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#### WEST FELICIANA PARISH HOSPITAL SERVICE DISTRICT NO. 1

#### A COMPONENT UNIT OF THE WEST FELICIANA PARISH POLICE JURY

ST. FRANCISVILLE, LOUISIANA

OCTOBER 31, 2003 AND 2002

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.



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Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

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#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

OCTOBER 31, 2003 AND 2002

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West Feliciana Parish Hospital Service District No. 1's (the Hospital) management discussion and analysis is intended to assist the reader in focusing on significant financial issues, provide an overview of the Hospital's financial activity, identify changes in the Hospital's financial position and it's ability to address the next and subsequent year challenges. It also identifies any material deviations from the financial plan and identifies individual fund issues or concerns. This is a requirement of the Governmental Accounting Standards Board Statement No. 34 (GASB 34) "Basic Financial Statements - and Managements Discussion and Analysis - for State and Local Governments" and is intended to provide the financial results for the fiscal years ending October 31, 2003 and 2002.

The following is an illustration on how this financial report is presented.





GASB 34 requires the presentation of two basic types of financial statements: Hospital Wide Financial Statements and Fund Financial Statements. However, due to the fact that the Hospital consists of a single proprietary fund type, the Hospital-wide and Fund financial statements are equivalent.

#### Hospital-wide Financial Statements

The Hospital statements are new and provide a perspective of the Hospital as a whole. These statements use the full accrual basis of accounting similar to private sector companies. There are three Hospital statements: the Statement of Net Assets and the Statement of Activities, and the Statement of Cash Flows.

Consistent with the full accrual basis method of accounting the Statement of Activities accounts for current year revenues and expenses regardless of when cash is received or paid. The intent of this statement is to summarize and simplify the user's analysis of the costs of various Hospital services.

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#### WEST FELICIANA PARISH HOSPITAL SERVICE DISTRICT NO. 1

#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

#### OCTOBER 31, 2003 AND 2002

#### Financial Analysis of the Hospital as a Whole

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Summary of Net Assets

Assets	2003	2002
Current Assets	<u>\$ 7,937,538</u>	\$ 6,597,180
Capital Assets	5,773,015	5,691,853
Less: Accumulated Depreciation	(3,453,508)	(3,120,783)
Capital Assets, Net Book Value	2,319,507	2,571,070
Total Assets	\$10,257,045	<u>\$ 9,168,250</u>
Liabilities		
Current Liabilities	<u>\$ 1,414,840</u>	\$ 1,482,460
Total Liabilities	1,414,840	1,482,460

#### Net Assets

Net capital assets, net of related debt	2,319,507	2,571,070
Restricted	3,508,404	3,526,118
Unrestricted	3,014,294	1,588,602
Total Net Assets	8,842,205	7,685,790
Total Liabilities and Net Assets	\$10,257,045	\$ 9,168,250

As indicated by the statement above, total net assets are \$8,842,205 and \$7,685,790, for the years 2003 and 2002, respectively. Net assets can be separated into three categories: net capital assets net of related debt, restricted, and unrestricted assets.

Net capital assets are a combination of funds available for capital assets, plus capital assets at original cost less accumulated depreciation and related debt. The original cost of capital assets is \$5,773,015, which is an accumulation of capital assets year after year less any capital disposals. The accumulated depreciation is the accumulation of depreciation expense since acquisition. In accordance with Generally Accepted Accounting Principles (GAAP), depreciation expense is recorded on the original cost of the asset, less an estimated salvage value, expensed over the estimated useful life of the asset. Total accumulated depreciation is \$3,453,508 and \$3,120,783, for the years 2003 and 2002, respectively.

Restricted net assets in the amount of \$3,508,404, consist of funds that have been restricted under agreements with thirdparty payers for funded depreciation.

The remaining \$3,014,294 is unrestricted. The unrestricted fund balance is an accumulation of prior years' operating results. This balance is directly affected each year by the Hospital's operating results.

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## MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

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OCTOBER 31, 2003 AND 2002

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Results of Operations	2003 <u>Amount</u>	2003 % of Total	2002 Amount	2002 <u>% of Total</u>
Program Revenue				
Net Patient Services Revenue	\$ 6,852,945	78.46%	<u>\$ 6,362,556</u>	<u>76.67%</u>
Total Program Revenue	6,852,945	78.46%	6,362,556	76.67%
General Revenue	•			
Taxes	1,678,038	19,21%	1,604,517	19.33%
Other	203,114	<u>2.33%</u>	331,578	4.00%
Total General Revenue	1,881,152	21.54%	1,936,095	23.33%
Total Revenues	8,734,097	100.00%	8,298,651	100.00%
Expenses				
Payroll Costs	3,549,235	46.84%	3,564,069	47.88%
Purchased Services	1,455;690	19.21%	1,429,100	10.01%
Supplies	875,936	11.56%	968,813	13.01%
Depreciation	360,194	4.75%	364,803	4.90%
Provision for Bad Debts	711,109	9.38%	603,722	3.92%
Other Expenses	625,518	<u>8.26%</u>	513,472	20.28%
Total Expenses	7.577,682	<u>100.00%</u>	7,443,979	<u>100.00%</u>
Increase in Net Assets	\$ 1,156,415		<u>\$ 854,672</u>	

The year over year comparisons as shown is a requirement of GASB 34.

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As indicated above net assets increased \$1,156,415. This increase relates directly to patient service revenue.

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#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

**OCTOBER 31, 2003 AND 2002** 

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#### Revenues

The following chart illustrates the Hospital's sources of revenues by percentages:



\*Revenue chart is based on all Hospital Funds combined.

