

MEMORANDUM

Date: March 9, 2021

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 |
|-----|--|-----------------|----------------|-----------------------|
| | | | | <u>Notices</u> |
| 1. | Debary Health and Rehabilitation Center | 0 005372-00 | FA | 4 |
| 2. | Brynwood Health and Rehabilitation Center | 0 005381-00 | FA | 4 |
| 3. | Chipola Health and Rehab | 0 005383-00 | FA | 1 |
| 4. | Seaside Health and Rehabilitation Center | 0 005543-00 | FA & RFA | 1 |
| 5. | Lake Placid Health and Rehabilitation Center | 0 006339-00 | FA & RFA | 1 |
| 6. | Oakbrook Health and Rehabilitation Center | 0 006767-00 | FA | 4 |
| 7. | Coastal Health and Rehabilitation Center | 0 021261-00 | FA & RFA | 1 |
| 8. | Nuvista Living at Hillsborough Lakes | 0 041324-00 | Late Test | 1 |
| 9. | The Terrace of Kissimmee | 0 223644-00 | CHOW | 5 |
| 10. | The Terrace of St. Cloud | 0 223653-00 | CHOW | 5 |
| 11. | Cross Care Center | 1 012333-00 | CHOW | 5 |
| 12. | Addington Place at Wellington Green | 1 034242-00 | CHOW | 5 |
| 13. | Winter Garden Rehabilitation and Nursing Center | 1 036404-00 | CHOW | 4 |
| 14. | TimberRidge Nursing and Rehabilitation Center | 1 037353-00 | CHOW | 4 |
| 15. | Century Center Rehabilitation Center | 1 052140-00 | CHOW | 3 |
| 16. | Sandy Ridge Center for Rehab and Healing | 1 052155-00 | CHOW | 3 |
| 17. | Santa Rosa Center for Rehabilitation and Healing | 1 052167-00 | CHOW | 3 |



| 18. | Northbrook Center for Rehabilitation | 1 052176-00 | CHOW | 3 |
|-----|--------------------------------------|-------------|--------------|----|
| | and Healing | | | |
| 19. | Harborchase of Venice | 1 070993-00 | CHOW | 3 |
| 20. | Fountain Rehabilitation at Mill Cove | 1 075659-00 | CHOW | 2 |
| 21. | Apopka Health and Rehabilitation | 1 085549-00 | New Facility | 1 |
| | Center | | | |
| | | | TOTAL: | 63 |

If you have any questions regarding the above contact Zainab Day at Zainab.Day@ahca.myflorida.com.
ZD/nr

| | | Single Level | Level H: AIDS | Single Level | Single Level | | |
|------------------------|--------------------------|------------------|---------------|------------------|------------------|----------------------|--|
| Provider | Effective Date Format | Intermediate I | Skilled AIDS | Intermediate II | | MFAO | Audit |
| Number | YYYYMMDD | (IN1) | (SKA) | (IN2) | Skilled (SKD) | number | Number |
| 000537200 | 20150101 | 232.31 | 0.00 | 232.31 | 232.31 | 89150-21 | NH17-102C |
| 000537200 | 20150901 | 231.55 | 0.00 | 231.55 | 231.55 | 89150-21 | NH17-102C |
| 000537200 | 20160901 | 233.33 | 0.00 | 233.33 | 233.33 | 89150-21 | NH17-102C |
| 000537200 | 20170901 | 220.36 | 0.00 | 220.36 | 220.36 | 89150-21 | NH17-102C |
| 000538100 | 20150101 | 245.59 | 0.00 | 245.59 | 245.59 | 89150-21 | NH17-040C |
| 000538100 000538100 | 20150901 20160901 | 244.54 247.01 | 0.00 | 244.54 247.01 | 244.54 247.01 | 89150-21 89150-21 | NH17-040C NH17-040C |
| 000538100 | 20170101 | 249.77 | 0.00 | 249.77 | 249.77 | 89150-21 | NH17-040C |
| 000538300 | 20170901 | 232.05 | 0.00 | 232.05 | 232.05 | 89150-21 | NH17-041C |
| 000554300 | 20170901 | 226.28 | 0.00 | 226.28 | 226.28 | 89150-21 | NH17-045C |
| 000633900 | 20170901 | 227.43 | 0.00 | 227.43 | 227.43 | 89150-21 | NH17-049C |
| 000676700 | 20150101 | 252.28 | 0.00 | 252.28 | 252.28 | 89150-21 | NH17-052C |
| 000676700 | 20150901 | 250.70 | 0.00 | 250.70 | 250.70 | 89150-21 | NH17-052C |
