

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date:

March 27, 2014

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From: /

Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject:

Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	<u>Provider</u> <u>Number</u>	Number of Rate Change Notices
1.	Benderson Family Skilled Nursing & Rehab Center	0 033717-00	8
2.	Tarpon Bayou Center	0 080079-00	11
3.	Alliance Community for Retirement Living	0 202789-00	5
4.	Tarpon Bayou Center	0 212849-00	5
5.	The Park Summit at Coral Springs	0 254134-00	4
		Total	33

If you have any questions regarding the above contact Thomas Parker at 412-4110.

TP/ab Attachments



		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
003371700	20110322	225.00	369.86	225.00	225.00	75175-14	
003371700	20110701	215.61	361.81	215.61	215.61	75175-14	
003371700	20120101	216.50	364.11	216.50	216.50	75175-14	
003371700	20120304	215.71	363.32	215.71	215.71	75175-14	
003371700	20120701	221.68	370.89	221.68	221.68	75175-14	
003371700	20130101	226.20	377.01	226.20	226.20	75175-14	
003371700	20130701	232.14	0.00	232.14	232.14	75175-14	
003371700	20140101	235.48	0.00	235.48	235.48	75175-14	
008007900	20090401	188.41	326.76	188.41	188.41	75175-14	NH05-123C
008007900	20090701	184.12	324.47	184.12	184.12	75175-14	NH05-123C
008007900	20100101	192.81	334.73	192.81	192.81	75175-14	NH05-123C
008007900	20100701	196.44	339.78	196.44	196.44	75175-14	NH05-123C
008007900	20110101	198.93	343.79	198.93	198.93	75175-14	NH05-123C
008007900	20110701	190.52	336.72	190.52	190.52	75175-14	NH05-123C
008007900	20120101	191.69	339.30	191.69	191.69	75175-14	NH05-123C
008007900	20120701	195.54	344.75	195.54	195.54	75175-14	NH05-123C
008007900	20130101	197.67	348.48	197.67	197.67	75175-14	NH05-123C
008007900	20130701	198.97	0.00	198.97	198.97	75175-14	NH05-123C
008007900	20140101	205.39	0.00	205.39	205.39	75175-14	NH05-123C
020278900	20080101	162.89	296.89	162.89	162.89	75175-14	NH09-105L
020278900	20080701	164.68	300.96	164.68	164.68	75175-14	NH09-105L
020278900	20090101	163.48	301.83	163.48	163.48	75175-14	NH09-105L
020278900	20090301	149.78	288.13	149.78	149.78	75175-14	NH09-105L
020278900	20090401	177.21	315.56	177.21	177.21	75175-14	NH09-105L
021284900	20070701	160.49	292.43	160.49	160.49	75175-14	NH05-123C
021284900	20080101	161.10	295.10	161.10	161.10	75175-14	NH05-123C
021284900	20080701	163.22	299.50	163.22	163.22	<u>75</u> 175-14	NH05-123C
021284900	20090101	165.28	303.63	165.28	165.28	75175-14	NH05-123C
021284900	20090301	151.43	289.78	151.43	151.43	75175-14	NH05-123C
025413400	20080701	201.11	337.39	201.11	201.11	75175-14	NH10-054W
025413400	20090101	201.18	339.53	201.18	201.18	75175-14	NH10-054W
025413400	20090301	184.31	322.66	184.31	184.31	75175-14	NH10-054W
025413400	20090401	217.08	355.43	217.08	217.08	75175-14	NH10-054W



Benderson Family Skilled Nursing & Rehab Center		Provider Number:	0 033717-00
1955 North Honore Ave.		Date:	2/26/2014
Sarasota FL 34235		Fiscal Year End:	12/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaddited [5]
· · · · · · · · · · · · · · · · · · ·	Current Rate	New Rate	Effective Date
Nursing Home Single Level	243.65	225.00	3/22/2011
Level H: Aids	388.51	369.86	3/22/2011
•			
Rate Type :			
X Interim	Prospective	e	
Total Interim		Total Prospective	>
Interim Component		Prospective Adjusted	
X Settlement based on costs	7	Total Prospective with	1 Interim Component
Prior Provider Prospective data			
Basis: Cha	nges:		
Budget	Licensure	Rating Change	
X Unaudited costs		Customary Limitatio	n
Field audited costs		te limitation change	
Field audit - interim portion	FRVS Cha	ange	
		ement FYE 12/31/20	012
Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion	On FRV [2	2] as of 03/22/2011	W WAS V ASSAULT TO THE PARTY OF
<u>Distribution:</u>	フィノ	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost l	Reimbursement Plant	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
	CONTRACTOR A CONTRACTOR OF THE		
	Annual An	:	
	· · · · · · · · · · · · · · · · · · ·		



Benderson Family Skilled Nursing & Rehab Center			Provider Number:	0 033717-00	
1955 North Honore Ave.	_		Date:	2/26/2014	
Sarasota FL 34235	_		Fiscal Year End:	12/31/2012	
			Audit Status:	Unaudited [3]	
Provider Type:					
		rent	New	Effective	
Nursing Home Single Level		ate 3.71	Rate	Date	
Single Level		3./1		//1/2011	
Level H: Aids	379	9.91	361.81	7/1/2011	
Rate Type :	THE TRANSPORT OF THE TR				
X Interim	Pro	spective	·		
Total Interim			tal Prospective		
Interim Component			spective Adjusted		
X Settlement based on costs		To	tal Prospective with	Interim Component	
Prior Provider Prospective data	***************************************				
Basis:	Changes:			į	
	y .	D	odina Chausa		
Budget X Unaudited costs			ating Change ustomary Limitation		
Field audited costs			ustomary Emitation	ii ;	
Field audit - interim portion	-	VS Chan	_		
Desk audited costs	X Co	st Settlen	nent FYE 12/31/20	12	
Desk audit - Interim Portion			er Change		
Desk Audit - Prospective portion	On	FRV [2]	as of 03/22/2011		
Distribution:			Thomas Parker		
Contract Management / Fiscal Agent	Medicai	d Cost Re	imbursement Plann	ing and Finance	
Permanent File					
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office	***************************************				
			!		
			Į. E		
			7		



