SECRETARY



MEMORANDUM

Date: May 29, 2020

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

From: Z Zainab Day,Regulatory Analyst Supervisor

Subject: Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	Provider Number	Type of Action	Number of Rate Change Notices
1.	Bay Village of Sarasota	0 018777-00	FA	1
2.	Univeristy Center East	0 041686-00	FA	1
3.	Heritage Healthcare Center at Tallahassee	0 043833-00	Effects of FA & RFA	4
4.	Heritage Healthcare and Rehabilitation Center	0 043838-00	FA & RFA	5
5.	Keystone Rehabilitation and Health Center	0 043839-00	FA & RFA	5
6.	Oakbridge Healthcare Center	0 043841-00	FA & RFA	4
7.	The Palms Rehabilitation and Health Center	0 043847-00	FA & RFA	4
8.	Coral Trace Health Care	0 043848-00	FA & RFA	5
9.	Coral Bay Healthcare and Rehabilitation	0 043851-00	FA & RFA	4
10.	Colonial Lakes Health Care	0 043854-00	FA & RFA	5
11.	Bradenton Health Care	0 043859-00	FA & RFA	5
12.	Brandon Health and Rehabilitation Center	0 043860-00	FA & RFA	5
13.	Harts Harbor Healthcare Center	0 043865-00	FA & RFA	5
14.	Countryside Rehab and Healthcare Center	0 043872-00	FA & RFA	4
15.	Governor's Creek Health and Rehabilitation	0 043875-00	FA & RFA	5
16.	Homestead Manor A Palace Community	0 046017-00	FA	2
17.	Summer Brook Healthcare Center	0 059783-00	Effects of FA	8
18.	Island Health and Rehabilitaiton Center	0 059866-00	FA	3



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19.	Rosewood Health and Rehabilitation Center	0 059869-00	FA	2
20.	Spring Hill Health and Rehabilitation Center	0 059877-00	FA	2
21.	University Hills Health and Rehabilitation	0 060993-00	FA & RFA	5
22.	Consulate Health Care of Jacksonville	0 080384-00	FA	2
23.	Consulate Health Care of Pensacola	0 080405-00	Effects of FA	2
24.	Consulate Health Care of Port Charlotte	0 080416-00	FA	2
25.	Consulate Health Care of Tallahassee	0 080428-00	FA	2
26.	Consulate Health Care of Vero Beach	0 080430-00	FA	1
27.	Consulate Health Care at West Altamonte	0 080431-00	FA	1
28.	Consulate Health Care of West Palm Beach	0 080432-00	FA	1
29.	Consulate Health Care of Winter Haven	0 080434-00	FA	1
30.	Franco Nursing and Rehabilitation Center	0 080436-00	FA	1
31.	Baya Pointe Nursing and Rehabilitation Center	0 092681-00	FA	7
32.	Palm Garden of Largo	0 098583-00	Effects of FA & RFA	6
33.	Palm Garden of Port St. Lucie	0 098588-00	Effects of FA & RFA	8
34.	Palm Garden of Sun City	0 098589-00	Effects of FA & RFA	6
35.	Westwood Nursing and Rehabilitation Center	0 103475-00	FA	7
36.	Citrus Hills Health and Rehabilitaiton Center	0 122340-00	FA & RFA	5
37.	Riverwood Health and Rehabilitation Center	0 122344-00	FA & RFA	4
38.	Terrace Health and Rehab Center	0 122346-00	FA & RFA	4
39.	Villa Health and Rehabilitation Center	0 122347-00	FA & RFA	4
40.	The Pavilion for Healthcare	0 129312-00	FA	6
41.	Oak View Rehabilitation Center	0 130817-00	FA	5
42.	Gulf Coast Village	0 201120-00	Effects of FA	3
43.	Villa Maria Nursing and Rehabilitation Center	0 203165-00	FA	1
44.	Sunrise Health and Rehabilitation Center	0 207497-00	FA	2
45.	Courtenay Springs Village	0 209325-00	Effects of FA	3
46.	Clermont Health and Rehabilitation Center	0 221465-00	Effects of FA	7

47.	Crosswinds Health and Rehabilitation	0 222270-00	CS	3
	Center			
48.	Cross Landings Health and	0 222271-00	CS	3
	Rehabilitation Center			
49.	Oak Manor Healthcare and	0 258342-00	FA	1
	Rehabilitation Center			
50.	Boulevard Rehabilitation Center	0 263613-00	FA	2
51.	Majestic Oaks Continuing Care	0 269000-00	Effects of FA	3
	Complex			
52.	Signature Healthcare Center of	0 324400-00	FA & RFA	3
	Waterford			
53.	Signature Healthcare of Orange Park	0 324434-00	FA & RFA	3
54.	The Bridge at Bay St. Joe	0 324485-00	Rate Semester	2
			Change	
55.	Northdale Rehabilitation Center	1 002777-00	NRP	4
			CHOP/CHOW	
56.	Stratford Court at Boca Raton	1 004024-00	CHOW	3
57.	Baywood Care Center	1 019609-00	CHOW	3
58.	Aventura Rehab and Nursing Center	1 030069-00	CHOW	2
59.	Fernandina Beach Rehabilitaiton and	1 036415-00	CHOW	2
	Nursing Center			
60.	Park Summit at Coral Spring	1 049235-00	CHOW	1
			TOTAL:	210

If you have any questions regarding the above contact Zainab Day 412-4798. ZD/nr

		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective Date	_		_	, and the second		
Provider Number	Format YYYYMMDD	Intermediate I	Skilled AIDS	Intermediate II	Skilled (SKD)	MFAO	Audit Number
001877700	20160901	(IN1) 273.63	(SKA) 0.00	(IN2) 273.63	Skilled (SKD) 273.63	number 87874-20	NH16-063W
004168600	20160901	225.09	0.00	225.09	225.09	87874-20	NH16-007L
004383300	20130701	201.38	0.00	201.38	201.38	87874-20	NH13-189C
004383300	20140101	202.60	0.00	202.60	202.60	87874-20	NH13-189C
004383300 004383300	20140701 20160901	211.42 195.78	0.00	211.42 195.78	211.42 195.78	87874-20 87874-20	NH13-189C NH16-145C
004383800	20130701	235.16	0.00	235.16	235.16	87874-20	NH13-191C
004383800	20140101	238.04	0.00	238.04	238.04	87874-20	NH13-191C
004383800	20140701	249.02	0.00	249.02	249.02	87874-20	NH13-191C
004383800 004383800	20160901 20170901	209.28 212.89	0.00	209.28 212.89	209.28 212.89	87874-20 87874-20	NH16-143C NH16-143C
004383900	20130701	204.56	0.00	204.56	204.56	87874-20	NH13-192C
004383900	20140101	206.23	0.00	206.23	206.23	87874-20	NH13-192C
004383900	20140701	213.62	0.00	213.62	213.62	87874-20	NH13-192C
004383900	20160901	185.29	0.00	185.29	185.29	87874-20	NH16-139C
004383900 004384100	20170901 20130701	189.68 208.22	0.00	189.68 208.22	189.68 208.22	87874-20 87874-20	NH16-139C NH13-193C
004384100	20140101	211.12	0.00	211.12	211.12	87874-20	NH13-193C
004384100	20140701	222.29	0.00	222.29	222.29	87874-20	NH13-193C
004384100	20160901	202.25	0.00	202.25	202.25	87874-20	NH16-095C
004384700	20130701	214.72	0.00	214.72	214.72	87874-20	NH13-196C
004384700 004384700	20140101 20140701	216.39 224.88	0.00	216.39 224.88	216.39 224.88	87874-20 87874-20	NH13-196C NH13-196C
004384700	20160901	204.40	0.00	204.40	204.40	87874-20	NH16-092C
004384800	20130701	208.25	0.00	208.25	208.25	87874-20	NH13-182C
004384800	20140101	210.61	0.00	210.61	210.61	87874-20	NH13-182C
004384800	20140701	219.69	0.00	219.69	219.69	87874-20	NH13-182C
004384800 004384800	20160901 20170901	200.36 203.76	0.00	200.36 203.76	200.36 203.76	87874-20 87874-20	NH16-126C NH16-126C
004385100	20130701	214.59	0.00	214.59	214.59	87874-20	NH13-198C
004385100	20140101	217.31	0.00	217.31	217.31	87874-20	NH13-198C
004385100	20140701	229.25	0.00	229.25	229.25	87874-20	NH13-198C
004385100	20160901	215.82	0.00	215.82	215.82		NH16-097C
004385400	20130701	213.62	0.00	213.62	213.62		NH13-200
004385400 004385400	20140101 20140701	216.24 225.17	0.00	216.24 225.17	216.24 225.17		NH13-200 NH13-200
004385400	20160901	187.30	0.00	187.30	187.30		NH16-135C
004385400	20170901	190.81	0.00	190.81	190.81	87874-20	NH16-135C
004385900	20130701	215.79	0.00	215.79	215.79	87874-20	NH13-183C
004385900	20140101	216.55	0.00	216.55	216.55	87874-20	NH13-183C
004385900 004385900	20140701 20160901	227.16 211.86	0.00	227.16 211.86	227.16 211.86	87874-20 87874-20	NH13-183C NH13-183C
004385900	20170901	216.10	0.00	216.10	216.10	87874-20	NH13-183C
004386000	20130701	202.41	0.00	202.41	202.41	87874-20	NH13-184C
004386000	20140101	203.97	0.00	203.97	203.97	87874-20	NH13-184C
004386000	20140701	212.00	0.00	212.00	212.00	87874-20	NH13-184C
004386000 004386000	20160901 20170901	198.96 204.47	0.00 0.00	198.96 204.47	198.96 204.47	87874-20 87874-20	NH16-125C NH16-125C
004386500	20130701	194.89	0.00	194.89	194.89	87874-20	NH13-207C
004386500	20140101	196.88	0.00	196.88	196.88	87874-20	NH13-207C
004386500	20140701	205.18	0.00	205.18	205.18	87874-20	NH13-207C
004386500	20160901	188.50	0.00	188.50	188.50	87874-20	NH16-132C
004386500	20170901 20130701	192.43 204.40	0.00 0.00	192.43 204.40	192.43 204.40	87874-20 87874-20	NH16-132C NH13-186C
004387200 004387200	20130701	204.40	0.00	204.40	204.40	87874-20 87874-20	NH13-186C NH13-186C
004387200	20140701	215.27	0.00	215.27	215.27	87874-20	NH13-186C
004387200	20160901	196.46	0.00	196.46	196.46	87874-20	NH16-090C
004387500	20130701	198.02	0.00	198.02	198.02	87874-20	NH13-213C
004387500	20140101	200.74	0.00	200.74	200.74	87874-20	NH13-213C
004387500 004387500	20140701 20160901	209.24 193.25	0.00 0.00	209.24 193.25	209.24 193.25	87874-20 87874-20	NH13-213C NH16-142C
004387500	20170901	196.53	0.00	196.53	196.53	87874-20	NH16-142C
004601700	20130701	257.48	0.00	257.48	257.48	87874-20	NH13-243L
004601700	20140101	260.79	0.00	260.79	260.79	87874-20	NH13-243L
005978300	20130701	183.12	0.00	183.12	183.12	87874-20	NH14-055C
005978300 005978300	20140101 20140701	186.69 194.67	0.00	186.69 194.67	186.69 194.67	87874-20 87874-20	NH14-055C NH14-055C
005978300	20150101	196.96	0.00	196.96	196.96		NH14-055C
005978300	20150901	189.67	0.00	189.67	189.67		NH15-133C
005978300	20160117	195.35	0.00	195.35	195.35	87874-20	NH15-133C
005978300	20160901	194.20	0.00	194.20	194.20		NH15-133C
005978300	20170901	193.53	0.00	193.53	193.53		NH15-133C
005986600 005986600	20160901 20170901	202.97 206.66	0.00 0.00	202.97 206.66	202.97 206.66		NH16-164C NH16-164C
005986600	20170907	208.89	0.00	208.89	208.89		NH16-164C
005986900 005986900	20160901 20170901	205.92 210.18	0.00	205.92 210.18	205.92 210.18		NH16-151C NH16-151C

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								NH16-054W
0.0001700 20140901 232.10 0.00 232.10 232.10 8/8/4-20 NH15-02/V	013081700	20140901	232.16	0.00	232.16	232.16	87874-20	NH15-027W

	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
013081700	20150101	234.49	0.00	234.49	234.49	87874-20	NH15-027W
013081700	20150301	238.69	0.00	238.69	238.69	87874-20	NH15-027W
013081700	20150901	238.13	0.00	238.13	238.13	87874-20	NH15-027W
013081700	20160901	241.49	0.00	241.49	241.49	87874-20	NH15-027W
020112000	20150901	243.22	0.00	243.22	243.22	87874-20	NH16-069W
020112000	20160901	266.41	0.00	266.41	266.41	87874-20	NH16-069W
020112000	20170901	272.91	0.00	272.91	272.91	87874-20	NH16-069W
020316500	20160901	268.88	0.00	268.88	268.88	87874-20	NH16-012L
020749700	20160901	247.92	0.00	247.92	247.92	87874-20	NH16-041L
020749700	20170901	251.45	0.00	251.45	251.45	87874-20	NH16-041L
020932500	20150901	251.14	0.00	251.14	251.14	87874-20	NH15-094C
020932500	20160901	279.99	0.00	279.99	279.99	87874-20	NH15-096C
020932500	20170901	283.30 198.27	0.00	283.30	283.30	87874-20 87874-20	NH15-096C NH08-102C
022146500 022146500	20130701 20140101	201.11	0.00	198.27 201.11	198.27 201.11	87874-20	NH08-102C
022146500	20140701	210.80	0.00	210.80	210.80	87874-20	NH08-102C
022146500	20150101	206.14	0.00	206.14	206.14	87874-20	NH08-102C
022146500	20150901	203.53	0.00	203.53	203.53	87874-20	NH08-102C
022146500	20160901	201.80	0.00	201.80	201.80	87874-20	NH08-102C
022146500	20170901	216.48	0.00	216.48	216.48	87874-20	NH08-102C
022227000	20170827	262.20	0.00	262.20	262.20	87874-20	141100 1020
022227000	20170901	264.91	0.00	264.91	264.91	87874-20	
022227000	20180301	271.94	0.00	271.94	271.94	87874-20	
022227100	20170827	265.60	0.00	265.60	265.60	87874-20	
022227100	20170901	266.15	0.00	266.15	266.15	87874-20	
022227100	20180301	271.25	0.00	271.25	271.25	87874-20	
025834200	20160901	204.31	0.00	204.31	204.31	87874-20	NH17-010G
026361300	20160901	203.68	0.00	203.68	203.68	87874-20	NH15-122C
026361300	20170901	206.55	0.00	206.55	206.55	87874-20	NH15-122C
026900000	20150901	218.33	0.00	218.33	218.33	87874-20	NH15-018W
026900000	20160901	222.52	0.00	222.52	222.52	87874-20	NH15-018W
026900000	20170901	225.22	0.00	225.22	225.22	87874-20	NH15-018W
032440000	20150901	212.99	0.00	212.99	212.99	87874-20	NH15-006G
032440000	20160901	197.33	0.00	197.33	197.33		NH15-083C
032440000	20170901	216.64	0.00	216.64	216.64		NH15-083C
032443400	20150901	200.81	0.00	200.81	200.81		NH15-085C
032443400	20160901	210.94	0.00	210.94	210.94		NH15-081C
032443400	20170901	215.46	0.00	215.46	215.46		NH15-081C
032448500 032448500	20150901	195.93	0.00	195.93	195.93		NH15-073C NH15-073C
	20160901 20180918	203.54	0.00	203.54	203.54	87874-20	NH 15-073C
100277700 100277700	20181001	218.47 228.51	0.00	218.47 228.51	218.47 228.51	87874-20 87874-20	
100277700	20190701	228.51	0.00	228.51	228.51	87874-20	
100277700	20191001	230.60	0.00	230.60	230.60	87874-20	
100277700	20181101	260.79	0.00	260.79	260.79	87874-20	
100402400	20190701	260.79	0.00	260.79	260.79	87874-20	
100402400	20191001	260.79	0.00	260.79	260.79	87874-20	
101960900	20181101	233.08	0.00	233.08	233.08	87874-20	
101960900	20190701	212.69	0.00	212.69	212.69	87874-20	
101960900	20191001	215.79	0.00	215.79	215.79	87874-20	
103006900	20190701	282.54	0.00	282.54	282.54	87874-20	
103006900	20191001	282.54	0.00	282.54	282.54	87874-20	
103641500	20190801	220.41	0.00	220.41	220.41	87874-20	
103641500	20191001	224.57	0.00	224.57	224.57	87874-20	
104923500	20200101	240.57	0.00	240.57	240.57	87874-20	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAY VILLAGE OF SARASOTA	Provider Number:		0 018777	-00
8400 VAMO ROAD	Date:		11/22/20	19
SARASOTA, FL 34231	Fiscal Year End:		12/31/20)14
	Audit Status:		Field Aud	lited
Provider Type: Nursing Home Single Level		Current Rate 272.76	New <u>Rate</u> 273.63	Effective <u>Date</u> 9/1/2016
Rate Type:				
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	-	l Prospective l Prospective	with Interim	Component
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semest X Field Audit	_	W FYE 12/31	/2014
Distribution: Contract Management / Fiscal Agent	Medicaid Cost Reim	Zainab Day	Janning and E	inanaa
Permanent File	Medicald Cost Reim 7	inak T		mance
For Information Only	Za	inab T	y	
No Change in Rate				
Home Office: No Home Office		20 1000 7 20 20 20 20 20 20 20 20 20 20 20 20 20		
8A81Y Report Calculated: 11/22/2019 10:21:28 AM Report	Printed:11/22/2019 ID: 018	77712312014	010120140521	2015102809



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

UNIVERSITY CENTER EAST	Γ	Provider Number:		0 041686	-00
991 E NEW YORK AVE		Date:			20
DELAND, FL 32724		Fiscal Year End:		1/31/20	16
		Audit Status:		Field Aud	lited
Provider Type: Nursing Home Single	e Level		Current <u>Rate</u> 225.16	New <u>Rate</u> 225.09	Effective <u>Date</u> 9/1/2016
Rate Type:					
Interim		X Prospective			
	Total Interim	X To	tal Prospective	:	
	Interim Component	To	tal Prospective	with Interim	Component
	Settlement based on cost Prior Provider Prospective data				
Basis:		Changes:			
			ester Change		
Budget		X Field Aug	lit #NH16-007	L FYE 1/31/2	2016
Unaudited co					
Desk audited					
Distribution:			Zainab Day		
Contract Management / Fiscal	Agent	Medicaid Cost Rei	mbursement P		Finance
Permanent File		,	Zainab I	Day	
For Information Only		0		0	
No Change in Rate					
Home Office:	No Home Office				
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HERITAGE HEALTHCARE	CENTER AT TALLAHASSEE	Provider Number: 0 043833-00				
3101 GINGER DR	Date:		4/2/2020			
TALLAHASSEE, FL 32308-4	4437	Fiscal Year End:		7/31/20	12	
		Audit Status:		Revised Field	d Audit	
Provider Type:						
			Current	New	Effective	
			<u>Rate</u>	Rate	<u>Date</u>	
Nursing Home Singl	e Level		<u>202.29</u>	<u>201.38</u>	<u>7/1/2013</u>	
Rate Type:						
Interim		X Prospective				
	Total Interim	Tot	al Prospective	:		
	Interim Component	Tot	al Prospective	with Interim	Component	
X	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
			ster Change			
Budget			A #NH13-189	C FYE 7/31/2	012	
Unaudited of	costs					
X Field audite	ed costs					
Desk audite	ed costs					
Distribution:			Zainab Day			
Contract Management / Fiscal	l Agent	Medicaid Cost Reir	nbursement P	lanning and F	inance	
Permanent File		3	Painab Z	Day		
For Information Only		0		1		
No Change in Rate						
Home Office:	CMCII					
	800 Concourse Parkway South					
	Maitland, FL 32751					
WRZFL Report Calc	ulated: 4/2/2020 12:22:29 PM Report	Printed :4/2/2020 ID: 04	4383307312012	2020120120731	12013165516	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Date: 1/2 1/	HERITAGE HEALTHCARE CENTER AT TALLAHASSEE	Provider Number:	Provider Number: 0 043833-00			
Provider Type: Rate Type: X Prospective Total Prospective with Interim Component X Settlement based on cost Prior Provider Prospective data Rate Semester Change X FA & RFA &NH13-189C FYE 7/31/2012	3101 GINGER DR	Date:		4/2/2020		
Provider Type: Nursing Home Single Level Sin	TALLAHASSEE, FL 32308-4437	Fiscal Year End:		7/31/202	12	
Nursing Home Single Level Rate Type: Interim		Audit Status:		Revised Field	l Audit	
Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data Changes: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: CMCII X Prospective Total Prospective Total Prospective Total Prospective Total Prospective Total Prospective A Prospective Total Prospective Total Prospective Total Prospective A Prospective Total Prospective Medicaid Cost Reimbursement Planning and Finance Jainab Day Medicaid Cost Reimbursement Planning and Finance Jainab Day			<u>Rate</u>	Rate	<u>Date</u>	
Interim Total Interim Total Prospective Total Prospective Total Prospective With Interim Component X Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change X FA & RFA #NH13-189C FYE 7/31/2012 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: CMCII CMCII	Nursing Home Single Level		203.53	<u>202.60</u>	<u>1/1/2014</u>	
Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data Basis:	Rate Type:					
Interim Component X Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change	Interim	X Prospective				
Settlement based on cost Prior Provider Prospective data	Total Interim	Tota	l Prospective			
Basis: Budget Unaudited costs X Field audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: CMCII Changes: Rate Semester Change X FA & RFA #NH13-189C FYE 7/31/2012 Rate Semester Change X FA & RFA #NH13-189C FYE 7/31/2012 Medicaid Cost Reimbursement Planning and Finance Jainab Day Medicaid Cost Reimbursement Planning and Finance Jainab Day Medicaid Cost Reimbursement Planning and Finance CMCII	Interim Component	Tota	l Prospective	with Interim	Component	
Basis: Budget Unaudited costs X Field audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Changes: Rate Semester Change X FA & RFA #NH13-189C FYE 7/31/2012 Rate Semester Change X FA & RFA #NH13-189C FYE 7/31/2012 Medicaid Cost Reimbursement Planning and Finance Jainab Day Medicaid Cost Reimbursement Planning and Finance Jainab Day Medicaid Cost Reimbursement Planning and Finance Jainab Day	X Settlement based on cost					
Rate Semester Change X FA & RFA #NH13-189C FYE 7/31/2012 Unaudited costs X Field audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: CMCII Rate Semester Change X FA & RFA #NH13-189C FYE 7/31/2012 Medicaid Cost Reimbursement Planning and Finance Jainab Day Medicaid Cost Reimbursement Planning and Finance Jainab Day Medicaid Cost Reimbursement Planning and Finance Againab Day	Prior Provider Prospective data					
Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: CMCII Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Jainab Day Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Jainab Day Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Jainab Day Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Jainab Day Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Jainab Day Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Jainab Day Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Jainab Day Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Jainab Day Contract Management / Fiscal Agent Medicaid Cost Reimbursement Medicaid Cost Reimbursement Contract Management / Fiscal Agent Medicaid Cost Reimbursement Contract Management / Fiscal Agent Medicaid Cost Reimbursement Contract Management / Fiscal Agent Medicaid Cost Reimbursement Contract Management / Contract Management Contract Management / Contract Management / Contract Management Contract Management / Contr	Budget Unaudited costs X Field audited costs	Rate Semes	_	C FYE 7/31/2	012	
Contract Management / Fiscal Agent Permanent FileFor Information OnlyNo Change in Rate Home Office: CMCII Medicaid Cost Reimbursement Planning and Finance Zainab Day Heading Cost Reimbursement Planning and Finance Reimbursement Planning and Finance	Distribution:		Zainab Day			
No Change in Rate Home Office: CMCII	Contract Management / Fiscal Agent	Medicaid Cost Reim	bursement P		inance	
No Change in Rate Home Office: CMCII	Permanent File	3	ainab I	Day		
Home Office: CMCII	For Information Only	0		0		
	No Change in Rate					
Maitland, FL 32751 WRZFL Report Calculated: 4/2/2020 12:22:29 PM Report Printed: 4/2/2020 ID: 043833073120120201201207312013165516	800 Concourse Parkway South Maitland, FL 32751	t Drinted A/Q/2020	292207212012	020120120223	2012165516	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HERITAGE HEALTHCARE CENTER AT TALLAHASSEE	Provider Number:	Provider Number: 0 043833-00			
3101 GINGER DR	Date:		4/2/2020		
TALLAHASSEE, FL 32308-4437	Fiscal Year End:		7/31/202	12	
	Audit Status:		Revised Field	l Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 212.38	New <u>Rate</u> 211.42	Effective <u>Date</u> 7/1/2014	
Truising Frome Single Level		212.50			
Rate Type:					
Interim	X Prospective				
 Total Interim		Prospective			
Interim Component	Total	Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semeste X FA & RFA #	_	C FYE 7/31/2	012	
Distribution:	Z	Lainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimb	oursement Pl	anning and F	inance	
Permanent File	3a	inab Z	Day		
For Information Only	0		0		
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 WRZFL Report Calculated: 4/2/2020 12:22:29 PM Repo	rt Printed :4/2/2020 ID: 0438	02207212012	020120120731	20121/551/	



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Tallahassee, Florida 32308

HERITAGE HEALTHCARE	CENTER AT TALLAHASSEE	Provider Number:		0 043833	-00
3101 GINGER DR	Date:		4/2/202	0	
TALLAHASSEE, FL 32308-	-4437	Fiscal Year End:		12/31/20)15
		Audit Status:		Field Aud	lited
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Sing	le Level		<u>196.21</u>	<u>195.78</u>	<u>9/1/2016</u>
Rate Type:					
Interim		X Prospective			
	Total Interim	X Tota	l Prospective		
	Interim Component	Tota	l Prospective	with Interim	Component
	Settlement based on cost				
	Prior Provider Prospective data				
Basis: Budget Unaudited X Field audit Desk audit	ed costs		t #NH16-145 Effects of FA	C FYE 12/31, & RFA #NH	
Distribution:			Zainab Day		
Contract Management / Fisca	al Agent			lanning and F	inance
Permanent File		Medicaid Cost Reim	ainab I	Day	
For Information Only	y	0		U	
No Change in Rate					
Home Office:	CMCII				
, ,	800 Concourse Parkway South Maitland, FL 32751				
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HERITAGE HEALTHCARE AND REHABILITATION CENTER 777 9TH ST N		Provider Number:		0 043838-00 1/30/2020		
		Date:				
NAPLES, FL 34102			Fiscal Year End: 7/31/2012			12
			Audit Status:		Revised Fiel	d Audit
Provider Type: Nursing Home Sing	gle Level			Current <u>Rate</u> 235.86	New <u>Rate</u> 235.16	Effective <u>Date</u> 7/1/2013
Rate Type:						
Interim		X	Prospective			
	Total Interim			tal Prospective		
	Interim Component		Tot	tal Prospective	with Interim	Component
X	Settlement based on cost Prior Provider Prospective data					
	Thor frovider frospective data					
Basis:		Char	iges:			
Dubio				ester Change		
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Unaudited	l costs					
X Field audi	ted costs					
Desk audi	ted costs					
Distribution:				7 ' 15		
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Permanent File					_	mance
For Information Onl	ly			Zainab	Vay	
No Change in Rate			-		U	
Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751					
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE AND REHABILITATION CENTER	Provider Number:		0 043838-00 1/30/2020		
777 9TH ST N	Date:				
NAPLES, FL 34102	Fiscal Year End:	V	7/31/20	12	
	Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		Current Rate 238.74	New <u>Rate</u> 238.04	Effective <u>Date</u> 1/1/2014	
Truising frome Single Devel		250.17	20001	3/1/2031	
Rate Type:					
Interim Total Interim Interim Component X 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	Rate Semes X FA & RFA	_	C FYE 7/31/2	012	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Zainab Day Medicaid Cost Reimbursement Planning and Finance Zainab Day				
Home Officeype tecMOPre 800 Concourse Parkway South Maitland, FL 32751					

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE AND REHABILITATION CENTER	Provider Number	r:	0 043838-00 1/30/2020 7/31/2012		
777 9TH ST N	Date:				
NAPLES, FL 34102	Fiscal Year End:				
	Audit Status:		Revised Fiel	d Audit	
Provider Type:		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>249.75</u>	249.02	7/1/2014	
Rate Type:					
Interim	X Prospective				
Total Interim	T	otal Prospective			
Interim Component	To	otal Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
Budget		nester Change FA #NH13-191	0 EVE 7/21/2	010	
Unaudited costs	X FA & RI	A #NH15-1910	CFYE 1/31/2	.012	
X Field audited costs					
Desk audited costs					
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File					
For Information Only	y	ainab Di	J		
No Change in Rate					
Home Office: CMCII					
800 Concourse Parkway South					
Maitland, FL 32751					

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE	RITAGE HEALTHCARE AND REHABILITATION CENTER Provider Number: 0 043838		3-00			
777 9TH ST N NAPLES, FL 34102		Date:		1/30/2020 12/31/2015		
		Fiscal Year E	nd:			
		Audit Status:		Field Au	dited	
Provider Type:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	le Level		209.72	209.28	9/1/2016	
Rate Type:						
Interim		X Prospective				
- Interna	Total Interim	X	Total Prospective			
-	Interim Component	5	Total Prospective		Component	
	Settlement based on cost		1		•	
	Prior Provider Prospective data					
Basis:		Changes:	Semester Change			
Budget			Audit #NH16-143	C FYE 12/31.	/2015 with	
Unaudited	costs		s of NH16-143C F	YE 12/31/20	15.	
X Field audite	ed costs					
Desk audite	ed costs					
Distribution:			Zainab Day			
Contract Management / Fiscal Agent		Medicaid Cost	Medicaid Cost Reimbursement Planning and Finance			
Permanent File			Zainab i	ay		
For Information Only			V	0		
No Change in Rate						
Home Office:	CMCII					
	800 Concourse Parkway South					
	Maitland, FL 32751					

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Tallahassee, Florida 32308

HERITAGE HEALTHCARE AND REHABILITATION CENT	ER Provider Number	4	0 043838-00		
777 9TH ST N Date:			1/30/2020		
NAPLES, FL 34102	Fiscal Year End:		12/31/20	015	
	Audit Status:		Field Au	dited	
Provider Type:					
		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		213.34	212.89	9/1/2017	
Rate Type:					
Interim	X Prospective				
Total Interim	X To	otal Prospective			
Interim Component	To	otal Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data	ı				
Basis:	Changes:				
		ester Change			
Budget		dit #NH16-143 NH16-143C F			
Unaudited costs	effects of	NH10-143C r	1 E 12/31/20	13.	
X Field audited costs					
Desk audited costs					
Distribution:		Zainah Dau			
Contract Management / Fiscal Agent	Medicaid Cost Re	Zainab Day	lanning and E	inonoo	
Permanent File	Medicaid Cost Re	nnouisement P	iaining and r	mance	
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No Change in Rate					
Home Office: CMCII					
800 Concourse Parkway South					
Maitland, FL 32751					
	eport Printed:2/13/2020 ID:	04383812312015	010120150425	52016113106	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