#### Sources of Revenues

Net patient service sources of revenues total \$6,852,945 and \$6,362,556, for the years 2003 and 2002, respectively; it is reported at estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final

Total tax revenue for each year consists of the Hospital Maintenance Tax, Sales Tax Collections, and State Revenue Sharing Funds received by the Hospital Service District.

Other Revenues include interest income, dietary income received, and other nonoperating types of income.

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#### WEST FELICIANA PARISH HOSPITAL SERVICE DISTRICT NO. 1

#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

OCTOBER 31, 2003 AND 2002

#### Expenses

The following chart illustrates the Hospital's expenses by percentages:



12%		
Purchased	( ( ;	
Services	[	
19%		
l	·	

Consistent with other hospital service districts, 66% of total expenses are for wages and purchased services. Most expenses directly relate to the provision of care to patients.

#### Capital Assets

As of October 31, 2003, the Hospital had \$5,773,015 invested in a broad range of capital assets, including land, buildings, and equipment.

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	2003	2002
Land and improvements	\$ 389,798	\$ 377,998
Buildings	1,690,137	1,690,138
Equipment	3,686,315	3,617,221
Construction in Process	6,765	6,496
Subtotal	5,773,015	5,691,853
Less accumulated depreciation	(3,453,508)	(3,120,783)
Net Capital Assets	\$ 2,319,507	\$ 2,571,070

#### Depreciation expense for the year is \$360,194.

#### MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

#### OCTOBER 31, 2003 AND 2002

#### Economic Factors

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The approximately \$1 million in disproportionate share (DSH) payments is subject to change due to proposed changes in Medicaid Reimbursement. Also, the national, state and local economy continues to falter for the second year in a row, with industries reducing their workforce. West Feliciana Parish Hospital, however, like hospitals across the state, continues to grow, serving as an economic engine in the community. It is expected, given the declining job market, that the Hospital will be faced with absorbing more uninsured patients, and more uncompensated care. The Hospital receives local taxpayer

#### **Contacting the Hospital's Financial Management**

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The financial report is designed to provide our citizens, taxpayers, customers, investors, and creditors with a general overview of the Hospital's finances and to demonstrate the Hospital's accountability for the money it receives. If you have any questions about this report or need additional information, contact West Feliciana Parish Hospital Service District No. 1, P.O. Box 368, St. Francisville, LA 70775.

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## BROUSSARD

 (A Corporation of Certified Public Accountants)
 Eien P. Langlinais, C.P.A.

 Michael P. Broussard, C.P.A.
 Bayla Faicon, C.P.A.

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 Patrick M. Guidry, C.P.A.

 Chip Controli, C.P.A.
 Chip Controli, C.P.A.

 INDEPENDENT AUDITOR'S REPORT
 Chris Kohlenberg, C.P.A., M.B.A., M.H.A

The Board of Commissioners West Feliciana Parish Hospital Service District No. 1 St. Francisville, Louisiana

We have audited the accompanying component unit financial statements of West Feliciana Parish Hospital Service District No. 1 (the "Hospital"), a component unit of West Feliciana Parish Police Jury, State of Louisiana, as of and for the years ended October 31, 2003 and 2002. These component unit financial statements are the responsibility of the Hospital's management. Our responsibility is to express opinions on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States, and the provisions of the <u>Louisiana Governmental Audit Guide</u>, published jointly by the Society of Louisiana Certified Public Accountants and the Louisiana Legislative Auditor. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In accordance with <u>Government Auditing Standards</u>, we have also issued our report dated December 8, 2003, on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. That report is an integral part of an audit performed in accordance with <u>Government Audit</u> <u>Standards</u> and should be read in conjunction with this report in considering the results of our audit. No compliance items reported in this report had any material effect on the amounts and disclosures reported in these financial statements.

Our audit was performed for the purpose of forming an opinion on the financial statements of the Hospital taken as a whole. The accompanying supplemental information, identified in the Table of Contents, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has been subjected to the auditing procedures applied in the audit of the financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the financial statements taken as a whole.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of West Feliciana parish Hospital Service District No. 1, a component unit of West Feliciana Parish Police Jury, State of Louisiana, as of October 31, 2003 and 2002, and the changes in financial position and cash flows thereof for the year then ended in conformity with accounting principles generally accepted in the United States of America.

The Management's Discussion and Analysis is not a required part of the basic financial statements but is supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary

information. However, we did not audit the information and express no opinion on it.

Langlindis & Broussard (A Corporation of Certified Public Accountants)

#### December 8, 2003

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#### WEST FELICIANA PARISH HOSPITAL SERVICE DISTRICT NO. 1

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STATEMENTS OF NET ASSETS	OCTOBER 3			
ASSETS	2003	2002		
Current Assets				
Cash And Cash Equivalents	\$ 2,136,344	\$ 920,463		
Assets Limited As To Use				
Cash	510,592	1,775,635		
Investments	2,997,812	1,750,483		
Receivables:				
Patient Accounts, Less Allowance For Uncollectible Accounts	1.085.599	1,001,394		
Other Receivables	965,949	862.409		
Inventories	179,443	220,195		
Prepaid Expenses	61,799	66,601		
Total Current Assest	7,937,538	6,597,180		
Captial Assets				
Land And Land Improvements	389,798	377,998		
Buildings And Leasehold Improvements	1,690,137	1,690,138		
Equipment	3,686,315	3,617,221		
Construction On Process	6,765	6,496		
Gross Capital Assets	5,773,015	5,691,853		
Less Accumulated Depreciation	(3,453,508)	(3,120,783		
Total Capital Assets, Net Of Accumulated Depreciation	2,319,507	2,571,070		
TOTAL ASSETS	\$ 10,257,045	<u>\$ 9,168,250</u>		
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts Payable And Other Liabilities	\$ 55,784	\$ 45,901		
Credit Balances in Patient Accounts	18,538	52,260		
Deferred Disproportionate Share Revenue	586,235			
Deferred Ad Valorem Tax Revenue	535,932	652,995 543,185		
Accrued Salaries And Wages	132.614	100,712		
Compensated Absenses	85.737	87,407		
Total Current Liabilities	1,414,840			
	1,414,040	1,482,460		
Total Liabilities	1,414,840	1,482,460		
Net assets				
Invested In Capital Assets, Net Of Related Debt	2,319,507	2,571,070		
Restricted	3,508,404	3,526,118		
Unrestricted	3,014,294	1,588,602		
Total Net Assets	8 842 205	7 495 700		

