATION OF ADJUSTED REIMBURSEMENT RATE FOR THE CONTRACT PERIOD OCTOBER 1, 2006 THROUGH SEPTEMBER 30, 2007	B	4
SUMMARY OF COSTS AND TOTAL PATIENT DAYS FOR THE COST REPORT PERIOD ENDED SEPTEMBER 30, 2005	C	5
ADJUSTMENT REPORT	1	7
COST OF CAPITAL REIMBURSEMENT ANALYSIS	2	9

State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200
COLUMBIA, S.C. 29201

RICHARD H. GILBERT, JR., CPA
DEPUTY STATE AUDITOR

(803) 253-4160
FAX (803) 343-0723

INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

October 12, 2009

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

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 Morrell Nursing Center, LLC, for the contract period beginning October 1, 2006, and for the twelve month cost report period ended September 30, 2005, as set forth in the accompanying schedules. The management of Morrell Nursing Center, LLC 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 Morrell Nursing Center, LLC, 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. Our findings as a result of these procedures are presented in the Summary of Costs and Total Patient Days, Adjustment Report, and Cost of Capital Reimbursement Analysis sections of this report.
2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contracts between the South Carolina Department of Health and Human Services and Morrell Nursing Center, LLC dated as of October 1, 2001 and January 1, 2007, as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computation of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services
State of South Carolina
October 12, 2009

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.

A handwritten signature in black ink, appearing to read "Richard H. Gilbert, Jr.", written in a cursive style.

Richard H. Gilbert, Jr., CPA
Deputy State Auditor

MORRELL NURSING CENTER, LLC
Computation of Rate Change
For the Contract Period
Beginning October 1, 2006
AC# 3-MMC-J5

10/01/06
09/30/07

Interim Reimbursement Rate (1)	\$137.52
Adjusted Reimbursement Rate	<u>135.35</u>
Decrease in Reimbursement Rate	\$ <u><u>2.17</u></u>

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated June 8, 2009.

MORRELL NURSING CENTER, LLC
Computation of Adjusted Reimbursement Rate
For the Contract Period October 1, 2006 Through September 30, 2007
AC# 3-MMC-J5

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$ 68.23	\$ 74.20	
Dietary		11.84	13.46	
Laundry/Housekeeping/Maintenance		<u>11.65</u>	<u>12.03</u>	
Subtotal	<u>\$6.98</u>	91.72	99.69	\$ 91.72
Administration & Medical Records	<u>\$3.12</u>	<u>13.75</u>	<u>16.87</u>	<u>13.75</u>
Subtotal		105.47	<u>\$116.56</u>	105.47
<u>Costs Not Subject to Standards:</u>				
Utilities		2.97		2.97
Special Services		-		-
Medical Supplies & Oxygen		5.88		5.88
Taxes and Insurance		5.66		5.66
Legal Fees		<u>.30</u>		<u>.30</u>
TOTAL		<u>\$120.28</u>		120.28
Inflation Factor (4.60%)				5.53
Cost of Capital				8.68
Cost of Capital Limitation				(.89)
Profit Incentive (Maximum 3.5% of Allowable Cost)				3.12
Cost Incentive				6.98
Effect of \$1.75 Cap on Cost/Profit Incentives				<u>(8.35)</u>
ADJUSTED REIMBURSEMENT RATE				<u>\$135.35</u>

MORRELL NURSING CENTER, LLC
 Summary of Costs and Total Patient Days
 For the Cost Report Period Ended September 30, 2005
 AC# 3-MMC-J5

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
General Services	\$3,837,107	\$ -	\$ 942 (1) 74,531 (4) 3,125 (4) 9,165 (5) 1,810 (6)	\$3,747,534
Dietary	650,159	-	-	650,159
Laundry	117,462	-	-	117,462
Housekeeping	277,607	41 (6)	-	277,648
Maintenance	245,338	942 (1)	993 (4) 283 (6)	245,004
Administration & Medical Records	757,580	5,806 (4)	154 (4) 8,058 (6)	755,174
Utilities	167,566	17 (6)	4,301 (3)	163,282
Special Services	211	-	-	211
Medical Supplies & Oxygen	339,792	-	711 (4) 302 (6) 16,016 (7)	322,763
Taxes and Insurance	310,623	102 (6)	-	310,725
Legal Fees	16,735	1 (6)	-	16,736

MORRELL NURSING CENTER, LLC
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2005
AC# 3-MMC-J5