KEYSTONE REHABILITATION AND HEALTH CENTER	Provider Number:		0 043839-00 2/20/2020		
1120 W DONEGAN AVE	Date:				
KISSIMMEE, FL 34741-2247	Fiscal Year End:	7/31/2012			
	Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 205.02	New <u>Rate</u> 204.56	Effective <u>Date</u> 7/1/2013	
Rate Type:					
Interim	X Prospective				
Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data	Tota	l Prospective l Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semes	_	C FYE 7/31/2	012	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reim		lanning and F	inance	
Permanent FileFor Information OnlyNo Change in Rate	Za	rinab Z	Pay		
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751	inted:2/20/2020 ID: 04	383907312012	020120120801	2013093706	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

KEYSTONE REHABILITATION AND HEALTH CENTER	Provider Number:		0 043839	-00	
1120 W DONEGAN AVE	Date:		2/20/2020		
KISSIMMEE, FL 34741-2247	Fiscal Year End:		7/31/20	12	
Provider Type: Nursing Home Single Level	Audit Status:	Current Rate 206.69	New Rate 206.23	Effective Date 1/1/2014	
Rate Type:					
InterimX	Prospective	Prospective			
Interim Component		-	with Interim	Component	
X Settlement based on cost	1041	11050001110	With Internit	component	
Prior Provider Prospective data					
Basis:	nges:				
	Rate Semeste	-			
Budget Unaudited costs	X FA & RFA	#NH13-1920	C FYE 7/31/2	012	
X Field audited costs					
Desk audited costs					
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimb	oursement P	lanning and F	inance	
Permanent File	3	ainab	Day		
For Information Only	0		0		
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 D610E Report Calculated: 2/20/2020 2:39:23 PM Report Printed	-2/20/2020 TD: 042	92007212012	020120120801	2012002766	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

REISTONE REHABILITATION AND HEALTH CENTER	Provider Number:		2/20/2020		
1120 W DONEGAN AVE	Date:				
KISSIMMEE, FL 34741-2247	Fiscal Year End:		7/31/20	12	
	Audit Status:		Revised Fiel	d Audit	
Provider Type: Nursing Home Single Level		Current Rate 214.09	New <u>Rate</u> 213.62	Effective <u>Date</u> 7/1/2014	
Rate Type:					
Interim Total Interim Interim Component X 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	Rate Semest X FA & RFA	•	C FYE 7/31/2	012	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reim	Zainab Day bursement Pl ainab Z	anning and F	inance	
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 Doi/0E Report Calculated: 2/20/2020 2:39:23 PM Report Print	nted:2/20/2020 ID: 04	183007312012	020120120801	2013002706	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

KEYSTONE REHABILITATION AND HEALTH CENTER	Provider Number:		0 043839	-00	
1120 W DONEGAN AVE	Date:		2/20/2020		
KISSIMMEE, FL 34741-2247	Fiscal Year End:		12/31/20)15	
	Audit Status:	2	Field Aud	lited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> <u>185.65</u>	New <u>Rate</u> 185,29	Effective <u>Date</u> 9/1/2016	
Rate Type:					
Interim X	Prospective				
Total Interim		l Prospective			
Interim Component	Tota	1 Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semes X Field Audit	_	PC FYE 12/31	/2015	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reim	bursement Pl	lanning and F	inance	
Permanent File	Za	inab T	ay		
For Information Only	0		0		
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 Report Calculated: 2/20/2020 2:39:23 PM Report Print	red •2/20/2020 TD• 04	202012212015	010120150405	2016125022	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

KEYSTONE REHABILITATION AND HEALTH CENTER 1120 W DONEGAN AVE KISSIMMEE, FL 34741-2247		Provider Number:		0 043839-00 2/20/2020 12/31/2015		
		Date:	5			
		Fiscal Year End:				
		Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Sin	gle Level		Current Rate 190.05	New <u>Rate</u> 189.68	Effective	
Rate Type:						
Interim		X Prospective				
	Total Interim		al Prospective			
	Interim Component	Tota	al Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
		19				
Basis:		Changes:				
		Rate Semes	ster Change			
Budget		X Field Audi	t #NH16-139	C FYE 12/31	/2015	
Unaudited						
X Field audi						
Desk audi	ited costs					
Distribution:			Zainab Day			
Contract Management / Fisc	cal Agent	Medicaid Cost Rein		lanning and F	inance	
Permanent File					*********	
For Information On	lv	Zainab Day				
No Change in Rate	•					
Home Office:	CMCII					
	800 Concourse Parkway South Maitland, FL 32751					
DeloE Penort Co	Igulated: 2/20/2020 2:30:23 PM Reno	rt Printed :2/20/2020 ID: 04	1383912312014	010120150425	2016125023	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OAKBRIDGE HEALTHCARE CENTER 3110 OAKBRIDGE BLVD E LAKELAND, FL 33803-5987		Provider Number:		0 043841-00 3/31/2020		
		Date:				
		Fiscal Year End:		7/31/20	12	
		Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 208.40	New <u>Rate</u> 208.22	Effective <u>Date</u> 7/1/2013	
Rate Type:						
Interim	<u> </u>	X Prospective				
ınterini	Total Interim		al Prospective			
	Interim Component		-	with Interim	Component	
X	Settlement based on cost		ar rospective	With Intellin	Component	
	Prior Provider Prospective data					
Basis: Budget Unaudited X Field audit Desk audit	red costs	Changes: Rate Semes X FA & RFA	_	C FYE 7 /31/2	012	
Distribution:			Zainab Day			
Contract Management / Fisca	al Agent	Medicaid Cost Rein	Medicaid Cost Reimbursement Planning and Finance			
Permanent File		, 0000 110111				
For Information Onl	y		ZD			
No Change in Rate						
Home Office:	CMCII					
	800 Concourse Parkway South Maitland, FL 32751					
9KRTR Report Cal	culated: 3/31/2020 1:08:23 PM Report	Printed :3/31/2020 ID: 04	384107312017	0020120120731	2013153742	



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Tallahassee, Florida 32308

OAKBRIDGE HEALTHCARE CENTER	Provider Number:		0 043841-00		
3110 OAKBRIDGE BLVD E	Date:		3/31/2020 7/31/2012		
LAKELAND, FL 33803-5987	Fiscal Year End:				
	Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		Current Rate 211.30	New <u>Rate</u> 211.12	Effective	
Rate Type:					
Interim	X Prospective				
Total Interim	Tota	l Prospective			
Interim Component	Total	l Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semest X FA & RFA	_	C FYE 7/31/2	012	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance		inance		
Permanent File	ZD				
For Information Only		20			
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 9KBTB Report Calculated: 3/31/2020 1:08:23 PM Report	ort Printed :3/31/2020 ID: 04	29/107212012	2020120120731	2012152742	



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Tallahassee, Florida 32308

OAKBRIDGE HEALTHCARE CENTER	Provider Number:	Provider Number:			
3110 OAKBRIDGE BLVD E	Date:	3/31/2020			
LAKELAND, FL 33803-5987	Fiscal Year End:		7/31/202	12	
	Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 222.47	New <u>Rate</u> 222.29	Effective	
Rate Type:					
Interim	X Prospective				
Total Interim	Total	Prospective			
Interim Component	Total	Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semest X FA & RFA	_	C FYE 7/31/2	012	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reiml		lanning and F	inance	
Permanent File			J		
For Information Only		ZD			
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 9KBTB Report Calculated: 3/31/2020 1:08:23 PM Report	ort Printed :3/31/2020 ID: 043	94107212012	020120120731	2012152742	



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Tallahassee, Florida 32308

OAKBRIDGE HEALTHCARE CENTER	Provider Number:	0 043841-	0 043841-00	
3110 OAKBRIDGE BLVD E	Date:		3/31/202	20
LAKELAND, FL 33803-5987	Fiscal Year End:		12/31/20	14
	Audit Status:		Field Aud	ited
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 202.55	New <u>Rate</u> 202.25	Effective <u>Date</u> 9/1/2016
Rate Type:				
InterimX	Prospective			
Total Interim		Prospective		
Interim Component	Total	Prospective	with Interim	Component
Settlement based on cost				
Prior Provider Prospective data				
Budget Unaudited costs X Field audited costs Desk audited costs		#NH16-0950	C FYE 12/31/ IH13-193C F	
Distribution:		Zainab Day		
Contract Management / Fiscal Agent	Medicaid Cost Reiml		anning and F	inance
Permanent File		ZD	_	
For Information Only		20		
No Change in Rate				
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 9KBTB Report Calculated: 3/31/2020 1:08:23 PM Report Printed	H :2/21/2020 ID: 042	04112212014	010120141110	20015115120



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE PALMS REHABILITATION AND HEALTHCARE CENTER			}	Provider Number:	0 043847	3847-00		
5405 BABCOCK ST NE			Date:		2/24/202	20		
PALM BAY, FL	32905			Fiscal Year End:		7/31/2012		
				Audit Status:		Revised Fiel	d Audit	
Provider Typ	e:				Current	New	Effective	
	a.				Rate	Rate	<u>Date</u>	
Nursing Hom	e Sing	le Level			<u>215.13</u>	<u>214.72</u>	7/1/2013	
Rate 7	Гуре:							
]	Interim		X	Prospective				
		Total Interim		Tota	l Prospective			
_		Interim Component		Tota	ıl Prospective	with Interim	Component	
_	X	Settlement based on cost						
_		Prior Provider Prospective data						
Basis:			Cha	nges:				
	_			Rate Semes	_			
	Budget			X FA & RFA	#NH13-196	C FYE 7/31/2	012	
	_ Unaudited							
X	Field audito							
	Desk audite	ed costs						
Distribution:		1 A cont			Zainab Day			
Contract Manage Permanent File	ement / Fisca	ii Ageill		Medicaid Cost Reim		_	inance	
	rmation Only	1		7	ainab t	Day		
	ge in Rate	,		V		U		
Hom	e Office:	CMCII						
		800 Concourse Parkway South Maitland, FL 32751						
WPVXP	Report Calc		rt Printed	·2/24/2020 ID: 04	384707312017	0020120120731	2013105632	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE PALMS REHABILITATION AND HEALTHCARE CENTER	Provider Number:	.00				
5405 BABCOCK ST NE	Date:		2/24/2020			
PALM BAY, FL 32905	Fiscal Year End:		7/31/20	12		
	Audit Status:		Revised Fiel	d Audit		
Provider Type:						
• •		Current	New	Effective		
		Rate	Rate	<u>Date</u>		
Nursing Home Single Level		<u>216.81</u>	<u>216.39</u>	<u>1/1/2014</u>		
Rate Type:						
Interim	X Prospective					
Total Interim		tal Prospective				
Interim Component	To	tal Prospective	with Interim	Component		
X Settlement based on cost						
Prior Provider Prospective data						
Basis:	Changes:					
		ester Change				
Budget	X FA & RF	A #NH13-196	C FYE 7/31/2	2012		
Unaudited costs						
X Field audited costs Desk audited costs						
Desk audited costs						
Distribution:		Zainab Day				
Contract Management / Fiscal Agent	Medicaid Cost Rei			inance		
Permanent File	30	ainab D	ay			
For Information Only	U		0			
No Change in Rate						
Home Office: CMCII						
800 Concourse Parkway South						
Maitland, FL 32751						
	Printed :2/24/2020 ID: (04384707312013	2020120120731	12013105632		



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Tallahassee, Florida 32308

THE PALMS REHABILITA	Provider Numb	Provider Number: 0 043					
5405 BABCOCK ST NE		Date:		2/24/2020			
PALM BAY, FL 32905		Fiscal Year End	1:	7/31/20	12		
		Audit Status:		Revised Fiel	d Audit		
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Sing	gle Level		<u>225.31</u>	<u>224.88</u>	7/1/2014		
Rate Type:							
Rate Type.							
Interim	_	X Prospective					
	Total Interim		Total Prospective				
	Interim Component		Total Prospective	with Interim	Component		
X	Settlement based on cost Prior Provider Prospective data						
Basis:		Changes:	Cl.				
Budget			mester Change RFA #NH13-196	C FYE 7/31/2	2012		
Unaudited	l costs	<u> </u>		01127/01/2	2012		
X Field audi	ted costs						
Desk audi	ted costs						
Distributions							
<u>Distribution:</u> Contract Management / Fisc	al Agant		Zainab Day				
Permanent File	ai Agoiit	Medicaid Cost F		_	Finance		
	L.		Zainab I	Day			
For Information OnlNo Change in Rate	ıy			U			
_							
Home Office:	CMCII						
	800 Concourse Parkway South Maitland, FL 32751						
WPVXP Report Cal	Iculated: 2/24/2020 9:50:39 AM Report	Printed :2/24/2020 II	· 0438470731201	202012012073	12013105632		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE PALMS REHABILITA	Provider Number:	0 043847	0 043847-00				
5405 BABCOCK ST NE		Date:		2/24/2020			
PALM BAY, FL 32905		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	de Level		204.79	204.40	9/1/2016		
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:					
Budget		Rate Semes	_	12/31/2014 wi	ith Effects of		
Unaudited	costs			C FYE 7/31/2			
X Field audit							
Desk audit							
Distribution:			Zainab Day				
Contract Management / Fisca	al Agent –	Medicaid Cost Rein			Finance		
Permanent File		30	ainab I	ay			
For Information Only	y	0		0			
No Change in Rate							
Home Office:	CMCII						
	800 Concourse Parkway South Maitland, FL 32751						
WPVXP Report Cale	culated: 2/24/2020 9:50:39 AM Report P	rinted :2/24/2020 ID: 04	38471231201/	1010120141110	02015105030		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CORAL TRAC	CORAL TRACE HEALTH CARE		Provid	0 043848	348-00			
216 SANTA B	ARBARA BLV	VD.	Date:			2/4/2020		
CAPE CORAI	L, FL 33991-20	031	Fiscal	Year End:		7/31/20	12	
			Audit	Status:		Revised Field	d Audit	
Provider Ty Nursing Ho	-	le Level			Current <u>Rate</u> 208.85	New <u>Rate</u> 208.25	Effective <u>Date</u> 7/1/2013	
Rate	е Туре:							
	Interim	_	X Prosp	pective				
		Total Interim		Tota	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Changes:]				
	Budget		X	Rate Semes	_	Field Audit #N	JU12 192C	
	Unaudited	costs		FYE 7/31/2		rieid Audit #1	NIII3-102C	
X	Field audite							
	Desk audite	ed costs						
D: 4 11 41								
Distributio	n: agement / Fisca	1 A gant			Zainab Day			
Permanent Fil	_	i Ageni	Medica			lanning and F	inance	
	ic iformation Only	,		Z'	ainab Z	ay		
	ange in Rate	,						
Но	ome Office:	CMCII						
		800 Concourse Parkway South Maitland, FL 32751						
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CORAL TRA	CORAL TRACE HEALTH CARE		Provider Number	r:	0 043848-00			
216 SANTA E	BARBARA BLV	/D	Date:		2/4/2020			
CAPE CORA	L, FL 33991-20	31	Fiscal Year End:		7/31/2012			
			Audit Status:		Revised Fiel	d Audit		
	rovider Type: [ursing Home Single Level			Current <u>Rate</u> 211.21	New <u>Rate</u> 210.61	Effective <u>Date</u> 1/1/2014		
Rat	е Туре:							
	Interim	Total Interior	X Prospective	akal Dua an a akissa				
		Total Interim Interim Component		otal Prospective otal Prospective		Component		
	X	Settlement based on cost	1	otai i iospective	with michin	Component		
		Prior Provider Prospective data						
Basis:			Changes:					
	Budget			nester Change Idit & Revised I	Field Audit #N	JH13 182C		
	Unaudited	costs	FYE 7/3		Tota Audit #1	VIII3-102C		
X	Field audite	ed costs						
	Desk audite	ed costs						
5 1.11.11								
<u>Distributio</u>		1. 44		Zainab Day				
	agement / Fisca	i Agent	Medicaid Cost Re		-	inance		
Permanent Fi			,	Zainab I	Day			
	nformation Only nange in Rate		V	•	U			
Н	ome Office:	CMCII						
111	onic Office.	800 Concourse Parkway South Maitland, FL 32751						
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CORAL TRA	CE HEALTH C	ARE	Provide	r Number:	0 043848-00				
216 SANTA I	BARBARA BLV	VD.	Date:	Date: 2/4/2020					
CAPE CORA	L, FL 33991-20	031	Fiscal Y	ear End:		7/31/2012			
			Audit S	tatus:		Revised Field	d Audit		
	rovider Type: [ursing Home Single Level					New <u>Rate</u> 219.69	Effective <u>Date</u> 7/1/2014		
Rat	е Туре:								
	Interim	- Total Interim	X Prospe		l Prospective				
		Interim Component		Tota	l Prospective	with Interim	Component		
	X	Settlement based on cost							
	-	Prior Provider Prospective data							
n •									
Basis:			Changes:	D C	() Classic				
	Budget			Rate Semestrield Audit	_	ield Audit #N	NH13-182C		
	Unaudited	costs		FYE 7/31/2					
X	Field audite	ed costs							
	Desk audite	ed costs							
Distributio	\n.								
	nagement / Fisca	1 Agent			Zainab Day				
Permanent Fi	_		Medicaio			lanning and F	inance		
	nformation Only	1		za	inab D	ay			
	nange in Rate					-			
Н	ome Office:	CMCII							
		800 Concourse Parkway South Maitland, FL 32751							
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CORAL TRACE HEALTH CARE 216 SANTA BARBARA BLVD		Provider Number:		0 043848-00		
		Date:		2/4/202	0	
CAPE CORAL, FL 33991-2031		Fiscal Year End:		12/31/20	15	
		Audit Status:		Field Aud	ited	
Provider Type: Nursing Home Single	Level		Current <u>Rate</u> 200.69	New <u>Rate</u> 200.36	Effective <u>Date</u> 9/1/2016	
Rate Type:						
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		al Prospective al Prospective		Component	
Basis: Budget Unaudited co X Field audited Desk audited	costs	With effec	ster Change t #NH16-126 ts of Field Au 113-182C FYI	dit & Revised		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Reimbursement Planning and Finance Zainab Day				
Home Office: 6D0KE Report Calcul	CMCII 800 Concourse Parkway South Maitland, FL 32751	Printed •5/21/2020 ID• 0/		2010120170	201/105225	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CORAL TRACE HEALTH CARE		Provid	Provider Number: 0 04384						
216 SANTA BA	ARBARA BLV	VD	Date:			2/4/2020			
CAPE CORAL,	FL 33991-20	031	Fiscal	Year End:		12/31/20)15		
			Audit	Status:		Field Aud	lited		
Provider Type Nursing Hon	ursing Home Single Level				Current <u>Rate</u> 204.10	New <u>Rate</u> 203.76	Effective		
Rate	Type:								
	Interim		X Pros	pective					
Total Interim		Total Interim	X Total Prospective						
		Interim Component		Tota	l Prospective	with Interim	Component		
		Settlement based on cost Prior Provider Prospective data							
Basis:			Changes:] D G	. Ci				
	Budget		X	Rate Semes	_	C FYE 12/31,	/2015		
	Unaudited	costs		With effect	ts of Field Au	dit & Revised			
X	Field audite	ed costs		Audit #NH	13-182C FYI	E 7/31/2012			
	Desk audite	ed costs							
D:-4-:14:									
Distribution Contract Manag		1 A gant			Zainab Day				
Permanent File	-	ii Agent	Medica			lanning and F	inance		
	ormation Only	1		za	inab Do	ry			
	nge in Rate	,				•			
Hor	ne Office:	CMCII							
1101		800 Concourse Parkway South Maitland, FL 32751							
6D0KE	Report Calc	culated: 2/4/2020 4:48:55 PM Renor	rt Printed :5/21/20	020 ID: 04	384812312015	(010120150425	52016105837		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CORAL BAY HEALTHCA	RE AND REHABILITATION	Provider	Number:		0 043851	-00
2939 S HAVERHILL RD				2/11/2020		
WEST PALM BEACH, FL	33415-8118	Fiscal Ye	ar End:		7/31/20	12
		Audit Sta	tus:		Revised Fiel	d Audit
Provider Type:						
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Sin	gle Level			<u>216.21</u>	214.59	7/1/2013
7.5						
Rate Type:						
Interim		V D				
Internit	Total Interim	X Prospect		Prospective		
	Interim Component			-	with Interim	Common on t
X	Settlement based on cost		Total	Trospective	WILLI IIILEIIIII	Component
	Prior Provider Prospective data					
Basis:		Changes:				
			ite Semeste	r Changa		
Budget				_	Field Audit #	NH13-198C
Unaudited	l costs		YE 7/31/20		r ioid riudic #	141115-1700
X Field audi	ted costs					
Desk audi	ted costs					
Distribution:			7	ainab Day		
Contract Management / Fisca	al Agent	Medicaid C			nning and Ei	
Permanent File		Tylodiodid C	Za	inab Z	anning and Fi	Hance
For Information Onl	y					
No Change in Rate						
Home Office:	CMCII					
	800 Concourse Parkway South					
	Maitland, FL 32751					
N3FKG Report Cal		ort Printed :2/11/2020	ID: 0438	51073120120	201201207312	013155901



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CORAL BAT HEALTHCARE AND REHABILITATION	Provider Number: 0	0 043851-00			
2939 S HAVERHILL RD	Date:	2/11/2020			
WEST PALM BEACH, FL 33415-8118	Fiscal Year End:	7/31/2012			
Provider Type: Nursing Home Single Level	Current N Rate H	New Effective Rate Date 17.31 1/1/2014			
Rate Type:					
Interim	X Prospective				
Total Interim	Total Prospective				
Interim Component	Total Prospective with	Interim Component			
X Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
7.1.	Rate Semester Change				
Budget Unaudited costs	Y Field Audit and Revised Field FYE 7/31/2012	Audit #NH13-198C			
X Field audited costs	TIE WANTEDIE				
Desk audited costs					
Distribution:	Zainab Day				
Contract Management / Fiscal Agent		g and Finance			
Permanent File	Medicaid Cost Reimbursement Plannin Zainab Day				
For Information Only					
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751					
N3FKG Report Calculated: 2/11/2020 3:32:20 PM Report Calculated: 2/11/2020 3:32:20 PM	rt Printed :2/11/2020 ID: 04385107312012020120	01207312013155901			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

	ARE AND REHABILITATION	F	rovider Number:		0 043851	-00	
2939 S HAVERHILL RD			Date:		2/11/2020		
WEST PALM BEACH, FL	33415-8118	F	iscal Year End:		7/31/20	12	
Provider Type:		A	audit Status:	-	Revised Fiel	d Audit	
Nursing Home Sin	gle Level			Current <u>Rate</u> 230.94	New <u>Rate</u> 229.25	Effective <u>Date</u> 7/1/2014	
Rate Type:							
InterimX	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	<u>X</u>		Prospectiv Prospectiv	e e with Interim	Component	
Basis: Budget Unaudited X Field audi Desk audi	ted costs	Chang	Rate Semest	and Revise	d Field Audit #	NH13-198C	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Reimbursement Planning and Finance Zainab Day					
Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751						
I3FKG Report Calc	culated: 2/11/2020 3:32:20 PM Repo	ort Printed :2/1	1/2020 ID: 0438	35107312012	20201201207312	013155901	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CORAL BAY HEALTHCARE AND REHABILITATION	Provider Number	:	0 043851-00 2/11/2020 12/31/2014		
2939 S HAVERHILL RD	Date:	-			
WEST PALM BEACH, FL 33415-8118	Fiscal Year End:				
Provider Type:	Audit Status:	8====	Field Au		
Nursing Home Single Level		Current <u>Rate</u> 216.51	New <u>Rate</u> 215.82	Effective <u>Date</u> 9/1/2016	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		al Prospective al Prospective		Component	
Budget Unaudited costs X Field audited costs Desk audited costs	With Effec	ster Change t #NH16-0970 ts of Field Au 13-198C FYE	dit and Revise	2014 ed Field	
Distribution: Contract Management / Fiscal Agent Permanent FileFor Information OnlyNo Change in Rate	Medicaid Cost Reim	Zainab Day bursement Pla inab Da	ment Planning and Finance		
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751				-	
FKG Report Calculated: 2/11/2020 3:32:20 PM Report	Printed :2/11/2020 ID: 043	851123120140	1012014111702	016104100	



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Tallahassee, Florida 32308

COLONIAL LAKES HEALTH CARE	Provider Number		0 043854-00 1/21/2020 7/31/2012				
15204 W COLONIAL DR	Date:						
WINTER GARDEN, FL 34787-6042	Fiscal Year End:						
	Audit Status:		Revised Fiel	d Audit			
Provider Type:		Current	New	Effective			
Nursing Home Single Level		Rate 213.74	Rate 213.62	<u>Date</u> 7/1/2013			
		<u> </u>	#15.00	//1/2013			
Rate Type:							
Interim	X Prospective						
Total Interim	Tot	tal Prospective	:				
Interim Component	Tot	tal Prospective	with Interim	Component			
X Settlement based on cost							
Prior Provider Prospective dat	a						
Basis:							
Dasis.	Changes:						
Budget		ster Change	EVE OF IOTIO	210			
Unaudited costs	X FA & RFA	A #NH13-200	FYE 07/31/20	012			
X Field audited costs							
Desk audited costs							
Distribution:		Zainab Day					
Contract Management / Fiscal Agent	Medicaid Cost Rein		anning and Fi	inance			
Permanent File		Medicaid Cost Reimbursement Planning and Finance Zainab Day					
For Information Only	J	iunii i	- ay				
No Change in Rate							
Home Office: CMCII							
800 Concourse Parkway South Maitland, FL 32751							
RCP8Z Report Calculated: 1/21/2020 3:31:08 PM R	leport Printed :2/12/2020 ID: 04	1385407312012	020120120731:	2013145920			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

COLONIAL LAKES HEALTH CARE	Provider Number:		0 043854-00 1/21/2020		
15204 W COLONIAL DR	Date:	-			
WINTER GARDEN, FL 34787-6042	Fiscal Year End:	7/31/2012			
	Audit Status:		Revised Fiel	d Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 216.37	New <u>Rate</u> 216.24	Effective <u>Date</u> 1/1/2014	
Rate Type:					
Interim	X Prospective				
Total Interim	Tota	l Prospective			
Interim Component	Tota	l Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Basis:	Chaman				
Dasis.	Changes:	CI			
Budget	Rate Semest	_	FYE 07/31/20	112	
Unaudited costs	A TACKTA	#111113-200	F I E U//31/20	112	
X Field audited costs					
Desk audited costs					
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reim		anning and Fi	nance	
Permanent File			-	iidii ÇÇ	
For Information Only	zan	iab Da	T		
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South					
Maitland, FL 32751					



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Tallahassee, Florida 32308

15204 W COLONIAL DR		rovider Number:		0 043854-00		
		Pate:				
		iscal Year End:	7/31/2012			
	Α	Audit Status:		Revised Fiel	d Audit	
Provider Type:			Current	New	Effective	
Nursing Home Single Level			Rate 225.66	<u>Rate</u> 225.17	<u>Date</u> <u>7/1/2014</u>	
Rate Type:						
Interim	X	Prospective				
Total Interim		Total	Prospective			
Interim Component		Total	Prospective	with Interim	Component	
X Settlement based on cost						
Prior Provider Prospective data	1					
Budget	Chang	Rate Semeste	_	FYE 07/31/20	012	
Unaudited costs X Field audited costs						
X Field audited costs Desk audited costs						
Desk addited costs						
Distribution:		2	Lainab Day			
Contract Management / Fiscal Agent	Me	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	1114	_			Harice	
For Information Only		zai	inab D	ay		
No Change in Rate		V		U		
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751						
- in an	eport Printed :2/1	2/2020 ID: 0438	854073120120)201201207312	2013145920	



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COLONIAL LAKES HEALTH CARE	Provider Numb	Provider Number: 0 043854		54-00	
15204 W COLONIAL DR	Date:	8	1/21/2020 12/31/2015		
WINTER GARDEN, FL 34787-6042	Fiscal Year End	l:			
	Audit Status:		Field Au	dited	
Provider Type:					
		Current	New	Effective	
Nursing Home Single Level		<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Single Devel		<u>187.60</u>	<u>187.30</u>	9/1/2016	
Rate Type:					
Interim	X Prospective				
Total Interim	XT	Cotal Prospective			
Interim Component	T	otal Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
D 1 .		nester Change			
Budget Unaudited costs		adit #NH16-1350 of FA and RFA #			
X Field audited costs	07/31/20		141115-2001	112	
Desk audited costs					
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost R		anning and Fi	nance	
Permanent File					
For Information Only	4	Zainab I	- uy		
No Change in Rate					
Home Office: CMCII					
800 Concourse Parkway South					
Maitland, FL 32751					
RCP8Z Report Calculated: 1/21/2020 3:31:08 PM Re	eport Printed :2/12/2020 ID:	043854123120150	110120150425	2016144250	

Report Printed: 2/12/2020 ID: 043854123120150101201504252016144350

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

	COLONIAL LAKES HEALTH CARE		ider Number:		0 043854-00 1/21/2020		
15204 W COLONIAL DR WINTER GARDEN, FL 34787-6042		Date	:				
			Fiscal Year End:		12/31/20)15	
		Audi	t Status:		Field Au	dited	
Provider Type: Nursing Home Sin	gle Level			Current Rate 191.12	New <u>Rate</u> 190.81	Effective <u>Date</u> 9/1/2017	
Rate Type:							
Interim		X Pros	spective				
	Total Interim		X Tota	l Prospective			
	Interim Component		Tota	l Prospective	with Interim	Component	
,	Settlement based on cost						
	Prior Provider Prospective data						
70 .		7	7				
Basis:		Changes:					
Budget			Rate Semes				
Unaudited	lensts	X			NH16-135C F of FA and RF		
X Field audi			200 FYE 0'		** * * * * * * * * * * * * * * * * * *	//1 11110	
Desk audi							
Distribution:				Zainab Day			
Contract Management / Fisc	al Agent	Medica	aid Cost Reim		anning and Fi	nance	
Permanent File			Za	inab D	au_		
For Information Onl	у		0				
No Change in Rate							
Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751						
RCP8Z Report Cal	culated: 1/21/2020 3:31:08 PM Repo	ort Printed :2/12/20	020 ID: 043	8854123120150	0101201504252	2016144350	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