Total Net Assets



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#### TOTAL LIABILITIES AND NET ASSETS



The notes to the financial statement are an integral part of this statement. 8

## STATEMENTS OF ACTIVITIES

#### **Operating Revenues**

Net Patient Service Revenue Other Operating Revenue **Total Operating Revenue** 

#### **Operating Expenses**

Salaries, Wages And Benefits Professional Fees Supplies And Other **Provisions For Bad Debts Depreciation And Amortization** Other Operating Expenses **Total Operating Expenses** 

#### **Operating Income**

#### FOR THE YEARS ENDED OCTOBER 31,

· ·		2003		2002
		• • •	.:	
•	<b>`\$</b>	6.852,945	\$	6,362,556
		90,109		116,764
		6,943,054		6,479,320

#### 3,549,235 3,564,069 1,455,690 1,429,100 875,936 968,813 711,109 603,722 360,194 364,803 624;290 513,472 7,576,454 7,443,979

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(633,400)	(964,65

#### Nonoperating Revenues(Expenses) Sale Of Home Health Agency Interest Income . Interest Expense Tax Revenues Other Nonoperating Revenues(Expenses) Total Nonoperating Revenues(Expenses)

#### Change In Net Assets

Total Net Assets, Beginning (unadjusted) Prior period adjustments Deferred Ad Valorem tax Grant revenue correction Uncompensated care correction Total prior period adjustments Total Net Assets, Beginning (adjusted)

#### Total Net Assets, Ending

	- : · ·	100,000
	62,514	93,823
	(1,228)	(223)
	1,678,038	1,604,517
	50,491	20,991
	1,789,815	1,819,108
		• • • • • •
	1,156,415	854,449
	7,685,790	6,828,316
•	··· <u>-</u>	(445,656)
	-	350,906
		97,775
	-	3,025
	7,685,790	6,831,341
	<u>\$ 8,842,205</u>	<u> </u>

The notes to the financial statements are an integral part of this statement.

#### STATEMENTS OF CASH FLOWS

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#### FOR THE YEARS ENDED OCTOBER 31,

	2003	2002
Cash flows from operating activities		
Cash received from patients	\$ 6,758,367 \$	6,541,567
Cash payments to suppliers for services and goods	(3,551,124)	(3.623,422)
Cash payments to employees for services	(3,579,467)	(3,597,493)
Net cash provided by operating activities	(372,224)	(679,348)
Cash flow from noncapital financing activities		
Miscellancous Income	50,491	-
Tax receipts and operating grants	1,567,245	1,568,728
Net cash provided by noncaptial financing activities	1.617,736	1,568,728
Cash flows from capital and related financing Activities		
Acquisition of capital assets	(108,631)	(506,542)
Proceeds from sale of home health	· -	100,000
Interest paid	(1,228)	(223)
Net cash used in capital and related financing activities	(109.859)	(406,765)

#### Cash flows from investing activities

Purchases of Investments		(2,347,329)	1,300,000
Maturities of investments		£,100,000	(1.301,558)
Interest received		62,514	 93,823
Net cash provided by (used in) investing activities		(1,184,815)	 92,265
Net increase in cash and cash equivalents		(49,162)	574,880
Cash and cash equivalents at beginning of year, including \$1,775,635 and \$1,748,925.			
limited as to use for 2003 and 2002, respectively		2,696.098	 2,121,218
Cash and cash equivalents at end of year, including \$510,592 and \$1,775,635 limited as to	•		
use for 2003 and 2002, respectively	<u>\$</u>	2,646,936	\$ 2,696,098
Cash flows from operating activities			
Operating income	\$	(633,400)	\$ (964,659)
Adjustments to reconcile operating income			
to net cash provided by operating activities:			
Depreciation and amortization		360,194	364,803
Loss / (gain) on disposal of fixed assets		-	6,251
Increase in patient accounts receivable		(117,927)	111,063
Decrease in inventories		40,752	(91,298)
Increase in prepaid expenses		4,802	33,321
Decrease in accounts payable and other liabilities		9,883	(123,437)

Decrease in deferred disproportionate share revenue Increase in accrued salaries and wages Increase in accrued compensated absences Net cash provided by operating activities



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# The notes to the financial statements are an integral part of this statement. 10

#### NOTES TO THE FINANCIAL STATEMENTS

OCTOBER 31, 2003 AND 2002

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#### **NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### Financial Reporting Entity

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On February 21, 1968, the West Feliciana Parish Police Jury passed a resolution creating the West Feliciana Parish Hospital District No. 1 (the "Hospital") under the authority of Article 6, Section 19, of the 1974 Louisiana Constitution and Chapter 10 of Title 46 of the Louisiana Revised Statues of 1950, as amended. The Hospital is composed of all the territory situated within the limits of the Parish of West Feliciana.

