



MEMORANDUM

Date: February 26, 2025

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

GR 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>	Type of Action	Number of Rate
		<u>Number</u>		Change Notices
1.	West Broward Rehabilitation and	0-026536-00	FA	2
	Healthcare			
2.	Seminole Pavilion Rehabilitation and	0-122236-00	FA	2
	Nursing Services			
3.	Freedom Square Rehabilitation and	0-122239-00	FA & RFA	2
	Nursing Center			
4.	Cypress Village	0-122242-00	FA	4
5.	The Gardens at DePugh Nursing	0-201588-00	FA	3
	Center			
6.	Pines of Sarasota	0-202703-00	FA	2
7.	Jackson Memorial Perdue Medical	0-203670-00	FA	1
	Center			
8.	The Terrace at Bishop's Glenn	0-209511-00	FA	3
9.	Avante at Orlando	0-223808-00	FA	2
10.	Stuart Rehabilitation and Healthcare	0-251673-00	CS	1
11.	Abbey Rehabilitation and Nursing	0-263958-00	FA & RFA	2
	Center			
12.	Valencia Hills Health and	0-265560-00	FA	1
	Rehabilitation Center			



13.	The Springs at Boca Ciega Bay	0-267724-00	FA	1
14.	Heartland Health Care Center- Ft.	0-325325-00	FA & RFA	2
	Myers			
			<u>Total:</u>	28

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

YR/ah

		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective Date	_					
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
002653600	20160901	259.42	259.42	259.42	259.42	95825-25	NH18-009L
002653600	20170901	266.30	266.30	266.30	266.30	95825-25	NH18-009L
012223600	20160901	220.13	220.13	220.13	220.13	95825-25	NH16-003L
012223600	20170901	223.70	223.70	223.70	223.70	95825-25	NH16-003L
012223900	20160901	214.18	214.18	214.18	214.18	95825-25	NH15-148G
012223900	20170901	218.45	218.45	218.45	218.45	95825-25	NH15-148G
012224200	20150101	219.21	219.21	219.21	219.21	95825-25	NH15-048C
012224200	20150901	219.57	219.57	219.57	219.57	95825-25	NH15-048C
012224200	20160901	231.48	231.48	231.48	231.48	95825-25	NH15-048C
012224200	20170901	235.19	235.19	235.19	235.19	95825-25	NH15-048C
020158800	20140701	222.51	222.51	222.51	222.51	95825-25	NH14-146C
020158800	20150101	227.65	227.65	227.65	227.65	95825-25	NH14-146C
020158800	20150901	230.10	230.10	230.10	230.10	95825-25	NH14-146C
020270300	20140701	265.19	265.19	265.19	265.19	95825-25	NH14-090C
020270300	20150101	269.14	269.14	269.14	269.14	95825-25	NH14-090C
020367000	20150901	264.38	264.38	264.38	264.38	95825-25	NH15-135C
020951100	20150901	243.03	243.03	243.03	243.03	95825-25	NH15-095C
020951100	20160901	254.58	254.58	254.58	254.58	95825-25	NH15-095C
020951100	20170901	256.75	256.75	256.75	256.75	95825-25	NH15-095C
022380800	20160901	235.13	235.13	235.13	235.13	95825-25	NH15-046C
022380800	20170901	239.85	239.85	239.85	239.85	95825-25	NH15-046C
025167300	20180808	225.96	225.96	225.96	225.96	95825-25	
026395800	20150901	220.22	220.22	220.22	220.22	95825-25	NH15-010G
026395800	20160901	222.03	222.03	222.03	222.03	95825-25	NH15-010G
026556000	20150901	194.24	194.24	194.24	194.24	95825-25	NH15-101C
026772400	20150901	230.12	230.12	230.12	230.12	95825-25	NH15-102C
032532500	20150901	213.03	213.03	213.03	213.03	95825-25	NH16-087C
032532500	20160901	213.71	213.71	213.71	213.71	95825-25	NH16-087C



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Tallahassee, Florida 32308

WEST BROWARD REHABILITATION AND HEALTHCARE		Provider Number: 0 026536-00					
7751 W BROV	WARD BLVD		Date: 2/21/2025			25	
PLANTATION	N, FL 33324		Fiscal Year End: 12/31/2015)15		
			Audit Status:		Revised Field	d Audit	
Provider Ty Nursing Ho	· -	gle Level	<u>Rate</u> <u>Rate</u>		Effective		
Rate	e Type:						
	Interim		X Prospective				
	_	Total Interim		otal Prospective	:		
		Interim Component	T	otal Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	Budget Unaudited Field audit Desk audit	ted costs		nester Change FA #NH18-009	Change H18-009L FYE 12/31/2015		
Distributio				Yndia Rutlan	d		
	agement / Fisca	al Agent	Medicaid Cost Re	eimbursement P	lanning and F	inance	
Permanent Fil							
For In	formation Only	y					
No Ch	ange in Rate						
Но	ome Office:	Royal Meridian Management Com 3777 Royal Palm Ave Miami, FL 33140	pany, LLC				
4K7V2	Report Cal	culated: 2/21/2025 4:36:20 PM Repor	rt Printed :2/21/2025 ID:	02653612312014	501012015042	72016145017	



