

MEMORANDUM

Date: March 7, 2025

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>	Provider Number	Type of Action	Number of Rate Change Notices
1.	Lexington Health and Rehabilitation	0-032553-00	RFA	1
	Center			
2.	River Valley Rehabilitation Center	0-044889-00	FA	1
3.	Shoal Creek Rehabilitation Center	0-059852-00	FA	2
4.	Terrace of Kissimmee	0-100487-00	RFA	7
5.	The Garden Health and Rehabilitation	0-122342-00	RFA	4
	Center			
6.	Westwood Nursing and Rehabilitation	0-173397-00	CS	3
	Center			
7.	Life Care Center of New Port Richey	0-259357-00	DA	1
8.	Carrollwood Care Center	0-263877-00	RFA	1
9.	Springs at Lake Pointe Woods	0-268780-00	FA	1
10.	Life Care Center of Punta Gorda	0-311685-00	DA	2
11.	Lutheran Haven Nursing Home	0-313718-00	FA	1
			<u>Total:</u>	24

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	
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Audit Number
003255300	20150101	223.56	223.56	223.56	223.56	95859-25	NH14-018C
004488900	20160901	194.63	194.63	194.63	194.63	95859-25	NH16-166C
005985200	20160901	187.37	187.37	187.37	187.37	95859-25	NH16-153C
005985200	20170901	191.55	0.00	191.55	191.55	95859-25	NH16-153C
010048700	20131201	189.58	189.58	189.58	189.58	95859-25	NH15-106C
010048700	20140101	191.79	191.79	191.79	191.79	95859-25	NH15-106C
010048700	20140701	198.64	198.64	198.64	198.64	95859-25	NH15-106C
010048700	20150101	198.20	198.20	198.20	198.20	95859-25	NH15-106C
010048700	20150301	202.95	202.95	202.95	202.95	95859-25	NH15-106C
010048700	20150901	200.45	200.45	200.45	200.45	95859-25	NH15-106C
010048700	20160901	202.66	202.66	202.66	202.66	95859-25	NH15-106C
012234200	20140701	227.34	227.34	227.34	227.34	95859-25	NH15-060C
012234200	20150101	232.46	232.46	232.46	232.46	95859-25	NH15-060C
012234200	20150901	230.80	230.80	230.80	230.80	95859-25	NH15-060C
012234200	20160901	234.34	234.34	234.34	234.34	95859-25	NH15-060C
017339700	20160928	219.72	219.72	219.72	219.72	95859-25	
017339700	20140701	220.01	220.01	220.01	220.01	95859-25	
017339700	20170901	222.64	0.00	222.64	222.64	95859-25	
025935700	20160901	227.45	227.45	227.45	227.45	95859-25	DR17-007
026387700	20150901	206.97	206.97	206.97	206.97	95859-25	NH15-012G
026878000	20150901	241.87	241.87	241.87	241.87	95859-25	NH15-100C
031168500	20160901	248.57	248.57	248.57	248.57	95859-25	NH15-100C
031168500	20170901	255.12	0.00	255.12	255.12	95859-25	DR17-002
031371800	20160901	241.23	241.23	241.23	241.23	95859-25	NH16-040L



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Tallahassee, Florida 32308

EXINGTON HEALTHCARE AND REHABILITATION CENTER				Provider Number	-00				
6300 46TH AV	VENUE N			Date:		12/3/2020			
SAINT PETER	RSBURG, FL 3	33709		Fiscal Year End:		12/31/20)13		
				Audit Status:		Revised Field	d Audit		
Provider Ty Nursing Ho	-	le Level			Current <u>Rate</u> 224.49	New <u>Rate</u> 223.56	Effective <u>Date</u> 1/1/2015		
Rate	e Type:								
	у туре.								
	Interim		X Prospective						
		Total Interim		XT	otal Prospective	;			
		Interim Component		T	otal Prospective	with Interim	Component		
		Settlement based on cost							
	-	Prior Provider Prospective data							
Basis:			Cha	anges:	nester Change				
	Budget			X FA & R	FA #NH14-018	C FYE 12/31/	2013		
	Unaudited								
X	Field audite								
	Desk audite	ed costs							
<u>Distributio</u>	<u>n:</u>				Yndia Rutlan	d			
Contract Mana	agement / Fisca	l Agent		Medicaid Cost Re			inance		
Permanent Fil	e			1120010410 0000110					
For In	formation Only	,							
No Ch	ange in Rate								
Но	ome Office:								
K1P65	Report Calc	culated: 12/3/2020 5:16:44 PM Repo	ort Printed	d:11/20/2024 ID:	03255312312013	3010120130616	52014170638		



