

MEMORANDUM

Date: December 26, 2024

To: Johnnie Mae Peters, Program Operations Administrator, Finance and Banking

From: Yndia Rutland, Regulatory Analyst Supervisor

Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. These rates are past the 7 year window for retro adjustment through the claims system (HP); therefore they were handled through gross adjustment and accounts receivable requests. Attached are the rate change notices.

Please update the rates in FLMMIS for information purposes only.

	<u>Provider Name</u>	<u>Provider</u> <u>Number</u>	Type of Action	Number of Rate Change Notices
1.	THE REHABILITATION CENTER OF	0 005380-00	FA	4
	WINTER PARK			
2.	WAVE CREST HEALTH AND	0 005519-00	FA	1
	REHABILITATION CENTER			
3.	THE PARKS HEALTHCARE AND	0 043850-00	FA & RFA	8
	REHABILITATION CENTER			
4.	WEDGEWOOD HEALTHCARE	0 043867-00	FA & RFA	9
	CENTER			
5.	VISTA MANOR	0 061109-00	FA	2
6.	GOOD SAMARITAN SOCIETY-	0 205303-00	FA	2
	KISSIMMEE VILLAGE			
7.	HIGHLAND PINES REHABILITATION	0 263907-00	FA & RFA	3
	CENTER			
			<u>Total:</u>	29

If you have any questions regarding the above, contact Yndia Rutland at Yndia.Rutland@ahca.myflorida.com.

YR/kg



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
	Effective Date	_		_				
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
000538000	20150101	242.24	242.24	242.24	242.24	527.74	95532-24	NH17-039C
000538000	20150601	244.82	244.82	244.82	244.82	530.32	95532-24	NH17-039C
000538000	20150901	242.44	242.44	242.44	242.44	534.72	95532-24	NH17-039C
000538000	20160901	245.74	0.00	245.00	245.00	545.37	95532-24	NH17-039C
000551900	20170901	243.76	0.00	243.76	243.76	551.51	95532-24	NH17-044C
004385000	20120201	194.88	342.49	194.88	194.88	460.95	95532-24	NH13-197C
004385000	20120701	200.58	349.79	200.58	200.58	469.54	95532-24	NH13-197C
004385000	20120801	205.10	354.31	205.10	205.10	474.06	95532-24	NH13-197C
004385000	20130101	207.74	358.55	207.74	207.74	479.59	95532-24	NH13-197C
004385000	20130701	213.20	213.20	213.20	213.20	487.73	95532-24	NH13-197C
004385000	20140101	215.10	215.10	215.10	215.10	493.00	95532-24	NH13-197C
004385000	20140701	224.83	224.83	224.83	224.83	505.21	95532-24	NH13-197C
004385000	20160901	211.47	0.00	211.47	211.47	511.10	95532-24	NH16-098C
004386700	20120201	203.26	350.87	203.26	203.26	469.33	95532-24	NH13-209C
004386700	20120701	209.79	359.00	209.79	209.79	478.75	95532-24	NH13-209C
004386700	20120801	210.52	359.73	210.52	210.52	479.48	95532-24	NH13-209C
004386700	20130101	213.96	364.77	213.96	213.96	485.81	95532-24	NH13-209C
004386700	20130701	219.52	219.52	219.52	219.52	494.05	95532-24	NH13-209C
004386700	20140101	220.79	220.79	220.79	220.79	498.69	95532-24	NH13-209C
004386700	20140701	233.26	233.26	233.26	233.26	513.64	95532-24	NH13-209C
004386700	20160901	201.55	0.00	201.55	201.55	501.18	95532-24	NH16-147C
004386700	20170901	209.38	0.00	209.38	209.38	517.13	95532-24	NH16-147C
006110900	20160901	195.39	0.00	195.39	195.39	495.02	95532-24	NH16-155C
006110900	20170901	198.54	0.00	198.54	198.54	506.29	95532-24	NH16-155C
020530300	20160901	224.47	0.00	224.47	224.47	524.10	95531-24	NH16-031L
020530300	20170901	230.45	0.00	230.45	230.45	538.20	95531-24	NH16-031L
026390700	20140701	200.58	200.58	200.58	200.58	480.96	95532-24	NH14-093C
026390700	20150101	202.85	202.85	202.85	202.85	488.35	95532-24	NH14-093C
026390700	20150901	203.10	0.00	203.10	203.10	495.38	95532-24	NH14-093C



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Tallahassee, Florida 32308

THE REHABILITATION CENTER OF WINTER PARK	Provider Number:		0 005380	-00	
1700 MONROE AVE	Date:		12/4/2024 6/30/2014		
MAITLAND, FL 32751	Fiscal Year End:				
	Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 243.19	New <u>Rate</u> 242.24	Effective <u>Date</u> 1/1/2015	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		al Prospective al Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: X Rate Semes	ster Change			
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Rein	Y ndia Rutlan nbursement P		inance	
Home Office: NFCWY Report Calculated: 12/4/2024 10:14:06 AM Report Calculated: 12/4/2024 AM Report Calculated: 12	ort Printed :12/4/2024 ID: 00	0538006302012	401012014101 <u>3</u>	32014150000	