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WEST BROWARD REHABILITATION AND HEALTHCARE 7751 W BROWARD BLVD			Provid	der Number:		0 026536-00		
			Date:			2/21/202	25	
PLANTATION	N, FL 33324		Fiscal	Year End:		12/31/20)15	
			Audit	Status:		Revised Field	d Audit	
Provider Ty	pe:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	le Level			<u>268.96</u>	<u>266.30</u>	9/1/2017	
Date	Typo							
Kate	e Type:							
	Interim		X Pros	pective				
	_	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	FA & RFA	#NH18-009	L FYE 12/31/	2015.	
	Unaudited	costs						
X	Field audit	ed costs						
	Desk audit	ed costs						
Distribution	<u>n:</u>			Y	ndia Rutlan	d		
Contract Mana	agement / Fisca	l Agent	Medic	aid Cost Rein			inance	
Permanent File	e					8 1		
For In	formation Only	I						
No Ch	ange in Rate							
11 .	oma Office	D. J.M. d.T. M						
Но	ome Office:	Royal Meridian Management Co. 3777 Royal Palm Ave Miami, FL 33140	mpany, LLC					
4K7V2	Report Cald	culated: 2/21/2025 4:36:20 PM Rer	oort Printed :2/21/2	025 ID: 02	65361231201	5010120150427	72016145017	



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Tallahassee, Florida 32308

SEMINOLE PAVILION REHABILITATION & NURSING SERVICES			CES Provide	Provider Number: 0 122236-00				
10800 TEMPLE TERRACE			Date:			10/28/20	20	
SEMINOLE, FI	L 33772		Fiscal Y	ear End:		12/31/2015		
			Audit S	tatus:		Field Aud	lited	
Provider Ty		gle Level			Current <u>Rate</u> 220.18	New <u>Rate</u> 220.13	Effective	
Rate	Туре:							
	Interim		X Prospe	ective				
	<u> </u>	Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:	Budget Unaudited costs			Rate Semes Field Audi	_	L FYE 12/31/	/2015	
Distribution	<u>:</u>				Zainab Day			
Contract Manag		al Agent	Medicai	d Cost Rein		lanning and F	inance	
Permanent File			1,10010111	0000 110111				
For Inf	ormation Onl	у						
No Cha	nge in Rate							
Ног	me Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027						
QTQ2E	Report Cal	culated: 10/28/2020 3:44:01 PM Repor	t Printed :10/28/20)20 ID: 12	223612312015	010120150524	12016142149	



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SEMINOLE PAVII	EMINOLE PAVILION REHABILITATION & NURSING SERVICES			Provider Number: 0 122236-00				
10800 TEMPLE TE	ERRACE		Date:	Date: 10/28/2020				
SEMINOLE, FL 33	3772		Fiscal	Year End:		12/31/20)15	
			Audit	Status:		Field Aud	lited	
Provider Type: Nursing Home	Single	e Level			Current <u>Rate</u> 223.76	New <u>Rate</u> 223.70	Effective	
Rate Ty	pe:							
Inte	erim		X Pros	pective				
-		Total Interim		=	al Prospective			
_		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Budget Unaudited costs X Field audited costs Desk audited costs		l costs	Changes: Rate Semester Change Field Audit #NH16-003L FYE 12/31/2015					
Distribution:	. (E: 1	•			Zainab Day			
Contract Managem Permanent File	ent / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance					
For Inform	ation Only							
No Change	-							
_								
Home (Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027						
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FREEDOM SQUARE REHABILITATION & NURSING SERVICES			Provider Number:		0 122239-00		
10801 JOHNS	ON BLVD		Date:		10/27/2020		
SEMINOLE, F	L 33772		Fiscal Year End:		12/31/20	15	
			Audit Status:		Revised Field	d Audit	
Provider Ty	pe:						
·	1			Current	New	Effective	
				<u>Rate</u>	Rate	<u>Date</u>	
Nursing Ho	me Sing	le Level		<u>222.73</u>	<u>214.18</u>	<u>9/1/2016</u>	
Rate	Type:						
	Interim		V Dunanation				
	- interim	Total Interim	X Prospective X Tota	l Prospective			
		Interim Component		=	with Interim	Component	
		Settlement based on cost	10ta	i i rospective	with interim	Component	
		Prior Provider Prospective data					
		Filor Flovider Flospective data					
Basis:			Changes:				
Dasis.			Rate Semes	tor Changa			
	Budget	-		_	G FYE 12/31/	2015	
	Unaudited	costs	A	. W1 11113 140	OT TE 12/31/	2013	
X	Field audit						
	Desk audit						
Distribution	1:			V dia D4la			
Contract Mana		al Agent -		Yndia Rutla			
Permanent File	•		Medicaid Cost Reim	ibursement P	lanning and F	inance	
For Inf	formation Onl	v					
	ange in Rate	•					
	_						
Но	me Office:	Brookdale Senior Living, Inc.					
		111 Westwood Place					
		Suite 400					
		Brentwood, TN 37027					
VXW1P	Report Cal	culated: 10/27/2020 9:33:01 AM Report P	Printed :10/27/2020 ID: 12	223912312014	010120150608	2016142942	