Benderson Family Skilled Nursing & Rehab Center			Provider Number:	0 033717-00
1955 North Honore Ave.			Date:	2/26/2014
Sarasota FL 34235			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level		Rate 234.75	Rate	Date 1/1/2012
Nursing Home Single Level		234./5		1/1/2012
Level H: Aids		382.36	364.11	1/1/2012
Rate Type :	**************************************			
X Interim	XIII.	Prospective		
Total Interim Interim Component			otal Prospective rospective Adjusted f	For New Costs
X Settlement based on costs			otal Prospective with	
Prior Provider Prospective data		***		•
Basis:	Changes:	ABB		
Budget			Rating Change	
X Unaudited costs	-		Customary Limitation elimitation change	1
Field audited costs Field audit - interim portion		FRVS Cha	=	
Desk audited costs	X		ement FYE 12/31/20	12
Desk audit - Interim Portion		Rate Seme	ster Change	
Desk Audit - Prospective portion		On FRV [2] as of 03/22/2011	
Distribution:		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost F	Reimbursement Plann	ing and Finance
Permanent File				_
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office	***************************************			
			1	
:				
·				



Benderson Family Skilled Nursing & Rehab Center			Provider Number:	0 033717-00
1955 North Honore Ave.			Date:	2/26/2014
Sarasota FL 34235			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
•		Current	New	Effective
	_	Rate	Rate	Date
Nursing Home Single Level		234.75	215.71	3/4/2012
Level H: Aids		382.36	363.32	3/4/2012
		· · · · · · · · · · · · · · · · · · ·		
Rate Type:				
X Interim		Prospective		
Total Interim			otal Prospective	
Interim Component			rospective Adjusted f	
X Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget	İ	Licensure	Rating Change	
X Unaudited costs		*	Customary Limitation	3
Field audited costs			e limitation change	•
Field audit - interim portion		FRVS Cha	nge	
Desk audited costs	X	Cost Settle	ement FYE 12/31/20	12
Desk audit - Interim Portion			ster Change	
Desk Audit - Prospective portion		On FRV [2] as of 03/22/2011	
<u>Distribution:</u>		イノ	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost I	Reimbursement Plann	ing and Finance
Permanent File				_
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office			***************************************	
			Addition	
			1	
Management (Mill)				



Benderson Family Skilled Nursing & Rehab Center				Provider Number:	0 033717-00
1955 North Honore A	ve.	-		Date:	2/26/2014
Sarasota FL 34235		_		Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 244.84	Rate	Date 7/1/2012
ridising Home	Single Devel		244.04		7/1/2012
	Level H: Aids	_	394.05	370.89	7/1/2012
Rate Type :			-		
X Interim			Prospective	e	
Т	otal Interim			Total Prospective	
	nterim Component			Prospective Adjusted f	
	ettlement based on costs			Total Prospective with	Interim Component
	rior Provider Prospective data				
Basis:		Changes:			
Budget	1		Licensure	Rating Change	
X Unaudited c	osts		- Usual and	Customary Limitation	1
Field audited	d costs		-	te limitation change	
	interim portion		FRVS Cha	•	
Desk audited	l costs Interim Portion	X	_	ement FYE 12/31/20	12
	Prospective portion		-	ester Change 2] as of 03/22/2011	
Distribution:			8	Thomas Parker	
Contract Manager	ment / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File					5
For informa	tion Only				
No Change	in Rate			·	
Home Office:	1 - No Home Office			:	
				i :	
	i i	•		¥1 •	
	! !			1	



Benderson Family Skilled Nursing & Rehab Center			Provider Number:	0 033717-00		
1955 North Honore Ave.			Date:	2/26/2014		
Sarasota FL 34235			Fiscal Year End:	12/31/2012		
			Audit Status:	Unaudited [3]		
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home Single Level	-	245.54	226.20	1/1/2013		
Level H: Aids		396.35	377.01	1/1/2013		
Rate Type:						
Interim	X	Prospectiv	e			
Total Interim			Total Prospective			
Interim Component]	Prospective Adjusted f	for New Costs		
X Settlement based on costs			Total Prospective with	Interim Component		
Prior Provider Prospective data						
Basis:	Changes	:				
			Dating Change			
Budget V V V V V V V V V V V V V V V V V V V		_	Rating Change			
X Unaudited costs Field audited costs			l Customary Limitation te limitation change	1		
Field audit - interim portion		FRVS Change				
Desk audited costs		X Cost Settlement FYE 12/31/2012				
Desk audit - Interim Portion		Rate Semester Change				
Desk Audit - Prospective portion	:	On FRV [2] as of 03/22/2011				
Distribution:		7	Thomas Parker			
Contract Management / Fiscal Agent		edicaid Cost	Reimbursement Plann	ing and Finance		
Permanent File	1414	aicaid Cost	Remibui sement i iaini	ing and I major		
For information Only						
No Change in Rate						
Home Office 1 - No Home Office						
Home Office: 1 - No Home Office						
			!			
!						
T. Control of the con			i			