| 000676700 000676700 | 20160601 20160901 | 261.38 263.04 | 0.00 | 261.38 263.04 | 261.38 263.04 | 89150-21 89150-21 | NH17-052C NH17-052C |
| 000076700 | 20170901 | 203.96 | 0.00 | 203.96 | 203.96 | 89150-21 | NH17-052C |
| 002120100 | 20170901 | 249.65 | 0.00 | 249.65 | 249.65 | 89150-21 | 141111-0090 |
| 022364400 | 20190101 | 206.74 | 0.00 | 206.74 | 206.74 | 89150-21 | 1 |
| 022364400 | 20190701 | 205.90 | 0.00 | 205.90 | 205.90 | 89150-21 | |
| 022364400 | 20191001 | 209.79 | 0.00 | 209.79 | 209.79 | 89150-21 | |
| 022364400 | 20200701 | 212.64 | 0.00 | 212.64 | 212.64 | 89150-21 | |
| 022364400 | 20201001 | 216.24 | 0.00 | 216.24 | 216.24 | 89150-21 | |
| 022365300 | 20190101 | 205.84 | 0.00 | 205.84 | 205.84 | 89150-21 | |
| 022365300 022365300 | 20190701 20191001 | 203.68 207.52 | 0.00 | 203.68 207.52 | 203.68 207.52 | 89150-21 | |
| 022365300 | 20200701 | 210.34 | 0.00 | 210.34 | 207.52 | 89150-21 89150-21 | + |
| 022365300 | 20200701 | 206.50 | 0.00 | 206.50 | 206.50 | 89150-21 | |
| 101233300 | 20181231 | 248.11 | 0.00 | 248.11 | 248.11 | 89150-21 | |
| 101233300 | 20190701 | 243.98 | 0.00 | 243.98 | 243.98 | 89150-21 | |
| 101233300 | 20191001 | 243.98 | 0.00 | 243.98 | 243.98 | 89150-21 | |
| 101233300 | 20200701 | 247.29 | 0.00 | 247.29 | 247.29 | 89150-21 | |
| 101233300 | 20201001 | 247.29 | 0.00 | 247.29 | 247.29 | 89150-21 | |
| 103424200 | 20190401 | 240.83 | 0.00 | 240.83 | 240.83 | 89150-21 | |
| 103424200 103424200 | 20190701 20191001 | 234.76 260.17 | 0.00 | 234.76 260.17 | 234.76 260.17 | 89150-21 89150-21 | |
| 103424200 | 20200701 | 263.70 | 0.00 | 263.70 | 263.70 | 89150-21 | |
| 103424200 | 20201001 | 271.36 | 0.00 | 271.36 | 271.36 | 89150-21 | |
| 130640400 | 20190801 | 247.80 | 0.00 | 247.80 | 247.80 | 89150-21 | |
| 130640400 | 20191001 | 247.80 | 0.00 | 247.80 | 247.80 | 89150-21 | |
| 130640400 | 20200701 | 251.17 | 0.00 | 251.17 | 251.17 | 89150-21 | |
| 130640400 | 20201001 | 251.17 | 0.00 | 251.17 | 251.17 | 89150-21 | ļ |
| 103735300 103735300 | 20190911 20191001 | 239.78 240.30 | 0.00 | 239.78 240.30 | 239.78 240.30 | 89150-21 | |
| 103735300 | 20200701 | 243.56 | 0.00 | 240.30 | 240.30 | 89150-21 89150-21 | + |
| 103735300 | 20200701 | 243.56 | 0.00 | 243.56 | 243.56 | 89150-21 | |
| 105214000 | 20200309 | 233.01 | 0.00 | 233.01 | 233.01 | 89150-21 | |
| 105214000 | 20200701 | 236.17 | 0.00 | 236.17 | 236.17 | 89150-21 | |
| 105214000 | 20201001 | 240.84 | 0.00 | 240.84 | 240.84 | 89150-21 | |
| 105215500 | 20200309 | 236.37 | 0.00 | 236.37 | 236.37 | 89150-21 | |
| 105215500 | 20200701 | 239.58 | 0.00 | 239.58 | 239.58 | 89150-21 | |
| 105215500 | 20201001 | 238.65 | 0.00 | 238.65 | 238.65 | 89150-21 | 1 |
| 105216700 105216700 | 20200309 | 226.78 229.86 | 0.00 | 226.78 | 226.78 | 89150-21 | |
| 105216700 | 20200701 20201001 | 233.76 | 0.00 | 229.86 233.76 | 229.86 233.76 | 89150-21 89150-21 | 1 |
| 105217600 | 20200309 | 235.02 | 0.00 | 235.02 | 235.02 | 89150-21 | |
| 105217600 | 20200701 | 238.22 | 0.00 | 238.22 | 238.22 | 89150-21 | |
| 105217600 | 20201001 | 242.11 | 0.00 | 242.11 | 242.11 | 89150-21 | |
| 107099300 | 20200629 | 225.66 | 0.00 | 225.66 | 225.66 | 89150-21 | |
| 107099300 | 20200701 | 228.73 | 0.00 | 228.73 | 228.73 | 89150-21 | |
| 107099300 | 20201001 | 229.25 | 0.00 | 229.25 | 229.25 | 89150-21 | ļ |
| 107565900 | 20200901 | 225.77 | 0.00 | 225.77 | 225.77 | 89150-21 | |
