



MEMORANDUM

Date: June 7, 2022

To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking

From: The Yndia Rutland, Medicaid Cost Reimbursement Plan Administrator

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	Provider Number	Type of Action	Number of Rate Change Notices
1.	Crestwood Nursing Center	0 312274-00	Field Audit	2
2.	Westminster Saint Augustine	1 008120-00	New Facility	9
3.	Orchid Cove Rockledge	1 065142-00	CHOW	6
4.	Orchid Cove at Naples	1 065143-00	CHOW	6
5.	Orchid Cove at Sarasota	1 065146-00	CHOW	6
6.	Orchid Cove at Daytona	1 065707-00	CHOW	6
7.	Jacaranda Manor	1 067603-00	CHOW	6
8.	Debary Health & Rehabilitation Center	1 085662-00	CHOW	4
9.	Riverchase Health and Rehabilitation Center	1 085911-00	CHOW	4
10.	Brynwood Health & Rehabilitation Center	1 085913-00	CHOW	4
11.	Balanced Healthcare	1 087765-00	CHOW	4
12.	Gulf Shores Care Center	1 088821-00	CHOW	4
13.	Palm Vista Nursing and Rehab Center	1 097928-00	CHOW	4
14.	Hawthorne Center for Rehabilitation and Healing of Ocala	1 098770-00	CHOW	4
15.	Village on the Green	1 102178-00	New Facility	4
16.	Orchid Cove at Stuart	1 108317-00	CHOW	4
17.	Orchid Cove at Labelle	1 108328-00	CHOW	4
18.	Orchid Cove at Kissimmee	1 108336-00	CHOW	4
19.	Orchid Cove at Gulfside	1 108473-00	CHOW	4



20.	Monticello Care Center	1 108586-00	CHOW	3
21.	Orchid Cove at Oldsmar	1 108695-00	CHOW	4
22.	Orchid Cove at Clearwater	1 108709-00	CHOW	4
23.	Arbor Springs Health and	1 108713-00	CHOW	4
	Rehabilitation Center			
24.	Gainesville Health and	1 108917-00	CHOW	6
	Rehabilitation Center			
25.	Hawthorne Center for	1 121563-00	CHOW	3
	Rehabilitation and Healing of			
	Sarasota			
26.	Hawthorne Center for	1 122901-00	CHOW	3
	Rehabilitation and Healing of			
	Brandon			
			TOTAL:	116

If you have any questions regarding the above contact, Yndia Rutland 412-4111.

YR/nr

		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Dravidar	Effective Date	Intermediate I	Chilled AIDC	Intermediate II			МЕЛО	A
Provider Number	Format YYYYMMDD	(IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MFAO number	Audit Number
031227400	20160901	193.02	0.00	193.02	193.02	492.65	91510-22	NH16-181C
031227400	20170901	197.61	0.00	197.61	197.61	505.36	91510-22	NH16-181C
100812000 100812000	20180906 20181001	230.09 233.91	0.00	230.09 233.91	230.09 233.91	537.84 550.69	91510-22 91510-22	
100812000	20190701	220.33	0.00	220.33	220.33	537.11	91510-22	
100812000	20191001	222.11	0.00	222.11	222.11	547.81	91510-22	
100812000	20200701	225.13	0.00	225.13	225.13	550.83	91510-22	
100812000	20201001	226.63	0.00	226.63	226.63	562.60	91510-22	
100812000 100812000	20210701 20211001	226.81 225.43	0.00	226.81 225.43	226.81 225.43	562.78 569.69	91510-22 91510-22	
100812000	20220101	225.43	0.00	225.43	225.43	569.69	91510-22	
106514200	20200420	195.82	0.00	195.82	195.82	521.52	91510-22	
106514200	20200701	198.48	0.00	198.48	198.48	524.18	91510-22	
106514200	20201001	201.84	0.00	201.84	201.84	537.81	91510-22	
106514200 106514200	20210701 20211001	203.91 240.34	0.00	203.91 240.34	203.91 240.34	539.88 584.60	91510-22 91510-22	
106514200	20220101	212.46	0.00	212.46	212.46	556.72	91510-22	
106514300	20200420	204.73	0.00	204.73	204.73	530.43	91510-22	
106514300	20200701	207.51	0.00	207.51	207.51	533.21	91510-22	
106514300	20201001 20210701	211.03 213.19	0.00	211.03 213.19	211.03 213.19	547.00 540.16	91510-22 91510-22	
106514300 106514300	20210701	254.22	0.00	254.22	254.22	549.16 598.48	91510-22	
106514300	20220101	222.14	0.00	222.14	222.14	566.40	91510-22	
106514600	20200420	217.90	0.00	217.90	217.90	543.60	91510-22	
106514600	20200701	220.86	0.00	220.86	220.86	546.56	91510-22	
106514600	20201001	220.86	0.00	220.86	220.86	556.83	91510-22	
106514600 106514600	20210701 20211001	217.90 248.44	0.00	217.90 248.44	217.90 248.44	553.87 592.70	91510-22 91510-22	
106514600	20220101	223.94	0.00	223.94	223.94	568.20	91510-22	
106570700	20200507	202.36	0.00	202.36	202.36	528.06	91510-22	
106570700	20200701	205.11	0.00	205.11	205.11	530.81	91510-22	
106570700	20201001	208.58	0.00	208.58	208.58	544.55	91510-22	
106570700 106570700	20210701 20211001	210.72 259.76	0.00	210.72 259.76	210.72 259.76	546.69 604.02	91510-22 91510-22	
106570700	20220101	219.56	0.00	219.56	219.56	563.82	91510-22	
106760300	20200619	179.39	0.00	179.39	179.39	505.09	91510-22	
106760300	20200701	181.83	0.00	181.83	181.83	507.53	91510-22	
106760300	20201001 20210701	184.91	0.00	184.91	184.91	520.88	91510-22	
106760300 106760300	20210701	186.81 228.77	0.00	186.81 228.77	186.81 228.77	522.78 573.03	91510-22 91510-22	
106760300	20220101	194.64	0.00	194.64	194.64	538.90	91510-22	
108566200	20201103	238.73	0.00	238.73	238.73	574.70	91510-22	
108566200	20210701	238.27	0.00	238.27	238.27	574.24	91510-22	
108566200	20211001	253.97	0.00	253.97	253.97	598.23	91510-22	
108566200 108591100	20220101 20201102	229.78 240.56	0.00	229.78 240.56	229.78 240.56	574.04 576.53	91510-22 91510-22	
108591100	20210701	240.35	0.00	240.35	240.35	576.32	91510-22	
108591100	20211001	255.96	0.00	255.96	255.96	600.22	91510-22	
108591100	20220101	232.28	0.00	232.28	232.28	576.54	91510-22	1
108591300 108591300	20201103 20210701	250.93 247.57	0.00	250.93 247.57	250.93 247.57	586.90 583.54	91510-22 91510-22	-
108591300	20211001	244.45	0.00	244.45	244.45	588.71	91510-22	
108591300	20220101	234.66	0.00	234.66	234.66	578.92	91510-22	
108776500	20201124	184.91	0.00	184.91	184.91	520.88	91510-22	
108776500	20210701	186.81	0.00	186.81	186.81	522.78	91510-22	
108776500 108776500	20211001 20220101	228.77 194.64	0.00	228.77 194.64	228.77 194.64	573.03 538.90	91510-22 91510-22	+
108770300	20210321	213.79	0.00	213.79	213.79	549.76	91510-22	
108882100	20210701	215.95	0.00	215.95	215.95	551.92	91510-22	
108882100	20211001	263.05	0.00	263.05	263.05	607.31	91510-22	
108882100	20220101	225.01	0.00	225.01	225.01	569.27	91510-22	
109792800 109792800	20201015 20210701	229.16 231.50	0.00	229.16 231.50	229.16 231.50	565.13 567.47	91510-22 91510-22	
109792800	20210701	256.41	0.00	251.50	256.41	600.67	91510-22	†
109792800	20220101	230.74	0.00	230.74	230.74	575.00	91510-22	
109877000	20210401	223.22	0.00	223.22	223.22	559.19	91510-22	
109877000	20210701	223.37	0.00	223.37	223.37	559.34	91510-22	1
109877000	20211001	260.51	0.00	260.51	260.51	604.77	91510-22	

	Effective Date							
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
109877000	20220101	235.68	0.00	235.68	235.68	579.94	91510-22	
110217800	20210423	274.77	0.00	274.77	274.77	610.74	91510-22	
110217800	20210701	275.04	0.00	275.04	275.04	611.01	91510-22	
110217800	20211001	274.19	0.00	274.19	274.19	618.45	91510-22	
110217800	20220101	274.19	0.00	274.19	274.19	618.45	91510-22	
110831700	20201103	247.07	0.00	247.07	247.07	583.04	91510-22	
110831700	20210701	243.76	0.00	243.76	243.76	579.73	91510-22	
110831700	20211001	260.03	0.00	260.03	260.03	604.29	91510-22	
110831700	20220101	235.36	0.00	235.36	235.36	579.62	91510-22	
110832800	20201103	267.18	0.00	267.18	267.18	603.15	91510-22	
110832800	20210701	263.60	0.00	263.60	263.60	599.57	91510-22	
110832800	20211001	268.14	0.00	268.14	268.14	612.40	91510-22	
110832800	20220101	249.89	0.00	249.89	249.89	594.15	91510-22	
110833600	20201103	252.64	0.00	252.64	252.64	588.61	91510-22	
110833600	20210701	249.25	0.00	249.25	249.25	585.22	91510-22	
110833600	20211001	260.41	0.00	260.41	260.41	604.67	91510-22	
110833600	20220101	236.16	0.00	236.16	236.16	580.42	91510-22	
110847300	20201103	277.87	0.00	277.87	277.87	613.84	91510-22	
110847300	20210701	274.15	0.00	274.15	274.15	610.12	91510-22	
110847300	20211001	261.57	0.00	261.57	261.57	605.83	91510-22	
110847300	20220101	261.57	0.00	261.57	261.57	605.83	91510-22	
110858600	20210919	269.83	0.00	269.83	269.83	605.80	91510-22	
110858600	20211001	256.34	0.00	256.34	256.34	600.60	91510-22	
110858600	20220101	256.34	0.00	256.34	256.34	600.60	91510-22	
110869500	20201119	212.16	0.00	212.16	212.16	548.13	91510-22	
110869500	20210701	214.33	0.00	214.33	214.33	550.30	91510-22	
110869500	20211001	240.12	0.00	240.12	240.12	584.38	91510-22	
110869500	20220101	216.23	0.00	216.23	216.23	560.49	91510-22	
110870900	20201119	205.68	0.00	205.68	205.68	541.65	91510-22	
110870900	20210701	205.76	0.00	205.76	205.76	541.73	91510-22	
110870900	20211001	245.78	0.00	245.78	245.78	590.04	91510-22	
110870900	20220101	219.40	0.00	219.40	219.40	563.66	91510-22	
110871300	20201119	208.93	0.00	208.93	208.93	544.90	91510-22	
110871300	20210701	211.07	0.00	211.07	211.07	547.04	91510-22	
110871300	20211001	257.50	0.00	257.50	257.50	601.76	91510-22	
110871300	20220101	219.93	0.00	219.93	219.93	564.19	91510-22	
110891700	20200401	201.72	0.00	201.72	201.72	527.42	91510-22	
110891700	20200701	204.46	0.00	204.46	204.46	530.16	91510-22	
110891700	20200701	207.92	0.00	207.92	207.92	543.89	91510-22	
110891700	20210701	210.05	0.00	210.05	210.05	546.02	91510-22	
110891700	20211001	254.56	0.00	254.56	254.56	598.82	91510-22	
110891700	20220101	218.39	0.00	218.39	218.39	562.65	91510-22	
112156300	20210804	267.05	0.00	267.05	267.05	603.02	91510-22	
112156300	20211001	259.29	0.00	259.29	259.29	603.55	91510-22	
112156300	20220101	253.70	0.00	253.70	253.70	597.96	91510-22	
112130300	20220101	232.99	0.00	232.99	232.99	568.96	91510-22	
112290100	20211004	250.18	0.00	250.18	250.18	594.44	91510-22	
112290100	20220101	224.36	0.00	224.36	224.36	568.62	91510-22	
114430100	20220101	224.30	0.00	224.30	224.30	JU0.0Z	31010-22	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Date	CRESTWOOD NURSING CENTER			Provider N	Provider Number:			0 312274-00	
Provider Type: Rate Type: Interim Total Interim Interim Interim Interim Settlement based on cost Prior Provider Prospective data Prior Provider Prospective data Basis: Changes: Rate Semester Change Rate Semester Cha	501 S PALM AVE	3		Date:			1/6/202	1	
Provider Type: Current New Rate Date	PALATKA, FL 3	2177		Fiscal Year	End:		12/31/20	15	
Nursing Home Single Level Single Level 198.48 193.02 9/1/2016 Rate Type:				Audit Statu	ıs:		Field Aud	lited	
Rate Type: Interim	Provider Type	:							
Interim Total Interim Total Interim Total Interim Interim Component Interim Component Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change Rate Semester Change X Field Audit #NH16-181C FYE 12/31/2015 X Field audited costs X Field band #NH16-181C FYE 12/31/2015 X Field audited #NH16-181C FYE 12/31/2015 X Field Audit #NH16-181C FYE 12/31/2015 X Field audited #NH16-181C FYE 12/31/2015 X Field Audit #NH16-181C FYE 12/31/2015 X Field audited #NH16-181C FYE 12/31/2015 X Field Audit #NH16-181C FYE 12/31/2015 X Field audited #NH16-181	Nursing Home	Singl	e Level						
Total Interim Interim Component Total Prospective with Interim Component	Rate T	ype:							
Rate Semester Change Variable Variable	In	terim	Interim Component Settlement based on cost	X	Total	_	with Interim	Component	
Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Cardinal Resources, LLC 995 Canton St. Suite 100		Unaudited of Field audite	d costs	Rat		_	C FYE 12/31/	/2015	
995 Canton St. Suite 100	Contract Manager Permanent FileFor Inform	nation Only	Agent	Medicaid C			anning and F	inance	
Roswell, GA 30075 6MU7K Report Calculated: 1/6/2021 3:06:53 PM Report Printed: 1/6/2021 ID: 312274123120150101201504262016122826			995 Canton St. Suite 100 Roswell, GA 30075	Donout Drinto J. 17/2021	ID: 216	27412212015	010120150424	22016122926	



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Tallahassee, Florida 32308

CRESTWOOD NURSING CENTER		Provider Number: 0 312274-00			-00		
501 S PALM AVE		I	Date:		1/6/2021		
PALATKA, FL 32177		I	Fiscal Year End:		12/31/20	15	
		I	Audit Status:		Field Aud	ited	
Provider Type:							
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level				203.14	<u>197.61</u>	<u>9/1/2017</u>	
D. (T)							
Rate Type:							
Interim		X	Prospective				
	Interim		•	tal Prospective			
	m Component			tal Prospective	with Interim	Component	
	ment based on cost			r. I		1	
	Provider Prospective da	ata					
Basis:		Chan	ges:				
				ester Change			
Budget		X		lit #NH16-1810	C FYE 12/31/	2015	
Unaudited costs							
X Field audited costs							
Desk audited costs							
Distribution:				Zainab Day			
Contract Management / Fiscal Agent		N	Iedicaid Cost Rei		anning and F	inance	
Permanent File					8		
For Information Only							
No Change in Rate							
-	I.D						
	nal Resources, LLC						
	anton St.						
Suite	ell, GA 30075						
6MU7K Report Calculated: 1/6		Report Printed	/6/2021 ID 2	1227412312015	010120150424	20016122226	



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Tallahassee, Florida 32308

WESTMINST	ESTMINSTER SAINT AUGUSTINE		Provider Number: 0 100812)-00		
230 TOWERV	IEW DRIVE		Date:	7 /	5/23/2022			
SAINT AUGU	JSTINE, FL 32	2092	Fiscal Year End:	it	8/31/2019			
			Audit Status:	7 <u></u>	Unaudit	ed		
Provider Ty		le Level		Current Rate 0.00	New <u>Rate</u> 230.09	Effective <u>Date</u> 9/6/2018		
Rate	е Туре:							
X	Interim		Prospective					
	X	Total Interim		l Prospective				
		Interim Component		_	with Interim	Component		
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:	1		Changes:					
			Rate Semes	ter Change				
X	Budget			ty effective 0	9/06/2018			
	Unaudited	costs						
	Field audit	ed costs						
	Desk audit	ed costs						
Distributio	on:		Zainab Day					
Contract Man	agement / Fisca	al Agent	Medicaid Cost Rein		lanning and F	inance		
Permanent Fil	le				Č			
For Ir	nformation Only	y						
No Ch	nange in Rate							
Н	ome Office:	Westminster Services 80 West Lucerne Circle						
		Orlando, FL 32801						
XTR7Y	Report Cal	culated: 5/23/2022 4:59:47 PM Reno	rt Printed ·5/23/2022 ID·					



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Tallahassee, Florida 32308

WESTMINSTER SAINT AUGUSTINE			Provider Number: 1 008120-00					
230 TOWER	VIEW DR.		Date:		1/7/2022			
SAINT AUG	USTINE, FL 320	992	Fiscal Year End:		8/31/2019			
			Audit Status:		Unaudited			
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 229.43	New <u>Rate</u> 233.91	Effective <u>Date</u> 10/1/2018		
Rat	te Type:							
X	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		al Prospective al Prospective		Component		
Basis: X Budget Unaudited costs Field audited costs Desk audited costs			Changes: Rate Semes New Facili	ster Change ity effective 9	/06/2018			
Distribution: Contract Management / Fiscal Agent Permanent File			Rebekah Falk Medicaid Cost Reimbursement Planning and Finance					
	Information Only							
No C	hange in Rate							
F	Home Office:	Westminster Services 80 West Luceme Circle Orlando, FL 32801						
XTR7V	Report Cala	ulated: 5/23/2022 4:59:47 PM Reno	art Printed : 5/23/2022 ID:					



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Tallahassee, Florida 32308

WESTMINSTER SAINT AUGUSTINE		Provider Number: 1 008120-00					
230 TOWERV	IEW DR.		Date:		1/7/2022 8/31/2019		
SAINT AUGU	JSTINE, FL 3209	2	Fiscal Year End:				
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 233.91	New <u>Rate</u> 220.33	Effective	
Rate	e Type:						
X	Interim		Prospective				
	X	Total Interim		l Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	Budget Unaudited co Field audited Desk audited	costs	Rate Semester Change X New Facility effective 9/06/2018				
<u>Distributio</u>	o <u>n:</u>			Rebekah Fa	lk		
Contract Man	agement / Fiscal	Agent	Medicaid Cost Reim			Finance	
Permanent Fil	le				-		
For In	nformation Only						
No Ch	nange in Rate						
Но	ome Office:	Westminster Services					
		80 West Luceme Circle Orlando, FL 32801					
XTB7Y	Report Calcul	lated: 5/23/2022 4:59:47 PM Report 1	Printed: 5/23/2022 ID:				



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Tallahassee, Florida 32308

WESTMINS	TER SAINT AU	GUSTINE	Provider Number: 1 008120-00				
230 TOWER	VIEW DR.		Date:		1/7/2022	2	
SAINT AUG	USTINE, FL 320	092	Fiscal Year End:		8/31/20	19	
			Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level				Current Rate	New Rate	Effective <u>Date</u>	
Nursing H	ome Sing.	le Levei		220.33	<u>222.11</u>	10/1/2019	
Ra	te Type:						
X	Interim		Prospective				
	X	Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	Budget		Changes: Rate Semes X New Facili	ter Change ty effective 9	/06/2018		
	Unaudited	costs		•			
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributi</u>	on:			D. I. I. E.	11		
	nagement / Fisca	l Agent –	Medicaid Cost Reim	Rebekah Fa		Ginanca	
Permanent F	ïle		Wedicaid Cost Rein.	ioursement 1	iaiiiiiig aiid i	manec	
For 1	Information Only	,					
No C	hange in Rate						
ŀ	Home Office:	Westminster Services					
		80 West Luceme Circle Orlando, FL 32801					
XTB7Y	Report Calc	culated: 5/23/2022 4:59:47 PM Report P	rinted: 5/23/2022 ID:				