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THE REHABILITATION CENTER OF WINTER PARK	Provider Number:		0 005380	-00	
1700 MONROE AVE	Date:		12/4/2024		
MAITLAND, FL 32751	Fiscal Year End:		6/30/2014		
	Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 245.78	New <u>Rate</u> 244.82	Effective <u>Date</u> 6/1/2015	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		al Prospective al Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: X Rate Semes	ster Change			
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Rein	Y ndia Rutlan nbursement P		inance	
Home Office:	rt Printed :12/4/2024 ID: 00	0538006302012	1010120141013	32014150000	



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Tallahassee, Florida 32308

THE REHABILITATION CENTER OF WINTER PARK		Provid	ler Number:		0 005380	-00		
1700 MONRO	DE AVE		Date:			12/4/2024 6/30/2014		
MAITLAND,	FL 32751		Fiscal	Year End:				
			Audit	Status:		Field Aud	lited	
	rovider Type: ursing Home Single Level			Current <u>Rate</u>		New <u>Rate</u> 242.44	Effective Date	
Nursing In	ome Sing	ie Levei			<u>243.40</u>	<u> 272,77</u>	9/1/2015	
Rat	e Type:							
	Interim		X Pros	pective				
	_	Total Interim	<u> </u>	-	l Prospective	;		
		Interim Component		X Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:	Budget Unaudited Field audit Desk audit	ed costs	Changes:	Rate Semes	ter Change			
<u>Distributio</u>				Y	ndia Rutlan	d		
	nagement / Fisca	al Agent	Medica	aid Cost Rein	nbursement P	lanning and F	inance	
Permanent Fi								
	nformation Only	Ý						
No Cł	nange in Rate							
Н	ome Office:							
NFCWY	Report Calo	culated: 12/4/2024 10:14:06 AM Repo	ort Printed :12/4/2	024 ID: 00	538006302014	4010120141013	32014150000	



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THE REHABILITATION CENTER OF WINTER PARK	Provider Number:		0 005380	-00	
1700 MONROE AVE	Date:		12/4/2024 6/30/2014		
MAITLAND, FL 32751	Fiscal Year End:				
	Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 246.71	New <u>Rate</u> 245.74	Effective <u>Date</u> 9/1/2016	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		al Prospective al Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: X Rate Semes	ster Change			
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate	Medicaid Cost Rein	Y ndia Rutlan nbursement P		inance	
Home Office: NFCWY Report Calculated: 12/4/2024 10:14:06 AM Repo	rt Printed :12/4/2024 ID: 00	0538006302012	401012014101 <u>3</u>	32014150000	



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Date: 12/5/2024	WAVE COEST HEAT THAND DEHADILITATION CENTED		Provider Number	: <u> </u>	0 005519-00		
MELBOURNE, FL 32901 Audit Status: Field Audited Provider Type: Current New Effective Rate Rate Date		AND REHABILITATION CENTER	Date:		12/5/2024		
Provider Type: Rate Type:			Fiscal Year End:		12/31/20)15	
Nursing Home Single Level Rate Type: Interim Total Interim Interim Total Prospective Interim Total Prospective Interim Total Prospective With Interim Component Settlement based on cost Prior Provider Prospective data Basis:	MELBOURNE, FL 32901	ELBOURNE, FL 32901 ovider Type: rsing Home Single Level Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs			Field Audited		
Interim Total Interim Total Interim Total Prospective Total Prospective Interim Component Settlement based on cost Prior Provider Prospective data Basis:		ngle Level		<u>Rate</u>	Rate	Effective <u>Date</u> 9/1/2017	
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis:	Rate Type:						
Budget Unaudited costs X Field audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Rate Semester Change X Field Audit NH17-044C FYE 12/31/2015 Yndia Rutland Medicaid Cost Reimbursement Planning and Finance	Interim	Interim Component Settlement based on cost	X To	=		Component	
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Budget Unaudite X Field auc	lited costs	Rate Sem	•	C FYE 12/31/2	2015	
Home Office:	Contract Management / Fiscal Agent Permanent File For Information Only		Medicaid Cost Re			inance	
SRIRP Report Calculated: 12/5/2024 12:45:02 PM Report Printed :12/6/2024 ID: 005519123120150701201404292016130618		alculated: 12/5/2024 12:45:02 DM	oport Printed :12/6/2024 ID.	0055101221201	507012014042	02016120410	