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Tallahassee, Florida 32308

FREEDOM SQUARE REH	Provider Number:		0 122239-00			
10801 JOHNSON BLVD		Date: 10/27/2020			20	
SEMINOLE, FL 33772		Fiscal Year End:		12/31/20)15	
		Audit Status:		Revised Field	d Audit	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home Sin	gle Level		<u>226.33</u>	<u>218.45</u>	<u>9/1/2017</u>	
Rate Type:						
Interim		X Prospective				
miterim	Total Interim		l Prospective			
	Interim Component		_	with Interim	Component	
	Settlement based on cost		1		Ι	
	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semes	ter Change			
Budget				G FYE 12/31/	/2015	
Unaudite	d costs					
X Field aud	ited costs					
Desk aud	ited costs					
Distribution:			Yndia Rutla	ınd		
Contract Management / Fisc	cal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File		Wedleard Cost Rein	ioursement r	iaiiiiiig and i	mance	
For Information On	ıly					
No Change in Rate						
Home Office:	Brookdale Senior Living, Inc.					
	111 Westwood Place					
	Suite 400					
	Brentwood, TN 37027					
VXW1P Report Co		Printed :10/27/2020 ID: 12	223012212014	(010120150609	22016142042	



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Tallahassee, Florida 32308

CYPRESS VILLAGE		Provider Number:		0 122242-00			
4600 MIDDLE	TON PARK C	CIR E	Date:		11/12/2020		
JACKSONVIL	LE, FL 32224	4	Fiscal Year End:		12/31/20	13	
			Audit Status:		Field Aud	ited	
Provider Ty	pe:						
·	•			Current	New	Effective	
NI II.	G.	1. 7 1		Rate	<u>Rate</u>	<u>Date</u> 1/1/2015	
Nursing Ho	me Sing	gle Level		223.40	<u>219.21</u>	1/1/2015	
Rate	Type:						
	Interim		X Prospective				
	-	Total Interim		l Prospective			
		Interim Component		=	with Interim	Component	
		Settlement based on cost		ar rospective	With Internit	component	
		Prior Provider Prospective data					
Basis:			Changes:				
Du bib.			Rate Semes	ter Change			
	Budget			_	C FYE 12/31	/2013	
	Unaudited	costs	The state of the s	(1110 0 10	.011212,01	, 2010	
X	— Field audit						
	— Desk audit						
Distribution	<u>1:</u>			Zainab Day			
Contract Mana	gement / Fisca	al Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	;				. 8		
For Inf	formation Only	y					
No Cha	inge in Rate						
Но	me Office:	Brookdale Senior Living, Inc.					
		111 Westwood Place					
		Suite 400					
		Brentwood, TN 37027					
ZUOLW	Report Cal	culated: 11/12/2020 2:29:17 PM Report	Printed :11/13/2020 ID: 30	799812312013	8010120131027	2014085432	



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Tallahassee, Florida 32308

CYPRESS VILLAGE		Provider Number: 0 122242-0			-00		
4600 MIDDLE	TON PARK C	CIR E	Date:		11/12/2020		
JACKSONVIL	LE, FL 32224	1	Fiscal Year End:		12/31/20)13	
			Audit Status:		Field Aud	lited	
Provider Ty	pe:						
-	_			Current	New	Effective	
				<u>Rate</u>	Rate	<u>Date</u>	
Nursing Hor	me Sing	le Level		<u>223.86</u>	<u>219.57</u>	<u>9/1/2015</u>	
Rate	Type:						
	Interim		X Prospective				
	-	Total Interim		otal Prospective			
		Interim Component		otal Prospective		Component	
		Settlement based on cost		•		•	
		Prior Provider Prospective data					
Basis:			Changes:				
	_			nester Change			
	Budget		X Field Au	dit #NH15-048	BC FYE 12/31	1/2013	
	Unaudited	costs					
X	Field audit	ed costs					
	Desk audit	red costs					
Distribution	<u>ı:</u>			Zainab Day			
Contract Mana	gement / Fisca	al Agent	Medicaid Cost Re	eimbursement P	lanning and F	Finance	
Permanent File	;						
For Inf	formation Only	y					
No Cha	inge in Rate						
Hor	me Office:	Brookdale Senior Living, Inc.					
		111 Westwood Place					
		Suite 400					
		Brentwood, TN 37027					
ZUOLW	Report Cal	culated: 11/12/2020 2:29:17 PM Repo	rt Printed :11/13/2020 ID:	30799812312013	801012013102	72014085432	