	Provider Number:		0 043859-00		
6305 CORTEZ RD W	Date:		2/13/202	20	
BRADENTON, FL 34210-2604	Fiscal Year End:		7/31/20	12	
	Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 216.73	New <u>Rate</u> 215.79	Effective <u>Date</u> 7/1/2013	
Rate Type:					
Interim	X Prospective				
Total Interim	Tota	l Prospective			
Interim Component	Tota	l Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semes X FA & RFA	_	C FYE 7/31/2	012	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	M 11 11G . D 1	1 . D	lanning and F	inance	
Permanent File	_	Zainab	Day		
For Information Only	2		U		
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 CQ7N0 Report Calculated: 2/13/2020 2:53:03 PM Report Pri	nted:5/8/2020 ID: 04	385907312012	2020120120729	02013170740	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRADENTON HEALTH CARE 6305 CORTEZ RD W BRADENTON, FL 34210-2604		Provider Number:		0 043859-00				
			Date:		2/13/202	20		
			Fiscal Year End:		7/31/20	12		
				Audit Status:		Revised Field	d Audit	
Provider Ty	pe:				Current	New	Effective	
N: • II	a.				Rate	<u>Rate</u>	<u>Date</u>	
Nursing Ho	ne Sing	le Level			<u>217.51</u>	<u>216.55</u>	<u>1/1/2014</u>	
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:			Cha	nges:				
				Rate Semes	ster Change			
	Budget			X FA & RFA	#NH13-183	C FYE 7/31/2	012	
	Unaudited							
X	Field audit							
	Desk audit	ed costs						
Distribution		1.4	Zainab Day					
Contract Mana	_	u Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File				30	rinab T	ay		
For Inf	Formation Only	У		0		0		
No Cha	inge in Rate							
Но	me Office:	CMCII						
		800 Concourse Parkway South Maitland, FL 32751						
CO7N0	Report Cal	culated: 2/13/2020 2:53:03 PM Repor	t Printad	·5/8/2020 ID: 04	385907312012	0020120120729	2013170740	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRADENTON HEALTH CARE 6305 CORTEZ RD W BRADENTON, FL 34210-2604			Provider Number:		0 043859-00 2/13/2020		
			Date:				
			Fiscal Year End:		7/31/2012		
			Audit Status:		Revised Field	l Audit	
Provider Type:							
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level				<u>228.15</u>	<u>227.16</u>	7/1/2014	
Rate Type:							
Interim		X	Prospective				
Total	Interim			al Prospective			
	m Component		Tota	al Prospective	with Interim	Component	
	ment based on cost						
Prior Prior	Provider Prospective data						
Basis:		Cha	nges:				
			Rate Semes	ster Change			
Budget			X FA & RFA	#NH13-183	C FYE 7/31/2	012	
Unaudited costs							
X Field audited costs							
Desk audited costs							
Distribution:				Zainab Day			
Contract Management / Fiscal Agent			Medicaid Cost Rein		lanning and F	inance	
Permanent File					_		
For Information Only			30	ainab T	uy		
No Change in Rate					•		
Home Office: CMC	I						
800 C	oncourse Parkway South						
	and, FL 32751						
CO7N0 Report Calculated: 2/	3/2020 2:53:03 PM Re	port Printed	:5/8/2020 ID: 04	385907312012	020120120729	2013170740	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRADENTON HEALTH CARE 6305 CORTEZ RD W BRADENTON, FL 34210-2604		Provider Nu	mber:	0 043859-00 2/13/2020		
		Date:				
		Fiscal Year	End:	12/31/20	015	
		Audit Status	:	Field Au	dited	
Provider Type: Nursing Home Sing	gle Level		Current <u>Rate</u> 212.24	Rate	Effective	
Rate Type:						
Interim		X Prospective	e			
	Total Interim	X	Total Prospec	tive		
	Interim Component		Total Prospec	tive with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data	1				
Basis: Budget Unaudited X Field audi Desk audi	ted costs	Changes: Rate Semester Change X Effects of FA & RFA #NH13-183C FYE 7/31/2012				
Distribution:			Zainab I	Dav		
Contract Management / Fisc	al Agent	Medicaid Co	st Reimbursemer		Finance	
Permanent File				=		
For Information Onl	у		Zainal	J		
No Change in Rate						
Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751					
CQ7N0 Report Cal	lculated: 2/13/2020 2:53:03 PM R	eport Printed:5/8/2020	ID: 04385912312	201501012015042	52016105110	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRADENTON HEALTH CARE 6305 CORTEZ RD W BRADENTON, FL 34210-2604				Provider Num	nber:		0 043859-00		
				Date: Fiscal Year End:		2/13/2020			
						12/31/2)15	
				Audit Status:			Field Aud	ited	
Provider Type: Nursing Home Single Level						Current <u>Rate</u> 216.50	New <u>Rate</u> 216.10	Effective	
Rate	e Type:								
	Interim		X	Prospective					
		Total Interim		X	_Total	Prospective			
		Interim Component			_ Total	Prospective	with Interim	Component	
		Settlement based on cost							
		Prior Provider Prospective da	ıta						
Basis:			Chan			CI			
	Budget		<u> </u>			er Change A & RFA #N	NH13-183C F	YE	
	Unaudited	costs		7/31/2		1 & 1071 117	1113 1030 1	T.E.	
X	Field audit								
	Desk audit	ted costs							
D: (!! . (!									
Distribution		1.4			7	Zainab Day			
Contract Management / Fiscal Agent			N	Medicaid Cost Reimbursement Planning and Finance					
Permanent File					Za	inab Z	Pay.		
	formation Onl	у			1	inab T	J		
No Ch	ange in Rate								
Но	ome Office:	CMCII							
		800 Concourse Parkway South	h						
		Maitland, FL 32751							
CQ7N0	Report Cal	culated: 2/13/2020 2:53:03 PM	Report Printed :	5/8/2020	ID: 043	85912312015	010120150425	52016105110	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRANDON HEALTH AND REHABILITATION CENTER	Provider Number:	0 043860-00 1/28/2020			
1465 OAKFIELD DR	Date:				
BRANDON, FL 33511-4854		Fiscal Year End:	7/31/2012		
		Audit Status:	1	Revised Fiel	d Audit
Provider Type:					
			Current <u>Rate</u>	New Rate	Effective <u>Date</u>
Nursing Home Single Level			<u>203.07</u>	202.41	<u>7/1/2013</u>
Rate Type:					
Interim	X	Prospective			
Total Interim		Tota	l Prospective		
Interim Component		Tota	l Prospective	with Interim	Component
X Settlement based on cost					
Prior Provider Prospective data	a				
Basis:	Chai	iges.			
	Chai	Rate Semest	ter Change		
Budget			_	C FYE 7/31/2	012
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution:	9 <u></u>		Zainab Day		
Contract Management / Fiscal Agent]	Medicaid Cost Reim			inance
Permanent File		30	ainab Z	Day	
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No Change in Rate					
Home Office: CMCII					9 20 20 20 20 20 20 20 20 20 20 20 20 20
800 Concourse Parkway South					
Maitland, FL 32751					1
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Tallahassee, Florida 32308

BRANDON HEALTH AND REHABILITATION CENTER	Provider Number:	0 043860-00 1/28/2020			
1465 OAKFIELD DR	Date:				
BRANDON, FL 33511-4854	Fiscal Year End:	7/31/2012			
Provider Type: Nursing Home Single Level	Audit Status:	Current <u>Rate</u> 204.92	New Rate 203.97	d Audit Effective Date 1/1/2014	
Rate Type:					
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	Tota Tota Hanges: Rate Semes	ter Change	with Interim		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Zainab Day Medicaid Cost Reimbursement Planning and Finance Zainab Day				
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 YK0G1 Report Calculated: 1/28/2020 9:45:15 AM Report Prin	ited :1/28/2020 ID: 04) o z o o z o o o o o	020120120729	aa aa baara	



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Tallahassee, Florida 32308

BRANDON HEALTH AND REHABILITATION CENTER	Provider Number:	0 043860-00 1/28/2020 7/31/2012		
1465 OAKFIELD DR	Date:			
BRANDON, FL 33511-4854	Fiscal Year End:			
	Audit Status:	Revised Field Audit		
Provider Type: Nursing Home Single Level		Current New Rate Effective Date Rate 212.00 7/1/2014		
Rate Type:				
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data		rospective rospective with Interim Component		
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semester FA & RFA #N	Change IH13-184C FYE 7/31/2012		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reimbur	rsement Planning and Finance		
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 YK0G1 Report Calculated: 1/28/2020 9:45:15 AM Rep	ort Printed :1/28/2020 ID: 043860	0073120120201201207292013172950		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRANDON HEALTH AND REHABILITATION CENTER	Provider Number:		0 043860-00			
1465 OAKFIELD DR	Date:	Date:				
BRANDON, FL 33511-4854	Fiscal Year End:		12/31/2015			
	Audit Status:		Field Aud	lited		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 199.30	New <u>Rate</u> 198.96	Effective		
Rate Type:						
Interim	X Prospective					
Total Interim	-	al Prospective				
Interim Component	Tot	al Prospective	with Interim	Component		
Settlement based on cost						
Prior Provider Prospective data						
Basis:	Changes:					
70.1.4		ster Change	~			
Budget Unaudited costs		it #NH16-1250 FA and RFA #				
X Field audited costs	7/31/2012					
Desk audited costs						
Distribution:		Zainab Day				
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File		Rainab i	Day			
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No Change in Rate						
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 YK0G1 Report Calculated: 1/28/2020 9:45:15 AM Report I	Printed :2/13/2020 TD: 0					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRANDON HEALTH AND REHABILITATION CENTER	Provider Number:		0 043860-00		
1465 OAKFIELD DR	Date:				
BRANDON, FL 33511-4854	Fiscal Year End:	12/31/2015			
	Audit Status:	_	Field Aud	lited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 204.82	New <u>Rate</u> 204.47	Effective <u>Date</u> 9/1/2017	
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:					
Dasis:	Changes: Rate Semes	stan Changa			
Budget		_	C FYE 12/31/	2015 with	
Unaudited costs	effects of F		NH13-184 F		
X Field audited costs	7/31/2012				
Desk audited costs					
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File					
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No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 YK0G1 Report Calculated: 1/28/2020 9:45:15 AM Report Pr	inted:2/13/2020 ID: 04	20/0102100	010120150425	2017105115	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HARTS HARBOR HEALTH CARE CENTER	Provider Number:		0 043865-00 12/5/2019 7/31/2012		
11565 HARTS RD	Date:				
JACKSONVILLE, FL 32218-3777	Fiscal Year End:				
	Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 195.78	New <u>Rate</u> 194.89	Effective	
Rate Type:					
Interim	X Prospective				
Total Interim	Tota	l Prospective			
Interim Component	Tota	l Prospective	with Interim	Component	
X Settlement based on cost Prior Provider Prospective data					
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semes X FA & RFA	_	C FYE 07/31/	2012	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	Tricurcular cost richy	ainab i	Day		
For Information Only	0		0		
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 VQXSM Report Calculated: 12/5/2019 1:00:28 PM Report Pr	rinted:5/22/2020 ID: 04	386507312012	2020120120731	2013115122	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HARTS HARBOR HEALTH CARE CENTER	Provider Number:		0 043865-00 12/5/2019		
11565 HARTS RD	Date:				
JACKSONVILLE, FL 32218-3777	Fiscal Year End:		7/31/202	12	
	Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 197.79	New <u>Rate</u> 196.88	Effective	
Rate Type:					
Interim	X Prospective				
Total Interim	Tota	l Prospective			
Interim Component	Tota	l Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semest X FA & RFA	_	C FYE 07/31/	2012	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	Zainab Day				
For Information Only	Jul.		J		
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 VQXSM Report Calculated: 12/5/2019 1:00:28 PM Report	t Printed :5/22/2020 ID: 04:	294507212012	2020120120731	2012115122	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HARTS HARBOR HEALTH CARE CENTER	Provider Number:		0 043865-00 12/5/2019		
11565 HARTS RD	Date:				
JACKSONVILLE, FL 32218-3777	Fiscal Year End:	7/31/2012			
	Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 206.12	New <u>Rate</u> 205.18	Effective <u>Date</u> 7/1/2014	
Rate Type:					
Interim	Y Prospective				
Total Interim	Tota	l Prospective			
Interim Component	Tota	l Prospective	with Interim	Component	
X Settlement based on cost Prior Provider Prospective data					
Basis:	Changes: Rate Semes	ter Change			
Budget		_	C FYE 07/31/	2012	
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution:					
Contract Management / Fiscal Agent	Zainab Day				
Permanent File	Medicaid Cost Reimbursement Planning and Finance				
	Z'	ainab Z	ay		
For Information OnlyNo Change in Rate					
-					
Home Office: CMCII					
800 Concourse Parkway South Maitland, FL 32751					
	nted:5/22/2020 ID: 04	386507212012	2020120120731	2013115122	



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Tallahassee, Florida 32308

HARTS HARBOR HEALTH CARE CENTER	Provider Number:		0 043865-00		
11565 HARTS RD	Date:		12/5/201	.9	
JACKSONVILLE, FL 32218-3777	Fiscal Year End:		12/31/2015		
	Audit Status:		Field Aud	ited	
Provider Type: Nursing Home Single Level		Current Rate 188.88	New <u>Rate</u> <u>188.50</u>	Effective	
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					
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semester Change X FA #NH16-132C FYE 12/31/2015 with effe FA & RFA #NH13-207C FYE 07/31/2012				
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reim		lanning and F	inance	
Permanent File	Zainab Day				
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No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 VQXSM Report Calculated: 12/5/2019 1:00:28 PM Report F	Printed:5/22/2020 ID: 04	386512312015	010120150425	32016135142	



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Tallahassee, Florida 32308

HARTS HARBOR HEALTH	Provider Number:		0 043865-00 12/5/2019			
11565 HARTS RD	Date:					
JACKSONVILLE, FL 32218	Fiscal Year End:		12/31/20	15		
		Audit Status:		Field Aud	ited	
Provider Type: Nursing Home Sing	le Level		Current <u>Rate</u> 192.81	New <u>Rate</u> 192.43	Effective <u>Date</u> 9/1/2017	
Poto Tymos						
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: Budget Unaudited X Field audit Desk audit	costs ed costs		-132C FYE 1	.2/31/2015 wi C FYE 07/31/		
Distribution:			Zainab Day			
Contract Management / Fisca	al Agent -	Medicaid Cost Reimbursement Planning and Finance				
Permanent File			_			
For Information Only	y	Z'	ainab I	ay		
No Change in Rate				-		
Home Office:	CMCII					
	800 Concourse Parkway South Maitland, FL 32751					
VOXSM Report Calc	culated: 12/5/2019 1:00:28 PM Report P	rinted :5/22/2020 ID: 04	386512312014	(010120150425	2016135142	



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Tallahassee, Florida 32308

COUNTRYSIDE REHAB AND HEALTHCARE CENTER 3825 COUNTRYSIDE BLVD N PALM HARBOR, FL 34684-4928			Provid	der Number:		0 043872-00 4/17/2020		
			Date:					
			Fiscal Year End:		7/31/2012		12	
			Audit	Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		le Level			Current <u>Rate</u> 204.87	New <u>Rate</u> 204.40	Effective <u>Date</u> 7/1/2013	
Rate	e Type:							
	Interim		X Pros	pective				
	_	Total Interim		_	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:	Budget Unaudited Field audit Desk audit	ed costs	Changes:	Rate Semes	_	C FYE 7/31/2	012	
Distribution	<u>n:</u>				Zainab Day			
Contract Mana	agement / Fisca	al Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File			1.10310	20	inab Z	Pay		
For In	formation Only	y.		0		1		
No Ch	ange in Rate							
	ome Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751		000	2072072122		2012114255	
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Tallahassee, Florida 32308

COUNTRYSIDE REHAB AND HEALTHCARE CENTER 3825 COUNTRYSIDE BLVD N		Provid	er Number:		0 043872-00		
		Date:			4/17/2020		
PALM HARB	OR, FL 34684-	4928	Fiscal	Year End:		7/31/20	12
			Audit	Status:		Revised Field	d Audit
Provider Ty Nursing Ho	-	le Level			Current <u>Rate</u> 206.77	New <u>Rate</u> 206.29	Effective
Rate	e Type:						
	_Interim	- Total Interim	X Prosp	pective	1 Prograatiyo		
		Interim Component			l Prospective	with Interim	Component
	X	Settlement based on cost			ii i i ospective	With Interim	Component
		Prior Provider Prospective data					
Basis:			Changes:		G.		
	Budget		X	Rate Semes	_	C FYE 7/31/2	012
	Unaudited	costs		. 111 & 1411	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01127/31/2	.012
X	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributio</u>		1.4			Zainab Day		
	agement / Fisca	I Agent	Medica			lanning and F	inance
Permanent Fil				za	inab Do	ry	
	formation Only ange in Rate	,		-		V	
	_	CMCII					
HO	ome Office:	CMCII 800 Concourse Parkway South					
		Maitland, FL 32751					
XR37P	Report Calc	vulated: 4/17/2020 11:39:00 AM Repo	rt Printed ·4/17/20	120 ID: 04	387207312012	020120120730	02013114857



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Tallahassee, Florida 32308

COUNTRYSIDE REHAB AND HEALTHCARE CENTER	Provider Number:	-00		
3825 COUNTRYSIDE BLVD N	Date:		4/17/202	20
PALM HARBOR, FL 34684-4928	Fiscal Year End:		7/31/202	12
	Audit Status:		Revised Field	d Audit
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 215.77	New <u>Rate</u> 215.27	Effective <u>Date</u> 7/1/2014
Rate Type:				
Total Interim		Prospective		
Interim Component X Settlement based on cost Prior Provider Prospective data	1 Ota.	Prospective	with Interim	Component
	Changes: Rate Semest	_		
Budget	X FA & RFA	#NH13-1860	C FYE 7/31/2	012
Unaudited costs X Field audited costs				
Desk audited costs Desk audited costs				
Distribution:		7		
Contract Management / Fiscal Agent	Medicaid Cost Reim	Zainab Day	lanning and E	inence
Permanent File	vicuicaiu Cost Reilli 2/	einab Z	aming and r	mance
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No Change in Rate				
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 XR3ZP Report Calculated: 4/17/2020 11:39:00 AM Report Pri	inted:4/17/2020 ID: 04:	297207212012	2020120120730	W012114957



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Tallahassee, Florida 32308

COUNTRYSIDE REHAB AND HEALTHCARE CENTER 3825 COUNTRYSIDE BLVD N		Provider Nun	nber:	0 043872-00 4/17/2020		
		Date:				
PALM HARBOR, FL 346	84-4928	Fiscal Year E	End:	12/31/20)14	
		Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Sin	ngle Level		Current <u>Rate</u> 197.07	Rate	Effective	
Rate Type:						
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Prospective X	_ Total Prospec	tive tive with Interim	Component	
	ed costs dited costs dited costs	X Field Effect		ge 090C FYE 12/31 A #NH13-186C I		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Zainab Day Medicaid Cost Reimbursement Planning and Finance Zainab Day				
Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751 Palculated: 4/17/2020 11:39:00 AM Report	t Printed ·4/17/2020	ID. 04287212212	201401012014111	02015092040	



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Tallahassee, Florida 32308

GOVERNOR'S CREEK HEALTH AN	D REHABILITATION		Provider Number:		0 043875-	-00
803 OAK ST			Date:		10/16/20	19
GREEN COVE SPRINGS, FL 32043			Fiscal Year End:		7/31/202	12
			Audit Status:		Revised Field	d Audit
Provider Type:						
• •				Current	New	Effective
				<u>Rate</u>	Rate	<u>Date</u>
Nursing Home Single Level				<u>198.42</u>	<u>198.02</u>	<u>7/1/2013</u>
Rate Type:						
Interim	T •	X	Prospective T	1D .:		
	Interim			l Prospective		C
	m Component ment based on cost		10ta	ii Prospective	with Interim	Component
	Provider Prospective data					
F1101	Frovider Frospective data					
Basis:		Cha	nges:			
Dusis.		Cita	Rate Semes	ter Change		
Budget		-		_	C FYE 07/31/	2012
Unaudited costs						
X Field audited costs						
Desk audited costs						
Distribution:				Zainab Day		
Contract Management / Fiscal Agent		-	Medicaid Cost Rein		lanning and F	inance
Permanent File			2	insk T	Day	
For Information Only			Z	inab T	dy.	
No Change in Rate						
Home Office: CMCI	 I					
	oncourse Parkway South					
	and, FL 32751					
		port Printed	·5/22/2020 ID· 04	387507312012	020120120731	2013104259



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Tallahassee, Florida 32308

GOVERNOR'S CREEK HEALTH AND REHABILITATION	Provider Number:		0 043875	-00	
803 OAK ST	Date:		10/16/20	19	
GREEN COVE SPRINGS, FL 32043	Fiscal Year End:		7/31/20	12	
	Audit Status:		Revised Field	d Audit	
Provider Type:	Rate Rate	New Rate	Effective Date		
Nursing Home Single Level		<u>201.15</u>	<u>200.74</u>	<u>1/1/2014</u>	
		Type 1	ext here		
Rate Type:					
Interim	X Prospective				
Total Interim		l Prospective			
Interim Component	Tota	l Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
D. L. (Rate Semes	_	C EXE 07/21	/2012	
Budget Unaudited costs	X FA & RFA	#NH13-213	C FYE 07/31/	2012	
X Field audited costs					
Desk audited costs					
<u>Distribution:</u>		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance Zainab Day				
Permanent File	Za	inab T	ay		
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No Change in Rate					
Home Office: CMCII					
800 Concourse Parkway South					
Maitland, FL 32751					
	nted:5/22/2020 ID: 04	387507312012	202012012073	2013104259	



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Tallahassee, Florida 32308

GOVERNOR'S CREEK HEALTH AND REHABILITATION	Prov	vider Number:		0 043875-	-00
803 OAK ST	Date	: :		10/16/20	19
GREEN COVE SPRINGS, FL 32043	Fisc	al Year End:		7/31/202	12
	Aud	it Status:		Revised Field	d Audit
Provider Type:					
••			Current	New	Effective
			<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home Single Level			<u>209.65</u>	<u>209.24</u>	<u>7/1/2014</u>
D					
Rate Type:					
Interim	X Pro	ospective			
 Total Interim		=	al Prospective		
Interim Component	_	Tota	l Prospective	with Interim	Component
X Settlement based on cost					
Prior Provider Prospective data	ι				
		_			
Basis:	Changes				
		Rate Semes	_		
Budget	X	FA & RFA	. #NH13-2130	C FYE 07/31/	2012
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution:			7		
Contract Management / Fiscal Agent	Med	icaid Cost Rein	Zainab Day	lanning and F	inance
Permanent File	Wicus				mance
For Information Only		J	ainab Z	J	
No Change in Rate					
Home Office: CMCII					
800 Concourse Parkway South					
Maitland, FL 32751					
	eport Printed :5/22	/2020 ID: 04	387507312012	2020120120731	2013104259



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GOVERNOR'S CREEK HEALTH AND REHABILITATION 803 OAK ST		Provider Number:		0 043875	-00		
		Date:		10/16/2019			
GREEN COVE SPRING	GS, FL 32043	Fiscal Year End:		12/31/20	15		
		Audit Status:		Field Aud	ited		
Provider Type: Nursing Home	Single Level		Current <u>Rate</u> 194.99	New <u>Rate</u> 193.25	Effective <u>Date</u> 9/1/2016		
Rate Type:							
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective da	Tot	al Prospective al Prospective		Component		
X Field	get adited costs audited costs audited costs	X Field Aud	ster Change it #NH16-142 FA & RFA #N 2				
Distribution: Contract Management / Permanent FileFor InformationNo Change in R	n Only		Zainab Day Medicaid Cost Reimbursement Planning and Finance Zainab Day				
Home Office	ce: CMCII 800 Concourse Parkway Sout Maitland, FL 32751		4207E1221261	5010120150425	22016121040		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GOVERNOR'S CREEK HEALTH AND REHABILITATION	Provider Number:		0 043875-00		
803 OAK ST	Date:		10/16/20	19	
GREEN COVE SPRINGS, FL 32043	Fiscal Year End:		12/31/20	15	
	Audit Status:		Field Aud	ited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 198.32	New <u>Rate</u> 196.53	Effective	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		Prospective Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs		#NH16-1420	C FYE 12/31/ IH13-213C F		
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reim		_	inance	
Permanent File	'Lau	nab Da	y		
For Information OnlyNo Change in Rate		6	/		
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 GH6PM Report Calculated: 10/16/2019 11:12:44 AM Report Pri	nted:5/22/2020 ID: 043	387512312015	010120150425	2016131949	



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Tallahassee, Florida 32308

HOMESTEAD MANOR A PALACE COMMUNITY		Provider Number	0 046017	046017-00	
1330 NW 1ST AVE		Date:		4/2/202	0
HOMESTEAD, FL 33030		Fiscal Year End:		6/30/20	12
		Audit Status:		Field Aud	lited
Provider Type:			Current	New	Effective
Nursing Home Sir	ngle Level		<u>Rate</u>	<u>Rate</u> 257.48	<u>Date</u> 7/1/2013
Nursing Home Sil	igie Levei		<u>257.89</u>	<u> 237.40</u>	<u>//1/2013</u>
Rate Type:					
Interim		X Prospective			
	Total Interim	To	otal Prospective	;	
·	Interim Component	To	otal Prospective	with Interim	Component
X	Settlement based on cost				
	Prior Provider Prospective data				
Basis:		Changes:			
			ester Change		
Budget		X Field Au	dit #NH13-243	L FYE 6/30/2	2012
Unaudite					
	dited costs				
Desk auc	lited costs				
Distribution:					
Contract Management / Fis	scal Agent		Zainab Day		
Permanent File	2150Ht	Medicaid Cost Re			inance
	-1	6	Zainab.	ay	
For Information On	шу			V	
No Change in Rate					
Home Office:	Professional Care I, Inc.				
	10850 SW 113th Place				
	Miami, FL 33176				
5ALV4 Report C	Calculated: 4/2/2020 11:04:51 AM Repor	t Printed :4/2/2020 ID: 0	04601706302012	211012011012	52013150202



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Tallahassee, Florida 32308

HOMESTEAD MANOR A PALACE COMMUNITY		Provider Number:		0 046017-00			
1330 NW 1ST AVE			Date:		4/2/202	0	
HOMESTEAD,	FL 33030			Fiscal Year End:		6/30/202	12
				Audit Status:		Field Aud	ited
Provider Typ	e:				Current	New	Effective
					<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Hon	ne Sing	gle Level			<u>261.20</u>	<u>260.79</u>	<u>1/1/2014</u>
Rate '	Туре:						
	Interim		X	Prospective			
		Total Interim		_	ıl Prospective	į.	
-		Interim Component		Tota	al Prospective	with Interim	Component
-	X	Settlement based on cost					
-		Prior Provider Prospective data					
Basis:	1		Cha	nges:			
Dusis.	_		Ciia	Rate Semes	eter Change		
	Budget				_	L FYE 6/30/2	2012
	Unaudited	costs					
X	Field audit	ted costs					
	Desk audit	ted costs					
Distribution	•				Z-tk D		
Contract Manag		al Agent		Madigaid Cost Pain	Zainab Day	lanning and E	inanca
Permanent File		-		Medicaid Cost Rein	Zainab	Day	mance
For Info	ormation Onl	у		0	7		
No Char	nge in Rate						
Hon	ne Office:	Professional Care I, Inc.					
		10850 SW 113th Place					
		Miami, FL 33176					
5 A I V A	Report Cal	culated: 4/2/2020 11:04:51 AM Repo	rt Printed	·4/2/2020 ID· 04	601706302017	2110120110125	52013150202



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SUMMER BROOK HEALTH CARE CENTER		Provider Number:		0 059783	-00
5377 MONCRIEF ROAD		Date:		3/4/202	:0
JACKSONVILLE, FL 32209		Fiscal Year End:		6/30/20	13
		Audit Status:		Field Aud	lited
Provider Type: Nursing Home Single Level			Current Rate	New Rate	Effective Date
Nuising Home Single Level			183.77	183.12	7/1/2013
Rate Type:					
Interim	X	Prospective			
Total Interim		Total	Prospective		
Interim Component		Total	Prospective	with Interim	Component
X Settlement based on cost					
Prior Provider Prospective dat	ta				
Basis:	Char				
Dasis.	Chai	nges:	or Changa		
Budget		Rate Semest	_	C FYE 6/30/2	013
Unaudited costs	-	1 1010 1 1001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 1 1 1 0/ 50/ 2	015
X Field audited costs					
Desk audited costs					
Distribution:			Zainab Day		
Contract Management / Fiscal Agent]	Medicaid Cost Reim	oursement Pl	anning and Fi	inance
Permanent File		4	ainab i	Day	
For Information Only		U		0	
No Change in Rate					
Home Office: No Home Office					
B6WDL Report Calculated: 3/4/2020 2:33:41 PM	Report Printed :	3/4/2020 ID: 059	78306302013	070120121007	2014082410



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SUMMER BROOK HEALTH CARE CENTER	Provider Number:		0 059783-00		
5377 MONCRIEF ROAD	Date:	3/4/2020			
JACKSONVILLE, FL 32209	Fiscal Year End:		6/30/20	13	
	Audit Status:		Field Aud	dited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 187.36	New <u>Rate</u> 186.69	Effective <u>Date</u> 1/1/2014	
Rate Type:					
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data		al Prospective		Component	
Budget Unaudited costs X Field audited costs Desk audited costs		ster Change t #NH14-055	C FYE 6/30/2	013	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Rein			inance	
Permanent File		Zainab	Day		
For Information OnlyNo Change in Rate	V		U		
Home Office: No Home Office					
B6WDL Report Calculated: 3/4/2020 2:33:41 PM Report	ort Printed :3/4/2020 ID: 05	978306302013	070120121007	2014082410	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SUMMER BROOK HEALTH CARE CENTER		Provider Number:		0 059783	-00
377 MONCRIEF ROAD		Date:	3/4/2020		
JACKSONVILLE, FL 32209	Fiscal Year End: 6/30/20				
		Audit Status:	-	Field Aud	lited
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 195.35	New <u>Rate</u> 194.67	Effective <u>Date</u> 7/1/2014
Rate Type:					
Interim	X	Prospective			
Total Interim			l Prospective		
Interim Component		Total	l Prospective	with Interim	Component
X Settlement based on cost Prior Provider Prospective da	.4-				
Thor flovider Flospective da	ııa				
Basis:	Cha	nges:			
	Cita	Rate Semest	ter Change		
Budget			_	C FYE 6/30/2	013
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution:	-		Zainab Day		
Contract Management / Fiscal Agent		Medicaid Cost Reim			inance
Permanent File		Za	rinab Z	ay	
For Information Only		0		0	
No Change in Rate					
Home Office: No Home Office					
B6WDL Report Calculated: 3/4/2020 2:33:41 PM	Report Printed	:3/4/2020 ID: 059	78306302013	070120121007	2014082410