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Tallahassee, Florida 32308

WESTMINS	TER SAINT AU	GUSTINE	Provider Number: 1 008120-00					
230 TOWER	VIEW DR.		Date:		1/7/2022	2		
SAINT AUG	USTINE, FL 320	092	Fiscal Year End:		8/31/20	19		
			Audit Status:		Unaudited			
Provider T Nursing H		le Level		Current Rate 222.11	New <u>Rate</u> 225.13	Effective Date 7/1/2020		
Ra	te Type:							
X	Interim		Prospective					
	X	Total Interim	Tota	l Prospective				
		Interim Component	Tota	l Prospective	with Interim	Component		
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Changes: Rate Semes	_				
X	Budget	_	X New Facili	ty effective 9	/06/2018			
	Unaudited							
	Field audite Desk audite							
	Besk dudik	od costs						
<u>Distributi</u>	on:		Rebekah Falk					
Contract Ma	nagement / Fisca	l Agent –	Medicaid Cost Reim	bursement P	lanning and F	Finance		
Permanent F	ïle							
For 1	Information Only	,						
No C	hange in Rate							
I	Home Office:	Westminster Services						
		80 West Luceme Circle Orlando, FL 32801						
XTB7Y	Report Calc	culated: 5/23/2022 4:59:47 PM Report P	rinted: 5/23/2022 ID:					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINS	TER SAINT AU	GUSTINE	Provider Number: 1 008120-00				
230 TOWER	VIEW DR.		Date:		1/7/2022		
SAINT AUG	USTINE, FL 320	092	Fiscal Year End:		8/31/20	19	
			Audit Status:		Unaudited		
Provider T	Гуре:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Sing	le Level		225.13	226.63	10/1/2020	
Ra	te Type:						
X	Interim		Prospective				
	X	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
X	Budget			ty effective 9	/06/2018		
	Unaudited						
	Field audite						
	Desk audite	ed costs					
5.1 . 1							
Distribution		-		Rebekah Fa	lk		
	nagement / Fisca	I Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent F							
	Information Only	,					
No C	hange in Rate						
ŀ	Home Office:	Westminster Services					
		80 West Luceme Circle Orlando, FL 32801					
XTB7Y	Report Calc	culated: 5/23/2022 4:59:47 PM Report P	rinted: 5/23/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINS	WESTMINSTER SAINT AUGUSTINE		Provider Number: 1 008120-00				
230 TOWER	230 TOWERVIEW DR.		Date:	1/7/2022			
SAINT AUG	USTINE, FL 320	092	Fiscal Year End:		8/31/2019		
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
				226.63	226.81	7/1/2021	
Ra	te Type:						
X	Interim		Prospective				
	X	Total Interim		l Prospective			
		Interim Component		l Prospective		Component	
		Settlement based on cost		-		-	
		Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
X	Budget		X New Facili	ty effective 9	/06/2018		
	Unaudited						
	Field audite						
	Desk audite	ed costs					
<u>Distributi</u>		-	Rebekah Falk				
	nagement / Fisca	I Agent	Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent F							
	Information Only	,					
No C	hange in Rate						
H	Home Office:	Westminster Services					
		80 West Luceme Circle Orlando, FL 32801					
XTB7Y	Report Calc	culated: 5/23/2022 4:59:47 PM Report P	rinted: 5/23/2022 ID:				



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Tallahassee, Florida 32308

WESTMINST	WESTMINSTER SAINT AUGUSTINE		Provider Number:		1 008120-00		
230 TOWERV	/IEW DR.		Date:		1/7/2022		
SAINT AUGU	JSTINE, FL 3209	92	Fiscal Year End:		8/31/2019		
			Audit Status:		Unaudit	ed	
Provider Ty Nursing Ho	-	e Level		Current <u>Rate</u> 226.81	New <u>Rate</u> 225.43	Effective	
Rate	e Type:						
X	Interim		Prospective				
	_ X	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	Budget Unaudited co Field audited Desk audited	l costs	Changes: Rate Semes New Facili	ter Change ty effective 9	/06/2018		
Distributio	o <u>n:</u>			Rebekah Fa	lk		
Contract Man	agement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent Fil	le				J		
For Ir	nformation Only						
No Ch	nange in Rate						
Н	ome Office:	Westminster Services					
		80 West Luceme Circle Orlando, FL 32801					
XTB7Y	Report Calcu	lated: 5/23/2022 4:59:47 PM Report l	Printed: 5/23/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINS	WESTMINSTER SAINT AUGUSTINE		Provider Number: 1 008120-00				
230 TOWER	230 TOWERVIEW DR.		Date:		1/7/2022		
SAINT AUG	USTINE, FL 320	092	Fiscal Year End:		8/31/2019		
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current Rate	New Rate	Effective Date	
Nursing H	ome Sing	le Levei		225.43	225.43	1/1/2022	
Ra	te Type:						
X	Interim		Prospective				
	X	Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis: X Budget			Changes: Rate Semester Change X New Facility effective 9/06/2018				
	Unaudited Field audite						
	Desk audite						
Distributi	on:				-		
	nagement / Fisca	l Agent –		Rebekah Fa		inonco	
Permanent F	_	-	Medicaid Cost Reim	ioursement P.	iaiiiiiig and F	шансе	
For 1	Information Only	7					
No C	hange in Rate						
H	Home Office:	Westminster Services					
		80 West Luceme Circle Orlando, FL 32801					
XTB7Y	Report Calc	culated: 5/23/2022 4:59:47 PM Report P	rinted: 5/23/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT ROCKLEDGE		EDGE	Provider Number:		1 065142-00		
1775 HUNTI	INGTON LANE		Date:	4/01/2022			
ROCKLEDO	GE, FL 32955		Fiscal Year End:	1/31/2018			
			Audit Status:		Unaudite	ed	
Provider 7	Гуре:					77.00	
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level		193.01	195.82	4/20/2020	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
	D. 1		Rate Semes	_	020		
X	Budget Unaudited	acete	X CHOW eff	ective 4/20/2	020		
Λ	Field audit						
	Desk audit						
<u>Distributi</u>	ion:		Yndia Rutland				
Contract Ma	anagement / Fisca	d Agent -	Medicaid Cost Reimbursement Planning and Finance				
Permanent F	File				_		
For	Information Only	y	Gn	dia K	Pedlan	α	
No C	Change in Rate		U				
I	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX725	Report Calo		rinted:4/01/2022 ID:				



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Tallahassee, Florida 32308

ORCHID CO	ORCHID COVE AT ROCKLEDGE		Provider Number:		1 065142-00		
1775 HUNT	INGTON LANE		Date:	4/01/2022			
ROCKLEDO	GE, FL 32955		Fiscal Year End:	1/31/2018			
			Audit Status:		Unaudite	ed	
Provider 7	Туре:			Current	New	Effective	
.	T 0.			Rate	<u>Rate</u>	<u>Date</u>	
Nursing H	iome Sing	le Level		<u>195.82</u>	<u>198.48</u>	7/1/2020	
Ra	nte Type:						
X	Interim		Prospective				
	<u> </u>	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	:		Changes:				
	Budget		Rate Semes CHOW eff	ter Change ective 4/20/2	020		
X	Unaudited	costs	A CHOW en	ective 4/20/2	020		
A	Field audit						
	Desk audit						
<u>Distributi</u>	<u>ion:</u>		Yndia Rutland				
Contract Ma	anagement / Fisca	al Agent -	Medicaid Cost Reim			Finance	
Permanent I	File		Char	lin P.	Hous		
For	Information Only	У	- July	lia Ri	······		
No (Change in Rate		J				
]	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX725	Report Calo		rinted:4/01/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT ROCKLEDGE		EDGE	Provider Number:		1 065142-00		
1775 HUNT	INGTON LANE		Date:		4/01/2022 1/31/2020		
ROCKLEDO	GE, FL 32955		Fiscal Year End:				
			Audit Status:		Unaudited		
Provider 7	Гуре:			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	Iome Sing	le Level		<u>198.48</u>	<u>201.84</u>	10/1/2020	
Ra	nte Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	ton Change			
	Budget		Rate Semes CHOW eff	ective 4/20/2	020		
X	Unaudited	costs	71				
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributi</u>	<u>ion:</u>		Yndia Rutland				
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance	
Permanent I	File		Cha	die 6	De Alexa	1	
For	Information Only	7	gn	am r	utlan	\mathcal{L}	
No (Change in Rate		U				
]	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
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Tallahassee, Florida 32308

ORCHID COVE AT ROCKLEDGE		EDGE	Provider Number:		1 065142-00		
1775 HUNTI	INGTON LANE		Date:	4/01/2022 1/31/2020			
ROCKLEDO	GE, FL 32955		Fiscal Year End:				
			Audit Status:		Unaudited		
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level		201.84	203.91	7/1/2021	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget			ective 4/20/2	020		
X	Unaudited	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
Distributi	ion:		Yndia Rutland				
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Reim			Finance	
Permanent F	File					_	
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	Change in Rate		U				
I	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
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Tallahassee, Florida 32308

ORCHID CO	OVE AT ROCKL	EDGE	Provider Number:		1 065142-00		
1775 HUNT	INGTON LANE		Date:	4/01/2022 1/31/2020			
ROCKLEDO	GE, FL 32955		Fiscal Year End:				
			Audit Status:		Unaudited		
Provider 7	Type:						
	• •			Current	New	Effective	
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing H	Home Sing	le Level		<u>203.91</u>	<u>240.34</u>	10/1/2021	
Ra	ate Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective	:		
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	:		Changes:				
			Rate Semes	ter Change			
	Budget		X CHOW eff	ective 4/20/2	020		
X	Unaudited	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
<u>Distribut</u>	<u>ion:</u>		Yndia Rutland				
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance	
Permanent I	File		Cln	dia R	etlana	L	
For	Information Only	ý		, , ,			
No (Change in Rate		v				
1	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX725	Report Calo	culated: 4/01/2022 4:45 PM Report 1	Printed :4/01/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT ROCKL	EDGE	Provider Number:	1 065142-00 4/01/2022			
1775 HUNTINGTON LANE		Date: Fiscal Year End: Audit Status:				
ROCKLEDGE, FL 32955				1/31/2020		
				Unaudite	ed	
Provider Type: Nursing Home Sing	le Level		Current <u>Rate</u> 240.34	New <u>Rate</u> 212.46	Effective <u>Date</u> 1/1/2022	
Rate Type:						
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective		Component	
Basis: Budget X Unaudited Field audit Desk audit	ed costs	Changes: Rate Semes X CHOW effe	ter Change ective 4/20/2	020		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Reimbursement Planning and Finance Gndia Rutland				
Home Office: XXX725 Report Calc	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960 Culated: 4/01/2022 4:45 PM Report	Printed :4/01/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CC	OVE AT NAPLE	S	Provider Number: 1 065143-00				
2900 12TH S	ST N		Date:		04/15/202	22	
NAPLES, FL	L 34103		Fiscal Year End:		1/31/201	9	
			Audit Status:		Unaudited		
Provider T	Гуре:						
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	lome Sing	le Level		201.80	204.73	4/20/2020	
- (• > 8	g			<u> </u>			
Ra	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget		X CHOW eff	ective 4/20/2	020		
X	Unaudited						
	Field audit						
	Desk audit	ed costs					
<u>Distributi</u>	ion:		Rebekah Falk				
Contract Ma	nagement / Fisca	al Agent -	Medicaid Cost Rein	bursement P	lanning and l	Finance	
Permanent F	File		Ω	0 1 0	(0.0		
For	Information Only	ý	Ke	bekah	falk		
No C	Change in Rate		. •	,	J		
I	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd # 402					
		Vero Beach, FL 32960					
XXX726	Report Cald	culated: 4/15/2022 8:30 AM Report P	rinted:4/15/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CC	OVE AT NAPLES	S	Provider Number:		1 065143-00		
2900 12TH S	ST N		Date:	04/15/2022			
NAPLES, FL	. 34103		Fiscal Year End:	1/31/2019			
			Audit Status:		Unaudited		
Provider 1	Гуре:						
				Current	New	Effective	
				<u>Rate</u>	Rate	<u>Date</u>	
Nursing H	lome Sing	le Level		<u>204.73</u>	<u>207.51</u>	7/1/2020	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective	:		
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget	-	X CHOW eff	ective 4/20/2	020		
X	Unaudited						
	Field audite						
	Desk audite	ed costs					
<u>Distributi</u>	on:		Rebekah Falk				
Contract Ma	nagement / Fisca	l Agent	Medicaid Cost Reiml	bursement Pl	anning and F	inance	
Permanent F	ile		,	011		n	
For 1	Information Only	7		Rebeko	in fall		
No C	Change in Rate			·	J		
ŀ	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd # 402					
		Vero Beach, FL 32960					
XXX726	Report Calc		Printed: 4/15/2022 ID:				



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Tallahassee, Florida 32308

ORCHID CO	OVE AT NAPLES	S	Provider Number:		1 065143-00		
2900 12TH S	ST N		Date:	04/15/2022			
NAPLES, FI	L 34103		Fiscal Year End: Audit Status:		1/31/2020		
					Unaudit	ed	
Provider 7	Туре:						
•				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level		<u>207.51</u>	<u>211.03</u>	10/1/2020	
Ra	nte Type:						
X	Interim		Prospective				
		Total Interim	Tota	al Prospective	;		
		Interim Component	Tota	al Prospective	with Interin	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	:		Changes:				
			Rate Semes	ster Change			
	Budget		X CHOW eff	ective 4/20/2	020		
X	Unaudited	costs					
	Field audite						
	Desk audite	ed costs					
<u>Distributi</u>	<u>ion:</u>		Rebekah Falk				
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Rein			Finance	
Permanent I	File				_		
For	Information Only	7	Ke	bekah	falk		
No (Change in Rate		, ,	,	-)		
]	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd # 402					
		Vero Beach, FL 32960					
XXX726	Report Calc	culated: 4/15/2022 8:30 AM Report F	Printed: 4/15/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID C	OVE AT NAPLES	S	Provider Number:		1 065143	-00
2900 12TH	ST N		Date:	04/15/2022		22
NAPLES, F	L 34103		Fiscal Year End:		1/31/202	0
			Audit Status:		Unaudit	ed
Provider Nursing I		le Level	Current New Rate Rate 211.03 213.19		Rate	Effective
-						
Ra	ate Type:					
X	Interim		Prospective			
		Total Interim		l Prospective	:	
		Interim Component	Tota	l Prospective	with Interin	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis	:		Changes:	tor Changa		
	Budget			ective 4/20/2	020	
X	Unaudited	costs				
	Field audite	ed costs				
	Desk audite	ed costs				
Distribut	cion:			Rebekah Fa	lk	
Contract M	anagement / Fisca	l Agent	Medicaid Cost Rein	nbursement P	lanning and	Finance
Permanent 1	File				(11	
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No	Change in Rate				J	
	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd # 402				
		Vero Beach, FL 32960				
XXX726	Report Calc		Printed :4/15/2022 ID:			



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Tallahassee, Florida 32308

ORCHID COVE AT NAPLES		Provider Number:		1 065143-00		
2900 12TH ST N NAPLES, FL 34103			Date:		04/15/202	22
NAPLES, FL	34103		Fiscal Year End:		1/31/2020)
			Audit Status:		Unaudite	ed
Provider T	Type:			Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing H	ome Sing	le Level		213.19	<u>254.22</u>	10/1/2021
Ra	te Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component		l Prospective		Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
	Budget	-	Rate Semes	ter Change ective 4/20/2	20	
X	Unaudited	costs	X CHOW eff	ective 4/20/2	J20	
71	Field audit					
	Desk audit					
<u>Distributi</u>	<u>on:</u>			Rebekah Fa	lk	
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	lanning and I	Finance
Permanent F	ile		Ω	, , ,	() (
For 1	nformation Only	у	Kel	rekah.	falk	
No C	hange in Rate		, •		ı	
H	Iome Office:	Orchid Cove Health Group				
		2770 Indian River Blvd # 402				
		Vero Beach, FL 32960				
XXX726	Report Cal		Printed: 4/15/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT NAPLES		Provider Number:	1 065143-00			
2900 12TH ST N NAPLES, FL 34103			Date:		04/15/202	22
NAPLES, FL	34103		Fiscal Year End:		1/31/2020)
			Audit Status:		Unaudite	ed
Provider T	ype:					
	-			Current	New	Effective
				<u>Rate</u>	Rate	<u>Date</u>
Nursing H	ome Sing	ele Level		<u>254.22</u>	<u>222.14</u>	<u>1/1/2022</u>
Ra	te Type:					
v	Tota viva		Dunanantina			
X	Interim	Total Interim	Prospective	l Prospective		
		Interim Component		l Prospective l Prospective		Component
		Settlement based on cost		i i rospective	with interim	Component
	X	Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	ter Change		
	Budget			ective 4/20/2	020	
X	Unaudited	costs				
	Field audit	ted costs				
	Desk audit	ted costs				
<u>Distributi</u>	<u>on:</u>			Rebekah Fa	lk	
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	lanning and I	Finance
Permanent F	ile		Ω	, , ,	C 11	
For 1	Information Only	y	1/W	rekah.	falk	
No C	hange in Rate				1	
I	Iome Office:	Orchid Cove Health Group				
		2770 Indian River Blvd # 402				
		Vero Beach, FL 32960				
XXX726	Report Cal		Printed :4/15/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT SARASOTA 4602 NORTHGATE CT SARASOTA, FL 34234		Provider Number:	1 065146-00			
			Date:		4/6/2022	2
SARASOTA	, FL 34234		Fiscal Year End:		1/31/201	8
			Audit Status:		Unaudite	ed
Provider T	Гуре:					
	• •			Current	New	Effective
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing H	lome Sing	gle Level		<u>217.90</u>	<u>217.90</u>	4/20/2020
	4 70					
Ka	te Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	ter Change		
	Budget		X CHOW eff	ective 04/20/2	2020	
X	Unaudited					
	Field audi					
	Desk audi	ted costs				
<u>Distributi</u>		_		Rebekah Fa	lk	
	nagement / Fisc	al Agent	Medicaid Cost Reim	bursement P	lanning and F	Finance
Permanent F	File		\mathcal{L}		$\int \Omega \Omega$	
For	Information Onl	у	M	bekah	falk	
No C	Change in Rate				J	
ŀ	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd Suite 402				
		Vero Beach, FL 32960				
XXX728	Report Cal		Printed: 4/6/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT SARASOTA 4602 NORTHGATE CT SARASOTA, FL 34234		Provider Number:	1 065146	065146-00		
			Date:		4/6/202	22
SARASOTA	, FL 34234		Fiscal Year End:		1/31/20	18
			Audit Status:		Unaudit	ed
Provider T	Гуре:					
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing H	lome Sing	gle Level		<u>217.90</u>	<u>220.86</u>	7/1/2020
Ra	te Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	ter Change		
	Budget		X CHOW eff	ective 04/20/2	2020	
X	Unaudited					
	Field audit					
	Desk audit	ted costs				
<u>Distributi</u>	ion:			Rebekah Fa	lk	
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	lanning and F	Finance
Permanent F	File			01.0	600	
For	Information Onl	y	16	bekah	.fdlk	
No C	Change in Rate				j	
I	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd Suite 402				
		Vero Beach, FL 32960				
XXX728	Report Cal		rinted: 4/6/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT SARASOTA 4602 NORTHGATE CT SARASOTA, FL 34234		Provider Number:		1 065146-00		
			Date:		4/6/2022	!
SARASOTA	, FL 34234		Fiscal Year End:		1/31/202	0
			Audit Status:		Unaudite	d
Provider T	Гуре:					
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Iome Sing	gle Level		<u>220.86</u>	<u>220.86</u>	10/1/2020
Ra	te Type:					
X	Interim		Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	_		
	Budget		X CHOW eff	ective 04/20/2	2020	
X	Unaudited					
	Field audit					
	Desk audit	ted costs				
D:-4!b4!						
Distributi		ol A cont		Rebekah Fa		
	nagement / Fisca	ai Agent	Medicaid Cost Reim		~	inance
Permanent F				bekah	600	
For	Information Onl	у		veran	jain	
No C	Change in Rate				-	
I	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd Suite 402				
		Vero Beach, FL 32960				
XXX728	Report Cal		Printed: 4/6/2022 ID:			