Benderson Family Skilled Nursing & Rehab Center			Provider Number:	0 033717-00
1955 North Honore Ave.			Date:	2/26/2014
Sarasota FL 34235			Fiscal Year End:	12/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			Tudit Status.	
		Current	New	Effective
	_	Rate	Rate	Date
Nursing Home Single Level		249.59		7/1/2013
Rate Type :				
Interim	X	Prospective	e	
Total Interim			Total Prospective	
Interim Component		F	Prospective Adjusted f	or New Costs
X Settlement based on costs		7	Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes		12	
Budget	F	Licensure	Rating Change	
X Unaudited costs	:	Usual and	Customary Limitation	ı
Field audited costs		Target Ra	te limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X		ement FYE 12/31/20	12
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV	2] as of 03/22/2011	
<u>Distribution:</u>		ノフケー	Thomas Parker	
Contract Management / Fiscal Agent		edicaid Cost	Reimbursement Planni	ing and Finance
Permanent File	1.10			
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
Home Office:				
			i I	
			1	
			:	



Provider Type: Current New Effective Date	Benderson Family Skilled Nursing & Rehab Center			Provider Number:	0 033717-00
Provider Type: Carrent New Effective Date	1955 North Honore Ave.	•		Date:	2/26/2014
Provider Type: Current Rate Rate Date	Sarasota FL 34235				12/31/2012
Current New Effective Rate Rate Rate Date					
Rate Type: Interim X Prospective Total Interim Total Interim Component Interim Component Prior Provider Prospective data Basis: Changes: Changes: Licensure Rating Change X Unaudited costs Field audit - interim portion Desk audit - Interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Current Rate Rate Rate Effective Date Date Audit - Interim Portor Desk audit - Interim Portion Desk Ration Cost Settlement FYE 12/31/2012 Rate Semester Change Medicaid Cost Reimbursement Planning and Finance	Provider Type:			Addit Status.	Omaditod [0]
Rate Type: Interim					
Interim	N H COLI				
Interim Total Interim Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Nursing Home Single Level	_	235.50		1/1/2014
Interim Total Interim Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis:					
Interim Total Interim Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis:					
Interim Total Interim Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis:					
Interim Total Interim Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis:					
Interim Total Interim Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis:				100 A A A A A A A A A A A A A A A A A A	
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Budget	Rate Type :				
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Interim	X	Prospective	e	
Total Prospective with Interim Component	Total Interim	W	-		
Budget With Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 12/31/2012 Rate Semester Change On FRV [2] as of 03/22/2011 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Interim Component		I	Prospective Adjusted f	or New Costs
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 12/31/2012 Rate Semester Change On FRV [2] as of 03/22/2011 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	X Settlement based on costs		1	Total Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Cost Settlement FYE 12/31/2012 Rate Semester Change On FRV [2] as of 03/22/2011 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Prior Provider Prospective data				
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Usual and Customary Limitation Target Rate limitation change TRVS Change Cost Settlement FYE 12/31/2012 Rate Semester Change On FRV [2] as of 03/22/2011 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Basis:	Changes:			
X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Usual and Customary Limitation Target Rate limitation change TRVS Change Cost Settlement FYE 12/31/2012 Rate Semester Change On FRV [2] as of 03/22/2011 Thomas Parker Medicaid Cost Reimbursement Planning and Finance			4		
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Target Rate limitation change FRVS Change FRVS Change On FRV [2] as of 03/22/2012 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Budget		Licensure	Rating Change	
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate FRVS Change X Cost Settlement FYE 12/31/2012 Rate Semester Change On FRV [2] as of 03/22/2011 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					1
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate X Cost Settlement FYE 12/31/2012 Rate Semester Change On FRV [2] as of 03/22/2011 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	· ·		_	-	
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Rate Semester Change On FRV [2] as of 03/22/2011 Thomas Parker Medicaid Cost Reimbursement Planning and Finance				U	13
Desk Audit - Prospective portion On FRV [2] as of 03/22/2011 Thomas Parker Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate On FRV [2] as of 03/22/2011 Medicaid Cost Reimbursement Planning and Finance		<u> </u>			12
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate I homas Parker Medicaid Cost Reimbursement Planning and Finance				_	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate I homas Parker Medicaid Cost Reimbursement Planning and Finance	Distribution:		2)	
Permanent File For information Only No Change in Rate			0		
For information Only No Change in Rate		Med	licaid Cost	Reimbursement Planni	ing and Finance
No Change in Rate					
		,			
Home Office: 1 - No Home Office				- \understanding \understand \	
	Home Office: 1 - No Home Office				
				!	



arpon Bayou Center		Provider Number:	0 080079-00
15 Chesapeake Drive		Date:	3/6/2014
arpon Springs FL 34689		Fiscal Year End:	8/31/2007
		Audit Status:	Unaudited [3]
rovider Type:			
	Current	New	Effective
Jursing Home Single Level	Rate 189.28	Rate	Date 4/1/2009
Single Level	107.20		4/1/2009
Level H: Aids	327.63	326.76	4/1/2009
Rate Type :			- 1.2 a (\$1.45) (1.2 miles) (1
	X Prospective	_	
Total Interim		Total Prospective	
Interim Component	***************************************	Prospective Adjusted t	for New Costs
Settlement based on costs	7	Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis: Cha	inges:	a de la composition della comp	
Budget	Licensure	Rating Change	
X Unaudited costs	Usual and	Customary Limitation	n
Field audited costs	Target Ra	te limitation change	
Field audit - interim portion	FRVS Ch	•	
			C prior prov 212849
Desk audit - Interim Portion Desk Audit - Prospective portion		ester Change 2] as of 10/01/1985	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent —	10		* 1 m*
Permanent File	Medicaid Cost	Reimbursement Plann	ing and Finance
For information Only			