| 107565900 108554900 | 20201001 20201029 | 225.77 256.10 | 0.00 | 225.77 | 225.77 | 89150-21 | |
| 100004900 | 20201029 | 200. IU | 0.00 | 256.10 | 256.10 | 89150-21 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| DEBARY HEALTH AND REHABILITATION | ER Provider Number: | 0 005372-00 12/1/2020 | |
|---|-------------------------------|---|--|
| 60 N HWY 17/92 | Date: | | |
| DEBARY, FL 32713 | Fiscal Year End: | 6/30/2014 | |
| | Audit Status: | Field Audited | |
| Provider Type: Nursing Home Single Level | Current <u>Rate</u> 234.55 | New Rate Effective Date 232.31 1/1/2015 | |
| Poto Tymor | | | |
| Rate Type: | | | |
| Interim | X Prospective | | |
| Total Interim | X Total Prospective | ž | |
| Interim Comp | | e with Interim Component | |
| Settlement bas | | | |
| Prior Provider | ctive data | | |
| Basis: | Changes: | | |
| | Rate Semester Change | | |
| Budget | X Field Audit #NH17-102 | .C FYE 06/30/2014 | |
| Unaudited costs | | | |
| X Field audited costs | | | |
| Desk audited costs | | | |
| D: 4 3 4 | | | |
| <u>Distribution:</u> Contract Management / Fiscal Agent | Zainab Day | | |
| Permanent File | Medicaid Cost Reimbursement P | lanning and Finance | |
| X For Information Only | 2 | 723 | |
| | LAK | h. | |
| No Change in Rate | Let Ki | 8 | |
| Home Office: Pensacola Adn 40 South Palaf Suite 400 Pensacola, FL | tive Services, LLC e | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| DEBARY HEALTH AND REHABILITATION CENTER | | Provider Number: | Provider Number: 0 | | | |
|---|---|-----------------------------|-----------------------------|------------------------|---------------------------------------|--|
| 60 N HWY 17/92 | | Date: | | 12/1/2020 | | |
| DEBARY, FL 32713 | | Fiscal Year End: | | 6/30/20 | 14 | |
| | | Audit Status: | | Field Aud | lited | |
| Provider Type: Nursing Home Sin | igle Level | | Current <u>Rate</u> 233.76 | New <u>Rate</u> 231.55 | Effective <u>Date</u> 9/1/2015 | |
| Rate Type: | | | | | | |
| Interim | | X Prospective | | | | |
| | Total Interim | | al Prospective | | | |
| | Interim Component | | al Prospective | | Component | |
| | Settlement based on cost | | | | | |
| | Prior Provider Prospective data | | | | | |
| Basis: Budget Unaudite | | | ster Change it #NH17-102 | C FYE 06/30 | /2014 | |
| | lited costs lited costs | | | | | |
| Distribution: | | | Zainab Day | | | |
| Contract Management / Fis | cal Agent | Medicaid Cost Rein | mbursement P | lanning and F | Finance | |
| Permanent File | | | | | | |
| X For Information Or | nly | 1 | 1 / | 1 | | |
| No Change in Rate | | £ | et KI | 8 | | |
| Home Office: | Pensacola Administrative Services 40 South Palafox Place Suite 400 Pensacola, FL 32502 | , LLC | | | | |
| EKOOB Report C | | rt Printed :3/23/2021 ID: 0 | 0537206302014 | 1010120141013 | 22014133247 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| DEBARY HEALTH AND REHABILITATION CENTER 60 N HWY 17/92 | | Provider Number | r: | 0 005372-00 | | |
|---|--|------------------------------|---------------------------------|------------------------|-------------|--|
| | | Date: | | 12/1/202 | 20 | |
| DEBARY, FL 32713 | | Fiscal Year End: | | 6/30/20 | 14 | |
| | | Audit Status: | | Field Aud | lited | |
| Provider Type: Nursing Home | Single Level | | Current <u>Rate</u> 235.53 | New <u>Rate</u> 233.33 | Effective | |