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Tallahassee, Florida 32308

RIVER VALLEY REHABILITATION CENTER		Provider N	lumber:		0 044889-00		
17884 NE CRO	ZIER ST		Date:			12/6/202	24
BLOUNTSTOW	VN, FL 3242	4	Fiscal Yea	r End:		12/31/20	014
			Audit Stat	us:		Field Aud	lited
Provider Typ		gle Level			Current <u>Rate</u> 194.58	New <u>Rate</u> 194.63	Effective
Rate	Type:						
	Interim		X Prospect	ive			
	,	Total Interim	X		l Prospective		
		Interim Component			_	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective dat	ca				
Basis:	┙		Changes:				
	D. I.				ter Change	G EVE 10/01	/2014
	Budget Unaudited	costs	X Fi	eld Audit	#NH16-166	C FYE 12/31	/2014
X	Field audit						
71	Desk audit						
							
Distribution				Y	ndia Rutlan	d	
Contract Manag		al Agent	Medicaid C	Cost Reim	bursement P	lanning and F	inance
Permanent File							
For Info	ormation Onl	у					
No Char	nge in Rate						
Hon	ne Office:	Southern HealthCare Manager 600 Embassy Row Suite 500 Atlanta, GA 30328	ment, LLC				
8D8NM	Report Cal	culated: 12/6/2024 4:12:10 PM	Report Printed: 12/6/2024	ID: 04	488912312014	010120140327	72015153338



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Tallahassee, Florida 32308

SHOAL CREE	K REHABILI	TATION CENTER	Provider Number:		0 059852	-00		
500 HOSPITA	L DRIVE		Date:		10/31/20			
CRESTVIEW,	FL 32539		Fiscal Year End:		12/31/2015			
			Audit Status:		Field Aud	lited		
Provider Ty Nursing Ho		de Level		Current <u>Rate</u> 187.72	New <u>Rate</u> 187.37	Effective <u>Date</u> 9/1/2016		
Rate	Type:							
	_Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	То	tal Prospective tal Prospective		Component		
Basis:	Budget Unaudited Field audit Desk audit	red costs		ester Change lit #NH16-153	Change H16-153C FYE 12/31/2015			
Distribution Contract Mana Permanent File For In	ngement / Fisca		Yndia Rutland Medicaid Cost Reimbursement Planning and Finance					
No Cha	ange in Rate							
	me Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751						
9998M	Report Cal	culated: 10/31/2023 3:46:16 PM R	eport Printed: 10/31/2023 ID: 0)5985212312015	5010120150425	52016131532		



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SHOAL CREEK REHABILITATION CENTER		Provider Number: 0 059852-				-00	
500 HOSPITAL DRIVE		Date:			10/31/2023		
CRESTVIEW, FL 32539		Fiscal	Year End:		12/31/20)15	
		Audit	Status:		Field Aud	lited	
Provider Type: Nursing Home Single L			Current <u>Rate</u> 191.91	New <u>Rate</u> 191.55	Effective		
Rate Type:							
I	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data			l Prospective l Prospective	with Interim	Component	
Basis: Budget Unaudited costs X Field audited co Desk audited co	sts	Changes:	-	Semester Change Audit #NH16-153C FYE 12/31/2015			
Distribution: Contract Management / Fiscal Age Permanent FileFor Information OnlyNo Change in Rate	ent	Yndia Rutland Medicaid Cost Reimbursement Planning and Finance					
8 N	MCII 00 Concourse Parkway South Iaitland, FL 32751 d: 10/31/2023 3:46:16 PM Repo	rt Printed :10/31/2	023 ID: 050	085212212015	5010120150425	32016131522	