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Tallahassee, Florida 32308

ORCHID COVE AT SARASOTA	Provider Number:		1 065146-00		
4602 NORTHGATE CT	Date:		4/6/202	2	
SARASOTA, FL 34234	Fiscal Year End:		1/31/2020		
	Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level		Rate Rate D		Effective <u>Date</u> 7/1/2021	
Rate Type:					
X Interim	Prospective				
Total Interim		l Prospective			
Interim Component	Tota	l Prospective	with Interim	Component	
Settlement based on cost					
Y Prior Provider Prospective data					
Budget X Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semes CHOW effe	ter Change ective 04/20/2	2020		
Distribution:		Rebekah Fa	llz		
Contract Management / Fiscal Agent	Medicaid Cost Reim				
Permanent File			•		
For Information Only	Kel	bekah	falk		
No Change in Rate	, •	,	J		
Home Office: Orchid Cove Health Group					
2770 Indian River Blvd Suite 402					
Vero Beach, FL 32960					
	rinted: 4/6/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT SARASOTA 4602 NORTHGATE CT SARASOTA, FL 34234		Provider Number:		1 065146-00		
		Date:		4/6/2022		
SARASOTA	A, FL 34234		Fiscal Year End:		1/31/202	20
			Audit Status:		Unaudite	ed
	Provider Type: Nursing Home Single Level			Current <u>Rate</u> 217.90	New <u>Rate</u> 248.44	Effective <u>Date</u> 10/1/2021
Ra	nte Type:					
X	Interim	_	Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	il Prospective	with Interim	Component
	X	Prior Provider Prospective data				
Basis:	:		Changes: Rate Semes	iter Change		
	Budget			ective 04/20/	2020	
X	Unaudited	costs				
	Field audite	ed costs				
	Desk audite	ed costs				
D . ()						
Distributi		-		Rebekah Fa	lk	
	anagement / Fisca	ll Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance
Permanent I					r fælk	
	Information Only	7	/U	WEKON	Ljalk	
No C	Change in Rate				,	
]	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd Suite 402				
		Vero Beach, FL 32960				
XXX728	Report Calc		Printed: 4/6/2022 ID:			



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Tallahassee, Florida 32308

ORCHID COVE AT SARASOTA 4602 NORTHGATE CT SARASOTA, FL 34234		Provider Number: 1 065146-00				
			Date:		4/6/2022	2
SARASOTA	, FL 34234		Fiscal Year End:		1/31/202	20
			Audit Status:		Unaudite	ed
Provider 7	Гуре:					
	<i>.</i> 1			Current	New	Effective
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing H	Iome Sing	gle Level		<u>248.44</u>	<u>223.94</u>	1/1/2022
Ra	te Type:					
X	Interim		Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	ter Change		
	Budget			ective 04/20/2	2020	
X	Unaudited	costs				
	Field audit	ted costs				
	Desk audit	ted costs				
<u>Distributi</u>	ion:			Rebekah Fa	lk	
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	anning and I	Finance
Permanent F	File) , , , ,		
For	Information Onl	у	Kl	bekal	falk	
No C	Change in Rate		, •	•	-]	
I	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd Suite 402				
		Vero Beach, FL 32960				
XXX728	Report Cal		Printed: 4/6/2022 ID:			



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Tallahassee, Florida 32308

ORCHID COVE AT DAYTONA 1001 S BEACH ST DAYTONA BEACH, FL 32114		ONA	Provider Number:		1 065707-00	
			Date:		5/12/20	22
DAYTONA	BEACH, FL 321	14	Fiscal Year End:		12/31/20)15
			Audit Status:		Unaudi	ted
Provider '	Type:					
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Home Sing	le Level		199.46	202.36	5/7/2020
	-			<u> </u>		
Ra	ate Type:					
X	Interim		Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:	:		Changes:			
			Rate Semes	ter Change		
	Budget		X CHOW eff	ective 05/07/	2020	
X	Unaudited	costs				
	Field audite	ed costs				
	Desk audite	ed costs				
Distribut	<u>ion:</u>			Rebekah Fa	lk	
Contract Ma	anagement / Fisca	d Agent -	Medicaid Cost Reim			Finance
Permanent I	File				_	
For	Information Only	/	Ke	bekah	falk	
No (Change in Rate		, ,	- ,	- J	
]	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX819	Report Calo		rinted:5/12/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT DAYTONA	Provider Number:		1 065707-00		
1001 S BEACH ST	Date:		5/12/20	22	
DAYTONA BEACH, FL 32114	Fiscal Year End:		12/31/20)15	
	Audit Status:		Unaudi	ted	
Provider Type:					
		Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level			202.36 205.11 7/1/202		
ingle zever		202.00		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Data Type					
Rate Type:					
X Interim	Prospective				
Total Interim		Prospective			
Interim Component	Total	Prospective	with Interim	Component	
Settlement based on cost					
Y Prior Provider Prospective data					
Basis:	Changes:				
	Rate Semest	er Change			
Budget	X CHOW effe	ective 05/07/2	2020		
X Unaudited costs					
Field audited costs					
Desk audited costs					
Distribution:]	Rebekah Fa	lk		
Contract Management / Fiscal Agent	Medicaid Cost Reim	bursement P	lanning and I	Finance	
Permanent File			_		
For Information Only	Ke	bekah	falk		
No Change in Rate	, 0	,	J		
Home Office: Orchid Cove Health Group					
2770 Indian River Blvd #402					
Vero Beach, FL 32960					
	rinted :5/12/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT DAYTONA 1001 S BEACH ST DAYTONA BEACH, FL 32114		Provider Number:		1 065707-00		
			Date:		5/12/20	22
DAYTONA	BEACH, FL 321	114	Fiscal Year End:		9/30/20	18
			Audit Status:		Unaudi	ted
Provider 7	Гуре:					
				Current	New	Effective
				Rate	<u>Rate</u>	<u>Date</u>
Nursing H	Iome Sing	gle Level		<u>205.11</u>	<u>208.58</u>	<u>10/1/2020</u>
<u> Ra</u>	te Type:					
X	Interim	_	Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:	;		Changes:			
			Rate Semes	ter Change		
	Budget			ective 05/07/2	2020	
X	Unaudited	costs				
	Field audit	ted costs				
	Desk audit	ted costs				
<u>Distributi</u>	ion:			Rebekah Fa	lk	
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	anning and I	Finance
Permanent F	File		Ω	1 1 0	1	
For	Information Only	у	Re	bekah	falk	
No C	Change in Rate		, .	•	J	
I	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX819	Report Cal	culated: 5/12/2022 3:00 PM Report F	Printed:5/12/2022 ID:			



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Tallahassee, Florida 32308

DRCHID COVE AT DAYTONA			Provider Number: 1 065707-00				
1001 S BEA	CH ST		Date:		5/12/2022		
DAYTONA	BEACH, FL 321	14	Fiscal Year End:		9/30/2018		
			Audit Status:		Unaudited		
Provider T	Гуре:						
				Current	New	Effective	
				Rate	<u>Rate</u>	<u>Date</u>	
Nursing H	Iome Sing	de Level		<u>208.58</u>	<u>210.72</u>	<u>7/1/2021</u>	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget		X CHOW eff	ective 05/07/	2020		
X	Unaudited	costs					
	Field audit						
	Desk audit	red costs					
<u>Distributi</u>	ion:		Rebekah Falk				
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	anning and I	Finance	
Permanent F	File		Ω	0 1 0	(11		
For	Information Onl	y	Ke	bekah	falk		
No C	Change in Rate			•	J		
I	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX819	Report Cal		Printed:5/12/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

DRCHID COVE AT DAYTONA			Provider Number: 1 065707-00				
1001 S BEA	CH ST		Date:		5/12/20	22	
DAYTONA	BEACH, FL 321	114	Fiscal Year End:		9/30/2018		
			Audit Status:		Unaudited		
Provider 7	Гуре:						
				Current	New	Effective	
				<u>Rate</u>	Rate	<u>Date</u>	
Nursing H	Iome Sing	le Level		<u>210.72</u>	<u>259.76</u>	<u>10/1/2021</u>	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget		X CHOW eff	ective 05/07/2	2020		
X	Unaudited	costs					
	Field audit						
	Desk audit	ted costs					
<u>Distributi</u>	ion:		Rebekah Falk				
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	anning and I	Finance	
Permanent F	File		Ω	1 1 0	1		
For	Information Only	у	Ke	bekah	falk		
No C	Change in Rate		. •	,	J		
I	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX819	Report Cal	culated: 5/12/2022 3:00 PM Report P	Printed:5/12/2022 ID:				



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Tallahassee, Florida 32308

DRCHID COVE AT DAYTONA			Provider Number: 1 065707-00				
1001 S BEA	CH ST		Date:		5/12/2022		
DAYTONA :	BEACH, FL 321	114	Fiscal Year End:		9/30/2018		
			Audit Status:		Unaudi	ted	
Provider T	Гуре:						
	• •			Current	New	Effective	
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing H	lome Sing	gle Level		<u>259.76</u>	<u>219.56</u>	<u>1/1/2022</u>	
Ra	te Type:						
Ka	ис турс.						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
Dasis.		-	Rate Semes	tor Changa			
	Budget			ective 05/07/2	2020		
X	Unaudited	costs	A CHOW CH	001100077	2020		
71	Field audit						
	Desk audit						
Distributi	on:			Rebekah Fa	lk		
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	lanning and I	Finance	
Permanent F	File		Ω	0 1 0	() 1		
For	Information Onl	y	Ke	bekah	falk		
No C	Change in Rate		. •	•	J		
I	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX819	Report Cal		Printed:5/12/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA MANOR		Provider Number:		1 067603-00		
4250 66TH ST N	Date:		4/8/2022			
KENNETH CITY, FL 33709		Fiscal Year End:		12/31/20)19	
		Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single	e Level		Current <u>Rate</u> 176.82	New <u>Rate</u> 179.39	Effective	
Rate Type:						
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component	
Basis: Budget X Unaudited or Field audited Desk audited	l costs	Changes: Rate Semes CHOW eff	ter Change ective 06/19/	2020		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Rebekah Falk Medicaid Cost Reimbursement Planning and Finance Robekah falk				
Home Office:	No Home Office	ort Printed · 4/15/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	MANOR		Provider Number:		1 067603-00		
4250 66TH ST	'N		Date:		4/8/2022 12/31/2019		
KENNETH CI	TY, FL 33709		Fiscal Year End:				
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 179.39	New <u>Rate</u> 181.83	Effective	
Rate	e Type:						
X	Interim		Prospective				
	_	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis: Budget			Changes: Rate Semes CHOW eff	ter Change ective 06/19/2	2020		
X	Unaudited co						
	Field audited Desk audited						
Distribution	n:			D. I. I. E.			
	— agement / Fiscal A	Agent -	Medicaid Cost Reim	Rebekah Fa		Ginance	
Permanent File					_	mance	
	formation Only		Ki	bekah	falk		
	ange in Rate		, &				
НС	ome Office:						
XXX729	Report Calcul	ated: 4/15/2022 4:00 PM Report P	rinted: 4/15/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	MANOR		Provider Number:		1 067603-00		
4250 66TH ST	N		Date:		4/8/2022		
KENNETH CI	TY, FL 33709		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> <u>181.83</u>	New <u>Rate</u> <u>184.91</u>	Effective <u>Date</u> 10/1/2020	
Rate	е Туре:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget		X CHOW eff	ective 06/19/2	2020		
X	Unaudited co						
	Field audited						
	Desk audited	costs					
Distribution	n:			.			
	agement / Fiscal A	Agent -	Medicaid Cost Reim	Rebekah Fa		linonoo	
Permanent File		-			•	mance	
For Information Only			Ke	bekah	falk		
	ange in Rate		, 0		-]		
Но	ome Office:						
XXX729	Report Calcul	lated: 4/15/2022 4:00 PM Report P	rinted: 4/15/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	MANOR		Provider Number:		1 067603-00		
4250 66TH ST	N		Date:		4/8/2022		
KENNETH CI	ITY, FL 33709		Fiscal Year End:	12/31/2019)19	
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 184.91	New <u>Rate</u> 186.81	Effective	
Rate	е Туре:						
X	Interim		Prospective				
	_	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget			ective 06/19/2	2020		
X	Unaudited co	osts					
	Field audited						
	Desk audited	costs					
Distributio	<u>n:</u>		Rebekah Falk				
Contract Mana	agement / Fiscal A	Agent	Medicaid Cost Reim			inance	
Permanent Fil	le				•		
For Information Only			K	vekal	rfælk		
No Ch	ange in Rate			•	J		
П	ome Office:						
110	onic Office.						
XXX729	Report Calcul	ated: 4/15/2022 4:00 PM Report F	Printed: 4/15/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA MANOR			Provider Number:		1 067603-00		
4250 66TH ST	N		Date:		4/8/2022		
KENNETH CI	ITY, FL 33709		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> <u>186.81</u>	New <u>Rate</u> 228.77	Effective	
Rate	е Туре:						
X	Interim		Prospective				
	_	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	_			
X	Budget	-	X CHOW eff	ective 06/19/2	2020		
Λ	Unaudited co						
	Desk audited						
Distribution			Rebekah Falk				
	agement / Fiscal A	Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	le		D	1.1.1.	C. D. D.		
For Information Only			Ite	bekah	.falk		
No Ch	ange in Rate				,		
Но	ome Office:						
XXX729	Report Calcul	ated: 4/15/2022 4:00 PM Report I	Printed: 4/15/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	A MANOR		Provider Number:		1 067603-00		
4250 66TH ST	N		Date:		4/8/2022		
KENNETH CI	ITY, FL 33709		Fiscal Year End:	12/31/20		19	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 228.78	New <u>Rate</u> 194.64	Effective <u>Date</u> 1/1/2022	
Rate	е Туре:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis: Budget X Unaudited costs		osts		Rate Semester Change			
	Field audited Desk audited						
<u>Distributio</u>	<u>n:</u>		Rebekah Falk				
Contract Man	agement / Fiscal A	Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent Fil	le		\mathcal{O}	1.1.1	(00		
For In	nformation Only		Ke	bekah	.fdlk		
No Ch	nange in Rate				,		
Но	ome Office:						
XXX729	Report Calcul	ated: 4/15/2022 4:00 PM Report F	rinted: 4/15/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

DEBARY HE	EALTH AND RE	EHABILITATION CENTERBARY HEA	ALTH ANDIREHABILET	ATION CEN	ΓΕ R 085662-	-00	
60 N CHARL	LES RICHARD I	BEALL BLVD. CHARLES RICHARD I	BEALLD M eVD		2/18/2022 12/31/20199		
DEBARY, FI	L 32713		Fiscal Year End:				
			Audit Status:		Unaudite	ed	
Provider T	Гуре:						
				Current	New	Effective	
				<u>Rate</u>			
Nursing H	ome Sing	le Level		238.73 238.73 $11/3/26$			
Rat	te Type:						
X	Interim		Prospective				
		Total Interim	Tot	al Prospective			
		Interim Component	Tot	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Seme	ster Change			
	Budget		X CHOW ef	fective 11/03/	2020		
X	Unaudited						
	Field audite						
	Desk audite	ed costs					
<u>Distributi</u>			Rebekah Falk				
Contract Mar	nagement / Fisca	l Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance	
Permanent F	ïle		Ω	0 1 0	(11		
For I	Information Only	1	Kel	bekah,	falk		
No C	hange in Rate			,			
Н	Home Office:	Citadel Care Centers					
		1000 Gates Avenue, 5th Floor					
		Brooklyn, New York 11221					
XXX715	Report Calc	culated: 2/18/2022 11:00 AMM Report 1	Printed :2/18/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

		TH AND REGIAL INITIATION CENTER 1 085662-00					
	LES RICHARD I	BEALL BLVD.	Date: 2/18/2022				
DEBARY, F	L 32/13		Fiscal Year End:	12/31/20199 Unaudited			
.			Audit Status:		Unauditi	a	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level	<u>238.73</u> <u>238.27</u>			7/1/2021	
Ra	nte Type:						
X	Interim		Prospective				
		Total Interim		al Prospective			
		Interim Component	Tota	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis	:		Changes:				
	Budget	-		ster Change fective 11/03/	2020		
X	Unaudited	costs	CHOW EL	iective 11/03/	2020		
Λ	Field audite						
	Desk audite						
<u>Distribut</u>	ion:		Rebekah Falk				
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Reir	nbursement P	lanning and I	Finance	
Permanent I	File		\mathcal{D}	1.0	C00		
For	Information Only	1	Kel	rekah	alk		
No (Change in Rate			,			
]	Home Office:	Citadel Care Centers					
		1000 Gates Avenue, 5th Floor Brooklyn, New York 11221					
VVV715	Report Cala	eulated: 2/18/2022 11:00 AMM Report	Printed :2/18/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

DEBARY HE	ALTH AND RI	EHABILITATION CENTEREBARY H	IEALT PrAND r NithAB HLI	ITATION CEN	N TIER\$5662-	.00	
60 N CHARL	ES RICHARD I	BEALL BLVD. N. CHARLES RICHA	RD BEA D ateBLVD		2/18/2022		
DEBARY, FL	. 32713		Fiscal Year End: 12/31/20199			199	
			Audit Status:		Unaudite	ed	
Provider T	ype:						
	• •			Current	New	Effective	
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing Ho	ome Sing	le Level		<u>238.27</u>	<u>253.97</u>	10/1/2021	
Rat	е Туре:						
	J F						
X	Interim	_	Prospective				
		Total Interim		tal Prospective			
		Interim Component	Tot	tal Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
				ester Change			
	Budget			ffective 11/03/	2020		
X	Unaudited	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
Distributio	nn•						
	nagement / Fisca	ıl Agent	Rebekah Falk Medicaid Cost Reimbursement Planning and Finance				
Permanent Fi			_		_	mance	
For I	nformation Only	1	Kei	bekah.	falk		
No Cl	hange in Rate			,			
Н	ome Office:	Citadel Care Centers					
		1000 Gates Avenue, 5th Floor					
		Brooklyn, New York 11221					
XXX715	Report Calo	culated: 2/18/2022 11:00 AMM Repor	Printed: 2/18/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DEBARY HEALTH AND REHABILITATION CENTERDEBARY HEALTH AND REHABILITATION CE NORTH AND REHABILITATION CE NORTH AND REHABILITATION CENTERDEBARY HEALTH AND REHABILITATION CONTERDEBARY HEALTH AND REHABILITATION CONTERD

60 N CHAR	00 N CHARLES RICHARD BEALL BLVD. CHARLES RICHARD BE				2/18/2022		
DEBARY, F	FL 32713		Fiscal Year End: 12/31/20199			199	
			Audit Status:		Unaudite	ed	
Provider ' Nursing H		gle Level		Current <u>Rate</u> 253.97	New <u>Rate</u> 229.78	Effective	
Ra	ate Type:						
X	Interim		Prospective				
		Total Interim	 -	al Prospective			
		Interim Component	Tot	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget			ster Change	2/2020		
X	Unaudited	costs	<u>A</u> CCHOW	circuive 1170.	5/2020		
	Field audit						
	Desk audit	ted costs					
<u>Distribut</u>	ion:			Rebekah Fa	ll _z		
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Rein			Finance	
Permanent I	File				_		
For	Information Onl	y	Kel	bekah;	falk		
	Change in Rate	-	, 0-0	-, - 0			
1	Home Office:	Citadel Care Centers 1000 Gates Avenue, 5th Floor Brooklyn, New York 11221					
XXX715	Report Cal	culated: 2/18/2022 11:00 AMM Repo	rt Printed :2/18/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

RIVERCHAS	SE HEALTH A	ND REHABILITATION CENTER	Provider Number: 1 085911-00				
1017 STRON	IG RD		Date:		3/25/20	22	
QUINCY, FI	L 32351		Fiscal Year End:		12/31/20	019	
			Audit Status:		Unaudi	ted	
Provider T	Гуре:			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	ome Sing	gle Level		238.49	240.56	11/3/2020	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		•		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget			ective 11/03/	2020		
X	Unaudited	l costs					
	Field audi	ted costs					
	Desk audi	ted costs					
Distributi	on:			Rebekah Fa	lk		
Contract Ma	nagement / Fisc	al Agent -	Medicaid Cost Reim	bursement P	lanning and I	Finance	
Permanent F	ile		Ω	a 1 0	()		
For	Information Onl	y	Kel	bekah	falk		
No C	Change in Rate			•	J		
I	Home Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX735	Report Cal	lculated: 3/25/2022 12:30 PM Report F	rinted:3/25/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

RIVERCHASE HEALTH AND REHABILITATION CENTER	Provider Number:		1 085911-00				
1017 STRON	IG RD		Date:		3/25/2022		
QUINCY, FL	. 32351		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider T	Type:			Current	New	Effective	
N II	· (2!	J. Tl		Rate	<u>Rate</u>	<u>Date</u>	
Nursing H	ome Sing	le Level		<u>240.56</u>	<u>240.35</u>	7/1/2021	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		-	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	_			
	Budget		X CHOW eff	ective 11/03/	2020		
X	Unaudited Field audit						
	Desk audit						
	Desk audit	icu cosis					
Distributi	on:						
	on. nagement / Fisca	al Agent		Rebekah Fa			
Permanent F	•		Medicaid Cost Reim		_	inance	
	Information Only	V	Keb	ekah,	folk		
	hange in Rate	•	7 000	01 -01 01			
H	Iome Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX735	Report Cal	culated: 3/25/2022 12:30 PM Report P	rinted:3/25/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