| Rate Type: | | | | | | |
| Interim | | X Prospective | | | | |
| | Total Interim | | otal Prospective | | | |
| | Interim Component | T | otal Prospective | with Interim | Component | |
| | Settlement based on cost | | | | | |
| | Prior Provider Prospective da | ata | | | | |
| Basis: | | Changes: | . Cl | | | |
| Budg | ret | | nester Change Idit #NH17-102 | C FYF 06/30 | /2014 | |
| | idited costs | A TICIU AU | idit #1 111 7-102 | C11L 00/30/ | 2014 | |
| | audited costs | | | | | |
| | audited costs | | | | | |
| | | | | | | |
| Distribution: | | | Zainab Day | • | | |
| Contract Management | Fiscal Agent | Medicaid Cost Re | eimbursement F | Planning and F | inance | |
| Permanent File | | | 23 | | | |
| X For Information | | | 7-1-V. | 1 | | |
| No Change in R | ate | ď | let Ki | Y | | |
| Home Offic | Pensacola Administrative Ser 40 South Palafox Place Suite 400 Pensacola, FL 32502 | vices, LLC | | | | |
| EKOQB Repo | ort Calculated: 12/1/2020 10:50:11 AM | Report Printed:3/23/2021 ID: | 0053720630201 | 4010120141012 | 22014133247 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| DEBARY HEALTH AND REHABILITATION CENTER 60 N HWY 17/92 | | Provider Nun | nber: | 0 005372-00 | | |
|---|-------------------------------------|--------------------------|---|------------------------|--------------------------------|--|
| | | Date: | | 12/1/202 | 20 | |
| DEBARY, FL 32713 | | Fiscal Year E | End: | 12/31/20 |)15 | |
| | | Audit Status: | | Unaudit | ed | |
| Provider Type: Nursing Home | Single Level | | Current <u>Rate</u> <u>222.55</u> | New <u>Rate</u> 220.36 | Effective <u>Date</u> 9/1/2017 | |
| Rate Type: | | | | | | |
| Interim | | X Prospective | | | | |
| | Total Interim | X | Total Prospective | e | | |
| | Interim Component | | Total Prospective | e with Interim | Component | |
| | Settlement based on cost | | _ | | | |
| | Prior Provider Prospective of | lata | | | | |
| Basis: | | Changes: | Samuelten Chance | | | |
| Budge | f | | Semester Change cts of Field Audit # | NH17-102C I | FYE | |
| | lited costs | | 0/2014 | 10201 | 12 | |
| Field a | audited costs | | | | | |
| Desk a | nudited costs | | | | | |
| | | | | | | |
| Distribution: | C'1 A4 | | Zainab Day | | | |
| Contract Management / I Permanent File | riscai Agein | Medicaid Cos | t Reimbursement I | Planning and F | inance | |
| X For Information | Only | | 1 | 1 | | |
| No Change in Ra | | | Let Ki | m | | |
| | | | ~ | 1 | | |
| Home Office | : Pensacola Administrative Se | ervices, LLC | | | | |
| | 40 South Palafox Place | | | | | |
| | Suite 400 | | | | | |
| | Pensacola, FL 32502 | | | | | |
| EKOQB Report | t Calculated: 12/1/2020 10:50:11 AM | Report Printed:3/23/2021 | ID: 0053721231201 | 5070120140502 | 22016152415 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| BRYNWOOD | HEALTH AN | ID REHABILITATION CENTER | Provider Numb | er: | 0 005381-00 | | |
|-----------------------------|------------------|--|-------------------------------|--|------------------------|--------------------------------|--|
| 1656 SOUTH JEFFERSON STREET | | | Date: | | 11/13/20 |)20 | |
| MONTICELLO |), FL 32344 | | Fiscal Year End | d: | 6/30/20 | 14 | |
| | | | Audit Status: | | Field Aud | lited | |
| Provider Ty Nursing Hor | _ | gle Level | | Current <u>Rate</u> 245.59 | New <u>Rate</u> 245.59 | Effective <u>Date</u> 1/1/2015 | |
| Rate | Type: | | | | | | |