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Tallahassee, Florida 32308

THE PARKS I	HE PARKS HEALTHCARE AND REHABILITATION CENTER			er:	0 043850-00			
9311 S ORAN	GE BLOSSOM	TRL	Date:		12/9/2021			
ORLANDO, F	L 32837-8301		Fiscal Year End	:	7/31/20	12		
			Audit Status:		Revised Fiel	d Audit		
Provider Ty	ype:			Current	New	Effective		
				Rate	Rate	<u>Date</u>		
Nursing Ho	ome Singl	le Level		<u>195.06</u>	12/9/2021 7/31/2012 Revised Field Audit			
	Leve	l H: Aids		342.67	342.49	2/1/2012		
Rate	e Type:							
X	Interim		Prospective					
		Total Interim		Total Prospective				
		Interim Component	T	Total Prospective	with Interim	Component		
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Changes:	Clarent Clarent				
	Budget			nester Change FA #NH13-197	C FYE 07/31/	/2012		
	Unaudited	costs						
X	Field audite	ed costs						
	Desk audite	ed costs						
D: (!! . (!								
Distribution	n: agement / Fisca	1 A cont		Yndia Rutla				
Permanent File	•	i Ageiii	Medicaid Cost R	eimbursement P	lanning and F	inance		
	e nformation Only	7						
	ange in Rate							
	ome Office:	CMCII						
110	onic Onice.	800 Concourse Parkway South						
		Maitland, FL 32751						
9W6I1	Report Calc		eport Printed :12/9/2021 ID	: 04385007312012	202012012073	12013154841		



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Tallahassee, Florida 32308

THE PARKS H	IE PARKS HEALTHCARE AND REHABILITATION CENTER			Provider Number: 0 04385				
9311 S ORANG	GE BLOSSOM	1 TRL	Date:		12/9/202	21		
ORLANDO, FI	L 32837-8301		Fiscal Year End:		7/31/20	12		
			Audit Status:		Revised Fiel	d Audit		
Provider Ty	pe:							
·				End: 7/31/2012 s: Revised Field Au Current New E Rate Rate 200.75 200.58 7/ 349.96 349.79 7/	Effective <u>Date</u>			
Nursing Ho	me Sing	le Level		<u>200.75</u>	<u>200.58</u>	7/1/2012		
	Leve	el H: Aids		<u>349.96</u>	<u>349.79</u>	7/1/2012		
Rate	Type:							
X	Interim		Prospective					
		Total Interim	To	otal Prospective	:			
		Interim Component	To	otal Prospective	with Interim	Component		
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Changes:	. Cl				
	Budget			_	C FYE 07/31/	/2012		
	Unaudited	costs						
X	Field audit	red costs						
	Desk audit	ed costs						
Distribution	n•							
Contract Mana		al Agent	Madianid Cost Da			7:		
Permanent File	_		Medicald Cost Re	imbursement P	ianning and r	mance		
For In	formation Only	y						
No Cha	ange in Rate							
Но	ome Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751						
9W6I1	Report Cal	culated: 12/9/2021 1:16:44 PM Repo	ort Printed :12/9/2021 ID:	04385007312012	202012012073	12013154841		



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Tallahassee, Florida 32308

THE PARKS H	THE PARKS HEALTHCARE AND REHABILITATION CENTER			Provider Number:		0 043850-00			
9311 S ORANG	GE BLOSSON	A TRL		Date:	12/9/202	/9/2021			
ORLANDO, FI	2 32837-8301			Fiscal Year End:		7/31/20	12		
				Audit Status:		Revised Field	d Audit		
Provider Ty	pe:								
	_				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Hor	me Sing	le Level			<u>205.28</u>	<u>205.10</u>	8/1/2012		
	Leve	el H: Aids			<u>354.49</u>	<u>354.31</u>	8/1/2012		
Rate	Type:								
	Interim		X	Prospective					
		Total Interim			tal Prospective				
		Interim Component		Tot	tal Prospective	with Interim	Component		
	X	Settlement based on cost Prior Provider Prospective data	1						
Basis:			Chan						
	Budget		X		ester Change A #NH13-1970	C FVF 07/31	/2012		
	Unaudited	costs		171 & RI	11 111111111111111111111111111111111111	CTTE 01/31/	2012		
X	— Field audit								
	Desk audit	ted costs							
Distribution									
Distribution Contract Mana		al Agent			Yndia Rutla				
Permanent File	_		N	Medicaid Cost Rei	mbursement P	lanning and F	inance		
	formation Onl	y							
	ange in Rate								
Ho	me Office:	CMCII 800 Concourse Parkway South							
		Maitland, FL 32751							
9W6I1	Report Cal	culated: 12/9/2021 1:16:44 PM	eport Printed :	12/9/2021 ID: 0	4385007312012	02012012073	2013154841		