Tarpon Bayou Center	Prov	ider Number:	0 080079-00	
515 Chesapeake Drive		Date:	3/6/2014	
Tarpon Springs FL 34689	Fisc	al Year End:	8/31/2008	
		Audit Status:	Unaudited [3]	
Provider Type:				
	Current	New	Effective	
Normatora II anno Circalo I anno	Rate	Rate	Date	
Nursing Home Single Level		184.12	7/1/2009	
Level H: Aids	325.34	324.47	7/1/2009	
Rate Type :		• • • • • • • • • • • • • • • • • • • •		
Interim	X Prospective			
Total Interim		rospective ctive Adjusted f	an Naw Coats	
Interim Component Settlement based on costs	***************************************	-	Interim Component	
Prior Provider Prospective data	Total F	Tospective with	mermi Component	
The second secon				
Basis:	Changes:			
Budget	Licensure Rating	g Change		
X Unaudited costs	Usual and Custo		1	
Field audited costs	Target Rate limi	tation change		
Field audit - interim portion	FRVS Change			
Desk audited costs			C prior prov 212849	
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester C On FRV [2] as o			
Distribution:		mas Parker	James Control of the	
Contract Management / Fiscal Agent			· 1 Ta.	
Permanent File	Medicaid Cost Reimb	ursement Plann	ing and Finance	
For information Only				
No Change in Rate				
	NOT THE THE AMERICAN AND THE	1306377000		
Home Office: T - No Home Office				
Home Office:				



Tarpon Bayou Center			Provider Number:	0 080079-00
515 Chesapeake Drive		Date: 3/6/		3/6/2014
Tarpon Springs FL 34689		*		8/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
-		Current	New	Effective
N		Rate	Rate	Date
Nursing Home Single Level		193.70	<u> 192.81</u> _	1/1/2010
Level H: Aids		335.62	334.73	1/1/2010
Rate Type :				
Interim	X	Prospectiv	e	
Total Interim		-	Total Prospective	
Interim Component			Prospective Adjusted f	for New Costs
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective d	ıta			
Basis:	Changes:			
Dudgat		Licensure	Rating Change	
Budget X Unaudited costs			l Customary Limitation	n
Field audited costs	:		ite limitation change	•
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X			C prior prov 212849
Desk audit - Interim Portion Desk Audit - Prospective portion	1		ester Change [2] as of 10/01/1985	
			2] as of 10/01/1905	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File For information Only				
No Change in Rate				
Home Office: 1 - No Home Office		-	e eminente e e e	
	nominos ()			



Tarpon Bayou Center		Provider Number:	0 080079-00
515 Chesapeake Drive	Date:		3/6/2014
Tarpon Springs FL 34689		Fiscal Year End:	
		Audit Status:	8/31/2009 Unaudited [3]
Provider Type:			
	Current	New	Effective
N . W	Rate	Rate	Date
Nursing Home Single Level	<u>197.33</u>	<u> 196.44</u> _	7/1/2010
Level H: Aids	340.67	339.78	7/1/2010
Rate Type:			
Interim	X Prospective	÷	
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted t	
Settlement based on costs	7	Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis: Ch	anges:	VI INC. V VANCOS AMARIA CARRAS	
Dudget	I icensure	Rating Change	
Budget Vinaudited costs		Customary Limitation	n
Field audited costs		te limitation change	11
Field audit - interim portion	FRVS Ch	=	
Desk audited costs		-	3C prior prov 212849
Desk audit - Interim Portion	Rate Seme	ester Change	•
Desk Audit - Prospective portion	On FRV [2] as of 10/01/1985	<u></u>
<u>Distribution:</u>	71	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
`			



rpon Bayou Center			Provider Number:	0 080079-00
5 Chesapeake Drive	89		3/6/2014	
rpon Springs FL 34689			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
ovider Type:				
		Current Rate	New Rate	Effective Date
ırsing Home Single Level	-	199.82	198.93	1/1/2011
		177.02	170.75	1,1,2011
Level H: Aids		344.68	343.79	1/1/2011
		er Mantalannan – 1, 1997 in State Land and Grand and State Land an		
Rate Type :				
Interim	X	Prospectiv		
Total Interim			Total Prospective Prospective Adjusted t	For Now Costs
Interim Component Settlement based on costs		***************************************	Total Prospective with	
Prior Provider Prospective data			Total Flospective with	menn Component
		TO COMMENTE OF THE PARTY AND ADDRESS OF THE PARTY OF THE		
Basis:	Changes:]		
Budget	:	Licensure	Rating Change	
X Unaudited costs		Usual and	d Customary Limitation	n
Field audited costs	,	Target Ra	nte limitation change	
Field audit - interim portion	;	FRVS Ch	nange	
Desk audited costs	<u> </u>		f FA+RFA NH05-123	C prior prov 212849
Desk audit - Interim Portion			ester Change [2] as of 10/01/1985	
Desk Audit - Prospective portion Distribution:	90 May 1644 May 1864 May 1864	5	21 as of 10/01/1983	
	/	0	Thomas Parker	
Contract Management / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File For information Only				
No Change in Rate				
Home Office: 1 - No Home Office	70 <u> </u>			
Home Office:				



arpon Bayou Center	Provider Number: 0 080079-00
15 Chesapeake Drive	Date: 3/6/2014
arpon Springs FL 34689	Fiscal Year End: 8/31/2010
	Audit Status: Unaudited [3]
rovider Type:	Current New Effective Rate Rate Date
ursing Home Single Level	<u>191.36</u> <u>190.52</u> <u>7/1/2011</u>
Level H: Aids	337.56 336.72 7/1/2011
Rate Type :	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Prospective Adjusted for New Costs
Settlement based on costs	Total Prospective with Interim Component
Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
X Unaudited costs	Usual and Customary Limitation
Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	X Effects of FA+RFA NH05-123C prior prov 212849
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 10/01/1985
Distribution:	
Contract Management / Fiscal Agent	Thomas Parker
Permanent File	Medicaid Cost Reimbursement Planning and Finance
For information Only	
No Change in Rate	
No Change in Naic	
Home Office: 1 - No Home Office	A CONTRACTOR OF THE CONTRACTOR