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Tallahassee, Florida 32308

THE TERRACE OF KISSIMMEE		Provider Number: 0 100487-00						
221 PARK P	LACE BLVD		Date:		3/5/2021			
KISSIMME	E, FL 34741		Fiscal Year En	d:	2/28/20	15		
			Audit Status:		Revised Field Audit			
Provider T		gle Level		Current <u>Rate</u> 190.99	New <u>Rate</u> <u>189.58</u>	Effective <u>Date</u> 12/1/2013		
Ra	te Type:							
X	Interim	Total Interim		Total Prospective				
		Interim Component		Total Prospective	with Interim	Component		
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:	Budget Unaudited Field audit	ted costs	Changes: Rate Semester Change FA & RFA #15-106C FYE 2/28/2015					
<u>Distributi</u>	ion:			Zainab Day				
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost 1	Reimbursement P	lanning and I	Finance		
Permanent F	File							
For	Information Onl	у						
No C	Change in Rate							
	Home Office:	SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114	ort Printed -2/5/2021	D. 10048702282015	(12012012010	82016104721		
U4GN6	keport Cal	culated: 3/5/2021 9:23:24 AM Rep	ort Printed :3/5/2021 II	D: 10048702282015	12012013010	82010104/21		



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Tallahassee, Florida 32308

THE TERRACE OF KISSIMMEE		Provider Number:		0 100487-00				
221 PARK PLA	ACE BLVD		Date:		3/5/202	1		
KISSIMMEE, 1	FL 34741		Fiscal Year End:		2/28/2015			
			Audit Status:		Revised Field	d Audit		
Provider Ty	pe:			Current	New	Effective		
				Rate	Rate	<u>Date</u>		
Nursing Ho	Provider Type: Rate Type: X	gle Level		<u>193.20</u>	<u>191.79</u>	1/1/2014		
Rate	Type:							
X	Interim		Prospective					
	_	Total Interim		al Prospective				
		Interim Component	Tot	tal Prospective	with Interim	Component		
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Changes:					
				ester Change				
	Budget			A #15-106C F	YE 2/28/2015	i		
	Unaudited	costs						
X	Field audi	ted costs						
	Desk audi	ted costs						
Distribution	<u>1:</u>			Zainab Day				
Contract Mana	gement / Fisc	al Agent	Medicaid Cost Rei			inance		
Permanent File	2							
For Inf	formation Onl	у						
No Cha	ange in Rate							
Но	me Office:	SMJ Enterprises, LLC						
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		Daytona Beach, FL 32114						
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Tallahassee, Florida 32308

THE TERRACE OF KISSIMMEE		Provider Number:		0 100487-00				
221 PARK PLA	ACE BLVD		Date:		3/5/202	1		
KISSIMMEE, I	FL 34741		Fiscal Year End:		2/28/2015			
			Audit Status:		Revised Field	d Audit		
Provider Ty	pe:							
v	•			Current	New	Effective		
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>		
Nursing Hol	me Sing	gle Level		<u>200.47</u>	<u>198.64</u>	<u>7/1/2014</u>		
Rate	Type:							
37	T		D					
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		Total Interim Interim Component		tal Prospective		Commonant		
	X	Interim Component Settlement based on cost	10	tal Prospective	with interim	Component		
		Prior Provider Prospective data						
Basis:			Changes:					
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X	Field audi							
- 11	Desk audi							
Distribution	1:			7 1 1 D				
Contract Mana		al Agent	Medicaid Cost Rei	Zainab Day	lanning and E	linonaa		
Permanent File	-	C	Medicaid Cost Rei	moursement P	ianning and r	mance		
For Inf	Formation Onl	У						
	inge in Rate	•						
		CMI Foressia, III C						
Ho	me Office:	SMJ Enterprises, LLC						
		480 Fentress Blvd.						
		Suite H						
		Daytona Beach, FL 32114						
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Tallahassee, Florida 32308