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Tallahassee, Florida 32308

SUMMER BROOK HEALTH CARE CENTER	Provider Number	:	0 059783-00 3/4/2020 6/30/2013		
5377 MONCRIEF ROAD	Date:				
JACKSONVILLE, FL 32209	Fiscal Year End:				
	Audit Status:		Field Aud	dited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 197.65	New <u>Rate</u> 196.96	Effective	
Rate Type:					
Interim	X Prospective				
Total Interim		tal Prospective			
Interim Component X Settlement based on cost	TC	tal Prospective	with Interim	Component	
Prior Provider Prospective data					
Basis:	Changes:				
		ester Change			
Budget		dit #NH14-055	C FYE 6/30/2	2013	
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution:		7-i D			
Contract Management / Fiscal Agent	Medicaid Cost Re	Zainab Day	anning and F	inance	
Permanent File	Wodicard Cost Res	Dainab	Dau	mance	
For Information Only	0	Zainab I	J		
No Change in Rate					
Home Office: No Home Office					
140 Home Office					
B6WDL Report Calculated: 3/4/2020 2:33:41 PM Report	Printed :3/4/2020 ID: 0	5978306302013	070120121007	2014082410	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SUMMER BROOK HEALTH CARE CENTER		Provider Number:		0 059783-00		
5377 MONCRIEF ROAD		Date:	3/4/2020			
JACKSONVILLE, FL 32209		Fiscal Year End:	6/30/2014			
		Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 191.23	New <u>Rate</u> 189.67	Effective <u>Date</u> 9/1/2015	
Rate Type:						
Interim	X	Prospective				
Total Interim			l Prospective			
Interim Component		X Total	l Prospective	with Interim	Component	
Settlement based on cost Prior Provider Prospective data						
Budget Unaudited costs X Field audited costs Desk audited costs	Cha	Changes: Rate Semester Change Field Audit #NH15-133C FYE 6/30/2014 effects of Field Audit #NH14-055C FYE 6/30/2013				
Distribution:			Zainab Day			
Contract Management / Fiscal Agent	198	Medicaid Cost Reim		anning and F	inance	
Permanent File		2	ainab i	Day_		
For Information Only		0		8		
No Change in Rate						
Home Office: No Home Office						
B6WDL Report Calculated: 3/4/2020 2:33:41 PM Re	port Printed	:3/4/2020 ID: 059	78306302014	070120130216	2015090321	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

5377 MONCRIEF ROAD JACKSONVILLE, FL 32209	Date: Fiscal Year End: Audit Status:		0 059783 3/4/202 6/30/20	20	
JACKSONVILLE, FL 32209			6/30/20		
	Audit Status:			30/2014	
			Field Au	dited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 196.91	New <u>Rate</u> 195.35	Effective <u>Date</u> 1/17/2016	
Rate Type:					
Interim	X Prospective				
Total Interim	Tota	l Prospective			
Interim Component	X Tota	l Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
	Rate Semes	ter Change			
Budget	X Field Audit	#NH15-1330			
Unaudited costs	effects of F 6/30/2013	ield Audit #N	ПН14-055С F	YE	
X Field audited costs	0/30/2013				
Desk audited costs					
Distribution:					
Contract Management / Fiscal Agent	Medicaid Cost Reim	Zainab Day	i 4 E	·	
Permanent File			_	шансе	
For Information Only	3"	ainab I	Jug		
No Change in Rate					
Home Office: No Home Office					
B6WDL Report Calculated: 3/4/2020 2:33:41 PM Report Pri	inted:3/4/2020 ID: 059	783063020140	07012012021 <i>6</i>	2015000221	



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Tallahassee, Florida 32308

SUMMER BROOK HEALTH CARE CENTER	SUMMER BROOK HEALTH CARE CENTER			0 059783-00 3/4/2020		
5377 MONCRIEF ROAD JACKSONVILLE, FL 32209		Date:				
		Fiscal Year End:	12/31/2014			
		Audit Status:		Unaudit	ed	
Provider Type:						
			Current Rate	New	Effective	
Nursing Home Single Level			194.60	<u>Rate</u> 194.20	<u>Date</u> 9/1/2016	
			154100	<u> </u>	<i>y</i> , x, z o x o	
Rate Type:						
Interim	х	Prospective				
Total Interim	0		Prospective			
Interim Component			-	with Interim	Component	
Settlement based on cost		h 	-		•	
Prior Provider Prospective date	ta					
Basis:	Cha	nges:				
Dudget	-	Rate Semest	_	W71.4.0 = 6.0 =		
Budget Variable Unaudited costs	1			NH14-055C F lit #NH15-13		
Field audited costs	7	6/30/2014				
Desk audited costs	0 D					
Distribution:		7	Zainab Day			
Contract Management / Fiscal Agent	•			anning and F	inance	
Permanent File		Medicaid Cost Reiml	ainab i	Day		
For Information Only		0		0		
No Change in Rate						
Home Office: No Home Office						
B6WDL Report Calculated: 3/4/2020 2:33:41 PM	Report Printed	:3/4/2020 ID: 059	78312312014	070120140608	2015110054	



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Tallahassee, Florida 32308

SUMMER BROOK HEALTH CARE CENTER	Provider Number:		0 059783-00 3/4/2020		
5377 MONCRIEF ROAD	Date:				
JACKSONVILLE, FL 32209	Fiscal Year End:	12/31/2015			
Provider Type: Nursing Home Single Level	Audit Status:	Current Rate 193.93	Unaudit New Rate 193.53	Effective Date 9/1/2017	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective date	X Tot	al Prospective al Prospective		Component	
Budget X Unaudited costs Field audited costs Desk audited costs	X Effects of	ster Change Field Audit #I and Field Aud			
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Rein	Zainab Day nbursement Pl		inance	
Home Office: No Home Office					
B6WDL Report Calculated: 3/4/2020 2:33:41 PM R	eport Printed :3/4/2020 ID: 05	978312312015	010120150728	2016154853	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ISLAND HEALTH AND REHABILITATION CENTER	Provider Number:		0 059866	-00	
125 ALMA BLVD	Date:	Date: 3/31/2020			
MERRITT IS, FL 32953-4345	Fiscal Year End: 12/31/2		12/31/20		
	Audit Status:		Field Aud	ited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 203.38	New <u>Rate</u> 202.97	Effective <u>Date</u> 9/1/2016	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semes X Field Audit	_	C FYE 12/31/	/2015	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent File	ž	ainab I	ay		
For Information Only	•		U		
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 8YCIM Report Calculated: 3/31/2020 11:43:33 AM Report Parkway South	rinted:3/31/2020 ID: 05	986612312014	5010120150425	52016130957	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ISLAND HEALTH AND REHABILITATION CENTER 125 ALMA BLVD MERRITT IS, FL 32953-4345		Provider Number:		0 059866-00 3/31/2020			
		Date:					
		Fiscal Year End:		12/31/20	15		
		Audit Status:		Field Aud	ited		
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Sing	le Level	<u>207.07</u> <u>206.66</u>					
Rate Type:							
rate Type.							
Interim		X Prospective					
	Total Interim		l Prospective				
	Interim Component	X Tota	l Prospective	with Interim	Component		
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Changes:					
Dublist		Rate Semes	ter Change				
Budget			_	C FYE 12/31	/2015		
Unaudited	costs						
X Field audit	ed costs						
Desk audit	ed costs						
Distribution:			Zainab Day				
Contract Management / Fisca	al Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File		30	ainab Z	ay			
For Information Only	y	0		0			
No Change in Rate							
Home Office:	CMCII						
	800 Concourse Parkway South Maitland, FL 32751						
8VCIM Report Cald	culated: 3/31/2020 11:43:33 AM Report	Printed :3/31/2020 ID: 05	986612312014	5010120150425	32016130057		



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Tallahassee, Florida 32308

ISLAND HEALTH AND REHABILITATION CENTER 125 ALMA BLVD MERRITT IS, FL 32953-4345		Provider Number:		0 059866-00			
		Date:	3/31/2020				
		Fiscal Year End:		12/31/20	15		
		Audit Status:		Field Aud	ited		
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Sing	le Level		<u>209.30</u>	<u>208.89</u>	9/7/2017		
Rate Type:							
Interim		X Prospective					
	Total Interim		l Prospective				
	Interim Component		-	with Interim	Component		
	Settlement based on cost		-		-		
	Prior Provider Prospective data						
Basis: Budget Unaudited X Field audit Desk audit	ed costs	Changes: Rate Semes Field Audit	C FYE 12/31/	/2015			
Distribution:			Zainab Day				
Contract Management / Fisca	al Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File		2	ainab Z	Day			
For Information Only	ý	0		1			
No Change in Rate							
Home Office:	CMCII						
	800 Concourse Parkway South Maitland, FL 32751						
8VCIM Report Calc	culated: 3/31/2020 11:43:33 AM Report 1	Printed :3/31/2020 ID: 05	986612312014	5010120150425	2016130057		



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Tallahassee, Florida 32308

ROSEWOOD HEALTH AN	ROSEWOOD HEALTH AND REHABILITATION CENTER			0 059869-00			
3920 ROSEWOOD WAY ORLANDO, FL 32808		Date:		3/23/2020			
		Fiscal Year End:)15		
		Audit Status:		Field Aud	lited		
Provider Type:							
			Current	New	Effective		
			<u>Rate</u>	<u>Rate</u>	<u>Date</u>		
Nursing Home Sing	gle Level		<u>206.33</u>	<u>205.92</u>	<u>9/1/2016</u>		
Rate Type:							
Kate Type.							
Interim		X Prospective					
	Total Interim		al Prospective	;			
	Interim Component		al Prospective		Component		
	Settlement based on cost		I		1		
	Prior Provider Prospective data						
Basis:		Changes:					
2 0.5251			ster Change				
Budget			it #NH16-151	C FYE 12/31.	/2015		
Unaudited	costs						
X Field audit	ted costs						
Desk audit	ted costs						
Distribution:			7				
Contract Management / Fisca	al Agent	M. II. '1C + D.'	Zainab Day	1 ' 1 T			
Permanent File		Medicaid Cost Rein	nbursement P	lanning and F	inance		
		Z		dy.			
For Information Onl	у						
No Change in Rate							
Home Office:	CMCII						
	800 Concourse Parkway South						
	Maitland, FL 32751						
227V8 Report Cal	culated: 3/23/2020 9:36:21 AM Report	Printed :3/23/2020 ID: 0	598691231201	5010120150425	52016140100		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ROSEWOOD HEALTH AND REHABILITATION CENTER		Provider Number:		0 059869-00			
3920 ROSEWOOD WAY	Date:		3/23/2020				
ORLANDO, FL 32808		Fiscal Year End:		12/31/20)15		
		Audit Status:		Field Aud	lited		
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Sing	le Level		9/1/2017				
Rate Type:							
J. F.							
Interim	<u> </u>	X Prospective					
	Total Interim		l Prospective		_		
	Interim Component	Tota	ll Prospective	with Interim	Component		
	Settlement based on cost Prior Provider Prospective data						
	Thor frovider frospective data						
Basis:		Changes:					
		Rate Semes	ter Change				
Budget		X Field Audi	t #NH16-151	C FYE 12/31	/2015		
Unaudited	costs						
X Field audit							
Desk audit	ed costs						
Distribution:			Zainab Day				
Contract Management / Fisca	al Agent			lanning and F	inance		
Permanent File		Medicaid Cost Rein	inab D	ay			
For Information Only	y	V		U			
No Change in Rate							
Home Office:	CMCII						
	800 Concourse Parkway South Maitland, FL 32751						
227V8 Report Cale	culated: 3/23/2020 9:36:21 AM Report	Printed : 3/23/2020 ID: 05	986912312014	5010120150424	52016140100		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SPRING HILL	HEALTH AN	ID REHABILITATION CENTER	Provide	er Number:		0 059877	-00
12170 CORTE	0 CORTEZ BLVD			Date:	3/26/2020		20
BROOKSVILI	LE, FL 34613-	-5578	Fiscal Year F	Year End:	ear End: 12/31/2015)15
			Audit S	tatus:		Field Aud	lited
Provider Ty					Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sing	de Level			<u>197.70</u>	<u>197.37</u>	<u>9/1/2016</u>
Rate	e Type:						
	Interim		X Prosp	ective			
		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		t #NH16-150	C FYE 12/31.	/2015
	Unaudited	costs					
X	Field audit	red costs					
	Desk audit	ted costs					
Distribution	n•						
Contract Mana		al Agent	M. 1'	1 C 4 D - 1	Zainab Day	I	2
Permanent File	-	60	Medicai	d Cost Rein	nbursement P	lanning and F	inance
	formation Onl	V		Ju	inab D	J	
	ange in Rate	,					
	ome Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751					
GYL8Q	Report Cal	culated: 3/26/2020 11:59:58 AM Repor	t Printed :3/26/202	20 ID: 05	987712312015	010120150425	2016143007



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

		Provider Number:		0 059877-00			
		Date:		20			
BROOKSVILLE, FL 34613-	5578	Fiscal Year End:		12/31/20)15		
		Audit Status:		Field Aud	lited		
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Sing	de Level		<u>201.93</u>	<u>201.59</u>	9/1/2017		
Rate Type:							
Trace Type:							
Interim		X Prospective					
	Total Interim		l Prospective				
	Interim Component	Tota	l Prospective	with Interim	Component		
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Changes:					
Dusis		Rate Semes	ter Change				
Budget			_	C FYE 12/31	/2015		
Unaudited	costs						
X Field audit	red costs						
Desk audit	red costs						
Distribution:			Zainab Day				
Contract Management / Fisca	al Agent	Medicaid Cost Rein	bursement P	lanning and F	inance		
Permanent File		3	ainab I	Day			
For Information Only	y	0		0			
No Change in Rate							
Home Office:	CMCII						
	800 Concourse Parkway South Maitland, FL 32751						
GVI 80 Report Cale	culated: 3/26/2020 11:59:58 AM Report I	Printed :3/26/2020 ID: 05	987712312014	5010120150425	52016143007		



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

UNIVERSITY HILLS HEAI	LTH AND REHABILITATION	Provider 1	Number:		0 060993	-00
10040 HILLVIEW ROAD		Date:			2/25/202	20
PENSACOLA, FL 32514		Fiscal Year	ar End:		7/31/20	12
		Audit Stat	tus:		Revised Field	d Audit
Provider Type: Nursing Home Sing	gle Level			Current Rate 200.89	New <u>Rate</u> 200.44	Effective <u>Date</u> 7/1/2013
Rate Type:						
Interim		X Prospect	ive			
	Total Interim			Prospective		
D	Interim Component		Total	Prospective	with Interim	Component
X	Settlement based on cost	,				
	Prior Provider Prospective data					
Basis: Budget Unaudited X Field audit Desk audit	ted costs		ate Semesta A & RFA i	_	C FYE 7/31/2	012
Distribution:			7	Lainab Day		
Contract Management / Fisca	al Agent	Medicaid (anning and F	inance
Permanent File				Painab		
For Information Only	y		0		8	
No Change in Rate						
Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751					
AZXBQ Report Cal	culated: 2/25/2020 10:58:36 AM Repo	ort Printed :2/25/2020	ID: 060	99307312012	020120120730	2013120319



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

UNIVERSITY HILLS HEALTH AND REHABILITATION	Provider Number:		0 060993-00		
10040 HILLVIEW ROAD	Date:		2/25/202	20	
PENSACOLA, FL 32514	Fiscal Year End:		7/31/20	12	
	Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		Current Rate 203.20	New <u>Rate</u> 202.75	Effective	
Rate Type:					
Interim X	Prospective				
Total Interim	Total	Prospective	;		
Interim Component	Total	l Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semest	_	C FYE 7/31/2	012	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reim			inance	
Permanent File	Za	inab Z	Pay		
For Information Only	0		0		
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 AZXBQ Report Calculated: 2/25/2020 10:58:36 AM Report Prin	ted:2/25/2020 ID: 06	09930731201:	2020120120730	02013120319	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

UNIVERSITY HILLS HEA	LTH AND REHABILITATION	Provider Number:		0 060993	-00
10040 HILLVIEW ROAD		Date:		2/25/202	20
PENSACOLA, FL 32514		Fiscal Year End:		7/31/20	12
		Audit Status:		Revised Fiel	d Audit
Provider Type: Nursing Home Sing	gle Level		Current <u>Rate</u> 210.26	New <u>Rate</u> 209.80	Effective <u>Date</u> 7/1/2014
Rate Type:					
Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component
Basis: Budget Unaudited X Field audi Desk audi	d costs	Changes: Rate Semes FA & RFA	_	C FYE 7/31/2	012
Distribution: Contract Management / Fisc Permanent FileFor Information OnlNo Change in Rate		Medicaid Cost Reim	Zainab Day abursement P.		inance
Home Office: AZXBQ Report Ca	CMCII 800 Concourse Parkway South Maitland, FL 32751 lculated: 2/25/2020 10:58:36 AM Report P	rinted: 2/25/2020 ID: 06	099307312012	nani ani anza	2012120212



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

UNIVERSITY HILLS HEALTH AND REHABILITATION	IIVERSITY HILLS HEALTH AND REHABILITATION Provider Number:		0 060993-00	
10040 HILLVIEW ROAD	Date:		2/25/202	20
PENSACOLA, FL 32514	Fiscal Year End:	7	12/31/20)15
	Audit Status:		Field Aud	lited
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 195.00	New <u>Rate</u> 194.70	Effective
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		#NH16-154	C FYE 12/31/ JH13-187C F	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only	Medicaid Cost Reim	Zainab Day bursement P ainab Z		inance
No Change in Rate			-	
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751	rinted :2/25/2020 ID: 060	100312312015	010120150425	- - - - - - - - - - - - - - - - - - -



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

UNIVERSITY HILLS HEALTH AND REHABILITATION	Provider Num	iber:	0 060993	-00
10040 HILLVIEW ROAD	Date:	\$ 	2/25/20	20
PENSACOLA, FL 32514	Fiscal Year E	nd:	12/31/20)15
	Audit Status:		Field Aud	lited
Provider Type: Nursing Home Single Level		Current Rate 198.67	New <u>Rate</u> 198.36	Effective <u>Date</u> 9/1/2017
Rate Type:				
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective dat	X Prospective X	Total Prospective Total Prospective		Component
Budget Unaudited costs X Field audited costs Desk audited costs	X Field	Semester Change Audit #NH16-154 s of FA & RFA #N 2012		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost	Zainab Day Reimbursement Pi Zainab Z		inance
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751				

Report Printed: 2/25/2020

ID: 060993123120150101201504252016110134



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF JACKSONVILLE	Provider Number:		0 080384-00	
4101 SOUTHPOINT DRIVE EAST	Date:		4/10/202	20
JACKSONVILLE, FL 32216	Fiscal Year End:		12/31/20	15
	Audit Status:		Field Aud	ited
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 214.82	New <u>Rate</u> 213.39	Effective
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				
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semes X Field Audit	_	C FYE 12/31/	/2015
Distribution:		Zainab Day		
Contract Management / Fiscal Agent	Medicaid Cost Rein		lanning and F	inance
Permanent File		Painab E		
For Information Only	0		0	
No Change in Rate				
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 HKV0T Report Calculated: 4/10/2020 5:44:50 PM Report I	Printed :4/10/2020 ID: 08	038412312015	5010120150425	52016151636



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE	E HEALTH CA	RE OF JACKSONVILLE		Provider Number	er:	0 080384	-00
4101 SOUTHI	POINT DRIVE	EAST		Date:		4/10/202	20
JACKSONVII	LLE, FL 32216	5		Fiscal Year End	:	12/31/20)15
				Audit Status:		Field Aud	lited
Provider Ty		gle Level			Current <u>Rate</u> 219.98	New <u>Rate</u> 218.52	Effective <u>Date</u> 9/1/2017
Rate	е Туре:						
	Interim		X	Prospective			
		Total Interim		X	Total Prospective		
		Interim Component		7	Total Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data	a				
Basis:	Budget Unaudited Field audit	ted costs			mester Change udit #NH16-1620	C FYE 12/31	/2015
Distributio Contract Man	o n: agement / Fisca	al Agent		M.E. M.C.	Zainab Day		,.
Permanent Fil	•	ar rigent			Reimbursement P		inance
	nformation Onl	N.		6	Zainab T	uy	
	nange in Rate	y					
	_						
Н	ome Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751					
HKV0T	Report Cal	culated: 4/10/2020 5:44:50 PM	Report Printed	:4/10/2020 ID	: 08038412312015	010120150425	52016151636



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF PENSACOLA 235 WEST AIRPORT BLVD		Provider Numb	er:	0 080405-00 12/16/2019			
			Date:				
PENSACOLA, FL 32505			Fiscal Year End	d:		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> </u>	<u>206.07</u>	<u>201.70</u>	9/1/2016
Rate Type:							
Interim		X	Prospective				
· · · · · · · · · · · · · · · · · · ·	Total Interim		-	Total P	rospective		
	Interim Component			Total P	rospective	with Interim	Component
	Settlement based on cost						
	Prior Provider Prospective data						
Davis		CI					
Basis:		Chai			Change		
Budget		<u> </u>	Rate Se		_	C FYE 12/31/	2014
Unaudited	costs						
X Field audit	ted costs						
Desk audit	ted costs						
Distribution:				Za	inab Day		
Contract Management / Fisca	al Agent		Medicaid Cost R	Reimbu	rsement Pl	anning and F	inance
Permanent File				Zai	nab Z	Pay	
For Information Only	y		6			0	
No Change in Rate							
Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751						
GGHR5 Report Cal		ort Printed	:12/16/2019 ID	D: 08040	512312014	010120141117	2015151107



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF PENSACOLA	Provider Number:		0 080405-00		
235 WEST AIRPORT BLVD	ST AIRPORT BLVD Date:		12/16/2019		
PENSACOLA, FL 32505	Fiscal Year End:		12/31/20)15	
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current Rate 208.34	New <u>Rate</u> 203.91	Effective	
Rate Type:					
InterimX	Prospective				
Total Interim		Prospective			
Interim Component	Total	Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	homass				
Dasis.	hanges: Rate Semeste	or Changa			
Budget		•	NH16-105C F	YE	
X Unaudited costs	12/31/2014		11110 1000 1		
Field audited costs					
Desk audited costs					
Distribution:	Z	Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimb	ursement P	lanning and F	inance	
Permanent File	Za	inab Z	Day.		
For Information Only	1		J		
No Change in Rate					
Home Office: CMCII 800 Concourse Parkway South Maitland, FL 32751 GGHR5 Report Calculated: 12/16/2019 10:25:39 AM Report Prin	ted:12/16/2019 ID: 0804	1051221201 <i>5</i>	010120150523	2016105250	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF PORT CHARLOTTE	Provider Number:		0 080416-00			
18480 COCHRAN BLVD	Date:		4/29/2020			
PORT CHARLOTTE, FL 33948	Fiscal Year End:		12/31/20)14		
	Audit Status:		Field Aud	lited		
Provider Type:						
V 1		Current	New	Effective		
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>		
Nursing Home Single Level		<u>206.19</u>	<u>204.43</u>	<u>9/1/2016</u>		
Rate Type:						
-						
Interim	X Prospective					
Total Interim		l Prospective				
Interim Component	Tota	l Prospective	with Interim	Component		
Settlement based on cost						
Prior Provider Prospective data						
Basis:	Changes:					
	Rate Semes	_				
Budget	X Field Audi	t #NH16-108	C FYE 12/31	/2014		
Unaudited costs						
X Field audited costs						
Desk audited costs						
The 1 M 14						
Distribution:		Zainab Day				
Contract Management / Fiscal Agent	Medicaid Cost Rein	bursement P	lanning and F	Finance		
Permanent File	Ź	Painab i	Day			
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No Change in Rate						
Home Office: Consulate Management Company						
800 Concourse Parkway South						
Maitland, FL 32751						
	Printed :4/29/2020 ID: 08	04171001001	01012014111	12015110720		



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Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF PORT CHARLOTTE		Provider Number:		0 080416-00		
18480 COCHRAN BLVD		Date:		4/29/202		
PORT CHARLOTTE, FL 33948	3	Fiscal Year End:		12/31/20		
Provider Type: Nursing Home Single	Level	Audit Status:	Current <u>Rate</u> 208.87	New Rate 208.27	Effective Date 9/1/2017	
Rate Type:						
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component	
Basis: Budget X Unaudited cos Field audited Desk audited	ets costs	Changes: Rate Semes X Effects of F 12/31/2014	Field Audit #1	NH16-108C F	ΥE	
Distribution: Contract Management / Fiscal A Permanent FileFor Information OnlyNo Change in Rate	gent	Medicaid Cost Reim	Zainab Day abursement P		inance	
Home Office: 4EDMD Report Calcula	Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751	rinted :4/29/2020 ID: 08				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH CA	Provider Number:		0 080428-00			
1650 PHILLIPS RD	Date:	5/1/2020				
TALLAHASSEE, FL 32308		Fiscal Year End:		12/31/20	15	
		Audit Status:	Field Audited			
Provider Type:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	le Level	<u>209.15</u> <u>204.79</u>			<u>9/1/2016</u>	
Rate Type:						
Kate 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				
Dasis.		Changes: Rate Semes	tor Changa			
Budget	-		_	C FYE 12/31	/2015	
Unaudited	costs	<u>A</u> Tield Tield	(2220 202	0 1 1 2 1 2 , 0 1,	2010	
X Field audit						
Desk audit	ed costs					
Distribution:						
Contract Management / Fisca	al Agent		Zainab Day			
Permanent File		Medicaid Cost Reimbursement Planning and Finance				
For Information Only	y	Z	ainab i	Jug		
No Change in Rate						
Home Office:	CMCII					
	800 Concourse Parkway South Maitland, FL 32751					
F2WPK Report Cald	culated: 5/1/2020 11:11:55 AM Report I	Printed :5/1/2020 ID: 08	042812312014	5010120150425	32016145419	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF TALLAHASSEE 1650 PHILLIPS RD]	Provider Nur	nber:		0 080428-00		
]	Date:			5/1/2020		
TALLAHASSE	EE, FL 32308]	Fiscal Year E	End:	d: 12/31/2015			
			1	Audit Status:			Field Audited		
Provider Type: Nursing Home Single Level						Current <u>Rate</u> 214.44	New <u>Rate</u> <u>210.07</u>	Effective	
Rate	Type:								
	Interim		X	Prospective					
	-	Total Interim		X		Prospective			
		Interim Component			_	_	with Interim	Component	
		Settlement based on cost			_	1		1	
		Prior Provider Prospective da	ata						
Basis:			Chan	ges:					
						er Change			
	Budget		X	Field	l Audit	#NH16-161	C FYE 12/31	/2015	
X	— Unaudited Field audi								
X	Desk audi								
	Desk audi	ted costs							
Distribution	<u>a:</u>					Zainab Day			
Contract Mana	gement / Fisc	al Agent	N	Medicaid Cost Reimbursement Planning and Finance					
Permanent File	2				Za	inab T	ay		
For Inf	formation Onl	у			0		0		
	ange in Rate								
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110	011100.	800 Concourse Parkway Sout	th						
		Maitland, FL 32751	***						
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH	Provider Number:		0 080430-00				
1310 37TH ST		Date:		5/4/202	0		
VERO BEACH, FL 3296	50-4860	Fiscal Year End:		12/31/20	14		
		Audit Status:		Field Audited			
Provider Type:							
			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home S	Single Level 200.17 199.49				<u>9/1/2016</u>		
- 1.0 2 3							
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	t		it #NH16-114	C FYE 12/31.	/2014		
Unaud	ited costs						
X Field a	udited costs						
Desk a	udited costs						
Distribution:		Zainab Day					
Contract Management / F	Fiscal Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance		
Permanent File		20	ainab Z	Pay			
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No Change in Rat	te						
Home Office:	Consulate Management Company						
	800 Concourse Parkway South Maitland, FL 32751						
BYN6S Report	Calculated: 5/4/2020 3:44:07 PM Report	t Printed :5/4/2020 ID: 08	3043012312014	010120141118	32015110915		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH O	Provider Number:		0 080431-00			
1099 WEST TOWN PARK	Date:		3/31/202	20		
ALTAMONTE SPRINGS,	FL 32714	Fiscal Year End:		12/31/20)14	
		Audit Status:		lited		
Provider Type:						
			Current	New	Effective	
			Rate	<u>Rate</u>	<u>Date</u>	
Nursing Home Sin	ngle Level	203.60 203.09				
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			_	C FYE 12/31/	2014	
Unaudit	red costs					
X Field au	dited costs					
Desk au	dited costs					
Distribution:			Zainah Day			
Contract Management / Fi	scal Agent	Zainab Day Medicaid Cost Reimbursement Planning and Finance				
Permanent File					mance	
For Information O	nly	Z	ainab i	Jug		
No Change in Rate	5					
Home Office:	Consulate Management Company					
	800 Concourse Parkway South					
	Maitland, FL 32751					
FFIR8 Report (Calculated: 3/31/2020 3:50:11 PM Report	Printed :3/31/2020 ID: 08	04311231201	101012014111	72015142021	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH CA	Provider Number:		0 080432-00			
1626 DAVIS RD	Date:		4/1/2020			
WEST PALM BEACH, FL 3	33406-5640	Fiscal Year End:		12/31/20	14	
		Audit Status:		Field Audited		
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	le Level	<u>216.11</u> <u>215.53</u>			9/1/2016	
Rate Type:						
31						
Interim	<u> </u>	X Prospective				
	Total Interim		1 Prospective			
	Interim Component	Tota	l Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Dt.		CI.				
Basis:		Changes:	. (7)			
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Unaudited	costs	A Tield Mudi	. 1111110 110	C1 1L 12/31/	2014	
X Field audit						
Desk audit						
Distribution:			Zainab Day			
Contract Management / Fisca	al Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File		Za	inab D	ay		
For Information Only	y	0		0		
No Change in Rate						
Home Office:	CMCII					
	800 Concourse Parkway South Maitland, FL 32751					
DTFOM Report Cale	culated: 4/1/2020 1:17:48 PM Report	Printed :4/1/2020 ID: 08	043212312017	1010120141113	2015140607	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH O	Provider Number:		0 080434-00			
2701 LAKE ALFRED RD	Date:		4/2/202	.0		
WINTER HAVEN, FL 33	881	Fiscal Year End:		12/31/20)14	
		Audit Status:		Field Audited		
Provider Type:						
			Current	New	Effective	
			Rate	<u>Rate</u>	<u>Date</u>	
Nursing Home Sin	ngle Level	<u>196.72</u> <u>196.43</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			_	C FYE 12/31	/2014	
Unaudit	ed costs					
X Field au	dited costs					
Desk au	dited costs					
Distribution:			Zainab Day			
Contract Management / Fi	scal Agent	Medicaid Cost Rein		lanning and E	Ginanca	
Permanent File		Wiedicald Cost Rein	ainab Z	aming and i	Thance	
For Information O	mly	y		J		
No Change in Rate	;					
Home Office:	Consulate Management Company					
	800 Concourse Parkway South					
	Maitland, FL 32751					
WOGO4 Report O	Calculated: 4/2/2020 11:52:58 AM Report	t Printed :4/2/2020 ID: 08	204341231201	1010120140730	2015130228	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