Tarpon Bayou Center			Provider Number:	0 080079-00
515 Chesapeake Drive	Date: 3		3/6/2014	
Tarpon Springs FL 34689			Fiscal Year End:	8/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 192.52	New Rate 191.69	Effective Date 1/1/2012
Level H: Aids	Minani	340.13	339.30	1/1/2012
		``		
Rate Type:				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u>X</u>		e Fotal Prospective Prospective Adjusted f Fotal Prospective with	
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	<u>X</u>	Usual and Target Ra FRVS Ch Effects of Rate Seme	-	n C prior prov 212849
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	licaid Cost	Reimbursement Plann	ing and Finance
Home Office: 1 - No Home Office				



arpon Bayou Center		Provider Number:	0 080079-00
5 Chesapeake Drive		Date:	3/6/2014
arpon Springs FL 34689		Fiscal Year End:	8/31/2011
	*	Audit Status:	Unaudited [3]
rovider Type:			
	Current Rate	New Rate	Effective Date
ursing Home Single Level	196.39	195.54	7/1/2012
Level H: Aids	345.60		7/1/2012
Rate Type:			
Interim	X Prospective	e	
Total Interim	X	Total Prospective	
Interim Component	I	Prospective Adjusted f	or New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Dudent	Licensure	Rating Change	
Budget X Unaudited costs		Customary Limitation	•
Field audited costs		te limitation change	.1
Field audit - interim portion	FRVS Ch		
Desk audited costs		FA+RFA NH05-123	C prior prov 212840
Desk audit - Interim Portion		ester Change	C prior prov 21204
Desk Audit - Prospective portion		2] as of 10/01/1985	
Distribution:	78	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ing and Finance
Permanent File	medicale Cost	reality discinctif i falli	ing and i manee
For information Only			
No Change in Rate			
1 N. II		 ,	
Home Office: 1 - No Home Office			



	Provider Number:	0 080079-00
Date: 3		3/6/2014
	Fiscal Year End:	8/31/2011
	Audit Status:	Unaudited [3]
Rate	Rate	Effective Date 1/1/2013
349.3		1/1/2013
	Total Prospective Prospective Adjusted	
Changes:	* * * * * * * * * * * * * * * * * * *	
Usua Targe FRV: X Effect Rate	I and Customary Limitation thange S Change ets of FA+RFA NH05-12 Semester Change	
76	Thomas Parker	
Medicaid (Cost Reimbursement Plan	ning and Finance
	X Prospo X Y X X X X X X X X	Total Prospective X



Tarpon Bayou Center			Provider Number:	0 080079-00
515 Chesapeake Drive			Date:	3/6/2014
Tarpon Springs FL 34689			Fiscal Year End:	8/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				L J
	(Current	New	Effective
Numaina Hama — Cinala Laval		Rate	Rate	Date
Nursing Home Single Level		199.86		7/1/2013
Rate Type:				4811 MAIL
Interim	X 1	Prospectiv	/e	
Total Interim		-	Total Prospective	
Interim Component			Prospective Adjusted i	for New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data				-
Basis:	Changes:	,	**************************************	
Budget		Licensur	e Rating Change	
X Unaudited costs			d Customary Limitation	n
Field audited costs		_	ate limitation change	
Field audit - interim portion		FRVS C	-	
Desk audited costs			f FA+RFA NH05-123	C prior prov 212849
Desk audit - Interim Portion Desk Audit - Prospective portion			nester Change [2] as of 10/01/1985	
<u>Distribution:</u>		-	Thomas Parker	
Contract Management / Fiscal Agent		Can		ing and Finance
Permanent File	Med	icaid Cos	t Reimbursement Plann	ing and rinance
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office			W. At a c c a man or c c c c c c c c c c c c c c c c c c	
Home Office: 1 - No Home Office				



Tarpon Bayou Center		Provider Number:	0 080079-00	
515 Chesapeake Drive			3/6/2014	
Tarpon Springs FL 34689		Fiscal Year End:	8/31/2013	
		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 206.29	New Rate 205.39	Effective Date 1/1/2014	
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data]	e Total Prospective Prospective Adjusted f Total Prospective with		
Basis:	Changes:		**************************************	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch X Effects of Rate Semi	•	n SC prior prov 212849	
Distribution:	7	Thomas Parker	- var enterencententententententententententententente	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cost	Reimbursement Plann	ing and Finance	



Alliance Community for Retirement Liv	ng			Provider Number:	0 202789-00	
130 West Armstrong Avenue				Date:	2/7/2014	
Deland FL 32720				Fiscal Year End:	6/30/2007	
				Audit Status:	Field Audited [2]	
Provider Type:						
			Current	New	Effective	
Nursing Home Single Level			Rate 163.93	Rate	Date 1/1/2008	
Training Itome Single Level		All production of the second	103.73	102.09	1/1/2000	
Level H: Aids			297.93	296.89	1/1/2008	
Rate Type :						
Interim		X	Prospective	:		
Total Interim				otal Prospective		
Interim Component Settlement based on				rospective Adjusted f		
Prior Provider Prosp			1	otal Prospective with	interim Component	
	- i					
Basis:	1	Changes:]			
Budget	:	•	Licensure 1	Rating Change		
Unaudited costs	# 1 1			Customary Limitation	1	
X Field audited costs	4			e limitation change		
Field audit - interim portion			FRVS Cha	inge		
Desk audited costs	1	<u>X</u>		it #NH09-105L FYE	6/30/2007	
Desk audit - Interim Portion Desk Audit - Prospective portion	n	1		ster Change 1] as of 10/01/1985		
Distribution:		7	5	Thomas Parker		
Contract Management / Fiscal Agent		Med	licaid Cost F	Reimbursement Plann	ing and Finance	
Permanent File						
For information Only						
No Change in Rate						
Home Office: 1 - No Home	e Office	1197 11974 11977 11977		:		
j 1				3		
				1		
		was one waste		The second second second second		