The governing authority of the Hospital consists of a board of seven (7) commissioners, all of whom are qualified electors of West Feliciana Parish. The Commissioners serve with pay, per diem, and reimbursement of actual out-of-pocket expenses incurred in the performance of their duties.

The public purpose of the Hospital is to secure, provide for, and protect the public health and welfare by the treatment of human ailments through the acquisition and construction of projects as authorized by Chapter 10 of Title 46 of the 1974 Louisiana Constitution, and the financing and refinancing of indebtedness to acquire, construct, renovate, improve hospitals, clinics, laboratories, a nursing home, and any other facility, building or structure which may be of use and benefit in the teaching, training or practice of medical science and treatment of human ailments, or for such other facilities as the Hospital shall find useful in the study of, or research in, or treatment of illness or infirmities, all as is more fully set out in said Chapter 10 of Title 46 of the 1974 Louisiana Constitution.

The Hospital's component unit financial statements are an integral part of the West Feliciana Parish Police Jury's comprehensive annual financial report.

#### GASB Statement No. 34

During fiscal year 2002 the Hospital elected to early implement GASB Statement No. 34, "Basic Financial Statements, and Management's Discussion and Analysis for State and Local Governments," as amended by GASB Statement No. 37 and No. 38, and applied those standards on a retroactive basis. GASB Statement No. 34 establishes standards for state and local governments and requires that resources be classified for accounting and reporting purposes into the following three net asset

Invested in capital assets, net of related debt consist of capital assets, net of accumulated depreciation and reduced by outstanding balances for bonds, notes, and other debt that are attributed to the acquisition, construction, or improvement of those assets.

Restricted net assets result when constraints placed on net asset use are either externally imposed by creditors, grantors, contributions, and the like, or imposed by law through constitutional provisions or enabling legislation.

Unrestricted net assets consist of net assets which do not meet the definition of the two preceding categories. Unrestricted net assets often are designated, to indicate that management does not consider them to be available for general operations. Unrestricted net assets often have constraints on resources which are imposed by management, but can be removed or

#### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses during the period. Actual results could differ from those estimates.

#### NOTES TO THE FINANCIAL STATEMENTS

OCTOBER 31, 2003 AND 2002

#### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### **Basis of Presentation**

The Hospital's financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

As a Proprietary Fund, the Hospital distinguishes operating revenues and expenses from nonoperating items. Operating revenues and expenses generally result from providing patient services in connection with a proprietary fund's principal ongoing operations. The principal operating revenues of the Hospital's enterprise fund are charges to customers related patient services. Operating expenses for the Hospital's enterprise fund include patient care expenses, general and administrative expenses, and depreciation on capital assets. All revenue and expenses not meeting this definition are reported as nonoperating revenues and expenses. Private-sector standards of accounting and financial reporting issued prior to December 1, 1989, generally are followed by the Hospital in the financial statements to the extent that those standards do not conflict with or contradict guidance of the GASB. Governments also have the option of following subsequent privatesector guidance for their business-type activities and enterprise funds, subject to this same limitation. The Hospital has

#### Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

#### **Cash and Equivalents**

For the purposes of the statement of cash flows, the Hospital considers all highly liquid investments purchased with an initial maturity of three months or less to be cash equivalents.

State statues authorize the Hospital to invest in obligations of the U.S. Treasury, certificates or other obligations of the United States of America, and time certificates of deposit of state banks organized under the laws of Louisiana and national banks having the principal office in the State of Louisiana.

#### <u>Inventories</u>

#### Inventories are valued at the lower of cost (first-in, first-out method) or market.

#### Property Taxes

Property taxes were levied on January 1 on property values assessed on that date. Notices of tax liability are mailed on or about November 1 of the same year and are due and payable at that time. All unpaid taxes levied become delinquent January I of the following year. Property tax revenues are recognized in the same fiscal year within which they are billed because they are considered available in that period. Available includes those property tax receivables expected to be collected within sixty days after year end. However, the receivable for property taxes is recorded at the January 1 lien date.

#### NOTES TO THE FINANCIAL STATEMENTS

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#### OCTOBER 31, 2003 AND 2002

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#### **NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued**

#### Accounts Receivable

Accounts receivable from patients, insurance companies and third-party reimbursement contractual agencies are recorded at established charge rates. Certain third-party insured accounts (Medicare and Medicaid) are based on cost reimbursement agreements which generally result in the Hospital collecting less than the established charge rates with the difference recorded as "contractual adjustments." Final determination of settlement is subject to review by appropriate authorities. Adequate allowances are provided for doubtful accounts and contractual adjustments. Doubtful accounts are written off against the allowance after adequate collection effort is exhausted and recorded as recoveries of bad debts if subsequently collected. Net operating revenue includes only those amounts estimated by management to be collectible.

#### **Property and Equipment**

Property and equipment is stated at cost, except for assets donated to the Hospital. Donated assets are recorded at the appraised value at the date of donation.

Depreciation is recorded on a straight-line basis over the useful lives of the assets. Equipment under capital leases is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements.

Maintenance, repairs, replacements and improvements of minor importance are expensed. Major replacements and improvements are capitalized.

#### Net Patient Service Revenue

Net patient service is reported at the estimated net realizable amounts for patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in the future periods as final settlements are determined.