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Tallahassee, Florida 32308

THE PARKS HEALTHC	THE PARKS HEALTHCARE AND REHABILITATION CENTER		0 043850-00			
9311 S ORANGE BLOSS	SOM TRL	Date:		12/9/202	21	
ORLANDO, FL 32837-8	301	Fiscal Year End:		7/31/20	12	
		Audit Status:		Revised Field	d Audit	
Provider Type:						
••			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Si	ingle Level		<u>207.93</u>	<u>207.74</u>	<u>1/1/2013</u>	
L	evel H: Aids		<u>358.74</u>	<u>358.55</u>	1/1/2013	
Rate Type:						
Interim	_	X Prospective				
	Total Interim		al Prospective			
	Interim Component	Tota	al Prospective	with Interim	Component	
X	Settlement based on cost Prior Provider Prospective data					
Basis:		Changes:				
Budget		Rate Semes K FA & RFA	_	C FYE 07/31/	2012	
	ited costs	<u>A</u> 174 & KI 75	1 1111113 171	CTTE 01/31/	2012	
	udited costs					
Desk a	udited costs					
Distribution:						
Contract Management / F	Giscal Agent		Yndia Rutla			
Permanent File	iscai Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance	
For Information (Only					
No Change in Rat						
-						
Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751					
9W6I1 Report	Calculated: 12/9/2021 1:16:44 PM Report	t Printed :12/9/2021 ID: 04	1385007312012	202012012073	12013154841	



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Tallahassee, Florida 32308

THE PARKS HEALTHCARE AND REHABILITATION CENTER			Provide	er Number:		0 043850-00				
9311 S ORANGE BL	OSSOM 7	TRL		Date:			12/9/2021			
ORLANDO, FL 3283	37-8301			Fiscal `	Year End:		7/31/20	12		
				Audit S	Status:		Revised Field	d Audit		
Provider Type:						Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home	Single	Level				<u>213.39</u>	<u>213.20</u>	7/1/2013		
Rate Type	2:									
Interi	m	_	X	_ Prosp	ective					
		_ Total Interim				al Prospective				
		Interim Component			Tot	al Prospective	with Interim	Component		
	X	Settlement based on cost Prior Provider Prospective data								
Basis:			Cha	nges:] D + G	. Cl				
Bu	dget			X	-	ster Change A #NH13-1970	C FYE 07/31/	2012		
	audited co	osts		71		1,11110 15,	01120//01/			
X Fie	eld audited	costs								
De	sk audited	costs								
D										
Distribution:	ot / Figgs1	Agant	Yndia Rutland							
Contract Management / Fiscal Agent Permanent File		ngom	Medicaid Cost Reimbursement Planning and Finance							
For Informati	ion Only									
No Change in	Rate									
Home Of	fice:	CMCII								
		800 Concourse Parkway South Maitland, FL 32751								
9W6I1 Re	nort Calcul	ated: 12/9/2021 1:16:44 PM Repor	t Printed	.12/9/20	21 ID: 0	4385007312013	020120120731	2013154841		



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Tallahassee, Florida 32308

THE PARKS HEALTHCARE AND REHABILITATION CENTER			Provider Number: 0 043850-00					
9311 S ORANGE BLOSSOM TRL			Date:			12/9/2021		
ORLANDO, FL 3283	37-8301			Fiscal Year End:			7/31/20	12
				Audit	Status:		Revised Field	d Audit
Provider Type:						Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single	e Level				<u>215.29</u>	<u>215.10</u>	<u>1/1/2014</u>
Rate Type	e:							
Interi	im	_	X	_ Prosp	pective			
		Total Interim				al Prospective		
		Interim Component			Tota	al Prospective	with Interim	Component
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Cha	nges:]	. Cl		
Bu	dget			X	_	ster Change A#NH13-1970	C FYE 07/31/	2012
	audited c	osts		21		2 (2220 257	01120//01/	
X Fie	eld audited	d costs						
De	sk audited	d costs						
D								
Distribution:	ot / Eiggs1	Agant				Yndia Rutla		
Contract Managemer Permanent File	ıı / F1SCal	Agent		Medica	aid Cost Reir	nbursement P	lanning and F	inance
For Informat	ion Onlv							
No Change in	-							
Home Of	fice:	CMCII						
		800 Concourse Parkway South Maitland, FL 32751						
9W6I1 Re	nort Calcu	lated: 12/9/2021 1:16:44 PM Repor	t Printed	.12/0/20)21 ID: 0/	1385007312012	020120120731	2013154841



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Tallahassee, Florida 32308

THE PARKS HEALTHCARE AND REHABILITATION CENTER			Provider Number: 0 043850-00				
9311 S ORANGE BLOSSOM TRL			Date:		12/9/2021		
ORLANDO, FL 32837-	8301		Fiscal Year End:		7/31/20	12	
			Audit Status:		Revised Field	d Audit	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home	Single Level			<u>225.02</u>	<u>224.83</u>	7/1/2014	
Rate Type:							
Interim		X	Prospective				
	Total Interim			l Prospective			
	Interim Component		Tota	l Prospective	with Interim	Component	
	Settlement based on cost Prior Provider Prospective d	ata					
Basis:		Cha	inges:	· Cl			
Budge	et		Rate Semes FA & RFA	_	C FYE 07/31/	2012	
	dited costs		<u>A</u> man		0112077317	2012	
X Field	audited costs						
Desk	audited costs						
							