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Tallahassee, Florida 32308

CYPRESS VILLAGE		Provider Number:		0 122242-00 11/12/2020		
4600 MIDDLETON PAR	600 MIDDLETON PARK CIR E		-			
JACKSONVILLE, FL 32	224	Fiscal Year End:		12/31/2015		
		Audit Status:		Unaudit	ed	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home Si	ingle Level		<u>231.59</u>	<u>231.48</u>	<u>9/1/2016</u>	
Rate Type:						
Interim		X Prospective				
	Total Interim	·	al Prospective			
-	Interim Component		al Prospective		Component	
	Settlement based on cost		•		1	
	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semes	ster Change			
Budget		X Field Audi	t #NH15-048	C FYE 12/31	/2013	
X Unaudi	ted costs					
Field a	udited costs					
Desk at	udited costs					
Distribution:			Zainab Day			
Contract Management / F	iscal Agent	Medicaid Cost Rein		lanning and F	inance	
Permanent File				C		
For Information (Only					
No Change in Rat	e					
Home Office:	Brookdale Senior Living, Inc.					
	111 Westwood Place					
	Suite 400					
	Brentwood, TN 37027					
ZUQLW Report	Calculated: 11/12/2020 2:29:17 PM Repo	rt Printed:11/13/2020 ID: 12	224212312015	010120150524	12016143421	



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Tallahassee, Florida 32308

CYPRESS VILLAGE 4600 MIDDLETON PARK CIR E			Provider Number:		0 122242-00 11/12/2020		
			Date:				
JACKSONVIL	LE, FL 32224		Fiscal Year End:		12/31/2015		
			Audit Status:		Unaudit	ed	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	le Level		<u>235.30</u>	235.19	9/1/2017	
Rate	Type:						
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		al Prospective al Prospective		Component	
Basis:	Budget Unaudited Field audite Desk audite	ed costs		ester Change lit #NH15-048	3C FYE 12/31	/2013	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Zainab Day Medicaid Cost Reimbursement Planning and Finance					
	me Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027					
ZUQLW	Report Calc	rulated: 11/12/2020 2:29:17 PM Repo	ort Printed:11/13/2020 ID: 1	2224212312015	5010120150524	2016143421	



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THE GARDENS AT DEPUGH NURSING CENTER			Provi	der Number:		0 201588-00 3/26/2020		
550 W MORSI	550 W MORSE BLVD							
WINTER PAR	RK, FL 32789		Fisca	l Year End:		12/31/20	013	
			Audit	Status:		Field Audited		
Provider Type:					Current Rate	New <u>Rate</u>	Effective Date	
Nursing Ho	ome Sing.	le Level			<u>225.55</u>	<u>222.51</u>	7/1/2014	
Rate	е Туре:							
	Interim		X Pros	spective				
	_	Total Interim		-	ıl Prospective	:		
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis: Budget Unaudited costs X Field audited costs			Changes:	Rate Semes	_	C FYE 12/31	/2013	
	Desk audite	ed costs						
<u>Distributio</u>				Y	ndia Rutlan	d		
	agement / Fisca	l Agent	Medic	aid Cost Rein	nbursement P	lanning and F	inance	
Permanent Fil	e							
For In	formation Only	7						
No Ch	ange in Rate							
Но	ome Office:	No Home Office						
MDQJE	Report Calc	culated: 3/26/2020 10:41:10 AM Repo	ort Printed :2/4/20)25 ID: 20	158812312013	3010120130414	42014175206	



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Tallahassee, Florida 32308

ear End:	12/3	5/2020 1/2013		
itus:	Eigld			
	rieiu	Audited		
	rent New ate Rate			
230	<u>).69</u> <u>227.6</u>	<u>1/1/2015</u>		
Total Pros	=	erim Component		
	-	2/31/2013		
Yndia Rutland Medicaid Cost Reimbursement Planning and Finance				
F	Field Audit #NH Yndia			