Alliance Community for Retirement Living	Pr	ovider Number:	0 202789-00
130 West Armstrong Avenue	Date:		2/7/2014
Deland FL 32720	F	iscal Year End:	6/30/2007
		Audit Status:	Field Audited [2]
Provider Type:			
	Current Rate	New Rate	Effective Date
Nursing Home Single Level	165.48	164.68	7/1/2008
Level H: Aids	301.76	300.96	7/1/2008
Rate Type :			
Interim	X Prospective		
Total Interim		Prospective	
Interim Component		ective Adjusted f	for New Costs
Settlement based on costs		•	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
	The same and the s	CI.	
Budget Unaudited costs	Licensure Rati		_
X Field audited costs	Target Rate lin	tomary Limitation	1
Field audit - interim portion	FRVS Change	••••••••••••••••••••••••••••••••••••••	
Desk audited costs		NH09-105L FYE	6/30/2007
Desk audit - Interim Portion	Rate Semester		
Desk Audit - Prospective portion	On FRV [2] as	of 10/01/1985	
Distribution:	Th	omas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Rein	bursement Plann	ing and Finance
Permanent File	1/10010010 0000 11011		and I mand
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
nome office.		i I	
		•	



Alliance Community for Retirement Living			Provider Number:	0 202789-00
130 West Armstrong Avenue			2/7/2014	
Deland FL 32720			Fiscal Year End:	6/30/2007
			Audit Status:	Field Audited [2]
Provider Type:				
		Current	New	Effective
Muncing Home Cinals Lavel		Rate	Rate	Date
Nursing Home Single Level	,	164.25	<u>163.48</u> _	1/1/2009
Level H: Aids		302.60	301.83	1/1/2009
Rate Type:	v	Prognativ	10	
Total Interim	X	Prospectiv X	Total Prospective	
Interim Component			Prospective Adjusted f	or New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data			•	•
Basis:	Changes:			×
		J		
Budget	I	Licensure	e Rating Change	
Unaudited costs			d Customary Limitation	l
X Field audited costs	i	_	ate limitation change	
Field audit - interim portion		FRVS Cl	•	< /ao (***) ***
Desk audited costs Desk audit - Interim Portion	<u>X</u>		dit #NH09-105L FYE ester Change	6/30/2007
Desk Audit - Prospective portion	-		[2] as of 10/01/1985	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Planni	ng and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office		W-84 ************************************		
The state of the s				
			:	



Alliance Community fo	r Retirement Living			Provider Number:	0 202789-00
130 West Armstrong A	venue	Date: 2/7/20		2/7/2014	
Deland FL 32720				Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type:				· ·	
			Current	New	Effective
.,	~		Rate	Rate	Date
Nursing Home	Single Level	_	150.48		3/1/2009
	Level H: Aids	_	288.83	288.13	3/1/2009
Rate Type :		Manufacture (A/Manufacture)			
<u> </u>		v	D		
Interim	tal Interim	<u>X</u>	Prospective X T	otal Prospective	
	erim Component			rospective Adjusted f	or New Costs
	tlement based on costs		-	otal Prospective with	
Pri	or Provider Prospective data		***************************************	•	•
Basis:		Changes:			
Budget	10 to	!	·Licensure I	Rating Change	
Unaudited cos	its			Customary Limitation	1
X Field audited	costs	1	_	e limitation change	
	nterim portion		FRVS Cha	•	
Desk audited of Desk audit - In	*	<u>X</u>		t #NH09-105L FYE	6/30/2007
	Prospective portion		Rate Semes	as of 10/01/1985	
Distribution:)()		
Contract Managem	ent / Fiscal Agent			Thomas Parker	
Permanent File		Med	licaid Cost R	teimbursement Planni	ing and Finance
For informati	on Only				
No Change in					
	1 - No Home Office				•
Home Office:					
				:	



Alliance Community for	Retirement Living			Provider Number:	0 202789-00
130 West Armstrong Av			Date: 2/7/20		
Deland FL 32720				Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type:				• • • • • • • • • • • • • • • • • • • •	
•			Current	New	Effective
Name II	Clarata I amal		Rate	Rate	Date
Nursing Home	Single Level		178.03	<u> 177.21</u> _	4/1/2009
]	Level H: Aids		316.38	315.56	4/1/2009
				2	
			-	Source of Assistance Landson Company as a second company as a seco	
Rate Type:					
Interim		X	Prospective	;	
Tota	ıl Interim			otal Prospective	
	rim Component			rospective Adjusted f	
LAI	ement based on costs		7	otal Prospective with	Interim Component
Prio	r Provider Prospective data			44,000	
Basis:		Changes:			
			-		
Budget				Rating Change	
Unaudited cost				Customary Limitation elimitation change	1
X Field audited c			FRVS Cha	-	
Field audit - in Desk audited co		<u> </u>		inge it #NH09-105L FYE	6/30/2007
Desk audited et				ster Change	0/30/2007
Desk Audit - Pr	rospective portion	1	On FRV [2	?] as of 10/01/1985	
<u>Distribution:</u>			7	Thomas Parker	1,000,000,000,000,000,000,000,000,000,0
Contract Managemen	nt / Fiscal Agent	Mad	ingid Coat 1	Reimbursement Planni	ing and Finance
Permanent File		Med	iicaiu Cost i	xennoursement Flatun	ing and rinance
For informatio	n Only				
No Change in	Rate				
Home Office:	1 - No Home Office			 ;	
TACIMO CALIOU.	: •			1	
	1			1	