RIVERCHASE HEALTH AND REHABILITATION CENTER		ID REHABILITATION CENTER	Provider Number:	1 085911-00		
1017 STRON	NG RD		Date:		3/25/202	22
QUINCY, FI	2 32351		Fiscal Year End:		12/31/20	19
			Audit Status:		Unaudit	ed
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	ome Sing	le Level		240.35	<u>255.96</u>	10/1/2021
Ra	te Type:					
X	Interim		Prospective			
71		Total Interim		l Prospective		
		Interim Component		-	with Interim	Component
		Settlement based on cost		•		•
	X	Prior Provider Prospective data				
Basis:			Changes:	tor Change		
	Budget		Rate Semes CHOW eff	ective 11/03/	2020	
X	Unaudited	costs				
	Field audit	ed costs				
	Desk audit	ed costs				
<u>Distributi</u>		_		Rebekah Fa	lk	
	nagement / Fisca	l Agent	Medicaid Cost Rein	bursement P	lanning and F	inance
Permanent F	ile			7/1/1/1		
For	Information Only	7		WEKAN	rfalk	
No C	Change in Rate				,	
I	Home Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907				
XXX735	Report Cald	culated: 3/25/2022 12:30 PM Report P	rinted :3/25/2022 ID:			



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Tallahassee, Florida 32308

RIVERCHASE HEALTH AND REHABILITATION CENTER		Provider Number: 1 085911-00				
1017 STRON	NG RD		Date:		3/25/202	22
QUINCY, FI	L 32351		Fiscal Year End:		12/31/20	19
			Audit Status:		Unaudit	ed
Provider 7	Гуре:					
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing H	Iome Sing	le Level		<u>255.96</u>	<u>232.28</u>	<u>1/1/2022</u>
Ra	te Type:					
X	Interim		Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	ter Change		
	Budget			ective 11/03/	2020	
X	Unaudited	costs				
	Field audit	ted costs				
	Desk audit	ted costs				
<u>Distributi</u>	ion:			Rebekah Fa	1112	
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim			inance
Permanent F	File				•	manee
For	Information Only	y	Re	bekah	falk	
No C	Change in Rate		, ,	•	J	
I	Home Office:	Lilac Health Group				
		140 Gladiola Rd NE Palm Bay, FL 32907				
XXX735	Report Cal		Printed:3/25/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRYNWOOD HEALTH AND REHABILITATION CENTER		Provider Number:		1 085913-00			
1656 S JEFF	ERSON ST		Date:		3/25/2022 12/31/2019		
MONTICEL	LO, FL 32344		Fiscal Year End:				
			Audit Status:		Unaudi	ted	
Provider 7	Гуре:						
	V 1			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	lome Sing	le Level		<u>250.93</u>	<u>250.93</u>	11/3/2020	
Ra	te Type:						
X	Interim	_	Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget		X CHOW eff	ective 11/03/	2020		
X	Unaudited	costs					
	Field audit	ted costs					
	Desk audit	ted costs					
<u>Distributi</u>	on:		Rebekah Falk				
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Reim			Finance	
Permanent F	ile				_		
For	Information Only	y	Ke	bekal	falk		
No C	Change in Rate			·	J		
I	Home Office:	Lilac Health Group					
		140 Gladiola Rd NE					
		Palm Bay, FL 32907					
XXX736	Report Cal	culated: 3/25/2022 10:00 AM Report	Printed :3/25/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRYNWOOD HEALTH AND REHABILITATION CENTER Provide		Provider Number:		1 085913-00			
1656 S JEFFE	ERSON ST		Date:		9/30/2021		
MONTICELL	O, FL 32344		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 250.93	New <u>Rate</u> 247.57	Effective	
Rate	е Туре:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget			ective 11/03/	2020		
X	Unaudited	costs					
	Field audite						
	Desk audite	ed costs					
Distributio	on:		Rebekah Falk				
Contract Man	agement / Fisca	l Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent Fil	le) , , ,			
For Ir	nformation Only		K	bekal	r fælk		
No Ch	nange in Rate		, •	•	J		
Н	ome Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX736	Report Calc	ulated: 3/25/2022 10:00 AM Report F	Printed :3/25/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRYNWOOD HEALTH AND REHABILITATION CENTER		Provider Number:		1 085913-00			
1656 S JEFFE	RSON ST		Date:		11/10/2021		
MONTICELLO	O, FL 32344		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current Rate 247.57	New <u>Rate</u> 244.45	Effective <u>Date</u> 10/1/2021	
Rate	e Type:						
X	_Interim		Prospective				
		Total Interim		l Prospective			
		Interim ComponentSettlement based on cost	1 ota	l Prospective	with Interim	Component	
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget			ective 11/03/	2020		
X	Unaudited c	costs					
	Field audite	d costs					
	Desk audite	d costs					
D: 4 11 41							
<u>Distributio</u>			Rebekah Falk				
	agement / Fiscal	Agent	Medicaid Cost Rein		_	inance	
Permanent Fil					Colle		
	formation Only			WKW	rfalk		
No Ch	ange in Rate				,		
Но	ome Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX736	Report Calcu	ulated: 3/25/2022 10:00 AM Report F	Printed: 3/25/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRYNWOOD HEALTH AND REHABILITATION CENTER		Provider Number: 1 085913-00				
1656 S JEFF	ERSON ST		Date:		3/25/20	22
MONTICEL	LO, FL 32344		Fiscal Year End:		12/31/20)19
			Audit Status:		Unaudi	ted
Provider 7	Гуре:					
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Iome Sing	le Level		244.45	234.66	1/1/2022
- (,-0 -0 101				
Ra	te Type:					
X	Interim		Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	ter Change		
	Budget		X CHOW eff	ective 11/03/	2020	
X	Unaudited	costs				
	Field audit	ted costs				
	Desk audit	sed costs				
Distributi	ion:			Rebekah Fa	lk	
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim			Finance
Permanent F	File					
For	Information Only	y	K	ebeka	h fælk	
No C	Change in Rate		,	, , , ,	9	
I	Home Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907				
XXX736	Report Cal	•	Printed:3/25/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BALANCED	HEALTHCAR	E	Provide		1 087765-00 4/19/2022 12/31/2019			
4250 66 TH ST	N		Date:					
KENNETH C	CITY, FL 33709		Fiscal Year End:					
			Audit S	tatus:		Unaudi	ted	
Provider Type: Nursing Home Single Level					Current <u>Rate</u> 181.83	New <u>Rate</u> 184.91	Effective <u>Date</u> 11/24/2020	
Rat	te Type:							
X	Interim	Total Interim	Prosp		l Prospective	:		
	X	Interim Component Settlement based on cost Prior Provider Prospective data			_	with Interim	Component	
Basis:			Changes:	Rate Semes	ter Change			
	Budget		X	CHOW eff	ective 11/24/	2020		
X	Unaudited Final Line							
	Field audit Desk audit							
Distribution	on•							
	nagement / Fisca	al Agent	Madiaai		Rebekah Fa		Finance	
Permanent Fi	_	-	Medical			lanning and F	mance	
For I	Information Only	y		Ke	bekah	falk		
No C	hange in Rate				,	J		
Н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960						
XXX754	Report Cal	culated: 4/19/2022 2:00 PM Rep	ort Printed :4/19/202	22 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BALANCED	HEALTHCARE		Provider Number:		1 087765	5-00	
4250 66 TH ST	N		Date:		4/19/2022 12/31/2019		
KENNETH C	ITY, FL 33709		Fiscal Year End:				
			Audit Status:		Unaudi	ted	
Provider T		e Level		Current <u>Rate</u> 184.91	New <u>Rate</u> 186.81	Effective	
Rat	е Туре:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audited Desk audite	d costs	Changes: Rate Semes CHOW eff	ter Change ective 11/24/	2020		
<u>Distributio</u>	<u>on:</u>			Rebekah Fa	llk		
Contract Man	nagement / Fiscal	Agent	Medicaid Cost Reim			Finance	
Permanent Fi	le				_		
For I	nformation Only		K	bekah	falk		
No Cł	hange in Rate			-	J		
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX754	Report Calc	ulated: 4/19/2022 2:00 PM Report	Printed :4/19/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BALANCED	HEALTHCARE		Provider Number:		1 087765	5-00	
4250 66 TH ST	N		Date:		4/19/2022 12/31/2019		
KENNETH C	ITY, FL 33709		Fiscal Year End:				
			Audit Status:		Unaudit	ted	
Provider T Nursing Ho		e Level		Current <u>Rate</u> 186.81	New <u>Rate</u> 228.77	Effective	
Rat	e Type:						
X	Interim		Prospective				
	_	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audite Desk audite	d costs	Changes: Rate Semes CHOW eff	ter Change ective 11/24/	2020		
<u>Distributio</u>	<u>on:</u>			Rebekah Fa	lk		
Contract Man	nagement / Fiscal	Agent	Medicaid Cost Reim			Finance	
Permanent Fi	le				-		
For I	nformation Only		Ke	bekah	falk		
No Cl	hange in Rate		. •	•	J		
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX754	Report Calcu	ulated: 4/19/2022 2:00 PM Report	Printed :4/19/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BALANCED	HEALTHCARE	Provider Number:		1 087765-00			
4250 66 TH ST	N		Date:		4/19/2022		
KENNETH C	ITY, FL 33709		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudit	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 228.77	New <u>Rate</u> 194.64	Effective	
Rat	e Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited c Field audited Desk audited	d costs	Changes: Rate Semes CHOW effe	ter Change ective 11/24/	2020		
<u>Distributio</u>	on:			Rebekah Fa	lk		
Contract Man	agement / Fiscal	Agent	Medicaid Cost Reim			inance	
Permanent Fi	le				_		
For I	nformation Only		Ke	bekah	falk		
No Cl	nange in Rate				J		
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX754	Report Calcu	alated: 4/19/2022 2:00 PM Report 1	Printed :4/19/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GULF SHOR	GULF SHORES CARE CENTER		Provider Number: 1 088821-00				
220 9 TH STRI	EET		Date:	4/22/2022			
PORT ST JO	E, FL 32456		Fiscal Year End:		9/30/2019		
			Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level		e Level		Current <u>Rate</u> 212.07	New <u>Rate</u> 213.79	Effective <u>Date</u> 3/21/2021	
Rat	te Type:						
	-J P						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
Dusis		-	Rate Semes	ter Change			
	Budget			ective 3/21/2	021		
X	Unaudited c	osts					
	Field audited	d costs					
	Desk audited	d costs					
Distribution	on:			Rebekah Fa	11/2		
Contract Mar	nagement / Fiscal	Agent	Medicaid Cost Rein			Finance	
Permanent F	ile					munec	
For I	Information Only		Kel	bekah	falk		
	hange in Rate		, 000	0, 0., 0	1 2 2 4		
П	Iome Office:	No Home Office					
1.	iome office.	110 Home Office					
VVV751	Report Color	plated: 4/22/2022 2:00 PM Report F	Printed :4/22/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GULF SHORE	GULF SHORES CARE CENTER			Provider Number: 1			
220 9 TH STREI	ET		Date:		4/22/2022 9/30/2019		
PORT ST JOE	, FL 32456		Fiscal Year End:				
			Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 213.79	New <u>Rate</u> 215.95	Effective <u>Date</u> 7/1/2021	
Rate	e Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget		X CHOW eff	ective 3/21/2	021		
X	Unaudited co						
	Field audited						
	Desk audited	l costs					
Distribution	<u>n:</u>			Rebekah Fa	lk		
Contract Mana	agement / Fiscal	Agent	Medicaid Cost Reim			Finance	
Permanent File	e		_		•		
For In	formation Only		1/Cel	rekah	falk		
No Ch	ange in Rate			•	l		
Но	ome Office:	No Home Office					
XXX751	Report Calcu	lated: 4/22/2022 2:00 PM Report F	Printed: 4/22/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GULF SHORE	GULF SHORES CARE CENTER			Provider Number: 1			
220 9 TH STRE	ET		Date:		4/22/2022 9/30/2019		
PORT ST JOE	c, FL 32456		Fiscal Year End:				
			Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 215.95	New <u>Rate</u> 263.05	Effective <u>Date</u> 10/1/2021	
Rate	e Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		_ Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget	-	X CHOW eff	ective 3/21/2	021		
X	Unaudited co						
	Field audited						
	Desk audited	COSIS					
Distribution	<u>n:</u>			Rebekah Fa	11-		
	agement / Fiscal	Agent -	Medicaid Cost Reim			Sinance	
Permanent File	_				_	mance	
For In	formation Only		Kib	rekah	falk		
	ange in Rate		, 5 -	, ,	1		
	ome Office:	77 77 000					
HC	ome Office:	No Home Office					
XXX751	Report Calcu	lated: 4/22/2022 2:00 PM Report F	Printed: 4/22/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GULF SHOP	ULF SHORES CARE CENTER		Provider Number: 1 088821-00				
220 9 TH STR	EET		Date:	4/22/2022			
PORT ST JC	DE, FL 32456		Fiscal Year End:		9/30/2019		
			Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
				<u>263.05</u>	<u>225.01</u>	1/1/2022	
Ra	nte Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	_			
	Budget	-	X CHOW eff	ective 3/21/2	021		
X	Unaudited o						
	Field audite Desk audite						
<u>Distributi</u>			Rebekah Falk				
	anagement / Fiscal	Agent	Medicaid Cost Rein	bursement P	lanning and F	Finance	
Permanent F	File		\mathcal{D}_{\cdot}	2 1 10/2	C. O. l.		
For	Information Only		100	rekah	falk		
No C	Change in Rate			•			
]	Home Office:	No Home Office					
XXX751	Report Calcu	ulated: 4/22/2022 2:00 PM Report P	rinted :4/22/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM VISTA	A NURSING A	ND REHABILITATION CENTER	Provider Number: 1 097928-00				
5860 COLLE	GE ROAD		Date:		04/01/2022		
KEY WEST,	FL 33040		Fiscal Year End:		06/30/2019		
			Audit Status:		Unaudi	ted	
Provider T	Type:						
	• •			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	ome Sing	gle Level	225.34 229.16 $10/15/2$				
Rat	te Type:						
X	Interim		Prospective				
		Total Interim	Tot	al Prospective			
		Interim Component	Tot	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes				
Dasis.			Changes:	-4 Cl			
	Budget			ster Change fective 10/15/	2020		
X	Unaudited	Losts	A CHOW CI	100tive 10/13/	2020		
Λ	Field audi						
	Desk audi						
Distribution			Rebekah Falk				
Contract Ma	nagement / Fisc	al Agent	Medicaid Cost Rein	mbursement P	lanning and I	Finance	
Permanent F	ile		Ω	0 1 0	C 11		
For I	Information Onl	y	KU	bekah	falk		
No C	hange in Rate			- -	J		
F	Home Office:	Ivy Health Group					
1		5860 College Rd.					
		Key West, FL 33040					
XXX741	Report Cal	lculated: 4/01/2022 8:30 AM Repor	t Printed :4/01/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM VISTA	NURSING AN	ID REHABILITATION CENTER	Provider Number: 1 097928-00				
5860 COLLEC	GE ROAD		Date:		04/01/2022		
KEY WEST, I	FL 33040		Fiscal Year End:		06/30/20)19	
			Audit Status:		Unaudited		
Provider Ty	ype:						
			(Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Singl	le Level		229.16	231.50	7/1/2021	
G							
Rate	e Type:						
X	Interim		Prospective				
	_	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget		X CHOW eff	ective 10/15/	2020		
X	Unaudited (
	Field audite						
	Desk audite	ed costs					
Distributio	<u>n:</u>		Rebekah Falk				
Contract Man	agement / Fisca	l Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent Fil	le				•		
For Ir	nformation Only	,	Keb	ekah.	falk		
No Ch	nange in Rate		, •	,)			
Н	ome Office:	Ivy Health Group					
		5860 College Rd.					
		Key West, FL 33040					
XXX741	Report Calc	ulated: 4/01/2022 8:30 AM Report I	Printed :4/01/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM VISTA	A NURSING A	ND REHABILITATION CENTER	Provider Number: 1 097928-00				
5860 COLLE	GE ROAD		Date:		04/01/2022		
KEY WEST,	FL 33040		Fiscal Year End:		06/30/20	20	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 231.50	New <u>Rate</u> 256.41	Effective		
Rat	e Type:						
X	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component	
Basis:	Budget Unaudited Field audit	ted costs	Changes: Rate Semes CHOW eff	ter Change ective 10/15/	2020		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Rebekah Falk Medicaid Cost Reimbursement Planning and Finance Robekah falk					
Н	ome Office:	Ivy Health Group 5860 College Rd. Key West, FL 33040					
VVV7/11	Report Cal	culated: 4/01/2022 8:30 AM Report	Printed :4/01/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM VISTA NURSING ANI	ALM VISTA NURSING AND REHABILITATION CENTER		Provider Number: 1 0979			
5860 COLLEGE ROAD	Date:		04/01/2022			
KEY WEST, FL 33040		Fiscal Year End:		06/30/2020		
		Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single		Current <u>Rate</u> 256.41	New <u>Rate</u> 230.74	Effective		
Rate Type:						
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		ll Prospective	with Interim	Component	
Basis: Budget X Unaudited of Field audited Desk audited	l costs	Changes: Rate Semes CHOW eff	ter Change ective 10/15/	2020		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Rebekah Falk Medicaid Cost Reimbursement Planning and Finance Rubekah falk				
Home Office:	Ivy Health Group 5860 College Rd. Key West, FL 33040	t Printed :4/01/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HAWTHORNE	IAWTHORNE CENTER FOR REHABILITATION AND HEALING OF OCALA			A Provider Number: 1 098770-00			
4100 S.W. 33 RD AVENUE			Date:		4/12/2022		
OCALA, FL 34	1474		Fiscal Year End:		6/30/20	019	
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 220.81	New <u>Rate</u> 223.22	Effective <u>Date</u> 4/1/2021	
1 (u1)	and Sangar			22001			
Rate	Type:						
X	Interim		Prospective				
	_	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:		Cha	Rate Semes	ter Change			
	Budget			ective 04/01/	2021		
X	Unaudited c	osts					
	Field audited	d costs					
	Desk audited	d costs					
Distribution	<u>n:</u>			Rebekah Fa	lk		
Contract Mana	ngement / Fiscal	Agent	Medicaid Cost Rein	nbursement P	lanning and l	Finance	
Permanent File	e		Ω	a 1 0			
For In	formation Only		Kil	bekah	falk		
No Cha	ange in Rate		, , ,	,	J		
Но	ome Office:	No Home Office					
XXX742	Report Calcu	lated: 4/11/2022 4:00 PM Report Printe	d :4/11/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HAWTHORNI	IAWTHORNE CENTER FOR REHABILITATION AND HEALING OF OCALA			A Provider Number: 1 098770-00			
4100 S.W. 33	RD AVENUE		Date:		4/12/2022		
OCALA, FL	34474		Fiscal Year End:		6/30/2019		
			Audit Status:		Unaudi	ted	
Provider T	Type:						
				Current	New	Effective	
				<u>Rate</u>	Rate	<u>Date</u>	
Nursing H	ome Singl	le Level		223.22	<u>223.37</u>	<u>7/1/2021</u>	
Rat	te Type:						
	oc zyper						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:		Ch	anges:				
Dasis.		Cil	Rate Semes	ter Change			
	Budget			ective 04/01/	2021		
X	Unaudited of	costs	<u> </u>				
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributi</u>	on:		Rebekah Falk				
Contract Mar	nagement / Fisca	l Agent —	Medicaid Cost Rein			Finance	
Permanent F	ile				() 1		
For I	Information Only			bekal	Ifalk		
No C	hange in Rate		. •	•	J		
Н	Iome Office:	N- H 065					
1,	201100.	No Home Office					
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HAWTHORNE	HAWTHORNE CENTER FOR REHABILITATION AND HEALING OF OCALA			A Provider Number: 1 098770-00			
4100 S.W. 33 ^R	4100 S.W. 33 RD AVENUE				4/12/2022		
OCALA, FL 3	4474		Fiscal Year End:		6/30/20)19	
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 223.37	New <u>Rate</u> 260.51	Effective <u>Date</u> 10/1/2021	
Rate	e Type:						
X	Interim		Prospective				
	_	Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Dudget	Cha	Rate Semes	ter Change	2021		
X	Budget Unaudited co	nete	X CHOW eff	ective 04/01/.	2021		
Λ	Field audited						
	Desk audited						
Distribution	n•						
	agement / Fiscal .	Agent		Rebekah Fa			
Permanent File	_		Medicaid Cost Reim				
	formation Only		K	bekal	1 falk		
	ange in Rate		, 0	0 01 -034		•	
Но	ome Office:	No Home Office					
XXX742	Report Calcul	lated: 4/11/2022 4:00 PM Report Printed	i :4/11/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HAWTHORN	E CENTER FOR R	REHABILITATION AND HEALING OF OCAL	A Provider Number:		1 098770	0-00
4100 S.W. 33	R RD AVENUE	UE Date: 4/12/2022			22	
OCALA, FL	34474		_ Fiscal Year End:		6/30/2	019
			Audit Status:		Unaudi	ted
Provider T	Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	ome Singl	le Level		<u>260.51</u>	<u>235.68</u>	1/1/2022
Rat	te Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
	X	Settlement based on cost Prior Provider Prospective data				
Basis:		Cl	nanges:	iter Change		
	Budget			ective 04/01/	2021	
X	Unaudited of	costs				
	Field audite					
	Desk audite	ed costs				
D: 4 !! 4!						
Distribution		1 A cont		Rebekah Fa		
	nagement / Fisca	1 Agent	Medicaid Cost Rein			
Permanent F			R	ha Lall	rfælk	
	Information Only	,	/ U	word	yaun	
No C	hange in Rate					
Н	Iome Office:	No Home Office				
XXX742	Report Calc	eulated: 4/11/2022 4:00 PM Report Print	red :4/11/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VILLAGE ON THE GREEN		Provider Number:	1 102178-00
515 VILLAGE PLAG	CE	Date:	1/26/2022
LONGWOOD, FL 32	2779	Fiscal Year End:	12/31/2020
		Audit Status:	Unaudited
Provider Type:		<u>R</u>	rrent New Effective ate Rate Date
Nursing Home	Single Level	<u>0</u>	<u>274.77</u> <u>4/23/2021</u>
Rate Typ	pe:		
X Inter	rim	Prospective	
	X Total Interim	Total Pro	spective
	Interim Component	Total Pro	spective with Interim Component
	Settlement based on cost		
	Prior Provider Prospectiv	e data	
Basis:		Changes: Rate Semester Co	_
	udget	X New Facility eff	Sective 4/23/2021
	naudited costs eld audited costs		
	esk audited costs		
Distribution:		Rebe	ekah Falk
Contract Manageme	nt / Fiscal Agent		ement Planning and Finance
Permanent File			kah Falk
For Informa	tion Only	/CLO LA	an rack
No Change is	n Rate		
Home O	ffice: Lifespace Communities		
	4201 Corporate Drive		
	West Des Moines, IA 50	266	
XXX722 R	eport Calculated: 01/26/2022 11:00 AM	Report Printed :01/26/2021 ID:	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VILLAGE ON THE GREEN			Provider Number: 1 102178-00			
515 VILLAGE PL	ACE		Date:		1/26/2022	
LONGWOOD, FL	. 32779		Fiscal Year End:		12/31/20	20
			Audit Status:		Unaudit	ed
Provider Type Nursing Home		Level		Rate Rate		Effective <u>Date</u> 7/1/2021
Rate T	ype:					
	_					
X In	nterim		Prospective			
_	X	Total Interim		l Prospective		C
		Interim Component Settlement based on cost	1ota	Prospective	with Interim	Component
		Prior Provider Prospective data				
Basis:			Changes: Rate Semes	_		
X	Budget	-	X New Facility	ty effective 4	/23/2021	
	Unaudited co					
	Field audited Desk audited					
Distribution:				Rebekah Fa	lk	
Contract Manager	ment / Fiscal A	Agent -	Medicaid Cost Reim			inance
Permanent File				bekah r		
For Inform	mation Only		/4	Defeur 1	uce	
No Chang	e in Rate					
Home	Office:	Lifespace Communities				
		4201 Corporate Drive				
		West Des Moines, IA 50266				
XXX722	Report Calcul	ated: 01/26/2022 11:00 AM Report P	rinted:01/26/2022 ID:			