#### Vacation Pay

Accumulated unpaid vacation is accrued when earned. Employees earn and vest in vacation leave according to years of

Years of Service	Full-Time Employees
Less than 5 years	6.67 hours per month
After 5 years	10.00 hours per month
After 10 years	13.33 hours per month

#### **NOTE 2 - NET PATIENT SERVICE REVENUE**

The Hospital has agreements with third-party payers that provide payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payers follows:

#### NOTES TO THE FINANCIAL STATEMENTS

**OCTOBER 31, 2003 AND 2002** 

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#### **NOTE 2 - NET PATIENT SERVICE REVENUE - Continued**

#### Medicare

Prior to January 1, 2002, inpatient acute care services rendered to Medicare program beneficiaries were paid at prospectively determined rates per discharge. These rates varied according to a patient classification system that was based on clinical, diagnostic, and other factors. Inpatient nonacute services, certain outpatient services and defined capital and medical education cost related to Medicare beneficiaries were paid based on a cost reimbursement methodology and predetermined fee schedules. The Hospital became a "critical access hospital" effective January 1, 2002. This enabled the hospital to receive cost based reimbursement from medicare on or after January 1, 2002. The hospital is reimbursed at tentative interim rates with final settlement determined after submission of annual cost reports and audits of these reports by the Medicare fiscal intermediary. The difference between established billing rates and reimbursements are recorded as contractual adjustments to patient service revenue.

The Hospital's classification of patients under the Medicare Program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Hospital. The Hospital's Medicare cost report for the fiscal year ended October 31, 1999, has received a final settlement from the Medicare fiscal intermediary. Tentative settelements have been issued for the fiscal years ended October 31, 2000 and 2001.

#### Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement. methodology and predetermined fee schedules. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by Medicaid fiscal intermediary. The Hospital's Medicaid cost reports have been reviewed by the Medicaid fiscal intermediary through October 31, 1999. Rural hospitals can be reimbursed up to 100% for uncompensated cost rendered to Medicaid and uninsured patients, commonly referred to as Disproportionate share payments.

#### Blue Cross

Inpatient services rendered to Blue Cross subscribers are reimbursed at prospectively determined rates per day of hospitalization. The prospectively determined per diem rates are not subject to retroactive adjustments.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payments to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively daily rates.

#### **NOTE 3 - CASH AND INVESTMENTS**

At October 31 for the years ended 2003 and 2002, the Hospital's carrying amount of deposits was \$2,646,936 and \$2,696,098, and the bank balance was \$3,603,059 and \$2,778,722, respectively.

Of the bank balance, \$259,706 and \$189,108 for the years 2003 and 2002, respectively, were covered by federal depository

insurance: The remaining balance was collateralized with securities held by pledging financial institution's trust department or agent in the financial institution's name.

#### NOTES TO THE FINANCIAL STATEMENTS

#### OCTOBER 31, 2003 AND 2002

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#### **NOTE 3 - CASH AND INVESTMENTS - Continued**

Investments consist of certificates of deposit with financial institutions and U.S. Treasury bills. The fair value for these investments is not materially different from its reported amounts. Investments are categorized into three categories of credit

- 1. Insured or registered, or securities held by the Hospital or its agent in the Hospital's name.
- Uninsured and unregistered, with securities held by the counter-party's trust department or agent in the hospital's name.
- 3. Uninsured and unregistered, with securities held by the counter-party, or by its trust department or agent but not in the Hospital's name.

·	CATEGORY		CARRYING	MARKET
1	2	3	AMOUNT	VALUE

At October 31, 2003, the Hospital's investment balances were as follows:

Const. Const.

Total	<u>\$</u>	1,288,106	<b>\$</b> .	1,709,706	<u> </u>	<u>\$</u>	2,997,812	<u>\$</u>	3,000,000
U.S. T-Bills		1,247,812				· _	1,247,812		1,250,000
Certificates of Deposit	\$	40,294	5	1,709,706	\$-	\$	1,750,000	\$	1,750.000

#### **NOTE 4 - ACCOUNTS RECEIVABLE - PATIENTS**

Accounts receivable - patients consist of the following:

		TOBER 31, 2003	. ·	OCTOBER 31, 2002	
Total patient accounts receivable	\$	2,187,516	\$	2,259,987	
Less allowance for uncollectible accounts	<del></del>	(1,101,917)		(1,258,593)	
Net patient accounts receivable	<u>\$</u>	1.085.599	<u>\$</u>	1.001.394	

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#### **NOTE 5 - ACCOUNTS RECEIVABLE - OTHER**

Accounts receivable - other consists of the following:

Uncollected sales tax revenue for the months of October and
September
Accrued Maintenance Ad Valorem tax revenue

OC.	TOBER 31, 2003	OCTOBER 31, 2002	
\$	218,173	\$	180,250
	535,932		549,202
	201,511		106,932
<u></u>	10,334		26,025

Unsettled Medicare and Medicaid cost reports All other

Total Accounts receivable - other





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#### NOTES TO THE FINANCIAL STATEMENTS

#### OCTOBER 31, 2003 AND 2002

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#### NOTE 6 - ASSETS LIMITED AS TO USE

Assets whose use is limited under agreements with third party payers for funded depreciation are summarized as follows. When both restricted and unrestricted resources are available for use, it is the government's policy to use restricted resources first, then unrestricted resources as they are needed.