Tarpon Bayou Ce	nter				Provider Number:	0 212849-00	
515 Chesapeake I					Date:	2/26/2014	
Tarpon Springs F	L 34689				Fiscal Year End:	8/31/2006	
					Audit Status:	Unaudited [3]	
Provider Type	e:						
• •				Current	New	Effective	
	~			Rate	Rate	Date	
Nursing Home	e Single Level		_	161.36	<u>160.49</u> _	7/1/2007	
	Level H: Aids			293.30		7/1/2007	
Rate Type							
Inter			X	Prospectiv			
	Total Interim				Fotal Prospective Prospective Adjusted to	for Norry Coata	
· · · · · · · · · · · · · · · · · · ·	Interim Component Settlement based on costs				Frospective Adjusted I Fotal Prospective with		
· · · · · · · · · · · · · · · · · · ·	Prior Provider Prospective data				Total Trospective with	merm component	
		- F	~-	1	444		r1-
Basis:			Changes:]			
Budget		;		Licensure	Rating Change		
X Unaudit	red costs				l Customary Limitation	n	
Field au	idited costs				ite limitation change		
	ıdit - interim portion			FRVS Ch	•		
	dited costs dit - Interim Portion	:	X		f FA + RFA #NH05-1 ester Change	23C FYE 8/31/01	
	adit - Prospective portion				[2] as of 10/01/1985		
 Distributio				570	Thomas Parker		
Contract Mar	nagement / Fiscal Agent			dissid Cost	Reimbursement Planr	vina and Finance	
Permanent Fi	ile		IVIC	uicaiu Cosi	Remoursement Fiant	ing and rmance	
For infe	formation Only						
No Ch	ange in Rate						
Home Office:	1 - No Home Office	a managa a series	manager and a	ARTONIA ORGANIA			



Tarpon Bayou Center		Provider Number:	0 212849-00
515 Chesapeake Drive	Date: 2/26/		
Tarpon Springs FL 34689		Fiscal Year End:	8/31/2007
		Audit Status:	Unaudited [3]
Provider Type:			
•	Current	New	Effective
N . H . C. L .	Rate	Rate	Date
Nursing Home Single Level	<u>161.95</u>	<u> 161.10</u> _	1/1/2008
Level H: Aids	295.95	295.10	1/1/2008
-			
Rate Type:			
Interim	X Prospective		
Total Interim	XT	otal Prospective	
Interim Component		rospective Adjusted	
Settlement based on costs	T	otal Prospective with	Interim Component
Prior Provider Prospective data			
Basis: Ch	anges:		
	Ligangura	Rating Change	
Budget X Unaudited costs		Customary Limitation	n
Field audited costs		e limitation change	11
Field audit - interim portion	FRVS Cha	-	
Desk audited costs		FA + RFA #NH05-1	123C FYE 8/31/01
Desk audit - Interim Portion		ster Change	
Desk Audit - Prospective portion	On FRV [2	2] as of 10/01/1985	
Distribution:	76	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost I	Reimbursement Plann	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
1		i	



Tarpon Bayou Center		Provider Number:	0 212849-00	
515 Chesapeake Drive		2/26/2014		
Tarpon Springs FL 34689		Fiscal Year End: 8		
•		Audit Status:	Unaudited [3]	
Provider Type: Nursing Home Single Level	Current Rate 164.06	New Rate 163.22	Effective Date 7/1/2008	
Musting Home Single Devel		103.22	//1/2008	
Level H: Aids	300.34		7/1/2008	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data		e Fotal Prospective Prospective Adjusted to Fotal Prospective with		
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch X Effects of Rate Seme	Rating Change Customary Limitation te limitation change ange FFA + RFA #NH05-1 ester Change 2] as of 10/01/1985		
Distribution:		Thomas Parker		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost	Reimbursement Plann	ning and Finance	
Home Office: 1 - No Home Office		:		



Tarpon Bayou Center		Provider Number:	0 212849-00
515 Chesapeake Drive		2/26/2014	
Tarpon Springs FL 34689		Fiscal Year End:	8/31/2007
		Audit Status:	Unaudited [3]
Provider Type:			
· ·	Current	New	Effective
N	Rate	Rate	Date
Nursing Home Single Level	<u> 166.11</u>		1/1/2009
Level H: Aids	304.46	303.63	1/1/2009
Rate Type:	X Prospectiv	e	
Total Interim	***************************************	Total Prospective	
Interim Component		Prospective Adjusted f	for New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:	****	
i	1	Dating Classes	
Budget Variable Distribution Unaudited costs		Rating Change	•
Field audited costs		l Customary Limitation te limitation change	li
Field audit - interim portion	FRVS Ch	_	
Desk audited costs		f FA + RFA #NH05-1	23C FYE 8/31/01
Desk audit - Interim Portion		ester Change	
Desk Audit - Prospective portion	On FRV [[2] as of 10/01/1985	
<u>Distribution:</u>	77	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
:			
		i	



Tarpon Bayou Center			Provider Number:	0 212849-00
515 Chesapeake Drive			Date:	2/26/2014
Tarpon Springs FL 34689			Fiscal Year End:	8/31/2007
			Audit Status:	Unaudited [3]
Provider Type:				
	(Current	New	Effective
Nursing Home Single Level	A-0.00	Rate 152.18	Rate	Date 3/1/2009
Nursing Home Single Level		132.10		3/1/2009
Level H: Aids		290.53		3/1/2009
Rate Type:	•			
Interim Tatal Interim	<u> </u>	Prospective		,
Total Interim Interim Component			Fotal Prospective Prospective Adjusted:	for New Costs
Settlement based on costs		-	Total Prospective with	
Prior Provider Prospective data			rotarriospoonte ma	i interim component
Basis:	Changes:			
Budget	i	Licensure	Rating Change	
X Unaudited costs			Customary Limitatio	n
Field audited costs		Target Ra	te limitation change	
Field audit - interim portion	!	FRVS Ch	ange	
Desk audited costs	X		FA + RFA #NH05-1	123C FYE 8/31/01
Desk audit - Interim Portion Desk Audit - Prospective portion	·		ester Change 2] as of 10/01/1985	
Distribution:			2) 43 01 10/01/1902	
			Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Planr	ning and Finance
Permanent File				
For information Only				‡ - ÷
No Change in Rate				
Home Office: 1 - No Home Office	and a combine common	Addition of the A	1	
			i e	
· .				