FRANCO NURSING AND REHABILITATION CENTER	Provider Number:		0 080436-00 4/14/2020		
800 NW 95TH STREET	Date:				
MIAMI, FL 33150	Fiscal Year End:		12/31/20)14	
	Audit Status:		lited		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 219.43	New <u>Rate</u> 218.76	Effective	
Rate Type:					
Tutte 1 j per					
Interim X Prospective Total Interim X Total Prospective Interim Component Total Prospective with Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change Budget Unaudited costs X Field audited costs Total Prospective with Total Prospective with Total Prospective with X Total Prospective with Total Prospective with					
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate	Zainab Day Medicaid Cost Reimbursement Planning and Finance Jainab Day				
Home Office: Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751 NQDI3 Report Calculated: 4/14/2020 5:42:52 PM Report	ort Printed :4/14/2020 ID: 080	43612312014	1010120141111	2015101729	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION CENTER 587 SE ERMINE AVE			Provider Number:		0 092681-00		
			Date:		5/20/202	20	
LAKE CITY,	FL 32025		Fiscal Year End:		1/31/20	14	
			Audit Status:		Field Audited		
Provider T	ype:						
	• •			Current	New	Effective	
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing Ho	ome Sing	gle Level		<u>210.52</u>	<u>209.93</u>	<u>8/1/2013</u>	
D-4	T						
Kat	e Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:		[Changes:				
	D 1 .		Rate Semes	_	C EXTE 1 /01 /0	.01.4	
	Budget Unaudited		X Field Audit	#NH15-051	C FYE 1/31/2	014	
X	Field audit						
Λ	Desk audit						
	Besk addit	ted costs					
Distribution	on:			Zainab Day			
Contract Mar	nagement / Fisca	al Agent -	Medicaid Cost Reim		lanning and F	inance	
Permanent Fi	le				_		
For I	nformation Onl	y	Zu	inab D	y		
No Cl	hange in Rate						
Н	lome Office:	CMCII					
		800 Concourse Parkway South					
		Maitland, FL 32751					
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION CENTER 587 SE ERMINE AVE			Provider Number:		0 092681-00 5/20/2020		
			Date:				
LAKE CITY	, FL 32025		Fiscal Year End: 1/3			1/31/2014	
			Audit Status:		lited		
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 213.80	New <u>Rate</u> 213.21	Effective	
Ra	te Type:						
X	Interim		Prospective				
	<u> </u>	Total Interim		l Prospective			
	_	Interim Component		_	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:	Budget Unaudited Field audit Desk audit	costs	Changes: Rate Semester Change X Field Audit #NH15-051C FYE 1/31/2014				
<u>Distributi</u>	on:			Zainab Day			
Contract Ma	nagement / Fisca	al Agent -	Medicaid Cost Reim		lanning and F	inance	
Permanent F	ile			ainab I			
For 1	Information Onl	y	8		1		
No C	Change in Rate						
	Home Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751					
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION CENTER 587 SE ERMINE AVE				Provider :	Number:		0 092681-00		
				Date:			5/20/2020		
LAKE CITY, I	FL 32025			Fiscal Year End: 1/31/201			14		
				Audit Sta	tus:		Field Audited		
Provider Type: Nursing Home Single Level						Current <u>Rate</u> 214.49	New <u>Rate</u> 213.89	Effective	
Rate	e Type:								
	Interim		X	Prospec	tive				
	_	Total Interim				al Prospective			
		Interim Component				al Prospective		Component	
	X	Settlement based on cost		-		_		_	
		Prior Provider Prospective data							
Basis:			Chai	nges:	ate Semes	ster Change			
	Budget					t #NH15-051	C FYE 1/31/2	2014	
	Unaudited	costs							
X	Field audit								
	Desk audit	ed costs							
Distributio	<u>n:</u>		Zainab Day						
Contract Mana	agement / Fisca	al Agent		Medicaid	Cost Rein	nbursement P	lanning and F	inance	
Permanent Fil	e					Zainab			
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No Ch	ange in Rate								
Ho	ome Office:	CMCII							
		800 Concourse Parkway South							
		Maitland, FL 32751							
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Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION CENTER 587 SE ERMINE AVE				Provider Number	:	0 092681-00		
				Date:		5/20/202	20	
LAKE CITY, F	FL 32025			Fiscal Year End:		1/31/2014		
				Audit Status:		lited		
Provider Type: Nursing Home Single Level					Current <u>Rate</u> 225.08	New <u>Rate</u> 224.46	Effective <u>Date</u> 7/1/2014	
G	J							
Rate	Type:							
	X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X		tal Prospective tal Prospective		Component	
Basis:	Budget Unaudited Field audite Desk audite	ed costs	Changes: Rate Semester Change X Field Audit #NH15-051C FYE 1/31/2014				2014	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only		Zainab Day Medicaid Cost Reimbursement Planning and Finance Zainab Day						
	ange in Rate							
	me Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751	and Duit of I	-5/20/2020 P	0026010121201	100012012020	22015125227	
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION CENTER 587 SE ERMINE AVE			Provider Number:		0 092681-00 5/20/2020				
			Date:						
LAKE CITY,	FL 32025		Fiscal Year End:		1/31/2014				
			Audit Status:		Field Audited				
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 230.07	New <u>Rate</u> 229.45	Effective				
Rat	е Туре:								
	Interim	Total Interim	X Prospective Tot	al Prospective	;				
		Interim Component	Tot	al Prospective	with Interim	Component			
	X	Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Changes:	~~					
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X	Field audit	ted costs							
	Desk audit	ed costs							
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				Zainab	Day				
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Н	ome Office:	CMCII							
		800 Concourse Parkway South Maitland, FL 32751							
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION CENTER				Provider Number: 0 092681-00				
587 SE ERMINE	EAVE			Date:		5/20/2020		
LAKE CITY, FL	32025			Fiscal Year End:		1/31/20	14	
				Audit Status:		Field Aud	ited	
Provider Typ	e:							
					Current	New	Effective	
					<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing Hom	e Sing	le Level			<u>230.37</u>	<u>229.74</u>	<u>9/1/2015</u>	
Rate 7	Гуре:							
]	Interim		X	Prospective				
		Total Interim		— Tota	l Prospective			
<u>-</u>		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost		<u> </u>				
_		Prior Provider Prospective data						
Basis:			Cha	nges:				
	_			Rate Semes	ter Change			
	Budget				_	C FYE 1/31/2	2014	
	Unaudited	costs						
X	Field audit	ed costs						
	_ Desk audite	ed costs						
Distribution:	<u>.</u>				Zainab Day			
Contract Manag	ement / Fisca	l Agent		Medicaid Cost Rein		lanning and F	inance	
Permanent File				20	ainab Z	Pay		
For Info	rmation Only	I		0		1		
No Chan	ge in Rate							
Hom	e Office:	CMCII						
		800 Concourse Parkway South						
		Maitland, FL 32751						
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION CENTER			Provider Number:			0 092681-00			
587 SE ERMIN	E AVE			Date:			5/20/2020 1/31/2014		
LAKE CITY, F	L 32025			Fiscal Year	End:				
				Audit Statu	s:		Field Aud	lited	
Provider Ty		le Level				Rate Rate		Effective	
Rate	Type:								
	Interim		X	Prospectiv	⁄e				
	-	Total Interim	-	- 1		al Prospective			
		Interim Component			— Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost							
		Prior Provider Prospective data							
Basis:	Budget Unaudited Field audit Desk audit	ed costs	Char	Rat		ster Change t #NH15-0510	C FYE 1/31/2	2014	
Distribution	<u>ı:</u>					Zainab Day			
Contract Mana	gement / Fisca	ıl Agent		Medicaid C		nbursement Pl	anning and F	inance	
Permanent File			-				•		
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No Cha	nge in Rate								
Hor	me Office:	CMCII 800 Concourse Parkway South Maitland, FL 32751							
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

TALM GARDEN OF LARGO		Provider Number	Provider Number: 0 0					
10500 STAR			Date:		2/7/2020			
LARGO, FL	33777		Fiscal Year End	:	5/31/2014			
Provider T	Гуре:		Audit Status:		Revised Fiel	d Audit		
Nursing H	lome Sin	gle Level		Current	New <u>Rate</u> 226.20	Effective <u>Date</u> 1/1/2014		
Ra	te Type:							
X	Interim	Total Interim		otal Prospective				
	X	Interim Component Settlement based on cost Prior Provider Prospective data	T	otal Prospective	with Interim	Component		
Basis:	Budget Unaudited Field audi	ted costs		nester Change FA #NH15-042V	W FYE 5/31/2	2014		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Re	Zainab Day Simbursement Pl Zainab Z		nance			
Н	ome Office:	Palm Garden Healthcare Holdings, 2033 Main Street Suite 300 Sarasota, FL 34237		00058205212014				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF LARGO	Provider Number: 0.098583				-00	
10500 STARKEY RD	Date:		-	0 098583-00 2/7/2020 5/31/2014		
LARGO, FL 33777		l Year End:				
		Status:	1	Revised Fiel		
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 229.19	New <u>Rate</u> 228.35	Effective <u>Date</u> 6/1/2014	
Rate Type:	V D					
Total Interim Interim Component	Pros		l Prospective			
X Settlement based on cost Prior Provider Prospective data		Total	Prospective	with Interim	Component	
Basis:	Changes:					
Budget	X	Rate Semeste	er Change #NH15-042W FYE 5/31/2014			
Unaudited costs		ra a kra i	#NH13-042\	W FYE 5/31/2	014	
X Field audited costs						
Desk audited costs						
Distribution:		-				
Contract Management / Fiscal Agent	Medicai		Lainab Day	anning and Fi		
Permanent File	111001001			_	lance	
For Information Only		zai	inab D	ay		
No Change in Rate						
Home Office: Palm Garden Healthcare Holdings. 2033 Main Street Suite 300 Sarasota, FL 34237	, LLC					
IEKH Report Calculated: 2/7/2020 2:02:19 PM Report	rt Printed :2/7/2020	ID: 0985	83053120141	101201307232	015144715	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

TAEM GARDEN OF LARGO	Provider Number	Provider Number: 0 098583-				
10500 STARKEY RD	Date:	-	2/7/2020			
LARGO, FL 33777	Fiscal Year End	:	5/31/20			
Provider Type:	Audit Status:		Revised Fie			
Nursing Home Single Level		Current <u>Rate</u> 240.36	New <u>Rate</u> 239,48	Effective <u>Date</u> 7/1/2014		
Rate Type:						
Interim	X Prospective					
Total Interim Interim Component		otal Prospective				
X Settlement based on co	ToTo	otal Prospective	with Interim	Component		
Prior Provider Prospec						
Basis:	Changes:					
		ester Change				
Budget		A #NH15-042\	W FYE 5/31/2	014		
Unaudited costs Field audited costs						
Desk audited costs						
Distribution: Contract Management / Fiscal Agent		Zainab Day				
Permanent File		Medicaid Cost Reimbursement Planning and Finance				
For Information Only	30	ainab D	ay			
No Change in Rate	0		0			
Home Office: Palm Garden Healthcare	Holdings LLC					
2033 Main Street						
Suite 300						
Sarasota, FL 34237						
EKH Report Calculated: 2/7/2020 2:02:19 PM	Report Printed :2/7/2020 ID: 09	98583053120141	101201307222	015144716		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF LARGO			Provider Number: 0 098583-00				
10500 STARKEY RD			Date:		2/7/2020 5/31/2014		
LARGO, FL 33777			Fiscal Year End:				
Provider Type: Nursing Home Single I	Level		Audit Status:	Current Rate 244.46	New Rate 243.12	Effective Date 1/1/2015	
Rate Type:							
Interim		X	Prospective				
	Total Interim			l Prospective			
	Interim Component Settlement based on cost		Tota	l Prospective	with Interim	Component	
	Prior Provider Prospective data						
	i noi i novidor i nospective data						
Budget Unaudited costs X Field audited costs Desk audited costs		Chan	Rate Semes	_	W FYE 5/31/2	2014	
Distribution:	4		Zainab Day				
Contract Management / Fiscal Ag Permanent File	ent	N	Medicaid Cost Reim	bursement Pl	anning and Fi	nance	
			za	inab T	ay		
For Information OnlyNo Change in Rate			•		U		
2 S	Palm Garden Healthcare Holdings, 1033 Main Street Suite 300 Sarasota, FL 34237	LLC					
HIEKH Report Calculate	d: 2/7/2020 2:02:19 PM Repor	rt Printed :2	2/7/2020 ID: 098	358305312014	1101201307232	2015144715	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF LARGO			Pro	Provider Number: 0 098583-00				
10500 STARK			Da	Date: 2/7/2020				
LARGO, FL	33777		Fis	scal Year End:		5/31/20	14	
Provider T	ype:		Aı	ıdit Status:	Current	Revised Fiel		
					Rate	Rate	Effective <u>Date</u>	
Nursing Ho	me Sing	gle Level			241.64	240.28	9/1/2015	
Rate	e Type:							
	Interim		X P	rospective				
		Total Interim		_	al Prospective			
		Interim Component		Tot	al Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Change					
Dasis.			Change		ster Change			
	Budget		X		ster Change A #NH15-042	W FYE 5/31/2	2014	
	Unaudited	costs			7 11 11 11 11 11 11 11 11 11 11 11 11 11	1 1 1 3/31/2	2014	
X	Field audit	ted costs						
	Desk audit	ted costs						
Distribution	<u>n:</u>				Zainab Day			
Contract Mana	gement / Fisca	al Agent	Med	licaid Cost Reir		lanning and Fi	inance	
Permanent File	e			licaid Cost Rein	Zainab i	Day	manoc	
For Inf	formation Only	y		0				
No Cha	inge in Rate							
	me Office:	Palm Garden Healthcare Holdings 2033 Main Street Suite 300 Sarasota, FL 34237						
HEKH	Report Calo	culated: 2/7/2020 2:02:19 PM Repo	ort Printed:2/7/	2020 ID: 09	858305312014	110120130723	2015144715	



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Tallahassee, Florida 32308

PALM GARDEN OF LARGO	Provider Number	Provider Number: 0 098583-00				
10500 STARKEY RD	Date:		2/7/202	20		
LARGO, FL 33777	Fiscal Year End:		9/30/20	15		
Duovidos Tymos	Audit Status:		Unaudi	ted		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 242.45	New <u>Rate</u> 241.47	Effective <u>Date</u> 9/1/2016		
Rate Type:						
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		otal Prospective		Component		
Budget X Unaudited costs Field audited costs Desk audited costs		ester Change f FA & RFA #N 4	NH15-042W I	FYE		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Zainab Day Medicaid Cost Reimbursement Planning and Finance Zainab Day					
Home Office: Palm Garden Healthcare Holdings, 2033 Main Street Suite 300 Sarasota, FL 34237 HEKH Report Calculated: 2/7/2020 2:02:19 PM Repo		985830930201 <i>5</i> 0	040120140202	2016152765		



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Tallahassee, Florida 32308

PALM GARDE	EN OF PORT	SAINT LUCIE	Provi	der Number:		0 098588	3-00	
1751 SE HILLI	MOOR DRIV	'E	Date: 3/5/2020		20			
PORT SAINT I	LUCIE, FL 3	34952	Fisca	l Year End:		4/30/2014		
			Audit	Status:		Revised Fiel	d Audit	
Provider Ty Nursing Hor		gle Level			Current Rate 219.06	New <u>Rate</u> 218.15	Effective <u>Date</u> 11/1/2013	
Rate X	Type:		Pros	spective				
	-	Total Interim		_	l Prospective	:		
		Interim Component	=	Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective date	a					
Basis:	Budget Unaudited Field audi Desk audi	ted costs	Changes:	Rate Semes	_	W FYE 4/30//	2014	
Distribution Contract Manage		al Agent	Medic	aid Cost Reim	Zainab Day	lanning and E	inongo	
Permanent File			Medic				mance	
For Inf	ormation Onl	у		Zuin	iab Da	7		
No Cha	nge in Rate							
	ne Office:	Palm Garden Healthcare Holdin 2033 Main Street Suite 300 Sarasota, FL 34237	ngs, LLC					
80CKC	Report Cal	culated: 3/5/2020 3:57:13 PM	Report Printed :3/5/20	20 ID: 098	358804302014	110120130722	2015101905	



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Tallahassee, Florida 32308

PALM GARDEN OF PORT SAINT LUCIE	Provider Number:		0 098588	3-00		
1751 SE HILLMOOR DRIVE	Date:		3/5/2020			
PORT SAINT LUCIE, FL 34952	Fiscal Year End:	-	4/30/20	14		
	Audit Status:		Revised Fiel	d Audit		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 219.92	New <u>Rate</u> 219.01	Effective <u>Date</u> 1/1/2014		
Rate Type:						
X Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data		al Prospective	e with Interim	Component		
Budget Unaudited costs X Field audited costs Desk audited costs		ster Change A #NH15-035	· Change NH15-035W FYE 4/30/2014			
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Rein	Zainab Day nbursement P inab Da	lanning and F	inance		
Home Office: Palm Garden Healthcare Holding 2033 Main Street Suite 300 Sarasota, FL 34237 80CKC Report Calculated: 3/5/2020 3:57:13 PM		organ in a- à :	H110120130722			



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PORT SAINT LUCIE	Provider Number:		0 098588-00 3/5/2020			
1751 SE HILLMOOR DRIVE	Date:					
PORT SAINT LUCIE, FL 34952	Fiscal Year End:		4/30/2014			
	Audit Status:		Revised Field	d Audit		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 221.71	New <u>Rate</u> 220.79	Effective <u>Date</u> 5/1/2014		
Rate Type:						
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data		Prospective Prospective	with Interim	Component		
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semest X FA & RFA	_	W FYE 4/30/2	2014		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only	Zainab Day Medicaid Cost Reimbursement Planning and Finance Zainab Day					
No Change in Rate						
Home Office: Palm Garden Healthcare Holding 2033 Main Street Suite 300 Sarasota, FL 34237	s, LLC					

Report Printed: 3/5/2020

ID: 098588043020141101201307222015101905



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Tallahassee, Florida 32308

PALM GARDEN OF PORT SAINT LUCIE			Provi	ider Number:		0 098588	-00		
1751 SE HILL	MOOR DRIV	E	Date	;		3/5/2020			
PORT SAINT	LUCIE, FL 3	4952	Fisca	l Year End:		4/30/20	14		
			Audi	t Status:		Revised Fiel	d Audit		
Provider Ty Nursing Ho		gle Level	Current New Rate Rate 230.70 229.75 X Prospective Total Prospective with Interim Co		Effective <u>Date</u> 7/1/2014				
Rate	е Туре:								
	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Pro:	Tota	_		Component		
Basis:	Budget Unaudited Field audi Desk audi	ted costs	Changes:	Rate Semes	_	W FYE 4/30/2	2014		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medic	aid Cost Rein	Zainab Day nbursement P Zainab	lanning and F Day	inance			
	ome Office:	Palm Garden Healthcare Holding 2033 Main Street Suite 300 Sarasota, FL 34237							
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF PORT SAINT LUCIE	Provider Number:		0 098588-00 3/5/2020 4/30/2014		
1751 SE HILLMOOR DRIVE	Date:				
PORT SAINT LUCIE, FL 34952	Fiscal Year End:				
	Audit Status:		Revised Field	d Audit	
Provider Type:					
		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>235.30</u>	<u>234,23</u>	1/1/2015	
Rate Type:					
Interim	X Prospective				
Total Interim		al Prospective			
Interim Component	Tot	al Prospective	with Interim	Component	
X Settlement based on cost				a management	
Prior Provider Prospective data					
Basis:	Changes				
Dasis.	Changes:	atar Chanca			
Budget		ster Change A #NH15-035V	W FVF 4/30/2	2014	
Unaudited costs	A man	I MINITIS 033	W I I I I 4/30/2	.014	
X Field audited costs					
Desk audited costs					
Distribution:					
Contract Management / Fiscal Agent		Zainab Day			
	Medicaid Cost Rein			inance	
Permanent File	Ź	Painab Z	ay		
For Information Only	0		U		
No Change in Rate					
Home Office: Palm Garden Healthcare Holding	gs, LLC				
2033 Main Street	- ·				
Suite 300					
Sarasota, FL 34237				1	

Report Printed:3/5/2020

ID: 098588043020141101201307222015101905



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Tallahassee, Florida 32308

PALM GARDEN OF PORT	SAINT LUCIE	Provider Nur	Provider Number: 0 098588-			
1751 SE HILLMOOR DRIV	1 SE HILLMOOR DRIVE		-	3/5/2020		
PORT SAINT LUCIE, FL 3	4952	Fiscal Year E	end:	4/30/20	14	
		Audit Status:	4	Revised Fiel	d Audit	
Provider Type: Nursing Home Sing	gle Level		Current <u>Rate</u> 233.50	New <u>Rate</u> 232.41	Effective Date 9/1/2015	
Rate Type:						
Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective date	X Prospective	_ Total Prospectiv Total Prospectiv		Component	
Basis: Budget Unaudited X Field audi Desk audi	ted costs		Semester Change z RFA #NH15-035	SW FYE 4/30/	2014	
Distribution: Contract Management / Fisca Permanent File For Information Only No Change in Rate			Zainab Day t Reimbursement I Zainab Z	Planning and F	inance	
Home Office:	Palm Garden Healthcare Holdi 2033 Main Street Suite 300 Sarasota, FL 34237					
80CKC Report Cal	culated: 3/5/2020 3:57:13 PM	Report Printed :3/5/2020	ID: 0985880430201	4110120130722	22015101905	



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Tallahassee, Florida 32308

PALM GARDEN OF PORT	SAINT LUCIE		Provider Number:	Number: 0 098588-00			
1751 SE HILLMOOR DRIVE			Date:		3/5/2020		
PORT SAINT LUCIE, FL	34952		Fiscal Year End:		9/30/20	15	
			Audit Status:		Unaudit	ted	
Provider Type:							
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Sin	gle Level			233.58	<u>232.51</u>	<u>9/1/2016</u>	
Rate Type:							
Interim		X	Prospective				
	Total Interim			al Prospective			
-	Interim Component			al Prospective		Component	
-	Settlement based on cost			•		•	
	Prior Provider Prospective	data					
Basis:		Cha	nges:				
5.1.				ster Change			
Budget X Unaudited	d	-	Effects of 4/30/2014	FA & RFA #I	NH15-035W J	FYE	
Field aud			175072011				
Desk aud							
Desk aud.	ned costs						
Distribution:				Zainab Day			
Contract Management / Fisc	cal Agent	-	Medicaid Cost Rei		lanning and F	inance	
Permanent File					_	mance	
For Information On	lv		Za	rinab D	ay		
No Change in Rate	- v				U		
Home Office:	Dolm Gordon Haalthaars H	aldings LLC					
Home Office.	Palm Garden Healthcare Ho 2033 Main Street	nuings, LLC					
	Suite 300						
	Sarasota, FL 34237						
80CKC Report Ca	lculated: 3/5/2020 3:57:13 PM	Report Printed	:3/5/2020 ID: 0	9858809302015	050120140226	52016145000	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF	PORT SAINT LUCIE	Provider Number:	er: 0 098588-00		3-00	
1751 SE HILLMOOR DRIVE		Date:		3/5/2020		
PORT SAINT LUCIE	, FL 34952	Fiscal Year End:		9/30/20	16	
		Audit Status:		Unaudit	ted	
Provider Type:						
			Current	New	Effective	
N			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>234.85</u>	233.73	<u>9/1/2017</u>	
~						
Rate Type	:					
Interin	n	X Prospective				
	Total Interim		al Prospective	÷		
-	Interim Component			with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective	data				
Basis:		Changes:				
		Rate Semes	ster Change			
Bud	lget		_	NH15-035W I	FYE	
X Una	audited costs	4/30/2014				
Fiel	d audited costs					
Des	k audited costs					
Distribution:			Zainab Day			
Contract Management	/ Fiscal Agent	Medicaid Cost Rein			inance	
Permanent File		20	ainab Z	Day.		
For Information	on Only					
No Change in l	Rate					
Home Offi	ce: Palm Garden Healthcare H	oldings, LLC				
	2033 Main Street					
	Suite 300					
	Sarasota, FL 34237					
80CKC Rep	ort Calculated: 3/5/2020 3:57:13 PM	Report Printed:3/5/2020 ID: 09	858809302010	5100120150425	52017120335	



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Tallahassee, Florida 32308

PALM GARDEN OF SUN CITY	Provider Number:		0 098589-00 3/10/2020		
3850 UPPER CREEK DR	Date:				
SUN CITY CENTER, FL 33573	Fiscal Year End:	6/30/2014			
	Audit Status:		Revised Fiel	d Audit	
Provider Type: Nursing Home Single Level		Current Rate 225.50	New <u>Rate</u> 224.60	Effective <u>Date</u> 11/1/2013	
Rate Type:					
X Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data		I Prospective I Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semes FA & RFA	_	W FYE 6/30/2	2014	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reim	Zainab Day bursement Pl ab Day		inance	
Home Office: Palm Garden Healthcare Holdings, 2033 Main Street Suite 300 Sarasota, FL 34237 Report Calculated: 3/10/2020 2:08:02 PM Repo		358906302014	110120130722	2015104155	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF SUN CITY	Provi	der Number:		0.008580	0.00	
3850 UPPER CREEK DR			2	0 098589-00 3/10/2020		
SUN CITY CENTER, FL 33573	Date: Fisca	l Year End:	-	6/30/2014		
	Audit	t Status:	9	Revised Fiel		
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 225.00	New <u>Rate</u> 224.09	Effective <u>Date</u> 1/1/2014	
Rate Type: X Interim Total Interim Interim Component	Pros		l Prospective			
X Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs	Changes:	Rate Semest	er Change	with Interim V FYE 6/30/2		
Desk audited costs Distribution:						
Contract Management / Fiscal Agent	Madia.		Zainab Day			
Permanent File	Medica	id Cost Reimb		_	nance	
For Information Only		Zaini	rb Day	_		
No Change in Rate			U			
Home Office: Palm Garden Healthcare Holdings 2033 Main Street Suite 300 Sarasota, FL 34237	, LLC					
	ort Printed :3/10/202	20 ID: 0985	589063020141	101201307222	015104155	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF SUN CITY	Provider Number:		0.000500		
3850 UPPER CREEK DR	Date:	3/10/2020			
SUN CITY CENTER, FL 33573	Fiscal Year End:		6/30/2014		
	Audit Status:		Revised Fiel		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 236.94	New <u>Rate</u> 236.00	Effective <u>Date</u> 7/1/2014	
Rate Type:					
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data	Total	l Prospective l Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semest FA & RFA	_	V FYE 6/30/2	014	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only	Medicaid Cost Reimb	Lainab Day Dursement Pla Linab D	-	nance	
No Change in Rate Home Office: Palm Garden Healthcare Holding	gs, LLC				
2033 Main Street Suite 300 Sarasota, FL 34237					
CODIT	port Printed :3/10/2020 ID: 0985	89063020141	101201307222	01510/155	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF SUN CITY	Provider Number:				
3850 UPPER CREEK DR	Date:	_	0 098589-00 3/10/2020		
SUN CITY CENTER, FL 33573	Fiscal Year End:	-			
	Audit Status:	-	6/30/20 Revised Fiel		
Provider Type:	Tagat Status.	-	Revised Fie	ld Audit	
Nursing Home Single Level		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
S Mg Devel		241.21	<u>240.25</u>	<u>1/1/2015</u>	
Rate Type:					
Interim Total Interim	X Prospective	l Prospective			
Interim Component		l Prospective	with Interim	Component	
X Settlement based on cost		-		- one point	
Prior Provider Prospective data					
Basis:	Changes:				
,	Rate Semest	er Changa			
Budget		#NH15-036W	Y FYE 6/30/20	014	
Unaudited costs X Field audited costs			- 12 0/30/2	014	
X Field audited costs Desk audited costs					
Desk addited costs					
Distribution:	7	Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimb		ming and Fin	19700	
Permanent File				ance	
For Information Only	zai	inab Da	y		
No Change in Rate		C	/		
Home Office: Palm Garden Healthcare Holdings 2033 Main Street Suite 300	, LLC				
Sarasota, FL 34237					
0PH Report Calculated: 3/10/2020 2:08:02 PM Repo	rt Printed :3/10/2020 ID: 0985	8906302014110	012013072220	15104155	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF SUN CITY	Provider Number:	5	0 098589	P-00	
3850 UPPER CREEK DR	Date:	-	3/10/2020		
SUN CITY CENTER, FL 33573	Fiscal Year End:		6/30/20	14	
Provider Type:	Audit Status:	-	Revised Fiel	d Audit	
Nursing Home Single Level		Current Rate 240.16	New <u>Rate</u> 239.19	Effective <u>Date</u> 9/1/2015	
Rate Type:					
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data	-	Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semestr FA & RFA	_	V FYE 6/30/2	014	
Distribution: Contract Management / Fiscal Agent Permanent FileFor Information Only	Medicaid Cost Reimb	Lainab Day oursement Pla Linab Z		nance	
No Change in Rate	-		U		
Home Office: Palm Garden Healthcare Holdings 2033 Main Street Suite 300 Sarasota, FL 34237	s, LLC				
MANTE	ort Printed :3/10/2020 ID: 0985	80063030171	101201207222	01.617	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF SUN CITY	D '1 37 4				
3850 UPPER CREEK DR	Provider Number: Date:	-	0 09858		
SUN CITY CENTER, FL 33573	Bate: Fiscal Year End:	-	3/10/2020		
	Audit Status:		9/30/20		
Provider Type:	radit Status.	5	Unaudi	ited	
Nursing Home Single Level		Current Rate	New <u>Rate</u>	Effective Date	
Single Level		238.38	237.33	<u>9/1/201</u>	
Rate Type:					
Interim	X Prospective				
Total Interim		Prospective			
Interim Component			with Interim	Component	
Settlement based on cost Prior Provider Prospective data					
Rasis	hanges:				
	Rate Semester	r Change			
Budget X Unaudited costs	X Effects of FA		H15-036W F	YE	
X Unaudited costs Field audited costs	6/30/2014			~~	
Desk audited costs					
Distribution: Contract Management / Fiscal Agent	Za	inab Day			
ermanent File	Medicaid Cost Reimbu	rsement Plar	ning and Fin	ance	
For Information Only		iab Da			
No Change in Rate	0	0			
Home Office: Palm Garden Healthcare Holdings, LLC 2033 Main Street Suite 300					
Sarasota, FL 34237					
PPH Report Calculated: 3/10/2020 2:08:02 PM Report Printe	ed ·3/10/2020 TD 00000	SAASSLY.	12014022620		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTWOOD NURSING & REHABILITATION CENTER	Provider Number:		0 103475-00 10/14/2019 8/31/2014		
1001 MAR-WALT DRIVE	Date:				
FORT WALTON BEACH, FL 32547	Fiscal Year End:				
	Audit Status:		Field Au	dited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 233.05	New <u>Rate</u> 231.92	Effective	
Rate Type:					
X Interim	Prospective				
Total Interim		al Prospective			
Interim Component	Tot	al Prospective	with Interim	Component	
X Settlement based on cost	<u> </u>				
Prior Provider Prospective data					
Basis:	Changes:				
240.01		ster Change			
Budget		it #NH15-068	C FYE 8/31/2	2014.	
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution:		W. L. I. D.			
Contract Management / Fiscal Agent	Medicaid Cost Rein	Zainab Day	lonning and E	inomoo	
Permanent File	Vieulcald Cost Reli	induisement F		mance	
For Information Only	Zu	rinab D	ay.		
No Change in Rate					
Home Office: No Home Office					
V531F Report Calculated: 10/14/2019 1:59:39 PM Report	rt Printed :10/14/2019 ID: 10	347508312014	120520130204	2015163007	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTWOOD NURSING & REHABILITATION CE	NTER Provider Number:	0 103475-00			
1001 MAR-WALT DRIVE	Date:		10/14/2019		
FORT WALTON BEACH, FL 32547	Fiscal Year End:	8/31/2014			
	Audit Status:		Field Aud	dited	
Provider Type: Nursing Home Single Level		Current Rate 237.22	New <u>Rate</u> 234.71	Effective <u>Date</u> 1/1/2014	
Rate Type:					
X Interim	Prospective				
Total Interim		Prospective	;		
Interim Component		_	with Interim	Component	
X Settlement based on		•		1	
Prior Provider Prosp	ective data				
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semest X Field Audit	_	C FYE 8/31/2	2014.	
Distribution:	2	Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimb	<u>_</u>	lanning and F	inance	
Permanent File					
For Information Only	y	Painab	- J		
No Change in Rate					
Home Office: No Home Office		Participa			
V531F Report Calculated: 10/14/2019 1:59:39	PM Report Printed:10/14/2019 ID: 103	47508312014	120520130204	2015163007	