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THE GARDENS AT DEPUGH NURSING CENTER			Provide	er Number:		0 201588-00		
550 W MORSI	550 W MORSE BLVD			Date:		3/26/2020		
WINTER PAR	RK, FL 32789		Fiscal `	Year End:		12/31/20	013	
			Audit S	Status:		Field Audited		
Provider Type: Nursing Home Single Level				Ra	Current Rate	New Rate	Effective Date	
Nursing Ho	ome Sing.	ie Levei			232.68	230.10	9/1/2015	
Rate	e Type:							
	Interim		X Prosp	ective				
	_	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 Field Audit	_	C FYE 12/31/	/2013	
	Unaudited	costs						
X	Field audite	ed costs						
	Desk audite	ed costs						
Distributio	<u>n:</u>			Y	ndia Rutlan	d		
Contract Mana	agement / Fisca	l Agent	Medica			lanning and F	inance	
Permanent Fil	e					C		
For In	formation Only	1						
No Ch	ange in Rate							
Но	ome Office:	No Home Office						
MDQJE	Report Calc	culated: 3/26/2020 10:41:10 AM Repo	ort Printed :2/4/202	5 ID: 20	158812312013	3010120130414	12014175206	



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PINES OF SARASOTA			Provider Number: 0 202703-00				
1501 N ORANGE AVE			Date:	10/20/2020			
			Fiscal Year End:	7/31/2013			
SARASOTA, FL 34236-2631			Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 266.50	New <u>Rate</u> <u>265.19</u>	Effective <u>Date</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 data						
Basis:		Cho	nges:				
Dusis.		Ciia	Rate Semes	ter Change			
Budget				_	C FYE 7/31/2	2013	
Unaudited	costs						
X Field audite	ed costs						
Desk audite	ed costs						
D:-(-:\							
Distribution: Contract Management / Fisca	1 A cont			Yndia Rutla			
Permanent File	Agent		Medicaid Cost Reim	bursement P	lanning and F	inance	
For Information Only							
No Change in Rate							
Home Office:							
HQTE8 Report Calc	ulated: 10/20/2020 12:12:07 PM Repo	nt Dnints 1	:10/20/2020 ID: 20	270207212012	308012012041:	52014142227	
rigino inchorregio	uiuιου. 10/20/2020 12.12.0/ ΓΝΙ Κυμυ	111111111111111111111111111111111111111	.10/20/2020 [10.20	<u>-,050,514013</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/_U1T1 T /_////	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PINES OF SARASOTA			Provider Number: 0 202703-00				
1501 N ORANGE AVE			Date:		10/20/2020		
			Fiscal Year End:	7/31/2013			
SARASOTA, FL 34236-2631			Audit Status:		Field Aud	lited	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single	e Level			<u>270.92</u>	269.14	1/1/2015	
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:		Cha	ngage				
Dasis.		Clia	Rate Semes	ter Change			
Budget				_	C FYE 7/31/2	2013	
Unaudited of	costs						
X Field audite	ed costs						
Desk audite	ed costs						
D' / '' /'							
<u>Distribution:</u>	I A ~~~			Yndia Rutla	nd		
Contract Management / Fiscal	1 Agent		Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent File							
For Information Only							
No Change in Rate							
Home Office:							
HQTE8 Report Calc	ulated: 10/20/2020 12:12:07 PM Repor	rt Drintad	:10/20/2020 ID: 20	270207212013	3080120120415	52014142227	
report Care	aracoa. 10/20/2020 12.12.0/ 1 WI Kepul	i i i i i i i i i i i i i i i i i i i	.10/20/2020 110.20	2,000,0121201.	,00012012041.	/20171 7 4444/	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACKSON MEMORIAL PERDUE MEDICAL CENTER 19590 OLD CUTLER ROAD CUTLER RIDGE, FL 33157				Provider Number:		0 203670-00 11/6/2020 9/30/2014		
				Date:				
				Fiscal Year End:				
				Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level					Current <u>Rate</u> 265.55	New <u>Rate</u> 264.38	Effective <u>Date</u> 9/1/2015	
Rate	e 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:				1				
Dasis:			Cna	nges:	ton Changa			
	Budget			Rate Semes Field Audi	_	C FYE 9/30/2	2014	
	Unaudited	costs						
X	Field audite	ed costs						
	Desk audite	ed costs						
Distribution	<u>n:</u>				Yndia Rutla	nd		
Contract Mana	agement / Fisca	l Agent		Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent File	e							
For In	formation Only	/						
No Cha	ange in Rate							
Но	ome Office:	No Home Office						
110		2.3 1101110						
8I8NU	Report Calc	culated: 11/6/2020 9:45:16 AM Report	rt Printed	:11/6/2020 ID: 20	367009302014	100120130423	32015140959	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE AT BISHOP'S GLENN	Provider Number:		0 209511-00 5/11/2020 9/30/2014			
900 LPGA BLVD	Date:					
HOLLY HILL, FL 32117-3100	Fiscal Year End:					
	Audit Status:		Field Aud	ited		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 247.79	New <u>Rate</u> 243.03	Effective <u>Date</u> 9/1/2015		
Rate Type:						
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component		
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semes X Field Audit	_	C FYE 9/30/2	2014		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Yndia Rutland Medicaid Cost Reimbursement Planning and Finance					
Home Office: N6JLH Report Calculated: 5/11/2020 10:02:52 AM Report I	Printed :2/4/2025 ID: 20	05110030201/	4100120130514	12015005248		