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Tallahassee, Florida 32308

VILLAGE ON	THE GREEN		Provider Number: 1 102178-00			
515 VILLAG	E PLACE		Date:	1/26/2022		2
LONGWOOD	D, FL 32779		Fiscal Year End:		12/31/202	20
			Audit Status:		Unaudit	ed
Provider T	ype:					
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level		<u>275.04</u>	<u>274.19</u>	10/1/2021
Rat	e Type:					
X	Interim		Prospective			
	— X	Total Interim		l Prospective		
		Interim Component		•	with Interim	Component
		Settlement based on cost		-		_
		Prior Provider Prospective data				
Basis:			Changes:			
	_		Rate Semes	ter Change		
X	Budget			ty effective 4	/23/2021	
	Unaudited	costs				
	Field audit	ed costs				
	Desk audit	ed costs				
Distribution	<u>on:</u>			Rebekah Fal	lk	
Contract Mar	nagement / Fisca	d Agent	Medicaid Cost Reim			inance
Permanent Fi	le			bekah P	_	
For I	nformation Only	7	/4	vereur 1	ace	
No Cl	hange in Rate					
Н	ome Office:	Lifespace Communities				
		4201 Corporate Drive				
		West Des Moines, IA 50266				
XXX722	Report Calo	·	Printed: 01/26/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VILLAGE O	N THE GREEN		Provider Number:		1 102178-	.00
515 VILLAC	E PLACE		Date:		1/26/202	2
LONGWOO	D, FL 32779		Fiscal Year End:		12/31/20	20
			Audit Status:		Unaudit	ed
Provider T	Гуре:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	ome Sing	le Level		274.19	274.19	1/1/2022
Ra	te Type:					
X	Interim		Prospective			
	X	Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	-	Prior Provider Prospective data				
Basis:	Budget		Changes: Rate Semes X New Facili	ter Change ty effective 4	/23/2021	
	Unaudited	costs	73	.,		
	Field audite	ed costs				
	Desk audite	ed costs				
Distributi	on:			Rebekah Fa	lk	
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Rein	bursement P	lanning and F	inance
Permanent F	ïle		Ra	bekah P	Falk	
For	Information Only	y'	, 32	0 40000 7	wyc	
No C	hange in Rate					
I	Home Office:	Lifespace Communities				
		4201 Corporate Drive				
		West Des Moines, IA 50266				
XXX722	Report Calc	culated: 01/26/2022 11:00 AM Report I	Printed: 01/26/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CO	VE AT STUAR	Γ	Provider Number:		1 108317	'-00
4801 SE COV	/E RD		Date:		3/30/2022	
STUART, FL	34997		Fiscal Year End:		12/31/20)19
			Audit Status:		Unaudit	ted
Provider T Nursing He		e Level		Current <u>Rate</u> 247.07	New <u>Rate</u> 247.07	Effective
Rat	te Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
	X	Settlement based on cost Prior Provider Prospective data				
Basis:			Changes: Rate Semes	_		
- V	Budget		X CHOW eff	ective 11/03/	2020	
X	Unaudited of Field audited					
	Desk audite					
<u>Distributio</u>	an•					
	nagement / Fiscal	l Agent		Rebekah Fa		2:
Permanent Fi	_		Medicaid Cost Reim		•	inance
For I	nformation Only		Ku	bekah	falk	
	hange in Rate		, 000] = = - = -	
н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960				
XXX743	Report Calc	ulated: 3/30/2022 9:00 AM Report	Printed:3/30/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT STUART		Provider Number:	1 108317-00			
4801 SE CO	VE RD		Date:	3/30/2022		
STUART, FL	. 34997		Fiscal Year End:		12/31/20)19
			Audit Status:		Unaudi	ted
Provider T		le Level		Rate Rate I		Effective
Ra	te Type:					
X	Interim		Prospective			
		Total Interim	Tota	l Prospective	;	
	-	Interim Component	Tota	l Prospective	with Interim	Component
	X	Settlement based on cost Prior Provider Prospective data				
Basis:			Changes:	de Character		
	Budget		Rate Semes CHOW eff	ter Change ective 11/03/	2020	
X	Unaudited	costs	<u> </u>			
	Field audite	ed costs				
	Desk audite	ed costs				
Distributi	on:					
	nagement / Fisca	ıl Agent		Rebekah Fa		Zinanaa
Permanent F	_		Medicaid Cost Rein			папсе
For	Information Only	<i>I</i>	Ku	bekah	falk	
	Change in Rate		, 000]	
I	Home Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960				
XXX743	Report Calc	culated: 3/30/2022 9:00 AM Repo	rt Printed :3/30/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COV	VE AT STUAR	Γ	Provider Number:		1 108317	-00
4801 SE COV	E RD		Date:		3/30/2022	
STUART, FL	34997		Fiscal Year End:		12/31/20	19
			Audit Status:		Unaudit	ed
Provider Ty Nursing Ho	-	le Level		Current <u>Rate</u> 243.76	New <u>Rate</u> 260.03	Effective
Rate	e Type:					
v	Interim		Dungama ativa			
X	_ interim	Total Interim	Prospective	l Prospective		
		Interim Component		_	with Interim	Component
		Settlement based on cost		21105p 00 0110		Component
	X	Prior Provider Prospective data				
Basis:			Changes:	ter Change		
	Budget			ective 11/03/	2020	
X	Unaudited	costs				
	Field audite					
	Desk audite	ed costs				
<u>Distributio</u>				Rebekah Fa	lk	
	agement / Fisca	I Agent	Medicaid Cost Rein	bursement P	lanning and F	inance
Permanent Fil			$\mathcal{O}_{\mathcal{A}}$	2 1 1 2 /2	600	
For In	nformation Only		MU	rekah.	falk	
No Ch	ange in Rate			•		
Но	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960				
XXX743	Report Calc	ulated: 3/30/2022 9:00 AM Report	Printed :3/30/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT STUART Provider Number: 1 10831		7-00				
4801 SE COV	/E RD		Date:		3/30/2022	
STUART, FL	34997		Fiscal Year End:		12/31/20)19
			Audit Status:		Unaudi	ted
Provider T				Current Rate	New Rate	Effective Date
Nursing Ho	ome Singi	e Level		260.03	235.36	1/1/2022
Rat	te Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:	tor Changa		
	Budget	-	Rate Semes CHOW eff	ective 11/03/	2020	
X	Unaudited o	costs				
	Field audite	ed costs				
	Desk audite	d costs				
						
Distribution				Rebekah Fa		
	nagement / Fiscal	Agent	Medicaid Cost Rein		_	Finance
Permanent Fi			\mathcal{D}_{l}	110/0		
For I	nformation Only		MU	ekah f	all	
No Cl	hange in Rate			,		
Н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960				
XXX743	Report Calc	ulated: 3/30/2022 9:00 AM Report I	Printed:3/30/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COV	VE AT LABELI	LE .	Provider Number:		1 108328-00 3/17/2022	
250 BROWAR	RD AVE		Date:			
LABELLE, FI	2 33935		Fiscal Year End:		12/31/20	019
			Audit Status:		Unaudi	ted
Provider Ty Nursing Ho	•	e Level		Current <u>Rate</u> 267.18	New <u>Rate</u> 267.18	Effective <u>Date</u> 11/3/2020
Rate	e Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component		_		Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Budget X Unaudited costs Field audited costs Desk audited costs		ed costs	Changes: Rate Semes CHOW eff	ter Change ective 11/03/	2020	
Distributio Contract Man	o n: agement / Fiscal	Agent		Rebekah Fa		7'
Permanent Fil			Medicaid Cost Reim		•	inance
	nformation Only		Ka	bekah	folk	
	nange in Rate		, 00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960				
XXX745	Report Calc	ulated: 3/17/2022 3:00 PM Report	Printed :3/17/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COV	/E AT LABELI	Æ	Provider Number:	r: 1 108328-00		-00
250 BROWAR	RD AVE		Date:		3/17/2022	
LABELLE, FI	L 33935		Fiscal Year End:		12/31/20	19
			Audit Status:		Unaudit	ed
Provider Ty Nursing Ho	-	e Level		Current <u>Rate</u> 267.18	New <u>Rate</u> 263.60	Effective
Rate	e Type:					
X	Interim		Prospective			
	_	Total Interim		al Prospective		
		Interim Component	Tota	ıl Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes: Rate Semes	•		
V	Budget		X CHOW eff	Sective 11/03/	2020	
X	Unaudited of Field audited					
	Desk audite					
D:-4:14:-						
Distributio	II: agement / Fiscal	Agent		Rebekah Fa		
Permanent Fil	_	Agent	Medicaid Cost Rein			inance
	e nformation Only		$\mathcal{L}_{\mathcal{A}}$	bekah	Loll	
	ange in Rate		100	V Cycor (.junc	
	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960				
XXX745	Report Calc	ulated: 3/17/2022 3:00 PM Report	Printed: 3/17/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CO	VE AT LABEL	LE	Provider Number: 1 108328-00		-00	
250 BROWAI	RD AVE		Date:		3/17/2022	
LABELLE, FI	L 33935		Fiscal Year End:		12/31/20)19
			Audit Status:		Unaudit	ed
Provider T		le Level		Current <u>Rate</u> 263.60	New <u>Rate</u> 268.14	Effective <u>Date</u> 10/1/2021
Rat	e Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
	-	Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:	Budget Unaudited Field audit Desk audit	ed costs	Changes: Rate Semes CHOW eff	ter Change ective 11/03/	2020	
<u>Distributio</u>	on:			Rebekah Fa	lk	
Contract Man	nagement / Fisca	l Agent	Medicaid Cost Reim			inance
Permanent Fi	le				_	
For In	nformation Only	1	Kel	rekah	falk	
No Cł	nange in Rate			•	l	
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960				
XXX745	Report Cale	culated: 3/17/2022 3:00 PM Report	Printed: 3/17/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT LABELLE 250 BROWARD AVE		Æ	Provider Number:		1 108328-00	
			Date:		3/17/2022	
LABELLE, F	L 33935		Fiscal Year End:		12/31/20	19
			Audit Status:		Unaudit	ed
Provider T	-	e Level	Current New Rate Rate 268.14 249.89		Effective	
Rat	te Type:					
		_				
X	Interim	 Total Interim	Prospective	1 Decore		
		Interim Component		l Prospective	with Interim	Component
		Settlement based on cost		ii i rospective	with interim	Component
	X	Prior Provider Prospective data				
Basis:			Changes: Rate Semes	tar Changa		
	Budget			ective 11/03/	2020	
X	Unaudited o	costs				
	Field audite	d costs				
	Desk audite	d costs				
Distribution				Rebekah Fa	lk	
Contract Mar	nagement / Fiscal	Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent Fi	ile		\mathcal{D}	1 1.0	600	
For I	nformation Only		Mu	bekah	.fdlk	
No C	hange in Rate				,	
Н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960				
XXX745	Report Calcu	ulated: 3/17/2022 3:00 PM Report	Printed: 3/17/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CC	VE AT KISSIMI	MEE	Provider Number:		1 108336-00		
320 NORTH MITCHELL STREET		REET	Date:		3/28/2022		
KISSIMMEE	E, FL 34741		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider To Nursing H		e Level		Current <u>Rate</u> 252.64	New <u>Rate</u> 252.64	Effective <u>Date</u> 11/3/2020	
Ra	te Type:						
X	Interim		Prospective				
11		Total Interim		l Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audited Desk audite	d costs	Changes: Rate Semes CHOW eff	ter Change ective 11/03/	2020		
Distributi	on:						
	on. nagement / Fiscal	Agent		ebekah Falk		3.	
Permanent F			Medicaid Cost Reim			inance	
	Information Only		Ku	bekah	falk		
	Change in Rate		, 00	, 0, 1011	, 1 = 0 = 1		
	Home Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX730	Report Calc	ulated: 3/28/2022 9:00 AM Report I	Printed:3/28/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CO	VE AT KISSIMI	MEE	Provider Number:		1 108336-00		
320 NORTH MITCHELL STREET		REET	Date:		3/28/2022		
KISSIMMEE.	, FL 34741		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider T Nursing Ho		e Level		Current <u>Rate</u> 252.64	New <u>Rate</u> 249.25	Effective	
Rat	е Туре:						
X	Interim		Prospective				
71		Total Interim		l Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget	-	X CHOW eff	ective 11/03/	2020		
X	Unaudited of						
	Field audite Desk audite						
Distributio			R	ebekah Falk			
	nagement / Fiscal	Agent	Medicaid Cost Reim			Finance	
Permanent Fi			Par	bekah	Colle		
	nformation Only		/ W	repail	jain		
No Cl	hange in Rate						
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX730	Report Calc	ulated: 3/28/2022 9:00 AM Report I	Printed:3/28/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT KISSIMMEE		MEE	Provider Number:		1 108336-00		
320 NORTH	MITCHELL STE	REET	Date:		3/28/2022		
KISSIMMEE	E, FL 34741		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider T Nursing H		e Level		Current <u>Rate</u> 249.25	New <u>Rate</u> 260.41	Effective <u>Date</u> 10/1/2021	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim —		l Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audite Desk audite	d costs	Changes: Rate Semes CHOW effe	ter Change ective 11/03/	2020		
Distribution	on:		R	ebekah Falk			
Contract Mar	nagement / Fiscal	Agent	Medicaid Cost Reim			inance	
Permanent F	ile				_		
For I	Information Only		Ke	bekah	falk		
No C	hange in Rate				J		
F	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX730	Report Calc	ulated: 3/28/2022 9:00 AM Report	Printed: 3/28/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT KISSIMMEE 320 NORTH MITCHELL STREET		MEE	Provider Number:		1 108336-00		
		REET	Date:		3/28/202	2	
KISSIMMEI	E, FL 34741		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider 7 Nursing H		e Level	Current New Rate Rate 260.41 236.16		Effective <u>Date</u> 1/1/2022		
Ra	nte Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget		Changes: Rate Semes X CHOW eff	ter Change	2020		
X	Unaudited o	costs	A CHOW CH	CCLIVE 11/03/	2020		
	Field audite						
	Desk audite	d costs					
Distributi	ion						
	anagement / Fiscal	Agent		ebekah Falk			
Permanent I	_		Medicaid Cost Reim			inance	
	Information Only		Ko	bekah	falk		
	Change in Rate		, 0	0 01 -0-1			
	Home Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX730	Report Calci	ulated: 3/28/2022 9:00 AM Report 1	Printed :3/28/2022 ID:				



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Tallahassee, Florida 32308

ORCHID CO	VE AT GULFSI	DE	Provider Number:		1 108473-00		
1100 N PINE	ST		Date:		03/16/2022		
CLEARWAT	ER, FL 33756		Fiscal Year End:		12/31/20)19	
			Audit Status:		Unaudi	ted	
Provider T Nursing Ho		e Level		Current <u>Rate</u> <u>277.87</u>	New <u>Rate</u> 277.87	Effective <u>Date</u> 11/3/2020	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	_			
	Budget		X CHOW eff	ective 11/03/	2020		
X	Unaudited of Field audited						
	Desk audite						
Distribution	on•						
	on. nagement / Fiscal	l Agent		Rebekah Fa			
Permanent Fi	_	rigent	Medicaid Cost Reim		_		
	nformation Only		K	ibe kal	rfælk		
	hange in Rate		/ 0	000/900	Cjacor	-	
н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX749	Report Calc	ulated: 03/16/2022 8:30 AM Report	Printed :03/16/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COV	VE AT GULFSII	D E	Provider Number:		1 108473-00		
1100 N PINE	ST		Date:		03/16/2022		
CLEARWATI	ER, FL 33756		Fiscal Year End:		12/31/20	019	
			Audit Status:		Unaudi	ted	
Provider Ty Nursing Ho	-	e Level		Current <u>Rate</u> 277.87	New <u>Rate</u> 274.15	Effective <u>Date</u> 7/1/2021	
Rate	e Type:						
X	Interim		Prospective				
		Total Interim		al Prospective			
		Interim Component		ıl Prospective		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited c Field audite Desk audite	d costs	Changes: Rate Semes X CHOW eff	eter Change Sective 11/03/	2020		
<u>Distributio</u>	o <u>n:</u>			Rebekah Fa	lk		
Contract Man	agement / Fiscal	Agent	Medicaid Cost Rein			Finance	
Permanent Fil	le				_		
For Ir	nformation Only			bekah	falk		
No Ch	nange in Rate		, •	•	J		
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX749	Report Calcu	alated: 03/16/2022 8:30 AM Report	Printed:03/16/2022 ID:				



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Tallahassee, Florida 32308

ORCHID CO	VE AT GULFSI	DE	Provider Number:		1 108473-00		
1100 N PINE	ST		Date:		03/16/2022		
CLEARWAT	ER, FL 33756		Fiscal Year End:		12/31/20)19	
			Audit Status:		Unaudi	ted	
Provider T				Current <u>Rate</u> <u>274.15</u>	New <u>Rate</u> 261.57	Effective	
Rat	e Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		l Prospective		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audited Desk audite	ed costs	Changes: Rate Semes CHOW eff	ter Change ective 11/03/	2020		
<u>Distributio</u>	on:			Rebekah Fa	lk		
Contract Man	nagement / Fiscal	l Agent	Medicaid Cost Reim			Finance	
Permanent Fi	le				_		
For I	nformation Only		1 C	ibekal	1 falk	_	
No Cl	hange in Rate				J		
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX749	Report Calc	ulated: 03/16/2022 8:30 AM Report	Printed:03/16/2022 ID:				