THE TERRACE OF KISSIMMEE		Provider Number:		0 100487-00				
221 PARK PLA	ACE BLVD		Date:		3/5/202	1		
KISSIMMEE, 1	FL 34741		Fiscal Year End:		2/28/2015			
			Audit Status:		Revised Field	d Audit		
Provider Ty	pe:			Current	New	Effective		
				Rate	Rate	<u>Date</u>		
Nursing Ho	I PARK PLACE BLVD ISSIMMEE, FL 34741 rovider Type: Ursing Home Single Level Rate Type: X Interim Total Interim Component X Settlement based on cost Prior Provider Prospective d Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Prior Provider Prospective d Signature Prospective d Distribution: Fontract Management / Fiscal Agent ermanent File For Information Only No Change in Rate Home Office: SMJ Enterprises, LLC 480 Fentress Blvd. Suite H	gle Level		<u>201.29</u>	<u>198.20</u>	1/1/2015		
Rate	Type:							
X	Interim		Prospective					
	_	Total Interim		al Prospective				
		Interim Component	Tot	al Prospective	with Interim	Component		
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Changes:					
				ester Change				
	Budget		X FA & RFA	A #15-106C F	YE 2/28/2015	i		
	Unaudited	costs						
X								
	Desk audit	ted costs						
Distribution	<u>1:</u>			Zainab Day				
Contract Mana	gement / Fisca	al Agent	Medicaid Cost Rein			inance		
Permanent File	e		Wedleard Cost Ren	moursement r	iaiiiiiig alia 1	mance		
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Но	me Office:	SMJ Enterprises, LLC						
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		Daytona Beach, FL 32114						
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THE TERRAC	E OF KISSIM	IMEE	Provider Nu	mber:		0 100487	-00	
THE TERRACE OF KISSIMMEE 221 PARK PLACE BLVD KISSIMMEE, FL 34741 Provider Type: Nursing Home Single Level Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs	Date:		3/5/2021					
KISSIMMEE,	FL 34741		Fiscal Year	End:		2/28/2015		
			Audit Status	s:		Revised Field	d Audit	
Provider Ty	pe:				Current Rate	New <u>Rate</u>	Effective Date	
Nursing Ho	me Sing	gle Level			<u>205.56</u>	202.95	3/1/2015	
Rate	Type:							
	Interim		X Prospectiv	e				
		Total Interim		Total	Prospective			
		Interim Component		Total	Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
	Unaudited				er Change #15-106C F	YE 2/28/2015	,	
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		icu cosis						
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs				7	Zainab Day			
	-	al Agent	Medicaid Co	st Reiml	bursement P	lanning and F	inance	
For In	formation Onl	у						
	ange in Rate							
Но	me Office:	SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114						
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Tallahassee, Florida 32308