-	OCTOBER 31, 2003			OCTOBER 31, 2002	
<u>Investments</u>					
U.S. Treasury Direct					
Treasury Bills	\$	1,247,812	\$	249,218	
Certificates of Deposit		-	• • •		
Various banks maturing 11/03/03 to 10/13/08					
Average interest rate 2.00%		1,750,000		1,501,265	
		2,997,812		1,750,483	

Cash		
Merrill Lynch		
ML Government Fund		
Yielding 0.91%	495,378	1,736,736
Savings Account	· ·	
Hancock Bank 0.90%	15,214	38,899
	510,592	1,775,635
Total Assets limited as to use	<u>\$ 3,508,404</u>	<u>\$ 3,526,118</u>

#### **NOTE 7 - PROPERTY, PLANT AND EQUIPMENT**

. <b>.</b>	00	TOBER 31. 2003	OCTOBER 31, 2002		
Land	\$	389,798	\$	377,998	
Building and improvements		1,690,138		1,690,138	
Equipment		3,686,315		3,617,221	
Construction in progress		6,765		6,496	
Gross fixed assets		5,773,017		5.691,853	
Allowance for depreciation	<b>_</b>	(3,453,510)		(3,120,783)	
Total Property, plant and equipment	\$	2,319,507	\$	2,571,070	

#### **NOTE 8 - OTHER NONOPERATING REVENUE**

The Hospital receives tax revenue from sales tax and property tax collected on purchases and property assessments in West Feliciana Parish. The sales tax is used for the operation of the Hospital and the property tax is to be used for operation and maintenance of the Hospital.

#### NOTES TO THE FINANCIAL STATEMENTS

#### OCTOBER 31, 2003 AND 2002

#### NOTE 9 - RETIREMENT PLAN

The Hospital has executed the Variable Annuity Life Insurance Company (VALIC) prototype Profit Sharing Plan with Cash or Deferred Arrangement Option Non Standardized Adoption Agreement No. 3. The defined contribution plan (457) provides benefits to substantially all employees. The Hospital contributes \$1 for each \$1 the employees defer up to 4% of the employees compensation. Total payroll for the fiscal years ended October 31, 2003 and 2002 was \$3,054,426 and \$2,880,167, respectively. Covered payroll was \$2,509140 and \$1,878,137, for the years 2003 and 2002, respectively. Total pension expense was \$89,021 and \$71,011 for the 2003 and 2002 years ended October 31, respectively.

#### **NOTE 10 - DIRECTOR'S FEES**

The following is a schedule of Director's fees paid by the Hospital for the year ended October 31.:

	2003	2002
Mitch Brashier	\$ 480	\$ 520
Walter Weller	440	440
Sara Wilson-Wright	480	· 480
Raymond Minor	320	560
John Thompson	320	440
Dale Plauche	400	400
David Walker	-	80
Tom Flynn	400	360
Total Director's Fees	<u>\$ 2,840</u>	<u>\$ 3,280</u>

#### NOTE 11 - INSURANCE RISK

The Hospital is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Hospital is a member of two separate trust funds established by the Louisiana Hospital Association that encompasses self insurance of (1) hospital professional liability and comprehensive general liability, and (2) statutory workers' compensation. The Hospital carries commercial insurance for all other risks of loss. As of the balance sheet date, the Hospital has no malpractice claims exceeding its coverage.

#### **NOTE 12 - CONCENTRATIONS OF CREDIT RISK**

The Hospital is located in St. Francisville, Louisiana, and grants credit without collateral to patients, most of whom are local residents and are insured under third-party payer agreements. Net Patient Revenue from patient and third party payers were as follows:

YEAR ENDED

YEAR ENDED

	OCTOBER 31, 2003	OCTOBER 31, 2002		
Medicare	28.55%	28.04%		
Medicaid	25.49%	21.56%		
Other	<u>45.96%</u>	<u>50.40%</u>		
	100.00%	<u>100.00%</u>		

#### SUPPLEMENTAL INFORMATION

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## FOR THE YEARS ENDED OCTOBER 31,

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PATIENT SERVICE REVENUE	2003		2002	
Nursing services	\$	481,083	\$	410,544
Emergency services		823,499		797,047
Emergency services - physician's fees		644,196		680,816
Central services		292,561		222,665
Laboratory		1,528,728		1,061,244
Blood bank		13,303		9,736
Radiology - diagnostic		481,014		383,030
Radiology - physician's fees		(171)		94,136
Ambulance service		777,043		726,923
Respiratory therapy		655,105		508,070
Pharmacy		435,300		434,384
Physical therapy		508,437		360,818
Electrocardiology		103.622		122,715
All other		132,000		26,889
Occupational therapy / clinical services		10,342		5,667
Speech therapy		4,180		4,954
Ultrasound		132,020		107,131
Dr. Daniel's office		-		222,615
Dr. Nwabucze's office		507,030		394,415
Dr. Harris' office		450,721		395,113
Total patient service revenue		7,980,013		6,968,912
Less contractual adjustments		(1,127,068)		(606,356)
Net patient service revenue	\$	6,852,945	. <u>\$</u>	6,362,556
SALARIES, WAGES, AND BENEFITS				
Nursing	\$	751,086	\$	564,240
Laboratory technicians		208,099		188,559
Dietary management		100,989		93,582
Respiratory therapy		138,160		126,271
Radiology		149,012		134,720
Business Office		261,976		222,052
Administrative	•	99,619		154,774
Plant operations		112,769	•	91,453
Medical records		97,480		89,852
Housekeeping		78,222		74,966
Ambulance		449,538		382,421
Utilization review		58,037		53,730
All other salaries and benefits		553,560		775,484
Dr.'s offices		490,688		611,965
Total Salaries, Wages, and Benefits	<u>\$</u>	3,549,235	<u>\$</u>	3,564,069