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments		Adjusted <u>Totals</u>
		<u>Debit</u>	<u>Credit</u>	
Cost of Capital	427,874	2,455 (1)	3,892 (6)	476,599
	<u> </u>	<u>50,162</u> (2)	<u> </u>	<u> </u>
Subtotal	7,148,054	59,526	124,283	7,083,297
Ancillary	193,452	-	-	193,452
Nonallowable	593,951	4,301 (3)	50,162 (2)	650,648
		72,358 (4)		
		14,184 (6)		
		16,016 (7)		
CNA Training and Testing	10,229	1,350 (4)	-	20,744
	<u> </u>	<u>9,165</u> (5)	<u> </u>	<u> </u>
Total Operating Expenses	<u>\$7,945,686</u>	<u>\$176,900</u>	<u>\$174,445</u>	<u>\$7,948,141</u>
Total Patient Days	<u>54,926</u>	<u> </u>	<u> </u>	<u>54,926</u>
Total Beds	<u>154</u>			

MORRELL NURSING CENTER, LLC
Adjustment Report
Cost Report Period Ended September 30, 2005
AC# 3-MMC-J5

<u>ADJUSTMENT</u> <u>NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Fixed Assets	\$61,347	
	Maintenance	942	
	Cost of Capital	2,455	
	Accumulated Depreciation		\$48,990
	Other Equity		14,812
	Restorative		942
	To adjust fixed assets and related depreciation HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
2	Cost of Capital	50,162	
	Nonallowable		50,162
	To adjust capital return State Plan, Attachment 4.19D		
3	Nonallowable	4,301	
	Utilities		4,301
	To reclassify expense to the proper cost center DH&HS Expense Crosswalk		
4	Administration	5,806	
	Nonallowable	72,358	
	CNA Training and Testing	1,350	
	Nursing		74,531
	Restorative		3,125
	Maintenance		993
	Medical Records		154
	Medical Supplies		711
	To adjust fringe benefits and related allocation HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
5	CNA Training and Testing	9,165	
	Nursing		9,165
	To reclassify expense due to lack of adequate documentation HIM-15-1, Section 2304		

MORRELL NURSING CENTER, LLC
Adjustment Report
Cost Report Period Ended September 30, 2005
AC# 3-MMC-J5

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
6	Housekeeping	41	
	Legal	1	
	Utilities	17	
	Taxes and Insurance	102	
	Nonallowable	14,184	
	Restorative		1,810
	Maintenance		283
	Administration		8,058
	Medical Supplies		302
	Cost of Capital		3,892
	To adjust home office cost allocation HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
7	Nonallowable	16,016	
	Medical Supplies		16,016
	To remove special (ancillary) services reimbursed by Medicare State Plan, Attachment 4.19D		
		\$238,247	\$238,247
	TOTAL ADJUSTMENTS		

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

MORRELL NURSING CENTER, LLC
 Cost of Capital Reimbursement Analysis
 For the Cost Report Period Ended September 30, 2005
 AC# 3-MMC-J5

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	<u>2.77878</u>
Deemed Asset Value (Per Bed)	43,399
Number of Beds	<u>154</u>
Deemed Asset Value	6,683,446
Improvements Since 1981	1,795,492
Accumulated Depreciation at 9/30/05	<u>(2,019,426)</u>
Deemed Depreciated Value	6,459,512
Market Rate of Return	<u>.0490</u>
Total Annual Return	316,516
Return Applicable to Non-Reimbursable Cost Centers	-
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Annual Return	316,516
Depreciation Expense	172,678
Amortization Expense	-
Capital Related Income Offsets	(12,595)
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Cost of Capital Expense	476,599
Total Patient Days (Actual)	<u>54,926</u>
Cost of Capital Per Diem	\$ <u><u>8.68</u></u>

MORRELL NURSING CENTER, LLC
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 2005
AC# 3-MMC-J5

6/30/89 Cost of Capital and Return on Equity Capital Per Diem Reimbursement	\$3.80
Adjustment for Maximum Increase	<u>3.99</u>
Maximum Cost of Capital Per Diem	<u>\$7.79</u>
Reimbursable Cost of Capital Per Diem	\$7.79
Cost of Capital Per Diem	<u>8.68</u>
Cost of Capital Per Diem Limitation	<u>\$(.89)</u>

2 copies of this document were published at an estimated printing cost of \$1.38 each, and a total printing cost of \$2.76. Section 1-11-125 of the South Carolina Code of Laws, as amended requires this information on printing costs be added to the document.