Distribution:	Figural A gamt			Yndia Rutla			
Contract Management / Permanent File	riscai Ageiii		Medicaid Cost Reim	bursement P	lanning and F	inance	
For Information	Only						
No Change in Ra							
Home Office	e: CMCII						
	800 Concourse Parkway Sou Maitland, FL 32751	th					
9W6H Repor	rt Calculated: 12/9/2021 1:16:44 PM	Report Printed	1 · 12/9/2021 ID· 04	385007312012	020120120731	2013154841	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE PARKS HEALTHCARE	Provider Number: 0 043850-00					
9311 S ORANGE BLOSSOM	Date:		12/9/2021			
ORLANDO, FL 32837-8301		Fiscal Year End:		12/31/20)14	
		Audit Status:		Field Aud	lited	
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	le Level		<u>211.96</u>	<u>211.47</u>	<u>9/1/2016</u>	
Rate Type:						
Interim		X Prospective				
	Total Interim		l Prospective			
	Interim Component	Tota	l Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semes	_			
Budget	-			12/31/2014 wi C FYE 07/31/		
Unaudited X Field audit		111 & 1411		0112077317	2012	
Desk audit						
Desk audit	cu costs					
Distribution:			Yndia Rutla	d		
Contract Management / Fisca	l Agent -	Medicaid Cost Reim			inance	
Permanent File		Wedicaid Cost Rein	ioursement r	iaiiiiiig and i	mance	
For Information Only	7					
No Change in Rate						
Home Office:	CMCII					
	800 Concourse Parkway South Maitland, FL 32751					
9W6H Report Calc	pulated: 12/9/2021 1:16:44 PM Report P	rinted :12/9/2021 ID: 04	38501231201/	1010120141110	02015123747	



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Tallahassee, Florida 32308

WEDGEWOOD HEALTHCARE CENTER		Provider Number:		0 043867-00				
1010 CARPI	ENTERS WAY		Date:	12/4/2024				
LAKELANI	O, FL 33809-392	26	Fiscal Year End:		7/31/2012			
			Audit Status:		Revised Field Audit			
Provider Type: Nursing Home Single Level Level H: Aids			Current Rate 203.45 351.06	New <u>Rate</u> 203.26	Effective <u>Date</u> 2/1/2012			
₽ ₉	ate Type:	ei n: Aius		<u> </u>	330.07	2/1/2012		
IX.	ite Type.							
X	Interim X	Total Interim Interim Component Settlement based on cost		tal Prospective		Component		
		Prior Provider Prospective data						
Budget Unaudited costs X Field audited costs Desk audited costs				ester Change A #NH13-209	C FYE 7/31/2	2012		
<u>Distribut</u>				Yndia Rutlar	ıd			
	anagement / Fisca	al Agent	Medicaid Cost Rei	mbursement F	Planning and H	inance		
Permanent I								
	Information Onl	у						
No (Change in Rate							
1	Home Office:							
ZLDXY	Report Cal	culated: 12/4/2024 3:20:14 PM Repo	rt Printed :12/4/2024 ID: 0	438670731201	202012012080	12013095917		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WEDGEWOOD HEALTHCARE CENTER		Provid	er Number:	0 043867-00				
1010 CARPE	NTERS WAY		Date:		12/4/2024			
LAKELAND,	, FL 33809-3920	5	Fiscal	Year End:		7/31/20	12	
			Audit	Status:		Revised Field	d Audit	
	Provider Type: Nursing Home Single Level				Current <u>Rate</u> 209.98	New <u>Rate</u> 209.79	Effective	
	Leve	l H: Aids			<u>359.19</u>	<u>359.00</u>	7/1/2012	
Rat	e Type:							
X	Interim	Total Interim Interim Component	Prosp		l Prospective l Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data			r		r	
Budget Unaudited costs X Field audited costs			Changes:	Rate Semes	_	C FYE 7/31/2	012	
	Desk audite	ed costs						
Distribution	on: nagement / Fisca	l Agent	Yndia Rutland					
Permanent Fi	_	rigoni	Medica	id Cost Reim	ibursement P	lanning and F	inance	
	nformation Only	,						
	hange in Rate							
Н	ome Office:							
ZLDXY	Report Calc	rulated: 12/4/2024 3:20:14 PM Repo	ort Printed :12/4/20)24 ID: 04	386707312012	202012012080	12013095917	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WEDGEWOOD HEALTHCARE CENTER		Provid	er Number:		0 043867-00			
1010 CARPEN	NTERS WAY		Date:		12/4/2024			
LAKELAND,	FL 33809-3926		Fiscal	Year End:		7/31/20	12	
			Audit	Status:		Revised Field	ised Field Audit	
Provider Type: Nursing Home Single Level				Current Rate	New <u>Rate</u>	Effective <u>Date</u> 8/1/2012		
Nursing no	ome Single	e Levei			<u>210.72</u>	<u>210.52</u>	<u>0/1/2U12</u>	
	Level	H: Aids			<u>359.93</u>	<u>359.73</u>	8/1/2012	
Rate	е Туре:							
	Interim		X Prosp	pective				
		Total Interim		Tota	l Prospective	:		
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Changes					
Dasis.			Changes:	Data Samas	tor Chango			
	Budget		X	-	ester Change A #NH13-209C FYE 7/31/2012			
	Unaudited co	osts				0112770172		
X	Field audited	l costs						
	Desk audited	l costs						
Distributio	<u>n:</u>			Y	ndia Rutlan	d		
Contract Man	agement / Fiscal	Agent	Medica	id Cost Rein	bursement P	lanning and F	inance	
Permanent Fil	le							
For In	nformation Only							
No Ch	ange in Rate							
Но	ome Office:							
ZLDXY	Report Calcu	lated: 12/4/2024 3:20:14 PM Repo	ort Printed :12/4/20)24 ID: 04	386707312012	202012012080	12013095917	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WEDGEWOOD HEALTHCARE CENTER		Provi	der Number:	0 043867-00				
1010 CARPEN	NTERS WAY		Date:		12/4/2024			
LAKELAND,	FL 33809-3926		Fiscal	Year End:		7/31/20	12	
			Audit	Status:		Revised Field Audit		
Provider Ty	ype:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Single	e Level			214.28	213.96	1/1/2013	
	Level	H: Aids			<u>365.09</u>	<u>364.77</u>	1/1/2013	
Rate	e Type:							
	Interim		X Pros	spective				
		Total Interim			al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Changes:	1				
			Changest	Rate Semes	ster Change			
	Budget		X	_	_	C FYE 7/31/2	2012	
	Unaudited c	osts						
X	Field audited	d costs						
	Desk audited	d costs						
Distributio	<u>n:</u>				ndia Rutlan	ıd		
Contract Mana	agement / Fiscal	Agent	Medic			lanning and F	inance	
Permanent Fil	e		1/10010		10 01 10 01 10 110 110 1			
For In	formation Only							
No Ch	ange in Rate							
Но	ome Office:							
ZLDXY	Report Calcu	ulated: 12/4/2024 3:20:14 PM Repo	ort Printed :12/4/2	024 ID: 04	386707312012	202012012080	12013095917	