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Tallahassee, Florida 32308

THE TERRACE AT BISHOP'S GLENN 900 LPGA BLVD			Prov	vider Number:		0 209511-00 5/11/2020			
			Date):					
HOLLY HILL	, FL 32117-310	0	Fisc	al Year End:		9/30/2015			
			Audit Status:			Unaudit	ed		
Provider Type:					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	ome Singl	e Level			<u>256.30</u>	<u>254.58</u>	<u>9/1/2016</u>		
Rate	e Type:								
	Interim		X Pro	ospective					
		Total Interim			al Prospective				
		Interim Component		Tota	al Prospective	with Interim	Component		
		Settlement based on cost							
		Prior Provider Prospective data							
Basis: Budget X Unaudited costs Field audited costs			Changes	Rate Semes	ster Change Field Audit #l	NH15-095C I	FYE		
	Desk audite	d costs							
<u>Distributio</u>	<u>n:</u>			Y	/ndia Rutlan	d			
Contract Mana	agement / Fiscal	Agent	Medi	icaid Cost Rein			inance		
Permanent Fil	e					-			
For In	formation Only								
No Ch	ange in Rate								
	ome Office:								
N6JLH	Report Calcu	ulated: 5/11/2020 10:02:52 AM Repo	ort Printed :2/4/2	2025 ID: 20	951109302015	100120140224	12016152004		



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Tallahassee, Florida 32308

THE TERRACE AT BISHOP'S GLENN 900 LPGA BLVD			Provi	der Number:		0 209511-00			
			Date:	Date:		5/11/2020			
HOLLY HILL	, FL 32117-310	0	Fisca	l Year End:		9/30/2016			
			Audit Status:	t Status:		Unaudit	ed		
Provider Type: Nursing Home Single Level					Current <u>Rate</u>	New <u>Rate</u> 256.75	Effective <u>Date</u>		
					<u>258.46</u>		<u>9/1/2017</u>		
Rate	е Туре:								
	Interim	Total Interim Interim Component	X Pro		al Prospective	with Interim	Component		
		Settlement based on cost Prior Provider Prospective data		100	ii i iospective	with interim	Component		
Budget X Unaudited costs Field audited costs Desk audited costs			Changes	Rate Semes	_	NH15-095C I	FYE		
Distributio	n: agement / Fiscal	Agent			'ndia Rutlan				
Permanent Fil	•	Agent	Medicaid Cost Reimbursement Planning and Finance						
	formation Only								
	ange in Rate								
	ome Office:								
N6JLH	Report Calcu	ulated: 5/11/2020 10:02:52 AM Repo	ort Printed :2/4/20	025 ID: 20	951109302016	5100120150417	72017162901		



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Tallahassee, Florida 32308

AVANTE AT ORLANDO INC. 2000 NORTH SEMORAN BOULEVARD			Provider Number:		0 223808-00 1/20/2021		
			Date:				
ORLANDO, FI	L 32807		Fiscal Year End:		12/31/2015		
			Audit Status:		Field Audited		
Provider Ty	ne:						
,	r			Current	New	Effective	
				Rate	<u>Rate</u>	<u>Date</u>	
Nursing Ho	me Sing	gle Level		<u>248.16</u>	<u>235.13</u>	<u>9/1/2016</u>	
Rate	Type:						
	T		W. D. d				
	_Interim	Tatal Interior	X Prospective	1 D			
		Total Interim Interim Component		al Prospective	with Interim	Component	
		Settlement based on cost	10ta	ii Prospective	with interim	Component	
		Prior Provider Prospective data					
Basis:			Changes:				
Dasis.				otan Chamaa			
	Budget		Rate Semes Field Audi	_	C FYE 12/31/	/2015	
	Unaudited	costs	A Tield Mudi	t #1 11 113 040	CT TE 12/31/	2013	
X	Field audit						
	Desk audit						
Distribution	<u>a:</u>			Zainab Day			
Contract Mana	gement / Fisca	al Agent	Medicaid Cost Rein			inance	
Permanent File	2						
For In	formation Only	y					
No Cha	ange in Rate						
Но	me Office:	Avante Group, Inc.					
110		4601 Sheridan Street					
		Suite 500					
		Hollywood, FL 33021-6744					
~KU5B	Report Cal	-	Printed :1/20/2021 ID: 22	280812212014	5010120150425	32016144210	



