



Dave Yost • Auditor of State

**ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED - TEAKWOOD HOME
FRANKLIN COUNTY**

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Independent Auditor's Report on Applying Agreed-Upon Procedures

Mr. Chris Carson, Bureau Chief
Bureau of Audit Performance
Ohio Department of Medicaid
50 W. Town St., 5th Floor
Columbus, OH 43215

Dear Mr. Carson:

As required by Ohio Rev. Code § 5111.27 and Ohio Admin. Code § 5101:3-3-20, the Auditor of State's Office (AOS) performed the procedures enumerated below to which the Ohio Department of Medicaid (ODM) also agreed. These procedures are designed to assist you in evaluating whether the Association for The Developmentally Disabled - Teakwood Home (hereafter referred to as the Provider) prepared its JFS 02524 ICF-MR Medicaid Cost Report (Cost Report) for the period January 1, 2011 through December 31, 2011 in accordance with the Medicaid Cost Report instructions and the Appendix to Ohio Admin. Code § 5101:3-3-71.1 (Cost Report Instructions) and to assist you in evaluating whether reported transactions complied with CMS Publication 15-1 (Provider Reimbursement Manual), and other compliance requirements described in the procedures below. Note that all rules and code sections relied upon in this report were those in effect during the period ending December 31, 2011 and may be different from those currently in effect. The Provider's management is responsible for preparing these reports. This agreed-upon procedures engagement was conducted in accordance with the American Institute of Certified Public Accountants' attestation standards. The sufficiency of these procedures is solely the responsibility of ODM. 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.

Occupancy and Usage

1. ODM requested that we report variances if the Provider's inpatient days were greater than those reported on *Schedule A-1, Summary of Inpatient Days*.

We compared the Provider's inpatient days on the General Ledger Transactions Listings report for the number of patient days for Medicaid and non-Medicaid patients to those reported on *Schedule A-1, Summary of Inpatient Days*. We also footed the reports for accuracy.

We found no variances where inpatient days were greater than reported.

2. ODM requested that we report variances if total Medicaid inpatient days and total inpatient days were greater than those reported on *Schedule A-1, Summary of Inpatient Days* for one month.

We compared the Medicaid inpatient days and total inpatient days reported on *Schedule A-1, Summary of Inpatient Days* for December 2011 with the total of the Residential Services Daily Attendance Record sheet for Medicaid inpatient days and total inpatient days. We also footed the reports for accuracy.

We found no variances where inpatient days were greater than reported for the one month.

3. ODM requested that we report variances to *Schedule A-1, Summary of Inpatient Days* if total inpatient days were greater than those reported for one month.

We haphazardly selected three residents' medical records and compared the total days the resident was in the Provider's care for December 2011 with the total inpatient days reported on the December 2011 Residential Services Daily Attendance Record sheet and *Schedule A-1, Summary of Inpatient Days*.

For the selected individuals, we also determined if the Provider included any waiver respite days as Medicaid or Medicare days and if bed hold days in excess of 30 in a calendar year received the proper authorization on form JFS 09402 in accordance with Ohio Admin. Code § 5101:3-3-16.8.

We found no variances where inpatient days were greater than reported for the month and no misclassified waiver respite days.

We found 28 unauthorized bed hold days for one resident above the 30 bed hold days allowed under the above provision. We removed the unauthorized bed hold days in Appendix A; see also the Medicaid Paid Claims section.

4. ODM requested that we report variances if the Provider had reimbursed Medicaid days in excess of total Medicaid days reported on *Schedule A-1, Summary of Inpatient Days*.

We compared the number of reimbursed Medicaid days per the Medicaid Information Technology System (MITS) with the total Medicaid days reported on *Schedule A-1, Summary of Inpatient Days*.

We found that total Medicaid days reported exceeded Medicaid reimbursed days per MITS.

Medicaid Paid Claims

1. ODM requested that we select paid claims for three of the Provider's residents in one month and report any variances if the claims did not meet the applicable documentation requirements.

We selected all paid claims for three residents for the Month of December of 2011 from MITS and compared the reimbursed Medicaid days to the days documented per the resident's medical records. We determined if the Provider's documentation met the general requirements of CMS Publication 15-1, Chapter 23, and Ohio Admin. Code § 5101:3-3-20 and if the days billed met the specific requirements of Ohio Admin. Code § 5101:3-3-16.8 (C) to (E) as an occupied or bed hold day and Ohio Admin. Code § 5101:-3-3-39 for the payment adjustment requirements for resident's discharge, admittance to hospital, death or election to receive hospice care.