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Tallahassee, Florida 32308

WESTWOOD NURSING & REHABILITATION CENTER	Provider Number:		0 103475	-00		
1001 MAR-WALT DRIVE	Date:		10/14/2019			
FORT WALTON BEACH, FL 32547	Fiscal Year End:	8/31/2014				
	Audit Status:	Audit Status: Field Audited				
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 245.91	New <u>Rate</u> 242.60	Effective <u>Date</u> 7/1/2014		
Rate Type:						
X Interim	Prospective					
Total Interim		l Prospective				
Interim Component	Tota	l Prospective	with Interim	Component		
X Settlement based on cost						
Prior Provider Prospective data						
Basis:	Changes:					
	Rate Semes	ter Change				
Budget		#NH15-0680	C FYE 8/31/2	014.		
Unaudited costs						
X Field audited costs						
Desk audited costs						
Distribution:		Zainab Day				
Contract Management / Fiscal Agent	Medicaid Cost Reim		anning and Fi	nance		
Permanent File	\mathcal{I}_{a}	inak D		mance		
For Information Only	Zu	inab D	J			
No Change in Rate						
Home Office: No Home Office						
V531F Report Calculated: 10/14/2019 1:59:39 PM Report	Printed:10/14/2019 ID: 103	3475083120141	205201302042	2015163007		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTWOOD	NURSING & RI	EHABILITATION CENTER	Prov	vider Number:		0 103475	-00
1001 MAR-WALT DRIVE FORT WALTON BEACH, FL 32547			Date) :	.	10/14/20	19
			Fisc	al Year End:		8/31/20	14
			Aud	it Status:		Field Aud	lited
Provider Type: Nursing Home Single Level		e Level			Current Rate 246.59	New <u>Rate</u> 243.69	Effective <u>Date</u> 9/1/2014
Rat	е Туре:						
	Interim		X Pro	spective			
	_	Total Interim		_	l Prospective		
		Interim Component	_	Tota	l Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
	_		// C				
Basis:			Changes	_			
	Budget		l	Rate Semes	_	C = T = 0 10 1 10	
	Unaudited co	sets	X	_ Field Audit	#NH15-0680	C FYE 8/31/2	014.
X	Field audited						
	Desk audited						
Distributio	<u>n:</u>				Zainab Day		
Contract Mana	agement / Fiscal A	Agent	Medi	caid Cost Reim		anning and Fi	inance
Permanent Fil	е			Za	inab D	au	
For In	formation Only				inab D		
No Ch	ange in Rate						
Ho	me Office:	No Home Office					
V531F	Report Calcul	ated: 10/14/2019 1:59:39 PM Reno	ort Printed :10/14	/2019 ID: 10	347508312014	120520130204	2015163007



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Tallahassee, Florida 32308

WESTWOOD NURSING & REHABILITATION CENTER	Provider Number:		0 103475	-00
1001 MAR-WALT DRIVE	Date:	\$ 	10/14/20	19
FORT WALTON BEACH, FL 32547	Fiscal Year End:	8/31/2014		
	Audit Status:	-	Field Aud	lited
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 252.87	New <u>Rate</u> 248.60	Effective
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				
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semes Field Audi	•	C FYE 8/31/2	014.
Distribution:		Zainab Day		
Contract Management / Fiscal Agent	Medicaid Cost Rein	ibursement Pl	anning and Fi	inance
Permanent File		inab D		
For Information Only			J	
No Change in Rate				
Home Office: No Home Office				
V531F Report Calculated: 10/14/2019 1:59:39 PM Repo	rt Printed :10/14/2019 ID: 10	347508312014	120520130204	2015163007



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Tallahassee, Florida 32308

WESTWOOD NURSING & REHABILITATION CE	NTER Provider Number:	0 103475-00
1001 MAR-WALT DRIVE	Date:	10/14/2019
FORT WALTON BEACH, FL 32547	Fiscal Year End:	8/31/2014
	Audit Status:	Field Audited
Provider Type: Nursing Home Single Level	I	current New Effective Rate Rate Date 51.78 247.45 9/1/2015
Rate Type:		
Interim	X Prospective	
Total Interim	Total Pr	rospective
Interim Component	Total Pr	rospective with Interim Component
X Settlement based on		
Prior Provider Prosp	ective data	
Basis:	Changes:	
Budget	Rate Semester (X Field Audit #N	Change IH15-068C FYE 8/31/2014.
Unaudited costs	Y Pleid Addit #IV	11115-000C 1 1 E 0/31/2014.
X Field audited costs		
Desk audited costs		
Distribution:	Zai	inab Day
Contract Management / Fiscal Agent	Medicaid Cost Reimbur	rsement Planning and Finance
Permanent File	Zais	nab Day
For Information Only	0	
No Change in Rate		
Home Office: No Home Office		
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Tallahassee, Florida 32308

WESTWOOD NURSING & REHABILITATION CENTER	Provider Number:	vider Number: 0 103475-00			
1001 MAR-WALT DRIVE	Date:	-	10/14/2019		
FORT WALTON BEACH, FL 32547	Fiscal Year End:		8/31/20	14	
	Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 252.90	New <u>Rate</u> 248.52	Effective <u>Date</u> 9/1/2016	
Rate Type:	No				
Interim	X Prospective				
Total Interim		al Prospective	:		
Interim Component	Tota	al Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Budget Unaudited costs X Field audited costs Desk audited costs		ster Change t #NH15-0680	C FYE 8/31/2	014.	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Rein		lanning and F	inance	
Permanent File	Medicaid Cost Rein	inab I	Pay		
For Information Only	0		0		
No Change in Rate					
Home Office: No Home Office					
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Tallahassee, Florida 32308

CITRUS HILLS HEALTH & REHABILITATION CENTER			Provider Number:		0 122340-00		
124 W NORVELL BRYANT HWY		Date:		4/8/202	0		
HERNANDO	, FL 34442		Fiscal Year End:		12/31/2014		
			Audit Status:		Revised Field	d Audit	
Provider T	ype:			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	gle Level		<u>228.91</u>	228.90	7/1/2014	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget			•	C FYE 12/31/	2014	
	Unaudited	l costs					
X	Field audi	ted costs					
	Desk audi	ted costs					
<u>Distributio</u>				Zainab Day			
Contract Mar	nagement / Fisc	al Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent Fi	ile		Za	inab T	ay		
For I	nformation Onl	y	0		0		
No Cl	hange in Rate						
Н	Iome Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610					
SJDAU	Report Cal		Printed :4/8/2020 ID: 12	234012312014	1070120140415	52015131742	



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Tallahassee, Florida 32308

CITRUS HILLS H	IEALTH &	REHABILITATION CENTER		Provider Number:		0 122340	-00
124 W NORVELL BRYANT HWY HERNANDO, FL 34442			Date:		4/8/202	0	
			Fiscal Year End:		12/31/20)14	
				Audit Status:		Revised Fiel	d Audit
Provider Type	:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level					<u>232.55</u>	232.55	<u>1/1/2015</u>
Rate T	ype:						
Ir	nterim	_	X	Prospective			
_		Total Interim			al Prospective		
_		Interim Component		Tot	tal Prospective	with Interim	Component
_	X	Settlement based on cost					
_		Prior Provider Prospective data					
Basis:			Cha	nges:			
					ester Change		
	Budget			X FA & RFA	A #NH15-064	C FYE 12/31	/2014
	Unaudited of						
X	Field audite						
	Desk audite	ed costs					
Distribution:							
Contract Manager	ment / Fisca	l-Agent		N. P. 110 . T.	Zainab Day	, ,	
Permanent File				Medicaid Cost Rei	mbursement P Zainab	lanning and F Day_	inance
For Infor	mation Only			0	1	8	
No Chang	e in Rate						
Home	Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300	-				
		Tampa, FL 33610					
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Tallahassee, Florida 32308

CITRUS HILL	S HEALTH &	REHABILITATION CENTER		Provider Number:	0 122340	0 122340-00	
124 W NORVELL BRYANT HWY HERNANDO, FL 34442			Date:		4/8/202	0	
			Fiscal Year End:		12/31/20	14	
				Audit Status:		Revised Fiel	d Audit
Provider Ty	pe:				Current	New	Effective
Nursing Ho	ma Sina	de Level			Rate 232.19	Rate 232.06	<u>Date</u> 9/1/2015
Truising Ho	ine sing	ie Levei			<u> 232,19</u>	<u>232.00</u>	<u> </u>
Rate	Type:						
	_Interim	_	X	_ Prospective			
		Total Interim		Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	_			Rate Semes	ter Change		
	Budget			X FA & RFA	#NH15-064	C FYE 12/31/	2014
	Unaudited	costs					
X	Field audit	ted costs					
	Desk audit	ted costs					
<u>Distribution</u>					Zainab Day		
Contract Mana	_	al Agent		Medicaid Cost Rein			inance
Permanent File	e			70	ainab I	Day	
For In	formation Onl	У		0		0	
No Cha	ange in Rate						
Но	me Office:	Greystone Healthcare Management	t				
		4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610					
SIDAH	Report Cal	culated: 4/8/2020 10:30:15 AM Repor	rt Printed	·4/8/2020 ID· 12	23401231201/	1070120140414	32015131742



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Tallahassee, Florida 32308

CITRUS HILLS HEALTI	Provider Number:		0 122340-00			
124 W NORVELL BRYANT HWY		Date:		4/8/202	.0	
HERNANDO, FL 34442		Fiscal Year End:		12/31/2014		
		Audit Status:		Revised Fiel	d Audit	
Provider Type:			Cumont	New	Effective	
			Current <u>Rate</u>	Rate	<u>Date</u>	
Nursing Home S	ingle Level		<u>236.96</u>	<u>236.28</u>	<u>9/1/2016</u>	
Rate Type:						
Interim		X Prospective				
	Total Interim	То	tal Prospective	2		
	Interim Component	То	tal Prospective	with Interim	Component	
X	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
			ester Change			
Budget	t		A #NH15-064	C FYE 12/31	/2014	
Unaud	ited costs					
X Field a	udited costs					
Desk a	udited costs					
Distribution:			Zainab Day			
Contract Management / F	Fiscal Agent	Medicaid Cost Rei	mbursement P	lanning and F	Finance	
Permanent File			Zainab i	Day		
For Information (Only	O		0		
No Change in Rat	te					
Home Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	t				
SJDAU Report		rt Printed :4/8/2020 ID: 1	2234012312014	407012014041	52015131742	



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Tallahassee, Florida 32308

CITRUS HILLS HEALTH & REHABILITATION CENTER		Provider Number:		0 122340-00		
124 W NORVELL BRYANT HWY		Date:		4/8/202	0	
HERNANDO, FL 34442		Fiscal Year End:		12/31/20	16	
		Audit Status:		Unaudit	ed	
Provider Type:						
· -			Current	New	Effective	
			<u>Rate</u>	Rate	<u>Date</u>	
Nursing Home Single Level			<u>226.85</u>	<u>226.84</u>	<u>9/1/2017</u>	
Rate Type:						
T	37	D				
Interim Total Interim	X	Prospective	l Prospective			
Interim Component				with Interim	Component	
Settlement based on cost		10ta	ii Frospective	with interim	Component	
Prior Provider Prospective data						
Thor frovider frospective data						
Basis:	Cha	nges:				
		Rate Semes	ter Change			
Budget	7		_	NH15-064C F	YE	
X Unaudited costs		12/31/2014				
Field audited costs						
Desk audited costs						
Distribution:			Zainab Day			
Contract Management / Fiscal Agent		Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent File		Za	inab T	'ay		
For Information Only		0		0		
No Change in Rate						
Home Office: Greystone Healthcare Managem	ent					
4042 Park Oaks Blvd, Suite 300						
Tampa, FL 33610						
SJDAU Report Calculated: 4/8/2020 10:30:15 AM Re	eport Printed	:4/8/2020 ID: 12	234012312016	5010120160426	52017171618	



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

			Provid	ler Number:		0 122344	-00	
			Date:			2/24/2020		
STARKE, FL 32091			Fiscal	Year End:	12/31/2014			
			Audit	Status:		Revised Fiel	d Audit	
Provider Ty Nursing Hor	•	le Level			Current Rate 230.32	New <u>Rate</u> 229.24	Effective <u>Date</u> 7/1/2014	
Rate	Type:						0.00	
X	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Prosp		l Prospective l Prospective	with Interim	Component	
Basis:	Budget Unaudited	costs	Changes:	Rate Semes	-	C FYE 12/31/	2014	
X	Field audit Desk audit	ed costs						
	gement / Fisca		Medica	id Cost Reim	Zainab Day bursement Pl inab D	anning and F	inance	
Hor	me Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610						

Report Printed: 2/24/2020

ID: 122344123120140701201404142015142115



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

RIVERWOOD HEALTH & REHABILITATION CENTER	ER Provider Number:		0 122344-00 2/24/2020		
808 S COLLEY RD	Date:				
STARKE, FL 32091	Fiscal Year End:	-	12/31/20	14	
	Audit Status:	Audit Status: Revised Field		d Audit	
Provider Type:					
•		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>236.51</u>	<u>235.77</u>	<u>1/1/2015</u>	
Rate Type:					
Interim	X Prospective				
Total Interim	Total F	Prospective			
Interim Component	Total F	Prospective	with Interim	Component	
X Settlement based on cost	t ·				
Prior Provider Prospective	ve data				
Basis:	Changes:				
	Rate Semester	_			
Budget	X FA & RFA #	NH15-066	C FYE 12/31/	2014	
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution:	Z:	ainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimbu	ursement P	lanning and F	inance	
Permanent File	Za	inab i	Day		
For Information Only	0		1		
No Change in Rate					
Home Office: Greystone Healthcare Ma	anagement				
4042 Park Oaks Blvd, Su	_				
Tampa, FL 33610					
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Tallahassee, Florida 32308

RIVERWOOD HEALTH &	REHABILITATION CENTER	I	Provider Number:		0 122344-00		
808 S COLLEY RD		I	Date:		2/24/2020		
STARKE, FL 32091		I	Fiscal Year End:		12/31/2014		
		A	Audit Status:		Revised Fiel	d Audit	
Provider Type: Nursing Home Sing	gle Level			Current Rate 234.10	New <u>Rate</u> 232.98	Effective <u>Date</u> 9/1/2015	
Rate Type:							
Interim		X	Prospective				
memi	Total Interim			l Prospective			
*	Interim Component			=	with Interim	Component	
X	Settlement based on cost			•		•	
	Prior Provider Prospective data						
Basis:		Chan	ges:				
			Rate Semes	_			
Budget		X	FA & RFA	#NH15-0660	C FYE 12/31/	2014	
Unaudited							
X Field audit							
Desk audi	teu costs						
Distribution:				Zainab Day			
Contract Management / Fisca	al Agent	N	fedicaid Cost Rein		lanning and F	inance	
Permanent File							
For Information Onl	у		Z	ainab i	- uy		
No Change in Rate					-		
Home Office:	Greystone Healthcare Manageme 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	nt					
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Tallahassee, Florida 32308

RIVERWOOD HEALTH & REHABILITATION CENTER		Provider Number:		0 122344-00			
808 S COLLEY	/ RD		Date:	7. 	2/24/2020 12/31/2014		
STARKE, FL	32091		Fiscal Year End:	0			
			Audit Status:		Revised Fiel	d Audit	
Provider Ty Nursing Hor		gle Level		Current <u>Rate</u> 235.74	New <u>Rate</u> 234.61	Effective <u>Date</u> 9/1/2016	
Rate	Туре:						
	Interim	<u>-</u>	X Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	I Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data					
Basis:			Changes:	ter Change			
	Budget	1		_	C FYE 12/31/	2014	
	Unaudited	costs					
X	Field audit	ted costs					
	Desk audit	ted costs					
Distribution							
Contract Mana		al Agent		Zainab Day			
Permanent File	-		Medicaid Cost Rein		-	inance	
	formation Onl	y	3.	ainab I	Day		
No Cha	ange in Rate				V		
Но	me Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610					
MJ4Y0	Report Cal	culated: 2/24/2020 11:14:16 AM Report	Printed:2/24/2020 ID: 12	234412312014	1070120140414	2015142115	



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Tallahassee, Florida 32308

TERRACE HEALTH & REHABILITATION CENTER	Provider Number:		0 122346-00 3/12/2020 12/31/2014		
7207 SW 24TH AVE	Date:				
GAINESVILLE, FL 32607	Fiscal Year End:				
	Audit Status:	-	Revised Fiel	d Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 227.69	New <u>Rate</u> 227.21	Effective <u>Date</u> 7/1/2014	
Rate Type:					
X Interim	Prospective				
Total Interim		l Prospective			
Interim Component	Total	l Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective da	ta				
Basis:	Changes:				
Dasis.	Rate Semest	ter Change			
Budget	· · · · · · · · · · · · · · · · · · ·	•	C FYE 12/31/	2014	
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution					
<u>Distribution:</u> Contract Management / Fiscal Agent		Zainab Day			
Permanent File	Medicaid Cost Reim			inance	
- 	30	ainab I	Day		
For Information Only	0		0		
No Change in Rate					
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 30 Tampa, FL 33610					
·	Report Printed :3/12/2020 ID: 122	234612312014	070120140415	2015143657	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

TERRACE HEALTH & REHABILITATION CENTER	Provider Number		0 122346-00 3/12/2020 12/31/2014		
7207 SW 24TH AVE	Date:	· ·			
GAINESVILLE, FL 32607	Fiscal Year End:				
	Audit Status:		Revised Fiel	d Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 230.18	New <u>Rate</u> 229.69	Effective	
Rate Type:					
Interim	X Prospective				
Total Interim	To	tal Prospective	;		
Interim Component	То	tal Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective da	ta				
Basis:	Characa				
Dasis:	Changes:	actor Ohaman			
Budget		ester Change A #NH15-061	C FVF 12/31/	2014	
Unaudited costs	A	21 #1 11 115-001	C1 1E 12/51/	2014	
X Field audited costs					
Desk audited costs					
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Rei			inance	
Permanent File	2	Painab I	Day		
For Information Only	0		1		
No Change in Rate					
Home Office: Greystone Healthcare Manage 4042 Park Oaks Blvd, Suite 30 Tampa, FL 33610	00			1907) II. 117 S.III	
1T348 Report Calculated: 3/12/2020 10:18:20 AM	Report Printed :3/12/2020 ID: 1	2234612312014	1070120140415	2015143657	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

TERRACE HEALTH & REHABILITATION CENTER	Provider N	umber:		0 122346-00		
7207 SW 24TH AVE	Date:	Date:		3/12/2020		
GAINESVILLE, FL 32607	Fiscal Yea	r End:		12/31/20	014	
	Audit Stati	ıs:		Revised Fiel	d Audit	
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 227.35	New <u>Rate</u> 226.61	Effective <u>Date</u> 9/1/2015	
Rate Type:						
Interim	X Prospecti	ve				
Total Interim			Prospective			
Interim Component		Total	Prospective	with Interim	Component	
X Settlement based on cost Prior Provider Prospective data						
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Dugits.		e Semeste	er Change			
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Unaudited costs						
X Field audited costs						
Desk audited costs						
Distribution:						
Contract Management / Fiscal Agent			Zainab Day			
Permanent File	Medicaid C			anning and F	inance	
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No Change in Rate				V		
Home Office: Greystone Healthcare Managem 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	ent					
·	port Printed :3/12/2020	ID: 122	34612312014	070120140415	2015143657	



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Tallahassee, Florida 32308

TERRACE HE	EALTH & REI	HABILITATION CENTER		Provider Number:			0 122346-00		
7207 SW 24TH AVE			Date:			3/12/2020			
GAINESVILL	E, FL 32607			Fiscal Year End:		:	12/31/2014		
				Audit S	tatus:			Revised Fiel	d Audit
Provider Ty Nursing Ho		gle Level]	urrent Rate 27.57	New <u>Rate</u> 226.82	Effective <u>Date</u> 9/1/2016
8	•								
Rate	е Туре:								
	Interim		X	Prospe	ective				
	_	Total Interim		~	T	otal Pro	ospective		
		Interim Component			T	otal Pro	ospective	with Interim	Component
	X	Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Char	iges:					
			0.110.1		Rate Sen	nester (Change		
	Budget			K			_	C FYE 12/31/	2014
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Contract Mana		al Agent		N.C. 41 1	10+ D		nab Day	Landar in A.T.	····
Permanent File		*** * * * * * * * * * * * * * * * * *	J	Medicai				lanning and F	inance
	- formation Onl	v			J	ain	ab D	ay	
	ange in Rate	,						U	
Но	ome Office:	Greystone Healthcare Managemer 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	nt						
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLA HEALTH & REH	IABILITATION CENTER	Provider Numl	ber:	0 122347-00		
120 CHIPOLA AVE		Date:		2/26/2020		
DELAND, FL 32720		Fiscal Year En	ıd:	12/31/2014		
		Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home S	ingle Level		Current <u>Rate</u> 225,51	New <u>Rate</u> 224.62	Effective <u>Date</u> 7/1/2014	
Rate Type:						
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		Total Prospective Total Prospective		Component	
X Field a	ted costs udited costs udited costs		emester Change RFA #NH15-0630	C FYE 12/31/	2014	
Distribution: Contract Management / F Permanent File For Information C No Change in Rate	Only		Zainab Day Reimbursement P Zainab Z	-	inance	
Home Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610					

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLA HEALTH & REHABI	VILLA HEALTH & REHABILITATION CENTER		der Number:		0 122347-00		
120 CHIPOLA AVE		Date:			2/26/202	20	
DELAND, FL 32720		Fiscal	Year End:	12/31/2014			
		Audit	Status:		Revised Field	d Audit	
Provider Type: Nursing Home Singl	e Level			Current <u>Rate</u> 229.61	New <u>Rate</u> 228.94	Effective	
Rate Type:							
Interim	_	X Pros	pective				
	Total Interim	_		l Prospective		_	
V	Interim Component Settlement based on cost	-	Tota	l Prospective	with Interim	Component	
X	Prior Provider Prospective data						
	Thoi Floridei Flospective data						
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Permanent File					_		
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No Change in Rate							
Home Office:	Gravatana Haalthaana Managarii						
nome Once.	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300						
	Tampa, FL 33610						
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLA HEALTH & REHA	ABILITATION CENTER	Provid	der Number:		0 122347-00 2/26/2020		
120 CHIPOLA AVE		Date:					
DELAND, FL 32720		Fiscal	Year End:	12/31/2014			
		Audit	Status:		Revised Fiel	d Audit	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sin	ngle Level			227.94	226.99	9/1/2015	
Rate Type:							
Interim	70 4 1 T 4	X Pros	pective				
-	Total Interim	1		l Prospective			
X	Interim Component Settlement based on cost	-	I ota	Prospective	with Interim	Component	
	Prior Provider Prospective data						
Basis:		Changes:]				
			Rate Semest	-			
Budget		X	FA & RFA	#NH15-0630	C FYE 12/31/	2014	
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Desk and	inted costs						
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No Change in Rate							
Home Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610						

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLA HEALTH & REHABILITATION CENTER		Provider Number:		0 122347-00		
120 CHIPOLA AVE		Date:	D)	2/26/2020		
DELAND, FL 32720		Fiscal Year End:		12/31/20)14	
		Audit Status:		Revised Fiel	d Audit	
Provider Type:						
			Current	New	Effective	
N			Rate	Rate	<u>Date</u>	
Nursing Home Single Level			<u>231.94</u>	<u>230.98</u>	9/1/2016	
Rate Type:						
lnterim	X	Prospective				
Total Interim		Tota	l Prospective			
Interim Component		Tota	l Prospective	with Interim	Component	
X Settlement based on cost						
Prior Provider Prospective data						
Basis:	Cha	nges:	GI.			
Budget	-	Rate Semes		C FYE 12/31/	2014	
Unaudited costs	_	X FA & RFA	#NH13-003	CFYE 12/31/	2014	
X Field audited costs						
Desk audited costs						
Distribution:			Zainab Day			
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Home Office: Greystone Healthcare Manageme	ent					
4042 Park Oaks Blvd, Suite 300						
Tampa, FL 33610						
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Tallahassee, Florida 32308

THE PAVILION FOR HEALTHCARE	Provider Number:		0 129312-00 10/16/2019			
3465 CAROLINE BLVD	Date:	2				
PENNEY FARMS, FL 32079	Fiscal Year End:		6/30/2016			
	Audit Status:	-	Field Au	lited		
Provider Type: Nursing Home Single Level		Current Rate 215.39	New <u>Rate</u> 208,29	Effective <u>Date</u> 8/15/2014		
Rate Type:						
X Interim	Prospective					
Total Interim	Tota	l Prospective				
Interim Component	Tota	l Prospective	with Interim	Component		
X Settlement based on cost						
Prior Provider Prospective data						
Basis:	Changes: Rate Semes	_				
Budget	X Field Audit	#NH16-054	W FYE 06/30)/2016		
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Desk audited costs						
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Distribution:		Zainab Day				
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Home Office: No Home Office						
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Tallahassee, Florida 32308

THE PAVILIO	N FOR HEALTHCARE	Provider Number:		0 129312-00		
3465 CAROLINE BLVD		Date:		10/16/2019		
PENNEY FARM	MS, FL 32079	Fiscal Year End:		6/30/2016		
			Field Aug	lited		
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 220.95	New <u>Rate</u> 213.52	Effective <u>Date</u> 1/1/2015	
Rate	Type:					
X	Interim	Prospective				
	Total Interim	Tota	ıl Prospective	;		
	Interim Compon	-	al Prospective	with Interim	Component	
	X Settlement based					
	Prior Provider Pr	pective data				
Basis:		Changes:	ster Change			
	Budget		_	W FYE 06/30)/2016	
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X	Field audited costs					
	Desk audited costs					
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Permanent File			rinab Z			
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Tallahassee, Florida 32308

THE PAVILION FOR HEALTHCARE	Provider Number:	0 129312-00		
3465 CAROLINE BLVD	Date:	10/16/2019		
PENNEY FARMS, FL 32079	Fiscal Year End:	6/30/2016		
	Audit Status:	Field Audited		
Provider Type: Nursing Home Single Level	Curro <u>Rat</u> 219.	<u>Rate</u> <u>Date</u>		
Rate Type:				
X Interim	Prospective			
Total Interim	Total Prospe	ective		
Interim Component	Total Prospe	ective with Interim Component		
X Settlement based on cost				
Prior Provider Prospective dat	a			
Basis:	Changes:			
Dayin	Rate Semester Cha	nge		
Budget		6-054W FYE 06/30/2016		
Unaudited costs				
X Field audited costs				
Desk audited costs				
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Permanent File	Medicaid Cost Reimbursem			
	Zaina	o Day		
For Information OnlyNo Change in Rate	,	U		
No Change in Rate				
Home Office: No Home Office				
SI3I4 Report Calculated: 10/16/2019 11:17:53 AM	Report Printed :10/16/2019 ID: 129312063	020160701201511142016133330		



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Tallahassee, Florida 32308

THE PAVILION FOR HEALTHCARE	Provider Number:		0 129312	-00	
3465 CAROLINE BLVD	Date:		10/16/2019		
PENNEY FARMS, FL 32079	Fiscal Year End:	6/30/2016			
	Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 220.15	New <u>Rate</u> 214.00	Effective	
Rate Type:		/ Amagin			
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data Basis:	Changes:	ter Change	with Interim		
Budget Unaudited costs X Field audited costs Desk audited costs	X Field Audit	:#NH16-054	W FYE 06/30	0/2016	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent File	Za	inab T	ay		
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No Change in Rate					
Home Office: No Home Office SI3I4 Report Calculated: 10/16/2019 11:17:53 AM Report I	Printed: 10/16/2019 ID: 12	931206302016	5070 <u>12</u> 0151114	12016133330	



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Tallahassee, Florida 32308

THE PAVILIO	N FOR HEALTI	HCARE		Provider Number:		0 129312	-00
3465 CAROLIN	VE BLVD			Date:		10/16/20	19
PENNEY FARM	MS, FL 32079			Fiscal Year End:		6/30/20	16
				Audit Status:		Field Aud	lited
Provider Type Nursing Hor		Level			Current Rate 222.25	New <u>Rate</u> 217.87	Effective <u>Date</u> 9/1/2016
Rate	Type:						
3	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X	***	al Prospective al Prospective	with Interim	Component
Basis:	Budget Unaudited co Field audited Desk audited	costs			ster Change t #NH16-054	W FYE 06/30)/2016
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE PAVILION FOR HEALTHCARE		Provider Number:		0 129312	-00	
3465 CAROLINE BLVD		Date:		10/16/2019		
PENNEY FARMS, FL 32079		Fiscal Year End:		6/30/2016		
		Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level			Current Rate 223.88	New <u>Rate</u> 220.84	Effective	
Rate Type:						
Interim	X	Prospective				
Total Interim	-	Total	l Prospective			
Interim Component		Total	Prospective	with Interim	Component	
X Settlement based on cost						
Prior Provider Prospective data						
Budget Unaudited costs X Field audited costs Desk audited costs		Rate Semest X Field Audit	_	W FYE 06/30	/2016	
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Contract Management / Fiscal Agent		Medicaid Cost Reim		lanning and F	inance	
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No Change in Rate						
Home Office: No Home Office Si314 Report Calculated: 10/16/2019 11:17:53 AM Report Calculated: 10/16/2019 AM Report	nort Printed	:10/16/2019 ID: 129	3170630701 <i>6</i>	070120151114	2016133330	
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OAK VIEW REHABILITATION CENTER	Provider Number:		0 130817-00		
833 KINGSLEY AVE	Date: 3/12/2020			20	
ORANGE PARK, FL 32073	Fiscal Year End:		15		
	Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level		Current Rate 236.03	New <u>Rate</u> 232.16	Effective	
Data Terra					
Rate Type:					
Total Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Budget	Changes:	er Change	with Interim W FYE 2/28/		
Unaudited costs X Field audited costs Desk audited costs					
Distribution:	,	Zainab Day			
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reim		anning and F	inance	
Home Office: No Home Office					