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ROFESSIONAL FEES				
Pharmacy		\$	50,400	\$ 50,400
Repiratory therapy			18,137	13,296
Laboratory	-		121,570	115,104
Administrative	•••		66,764	47,390
Laundry/linen	· ··· · ·		56,175	45,356
EKG	•		30,370	36,865
Plant operations			34,859	44,411
Radiology			-	283
Physical therapy		· ·	212,590	171,922
Ultrasound		•	78,106	80,370
Dietary		•	5,285	2,520
Business office			26,947	20,390
Occupational therapy			4,895	2,677
Radiologist physician fees			-	69,120
Dr.'s offices		•	20,004	16.478
ER Physician Fees		· ·	<del>6</del> 81,570 -	683,903
All other			48,018	28,615
Total Professional Fees		<u>\$</u>	1,455,690	\$ 1,429,100
PPLIES AND OTHER EXPENSES				
UPPLIES AND OTHER EXPENSES Laboratory		<b>\$</b>	205,879	<b>\$</b> 148,136
		\$	205,879 25,173	
Laboratory		\$	•	26,934
Laboratory Nursing Radiotogy Pharmacy		\$	25,173	26,934 27,557
Laboratory Nursing Radiotogy		\$	25,173 33,981	26,934 27,557 123,036 64,642
Laboratory Nursing Radiotogy Pharmacy		\$	25,173 33,981 130,975	26,934 27,557 123,036 64,642 68,073
Laboratory Nursing Radiotogy Pharmacy Central services		\$	25,173 33,981 130,975 155,513	26,934 27,557 123,036 64,642 68,073
Laboratory Nursing Radiotogy Pharmacy Central services Business office		\$	25,173 33,981 130,975 155,513 34,325	26,934 27,557 123,036 64,642 68,073 48,413
Laboratory Nursing Radiology Pharmacy Central services Business office Dietary		\$	25,173 33,981 130,975 155,513 34,325 50,844	26,934 27,557 123,036 64,642 68,073 48,413 78,763
Laboratory Nursing Radiology Pharmacy Central services Business office Dietary Plant operations		\$	25,173 33,981 130,975 155,513 34,325 50,844 76,511	26,934 27,557 123,036 64,642 68,073 48,413 78,763 22,420
Laboratory Nursing Radiotogy Pharmacy Central services Business office Dietary Plant operations Housekeeping Ambulance Physical therapy		<b>\$</b>	25,173 33,981 130,975 155,513 34,325 50,844 76,511 12,715	26,934 27,557 123,036 64,642 68,073 48,413 78,763 22,420 83,694
Laboratory Nursing Radiotogy Pharmacy Central services Business office Dietary Plant operations Housekeeping Ambulance		<b>\$</b>	25,173 33,981 130,975 155,513 34,325 50,844 76,511 12,715 63,771	26,934 27,557 123,036 64,642 68,073 48,413 78,763 22,420 83,694 1,493
Laboratory Nursing Radiology Pharmacy Central services Business office Dietary Plant operations Housekeeping Ambulance Physical therapy Administrative Respiratory therapy		<b>\$</b>	25,173 33,981 130,975 155,513 34,325 50,844 76,511 12,715 63,771 7,218	26,934 27,557 123,036 64,642 68,073 48,413 78,763 22,420 83,694 1,493 41,831
Laboratory Nursing Radiotogy Pharmacy Central services Business office Dietary Plant operations Housekeeping Ambulance Physical therapy Administrative		<b>\$</b>	25,173 33,981 130,975 155,513 34,325 50,844 76,511 12,715 63,771 7,218 18,469	26,934 27,557 123,036 64,642 68,073 48,413 78,763 22,420 83,694 1,493 41,831 30,211
Laboratory Nursing Radiology Pharmacy Central services Business office Dietary Plant operations Housekeeping Ambulance Physical therapy Administrative Respiratory therapy		<b>\$</b>	25,173 33,981 130,975 155,513 34,325 50,844 76,511 12,715 63,771 7,218 18,469 21,898	26,934 27,557 123,036 64,642 68,073 48,413 78,763 22,420 83,694 1,493 41,831 30,211
Laboratory Nursing Radiotogy Pharmacy Central services Business office Dietary Plant operations Housekeeping Ambulance Physical therapy Administrative Respiratory therapy Dr.'s offices		<b>\$</b>	25,173 33,981 130,975 155,513 34,325 50,844 76,511 12,715 63,771 7,218 18,469 21,898 45,993	26,934 27,557 123,036 64,642 68,073 48,413 78,763 22,420 83,694 1,493 41,831 30,211 187,488

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SUPPLEMENTAL INFORMATION	· · · · ·	FOR 1	HE YEARS E	NDED OC	<b>TOBER 31,</b>
OTHER OPERATING EXPENSES	· · · · · · · · · · · · · · · · · · ·		· · ·		
Ambulance	 	\$	1,014	\$	2,122
Laboratöry		•	10,807	•	16,639
Dedictori	•		1.062		0.045

Laboratöry			10,807	16,639
Radiology			1,063	2,945
Pharmacy	• •		175	570
Nursing services			7,139	3,850
Medical records	· .		6,889	6,170
Plant operations		· ·	101,492	77,985
Dietary			· 🛓 ·	2,510
Collection fees			29,880	48,821
Audit and legal fees			55,595	43,256
Postage			6,508	7,718
Equipment rental			26,615	14,453
Dues and subscriptions		-	14,542	14,643
Physician recruitment and other office	• ·	·	24,000	16,500
Administrative			79,847	80,702
Bad debts			711,109	603,722

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All of	her her al other operating expenses			 \$	360,194 258,724 1,695,593		364,803 174,588 1,481,997	
· · ·	ar other operating expenses	-				مه ــــــــــــــــــــــــــــــــــــ	1,401,777	
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(A Corporation of Certified Public Accountants)

Gien P. Langlinals, C.P.A. Michael P. Broussard, C.P.A. Engle Falcon, C.P.A. Patrick M. Suldry, C.P.A. Chip Cantrell, C.P.A. Ken Bonin, C.P.A., M.B.A. Chris Kohlenberg, C.P.A., M.B.A., M.H.A

REPORT ON COMPLIANCE AND ON INTERNAL CONTROL OVER FINANCIAL REPORTING BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

The Board of Commissioners West Feliciana Parish Hospital Service District No. 1 St. Francisville, Louisiana

We have audited the financial statements of West Feliciana Parish Hospital Service District No. 1, a component of the West Feliciana Parish Police Jury, state of Louisiana (District), as of and for the years ended October 31, 2003 and 2002, respectively, and have issued our report thereon dated December 8, 2003.