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Tallahassee, Florida 32308

ORCHID CO	VE AT GULFSI	DE	Provider Number:		1 108473-00 03/16/2022		
1100 N PINE	ST		Date:				
CLEARWAT	ER, FL 33756		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider T	-	le Level		Current <u>Rate</u> 261.57	New <u>Rate</u> 261.57	Effective <u>Date</u> 1/1/2022	
Rat	te Type:						
X	Interim	Total Interim	Prospective	4-1 Dua			
		Interim Component		tal Prospective tal Prospective		Component	
		Settlement based on cost		tai i rospective	with mem	Component	
	X	Prior Provider Prospective data					
Basis:			Changes:				
	D. 1			ester Change	2020		
X	Budget Unaudited	costs	X CHOW es	ffective 11/03/	2020		
A	Field audite						
	Desk audite	ed costs					
Distribution				Rebekah Fa	lk		
	nagement / Fiscal	I Agent	Medicaid Cost Rei	_	•	Finance	
Permanent Fi				bekah	Colle		
	Information Only			wxw(jam		
No C	hange in Rate						
Н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX749	Report Calc	rulated: 03/16/2022 8:30 AM Repo	ort Printed :03/16/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MONTICELI	O CARE CENT	ER	Provider Number:	1 108586-00		
1780 N JEFFERSON HWY			Date:	5/16/2022		
MONTICEL	LO, FL 32344		Fiscal Year End:	2/28/2019		
			Audit Status:	Unaudited		
Provider To		de Level	Current New Rate Rate 273.50 269.83			
Ra	te Type:					
X	Interim		Drognactiva			
Λ	mænm	Total Interim	Prospective Total Prospec	tive		
		Interim Component		etive with Interim Component		
		Settlement based on cost		1		
	X	Prior Provider Prospective data				
Basis:			Changes: Rate Semester Changes	ge		
	Budget		X CHOW effective 9/1			
X	Unaudited	costs				
	Field audit					
	Desk audit	ted costs				
<u>Distributi</u>	on:		Rebekal	ı Falk		
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Reimburseme	nt Planning and Finance		
Permanent F	ile		O_{a}			
For	Information Onl	y	Rebekal	1 falk		
No C	Change in Rate		·	J		
	Home Office:	Center for Aging and Rehabilitation C/O TKP Accounting 3550 Powerline Rd Oakland Park, FL 33309-5917				
XXX818	Report Cal	culated: 5/16/2022 2:00 PM Repo	rt Printed :5/16/2022 ID:			



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Tallahassee, Florida 32308

MONTICELI	O CARE CENT	ER	Provider Number: 1		1 108586-00	
1780 N JEFFERSON HWY		Date:	5/16/2022			
MONTICEL	LO, FL 32344		Fiscal Year End:	2/29/2020		
			Audit Status:	Unaud	lited	
Provider 7	Гуре:		Currer Rate		Effective <u>Date</u>	
Nursing H	lome Sing	de Level	269.8	· · · · · · · · · · · · · · · · · · ·	10/1/2021	
Ra	te Type:					
X	Interim		Prospective			
		- Total Interim	Total Prospe	ctive		
		Interim Component	Total Prospe	ctive with Interir	n Component	
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
	Budget		Rate Semester Chan CHOW effective 9/	~		
X	Unaudited	costs	X CHOW effective 9/	19/2021		
A	Field audit					
	Desk audit					
<u>Distributi</u>	on:		Rebeka	h Falk		
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Reimburseme	nt Planning and	Finance	
Permanent F	ile		\mathcal{O}_{I}	1 (1)		
For	Information Onl	у	Rebeka	Nfalk		
No C	Change in Rate			ı		
I	Home Office:	Center for Aging and Rehabilitation C/O TKP Accounting 3550 Powerline Rd Oakland Park, FL 33309-5917	n of Florida			
XXX818	Report Cal	culated: 5/16/2022 2:00 PM Report	t Printed :5/16/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MONTICEL	LO CARE CENT	ER	Provider Number:	1 108586-00		
1780 N JEFFERSON HWY			Date:	5/16/2022		
MONTICEL	LLO, FL 32344		Fiscal Year End:	2/29/2020		
			Audit Status:	Unaud	ited	
Provider 7			Curren <u>Rate</u>	Rate	Effective Date	
Nursing H	Iome Sing	gle Level	<u>256.34</u>	256.34	1/1/2022	
Ra	nte Type:					
X	Interim		Prospective			
		Total Interim	Total Prospec	tive		
		Interim Component	Total Prospec	tive with Interin	n Component	
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis	:		Changes: Rate Semester Change	ge		
	Budget		X CHOW effective 9/2	9/2021		
X	Unaudited					
	Field audi Desk audi					
	Book dada					
<u>Distribut</u>	ion:		Rebekal	ı Falk		
Contract Ma	anagement / Fisc	al Agent	Medicaid Cost Reimburseme		Finance	
Permanent I	File					
For	Information Onl	у	Rebeko	nfalk		
No (Change in Rate		·	J		
1	Home Office:	Center for Aging and Rehabilitation C/O TKP Accounting 3550 Powerline Rd Oakland Park, FL 33309-5917	of Florida			
XXX818	Report Cal	culated: 5/16/2022 2:00 PM Report	Printed :5/16/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

DRCHID COVE AT OLDSMAR		Provider Number: 1 108695-00			5-00		
3865 TAMPA	A RD		Date:		04/12/2	022	
OLDSMAR,	FL 34677		Fiscal Year End:		1/31/2020		
			Audit Status:		Unaudited		
Provider T	Type:						
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Sing	gle Level		208.62	<u>212.16</u>	11/19/2020	
Rat	te Type:						
IXA	ic Type.						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	•			
	Budget		X CHOW eff	ective 11/19/2	2020		
X	Unaudited						
	Field audit						
	Desk audit	ted costs					
<u>Distributi</u>			Rebekah Falk				
Contract Mar	nagement / Fisca	al Agent	Medicaid Cost Rein	bursement P	anning and I	Finance	
Permanent F	ile				(00		
For I	Information Onl	у	M	bekah	.fdlk		
No C	hange in Rate				J		
Н	Iome Office:	Orchid Cove Health Group					
		2770 Indian River Blvd # 402					
		Vero Beach, Fl 32960					
XXX750	Report Cal		Printed:04/12/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT OLDSMAR		Provider Number: 1 10			108695-00	
3865 TAMPA RD		Date:		04/12/2022		
OLDSMAR, FL 34677		Fiscal Year End:		1/31/2020		
		Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Sing	gle Level		Current <u>Rate</u> 212.16	New <u>Rate</u> 214.33	Effective <u>Date</u> 7/1/2021	
Rate Type:						
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective		a Component	
Budget X Unaudited costs Field audited costs Desk audited costs		Changes: Rate Semes CHOW eff	ter Change ective 11/19/	2020		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Rebekah Falk Medicaid Cost Reimbursement Planning and Finance Rubekah falk				
Home Office:	Orchid Cove Health Group 2770 Indian River Blvd # 402 Vero Beach, Fl 32960 Repo	ort Printed :04/12/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CC	ORCHID COVE AT OLDSMAR		Provider Number: 1 108695-00			5-00	
3865 TAMPA	A RD		Date:		04/12/2	022	
OLDSMAR,	FL 34677		Fiscal Year End:		1/31/2020		
			Audit Status:		Unaudited		
Provider T	Гуре:						
	• •			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	Iome Sing	gle Level		<u>214.33</u>	<u>240.12</u>	<u>10/1/2021</u>	
Ka	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget			ective 11/19/2	2020		
X	Unaudited	costs					
	Field audi	ted costs					
	Desk audi	ted costs					
<u>Distributi</u>	on:		Rebekah Falk				
Contract Ma	nagement / Fisc	al Agent	Medicaid Cost Reim			Finance	
Permanent F	ile				_		
For 1	Information Onl	у	Ke	bekah	falk		
No C	Change in Rate			•	J		
H	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd # 402					
		Vero Beach, Fl 32960					
XXX750	Report Cal		Printed: 04/12/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CO	ORCHID COVE AT OLDSMAR		Provider Number: 1 108695-00			5-00	
3865 TAMP.	A RD		Date:		04/12/2	022	
OLDSMAR,	FL 34677		Fiscal Year End:		1/31/20	20	
			Audit Status:		Unaudited		
Provider 7	Гуре:						
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	Iome Sing	gle Level		<u>240.12</u>	<u>216.23</u>	<u>1/1/2022</u>	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget			ective 11/19/	2020		
X	Unaudited	costs					
	Field audit	ted costs					
	Desk audit	ted costs					
Distributi	ion:		Rebekah Falk				
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim			Finance	
Permanent F	File				_		
For	Information Onl	у	Ke	bekah	falk		
No C	Change in Rate				J		
I	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd # 402					
		Vero Beach, Fl 32960					
XXX750	Report Cal	culated: 04/12/2022 4:00 PM Report I	Printed: 04/12/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CO	DRCHID COVE AT CLEARWATER		Provider Number: 1 108709-00				
1980 SUNSE	T POINT RDD		Date:		4/8/2022		
CLEARWAT	TER, FL 337655		Fiscal Year End:		1/31/2020		
			Audit Status:		Unaud	ited	
Provider Type: Nursing Home Single Level				Current Rate	New Rate	Effective <u>Date</u>	
Nursing H	ome sing	ie Levei		<u>201.88</u>	205.68	11/19/2020	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim		tal Prospective	e		
		Interim Component	Tot	tal Prospective	e with Interin	n Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	ester Change			
	Budget			ffective 11/19	/2020		
X	Unaudited	costs					
	Field audit	red costs					
	Desk audit	ed costs					
<u>Distributi</u>	on:		Rebekah Falk				
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Rei			Finance	
Permanent F	ile			_	•		
For 1	Information Only	y	K	ebekal	falk		
No C	hange in Rate				,		
Ľ	Iome Office:						
Г	ione Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX752	Report Calo	culated: 4/8/2022 8:30 AM Rep	port Printed : 4/8/2022ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT CLEARWATER		Provider Number: 1 108709-			.00		
1980 SUNSET POINT RD			Date:		4/8/2022		
CLEARWAT	TER, FL 33765		Fiscal Year End:		1/31/2020		
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 205.68	New <u>Rate</u> 205.76	Effective	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	ter Change			
	Budget			ective 11/19/2	2020		
X	Unaudited of	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributi</u>	on:		Rebekah Falk				
Contract Mar	nagement / Fiscal	Agent	Medicaid Cost Reim			inance	
Permanent F	ile		_		•		
For I	Information Only		100	rekah,	all		
No C	hange in Rate						
Н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX752	Report Calc	ulated: 4/8/2022 8:30AMM Report 1	Printed: 4/8/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CO	RCHID COVE AT CLEARWATER		Provider Number: 1 108709-00				
1980 SUNSE	T POINT RD		Date:		4/8/2022		
CLEARWAT	ER, FL 33765		Fiscal Year End:		1/31/2020		
			Audit Status:		Unaudit	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 205.76	New <u>Rate</u> 245.78	Effective <u>Date</u> 10/1/2021	
Trui sing 11	ome sing.	ic Level		203.70	243.76	10/1/2021	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim		al Prospective			
		Interim Component	Tot	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	oton Chomps			
	Budget			ster Change fective 11/19/	2020		
X	Unaudited	costs	<u> </u>				
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distribution</u>			Rebekah Falk				
Contract Mar	nagement / Fisca	l Agent	Medicaid Cost Rei	mbursement P	lanning and F	inance	
Permanent Fi	ile			Palala	600		
For I	nformation Only	7	/U	bekah	. falk		
No C	hange in Rate						
Н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX752	Report Calc	culated: 4/8/2022 8:30AM Rep	oort Printed : 4/8/2022 ID:				



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Tallahassee, Florida 32308

ORCHID COVE AT CLEARWATER		Provider Number: 1 1			108709-00		
1980 SUNSET POINT RD			Date:		4/8/2022		
CLEARWA'	TER, FL 33765		Fiscal Year End:		1/31/2020		
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 245.78	New <u>Rate</u> 219.40	Effective	
Ra	nte Type:						
N/	Τ., .		D				
X	Interim	Total Interim	Prospective	l Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost		i i rospective	with interim	Component	
	X	Prior Provider Prospective data					
Basis:	:		Changes:	tar Changa			
	Budget			ective 11/19/	2020		
X	Unaudited of	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distribut</u>			Rebekah Falk				
Contract Ma	anagement / Fiscal	l Agent	Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent I	File		$\mathcal{O}_{\mathcal{A}}$	1.1.1	600		
For	Information Only		Mel	bekah;	fall		
No (Change in Rate			,			
1	Home Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX752	Report Calc	ulated: 4/8/2022 8:30AM Report	Printed: 4/8/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ARBOR SPE	RINGS HEALTH	AND REHABILITATION CENTER	Provider Number:	3-00			
1501 SE 24T	1501 SE 24TH RD				4/05/20)22	
OCALA, FL	34471		Fiscal Year End:		1/31/2	020	
			Audit Status:		Unaudited		
Provider Type:				Current Rate	New <u>Rate</u>	Effective	
Nursing H	Iome Sing	le Level		205.45	208.93	<u>Date</u> 11/19/2020	
J							
Ra	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	ıl Prospective			
		Interim Component	Tota	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
	Budget	_	Rate Semes CHOW eff	ster Change Sective 11/19/	2020		
X	Unaudited	costs	A CHOW CH	ective 11/19/	2020		
	Field audite						
	Desk audit						
<u>Distributi</u>	ion:		Yndia Rutland				
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Rein	nbursement P	lanning and	Finance	
Permanent F	File		Gndia Rutland				
For	Information Only	7	gn	uu ru	ceuna		
No C	Change in Rate		J				
]	Home Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX753	Report Calc	culated: 4/5/2022 10:00 AM Report Pr	rinted :4/5/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ARBOR SPI	RINGS HEALTH	AND REHABILITATION CENTER	Provider Number:	-00		
1501 SE 24T	TH RD		Date: Fiscal Year End:	4/05/2022		
OCALA, FL	34471				1/31/20	20
			Audit Status:		Unaudite	ed
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Iome Singl	le Level		208.93	<u>\$211.07</u>	7/1/2021
Ra	nte Type:					
Ka	ite Type.					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim (Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes: Rate Semes	tar Changa		
	Budget			ective 11/19/2	2020	
X	Unaudited	costs				
	Field audite	ed costs				
	Desk audite	ed costs				
Distributi	ion•					
	anagement / Fisca	l Agent –		Yndia Rutla		
Permanent F	_		Medicaid Cost Reim		=	nance
	Information Only	7	Gr	edia Ru	tland	
	Change in Rate		U			
	Home Office:					
1	поте Опісе:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907				
XXX753	Report Calc	culated: 4/5/2022 10:00 AM Report Pi	rinted :4/5/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ARBOR SPRI	INGS HEALTH	Provider Number:		1 108713-00			
1501 SE 24TH RD			Date:		4/05/2022		
OCALA, FL 3	34471		Fiscal Year End:		1/31/20	020	
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level		e Level		Current <u>Rate</u> \$211.07	New <u>Rate</u> 257.50	Effective <u>Date</u> 10/1/2021	
Rate	е Туре:						
X	Interim	_	Prospective				
		Total Interim		l Prospective	1.1 T	a .	
	-	Interim Component Settlement based on cost	Tota	l Prospective	with Interim	Component	
	X	Prior Provider Prospective data					
Basis:			Changes:				
	Budget		Rate Semes CHOW eff	ter Change ective 11/19/2	2020		
X	Unaudited o	costs	<u> </u>	CCIIVC 11/19/2	.020		
- 11	Field audite	d costs					
	Desk audite	d costs					
D							
<u>Distributio</u>		A4	Yndia Rutland				
Permanent Fil	nagement / Fiscal	Agent	Medicaid Cost Rein	nbursement Pl	anning and F	inance	
	ie nformation Only		G	India R	utland	,	
	nange in Rate						
Н	ome Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX753	Report Calc	ulated: 4/5/2022 10:00 AM Report F	Printed :4/5/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ARBOR SPR	INGS HEALTH	AND REHABILITATION CENTER	Provider Number: 1 108713-00				
1501 SE 24TH RD			Date:		4/05/2022		
OCALA, FL 3	34471		Fiscal Year End:		1/31/2020		
			Audit Status:		Unaudi	ted	
Provider T	'ype:						
						Effective <u>Date</u>	
Nursing Ho	ome Singl	le Level		257.50 219.93 $1/1/2022$			
Rat	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		-		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	. d			
	Budget		Rate Semes CHOW eff	ter Change ective 11/19/	2020		
X	Unaudited	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
Distribution	on:		Yndia Rutland				
Contract Mar	nagement / Fiscal	l Agent —	Medicaid Cost Rein			Finance	
Permanent Fi	ile		(L	adia Ri	Hand		
For I	nformation Only		J'	rdia Ri			
No Cl	hange in Rate						
Н	Iome Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX753	Report Calc	ulated: 4/5/2022 10:00 AM Report Pri	nted:4/5/2022 ID:				



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Tallahassee, Florida 32308

GAINESVILLE HEALTH AND REHABILITATION CENTER 4000 SW 20TH AVE		ND REHABILITATION CENTER	Provider Number: 1 108917-00				
		Date:		03/14/2022			
GAINESVILLE, FL 32607			Fiscal Year End:		12/31/20	018	
			Audit Status:		Unaudi	ted	
Provider T	Γvpe:						
	V 1			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	lome Singl	le Level		<u>198.82</u>	<u>201.72</u>	4/1/2020	
	. m						
Ka	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Characa				
Dasis:			Changes:	. CI			
	Budget	-	Rate Semes CHOW eff	ter Change ective 04/01/2	2020		
X	Unaudited	costs	A CHOW CH	CCIIVC 04/01/.	2020		
21	Field audite						
	Desk audite						
<u>Distributi</u>	ion:			Rebekah Fa	lk		
Contract Ma	nagement / Fisca	l Agent	Medicaid Cost Reim			Finance	
Permanent F	File		_		_		
For	Information Only		Ku	bekah	falk		
No C	Change in Rate				J		
I	Home Office:	Lilac Health Group					
		140 Gladiola Rd NE					
		Palm Bay, FL 32907					
XXX809	Report Calc	rulated: 03/14/2022 4:30 PM Report F	Printed:03/14/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GAINESVILLE HEALTH	H AND REHABILITATION CENTER	Provider Number:		1 108917-00		
4000 SW 20TH AVE	Date:		03/14/2	022		
GAINESVILLE, FL 3260	Fiscal Year End:		12/31/2	018		
		Audit Status:		Unaudi	ted	
Provider Type:						
			Current	New	Effective	
			<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing Home S	ingle Level		<u>201.72</u>	<u>204.46</u>	7/1/2020	
Rate Type:						
Tune Types						
X Interim		Prospective				
	Total Interim	Tota	al Prospective	;		
	Interim Component	Tota	al Prospective	with Interim	Component	
	Settlement based on cost					
X	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semes	ster Change			
Budget	i		ective 04/01/	2020		
X Unaudi	ited costs					
Field a	udited costs					
Desk a	udited costs					
Distribution:			Rebekah Fa	lk		
Contract Management / F	Fiscal Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance	
Permanent File		$\mathcal{O}_{\mathcal{I}}$	1	$\int \Omega d$		
For Information (Only	Keb	ekah t	alk		
No Change in Rat	ee		, ,			
Home Office:	Lilac Health Group					
	140 Gladiola Rd NE					
	Palm Bay, FL 32907					
XXX809 Report	Calculated: 03/14/2022 4:30 PM Re	eport Printed :03/14/2022 ID:				