Recoverable Finding: \$7,294

We found 28 unauthorized bed hold days above the 30 bed hold days allowed under with Ohio Admin. Code § 5101:3-3-16.8 and identified a recoverable finding for these days in the amount of \$7,294.

The Provider responded that the required forms were not filed because of the short durations of the resident's absences.

Non-Payroll Expenses

1. ODM requested that we compare the Provider's non-payroll expenses to the amounts reported on *Schedule B-1, Other Protected Costs*; *Schedule B-2, Direct Care Cost Center*; and *Schedule C, Indirect Cost Care Center* and report reclassifications between schedules and adjustments resulting in decreased costs exceeding five percent of non-payroll expenses on any schedule.

We compared all non-payroll expenses reported on *Schedule B-1, Schedule B-2, and Schedule C*, to the Provider's General Ledger Transaction Listing report to identify variances exceeding five percent of non-payroll expenses on any schedule.

We found no differences exceeding five percent on any one schedule.

2. ODM requested that we select a sample of 20 non-payroll expenses reported on *Schedule B-1, Other Protected Costs*; *Schedule B-2, Direct Care Cost Center*; *Schedule C, Indirect Cost Center*; and *Exhibit 3, Home Office Trial Balance* and report expenses exceeding \$500 which lacked supporting documentation, were not properly allocated, or were unallowable.

We haphazardly selected 20 non-payroll expenses from non-payroll accounts on *Schedule B-1, Schedule B-2, Schedule C, and Exhibit 3*. We reviewed these expenses to determine if they had supporting documentation, were properly allocated and classified and were allowable expenses per the Cost Report Instructions, Ohio Admin. Code § 5101:3, and CMS Publication 15-1.

We found variances exceeding \$500 as reported in Appendix A.

3. ODM requested that we review the allocation methodology used in the Provider's Home Office Allocation schedule allocating costs on *Schedule B-1, Other Protected Costs*; *Schedule B-2, Direct Care Cost Center*; and *Schedule C, Indirect Cost Care Center*, and equity on *Schedule E-1, Return on Equity Capital of Proprietary Providers* and determine if it was reasonable, allowable, related to residential care, and properly classified in accordance with Ohio Admin. Code § 5101:3, CMS Publication 15-1, Section 2150 and the Cost Report Instructions. ODM requested that we report any reclassifications between schedules and adjustments resulting in decreased Home Office costs on any schedule.

We reviewed the allocation methodology used in the Provider's Home Office Allocation schedule allocating costs on *Schedule B-1, Schedule B-2, Schedule C, and equity on Schedule E-1* to determine whether it was reasonable, allowable, related to residential care, and properly classified in accordance with Ohio Admin. Code § 5101:3, CMS Publication 15-1, Section 2150 and the Cost Report Instructions.

We found errors in the Home Office Allocation schedule which resulted in home office costs being over allocated to the Provider as reported in Appendix A.

The Provider explained the error was due to reporting home office allocation costs between two Intermediate Care Facility locations in July 2011.

4. ODM requested that we scan the Provider's non-payroll expenses reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; and Schedule C, Indirect Cost Center* for non-federal reimbursable costs or costs not properly classified exceeding \$500 or contractor costs over \$10,000 that should have been reported on *Schedule C-3, Costs of Services from Related Parties*.

We scanned the Provider's General Ledger Transactions Listing report for non-payroll expenses exceeding \$500 reported on *Schedule B-1, Schedule B-2, and Schedule C*, for non-federal reimbursable costs or costs not classified in accordance with Ohio Admin. Code § 5101:3, CMS Publication 15-1 and the Cost Report Instructions. We also scanned for any contractors which would require reporting on *Schedule C-3*.

We found differences as reported in Appendix A for misclassified and unallowable costs. We found no contracts which should be reported on *Schedule C-3*.

5. ODM requested that we compare the 2011 non-payroll costs reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; and Schedule C, Indirect Cost Care Center* by chart of account code to non-payroll costs reported by chart of account code in 2010 and obtain the Provider's explanation for non-payroll variances that increased by more than five percent and \$500 from the prior year's schedules and report adjustments exceeding \$500 and five percent of non-payroll costs on any schedule.