THE TERRACE OF KISSIMMEE		Provider Number:		0 100487-00			
221 PARK PLA	CE BLVD		Date:		3/5/2021		
KISSIMMEE, F	L 34741		Fiscal Year End:		2/28/2015 Revised Field Audit		
			Audit Status:				
Provider Typ	e:						
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Hon	ne Sinc	gle Level		203.65	200.45	9/1/2015	
rung non		se Level		200.00		272720	
Rate	Type:						
	Interim		X 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 Semes	ster Change			
	Budget		X FA & RFA	A #15-106C F	YE 2/28/2015	5	
	Unaudited	costs					
X	Field audi	ted costs					
	Desk audi	ted costs					
Distribution							
		al A acut		Zainab Day			
Contract Manag Permanent File	gement / Fisc	ai Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance	
For Info	ormation Onl	у					
No Char	nge in Rate						
Hon	ne Office:	SMJ Enterprises, LLC					
		480 Fentress Blvd.					
		Suite H					
		Daytona Beach, FL 32114					
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THE TERRACE (THE TERRACE OF KISSIMMEE			er:	0 100487-00		
221 PARK PLAC	E BLVD		Date:		3/5/2021		
KISSIMMEE, FL	34741		Fiscal Year End	l:	2/28/20	15	
			Audit Status:		Revised Fiel	d Audit	
Provider Type	e :			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Homo	e Singi	le Level		<u>205.90</u>	<u>202.66</u>	9/1/2016	
Rate T	ype:						
I	nterim		X Prospective				
_		Total Interim		Total Prospective			
		Interim Component		Total Prospective	with Interim	Component	
_	X	Settlement based on cost					
_		Prior Provider Prospective data					
Basis:	Budget			mester Change RFA #15-106C F	YE 2/28/2015	i	
	Unaudited	costs					
X	Field audite						
	Desk audite	ed costs					
Distribution:				Zainab Day			
Contract Manage	ment / Fisca	l Agent	Medicaid Cost R	Reimbursement P.	lanning and F	inance.	
Permanent File			Wiedleald Cost F	Combursement 1	iaininig and 1	manec	
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No Chang	ge in Rate						
Home	e Office:	SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114					
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE GARDENS HEALTH &	Provider Number: 0 122342-00					
1704 HUNTINGTON VILLA	GE CIRCLE	Date:		2/28/2020		
DAYTONA BEACH, FL 321	14	Fiscal Year End:		12/31/20	014	
		Audit Status:		Revised Fiel	d Audit	
Provider Type: Nursing Home Singl	e Level		Current <u>Rate</u> 227.46	New <u>Rate</u> 227.34	Effective <u>Date</u> 7/1/2014	
Rate Type:						
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective I Prospective	e with Interim	Component	
Budget Unaudited of X Field audited Desk audite	ed costs	Changes: X Rate Semes	ter Change			
Distribution: Contract Management / Fiscal Permanent File For Information Only No Change in Rate		Medicaid Cost Reim	Zainab Day ibursement P	lanning and F	inance	
Home Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610					

Report Printed: 2/28/2020 ID: 122342123120140701201404302015111729



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE GARDENS HEALTH & REHABILITATION CENTER		der Number:		0 122342-00		
1704 HUNTINGTON VILLAGE CIRCLE	Date:			2/28/2020		
DAYTONA BEACH, FL 32114	Fiscal	Fiscal Year End:		12/31/2014		
	Audit	Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 232.57	New <u>Rate</u> 232.46	Effective	
Rate Type:						
Interim	X Pros	pective				
Total Interim			Prospective			
Interim Component		Tota	Prospective	with Interim	Component	
X Settlement based on cost						
Prior Provider Prospective data						
		7				
Basis:	Changes:	J				
Dudget	X	Rate Semest	er Change			
Budget Unaudited costs						
X Field audited costs						
Desk audited costs						
Distribution:			Zainab Day			
Contract Management / Fiscal Agent	Medica	id Cost Reim	bursement Pla	anning and Fi	inance	
Permanent File		20	ainab I	ay		
For Information Only		0		0		
No Change in Rate						
Home Office: Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610						

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Medicaid Reimbursement Per Diem Rates

THE GARDENS HEALTH & REHABILITATION CENTER	Provid	ler Number:		0 122342-00		
1704 HUNTINGTON VILLAGE CIRCLE	Date:			2/28/202	20	
DAYTONA BEACH, FL 32114	Fiscal	Year End:		12/31/20)14	
	Audit	Status:		Revised Fiel	d Audit	
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 231.92	New <u>Rate</u> 230.80	Effective <u>Date</u> 9/1/2015	
Rate Type:						
Interim	X Pros	pective				
Total Interim	1100		ıl Prospective			
Interim Component	-		-	with Interim	Component	
X Settlement based on cost	-		•		•	
Prior Provider Prospective data						
		1				
Basis:	Changes:	J				
Dudget	X	Rate Semes	ter Change			
Budget Unaudited costs						
X Field audited costs						
Desk audited costs						
Distribution:		Zainab Day				
Contract Management / Fiscal Agent	Medica	id Cost Rein		lanning and F	inance	
Permanent File			Zainab	Day		
For Information Only		0	,	1		
No Change in Rate						
Home Office: Greystone Healthcare Management						
4042 Park Oaks Blvd, Suite 300						
Tampa, FL 33610						