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Tallahassee, Florida 32308

	GAINESVIL	LE HEALTH AN	ND REHABILITATION CENTER	Provider Number:	1 108917	108917-00	
Provider Type: Rate Type:	4000 SW 20TH AVE GAINESVILLE, FL 32607					03/14/2	022
Provider Type: Nursing Home Single Level Sin						12/31/20)18
Nursing Home Single Level Single Level 204.46 207.92 10/1/2020 Rate Type: X Interim Total Interim Interim Component Interim Component Settlement based on cost X Prior Provider Prospective data Basis: Rate Semester Change Rate Semester Change X CHOW effective 04/01/2020 X Unaudited costs Field audited costs Desk audited Costs Desk audited Costs Distribution: Rebekah Falk Medicaid Cost Reimbursement Planning and Finance Permanent File Medicaid Cost Reimbursement Planning and Finance For Information Only Medicaid Rate Home Office: Lilae Health Group 140 Gladiola Rd NE Palm Bay, FL 32907				Audit Status:		Unaudi	ted
Nursing Home Single Level Single Level 204.46 207.92 10/1/2020 Rate Type: X Interim Total Interim Interim Component Interim Component Settlement based on cost X Prior Provider Prospective data Basis: Rate Semester Change Rate Semester Change X CHOW effective 04/01/2020 X Unaudited costs Field audited costs Desk audited Costs Desk audited Costs Distribution: Rebekah Falk Medicaid Cost Reimbursement Planning and Finance Permanent File Medicaid Cost Reimbursement Planning and Finance For Information Only Medicaid Rate Home Office: Lilae Health Group 140 Gladiola Rd NE Palm Bay, FL 32907	Provider T	ype:					
Rate Type: X		V 1					
Rate Type: X							
X Interim Total Interim Interim Component Settlement based on cost X Prior Provider Prospective data Basis: Budget V Unaudited costs Field audited costs Field audited costs Desk audited costs For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907 Provider Prospective Total Prospective W Total Prospective with Interim Component Total Prospective with Interim Component Total Prospective W Total Prospective Total Prospective W Total Prospective Total Prospective W Tot	Nursing H	ome Singl	le Level		<u>204.46</u>	<u>207.92</u>	10/1/2020
X Interim Total Interim Interim Component Settlement based on cost X Prior Provider Prospective data Basis: Budget V Unaudited costs Field audited costs Field audited costs Desk audited costs For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907 Provider Prospective Total Prospective W Total Prospective with Interim Component Total Prospective with Interim Component Total Prospective W Total Prospective Total Prospective W Total Prospective Total Prospective W Tot							
X Interim Total Interim Interim Component Settlement based on cost X Prior Provider Prospective data Basis: Budget V Unaudited costs Field audited costs Field audited costs Desk audited costs For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907 Provider Prospective Total Prospective W Total Prospective with Interim Component Total Prospective with Interim Component Total Prospective W Total Prospective Total Prospective W Total Prospective Total Prospective W Tot							
Total Interim Interim Component Settlement based on cost X Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907 Total Prospective Total Prospective Total Prospective with Interim Component	Rat	te Type:					
Interim Component Settlement based on cost X Prior Provider Prospective data Basis:	X	Interim	_	Prospective			
Settlement based on cost X Prior Provider Prospective data Basis:			Total Interim	Tota	l Prospective		
Basis: Budget Unaudited costs Field audited costs Desk audited costs Changes: Rate Semester Change X CHOW effective 04/01/2020 Rebekah Falk Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907				Tota	l Prospective	with Interim	Component
Basis: Budget Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907			_				
Budget X Unaudited costs Field audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907		X	Prior Provider Prospective data				
Budget X Unaudited costs Field audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907 Rate Semester Change X CHOW effective 04/01/2020 X Medicaid Cost Reimbursement Planning and Finance Rebekah Falk Medicaid Cost Reimbursement Planning and Finance	Basis:			Changes:			
X Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Rebekah Falk Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					ter Change		
Field audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907		Budget		X CHOW eff	ective 04/01/2	2020	
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907	X	Unaudited of	costs				
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907							
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907		Desk audite	ed costs				
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907							
Permanent FileFor Information OnlyNo Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907	Distribution	on:			Rebekah Fa	lk	
For Information OnlyNo Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907	Contract Mar	nagement / Fiscal	l Agent	Medicaid Cost Rein	bursement P	lanning and I	Finance
No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907	Permanent F	ile				$\int \Omega \Omega$	
No Change in Rate Home Office: Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907	For I	Information Only	,	Ke	vekan	falk	
140 Gladiola Rd NE Palm Bay, FL 32907	No C	hange in Rate			-	J	
· ·	Н	Iome Office:	140 Gladiola Rd NE				
	VVV000	Dant C 1	·	minto d. 102/14/2022 ID			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GAINESVILI	LE HEALTH AN	ND REHABILITATION CENTER	Provider Number:		1 108917-00		
4000 SW 20TH AVE		Date:		03/14/20	03/14/2022		
GAINESVILI	LE, FL 32607		Fiscal Year End:		12/31/2018		
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 207.92	New <u>Rate</u> 210.05	Effective <u>Date</u> 7/1/2021	
Dat	to Type:						
Kat	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	Clares			
	Budget		Rate Semes CHOW effe	ter Change ective 04/01/	2020		
X	Unaudited	costs	<u> </u>	0 17 0 17	2020		
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributio</u>				Rebekah Fa	lk		
	nagement / Fisca	l Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent Fi			$\mathcal{D}_{\mathcal{A}}$	bekah	600		
For I	nformation Only	,	M	rekan	falk		
No Cl	hange in Rate				•		
Н	Iome Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX809	Report Calc	culated: 03/14/2022 4:30 PM Report F	rinted:03/14/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GAINESVILLE HEALTH AND REHABILITATION CENTER		ID REHABILITATION CENTER	Provider Number:	1 108917	108917-00	
4000 SW 20TH AVE GAINESVILLE, FL 32607			Date:		03/14/2	022
			Fiscal Year End:		12/31/20	019
			Audit Status:		Unaudi	ted
Provider T	Type:					
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing H	ome Single	e Level		<u>210.05</u>	<u>254.56</u>	10/1/2021
Ra	te Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component		-	with Interim	Component
		Settlement based on cost		_		-
	X	Prior Provider Prospective data				
Basis:			Changes:			
245151			Rate Semes	ter Change		
	Budget			ective 04/01/2	2020	
X	Unaudited c	costs				
	Field audite	d costs				
	Desk audite	d costs				
Distributi	on:			Rebekah Fa	11.	
Contract Ma	nagement / Fiscal	Agent	Medicaid Cost Reim			Finance
Permanent F	ile		_		•	manec
For 1	Information Only		Keb	ekah 1	alk	
No C	hange in Rate			J		
I	Iome Office:	Lilac				
		140 Gladiola Rd NE				
		Palm Bay, FL 32907				
XXX809	Report Calcu	ulated: 03/14/2022 4:30 PM Report	Printed: 03/14/2022 ID:			



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Tallahassee, Florida 32308

GAINESVILLE HEALTH AND REHABILITATION CENTE	Provider Number:	Provider Number: 1 10				
4000 SW 20TH AVE	Date:		03/14/2	022		
GAINESVILLE, FL 32607	Fiscal Year End:		12/31/2	019		
	Audit Status:		Unaudi	ted		
Provider Type:						
• •		Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Single Level			218.39	1/1/2022		
Nutsing Home Single Level		<u>254.56</u>	210.57	1/1/2022		
Rate Type:						
X Interim	Prospective					
Total Interim	Tot	al Prospective	;			
Interim Component	Tot	al Prospective	with Interim	Component		
Settlement based on cost						
Y Prior Provider Prospective da	ata					
Basis:	Changes:					
	Rate Seme	ster Change				
Budget	X CHOW ef	fective 04/01/	2020			
X Unaudited costs						
Field audited costs						
Desk audited costs						
Distribution:		Rebekah Fa	lk			
Contract Management / Fiscal Agent	Medicaid Cost Rein			Finance		
Permanent File	\mathcal{D}_{ℓ}	bekah 1	C. D. D.			
For Information Only	M	Yekan 1	MIL			
No Change in Rate		J				
Home Office: Lilac 140 Gladiola Rd NE Palm Bay, FL 32907						
XXX809 Report Calculated: 03/14/2022 4:30 PM	Report Printed: 03/14/2022 ID:					



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Tallahassee, Florida 32308

HAWTHORNE CENTER FOR REHABILITATION AND HEALING OF SARAS	OTA Provider Number:	1 121563-00
5381 DESOTO RD	Date:	4/25/2022
SARASOTA, FL 34235	Fiscal Year End:	06/30/2019
	Audit Status:	Unaudited
Provider Type:		
· ·	Curren	nt New Effective
	Rate	Rate <u>Date</u>
Nursing Home Single Level	270.68	8 267.05 8/4/2021
Rate Type:		
X Interim	Prospective	
Total Interim	Total Prospec	ctive
Interim Component		ctive with Interim Component
Settlement based on cost		•
X Prior Provider Prospective data		
Basis: Ch	anges:	
	Rate Semester Chang	ge
Budget	X CHOW effective 8/0	_
X Unaudited costs		
Field audited costs		
Desk audited costs		
Distribution:	Rebekal	n Falk
Contract Management / Fiscal Agent	Medicaid Cost Reimburseme	
Permanent File		
For Information Only	Rebeko	ih falk
No Change in Rate	, • ,	9
Home Office: No Home Office		
Home Office.		
XXX812 Report Calculated: 4/25/2022 10:00 AM Report Print	ed :4/25/2022 ID:	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HAWTHORNE CENTER FOR R	EHABILITATION AND HEALING OF S	SARASOTA	Provider Number	::	1 121563	3-00
5381 DESOTO RD		Date:		4/25/2022		
SARASOTA, FL 34235			Fiscal Year End:		06/30/20	19
			Audit Status:		Unaudi	ted
Provider Type:						
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Single	le Level			<u>267.05</u>	<u>259.29</u>	<u>10/1/2021</u>
Rate Type:						
X Interim		F	rospective			
	Total Interim		Total 1	Prospective		
	Interim Component	_	Total 1	Prospective	with Interim	Component
	Settlement based on cost	_				
X	Prior Provider Prospective data					
Basis:		Change	es:			
		o manage	Rate Semeste	r Change		
Budget		X	CHOW effect	•	021	
X Unaudited	costs					
Field audite	ed costs					
Desk audite	ed costs					
Distribution:			D	ebekah Fa	11 ₂	
Contract Management / Fisca	l Agent	Me	dicaid Cost Reimb			Finance
Permanent File					•	
For Information Only	,		Kebe	kah.	falk	
No Change in Rate			-		,	
Home Office:	No Home Office					
XXX812 Report Calc	eulated: 4/25/2022 10:00 AM Repor	rt Printed :4/2	25/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HAWTHORNE	E CENTER FOR RI	EHABILITATION AND HEALING OF S	ARASOTA Provider Numb	er:	1 121563	3-00
5381 DESOTO RD		Date:		4/25/2022		
SARASOTA,	, FL 34235		Fiscal Year End	l:	06/30/20	19
			Audit Status:		Unaudi	ted
Provider T	Гуре:					
				Current	New	Effective
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing H	ome Singl	e Level		<u>259.29</u>	<u>253.70</u>	1/1/2022
Rat	te Type:					
X	Interim		Prospective			
		Total Interim	Tot	al Prospective	;	
		Interim Component	Tot	al Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
				ster Change		
	Budget			fective 8/04/2	021	
X	Unaudited of	costs				
	Field audite	ed costs				
	Desk audite	ed costs				
<u>Distribution</u>				Rebekah Fa	lk	
	nagement / Fiscal	I Agent	Medicaid Cost Rei	mbursement P	lanning and I	Finance
Permanent F	ïle		\mathcal{D}	1 1.0	C. 11	
For I	Information Only		M	bekah	falk	
No C	hange in Rate				J	
Į.	Home Office:	No Home Office				
1.		110 Home Office				
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Tallahassee, Florida 32308

HAWTHORNE CENTER FOR REHABILITATION AND HI OF BRANDON	Provider Number:	1 122901-00		
851 LUMSDEN RD	Date:		4/26/20)22
BRANDON, FL 33511	Fiscal Year End:		6/30/2	019
	Audit Status:		Unaud	ited
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 230.63	New <u>Rate</u> 232.99	Effective <u>Date</u> 8/4/2021
Rate Type:				
X Interim Total Interim Interim Component		l Prospective		Commonant
Settlement based on cost X Prior Provider Prospective of		i Prospective	with interin	n Component
Basis:	Changes: Rate Semes	•		
Budget V Unaudited costs	X CHOW eff	ective 8/04/2	021	
Y Unaudited costs Field audited costs				
Desk audited costs				
Distribution:				
Contract Management / Fiscal Agent		Rebekah Fa		n'
Permanent File	Medicaid Cost Reim		_	Finance
For Information Only	Ros	bekah	falk	
No Change in Rate	7 000	, 0, -0		
Home Office: No Home Office				
XXX815 Report Calculated: 4/26/2022 10:00 AM	Report Printed :4/26/2022 ID:			



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Tallahassee, Florida 32308

HAWTHORNE CENTER FOR REHABILITATION AND HEALING OF BRANDON	D '1 W 1		1 12200	1.00	
851 LUMSDEN RD	Provider Number: Date: Fiscal Year End:		1 122901-00 4/26/2022 6/30/2019		
BRANDON, FL 33511					
DRANDON, LE 33311	Audit Status:		Unaudi		
Duovidon Tymos	radit Status.		Cildudi	ica	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 232.99	New <u>Rate</u> 250.18	Effective <u>Date</u> 10/1/2021	
Rate Type:					
X Interim	Prospective				
Total Interim	Total	l Prospective			
Interim Component	Total	l Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
	1				
Basis: Ch	nanges:				
	Rate Semest	-	001		
Budget	X CHOW effe	ective 8/04/2	021		
Y Unaudited costs Field audited costs					
Desk audited costs					
Desk addred costs					
Distribution:		Rebekah Fa	lk		
Contract Management / Fiscal Agent	Medicaid Cost Reim	bursement P	lanning and I	Finance	
Permanent File	$\mathcal{D}_{\mathcal{I}}$	1.0	600		
For Information Only	Keb	ekah.	falk		
No Change in Rate		J			
Home Office: No Home Office					
To Home Office					
XXX815 Report Calculated: 4/26/2022 10:00 AM Report Print	ed:4/26/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OF BRANDON		Provider Number	r:	1 122901-00 4/26/2022		
851 LUMSDEN RD			Date:			
BRANDON, FL 33511		Fiscal Year End:		6/30/20)19	
			Audit Status:		Unaudi	ted
Provider Ty Nursing Ho	-	e Level		Current <u>Rate</u> 250.18	New <u>Rate</u> 224.36	Effective <u>Date</u> 1/1/2022
Rate	е Туре:					
X	Interim	Total Interim		otal Prospective		
	X	Interim Component Settlement based on cost Prior Provider Prospective data	T	otal Prospective	with Interim	Component
Basis:			Changes:	nester Change		
	Budget		X CHOW	effective 8/04/2	021	
X	Unaudited o					
	Field audite Desk audite					
Distributio	ın•					
	agement / Fiscal	Agent	- W. F. (1.C. (P.	Rebekah Fa		P.
Permanent Fil	_		Medicaid Cost Re			Finance
	formation Only		K	bekah	falk	
	ange in Rate		, 0]	
Но	ome Office:	No Home Office				
XXX815	Report Calcu	ulated: 4/26/2022 10:00 AM Repo	rt Printed :4/26/2022 ID:			





MEMORANDUM

Date: September 27, 2022

To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking

From: Z Z Zainab Day, Regulatory Analyst Supervisor

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	Provider Number	Type of Action	Number of Rate Change
				<u>Notices</u>
1.	Summer Brook Health Care Center	0 059783-00	IRR Settlement	3
2.	Menorah House	0 229628-00	FA	3
			TOTAL:	6

If you have any questions regarding the above contact Zainab Day at Zainab.Day@ahca.myflorida.com. ZD/nr



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MFAO number	Audit Number
005978300	20160117	189.69	0.00	189.69	189.69	481.97	92124-22	
005978300	20160901	188.60	0.00	188.60	188.60	488.23	92124-22	
005978300	20170901	188.02	0.00	188.02	188.02	495.77	92124-22	
022962800	20150901	232.86	0.00	232.86	232.86	525.14	92124-22	NH15-053C
022962800	20160901	239.80	0.00	239.80	239.80	539.43	92124-22	NH15-053C
022962800	20170901	243.14	0.00	243.14	243.14	550.89	92124-22	NH15-053C



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Tallahassee, Florida 32308

SUMMER BROOK HEALTH CARE CENTER	Provider Number:		0 059783-00 8/23/2022			
5377 MONCRIEF ROAD	Date:					
JACKSONVILLE, FL 32209	Fiscal Year End:		6/30/2014			
	Audit Status:		Field Auc	lited		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 195.35	New <u>Rate</u> 189.69	Effective		
Rate Type:						
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		Prospective Prospective	with Interim	Component		
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semeste X IRR Settlem	-	/31/2016			
Distribution: Contract Management / Fiscal Agent Permanent FileFor Information Only	Medicaid Cost Reimb	Lainab Day oursement P	_	Pinance		
No Change in Rate						
Home Office: Innovative Health Care Manageme 2333 Hansen Lane, Suite 4 Tallahassee, FL 32301 WGH5F Report Calculated: 8/23/2022 11:54:53 AM Report		78306302014	070120130210	52015090321		



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Tallahassee, Florida 32308

SUMMER BROOK HEALTH CARE CENTER	Provider Number:		0 059783-00 8/23/2022		
5377 MONCRIEF ROAD	Date:				
JACKSONVILLE, FL 32209	Fiscal Year End:		12/31/2014		
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 194.20	New <u>Rate</u> 188.60	Effective <u>Date</u> 9/1/2016	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semes IRR Settler	ter Change nent FYE 12,	/31/2016		
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent File	3.	ainab Z	Day		
For Information Only	0		U		
No Change in Rate					
Home Office: Innovative Health Care Management 2333 Hansen Lane, Suite 4 Tallahassee, FL 32301 WGH5F Report Calculated: 8/23/2022 11:54:53 AM Report		978312312014	070120140608	32015110054	



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Tallahassee, Florida 32308

SUMMER BROOK HEALTH CARE CENTER		Provider Number:		0 059783-00		
5377 MONCRIEF ROAD	Date:		8/23/202	22		
JACKSONVILLE, FL 32209)	Fiscal Year End:		12/31/20	15	
		Audit Status:		Unaudit	ed	
Provider Type:			Current	New	Effective	
.			Rate	Rate	Date	
Nursing Home Sing	de Level		<u>193.53</u>	<u>188.02</u>	<u>9/1/2017</u>	
Rate Type:						
Interim		X Prospective				
	Total Interim	Tot	al Prospective			
	Interim Component	X Tot	al Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Seme	ster Change			
Budget		X IRR Settle	ement FYE 12	/31/2016		
X Unaudited						
Field audit						
Desk audit	ted costs					
D						
Distribution:	n1 A mare		Zainab Day			
Contract Management / Fisca	ai Agent	Medicaid Cost Rei			ïnance	
Permanent File			Zainab .	ay		
For Information Only	у			U		
No Change in Rate						
Home Office:	Innovative Health Care Managemer 2333 Hansen Lane, Suite 4	nt Services, Inc.				
	Tallahassee, FL 32301					
WGH5F Report Cal	culated: 8/23/2022 11:54:53 AM Repor	t Printed: 8/23/2022 ID: 0	5978312312015	010120150728	32016154853	



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Tallahassee, Florida 32308

MENORAH HOUSE 9945 CENTRAL PARK BLVD N			Provider Number:		0 229628-00 6/14/2022		
		D N	Date:				
BOCA RATO	N, FL 33428-1	745	Fiscal Year End:		12/31/2014		
			Audit Status:		Field Aud	ited	
Provider Ty	ype:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	le Level		233.49	<u>232.86</u>	<u>9/1/2015</u>	
D.							
Rate	e Type:						
	_Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		ıl Prospective ıl Prospective	with Interim	Component	
Basis:	Budget Unaudited Field audite Desk audite	costs ed costs	Rate Semes X Field Audit	_	C FYE 12/31/	/2014	
Permanent FileFor In	agement / Fisca e formation Only	•	Medicaid Cost Rein	Zainab Day nbursement P		inance	
No Cha	ange in Rate						
	ome Office:	BrightSNFCare,LLC d/b/a/ Carestron 10800 Biscayne Boulevard Suite 650 Miami, FL 33161					
Ho 5KG5M		10800 Biscayne Boulevard Suite 650 Miami, FL 33161		962812312014	40101201404	21	



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Tallahassee, Florida 32308

MENORAH HOUSE		Provider Number:		0 229628-00 6/14/2022		
9945 CENTRAL PARK BLVD N			Date:			
BOCA RATON	N, FL 33428-1	1745	Fiscal Year End:		12/31/20	015
			Audit Status:		Unaudit	ed
Provider Ty	RATON, FL 33428-1745 Fiscal Year End: 12 Audit Status: Unit Audit Status: Unit Current Ne Rate Re Rate Re Rate Type: Interim X Prospective Interim Component Total Prospective with Ir Settlement based on cost Settlement based on cost Settlement Settlement based on cost Settlement Audit Status: Unit Current Ne Rate Re 239.84 239 239.84 239 Current Ne Rate Re Audit Status: Unit Rate Re Ra		New <u>Rate</u>	Effective <u>Date</u>		
Nursing Hor	me Sing	gle Level		239.84	<u>239.80</u>	<u>9/1/2016</u>
Rate	Tyne					
Rate	Type.					
	Interim		X Prospective			
	_	Total Interim	X Tot	al Prospective	;	
		Interim Component	Tot	al Prospective	with Interim	Component
		Settlement based on cost				
		Prior Provider Prospective data				
Basis:	Budget Unaudited Field audit Desk audit	ted costs		ster Change Field Audit # 4	NH15-053C I	FYE
<u>Distribution</u>	<u>1:</u>			Zainab Day		
Contract Mana	-	al Agent	Medicaid Cost Rein	mbursement P	lanning and F	inance
Permanent File						
For Inf	formation Onl	y				
No Cha	ange in Rate					
Ног	me Office:	BrightSNFCare,LLC d/b/a/ Carestr 10800 Biscayne Boulevard Suite 650 Miami, FL 33161	ong			
5KG5M	Report Cal	culated: 6/14/2022 10:47:46 AM Repor	t Printed :6/14/2022 ID: 22	296281231201:	5010120150510	02016150619