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Tallahassee, Florida 32308

AVANTE AT ORLANDO INC.			Provider Number:		0 223808-00		
2000 NORTH	SEMORAN B	OULEVARD	Date:		1/20/2021		
ORLANDO, FI	L 32807		Fiscal Year End:		12/31/2015		
			Audit Status:		Field Audited		
Provider Ty	ne:						
,				Current	New	Effective	
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing Ho	me Sing	gle Level		<u>253.22</u>	<u>239.85</u>	<u>9/1/2017</u>	
Rate	Type:						
Nate	урс.						
	Interim		X Prospective				
	_	Total Interim		al Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost		•		•	
		Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget			_	C FYE 12/31	/2015	
	Unaudited	costs					
X	Field audit	ted costs					
	Desk audit	ted costs					
							
Distribution	<u>n:</u>			Zainab Day			
Contract Mana	igement / Fisca	al Agent	Medicaid Cost Rein		lanning and F	inance	
Permanent File	e				Ç		
For In	formation Onl	у					
	ange in Rate						
Но	me Office:	Avante Group, Inc.					
		4601 Sheridan Street					
		Suite 500					
		Hollywood, FL 33021-6744					
CKI15B	Report Cal	culated: 1/20/2021 1:51:35 PM Report	Printed ·1/20/2021 ID: 22	380812312014	S010120150425	2016144210	



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Tallahassee, Florida 32308

STUART REHABILITATION AND HEALTHCARE 1500 SE PALM BEACH RD			Provider Number:		0 251673-00 2/19/2025			
			Date:					
STUART, F	L 34994		Fiscal Year End:		12/31/2019			
			Audit Status:		Unaudit	ed		
Provider '		gle Level		Current <u>Rate</u> 244.90	New <u>Rate</u> 225.96	Effective <u>Date</u> 8/8/2018		
Ra	te Type:							
X	Interim		Prospective					
		Total Interim	Tota	al Prospective	;			
		Interim Component	Tota	al Prospective	with Interim	Component		
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis			Changes: Rate Sement	ster Change				
	Budget		X Cost Settle	ement FYE 12	2/31/2019			
X	Unaudited							
	Field audit							
	Desk audit	ted costs						
<u>Distribut</u>			'	India Rutlan	d			
	anagement / Fisca	al Agent	Medicaid Cost Reir	nbursement P	lanning and F	inance		
Permanent I								
For	Information Onl	у						
No (Change in Rate							
	Home Office:	BrightSNFCare,LLC d/b/a/ Cares	strong					
		10800 Biscayne Boulevard						
		Suite 650 Miami, FL 33161						
DEMYP	Papart Cal		oort Printed :2/19/2025 ID: 25	(167312312010	9080820180428	22020115652		
ノレバエエエ	Kedon Cai	Curaccu, 2/17/2023 3.31.11 FWI KEI	7.71. I. I. I. III.G.C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ハンのひのとひょのひ年とさ	1404011.10.14		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ABBEY REHA	ABILITATION	AND NURSING CENTER	Prov	ider Number:		0 263958-00		
7101 DR MARTIN LUTHER KING JR ST N SAINT PETERSBURG, FL 33702			Date	:		2/22/2021		
			Fisca	Fiscal Year End:		12/31/2014		
			Audi	t Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level					Current <u>Rate</u> 221.57	New <u>Rate</u> 220.22	Effective <u>Date</u> 9/1/2015	
Rate	e Type:							
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Pro		al Prospective al Prospective		Component	
Basis:	Budget Unaudited of Field audited Desk audited	ed costs	Changes	Rate Semes	ster Change A #NH15-010	G FYE 12/31/	/2014	
Permanent File	agement / Fisca		Medi	Y caid Cost Rein	Y ndia Rutlan nbursement P		Finance	
Ho YCNEB	ome Office:	No Home Office	ort Printed :3/18/	2024	5395812312014	401012014022	52015125247	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ABBEY REHABILITATION AND NURSING CENTER 7101 DR MARTIN LUTHER KING JR ST N SAINT PETERSBURG, FL 33702			Provid	ler Number:		0 263958-00		
			Date:		2/22/2021			
			Fiscal Year End:	Year End:		12/31/2014		
			Audit	Status:		Revised Field	d Audit	
Provider Type:					Current Rate	New <u>Rate</u>	Effective Date	
Nursing Homo	e Singl	le Level			223.40	222.03	9/1/2016	
Rate T	'ype:							
Iı	nterim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Pros		l Prospective l Prospective	with Interim	Component	
Basis:	Budget Unaudited of Field audited Desk audited	ed costs	Changes:	Rate Semes FA & RFA	_	G FYE 12/31/	/2014	
	mation Only	-	Medica		' ndia Rutlan nbursement P	d lanning and F	inance	
No Chang	ge in Rate							
Home	e Office:	No Home Office						
YCNEB	Report Calc	ulated: 2/22/2021 10:52:58 AM Repo	ort Printed :3/18/20	024 ID: 26	395812312014	4010120140325	52015125347	