Report Printed: 2/28/2020 ID: 122342123120140701201404302015111729



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Tallahassee, Florida 32308

THE GARDENS H	IEALTH &	REHABILITATION CENTER]	Provider Number:		0 122342-00		
1704 HUNTINGTON VILLAGE CIRCLE]	Date:		2/28/2020			
DAYTONA BEAC	CH, FL 321	14]	Fiscal Year End:		12/31/2014		
				Audit Status:		Revised Fiel	d Audit	
Provider Type: Nursing Home		e Level			Current <u>Rate</u> 237.01	New <u>Rate</u> 234.34	Effective Date 9/1/2016	
Rate Ty	pe:							
Int	terim		X	Prospective				
		Total Interim		Tot	tal Prospective			
		Interim Component		Tot	tal Prospective	with Interim	Component	
_	X	Settlement based on cost						
_		Prior Provider Prospective data						
Desta			CI					
Basis:			Chan					
1	Budget		X	Rate Seme	ester Change			
	Unaudited o	costs						
X	Field audite	d costs						
]	Desk audite	d costs						
751 / B / I								
Distribution:	/ E! 1	A 4			Zainab Day			
Contract Managem	ient / Fiscai	Agent	N	Aedicaid Cost Rein			inance	
Permanent File				4	ainab I	ay		
For Inform				V		0		
No Change	in Rate							
Home (Office:	Greystone Healthcare Managemer 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	nt					
5S8H9	Report Calcu	alated: 2/28/2020 1:43:28 PM Repo	ort Printed :	2/28/2020 ID: 1	2234212312014	070120140430	2015111729	



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Tallahassee, Florida 32308

WESTWOOD NURSING AND REHABILITATION CENTER			Provid	ler Number:		0 173397-00			
1001 MAR-WALT DRIVE		Date:			2/21/2024				
FORT WAL	TON BEACH, F	L 32547	Fiscal	Year End:		6/30/2017			
			Audit	Status:		Unaudit	ted		
Provider ' Nursing H		de Level			Current <u>Rate</u> 256.51	New <u>Rate</u> 219.72	Effective		
Ra	nte 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							
X	Budget Unaudited Field audit Desk audit	red costs	Changes: Rate Semester Change X Cost Settlement FYE 6/30/2017						
Distribut Contract Ma	ion: anagement / Fisca	al Agent	Medica	Y nid Cost Reim	ndia Rutlan		Finance		
Permanent l	File					<i>3 , -</i>			
For	Information Only	y							
No (Change in Rate								
	Home Office:	No Home Office							
KC9LK	Report Cal	culated: 2/21/2024 10:52:12 AM Rep	ort Printed :2/21/20	024 ID: 17	339706302017	09282016122	02023100328		



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Tallahassee, Florida 32308

WESTWOOD NURSING AND REHABILITATION CENTER			Provid	er Number:		0 173397-00 2/21/2024		
1001 MAR-WALT DRIVE		Date:						
FORT WALTO	ON BEACH, FI	L 32547	Fiscal	Year End:		6/30/20	17	
			Audit	Status:		Unaudit	ed	
Provider Ty	ype:				G. www.mt	NT.	Ecc. 4	
					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	le Level			<u>256.51</u>	<u>220.01</u>	7/1/2017	
Rate	е Туре:							
	Interim		X Pros	pective				
		Total Interim		Tota	l Prospective	:		
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
D:			CI.	1				
Basis:			Changes:]	G!			
	Budget		X	Rate Semes	ter Change ment FYE 6/:	30/2017		
X	Unaudited	costs	A	_ Cost Settle	ment 1 112 0/.	30/2017		
	Field audite							
	Desk audite							
<u>Distributio</u>	<u>n:</u>			Y	ndia Rutlan	d		
Contract Mana	agement / Fisca	l Agent	Medica			lanning and F	inance	
Permanent Fil	e					J		
For In	formation Only	7						
No Ch	ange in Rate							
Но	ome Office:	No Home Office						
KC9LK	Report Calc	culated: 2/21/2024 10:52:12 AM Repo	ort Printed :2/21/20)24 ID: 17	339706302017	7092820161220	02023100328	