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Tallahassee, Florida 32308

MENORAH HOUSE	Provider Number:		0 229628-00 6/14/2022 12/31/2015		
9945 CENTRAL PARK BLVD N	Date:				
BOCA RATON, FL 33428-1745	Fiscal Year End:				
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 243.18	New <u>Rate</u> 243.14	Effective	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semes Effects of F 12/31/2014	ield Audit #l	NH15-053C F	YE	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reim	Zainab Day bursement P	lanning and F	inance	
Home Office: BrightSNFCare,LLC d/b/a/ Carest 10800 Biscayne Boulevard Suite 650 Miami, FL 33161	_	062812212015	5010120150510	2016150610	

SECRETARY



MEMORANDUM

Date: October 5, 2022

To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking

 \mathcal{D} Zainab Day, Regulatory Analyst Supervisor

Retroactive Nursing Facility Per Diem Rates Subject:

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	Provider Name	Provider Number	Type of Action	Number of Rate Change
				<u>Notices</u>
1.	Viera Health & Rehabilitation Center	0 110482-00	FA & RFA	6
2.	Pinellas Park Facility	0 233885-00	Cost Settlement	1
3.	Gandy Crossing Care Center	0 249749-00	Cost Settlement	1
4.	Alhambra Health And Rehabilitation	0 261254-00	FA & RFA	2
	Center			
			TOTAL:	10

If you have any questions regarding the above contact Zainab Day at Zainab.Day@ahca.myflorida.com. ZD/nr



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MFAO number	Audit Number
011048200	20140601	227.88	0.00	227.88	227.88	505.78	92168-22	NH15-059C
011048200	20140701	239.05	0.00	239.05	239.05	519.43	92168-22	NH15-059C
011048200	20150101	243.05	0.00	243.05	243.05	528.55	92168-22	NH15-059C
011048200	20150901	240.40	0.00	240.40	240.40	532.68	92168-22	NH15-059C
011048200	20160901	241.49	0.00	241.49	241.49	541.12	92168-22	NH15-059C
011048200	20170901	248.80	0.00	248.80	248.80	556.55	92168-22	NH15-059C
023388500	20180101	209.72	0.00	209.72	209.72	517.47	92168-22	
024974900	20180601	208.78	0.00	208.78	208.78	516.53	92168-22	
026125400	20160901	229.19	0.00	229.19	229.19	528.82	92168-22	NH17-091C
026125400	20170901	234.60	0.00	234.60	234.60	542.35	92168-22	NH17-091C



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Tallahassee, Florida 32308

VIERA HEA	LTH & REHAB	BILITATION CENTER	Provider Number:		0 110482-00		
8050 SPYGLASS HILL RD			Date:		5/7/202	0	
MELBOURN	E, FL 32940-7	983	Fiscal Year End:		12/31/20	14	
			Audit Status:		Revised Field	d Audit	
Provider T	ype:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Sina	de Level		<u>227.96</u>	<u>227.88</u>	6/1/2014	
ő		,					
Rat	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget			_	C FYE 12/31/	2014	
	Unaudited	costs					
X	Field audit	ted costs					
	Desk audit	ted costs					
<u>Distribution</u>				Zainab Day			
	nagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent Fi	ile		Medicaid Cost Reim	rinab l	ay		
For I	nformation Only	y	<i>V</i>		U		
No C	hange in Rate						
Н	Iome Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610					
OVWY4	Report Cal		Printed :5/7/2020 ID: 11	04821231201/	D60120140429	2015164915	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VIERA HEALTH & REHABILITATION CENTER		Provider Numbe	r:	0 110482-00 5/7/2020			
8050 SPYGLASS HILL RD			Date:				
MELBOURN	E, FL 32940-79	983	Fiscal Year End:	:	12/31/2014		
			Audit Status:		Revised Field	d Audit	
Provider T Nursing Ho		ile Level		Current <u>Rate</u> 239.15	New <u>Rate</u> 239.05	Effective	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim		otal Prospective			
		Interim Component		otal Prospective		Component	
	X	Settlement based on cost		•			
		Prior Provider Prospective data					
Basis:	Budget Unaudited Field audit Desk audit	ted costs		nester Change FA #NH15-0590	C FYE 12/31/	/2014	
<u>Distributio</u>	on:			Zainab Day			
Contract Mar	nagement / Fisca	al Agent	Medicaid Cost Ro		lanning and F	inance	
Permanent Fi	ile			Zainab i			
For I	nformation Only	y		0	J		
	hange in Rate						
	Iome Office:	Greystone Healthcare Managem 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610)				
QVWX4	Report Cal	culated: 5/7/2020 4:06:49 PM Re	eport Printed:5/7/2020 ID:	11048212312014	060120140429	92015164915	



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Tallahassee, Florida 32308

VIERA HEALTH & REH	ABILITATION CENTER	Provider Number:		0 110482-	-00
8050 SPYGLASS HILL R	D	Date:		5/7/2020	0
MELBOURNE, FL 32940)-7983	Fiscal Year End:		12/31/20	14
		Audit Status:		Revised Field	l Audit
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Si	ngle Level		<u>243.25</u>	<u>243.05</u>	<u>1/1/2015</u>
Rate Type:					
Interim		X Prospective			
	Total Interim		l Prospective		
	Interim Component		•	with Interim	Component
X	Settlement based on cost		-		•
	Prior Provider Prospective data				
Basis:		Changes:	. Ci		
Budget		Rate Semes X FA & RFA	_	C FYE 12/31/	2014
	ted costs	<u>A</u> Inch	. 1111113 037	CTTE 12/31/	2014
	idited costs				
Desk au	adited costs				
Distribution:			Zainab Day		
Contract Management / Fi	iscal Agent	Medicaid Cost Rein	bursement P	lanning and F	inance
Permanent File		30	ainab Z	ay	
For Information C	Only	\mathcal{O}		U	
No Change in Rate	2				
Home Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610				
OVWX4 Report 0	Calculated: 5/7/2020 4:06:49 PM Report	Printed :5/7/2020 ID: 11	048212312014	060120140429	2015164915



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Tallahassee, Florida 32308

VIERA HEALTH & REHA	ABILITATION CENTER	Provider Number:		0 110482	-00
8050 SPYGLASS HILL RI)	Date:		5/7/202	0
MELBOURNE, FL 32940-	-7983	Fiscal Year End:		12/31/20	14
		Audit Status:		Revised Field	d Audit
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Sir	ngle Level		<u>240.61</u>	<u>240.40</u>	9/1/2015
Rate Type:					
Interim	_	X Prospective			
	Total Interim	Tota	l Prospective		
	Interim Component	Tota	l Prospective	with Interim	Component
X	Settlement based on cost				
	Prior Provider Prospective data				
Basis:		Changes:	ter Change		
Budget			_	C FYE 12/31/	2014
Unaudite	ed costs				
X Field aud	dited costs				
Desk aud	dited costs				
Distribution:					
Contract Management / Fis	scal Agent		Zainab Day		
Permanent File	7-14-1-14-11t	Medicaid Cost Rein	nbursement P	Ianning and F	inance
For Information O	nlv	J.	rinab T	y	
No Change in Rate					
Home Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610				
OVWX4 Report C	Calculated: 5/7/2020 4:06:49 PM Report	Printed: 5/7/2020 ID: 11	048212312014	1060120140429	2015164915



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Tallahassee, Florida 32308

VIERA HEALTH & REHAB	ILITATION CENTER	Provider Number:		0 110482	-00
8050 SPYGLASS HILL RD		Date:		5/7/202	0
MELBOURNE, FL 32940-79	940-7983 Fiscal Year En			12/31/20)15
		Audit Status:		Unaudit	ed
Provider Type:			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home Sing	le Level		<u>241.44</u>	<u>241.49</u>	<u>9/1/2016</u>
Rate Type:					
Interim	_	X Prospective			
	Total Interim	X Tota	al Prospective		
	Interim Component	Tota	al Prospective	with Interim	Component
	Settlement based on cost				
	Prior Provider Prospective data				
Basis:		Changes:			
D 1 .		Rate Semes	_	H115 050GF	N 7 10
Budget X Unaudited	a costs	X Effects of I 12/31/2014	FA & RFA #1 	NH15-059C F	YE
Field audit					
Desk audit					
Distribution:			Zainab Day		
Contract Management / Fisca	al Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File		30	ainab Z	ay	
For Information Only	y	U		U	
No Change in Rate					
Home Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610				
OVWX4 Report Calo	culated: 5/7/2020 4:06:49 PM Report	Printed :5/7/2020 ID: 11	048212312015	010120150429	22016020133



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Tallahassee, Florida 32308

PINELLAS PA	ARK FACILIT	Y	Provider Nur	nber:		0 233885	-00	
8701 49TH ST	N		Date:			9/9/202	2	
PINELLAS PA	ARK, FL 3378	2	Fiscal Year F	End:		6/30/2019		
			Audit Status:	:		Unaudit	ed	
Provider Ty	pe:							
<i>,</i>	•				Current	New	Effective	
					<u>Rate</u>	Rate	<u>Date</u>	
Nursing Ho	me Sing	gle Level			<u>250.18</u>	<u>209.72</u>	<u>1/1/2018</u>	
Rate	e Type:							
	JI							
X	Interim		Prospective	•				
	_	Total Interim		Total	Prospective			
		Interim Component		– Total	Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Changes:					
	_			Semest	er Change			
	Budget				nent FYE 06	/30/2019		
X	Unaudited	costs						
	Field audit	ted costs						
	Desk audit	ted costs						
								
Distribution	n٠							
Contract Mana		al Agent			Zainab Day			
Permanent File	•	ar Agent	Medicaid Cos	st Reiml	bursement P	lanning and F	inance	
	formation Onl	У						
No Ch	ange in Rate							
Но	ome Office:	Florida Care, Inc.						
		c/o Apex Healthcare						
		400 Rella Blvd, Suite 200						
		Montebello, NY 10901						
G9HPJ	Report Cal		oort Printed :9/9/2022	ID: 233	88506302019	010120180127	72020181738	



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Tallahassee, Florida 32308

GANDY CRO	SSING CARE	CENTER	Provider Number:		0 249749	-00	
4610 S MANHATTAN AVE		Date:		9/13/2022			
TAMPA, FL	33611		Fiscal Year End:		5/31/2019		
			Audit Status:		Unaudit	ed	
Provider Ty	ype:			C	NT.	Tree at	
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Sing	ele Level		<u>219.32</u>	<u>208.78</u>	6/1/2018	
Rate	е Туре:						
X	Interim		Prospective				
<u> </u>		Total Interim		tal Prospective			
		Interim Component		tal Prospective		Component	
	X	Settlement based on cost		•		•	
		Prior Provider Prospective data					
Basis:	Budget Unaudited Field audited Desk audit	ted costs		ester Change lement FYE 05	5/31/2019		
Distributio	<u>n:</u>			Zainab Day			
Contract Man	agement / Fisc	al Agent	Medicaid Cost Rei			inance	
Permanent Fil	le				-		
For In	nformation Onl	y					
No Ch	ange in Rate						
	ome Office:	Florida Care, Inc. c/o Apex Healthcare 400 Rella Blvd, Suite 200 Montebello , NY 10901					
50WO7	Report Cal	culated: 9/13/2022 4:33:57 PM Rep	ort Printed :9/13/2022 ID: 2	24974905312019	0060120180428	32020164940	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ALHAMBRA HEALTH	AND REHABILITATION CENTER	Provider Number:		0 261254	-00
7501 38TH AVE N		Date:		9/12/202	22
SAINT PETERSBURG,	FL 33710	Fiscal Year End:		12/31/2015	
		Audit Status:		Revised Fiel	d Audit
Provider Type:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home S	Single Level		<u>231.38</u>	<u>229.19</u>	<u>9/1/2016</u>
Rate Type:					
Interim	_	X Prospective			
	Total Interim	X Tot	al Prospective	;	
	Interim Component	Tot	al Prospective	with Interim	Component
	Settlement based on cost				
	Prior Provider Prospective data				
Basis:		Changes:			
			ster Change		
Budge		X FA & RFA	A #NH17-091	C FYE 12/31/	/2015
	lited costs				
	audited costs				
Desk a	tudited costs				
Distribution:					
Contract Management / I	Fiscal Agent	Madianid Cont Dair	Zainab Day		7:
Permanent File		Medicaid Cost Rein	moursement P	ianning and F	папсе
For Information	Only				
No Change in Ra	te				
Home Office	: Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610				
E8UOX Report	t Calculated: 9/12/2022 3:39:59 PM Report	Printed :9/12/2022 ID: 2	6125412312013	5090120140429	92016133830



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Tallahassee, Florida 32308

ALHAMBRA HEALTH A	ND REHABILITATION CENTER	Provider Number:		0 261254	-00
7501 38TH AVE N		Date:		9/12/202	22
SAINT PETERSBURG, FL	33710	Fiscal Year End:		12/31/20)15
		Audit Status:		Revised Fiel	d Audit
Provider Type:					77.00
			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Sin	ngle Level		<u>236.86</u>	<u>234.60</u>	9/1/2017
Rate Type:					
Interim		X Prospective			
	Total Interim	X Tota	l Prospective		
	Interim Component	Tota	l Prospective	with Interim	Component
	Settlement based on cost				
	Prior Provider Prospective data				
Basis:		Changes:			
		Rate Semes	_		
Budget		X FA & RFA	#NH17-091	C FYE 12/31	2015
Unaudite					
	lited costs				
Desk aud	lited costs				
D: 4 11 41					
<u>Distribution:</u> Contract Management / Fis	cal Agant		Zainab Day		
Permanent File	cai Agoit	Medicaid Cost Reim	bursement P	lanning and F	inance
For Information Or	nly				
No Change in Rate					
Home Office:	Greystone Healthcare Management				
	4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610				
FSUOY Report C		Printed : 9/12/2022 ID: 26	125412312015	5090120140429	2016133830





MEMORANDUM

Date: October 26, 2022

To: Johnnie Mae Peters, SMA Supervisor, Finance and Banking

From: Z Zainab Day, Regulatory Analyst Supervisor

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

		Provider Name	Provider Number	Type of Action	Number of Rate Change
					<u>Notices</u>
Ī	1.	Hawthorne Health and Rehabilitation	0 094353-00	Correction FRVS	2
		of Sarasota		Assets	
Ī	2.	Magnolia Ridge Health and	1 124247-00	New Facility	2
		Rehabilitation Center			
				TOTAL:	4

If you have any questions regarding the above contact Zainab Day at Zainab.Day@ahca.myflorida.com. ZD/nr



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MFAO number	Audit Number
009435300	20160901	266.10	0.00	266.10	266.10	565.73	92198-22	
009435300	20170901	257.03	0.00	257.03	257.03	564.78	92198-22	
112424700	20220318	287.57	0.00	287.57	287.57	631.83	92198-22	
112424700	20221001	305.67	0.00	305.67	305.67	663.28	92198-22	





MEMORANDUM

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			TOTAL:	4

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009435300	20160901	266.10	0.00	266.10	266.10	565.73	92198-22	
009435300	20170901	257.03	0.00	257.03	257.03	564.78	92198-22	
112424700	20220318	287.57	0.00	287.57	287.57	631.83	92198-22	
112424700	20221001	305.67	0.00	305.67	305.67	663.28	92198-22	



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Tallahassee, Florida 32308

5381 DESOTO ROAD SARASOTA, FL 34235 Provider Type: Date: Audit St	ear End: 6/	<u>nte</u> <u>Date</u>
Audit St	Current No Rate Ra	ew Effective
	Current No <u>Rate Ra</u>	ew Effective ate <u>Date</u>
Provider Type:	Rate Ra	<u>nte</u> <u>Date</u>
Nursing Home Single Level		
Rate Type:		
Interim X Prospe	ativa	
Total Interim	Total Prospective	
Interim Component	Total Prospective with Ir	nterim Component
X Settlement based on cost		
Prior Provider Prospective data		
Basis: Changes:	Data Sameatan Changa	
	Rate Semester Change Correction to FRVS Assets 201	3/01
Unaudited costs		
X Field audited costs		
Desk audited costs		
Distribution:	Zainab Day	
Contract Management / Fiscal Agent Medicaic	d Cost Reimbursement Planning	and Finance
Permanent File	J	
For Information Only		
No Change in Rate		
Home Office: No Home Office		
M4C3I Report Calculated: 10/19/2022 1:22:15 PM Report Printed :10/19/20	22 ID: 09435306302014011520	1212202014121059



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Tallahassee, Florida 32308

HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:		0 094353 - 00 10/19/2022			
5381 DESOTO ROAD	Date:					
SARASOTA, FL 34235	Fiscal Year End:		12/31/2016			
	Audit Status:		Unaudit	ed		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 248.74	New <u>Rate</u> 257.03	Effective		
Rate Type:						
Interim	X Prospective					
Total Interim	X Tot	al Prospective				
Interim Component	Tot	al Prospective	with Interim	Component		
Settlement based on cost Prior Provider Prospective dat	a					
Basis:	Changes:	ester Change				
Budget		n to FRVS Ass	sets 2013/01			
X Unaudited costs						
Field audited costs						
Desk audited costs						
Distribution:		Zainab Day				
Contract Management / Fiscal Agent	Medicaid Cost Rei	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	1.133.73.73 C 037 RO					
For Information Only						
No Change in Rate						
Home Office: No Home Office						
M4C3I Report Calculated: 10/19/2022 1:22:15 PM F	Report Printed :10/19/2022 ID: 0	9435312312016	5010120160417	72017083605		



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Tallahassee, Florida 32308

MAGNOLIA	RIDGE HEAL	MAGNOLIA RIDGE HEALTH AND REHABILITATION CENTER			1 124247-00			
6517 NW 39TH AVE			Date: Fiscal Year End:	08/04/2022				
GAINESVILLE, FL 32606				03/17/2023				
			Audit Status:		Unaudit	ed		
Provider T	ype:							
	-			Current	New	Effective		
				Rate	Rate	<u>Date</u>		
Nursing Ho	ome Sing	le Level		$\underline{0.00}$	3/18/2022			
Rat	е Туре:							
X	Interim		Prospective					
	X	Total Interim		al Prospective				
		Interim Component	Tota	ıl Prospective	with Interim	Component		
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Changes:					
200250			Rate Semes	ter Change				
X	Budget			ty effective 3	/18/2022			
	Unaudited	costs		,				
	Field audit	ed costs						
	Desk audit	ed costs						
Distribution:		Yndia Rutland						
Contract Management / Fiscal Agent		al Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent Fi	le		Chad	in Dut	Donal			
For In	nformation Only	y	Gndi	u rui	eunu			
No Cł	nange in Rate		U					
H	ome Office:	Clear Choice Health Care						
		709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901						
XXX825	Danort Cal	culated: 10/19/2022 4:40 PM Report Pr	inted :10/19/2022 ID:					



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Tallahassee, Florida 32308

MAGNOLIA RIDGE HEALTH AND REHABILITATION CENTER 6517 NW 39TH AVE			Provider Number:	1 124247-00 10/14/2022				
			Date:					
GAINESVILI	LE, FL 32606		Fiscal Year End:		03/17/2023			
			Audit Status:		Unaudit	ed		
Provider T	ype:							
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	ome Sing	le Level		$\underline{0.00}$				
Rat	e Type:							
1440	c 1 jpc.							
X	Interim		Prospective					
	X	Total Interim	Tota	l Prospective				
		Interim Component	Tota	l Prospective	with Interim	Component		
		Settlement based on cost						
		Prior Provider Prospective data						
D	1							
Basis:		C	nanges:	C)				
X	Budget		Rate Semes New Facili	ter Change ty effective 3	/18/2022			
Λ	Unaudited	costs	A New Facili	ty checuive 3	110/2022			
	Field audite							
	Desk audit							
Distributio	<u>on:</u>		Zai	nab Day				
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance						
Permanent Fi	le				_			
For In	nformation Only	1	Zain	ao L	ay			
No Ch	nange in Rate		0		0			
Н	ome Office:	Clear Choice Health Care 709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901						
VVV025	D (C.1		1 10/10/2022					
XXX825	Report Calc	culated: 10/19/2022 04:40 AM Report Prin	ted:10/19/2022 ID:					