Report Printed: 3/12/2020



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OAK VIEW REHABILITATION CENTER	Provider Number:		0 130817	-00		
833 KINGSLEY AVE	Date:		3/12/2020			
ORANGE PARK, FL 32073	Fiscal Year End:		2/28/20	15		
	Audit Status:		Field Aud	lited		
Provider Type:		Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Single Level		239,23	<u>234,49</u>	1/1/2015		
Rate Type:						
XInterim	Prospective					
Total Interim	***************************************	l Prospective				
Interim Component X Settlement based on cost	Tota	l Prospective	with Interim	Component		
Prior Provider Prospective data						
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semess X Field Audit	•	W FYE 2/28/2	2015		
Distribution:		Zainab Day				
Contract Management / Fiscal Agent	Medicaid Cost Reim		anning and Fi	inance		
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No Change in Rate						
Home Office: No Home Office						
63WPW Report Calculated: 3/12/2020 12:07:50 PM Report	Printed:3/12/2020 ID: 130	81702282015	090120140428	2016180908		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OAK VIEW REHABILITATION CENTER	Provider Number: 0 130817-00
833 KINGSLEY AVE	Date: 3/12/2020
ORANGE PARK, FL 32073	Fiscal Year End: 2/28/2015
Provider Type: Nursing Home Single Level	Audit Status: Field Audited Current New Effective Rate Date 242,62 238.69 3/1/201
Rate Type: Interim	X Prospective
Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data	Total Prospective Total Prospective with Interim Componer
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Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Zainab Day Medicaid Cost Reimbursement Planning and Finance Zainab Day
Home Office: No Home Office 63WPW Report Calculated: 3/12/2020 12:07:50 PM Report	Printed: 3/12/2020 ID: 130817022820150901201404282016180908



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OAK VIEW REHABILITATION CENTER	Provider Number:		0 130817-00		
833 KINGSLEY AVE	Date:	3/12/2020 2/28/2015			
ORANGE PARK, FL 32073	Fiscal Year End:				
	Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level		Current Rate 242.99	New <u>Rate</u> 238.13	Effective	
Rate Type:					
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data		Prospective Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semest X Field Audit	_	W FYE 2/28/2	2015	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reiml	Lainab Day oursement Pl inab D		inance	
Home Office: No Home Office					

Report Printed: 3/12/2020



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OAK VIEW REHABILITATION CENTER	Provider Number	r:	0 130817	-00	
833 KINGSLEY AVE	Date:		3/12/2020		
ORANGE PARK, FL 32073	Fiscal Year End:		2/28/20	15	
	Audit Status:	-	Field Au	lited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 246.51	New <u>Rate</u> 241.49	Effective <u>Date</u> 9/1/2016	
Rate Type:					
Interim	X Prospective				
Total Interim		otal Prospective			
Interim Component	To	otal Prospective	with Interim	Component	
X Settlement based on cost Prior Provider Prospective data					
ITOT HOVIDE HOSPECTIVE data					
Basis:	Changes:				
		ester Change			
Budget	X Field Au	dit #NH15-027	W FYE 2/28/	2015	
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Re			inance	
Permanent File	,	Zainab Z	Day		
For Information Only	0	,	0		
No Change in Rate					
Home Office: No Home Office					
63WPW Report Calculated: 3/12/2020 12:07:50 PM Report	ort Printed :3/12/2020 ID:	13081702282015	090120140428	2016180908	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GULF COAST VILLAGE CARE CENTER	Provider Number: 0 201120-00
1333 SANTA BARBARA BLVD	Date: 2/26/2020
CAPE CORAL, FL 33991	Fiscal Year End: 12/31/2014
	Audit Status: Field Audited
Provider Type:	Current New Effective Rate Rate Date
Nursing Home Single Level	<u>249.42</u> <u>243.22</u> <u>9/1/2015</u>
Rate Type:	
Rate Type.	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Total Prospective with Interim Component
Settlement based on co	
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semester Change X Field Audit #NH16-069W FYE 12/31/2014
Distribution:	Zainab Day
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	
For Information Only	Zainab Day
No Change in Rate	
Home Office: VOA National Services 7530 Market Place Driv Eden Prairie, MN 5534	
PI5V8 Report Calculated: 2/26/2020 2:47:03 PM	Report Printed :2/26/2020 ID: 201120123120140101201404272015112400



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GULF COAST VILLAGE CARE CENT	ΓER		Provider Nu	mber:		0 201120	-00		
1333 SANTA BARBARA BLVD			Date:			2/26/2020			
CAPE CORAL, FL 33991			Fiscal Year	End:		12/31/20	15		
			Audit Status	:		Unaudit	ed		
Provider Type: Nursing Home Single Level					Current Rate 268.04	New <u>Rate</u> 266.41	Effective		
Rate Type:									
Interim		X	Prospective	2					
	Interim		X		Prospective				
	n Component		74		-	with Interim	Component		
	nent based on cost			—	· · · · · · · · · · · · · · · · · · ·		o o mp o mono		
	Provider Prospective	data							
	-								
Basis:		Chan	ges:						
				Semest	er Change				
Budget		X			-	NH16-069W I	FYE		
X Unaudited costs			12/3	1/2014			,		
Field audited costs									
Desk audited costs									
Distribution									
Distribution:					Zainab Day				
Contract Management / Fiscal Agent		Ŋ				anning and F	inance		
Permanent File				Zai	nab Do	ry			
For Information Only				0	1	0			
No Change in Rate									
Home Office: VOA	National Services								
	farket Place Drive								
	rairie, MN 55344								
9I5V8 Report Calculated: 2/26		Report Printed :	2/26/2020	ID: 201	12012312015	010120150430	2016092301		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GULF COAST VILLAGE CARE CENTER	Provider Number: 0 201120-00
1333 SANTA BARBARA BLVD	Date: 2/26/2020
CAPE CORAL, FL 33991	Fiscal Year End: 12/31/2016
	Audit Status: Unaudited
Provider Type: Nursing Home Single Level	Current New Effective Rate Rate Date 274.54 272.91 9/1/2017
Nursing Home Single Level	<u>274.54</u> <u>272.91</u> <u>9/1/2017</u>
Rate Type:	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Total Prospective with Interim Component
Settlement based on cos	t
Prior Provider Prospecti	ve data
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semester Change Effects of Field Audit #NH16-069W FYE 12/31/2014
Distribution:	Zainab Day
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	Zainab Day
For Information Only	
No Change in Rate	
Home Office: VOA National Services 7530 Market Place Drive Eden Prairie, MN 55344	
9I5V8 Report Calculated: 2/26/2020 2:47:03 PM	Report Printed: 2/26/2020 ID: 201120123120160101201604272017114158



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VILLA MARIA NURSINO	G & REHABILITATION CENTER	Provider Number:		0 203165-00 4/23/2020		
1050 NE 125TH STREET		Date:				
NORTH MIAMI, FL 3316	51	Fiscal Year End:		9/30/20	15	
		Audit Status:		Field Aud	ited	
Provider Type:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Si	ngle Level		<u>269.10</u>	<u>268.88</u>	<u>9/1/2016</u>	
Rate Type:						
Interim		X Prospective				
	Total Interim	X Tot	tal Prospective			
	Interim Component	Tot	tal Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
Dodost			ester Change	L EVE 0/20/2	0.1.5	
Budget	ted costs	X Field Aud	it #NH16-012	LFYE 9/30/2	.015	
	dited costs					
	idited costs					
Distribution:			Zainab Day			
Contract Management / Fi	iscal Agent	Medicaid Cost Rei		lanning and F	inance	
Permanent File			Zainab I			
For Information C	Only	0		0		
No Change in Rate	e					
Home Office:	Catholic Health Services					
	4790 N. State Road 7					
	Lauderdale Lakes, FL 33319					
D5RKB Report (Calculated: 4/23/2020 10:52:41 AM Report	Printed: 4/23/2020 ID: 2	.0316509302015	5100120140420	02016114411	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SUNRISE HEALTH AND REHABILITATION CENTER	Provider Number:		0 207497-00		
4800 N NOB HILL RD	Date:		4/30/2020		
SUNRISE, FL 33351-4722	Fiscal Year End:		12/31/20	15	
	Audit Status:		Field Aud	ited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 248.39	New <u>Rate</u> 247.92	Effective <u>Date</u> 9/1/2016	
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					
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semes X Field Audi	ster Change t #NH16-041	L FYE 12/31/	2015	
Distribution:		Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Rein		lanning and F	inance	
Permanent File			_		
For Information Only	ð	Painab I	any .		
No Change in Rate					
Home Office: Subacute Services, Inc. 4800 Nob Hill Road Sunrise, FL 33351 VGXJE Report Calculated: 4/30/2020 2:49:43 PM Report	Printed: 4/30/2020 ID: 20	0749712312015	5010120150428	32016084929	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SUNRISE, FL 33351-4722 Fi	ate: scal Year End: udit Status:		4/30/202 12/31/20 Field Aud		
Provider Type:	udit Status:			15	
Provider Type:			Field Aud		
	(ited	
	<u>2</u>	Current <u>Rate</u> 251.92	New <u>Rate</u> 251.45	Effective <u>Date</u> 9/1/2017	
Rate Type:					
Rate Type.					
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Total P	Change	with Interim		
Unaudited costs X Field audited costs Desk audited costs					
Distribution:	7.9	ingh Day			
Contract Management / Fiscal Agent Me	Zainab Day Medicaid Cost Reimbursement Planning and Finance				
Permanent File	Zais	nab D	ay		
For Information Only	0		0		
No Change in Rate					
Home Office: Subacute Services, Inc. 4800 Nob Hill Road Sunrise, FL 33351 VGXJE Report Calculated: 4/30/2020 2:49:43 PM Report Printed: 4/		07123120150	010120150428	2016084929	



JHZZB

Report Calculated: 2/25/2020 1:37:33 PM

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COURTENAY S	SPRINGS VI	LLAGE		Provider Number:		0 209325-00	
1100 SOUTH CO	OURTENAY	PARKWAY		Date:	-	2/25/202	20
MERRITT IS, FI	L 32952-380)4		Fiscal Year End:	-	9/30/20	14
				Audit Status:		Field Aud	lited
Provider Typ Nursing Hom		de Level			Current <u>Rate</u> 262.87	New <u>Rate</u> 251.14	Effective <u>Date</u> 9/1/2015
Rate 7	Гуре:						
]	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:	i		Char				
Dasis.	J		Char	Rate Semes	star Changa		
	Budget				-	C FYE 9/30/2	:014
	Unaudited	costs					
X	Field audit	ed costs					
	Desk audit	ed costs					
D'-4-'14'							
Distribution:		I. A. a. a. t.			Zainab Day		
Contract Manage	ement / Fisca	n Agent	1	Medicaid Cost Rein		_	inance
Permanent File				Zai	inab Do	ry	
	rmation Only	,		U	<i>(</i>		
No Chang	ge in Rate						
Home	e Office:	Retirement Housing Foundation 911 N. Studebaker Rd					
		Long Beach, CA 90815-4900					

Report Printed: 2/25/2020 ID: 209325093020141001201305142015100229



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COURTENAY	SPRINGS V	ILLAGE	Prov	vider Number:		0 209325	-00
1100 SOUTH C	OURTENA	Y PARKWAY	Date	: :		2/25/202	20
MERRITT IS, F	L 32952-38	04	Fisc	al Year End:		9/30/20	15
			Aud	it Status:		Field Aud	lited
Provider Typ	•				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Hon	ne Sing	gle Level			<u>284.50</u>	279.99	9/1/2016
Rate	Туре:						
	Interim		X Pro	spective			
	interim	Total Interim		-	l Prospective		
		Interim Component	-		-	with Interim	Component
		Settlement based on cost	-		1		1
		Prior Provider Prospective data					
Basis:			Changes	:			
				Rate Semes	ter Change		
	Budget		X			C FYE 9/30/2	
	_ Unaudited			effects of F	A #NH15-09	4C FYE 9/30	/2014
X	Field audi						
	Desk audi	ted costs					
<u>Distribution</u> :	• •				Zainab Day		
Contract Manag	ement / Fisca	al Agent	Medi	caid Cost Reim		anning and F	inance
Permanent File						_	
For Info	ormation Onl	у		Zu	inab D	ly.	
No Chan	nge in Rate					-	
Hom	ne Office:	Retirement Housing Foundation 911 N. Studebaker Rd					
		Long Beach, CA 90815-4900					
JHZZB	Report Cal	culated: 2/25/2020 1:37:33 PM Repo	ort Printed :2/25/	2020 ID: 209	932509302015	100120140225	2016083929



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

COURTENAY SPRINGS V	VILLAGE	Provider N	Jumber:		0 209325	-00
1100 SOUTH COURTENA	Y PARKWAY	Date:			2/25/20:	20
MERRITT IS, FL 32952-38	804	Fiscal Yea	ır End:		9/30/20	16
		Audit Stat	us:		Unaudit	ted
Provider Type:						
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Sin	gle Level			<u>283.59</u>	<u>283.30</u>	9/1/2017
Rate Type:						
Interim	m . 17	X Prospecti				
3======================================	Total Interim	XX		Prospective		G .
, 	Interim Component Settlement based on cost		l otal	Prospective	with Interim	Component
· ·	Prior Provider Prospective data					
S-	1 Hot I lovider I lospective data					
Basis:		Changes:				
Dasis.			ta Samact	er Change		
Budget					NH15-094C	FYE
X Unaudited	d costs				96C FYE 9/3	
Field aud	ited costs					
Desk aud	ited costs					
Distribution:			-	Zalash Dav		
Contract Management / Fisc	cal Agent	Medicaid C		Zainab Day	anning and F	inanaa
Permanent File		Wicdicald	2 ais	ash Da	anning and r	mance
For Information On	ly		June	rab Da	7	
No Change in Rate						
-						
Home Office:	Retirement Housing Foundation					
	911 N. Studebaker Rd					
	Lana Danah (14 00015 4000					
WIZZD	Long Beach, CA 90815-4900					
JHZZB Report Ca	lculated: 2/25/2020 1:37:33 PM Repo	rt Printed :2/25/2020	ID: 209	32509302016	100120150418	2017102856



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CLERMONT HEALTH AND REHABILITATION CENTER	Provider Number:		0 221465	-00
151 E MINNEHAHA AVE	Date:		10/23/20	018
CLERMONT, FL 34711	Fiscal Year End:		12/31/20	012
	Audit Status:		Unaudit	ted
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 198.01	New <u>Rate</u> 198.27	Effective <u>Date</u> 7/1/2013
Rate Type:				
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Tota	l Prospective l Prospective	with Interim	Component
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semess X Effects of F 1/31/2006	-	NH08-102C F	YE
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reim	Zainab Day bursement Pl aunab L	anning and F	inance
Home Office: No Home Office 2ZB2S Report Calculated: 10/23/2018 3:23:15 PM Report Print	ted:10/23/2018 ID: 22	46512312012	010120120423	2013121951



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CLERMONT HEALTH AND REHABILITATION CENTER	Provider Number:	Provider Number: 0 221465-00		
151 E MINNEHAHA AVE	Date: 10/23/20		18	
CLERMONT, FL 34711	Fiscal Year End:		12/31/20	012
	Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 200.85	New <u>Rate</u> 201.11	Effective
Rate Type:				
Interim	X Prospective			
Total Interim	X Tot	al Prospective		
Interim Component	Tot	al Prospective	with Interim	Component
Settlement based on cost				
Prior Provider Prospective dat	a			
Basis:	Changes:			
Budget		ster Change Field Audit #1	VILLOS 102C E	EVE
X Unaudited costs	1/31/2006		NHU6-1U2C F	IE
Field audited costs				
Desk audited costs				
	¥			
Distribution:		Zainab Day		
Contract Management / Fiscal Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File	Za	inab D	ay	
For Information Only	0		U	
No Change in Rate				
Home Office: No Home Office				
27B2S Report Calculated: 10/23/2018 3:23:15 PM	Report Printed -10/23/2018 ID- 23	2146512312012	010120120423	2013121051



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CLERMONT HEALTH AND REHABILITATION CENTER	Provider Number:		0 221465	-00
151 E MINNEHAHA AVE	Date:		10/23/20)18
CLERMONT, FL 34711	Fiscal Year End:		12/31/20)12
	Audit Status:	2	Unaudit	ted
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 210.53	New <u>Rate</u> 210.80	Effective <u>Date</u> 7/1/2014
Rate Type:				
Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Tota	ll Prospective Il Prospective	with Interim	Component
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semes X Effects of I 1/31/2006	-	NH08-102C F	YE
Distribution:		Zainab Day		
Contract Management / Fiscal Agent	Medicaid Cost Reim			inance
Permanent File	30	ainab Z	Day	
For Information Only	O		U	
No Change in Rate				
Home Office: No Home Office 2ZB2S Report Calculated: 10/23/2018 3:23:15 PM Report Print	ed:10/23/2018 ID: 22	146512312012	010120120423	2013121951



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CLERMONT HEALTH AND REHABILITATION CENTER	LERMONT HEALTH AND REHABILITATION CENTER			0 221465-00		
151 E MINNEHAHA AVE		Date:	der Number: 0 221465-00 10/23/2018		18	
CLERMONT, FL 34711		Fiscal Year End:		12/31/20	13	
		Audit Status:	2	Unaudit	ed	
Provider Type:						
			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level			205.86	206.14	1/1/2015	
Rate Type:						
Interim	<u> </u>	Prospective				
Total Interim			l Prospective		_	
Interim Component		Tota	l Prospective	with Interim	Component	
Settlement based on cost	_4_					
Prior Provider Prospective da	ııa					
Basis:	Cho	nges:				
Dasis.	Спа	Rate Semes	er Change			
Budget			•	NH08-102C F	YE	
X Unaudited costs		1/31/2006				
Field audited costs						
Desk audited costs						
Distribution:			Zainab Day	160		
Contract Management / Fiscal Agent		Medicaid Cost Reim		anning and F	inance	
Permanent File		Za	inab T	ay		
For Information Only		0		1		
No Change in Rate						
Home Office: No Home Office						
Trome office.						
2ZB2S Report Calculated: 10/23/2018 3:23:15 PM	Report Printed	:10/23/2018 ID: 22	146512312013	010120130823	2014145300	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CLERMONT HEALTH AND REHABILITATION CENTER	Provider Number	ber: 0 221465-00		-00
151 E MINNEHAHA AVE	Date:		10/23/2018	
CLERMONT, FL 34711	Fiscal Year End:		12/31/20)13
	Audit Status:		Unaudit	ed
Provider Type:		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		<u>203.26</u>	203.53	9/1/2015
Rate Type:				
Interim	X Prospective			
Total Interim	XTo	tal Prospective	;	
Interim Component	To	tal Prospective	with Interim	Component
Settlement based on cost				
Prior Provider Prospective data	ā			
Basis:	Changes:			
Dayis.		ester Change		
Budget		f Field Audit #1	NH08-102C F	YE
X Unaudited costs	1/31/200	5		
Field audited costs				
Desk audited costs				
Distribution:		Zainab Day		
Contract Management / Fiscal Agent	Medicaid Cost Re			inance
Permanent File	,	Zainab I	Day	
For Information Only	0		0	
No Change in Rate				
Home Office: No Home Office				
2ZB2S Report Calculated: 10/23/2018 3:23:15 PM R	Leport Printed: 10/23/2018 ID: 2	22146512312013	010120130823	2014145300



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CLERMONT HEALTH AND REHABILITATION CENTER	Provider Number:	ber: 0 221465-00		-00
151 E MINNEHAHA AVE	Date:	5	10/23/20	18
CLERMONT, FL 34711	Fiscal Year End:		12/31/20)14
	Audit Status:	-	Unaudit	ted
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 201.53	New <u>Rate</u> 201.80	Effective <u>Date</u> 9/1/2016
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				
Thor flowider flospective data				
Basis:	Changes:			
	Rate Semes	ter Change		
Budget		Field Audit #1	NH08-102C F	YE
X Unaudited costs	1/31/2006			
Field audited costs				
Desk audited costs				
Distribution				
Distribution: Contract Management / Fiscal Agent		Zainab Day		
Permanent File	Medicaid Cost Rein		_	inance
For Information Only	3	ainab I	Day	
No Change in Rate	V		0	
Home Office: No Home Office				
2ZB2S Report Calculated: 10/23/2018 3:23:15 PM Re	port Printed :10/23/2018 ID: 22	146512312014	010120140702	2015132834



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CLERMONT HEALTH AND REHABILITATION CENTER	Provider Number:	Provider Number: 0 221465-00				
151 E MINNEHAHA AVE	Date:		10/23/2018			
CLERMONT, FL 34711	Fiscal Year End:	-	12/31/20)16		
	Audit Status:		Unaudit	ted		
Provider Type:		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Single Level		<u>216.21</u>	<u>216.48</u>	9/1/2017		
Rate Type:						
Interim	X Prospective					
Total Interim	X Tot	al Prospective	;			
Interim Component	To	al Prospective	with Interim	Component		
Settlement based on cost						
Prior Provider Prospective data						
Basis:	Changes:					
2000		ester Change				
Budget		Field Audit #	NH08-102C F	YE		
X Unaudited costs	1/31/2006					
Field audited costs						
Desk audited costs						
Distribution:		Zainab Day				
Contract Management / Fiscal Agent Permanent File	Medicaid Cost Rei	mbursement P	lanning and F	inance		
For Information Only	4	Painab I	Day			
No Change in Rate	V		0			
Home Office: No Home Office						
Home Office.						
2ZB2S Report Calculated: 10/23/2018 3:23:15 PM Rep	ort Printed :10/23/2018 ID: 2	2146512312016	010120160424	2017085409		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CROSSWINDS	S HEALTH AN	D REHABILITATION CENTER	Provider Number:	-00		
13455 W US H	IWY 90		Date:		5/28/202	20
GREENVILLE	E, FL 32331		Fiscal Year End:		2/28/20	18
			Audit Status:		Unaudit	ed
Provider Ty	pe:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Singl	e Level	<u>261.28</u> <u>262.20</u> <u>8/</u>			
G	C					
Rate	Type:					
X	_Interim	_	Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
	X	Settlement based on cost Prior Provider Prospective data				
		-				
Basis:			Changes: Rate Semes	tar Changa		
	Budget			ment FYE 2/2	28/2018	
X	Unaudited of	costs				
	Field audite	ed costs				
	Desk audite	ed costs				
Distribution	<u>n:</u>			Zainab Day		
Contract Mana	ngement / Fiscal	Agent	Medicaid Cost Rein	bursement P	lanning and F	inance
Permanent File	e		20	rinab Z	Day.	
For Int	formation Only		0			
No Cha	ange in Rate					
Но	ome Office:	No Home Office				
AX0DP	Report Calc	ulated: 5/28/2020 5:17:35 PM Report	Printed:5/29/2020 ID: 22	227002282018	3082720170625	52019155716



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CROSSWIND	S HEALTH AN	D REHABILITATION CENTER	Provider Number:		0 222270-00			
13455 W US H	HWY 90		Date:		5/28/202	20		
GREENVILLE	E, FL 32331		Fiscal Year End:		2/28/20	18		
			Audit Status:		Unaudit	ed		
Provider Ty	ype:							
•	. 1			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	me Single	e Level		<u>263.87</u> <u>264.91</u> <u>9/1/20</u>				
S								
Rate	e 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					
Dasis.			Changes:	atom Chamaa				
	Budget			ster Change ement FYE 2/2	28/2018			
X	Unaudited c	osts	A Cost Setting		20/2010			
	Field audited							
	— Desk audite	d costs						
Distributio	<u>n:</u>			Zainab Day				
Contract Mana	agement / Fiscal	Agent	Medicaid Cost Rein	mbursement P	lanning and F	inance		
Permanent Fil	e		2	ainab T	Pay			
For In	formation Only				J			
No Ch	ange in Rate							
Но	ome Office:	No Home Office						
AX0DP	Report Calcu	alated: 5/28/2020 5:17:35 PM Repor	rt Printed :5/29/2020 ID: 2	2227002282018	3082720170625	52019155716		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CROSSWIND	S HEALTH ANI	D REHABILITATION CENTER		Provider Num	iber:		0 222270-00		
13455 W US HWY 90			Date:			5/28/2020			
GREENVILLE	E, FL 32331			Fiscal Year End:			2/28/20	18	
				Audit Status:			Unaudit	ed	
Provider Type: Nursing Home Single Level						Current <u>Rate</u> 263.87	New <u>Rate</u> 271.25	Effective	
Rate	e Type:								
	Interim		X	Prospective					
		Total Interim			Total	Prospective			
		Interim Component			Total	Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data							
Basis:			Cha	nges:					
						er Change			
X	Budget Unaudited co	oata		X Cost	Settler	nent FYE 2/2	28/2018		
Λ	Field audited								
	Desk audited								
Distribution	<u>n:</u>				,	Zainab Day			
Contract Mana	agement / Fiscal	Agent		Medicaid Cost	Reim	bursement Pl	anning and F	inance	
Permanent File	e				2	ainab 1	Dau		
For In	formation Only				8	ainab t	J		
No Ch	ange in Rate								
Но	ome Office:	No Home Office							
AX0DP	Report Calcu	lated: 5/28/2020 5:17:35 PM Report	rt Printed	:5/29/2020	ID: 222	227002282018	082720170625	52019155716	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CROSS LAND	CROSS LANDINGS HEALTH AND REHABILITATION CENTER		Provider Number:		0 222271-00			
1780 N JEFFEI	RSON HWY		Date:		5/22/202	20		
MONTICELLO	O, FL 32344-55	36	Fiscal Year End:		2/28/20	18		
			Audit Status:		Unaudit	ted		
Provider Ty		e Level		Current Rate	New Rate	Effective Date		
Nursing Ho	me Single	e Level		<u>265.09</u>	<u>265.60</u>	8/27/2017		
Rate	Type:							
X	Interim		Prospective					
	_	Total Interim		l Prospective				
		Interim Component	Tota	l Prospective	with Interim	Component		
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Changes: Rate Semes	tar Changa				
	Budget			ment FYE 2/2	28/2018			
X	Unaudited co	osts						
	Field audited	d costs						
	Desk audited	l costs						
D:-4-:14:								
Distribution		Acoust		Zainab Day				
	igement / Fiscal	Agent	Medicaid Cost Rein	bursement P	lanning and I	Finance		
Permanent File			za	inab D	ay			
	formation Only		-		V			
No Cha	ange in Rate							
Но	me Office:	No Home Office						
SRDVI	Danast Calau	lated: 5/22/2020 3:38:52 PM Report Pri	inted :5/22/2020 ID: 22	227102282018	202272017062	620101/2221		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CROSS LAN	DINGS HEALT	TH AND REHABILITATION CENTER	Provider Number:		0 222271-00			
1780 N JEFFERSON HWY			Date:		5/22/2020			
MONTICELI	LO, FL 32344-5	536	Fiscal Year End:		2/28/20	18		
			Audit Status:		Unaudit	ed		
Provider T	Гуре:							
	•			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing H	ome Sing	le Level	265.65 266.15 $9/1$					
Rat	te Type:							
X	Interim		Prospective					
		Total Interim	Tota	l Prospective				
Interim Component			Tota	l Prospective	with Interim	Component		
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Changes:					
Dasis.			Rate Semes	ter Change				
	Budget			ment FYE 2/2	28/2018			
X	Unaudited	costs						
	Field audit	ed costs						
	Desk audit	ed costs						
Distribution	on:			Zainab Day				
Contract Mar	nagement / Fisca	al Agent —	Medicaid Cost Rein		lanning and F	inance		
Permanent F	ïle		2	ainah T	Dau			
For I	Information Only	y	J'	ainab I	J			
No C	hange in Rate							
Н	Home Office:	No Home Office						
5BDYJ	Report Cal	culated: 5/22/2020 3:38:52 PM Report Pri	nted:5/22/2020 ID: 22	227102282018	8082720170626	52019143221		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CROSS LAND	INGS HEALTI	H AND REHABILITATION CENTER	}	Provider Number:		0 222271-00		
1780 N JEFFERSON HWY			Date:		5/22/2020			
MONTICELLO	O, FL 32344-55	536		Fiscal Year End:		2/28/20	18	
				Audit Status:		Unaudit	ed	
·	rovider Type: fursing Home Single Level				Current <u>Rate</u> 265.65	New <u>Rate</u> 272.49	Effective <u>Date</u> 3/1/2018	
Rate	e Type:							
	_Interim		X	Prospective				
		Total Interim			l Prospective		a	
	X	Interim Component Settlement based on cost		1 ota	1 Prospective	with Interim	Component	
		Prior Provider Prospective data						
Basis:			Cha	nges:	ter Change			
	Budget				ment FYE 2/2	28/2018		
X	Unaudited of	costs						
	Field audite							
	Desk audite	d costs						
D: 4 11 41								
Distribution		Acont			Zainab Day			
	agement / Fiscal	Agent		Medicaid Cost Rein			inance	
Permanent File				zai	nab Da	ey .		
	formation Only			V	4	/		
No Cha	ange in Rate							
Но	ome Office:	No Home Office						
5BDYJ	Report Calcu	ulated: 5/22/2020 3:38:52 PM Report	t Printed	:5/22/2020 ID: 22	227102282018	3082720170626	52019143221	



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Report Calculated: 3/10/2020 3:29:47 PM

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

3500 OAK MANOR LANE LARGO, FL 33774	Date: Fiscal Year End:		3/10/20	20		
LARGO, FL 33774	Fiscal Year End:		3/10/2020			
			12/31/20)14		
	Audit Status:		Field Aud	dited		
Provider Type:						
		Current	New	Effective		
No. of the contract of the con		Rate	Rate	Date		
Nursing Home Single Level		<u>208.99</u>	204.31	9/1/2016		
Data Trunci						
Rate Type:						
Interim X	Prospective					
Total Interim	==	Prospective				
Interim Component		-	with Interim	Component .		
Settlement based on cost			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	component		
Prior Provider Prospective data						
7						
Basis: Char	nges:					
	Rate Semest	er Change				
		_	FYE 12/31/	2014		
Unaudited costs						
X Field audited costs						
Desk audited costs						
Distribution:	7	Lainab Day				
Contract Management / Fiscal Agent	Medicaid Cost Reimb		unning and Fi	nance		
Permanent File		inab D				
For Information Only						
No Change in Rate						
Home Office: KR Management, LLC						
20001 Gulf Boulevard						
Suite 10						
Indian Shores, FL 33785						