We compared the 2011 non-payroll costs reported on *Schedule B-1, Schedule B-2, and Schedule C* by chart of account code to non-payroll costs reported by chart of account code in prior year and obtained the Provider's explanation for the five non-payroll variances.

The Provider stated that the increase in Active Treatment Off-site Day Programming on *Schedule B-2, Direct Care Cost Center* was due to an increase in individuals participating in the program. The Provider stated the increase in Employee Fringe Benefits - Direct Care on *Schedule B-2, Direct Care Cost Center* was due to an increase in health care providers and worker's compensation. The Provider also stated that the increase in Home Office Costs on *Schedule B-2, Direct Care Cost Center* and Office & Administrative Supplies and Dues, Subscriptions and Licenses on *Schedule C, Indirect Cost Care Center* were due to an overall increase in administrative expenses due to increases in staffing and related costs.

We found no adjustments exceeding \$500 and 5 percent of non-payroll costs on any schedule.

Property

1. ODM requested we compare the Provider's procedures regarding capitalization of fixed assets used for preparing *Schedule D, Capital Cost Center; Schedule D-1, Analysis of Property, Plant and Equipment; and Schedule D-2, Capital Additions/Deletions* with the Cost Report Instructions and CMS Publication 15-1, and report any variances.

We compared the Provider's procedures regarding capitalization of fixed assets used for preparing *Schedule D, Schedule D-1, and Schedule D-2* with the Cost Report instructions and CMS Publication 15-1.

We noted two inconsistencies between the Provider's capitalization policy and the guidelines in that the Provider does not determine a salvage value when calculating depreciation as required by CMS Publication 15-1, 104.19, which states "Virtually all assets have a salvage value substantial enough to be included in calculating depreciation, and only in rare instance is salvage value so negligible that it may be ignored."

Also, the Provider took depreciation in the month that the asset was placed into service. This is inconsistent with OAC 5101:3-3-71.3 E, (2) which states "The following depreciation conventions shall be used to calculate depreciation expense:(1) For calendar year 1994 and each calendar year thereafter, in the month that a capital asset is placed into service, no depreciation expense is recognized as an allowable expense. A full month's depreciation expense is recognized in the month following the month the asset is placed into service."

Recommendation:

We recommend the Provider calculate a salvage value equal to 10 percent of historical cost when determining the initial net book value to be depreciated for each new capital asset purchase and the Provider begin depreciating assets after the month of acquisition. See procedure 3 for corresponding adjustments.

2. ODM requested that we compare capital assets and corresponding depreciation listed on *Schedule D, Capital Cost Center; Schedule D-1, Analysis of Property, Plant and Equipment; and Schedule D-2, Capital Additions/Deletions* to the Provider's Asset Depreciation Report and Monthly Abbreviated Depreciation Report, and report differences exceeding \$500.

We compared capital assets and corresponding depreciation listed on *Schedule D, Schedule D-1, and Schedule D-2* to the Provider's Asset Depreciation Report and Monthly Abbreviated Depreciation Report.

We found no differences exceeding \$500.

3. ODM requested that we select a total of three additions, renovations, and/or deletions reported on *Schedule D-1, Analysis of Property, Plant and Equipment and Schedule D-2, Capital Additions/Deletions* and determine if the cost basis, useful life and depreciation expense were in accordance with the Cost Report Instructions and Ohio Admin. Code § 5101:3-3-01 (BB), and report any differences.

We selected three additions reported on *Schedule D-1 and Schedule D-2* and reviewed the cost basis, useful life and depreciation expense to determine whether they were in accordance with the Cost Report Instructions and Ohio Admin. Code § 5101:3-3-01 (BB). We also reviewed the assets used in residential care to determine if they should be reclassified as the Costs of Ownership in accordance with Ohio Admin § 5101:3 and CMS Publication 15-1.

We found differences related to depreciation assets in the month of acquisition, salvage value (see also procedure 1 above), and one error related to incorrect useful life in three additions. We reviewed the two remaining additions and found similar differences.

We reported all differences in Appendix A.

4. ODM requested we review the rent and lease agreements to determine if any related party lease costs were recorded in accordance Ohio Admin. Code §§ 5101:3-3-01 (BB) and 5101:3-3-84.3 and that non-related leases meet the requirements of FASB 13, if costs were recorded in *Schedule D, Analysis of Property, Plant and Equipment* in Lease and Rent Accounts 8060 or 8065, and report any differences.