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Tallahassee, Florida 32308

WEDGEWOOD HEALTHCARE CENTER	Provider Number:		0 043867-00 12/4/2024		
1010 CARPENTERS WAY	Date:				
LAKELAND, FL 33809-3926	Fiscal Year End:		7/31/2012		
	Audit Status:		Revised Field Audit		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 220.19	New <u>Rate</u> 219.52	Effective <u>Date</u> 7/1/2013	
Rate Type:					
Interim	X Prospective				
Total Interim		Prospective	;		
Interim Component		-	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semest X FA & RFA	_	C FYE 7/31/2	2012	
Distribution: Contract Management / Fiscal Agent	Medicaid Cost Reim	ndia Rutlan		inance	
Permanent File	Wedicald Cost Reliff	oursement F	iaining and I	mance	
For Information Only					
No Change in Rate					
Home Office: ZLDXY Report Calculated: 12/4/2024 3:20:14 PM Report	t Printed :12/4/2024 ID: 043	86707312012	2020120120801	12012005017	



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Tallahassee, Florida 32308

WEDGEWOOD HEALTHCARE CENTER	Provider Number:	0 043867-00 12/4/2024				
1010 CARPENTERS WAY	Date:					
LAKELAND, FL 33809-3926	Fiscal Year End:		7/31/20	12		
	Audit Status:		Revised Field	d Audit		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 221.47	New <u>Rate</u> 220.79	Effective		
Rate Type:						
Interim	X Prospective					
Total Interim		Prospective				
Interim Component		-	with Interim	Component		
X Settlement based on cost		_		-		
Prior Provider Prospective data						
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semester X FA & RFA #	-	C FYE 7/31/2	012		
<u>Distribution:</u> Contract Management / Fiscal Agent	Yndia Rutland Medicaid Cost Reimbursement Planning and Finance					
Permanent File	Tizalizata Cost Tellinot					
For Information Only						
No Change in Rate						
Home Office: ZLDXY Report Calculated: 12/4/2024 3:20:14 PM Report Calculated: 12/4/2024 AT PM Report Calculated: 12/4/2024 AT PM Report Calculated: 12/4/2024 AT PM R	rt Printed :12/4/2024 ID: 0438	6707312012	2020120120801	2013095017		



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Tallahassee, Florida 32308

WEDGEWOOD HEALTHCARE CENTER			Provi	ider Number:		0 043867-00		
1010 CARPEN	NTERS WAY		Date	:		12/4/2024		
LAKELAND,	FL 33809-3926	5	Fisca	l Year End:		7/31/20	12	
			Audi	t Status:		Revised Field Audit		
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 233.76	New <u>Rate</u> 233.26	Effective <u>Date</u> 7/1/2014		
Rate	е Туре:							
	Interim		X Pro	spective				
		Total Interim		_	ıl Prospective	;		
		Interim Component			=	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Budget Unaudited costs X Field audited costs Desk audited costs			Changes	Rate Semes	_	C FYE 7/31/2	012	
Distribution: Contract Management / Fiscal Agent			Yndia Rutland Medicaid Cost Reimbursement Planning and Finance					
Permanent Fil	le		1,1001	Line Cost Rolli	discinont I			
For In	nformation Only							
	nange in Rate							
	ome Office:	ulated: 12/4/2024 3:20:14 DM	ort Drintad :12/4/	2024 ITs. 04	386707212014	202012012000	2012005017	
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Tallahassee, Florida 32308