Report Printed:3/10/2020

ID: 258342123120140101201407272015162453



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Provider Number:		0 263613-00			
Date:	3	5/13/2019			
Fiscal Year End:	-				
Audit Status:	-	Field Aud	lited		
	Current Rate 204.09	New <u>Rate</u> 203.68	Effective		
-	-		Component		
Rate Semest	_	C FYE 12/31/	2015		
Medicaid Cost Reim	oursement Pl	anning and Fi	nance		
7		U			
1.5/12/2010	<121021001001c		The same to see the same and assessment		
	Prospective X Total Total anges: Rate Semest X Field Audit	Prospective X Total Prospective Total Prospective Total Prospective Audit Status: Prospective X Total Prospective Total Prospective Audit #NH15-1220 Zainab Day Medicaid Cost Reimbursement Planch Cost Reimbursement Pl	Prospective Total Prospective Total Prospective with Interim Rate Semester Change Rate Semester Change Tield Audit #NH15-122C FYE 12/31/2 Zainab Day Medicaid Cost Reimbursement Planning and Fi		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BOULEVARD REHABILITATION CENTER	Provider Number				
2839 S SEACREST BLVD	Date:	er:	0 263613-00		
BOYNTON BEACH, FL 33435-7994	Fiscal Year End		5/13/2019		
	Audit Status:		12/31/2015		
Provider Type:	radit Status.	-	Field Au	Idited	
Navasina II.		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		<u>206.96</u>	<u>206.55</u>	9/1/201	
Rate Type:					
Interim	X Prospective				
Total Interim		otal Duague - tier			
Interim Comp		otal Prospective			
Settlement bas	10	otal Prospective	with Interim	Component	
Prior Provider	spective data				
Basis: Budget Unaudited costs X Field audited costs Desk audited costs		ester Change lit #NH15-1220	C FYE 12/31/	2015	
Distribution: Contract Management / Fiscal Agent		Zainab Day			
ermanent File	Medicaid Cost Rein		nning and Fir	nance	
For Information Only	30	ainab Do	ry		
No Change in Rate	0	•	I		
Home Office: Southern Health 5887 Glenridge Atlanta, GA 30	e Management, LLC e, Suite 150				
Report Calculated: 5/13/2019 9:0	AM Report Printed :5/13/2019 ID: 26.	36131231201501	01201504022	16163250	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MAJESTIC OA	KS CONTINU	ING CARE COMPLEX		Provider N	umber:		0 269000-00		
901 VETERAN'S MEMORIAL PARKWAY			Date:			12/3/201	19		
ORANGE CITY	7, FL 32763			Fiscal Yea	r End:		12/31/20	14	
				Audit Stati	ıs:		Field Aud	ited	
Provider Type: Nursing Home Single Level				Current Rate	New Rate	Effective Date			
Nursing Hon	ne Single	e Level				220.00	<u>218.33</u>	<u>9/1/2015</u>	
Rate	Туре:								
	Interim	_	X	Prospecti	ve				
		Total Interim		X	Tota	l Prospective			
		Interim Component			Tota	l Prospective	with Interim	Component	
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:					
						ter Change			
	Budget			X Fi	eld Audi	t #NH15-018	W FYE 12/31	/2014	
X	Unaudited co								
X	Field audited Desk audited								
	Desk addited	COSTS							
Distribution	ı <u>:</u>					Zainab Day			
Contract Manag	gement / Fiscal	Agent		Medicaid C	ost Rein	bursement P	lanning and F	inance	
Permanent File					4	Painab i	Day		
For Info	ormation Only				0		0		
No Char	nge in Rate								
Hor	ne Office:	No Home Office							
QLYTS	Report Calcu	lated: 12/3/2019 9:01:21 AM Repo	rt Printed	:5/22/2020	ID: 26	900012312014	.010120140420	02015124557	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MAJESTIC OAKS CONTINUING CARE COMPLE	Provider Number:		0 269000-00		
901 VETERAN'S MEMORIAL PARKWAY	Date:		12/3/201	19	
ORANGE CITY, FL 32763	Fiscal Year End:		12/31/20)15	
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 222.56	New <u>Rate</u> <u>222.52</u>	Effective	
Rate Type:					
Interim	X Prospective				
Total Interim	XTotal	Prospective	;		
Interim Component		Prospective	with Interim	Component	
Settlement based or Prior Provider Pros					
Basis:	Changes: Rate Semest	er Change			
Budget	X Effects of F	_	NH15-018W	FYE	
X Unaudited costs	12/31/2014				
Field audited costs Desk audited costs					
Diotailantion					
Distribution: Contract Management / Fiscal Agent	-	Zainab Day			
Permanent File	Medicaid Cost Reim	bursement P	lanning and F	inance	
For Information Only	J.				
No Change in Rate					
-					
Home Office: No Home Office					
QLYTS Report Calculated: 12/3/2019 9:01:21	AM Report Printed :5/22/2020 ID: 269	900012312015	5010120150427	72016162640	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MAJESTIC OA	KS CONTINU	ING CARE COMPLEX		Provide	er Number:		0 269000	-00	
901 VETERAN	'S MEMORIA	L PARKWAY		Date:			12/3/2019		
ORANGE CITY	Y, FL 32763			Fiscal `	Year End:		12/31/20)15	
				Audit S	Status:		Unaudit	ed	
Provider Ty	_	. I and	Current New Rate Rate	Rate Rate			Effective <u>Date</u> 9/1/2017		
Nursing Hor	ne Singi	e Level				<u> 223,23</u>	<u> </u>	<u>9/1/2017</u>	
Rate	Type:								
	Interim	_	X	Prosp	ective				
		Total Interim				al Prospective			
		Interim Component			Tota	al Prospective	with Interim	Component	
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha		1				
Dasis.			Clia	nges:	Data Sama	ster Change			
	Budget			<u>X</u>	•	ster Change Field Audit #1	NH15-018W	FYE	
X	Unaudited c	eosts		/1	12/31/2014				
	Field audite								
	Desk audite	d costs							
Distribution	<u>ı:</u>					Zainab Day			
Contract Mana	gement / Fiscal	Agent		Medica	id Cost Rein	nbursement P	lanning and F	inance	
Permanent File	;						_		
For Inf	ormation Only				Jul	inab Da	7		
No Cha	nge in Rate								
Ног	me Office:	No Home Office							
QLYTS	Report Calcu	alated: 12/3/2019 9:01:21 AM Repor	t Printed	:5/22/20	20 ID: 26	5900012312015	010120150427	72016162640	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SIGNATURE HEALTHC	Provider Number:		0 324400-00			
8333 W OKEECHOBEE F	ROAD	Date:		3/31/202	20	
HIALEAH GARDENS, FI	L 33016	Fiscal Year End:		7/31/20	14	
		Audit Status:		Revised Fiel	d Audit	
Provider Type:						
			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Si	ngle Level		<u>214.87</u>	<u>212.99</u>	9/1/2015	
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 FA & RFA	A #NH15-006	G FYE 7/31/2	2014	
	ted costs					
	udited costs					
Desk au	idited costs					
Distribution:			Zainab Day			
Contract Management / Fi	iscal Agent	Medicaid Cost Reir	nbursement P	lanning and F	inance	
Permanent File		Ź	Painab i	Day		
For Information C	Only	0		U		
No Change in Rate	e					
Home Office:	Signature Healthcare, LLC					
	12201 Bluegrass Parkway					
	Louisville, KY 40299					
4FOOO Report (Calculated: 3/31/2020 5:10:58 PM Repor	t Printed :3/31/2020 ID: 30	244000731201	108012013121	72014155351	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SIGNATURE HEALTHCARE CENTER OF WATERFORD 8333 W OKEECHOBEE ROAD		Provider Number:		0 324400-00		
		Date:		3/31/202	20	
HIALEAH GARDENS, FL	33016	Fiscal Year End:		7/31/20	15	
		Audit Status:		Revised Fiel	d Audit	
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	gle Level				9/1/2016	
Rate Type:						
Interim		X Prospective				
	Total Interim	X Tota	al Prospective			
	Interim Component	Tota	al Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
D 1 .		Rate Semes	_	G EXTE 7/01/0	015 11	
Budget Unaudited	Locata		A #NH15-083 FA & RFA #N			
X Field audi		7/31/2014				
Desk audi						
DOSK dddi	ited costs					
Distribution:			Zainab Day			
Contract Management / Fisc	al Agent	Medicaid Cost Rein		lanning and F	Finance	
Permanent File			inab D			
For Information Onl	ly	0		J		
No Change in Rate						
Home Office:	Signature Healthcare, LLC					
	12201 Bluegrass Parkway Louisville, KY 40299					
4F000 Report Ca	lculated: 3/31/2020 5:10:58 PM Report	Printed :3/31/2020 ID: 32	2440007312014	508012014031	12016124238	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SIGNATURE HEALTHCARE CENTER OF WATERFORD		Provider Numbe	r:	0 324400-00		
8333 W OKEECHOBEE RO	OAD	Date:		3/31/202	20	
HIALEAH GARDENS, FL	33016	Fiscal Year End:	:	7/31/20	15	
		Audit Status:		Revised Fiel	d Audit	
Provider Type:			Current	New	Effective	
Nuusing Home Sin	gle I evel		<u>Rate</u>	<u>Rate</u>	<u>Date</u> 9/1/2017	
Nursing Home Sin	gle Level		<u>217.49</u>	<u>216.64</u>	9/1/2017	
Rate Type:						
V.		V. D.				
Interim	Total Interim	X Prospective	lotal Dugamantiva			
	Interim Component		otal Prospective otal Prospective		Component	
	Settlement based on cost	1	otal Flospective	with interim	Component	
	Prior Provider Prospective data					
Basis:		Changes:				
Budget			nester Change FA #NH15-083	C EVE 7/31/2	0015 with	
Unaudite	d costs		of FA & RFA #1			
	lited costs	7/31/20	14			
	lited costs					
Distribution:			Zainab Day			
Contract Management / Fise	cal Agent	Medicaid Cost R			inance	
Permanent File			Zainab Z			
For Information Or	ıly	0	1			
No Change in Rate						
Home Office:	Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299					
4EOOO Report Ca		Printed :3/31/2020 ID:	: 3244000731201:	5080120140314	42016124238	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF ORANGE PARK		Provider Number:		0 324434	-00	
2029 PROFESSIONAL CE	NTER DR		Date:	12/10/2019		
ORANGE PARK, FL 3207	73		Fiscal Year End:	-	7/31/2014	
			Audit Status:		Revised Fiel	
Provider Type:						
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Sin	igle Level			<u>201.25</u>	<u>200.81</u>	<u>9/1/2015</u>
Rate Type:						or the state and the state of t
Interim		X	Prospective			
	Total Interim		X Total	l Prospective		
	Interim Component		Total	l Prospective	with Interim	Component
	Settlement based on cost					
·	Prior Provider Prospective data					
D.:				medito and		
Basis:		Chai	iges:			
Budget			Rate Semest	_		
Unaudited	4 costs		FA & RFA	#NH15-0850	C FYE 07 /31/2	2014.
X Field audi						
Desk audi						
DCSR audi	neu costs					
Distribution:			5	Zaimah Dass		
Contract Management / Fisc	al Agent	-	Medicaid Cost Reiml	Zainab Day	anning and Ei	
Permanent File		1				nance
For Information Onl	у		30	inab Z	ay	
No Change in Rate			V		0	
Home Office:	Clauston II 14 TY C					
Home Office:	Signature Healthcare, LLC					
	12201 Bluegrass Parkway					
(0)(1	Louisville, KY 40299	March Co. (do.) Sp., Arrians				
C36L Report Cal	culated: 12/10/2019 9:28:53 AM Re	port Printed:	12/10/2019 ID: 324	434073120141	001201312172	014083456



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF ORANGE PARK	Provider Number:		0 324434-00		
2029 PROFESSIONAL CENTER DR	Date:	12/10/2019			
ORANGE PARK, FL 32073	Fiscal Year End:		7/31/2015		
	Audit Status:	**************************************	Revised Fiel	d Audit	
Provider Type:					
		Current	New	Effective	
Name II and Citat I		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>211.04</u>	<u>210.94</u>	9/1/2016	
Rate Type:					
Interim X	Duagnastice				
Total Interim	Prospective X Total	Prospective			
Interim Component		_	with Interim	Commonant	
Settlement based on cost	Total	Trospective	with HiteHill	Component	
Prior Provider Prospective data					
Basis:	anges:			AMmeles.	
	Rate Semeste	er Change			
Budget		_	FYE 07/31/2	2015.	
Unaudited costs					
X Field audited costs					
Desk audited costs					
<u>Distribution:</u>	7	Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimb	oursement Pla	anning and Fi	nance	
Permanent File	Zaina	eb Day	,		
For Information Only	0				
No Change in Rate					
Home Office: Signature Healthcare, LLC					
12201 Bluegrass Parkway					
Louisville, KY 40299					
	d:12/10/2019 ID: 3244	434073120150	801201403143	016095836	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF ORANGE PARK	Provider Number:		0 324434	-00	
2029 PROFESSIONAL CENTER DR	Date:	10	12/10/2019		
ORANGE PARK, FL 32073	Fiscal Year End:		7/31/20	15	
	Audit Status:		Revised Field	d Audit	
Provider Type:					
		Current	New	Effective	
N		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>215.54</u>	<u>215.46</u>	9/1/2017	
Rate Type:					
Interim	XProspective				
Total Interim		Prospective			
Interim Component	Total	Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
	Rate Semest	ar Changa			
Budget		_	FYE 07/31/2	2015	
Unaudited costs		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71 11 07/31/2	2015.	
X Field audited costs					
Desk audited costs					
Distribution:	2	Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reiml	oursement Pla	anning and Fi	nance	
Permanent File	2	ing & T	20		
For Information Only	Zu	rinab I	ay		
No Change in Rate					
Home Office: Signature Healthcare, LLC					
12201 Bluegrass Parkway					
Louisville, KY 40299					
RC36L Report Calculated: 12/10/2019 9:28:53 AM Rep	ort Printed :12/10/2019 ID: 324	434073120150	801201403142	2016095836	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE BRIDGE AT BAY ST. JOE 220 NINTH STREET		Provider Number:		0 324485-00		
		Date:	5/23/2020			
PORT SAINT JOE, FL 32456		Fiscal Year End:		7/31/2014		
		Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single	Level		Current <u>Rate</u> 196.39	New <u>Rate</u> 195.93	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	
Basis: Budget Unaudited co X Field audited Desk audited	costs	Changes: X Rate Semes	ter Change			
Distribution: Contract Management / Fiscal A Permanent FileFor Information OnlyNo Change in Rate	Agent	Medicaid Cost Reim	Zainab Day abursement P inab T	-	inance	
Home Office:	Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299	t Printed :5/23/2020 ID: 32		1100120131217		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE BRIDGE AT BAY ST. JOE	Provider Number:		0 324485-00		
220 NINTH STREET	Date:	5/23/2020			
PORT SAINT JOE, FL 32456	Fiscal Year End:		7/31/2015		
	Audit Status:		Revised Field	d Audit	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 205.35	New <u>Rate</u> 203.54	Effective <u>Date</u> 9/1/2016	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		ıl Prospective ıl Prospective	with Interim	Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: X Rate Semes	ter Change			
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reim	Zainab Day nbursement P	-	inance	
Home Office: Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299 Report Calculated: 5/23/2020 11:06:56 PM Re	port Printed :5/23/2020 ID: 32		5080120140311		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

NORTHDALI	E REHABILITA	TION CENTER	Provider Number:		1 002777-	-00	
3030 BEARSS	S AVE		Date:		4/17/202	20	
TAMPA, FL	33618		Fiscal Year End:		9/17/20	19	
			Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level		e Level		Current <u>Rate</u> 231.49	New <u>Rate</u> 218.47	Effective <u>Date</u> 9/19/2018	
Rate	e Type:						
	- J P						
X	Interim		Prospective				
	X	Total Interim	Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	_			
X	Budget	-	X NRP CHO	P/CHOW eff	ective 9/19/20	018	
	Unaudited c						
	Field audite						
	Desk audite	d costs					
<u>Distributio</u>				Zainab Day			
	nagement / Fiscal	Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance	
Permanent Fil	le		2	ainab i	Dau.		
For Ir	nformation Only		d	Painab I			
No Ch	nange in Rate						
Н	ome Office:	No Home Office					
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

NORTHDALE REHABILITATION CENTER 3030 BEARSS AVE			Provider Number:		1 002777-00		
			Date:		4/17/2020		
TAMPA, FL	33618			Fiscal Year End:		12/31/2	016
				Audit Status:		Unaudi	ted
Provider T		Level			Current <u>Rate</u> 228.51	New <u>Rate</u> 228.51	Effective <u>Date</u> 10/1/2018
_		1					
Ra	te Type:]					
Basis:	InterimBudgetUnaudited co.	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		nges:	al Prospective al Prospective ster Change		
	Field audited Desk audited						
<u>Distributi</u>	on:				Zainab Day		
Contract Ma	nagement / Fiscal A	agent		Medicaid Cost Reir		anning and l	Finance
Permanent F	ïle				ainab D	-	
For 1	Information Only			J.		1	
No C	Change in Rate						
I	Home Office:						
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

NORTHDALE	E REHABILITATI	ON CENTER		Provider N	umber:		1 002777-00		
3030 BEARSS	SAVE		Date:				4/17/2020		
TAMPA, FL 3	3618			Fiscal Year	End:		12/31/2016		
				Audit Statu	tus: Unaudited		ted		
Provider Ty	ype:								
•	. •					Current	New	Effective	
						Rate	Rate	<u>Date</u>	
Nursing Ho	me Single	Level				<u>228.51</u>	<u>228.51</u>	<u>7/1/2019</u>	
Rate	e Type:								
		•							
	_Interim		X	_ Prospectiv	ve				
		Total Interim		X		l Prospective			
		Interim Component			Tota	l Prospective	with Interin	Component	
		Settlement based on cost							
		Prior Provider Prospective data							
	_								
Basis:			Cha	nges:					
						ter Change			
X	Budget			X NR	RP CHOI	P/CHOW effe	ctive 9/19/2	018	
	Unaudited cos								
	Field audited								
	Desk audited o	costs							
Distributio	<u>n:</u>					Zainab Day			
Contract Mana	agement / Fiscal A	gent	-	Medicaid C	ost Reim	bursement Pla	anning and l	Finance	
Permanent Fil	e				20	inak Di	711		
For In	formation Only				Ju	inab Do	J		
No Ch	ange in Rate					·			
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Но	ome Office:								
	D 21.	. 1 4/15/2020 10 10 10 10 70 7		1/15/2000	TE.				
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Tallahassee, Florida 32308

NORTHDALE REHABILITATION CENTER			Provider Number:		1 002777-00			
3030 BEARSS	AVE			Date:		4/17/2020		
TAMPA, FL 3	3618			Fiscal Year End:		12/31/2	017	
				Audit Status:		Unaudi	ted	
Provider Ty Nursing Ho					Current <u>Rate</u> 230.60	New <u>Rate</u> 230.60	Effective <u>Date</u> 10/1/2019	
Rate	Type:							
	Interim		X	Prospective				
	Total	Interim		– X Tota	l Prospective			
	Interio	n Component		Tota	l Prospective	with Interim	Component	
	Settle	ment based on cost						
	Prior 1	Provider Prospective data						
Basis:			Cha	nges:	ter Change			
X	Budget			NRP CHO	P/CHOW effe	ctive 9/19/20	018	
	Unaudited costs							
	Field audited costs							
	Desk audited costs							
Distribution	<u>n:</u>				Zainab Day			
Contract Mana	agement / Fiscal Agent		·	Medicaid Cost Rein		anning and I	Finance	
Permanent File	e						inanco	
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	ange in Rate							
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п	onic Office.							
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Tallahassee, Florida 32308

STRATFORD COURT OF BOCA RATON		OCA RATON	Provider Number:	-00			
6343 VIA DI	E SONRISA DEI	L SUR	Date:		5/19/2020		
BOCA RAT	ON, FL 33433		Fiscal Year End:		12/31/20)16	
			Audit Status:		Unaudit	ed	
Provider To		le Level		Rate Rate		Effective	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		al Prospective			
		Interim Component	Tota	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	;		Changes: Rate Semes	ster Change			
	Budget		X CHOW eff	ective 11/01/2	2018		
	Unaudited						
	Field audite						
	Desk audite	ed Costs					
<u>Distributi</u>	ion:			Zainab Day			
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Rein		anning and F	Finance	
Permanent F	File			ainab I			
For	Information Only	7	0		0		
No C	Change in Rate						
I	Home Office:	Senior Care Group, Inc. 1240 Marbella Plaza Drive Tampa, FL 33619					
XXX301	Report Calc	culated: 5/19/2020 7:50 PM Report	Printed: 5/19/2020 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

STRATFORD COURT OF BOCA RATON		Provider Number: 1 004024-0				
6343 VIA DE	SONRISA DEI	L SUR	Date:	20		
BOCA RATO	N, FL 33433		Fiscal Year End:		12/31/20	16
			Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level		le Level		Current <u>Rate</u> 260.79	New <u>Rate</u> 260.79	Effective <u>Date</u> 7/1/2019
Rat	e Type:					
Tut	e Type.					
X	Interim		Prospective			
		Total Interim	Tota	al Prospective		
		Interim Component	Tota	al Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
	D. 1		Rate Semes	_	1010	
	Budget Unaudited	and to	X CHOW eff	Sective 11/01/2	2018	
	Field audit					
	Desk audit					
	Bosk addit	Cu Costs				
Distribution	<u>on:</u>			Zainab Day		
Contract Mar	nagement / Fisca	al Agent	Medicaid Cost Rein		anning and F	inance
Permanent Fi	le		Za	inab D	au_	
For I	nformation Only	y			1	
	hange in Rate					
Н	ome Office:	Senior Care Group, Inc. 1240 Marbella Plaza Drive Tampa, FL 33619				
XXX301	Danart Cale	culated: 5/19/2020 7:50 PM Report	Printed : 5/19/2020 ID:			



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Tallahassee, Florida 32308

STRATFORD COURT OF BOCA RATON		OCA RATON	Provider Number:		1 004024-00		
6343 VIA D	E SONRISA DE	EL SUR	Date:		5/19/202	20	
BOCA RATO	ON, FL 33433		Fiscal Year End:		12/31/20	17	
			Audit Status:		Unaudited		
Provider Type:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	de Level		<u>260.79</u>	<u>260.79</u>	10/1/2019	
Ra	te Type:						
X	Interim		Prospective				
Λ		Total Interim		1 Prospective			
		Interim Component		l Prospective	with Interim	Component	
		Settlement based on cost		o o p		7 3 P 3 3 3	
	X	Prior Provider Prospective data					
Basis:			Changes:	G!			
	Budget		Rate Semes CHOW effe	ter Change ective 11/01/2	2018		
	Unaudited	costs	<u> </u>		2010		
	Field audit	ted costs					
	Desk audit	ted costs					
<u>Distributi</u>				Zainab Day			
	nagement / Fisca	al Agent	Medicaid Cost Reim			inance	
Permanent F			3	ainab Z	Day		
	Information Only	y	0		0		
No C	Change in Rate						
I	Home Office:	Senior Care Group, Inc. 1240 Marbella Plaza Drive Tampa, FL 33619					
XXX301	Report Cal	culated: 5/19/2020 7:50 PM Report 1	Printed: 5/19/2020 ID:				



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Tallahassee, Florida 32308

BAYWOOD CARE CENTER		Provider Number:		1 019609-00 5/19/2020 5/31/2017		
2000 17TH AVE S		Date:				
SAINT PETERSBURG, FL 33	3712	Fiscal Year End:				
		Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single	e Level		Current <u>Rate</u> 233.08	New <u>Rate</u> 233.08	Effective	
Rate Type:						
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component	
Basis: Budget Unaudited conception Field audited Desk audited	l costs	Changes: Rate Semester Change CHOW effective 11/01/2018				
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Reim	Zainab Day nbursement Pl inab Di	_	inance	
Home Office:	Senior Care Group, Inc. 1240 Marbella Plaza Drive Tampa, FL 33619	t Printed : 5/19/2020 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYWOOD	BAYWOOD CARE CENTER Provider Number:			1 019609-00		
2000 17TH A	AVE S		Date:	20		
SAINT PET	ERSBURG, FL 3	3712	Fiscal Year End:		5/31/20	17
			Audit Status:		Unaudit	ed
Provider 7 Nursing H	-	le Level	Current New Rate Rate 212.69 212.69		Effective	
Ra	nte Type:					
X	Interim		Prospective			
		Total Interim	Tota	al Prospective		
		Interim Component	Tota	al Prospective	with Interim	Component
	-	Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:	:		Changes: Rate Semes	ster Change		
	Budget		X CHOW eff	ective 11/01/2	2018	
	Unaudited o					
	Field audite					
	Desk audite	ed costs				
<u>Distribut</u>	ion:			Zainab Day		
Contract Ma	anagement / Fiscal	l Agent	Medicaid Cost Reim	nbursement Pl	anning and I	Finance
Permanent I	File		30	ainab T	ay	
For	Information Only		0		0	
No (Change in Rate					
]	Home Office:	Senior Care Group, Inc. 1240 Marbella Plaza Drive Tampa, FL 33619				
XXX300	Report Calc	ulated: 5/19/2020 7:00 PM Report	Printed: 5/19/2020 ID:			



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Tallahassee, Florida 32308

BAYWOOD CARE CENTER 2000 17TH AVE S		Provider Number:		1 019609-00 5/19/2020		
		Date:				
SAINT PETERSBURG, FL 33	3712	Fiscal Year End:		5/31/2018		
		Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single	e Level		Current <u>Rate</u> 215.79	New <u>Rate</u> 215.79	Effective <u>Date</u> 10/1/2019	
Rate Type:						
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component	
Basis: Budget Unaudited of Field audited Desk audited	l costs	Changes: Rate Semester Change CHOW effective 11/01/2018				
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Reim	Zainab Day Ibursement Pl		inance	
Home Office:	Senior Care Group, Inc. 1240 Marbella Plaza Drive Tampa, FL 33619	t Printed · 5/19/2020 ID:				



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Tallahassee, Florida 32308

AVENTURA REHAB & N	IURSING CENTER	Provider Number: 1 030069-00				
1800 N E 168TH STREET		Date:		5/20/2020		
NORTH MIAMI BEACH,	FL 33162	Fiscal Year End:		2/28/2017		
		Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Sin	ngle Level		Rate Rate		Effective	
Rate Type:						
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component	
	ed costs dited costs dited costs	Changes: Rate Semester Change CHOW effective 7/01/2019				
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Reim	Zainab Day Ibursement Plainab Z	lanning and F Pay	inance	
Home Office:	Hebrew Homes Management Serv 1800 NE 168th Street, Suite 200 North Miami Beach, FL 33162	ices				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

AVENTURA REHAB & NURSING CENTER		Provider Number: 1 030069-0					
1800 N E 16	8TH STREET		Date:		5/20/2020		
NORTH ML	AMI BEACH, FL	. 33162	Fiscal Year End:		2/28/201	18	
			Audit Status:		Unaudit	ed	
Provider 7 Nursing H		le Level		Current New I Rate Rate 282.54 282.54 1			
Ra	ate Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget		Changes: Rate Semes CHOW eff	ter Change ective 7/01/20	019		
	Unaudited Field audit						
	Desk audit						
Distribut	ion:			Zainab Day			
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Reim	hursement P	lanning and F	Finance	
Permanent I	File		30	ainab Z	ay		
For	Information Only	,	V		U		
No (Change in Rate						
]	Home Office:	Hebrew Homes Management Servic 1800 NE 168th Street, Suite 200 North Miami Beach, FL 33162	es				
XXX302	Report Calo		Printed: 5/20/2020 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Fernandina Beach Rehabilitation & Nursing Center 1625 LIME STREET		Provider Number:		1 036415-00 5/21/2020		
		Date:	-			
FERNANDINA BEACH, FL	32034	Fiscal Year End:		12/31/20	16	
		Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Sing	gle Level		Current <u>Rate</u> 220.41	New <u>Rate</u> 220.41	Effective <u>Date</u> 8/1/2019	
Rate Type:						
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component	
Basis: Budget Unaudited Field audit Desk audit	ted costs	Changes: Rate Semester Change CHOW effective 08/01/2019				
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Zainab Day Medicaid Cost Reimbursement Planning and Finance Zainab Day				
Home Office:	M-K Management LLC 1181 Vickery Lane, Suite 200 Cordova, TN 38016 Culated: 5/21/2020 2:56 PM Report	rt Printed • 5/21/2020 ID•				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Fernandina Beach Rehabilitation & Nursing Center		Provider Number: 1 036415-				
1625 LIME S	STREET		Date:		5/21/2020)
FERNANDI	NA BEACH, FL	32034	Fiscal Year End:		12/31/20	18
			Audit Status:		Unaudit	ed
Provider 7	Гуре:			Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing H	lome Sing	de Level		<u>224.57</u>	224.57	10/1/2019
Ra	te Type:					
X	Interim		Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	ter Change		
	Budget		X CHOW eff	ective 8/01/2	019	
	Unaudited	costs				
	Field audit					
	Desk audit	ted costs				
Distributi				Zainab Day		
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Rein	bursement P	lanning and F	inance
Permanent F	File		30	inab I	ay	
For	Information Only	y	0		0	
No C	Change in Rate					
I	Home Office:	M-K Management LLC				
		1181 Vickery Lane, Suite 200				
		Cordova, TN 38016				
XXX303	Report Cal	culated: 5/21/2020 2:56 PM Report I	Printed: 5/21/2020 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PARK SUMMIT AT CORAL SPRING		Provider Number: 1 049235-00				
8500 ROYA	L PALM BLVD		Date:		5/22/202	20
CORAL SPR	RINGS, FL 3306	5	Fiscal Year End:		12/31/20	18
			Audit Status:		Unaudite	ed
Provider 7	Гуре:					
	. 1			Current	New	Effective
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing H	Iome Sing	gle Level		<u>240.57</u>	<u>240.57</u>	<u>1/01/2020</u>
Ra	te Type:					
X	Interim		Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	ter Change		
	Budget		X CHOW eff	ective 1/01/20	20	
	Unaudited	costs				
	Field audi	ted costs				
	Desk audi	ted costs				
<u>Distributi</u>	ion:			Zainab Day		
Contract Ma	anagement / Fisc	al Agent	Medicaid Cost Reim		anning and F	inance
Permanent F	File		ź	Painab i	Day	
For	Information Onl	у	0		0	
No C	Change in Rate					
I	Home Office:	FiveStar Senior Living Inc.				
		400 Centre Street				
		Newton, MA 2458				
XXX304	Report Cal	culated: 5/22/2020 5:00 PM Report I	Printed: 5/22/2020 ID:			