We did not perform this procedure because there were no costs recorded in *Schedule D, Analysis of Property, Plant and Equipment* in Lease and Rent Accounts 8060 or 8065.

5. ODM requested we compare the renovation and financing costs in the Non-extensive Renovation Letter to *Schedule D-1, Analysis of Property, Plant and Equipment*, if costs were recorded in *Schedule E, Balance Sheet*, Account 1300, Renovations, and report any differences.

We did not perform this procedure because there were no costs recorded in *Schedule E, Balance Sheet*, Account 1300, Renovations.

6. ODM requested we review the Asset Depreciation Report and Monthly Abbreviated Depreciation Report to ensure transportation expenses were reasonable, allowable and related to patient care as defined in CMS Publication 15-1. ODM also requested we review the W-2s to determine if any corporate officers and owners who exclusively used vehicles reported additional compensation or were adjusted from allowable expenses pursuant to CMS Publication 15-1, Chapter 9, if transportation costs are recorded in *Schedule D-1, Analysis of Property, Plant and Equipment*, and report any differences.

We did not perform this procedure because there were no transportation costs recorded in *Schedule D-1, Analysis of Property, Plant and Equipment*.

Payroll

1. ODM requested that we compare the Provider's payroll expenses to the amounts reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; Schedule C, Indirect Cost Care Center; Schedule C-1, Administrator's Compensation; and Schedule C-2, Owner's Relatives Compensation* and report reclassifications between schedules and adjustments resulting in decreased costs or hours exceeding five percent on any schedule.

We compared all salary, fringe benefits and payroll tax entries and hours worked reported on *Schedule B-1, Schedule B-2, Schedule C, Schedule C-1 and Schedule C-2* to the Provider's General Ledger Transactions Listing to identify variances exceeding five percent of total payroll costs or hours reported on any schedule.

We found differences exceeding five percent as reported in Appendix A.

2. ODM requested that we select a sample of five employees reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; Schedule C, Indirect Cost Center; and Exhibit 3, Home Office Trial Balance* and determine if any salaries and fringe benefit expenses exceeding \$500 were not properly allocated and classified or were unallowable.

We selected five employees (including all Administrators and Owners) and compared the Provider's employee personnel files, organizational charts, and job descriptions to the schedule in which each employee's salary and fringe benefit expenses were reported to determine if the payroll costs were allowable under CMS Publication 15-1, were properly classified, allocated and allowable in accordance with Ohio Admin. Code § 5101:3, CMS Publication 15-1, Chapter 9 and Section 2150 and the Cost Report Instructions.

We reported differences in Appendix A.

3. ODM requested that we compare the 2011 payroll costs reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; Schedule C, Indirect Cost Care Center; Schedule C-1, Administrator's Compensation; and Schedule C-2, Owner's Relatives Compensation* by chart of account code to payroll costs reported by chart of account code in 2010 and obtain the Provider's explanation for five payroll variances that increased by more than five percent from the prior year's schedules. ODM asked us to report adjustments exceeding \$500 and five percent of payroll costs on any schedule.

We compared the 2011 payroll costs reported on *Schedule B-1, Schedule B-2, Schedule C, Schedule C-1, and Schedule C-2* by chart of account code to payroll costs reported by chart of account code in 2010 and found five payroll variances that increased by more than five percent from the prior year's schedules.

The Provider stated that the increase in Registered Nurse on *Schedule B-2, Direct Care Cost Center* was due to increased staffing based on residential needs. The Provider stated that the increase in Qualified Mental Retardation Professional on *Schedule B-2, Direct Care Cost Center* was due to vacancy fluctuations between years. The Provider stated that the increase in Other Administrative Professional and Home Office Costs/Indirect Care on *Schedule C, Indirect Cost Care Center* was due to an overall increase in administrative costs resulting from the increase in staffing. The Provider also stated that the increase in Administrator Hours on *Schedule C-1, Administrator's Compensation* was due to the attention needed during the OSHA citation, notification of penalty, and subsequent settlement.

We found no variances exceeding \$500 and 5 percent of payroll costs on any schedule.

Revenue

1. ODM requested us to compare all revenues on the Provider's General Ledger with those revenues reported on *Attachment 1, Revenue Trial Balance* and report differences exceeding five percent of total revenues reported.