WEDGEWOOD HEALTHCARE CENTER	Provider Number:		0 043867-00 12/4/2024			
1010 CARPENTERS WAY	Date:					
LAKELAND, FL 33809-3926	Fiscal Year End:)15			
	Audit Status:		Field Aud	lited		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 201.89	New <u>Rate</u> 201.55	Effective <u>Date</u> 9/1/2016		
Rate Type:						
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		ıl Prospective ıl Prospective	with Interim	Component		
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semester Change X Field Audit #NH16-147C FYE 1 effects of FA & RFA #NH13-20 7/31/2012					
Distribution: Contract Management / Fiscal Agent Permanent File X For Information Only X No Change in Rate	Yndia Rutland Medicaid Cost Reimbursement Planning and Finance					
Home Office: ZLDXY Report Calculated: 12/4/2024 3:20:14 PM Report	Printed: 12/4/2024 ID: 04	386712312015	5010120150425	52016125649		



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Tallahassee, Florida 32308

WEDGEWOOD HEALTHCARE CENTER			Provid	ler Number:		0 043867-00		
1010 CARPENTERS WAY		Date:						
LAKELAND, F	FL 33809-3926		Fiscal	Year End:	12/31/2015			
			Audit	Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 209.73	New <u>Rate</u> 209.38	Effective		
Rate	Type:							
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Pros		l Prospective l Prospective	with Interim	Component	
Basis:	Budget Unaudited co Field audited Desk audited	l costs	Changes: Rate Semester Change X Field Audit #NH16-147C FYE 12/31/20 effects of FA & RFA #NH13-209C FY 7/31/2012					
Permanent FileFor Inf	gement / Fiscal	Agent	Medica		India Rutlan Abursement P	d lanning and F	ïnance	
	me Office:							
ZLDXY	Report Calcu	lated: 12/4/2024 3:20:14 PM Repo	rt Printed:12/4/20	024 ID: 04	386712312015	010120150425	52016125649	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VISTA MANOR		Provider Number:		0 061109-00		
1550 JESS PARRISH CT	Date:	10/8/2020				
TITUSVILLE, FL 32796-21	Fiscal Year End:		12/31/20	15		
		Audit Status:		Field Aud	lited	
Provider Type:			Current Rate	New <u>Rate</u> 195.39	Effective <u>Date</u> 9/1/2016	
Nursing Home Sing	gle Level		<u>195.83</u>			
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	tar Changa			
Budget			-155C FYE 1	2/31/2015		
Unaudited	costs					
X Field audit	ted costs					
Desk audit	ted costs					
Distribution:	_		Yndia Rutla	ınd		
Contract Management / Fisca	al Agent	Medicaid Cost Reim	bursement P	lanning and F	ïnance	
Permanent File						
For Information Onl	y					
No Change in Rate						
Home Office:	CMCII					
	800 Concourse Parkway South Maitland, FL 32751					
76400 Report Cal	culated: 10/8/2020 10:57:16 AM Report Pr	inted :10/8/2020 ID: 06	110912312015	5010120150425	32016143442	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VISTA MANOR 1550 JESS PARRISH CT TITUSVILLE, FL 32796-2147		Provider Number:		0 061109-00		
			Date:	10/8/20		0
		Fiscal Year End:		12/31/2015		
			Audit Status:		Field Aud	lited
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 199.00	New <u>Rate</u> 198.54	Effective <u>Date</u> 9/1/2017
Rate	e Type:					
	Interim		X Prospective			
	_	Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	-	Prior Provider Prospective data				
Basis:			Changes:			
	D 1 .		Rate Semes	_	0/04/0045	
	Budget Unaudited	-	X FA #NH16	-155C FYE 1	2/31/2015	
X	Field audit					
Λ	Desk audit					
		Lea Costs				
<u>Distributio</u>	<u>n:</u>			Yndia Rutla	and	
Contract Mana	agement / Fisca	al Agent	Medicaid Cost Rein			inance.
Permanent Fil	e					
For In	formation Only	y				
No Ch	ange in Rate					
Ha	ome Office:	CMCII				
		800 Concourse Parkway South				
		Maitland, FL 32751				
76AQ0	Report Cal		Printed: 10/8/2020 ID: 06	110912312015	5010120150425	52016143442