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Tallahassee, Florida 32308

WESTWOOD NURSING AND REHABILITATION CENTER	Provider Nu	mber:		0 173397-00		
1001 MAR-WALT DRIVE	Date:			24		
FORT WALTON BEACH, FL 32547	Fiscal Year	End:		6/30/20	17	
	Audit Status	:		Unaudit	ed	
Provider Type:			-			
•			Current	New	Effective	
			Rate	<u>Rate</u>	<u>Date</u>	
Nursing Home Single Level			<u>253.85</u>	<u>222.64</u>	<u>9/1/2017</u>	
Rate Type:						
Interim	X Prospective	e				
Total Interim			Prospective			
Interim Component		Total	Prospective	with Interim	Component	
X Settlement based on cost	_					
Prior Provider Prospective data						
Basis:	Changes:					
			er Change			
Budget	X Cos	t Settlen	nent FYE 6/	30/2017		
X Unaudited costs						
Field audited costs						
Desk audited costs						
Distribution:		Y	ndia Rutlan	d		
Contract Management / Fiscal Agent	Medicaid Co	st Reim	bursement P	lanning and F	inance	
Permanent File						
For Information Only						
No Change in Rate						
Home Office: No Home Office						
KC9LK Report Calculated: 2/21/2024 10:52:12 AM Report Page 1	rinted :2/21/2024	ID: 173	339706302015	7092820161220	02023100328	



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Tallahassee, Florida 32308

LIFE CARE CENTER OF NEW PORT RICHEY				Provider	Number:		0 259357-00		
7400 TROUBLE	E CREEK ROA	.D		Date: Fiscal Year End:			5/5/2020		
NEW PORT RIC	CHEY, FL 346	553					12/31/20)15	
				Audit St	atus:		Desk Aud	lited	
Provider Typ		e Level				Current <u>Rate</u> 228.70	New <u>Rate</u> <u>227.45</u>	Effective	
Rate '	Туре:								
	Interim		X	Prospe	ctive				
		Total Interim		X	Tota	al Prospective			
		Interim Component			Tota	al Prospective	with Interim	Component	
_		Settlement based on cost							
		Prior Provider Prospective data							
Basis:	Budget					ster Change it #DR17-007	FYE 12/31/2	015	
	Unaudited co								
X	Field audited Desk audited								
A		Teosis							
Distribution	• •					Yndia Rutla	nd		
Contract Manag	gement / Fiscal	Agent	-	Medicaid	Cost Reir	nbursement P	anning and F	inance	
Permanent File							8		
For Info	ormation Only								
No Char	nge in Rate								
Hon	ne Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312							
4F0BO	Report Calcu	lated: 5/5/2020 4:34:12 PM Rea	port Printed	:5/5/2020	ID: 2	5935712312015	090120140421	2016131808	



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Tallahassee, Florida 32308

CARROLLWOOD CARE CENTER	Provider Number:		0 263877-00 2/19/2021 12/31/2014		
15002 HUTCHINSON RD	Date:				
TAMPA, FL 33625	Fiscal Year End:				
	Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 208.97	New <u>Rate</u> 206.97	Effective <u>Date</u> 9/1/2015	
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:	Changes:	ton Change			
Budget	Rate Semes X FA & RFA	_	G FYE 12/31	/2014	
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution:					
Contract Management / Fiscal Agent	Medicaid Cost Reim	Yndia Rutla		inence	
Permanent File	Medicaid Cost Reini	ibursement P	ianning and r	mance	
For Information Only					
No Change in Rate					
Home Office: No Home Office					
85YQU Report Calculated: 2/19/2021 2:23:51 PM	Report Printed :2/19/2021 ID: 26	387712312014	1010120140322	22015112059	