We compared all revenues on the Provider's General Ledger Transactions Listing report with those revenues reported on *Attachment 1* to determine if all revenues were reported in accordance with Ohio Admin. Code § 5101:3, CMS Publication 15-1, and the Cost Report Instructions.

We found no differences exceeding five percent.

2. ODM requested we scan the Provider's Revenue Ledger to identify any revenue offsets/applicable credits exceeding \$500 which the Provider did not record on *Attachment 2, Adjustments to Trial Balance* or were not offset against expenses on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; or Schedule C, Indirect Care Cost Center*.

We scanned the Provider's General Ledger Transactions Listing report for revenues which roll up to *Attachment 1* and expenses on *Schedule B-1, Schedule B-2, and Schedule C* to identify any revenue offsets or applicable credits which were not reported on *Attachment 2* or *Schedule B-1, Schedule B-2, or Schedule C* to offset corresponding expenses in accordance with CMS Publication 15-1, Chapters 1, 6 and 8.

We did not identify any unrecorded revenue offsets or applicable credits exceeding \$500 on *Attachment 2* or that would offset corresponding expenses on *Schedule B-1, Schedule B-2, and Schedule C*.

Assets, Liabilities and Owner's Equity

ODM requested us to perform procedures 1 through 6 below if the Provider was a for-profit provider and if *Schedule E-1, Return on Equity Capital of Proprietary Providers* reported equity above zero.

1. ODM requested we compare Assets and Liabilities on the *Schedule E, Balance Sheet* with the Provider's trial balance report and other supporting documentation for those accounts greater than five percent of total reported assets or liabilities and identify any unsupported, unallowable or improperly classified amount per Ohio Admin. Code § 5101:3, CMS Publication 15-1, or the Cost Report Instructions.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a non-profit corporation.

2. ODM requested we determine if the Provider is on a proper accrual basis and if their accrual policies are applied consistently between periods as required by the Cost Report Instructions and report any differences.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a non-profit corporation.

3. ODM requested we compare the Provider's ending account balance with beginning balance for all accounts on *Schedule E, Balance Sheet* and obtain an explanation for any account ending balance with variances exceeding 25 percent or \$100,000 of the beginning balance and report any adjustments.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a non-profit corporation.

4. ODM requested we compare the savings account balance on the trial balance report to *Schedule E, Balance Sheet* to determine if total cash on hand from investments/savings exceeds three months of the Provider's total annual operating expenses as reported *Schedule A-3, Summary of Costs* and is not allowable equity as Invested Funds, pursuant to CMS Pub. 15-1, Section 1218.2, and report any differences.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a non-profit corporation.

5. ODM requested we compare reconciling items on the bank reconciliation report/schedule with the December 2011 bank statement and trial balance report and report any differences.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a non-profit corporation.

6. ODM requested we compare amounts reported on *Schedule E-1, Return on Equity Capital of Proprietary Providers* to supporting documentation to ensure net equity calculations for Capital, Due from Owners/Officers, Related Party Loans, Equity in Assets Leased from Related Parties, or Home Office Equity were in accordance with CMS Publication 15-1 and Ohio Admin. Code § 5101:3-3-01(BB), and report any differences.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a non-profit corporation.

We did not receive a response from officials to the exceptions noted above.

We were not engaged to and did not conduct an audit, the objective of which would be the expression of an opinion on the Provider's Cost Report. 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 use of the managements of the Provider, the Ohio Department of Medicaid, and the Centers for Medicare and Medicaid Services, and is not intended to be, and should not be used by anyone other than these specified parties.

A handwritten signature in black ink that reads "Dave Yost". The signature is written in a cursive, flowing style.

Dave Yost
Auditor of State

August 29, 2014

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Appendix A
ADD-Teakwood ICF
2011 Income and Expenditure Report Adjustments