We conducted our audit in accordance with generally accepted auditing standards of the United States and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

#### <u>COMPLIANCE</u>

As part of obtaining reasonable assurance about whether the District's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards. However, certain instances of immaterial noncompliance have been communicated to the Hospital's management in a separate letter dated December 8, 2003.

#### **INTERNAL CONTROL OVER FINANCIAL REPORTING**

In planning and performing our audit, we considered the District's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be reportable conditions. However, certain immaterial internal control issues have been communicated to the Hospital's management in a separ

This report is intended for the information of West Feliciana Parish Hospital Service District No. 1, the Legislative Auditor of the State of Louisiana, federal awarding agencies, and pass-through entities and is not intended to be and

should not be used by anyone other than these specified parties.

LANGLINAIS & BROUSSARD Certified Public Accountants

2419 OR Study Plaza P. O. Box 1123 · Abbeville, Louisiana 70511-1123 · Telephone (337) 893-6232 · Fax (337) 893-6249

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# LANGLINAIS & BROLISSARD

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Gion P. Langlinais, C.P.A. Michael P. Broussard, C.P.A.

Gayla Faicon, C.P.A. Patrick M. Guidry, C.P.A. Chip Cantrell, C.P.A. Kan Bonin, C.P.A., M.B.A. Chris Kohlenberg, C.P.A., M.B.A., M.H.A

The Board of Commissioners West Feliciana Parish Hospital Service District No. 1 St. Francisville, Louisiana

In planning and performing our audit for the component unit financial statements of West Feliciana Parish Hospital Service District No. 1 (the "Hospital"), a component unit of West Feliciana Parish Police Jury, State of Louisiana, as of and for the year ended October 31, 2003, we considered its internal control in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control. However, we noted certain matters involving the internal control and its operation that we consider to be reportable conditions under the standards established by the American Institute of Certified Public Accountants (AICPA). Reportable conditions involve matters coming to our attention relating to significant deficiencies in the design or operation of internal control that, in our judgment, could adversely affect the Hospital's ability to record, process. summarize, and report financial data consistent with the assertions of management in the financial statements.

#### **INVENTORY MONITORING**

We noted during our analysis of inventory procedures that the Hospital has not instituted the process of monthly spot checks of inventory as suggested in the prior year audit. The Hospital had numerous errors in inventory procedures in the prior year and the institution of test counts on the perpetual inventory system was suggested to help motivate those employees responsible for inventory maintenance into complying with Hospital policies regarding processing inventory:

The Hospital should immediately begin the process of performing monthly spot checks of the perpetual inventory system to ensure proper procedures are being followed by inventory maintenance personnel.

#### UNCOLLATERALIZED DEPOSITS

We noted during our analysis of the Hospital's bank deposits that not all cash balances were either covered by FDIC insurance or were collateralized by securities by the financial institution. The Hospital should take care to monitor the collateralization of its deposits and should contact its financial institution whenever there is a risk of exceeding the insured and collateralized totals.

Care should always be taken to avoid special treatment for members of management in regards to write-off's of patient amounts receivable. In addition, the Hospital should adopt a formal Code of Ethics which specifically addresses abuses of authority by members of management.

This report is intended for the information of the management and the Board of Commissioners of the Hospital, the Legislative Auditor of the State of Louisiana, federal awarding agencies, and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Langlinais & Broussard (A Corporation of Certified Public Accountants)

December 8, 2003

2419 Old South Plaza • P. O. Box 1123 • Abbeville, Louisiana 70511-1123 • Telephone (337) 893-6232 • Fax (337) 893-6249



# WEST FELICIANA PARISH HOSPITAL

P.O. BOX 368

ST. FRANCISVILLE, LA. 70775

PHONE: (225) 635-3811 FAX: (225) 635-2435 email: wfphhosp@bsf.net

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March 17, 2004

Legislative Audit Advisory Council State of Louisiana P.O. Box 94397 Baton Rouge, Louisiana 70804-9397

n, ,™.((),

Re: Corrective Action Plan for 10/31/03 FYE Audit

To Whom It May Concern:

West Feliciana Parish Hospital will take the following corrective action in response to reportable conditions brought to our attention by Langlinais & Broussard in their 10/31/03 Audit Report.

#### **INVENTORY MONITORING**

The Hospital will institute test counts the last week of each month to be performed by designated personnel. If variances are discovered, actions will be taken to ensure that we have accurate inventory counts.

#### UNCOLLATERALIZED DEPOSITS

A large deposit was made the last day of the year-end and the bank did not collateralize the deposit that day. Care will be taken to notify the bank ahead of time to have collateral ready for a large deposit or deposit unusually large checks to one of our Government funds which only invest in government securities. It is the hospital policy That all bank deposits are adequately insured or collateralized.

Sincerely,

#### Mark Chustz Administrator

## We Want You To Know Us WELL