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Tallahassee, Florida 32308

THE SPRINGS AT LAKE POINTE WOODS			Provider N	Provider Number:			0 268780-00		
3280 LAKE PO	INTE BLVD		Date:	Date:			3/4/2025		
SARASOTA, FI	L 34231		Fiscal Year	End:		12/31/2014			
			Audit Statu	s:		Field Aud	lited		
Provider Type: Nursing Home Single Level				Current Rate 241.97	New <u>Rate</u> 241.87	Effective			
Rate '	Туре:								
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective dat	X Prospectiv	Total	Prospective	with Interim	Component		
Basis:	Budget Unaudited Field audit Desk audit	red costs			er Change #NH15-100	C FYE 12/31/	/2014		
Distribution									
Contract Manag	_	al Agent			ndia Rutlan		,,		
Permanent File		 	Medicaid C	ost Keim	bursement P	lanning and F	inance		
	ormation Only	y							
	nge in Rate	•							
	me Office:	Summit Care II LLC 2123 Centre Pointe Blvd. Tallahassee, FL 32308	N. 1. 1. 2.//2025	VD. 2	2700122122	0101001107			
MEK7T	Report Cal	culated: 3/4/2025 11:20:31 AM	Report Printed :3/4/2025	ID: 268	378012312014	010120140514	12015101526		



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Tallahassee, Florida 32308

LIFE CARE CENTER OF PUN	IFE CARE CENTER OF PUNTA GORDA			0 311685-00				
450 SHREVE STREET	Provider Number: Date:		10/30/2020					
PUNTA GORDA, FL 33950		Fiscal Year End:		2/29/2016				
		Audit Status:		Desk Aud	lited			
Provider Type: Nursing Home Single	e Level		Current <u>Rate</u> 249.65	New <u>Rate</u> 248.57	Effective			
Rate Type:								
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		ll Prospective ll Prospective	with Interim	Component			
Basis: Budget Unaudited of Field audited X Desk audited	d costs	Changes: Rate Semes Desk Audit	_	FYE 2/29/20	16			
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Zainab Day Medicaid Cost Reimbursement Planning and Finance						
Home Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312		1,000000000					



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Tallahassee, Florida 32308

LIFE CARE CENTER	OF PUNTA GORDA	Provider Number:		0 311685-00 10/30/2020					
450 SHREVE STREET	?	Date:							
PUNTA GORDA, FL	33950	Fiscal Year End:		2/28/2017					
		Audit Status:		Unaudit	ed				
Provider Type: Nursing Home	Single Level		Current <u>Rate</u> 255.24	New <u>Rate</u> 255.12	Effective <u>Date</u> 9/1/2017				
Rate Type:									
Interin	Total Interim Interim Component Settlement based on cost Prior Provider Prospective	Tota	ıl Prospective	with Interim	Component				
Budget X Unaudited costs Field audited costs Desk audited costs			Rate Semester Change						
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Rein	Zainab Day Medicaid Cost Reimbursement Planning and Finance						
Home Office			1,050000000	7020120120120	22017072221				



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Tallahassee, Florida 32308

LUTHERAN HAVEN NURSING HOME				Provider Number:		0 313718-00		
1525 HAVEN DRIVE			Date:			10/21/2020		
OVIEDO, FL 32765				Fiscal Year End:		8/31/2015		
				Audit Status:		Field Aud	lited	
Provider Ty	pe:				Current	New	Effective	
N . II	a.				Rate	Rate	<u>Date</u>	
Nursing Hor	ne Sing	le Level			<u>241.35</u>	<u>241.23</u>	<u>9/1/2016</u>	
Rate	Type:							
	-J F							
Interim			X	Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
D .								
Basis:			Cna	nges:				
	Budget			Rate Semes Field Audit	_	L FYE 08/31/	/2015	
Unaudited costs		costs	-	A Tield Hudio	. #111110 040	LTTL 00/31/	2013	
X Field audited costs								
Desk audited costs								
Distribution:		Zainab Day						
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance						
Permanent File								
For Inf	ormation Only	y						
No Cha	nge in Rate							
Home Office:		No Home Office						
H36Q4	Report Calo	culated: 10/21/2020 2:46:19 PM Repo	rt Printec	:10/21/2020 ID: 31	371808312015	090120140214	42016081522	