	Reported Amount	Correction	Corrected Amount	Explanation of Correction
Schedule A-1 Summary of Inpatient Days				
8. August - Therapeutic Leave Days (4)	7	(4)	3	To remove unauthorized bed hold days
9. September - Therapeutic Leave Days (4)	7	(5)	2	To remove unauthorized bed hold days
10. October - Therapeutic Leave Days (4)	10	(7)	3	To remove unauthorized bed hold days
11. November - Therapeutic Leave Days (4)	9	(7)	2	To remove unauthorized bed hold days
12. December - Therapeutic Leave Days (4)	13	(5)	8	To remove unauthorized bed hold days
Schedule B-1 Other Protected Costs				
2. Home Office Costs/Other Protected - 6095 - Other/Contract Wages (2)	\$ 1,120	\$ (66)	\$ 1,054	To reduce Home Office costs due to July allocation error
Schedule B-2 Direct Care Cost Center				
3. RN Charge Nurse - 6110 - Salary Facility Employed (1)	\$ -	\$ 5,557	\$ 5,557	To reclassify Carla Donnelly's salary
5. Registered Nurse - 6120 - Salary Facility Employed (1)	\$ 9,891	\$ (5,557)	\$ 4,334	To reclassify Carla Donnelly's salary
24. Home Office Costs/Direct Care - 6230 - Other/Contract Wages (2)	\$ 6,167	\$ (194)	\$ 5,973	To reduce Home Office costs due to July allocation error
Schedule C Indirect Care Cost Center				
32. Travel and Entertainment - 7235 - Other/Contract Wages (2)	\$ 6,237	\$ (1,556)		To reclassify vehicle repair expense
		\$ (1,038)	\$ 3,643	To reclassify insurance expenses
40. Dues, Subscriptions and Licenses - 7270 - Other/Contract Wages (2)	\$ 2,701	\$ (2,100)	\$ 601	To reclassify OSHA penalty
42. Insurance - 7280 - Other/Contract Wages (2)	\$ 2,011	\$ 1,038	\$ 3,049	To reclassify insurance expenses
48. Home Office Costs/Indirect Care ** - 7310 - Salary Facility Employed (1)	\$ 6,020	\$ 38,557	\$ 44,577	To reclassify salary expenses
48. Home Office Costs/Indirect Care ** - 7310 - Other/Contract Wages (2)	\$ 86,894	\$ (1,780)		To reclassify non-reimbursable expenses
		\$ (38,557)		To reclassify salary expenses
		\$ (5,619)	\$ 40,938	To reduce Home Office costs due to July allocation error
51. Plant Operations and Maintenance - 7330 - Salary Facility Employed (1)	\$ -	\$ 1,213	\$ 1,213	To reclassify maintenance salaries
52. Repair and Maintenance - 7340 - Other/Contract Wages (2)	\$ 15,498	\$ 1,556		To reclassify vehicle repair expense
		\$ (1,213)		To reclassify maintenance salaries
		\$ (1,760)	\$ 15,294	To reclassify rental equipment
53. Minor Equipment - 7350 - Other/Contract Wages (2)	\$ 3,691	\$ (518)	\$ 3,173	To reclassify a capital asset
54. Leased Equipment - 7400 - Other/Contract Wages (2)		\$ 1,760	\$ 1,760	To reclassify rental equipment
69. Late fees, Fines, or Penalties - 9730 - Other/Contract Wages (2)	\$ -	\$ 2,100	\$ 2,100	To reclassify OSHA penalty
74. Promotional Advertising and Marketing - 9755 - Other/Contract Wages (2)	\$ -	\$ 1,780	\$ 1,780	To reclassify non-reimbursable expenses
Schedule D Capital Cost Center				
1. Depreciation - Building - 8010 - (3) Total	\$ 10,536	\$ (73)	\$ 10,463	To report correct depreciation
4. Depreciation - Equipment - 8040 - (3) Total	\$ 2,913	\$ (78)	\$ 2,835	To report correct depreciation
10. Home Office Costs/Capital Costs - 8090 - Total (3)	\$ 8,963	\$ (526)	\$ 8,437	To reduce Home Office costs due to July allocation error
Schedule D-1 Analysis of Property, Plant and Equipment				
2. Buildings - Depreciation this Period (7)	\$ 10,536	\$ (73)	\$ 10,463	To report correct depreciation
5. Equipment - Additions or Reductions (3)	\$ 1,716	\$ 518	\$ 2,234	To reclassify a new capital asset
5. Equipment - Depreciation this Period (7)	\$ 2,913	\$ 8		To depreciate a new capital asset
5. Equipment - Depreciation this Period (7)		\$ (78)	\$ 2,843	To report correct depreciation

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Dave Yost • Auditor of State

ASSOCIATION FOR DEVELOPMENTALLY DISABLED- TEAKWOOD HOME

FRANKLIN COUNTY

CLERK'S CERTIFICATION

This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.

Susan Babbitt

CLERK OF THE BUREAU

**CERTIFIED
SEPTEMBER 25, 2014**