The Park Summit at Coral Springs		P	rovider Number:	0 254134-00
8500 Royal Palm Blvd.	Date:		2/7/2014	
Coral Springs FL 33065		F	Fiscal Year End:	6/30/2007
			Audit Status:	Field Audited [2]
Provider Type:				
		rrent	New	Effective
N ' II C' I I I		late	Rate	Date
Nursing Home Single Level		00.57		7/1/2008
Level H: Aids	33	6.85	337.39	7/1/2008
Rate Type:				
Interim	X Pro	ospective		
Total Interim			al Prospective	
Interim Component	_		spective Adjusted	
Settlement based on costs Prior Provider Prospective data	_	1018	ii Prospective with	Interim Component
Basis:	Changes:			
Budget	ļ L	icensure Ra	ting Change	
Unaudited costs			stomary Limitatio	n
X Field audited costs			imitation change	
Field audit - interim portion	F	RVS Chang	e	
Desk audited costs	·		54W FYE 6/30/20	007
Desk audit - Interim Portion Desk Audit - Prospective portion		ate Semeste	r Change s of 06/01/1986	
Distribution:				
Contract Management / Fiscal Agent		<i></i>	homas Parker	 .
Permanent File	Medica	aid Cost Rei	mbursement Plant	ning and Finance
For information Only				
No Change in Rate				
Home Office: FiveStar Quality Care Inc				
400 Centre Street Newton MA 02458				



The Park Summit at Coral Springs	Provider Number: 0 254134			0 254134-00
8500 Royal Palm Blvd.		Date: 2/7/20		2/7/2014
Coral Springs FL 33065			Fiscal Year End:	6/30/2007
			Audit Status:	Field Audited [2]
Provider Type:				
	(Current	New	Effective
Nursing Home Single Level		Rate 200.62	Rate	Date
Trui sing frome Single Level		200.02	<u>201.18</u> _	1/1/2009
Level H: Aids		338.97	339.53	1/1/2009
		ALIA 617 1 8		
Rate Type :				
Interim	<u>X</u>	Prospective		
Total Interim			Total Prospective	fan Nave Caste
Interim Component Settlement based on costs			Prospective Adjusted to Total Prospective with	
Prior Provider Prospective data			rotar riospective with	i intermi Component
	Character	T		
Basis:	Changes:	ļ		
Budget	!	Licensure	Rating Change	
Unaudited costs			Customary Limitation	n
X Field audited costs			te limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	<u>X</u>		- 054W FYE 6/30/20	007
Desk audit - Interim Portion Desk Audit - Prospective portion			ester Change 2] as of 06/01/1986	
Distribution:				
Contract Management / Fiscal Agent		0_	Thomas Parker	
Permanent File	Med	licaid Cost	Reimbursement Plann	ning and Finance
For information Only				
No Change in Rate				
Home Office: FiveStar Quality Care Inc			<u> </u>	
400 Centre Street			i	
Newton MA 02458				



The Park Summit at Coral Springs				Provider Number:	0 254134-00
8500 Royal Palm Blvd.		Date:		2/7/2014	
Coral Springs FL 33065				Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home Single I	Level	******	183.81	184.31	3/1/2009
Level H: A	Aids		322.16	322.66	3/1/2009
Rate Type: InterimTotal InterimInterim CompSettlement ba	sed on costs	<u>X</u>	P	otal Prospective Prospective Adjusted to Otal Prospective with	
Basis:	r Prospective data	Changes:		The second secon	
Budget Unaudited costs X Field audited costs Field audit - interim por Desk audited costs Desk audit - Interim Por Desk Audit - Prospective	tion	X	Usual and Target Rat FRVS Cha FA NH10 Rate Seme	Rating Change Customary Limitation te limitation change ange - 054W FYE 6/30/20 ester Change 2] as of 06/01/1986	
Distribution:		7	3	Thomas Parker	- 110 Vin WOOD
Contract Management / Fiscal Permanent File For information Only No Change in Rate	Agent	Med	icaid Cost	Reimbursement Plann	ning and Finance
Home Office: FiveS	Star Quality Care Inc		9.16 Sammer 1999 A. S. Same		
	entre Street on MA 02458				



The Park Summit at Coral Springs			Provider Number:	0 254134-00
8500 Royal Palm Blvd.			2/7/2014	
Coral Springs FL 33065			Fiscal Year End:	6/30/2007
			Audit Status:	Field Audited [2]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level	Washington .	216.49		4/1/2009
Level H: Aids	<u>.</u>	354.84	355.43	4/1/2009
Rate Type:	,			
Interim	X	Prospective	e	
Total Interim		=	Total Prospective	
Interim Component]	Prospective Adjusted	for New Costs
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget		Licensure	Rating Change	
Unaudited costs			Customary Limitation	n
X Field audited costs		-	te limitation change	
Field audit - interim portion		FRVS Ch	_	
Desk audited costs Desk audit - Interim Portion	<u>X</u>		0- 054W FYE 6/30/20	007
Desk Audit - Prospective portion			ester Change 2] as of 06/01/1986	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent				1.77
Permanent File	Med	icaia Cost	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
Home Office: FiveStar Quality Care Inc		~ ~~~	,	
400 Centre Street Newton MA 02458				