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GOOD SAMARITAN SOCI	Provider Number:		0 205303-00			
1500 SOUTHGATE DRIVE	Date:	4/23/2020				
KISSIMMEE, FL 34746	Fiscal Year End:		1/31/20	16		
		Audit Status:		Field Aud	lited	
Provider Type:					T.00	
			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	gle Level		<u>224.61</u>	224.47	<u>9/1/2016</u>	
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	ter Change			
Budget		X Field Audit	#16-031L F	YE 1/31/2016	5	
Unaudited	l costs					
X Field audi						
Desk audi	ited costs					
Distribution:			Zainab Day			
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File						
For Information On	ly					
No Change in Rate						
Home Office:	Evangelical Lutheran Good Samarita	n				
	4800 West 57th Street					
	Sioux Falls, SD 57117					
IIAOHP Report Ca	lculated: 4/23/2020 2:04:04 PM Report	Printed :4/23/2020 ID: 20	530301312014	5020120150420	02016132432	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GOOD SAMARITAN SOCIETY-KISSIMMEE VILLAGE			Provider Number:		0 205303-00		
1500 SOUTHGATE DRIVE KISSIMMEE, FL 34746			Date:		4/23/2020		
			Fiscal Year End:		12/31/20	016	
			Audit Status:		Unaudit	ed	
Provider Type:				Current	New	Effective	
N • T G•				Rate	Rate	<u>Date</u>	
Nursing Home Sing	gle Level			<u>230.32</u>	<u>230.45</u>	<u>9/1/2017</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:		Cha	nges:				
			Rate Semes	•			
Budget			X Effects of l	Field Audit #1	6-031L FYE	1/31/2016	
X Unaudited							
Field audi							
Desk audi	ted costs						
Distribution:							
Contract Management / Fisc	al Agent			Zainab Day			
Permanent File	ui rigent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
For Information Onl	у						
No Change in Rate							
Home Office:	Evangelical Lutheran Good Sama 4800 West 57th Street Sioux Falls, SD 57117	ritan					
UAOHP Report Cal		ort Printed	:4/23/2020 ID: 20	0530312312016	020120160328	32017085709	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HIGHLAND PINES REHABILITATION CENTER 1111 S HIGHLAND AVE CLEARWATER, FL 33756			Provider Nu	ımber:		0 263907-00		
			Date:		10/28/2024			
			Fiscal Year End:	End:	12/31/2013			
			Audit Status	s:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level					Current Rate	New Rate	Effective Date	
Nursing Hor	ne sing	ie Levei			<u>205.14</u>	<u>200.58</u>	7/1/2014	
Rate	Type:							
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Prospectiv	Total	Prospective Prospective	with Interim	Component	
Basis:	Budget Unaudited Field audit Desk audit	ed costs			er Change †NH14-0930	C FYE 12/31/	2013	
Distribution: Contract Management / Fiscal Agent Permanent File		Yndia Rutland Medicaid Cost Reimbursement Planning and Finance						
	ormation Only	7						
Ног	me Office:	No Home Office						
VDCBK	Report Calo	culated: 10/28/2024 4:04:23 PM Repo	rt Printed :10/28/2024	ID: 2639	90712312013	3010120130421	2014163359	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HIGHLAND PINES REHABILITATION CENTER 1111 S HIGHLAND AVE CLEARWATER, FL 33756			Provider Num	ber:	0 263907-00 10/28/2024 12/31/2013		
			Date:				
			Fiscal Year End:	nd:			
			Audit Status:		Revised Field	d Audit	
Provider Type:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Hor	me Sing	le Level		<u>207.47</u>	<u>202.85</u>	<u>1/1/2015</u>	
Rate	Type:						
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Prospective X	Total Prospective Total Prospective		Component	
Basis:	Budget Unaudited Field audite Desk audite	ed costs		Gemester Change RFA #NH14-093	C FYE 12/31/	2013	
Distribution: Contract Management / Fiscal Agent Permanent FileFor Information Only		Yndia Rutland Medicaid Cost Reimbursement Planning and Finance					
	ange in Rate						
Ho	me Office:	No Home Office					
VDCBK	Report Calo	culated: 10/28/2024 4:04:23 PM Repo	rt Printed :10/28/2024	ID: 26390712312013	3010120130421	2014163359	



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Tallahassee, Florida 32308

HIGHLAND PINES REHABILITATION CENTER		Provid	der Number:		0 263907-00			
1111 S HIGHLAND AVE CLEARWATER, FL 33756			Date:			10/28/2024		
			Fiscal Year End:	12/31/2013				
			Audit	Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level				Ra	Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
					<u>207.72</u>			
Rate Ty	pe:							
Int	erim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Pros		l Prospective l Prospective	with Interim	Component	
X	Budget Unaudited c Field audited Desk audited	d costs	Changes:	Rate Semes	_	C FYE 12/31/	2013	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only		Yndia Rutland Medicaid Cost Reimbursement Planning and Finance						
No Change	-							
Home	Office:	No Home Office						
VDCBK	Report Calcu	lated: 10/28/2024 4:04:23 PM Repo	rt Printed :10/28/	2024 ID: 26	390712312013	3010120130421	12014163359	