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Tallahassee, Florida 32308

VALENCIA HILLS HEALT	TH AND REHABILITATION CENTER	Provider Number:		0 265560-00			
1350 SLEEPY HILL RD	Date:		12/3/2020				
LAKELAND, FL 33810	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	gle Level		<u>194.97</u>	<u>194.24</u>	<u>9/1/2015</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:					
		Rate Semes	ster Change				
Budget		X Field Audi	t #NH15-101	C FYE 12/31	/2014		
Unaudited	l costs						
X Field audi							
Desk audi	ted costs						
Distribution:		Yndia Rutland					
Contract Management / Fisc	al Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File							
For Information Onl	ly						
No Change in Rate							
Home Office:	Summit Care II, Inc						
	2123 Centre Pointe Blvd.						
	Tallahassee, FL 32308						
CT8C3 Report Cal		Printed : 12/3/2020 ID: 26	55601231201	1010120140514	12015090349		



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Tallahassee, Florida 32308

THE SPRINGS	S AT BOCA C	TIEGA BAY	Provid	ler Number:		0 267724-00		
1255 PASADENA AVE S, SUITE C SOUTH PASADENA, FL 33707			Date:			2/24/2025		
			Fiscal Year End:			12/31/2014		
Provider Ty	ype:		Audit	Status:		Field Aud	lited	
Nursing Ho	me Sing	gle Level			Current <u>Rate</u> 230.27	New <u>Rate</u> 230.12	Effective <u>Date</u> 9/1/2015	
D. A.	T							
Rate	e Type:							
	_ Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Pros		ıl Prospective ıl Prospective	with Interim	Component	
Basis:			Changes:					
200101			Changes.	L Rate Semes	ter Change			
	Budget		X	_	_	C FYE 12/31	/2014	
	Unaudited	costs						
X	Field audit							
	Desk audit	ted costs						
Distributio	<u>n:</u>			· · · · · · · · · · · · · · · · · · ·	ndia Rutlan	d		
Contract Mana	agement / Fisca	al Agent	Medica			lanning and F	inance	
Permanent Fil	e					C		
For In	formation Onl	y						
No Ch	ange in Rate							
	ome Office:	Summit Care II LLC 2123 Centre Pointe Blvd. Tallahassee, FL 32308						
4JT9D	Report Cal	culated: 2/24/2025 11:29:19 AM Rep	ort Printed:2/24/2	025 ID: 26	772412312014	1010120140514	12015104525	



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Tallahassee, Florida 32308

HEARTLAND HEALTH CARE CENTER-FT. MYERS		Provider Number:		0 325325-00		
1600 MATTHEW DRIVE		Date:		10/15/20	20	
FORT MYERS, FL 33907	7	Fiscal Year End:		9/30/20	14	
		Audit Status:		Field Aud	lited	
Provider Type:			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home Si	ngle Level		<u>216.37</u>	<u>213.03</u>	<u>9/1/2015</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:				
			ster Change			
Budget		X Field Audi	it #NH16-087	C FYE 9/30/2	2014	
	ted costs					
	dited costs					
Desk au	dited costs					
Distribution						
<u>Distribution:</u> Contract Management / Fi	scal Agent	Zainab Day Medicaid Cost Reimbursement Planning and Finance				
Permanent File		Medicaid Cost Reir	nbursement P	lanning and F	inance	
For Information C	Only					
No Change in Rate						
Home Office:	HCR ManorCare Services, LLC 333 North Summit Street Toledo, OH 43604					
XNSYM Report (Printed: 10/15/2020 ID: 32	2532509302014	1100120131028	32014085204	



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Tallahassee, Florida 32308

HEARTLAND HEALTH CARE CENTER-FT. MYERS			Provider Number:		0 325325-00		
1600 MATTHEW DRIVE FORT MYERS, FL 33907			Date:		10/15/2020		
			Fiscal Year End:		9/30/20	14	
			Audit Status:		Field Aud	lited	
Provider Type:				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Si	ngle Level			<u>215.69</u>	<u>213.71</u>	<u>9/1/2016</u>	
Rate Type:							
Interim	_	X	Prospective				
	Total Interim			tal Prospective			
	Interim Component		То	tal Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Char					
Budget		7		ester Change lit #NH16-087	C FVF 9/30/2	2014	
	ted costs		1 iciu Auc	iii #1 411 10-007	CTTL 7/30/2	2014	
	idited costs						
	udited costs						
Distribution:				Zainab Day			
Contract Management / F	iscal Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File							
For Information (Only						
No Change in Rate	e						
Home Office:	HCR ManorCare Services, LLC 333 North Summit Street Toledo, OH 43604						
XNSYM Report		rt Printed :	:10/15/2020 ID: 3	32532509302014	.100120131028	32014085204	