| | Interim | Total Interim | X Prospective | Total Program | | | |
| | | Interim Component | | Total Prospective Total Prospective | | Component | |
| | | Settlement based on cost | | Total Trospective | with interim | Component | |
| | 1 | Prior Provider Prospective da | ata | | | | |
| | | | | | | | |
| Basis: | Budget Unaudited | Lacets | | emester Change Audit #NH17-040 | C FYE 6/30/2 | 2014 | |
| X | Field audi | | | | | | |
| | Desk audi | | | | | | |
| | | | | | | | |
| Distribution | <u>1:</u> | | | Zainab Day | | | |
| Contract Mana | gement / Fisc | al Agent | Medicaid Cost I | Reimbursement F | | Finance | |
| Permanent File | ; | | | | - | | |
| For Inf | formation Onl | у | | | | | |
| No Cha | inge in Rate | | | | | | |
| Но | me Office: | Pensacola Administrative Ser 40 South Palafox Place Suite 400 Pensacola, FL 32502 | vices, LLC | | | | |
| I0VJA | Report Cal | lculated: 11/13/2020 1:44:25 PM | Report Printed :11/13/2020 II | D: 0053810630201 | 4010120141013 | 32014160002 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| BRYNWOOD HEALTH AND REHABILITATION CENTER | Provider Number: | | 0 005381-00 11/13/2020 | | |
|---|--------------------------|---------------|---------------------------|-----------------|--|
| 1656 SOUTH JEFFERSON STREET | Date: | | | | |
| MONTICELLO, FL 32344 | Fiscal Year End: | | 6/30/20 | 14 | |
| | Audit Status: | | Field Aud | lited | |
| Provider Type: | | | | | |
| •• | | Current | New | Effective | |
| | | Rate | <u>Rate</u> | <u>Date</u> | |
| Nursing Home Single Level | | <u>244.54</u> | <u>244.54</u> | <u>9/1/2015</u> | |
| | | | | | |
| | | | | | |
| Rate Type: | | | | | |
| Turketin | V. Dominical' | | | | |
| Interim Total Interim | X Prospective | 1 Duosmostivo | | | |
| Interim Component | | l Prospective | with Interim | Component | |
| Settlement based on cost | A 10ta | i Prospective | with interim | Component | |
| | | | | | |
| Prior Provider Prospective data | | | | | |
| Basis: | Changes: | | | | |
| Dasis. | Rate Semes | tor Changa | | | |
| Budget | | _ | C FYE 6/30/2 | 014 | |
| Unaudited costs | A I Iciu Audit | . #111117-040 | C11L 0/30/2 | .014 | |
| X Field audited costs | | | | | |
| Desk audited costs | | | | | |
| Desk addred costs | | | | | |
| | | | | | |
| <u>Distribution:</u> | | Zainab Day | | | |
| Contract Management / Fiscal Agent | Medicaid Cost Reim | | lanning and F | inance | |
| Permanent File | | | C | | |
| For Information Only | | | | | |
| No Change in Rate | | | | | |
| - | C | | | | |
| , | L | | | | |
| 40 South Palafox Place | | | | | |
| Suite 400 | | | | | |
| Pensacola, FL 32502 [OVIA Report Calculated: 11/13/2020 1:44:25 PM Report Pu | inted :11/13/2020 ID: 00 | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| BRYNWOOD HEALTH AND REHABILITATION CENTER | | | Provider Number: | | 0 005381-00 | | |
|---|------------------|----------------------------------|--------------------------------|-----------------|-----------------|-----------------|--|
| 1656 SOUTH JEFFERSON STREET | | Date: | | 11/13/2020 | | | |
| MONTICELLO, | FL 32344 | | Fiscal Year End: | | 6/30/20 | 14 | |
| | | | Audit Status: | | Field Auc | lited | |
| Provider Type | e: | | | | | | |
| JI | | | | Current | New | Effective | |
| | | | | <u>Rate</u> | Rate | <u>Date</u> | |
| Nursing Home | e Sing | gle Level | | <u>247.57</u> | <u>247.01</u> | <u>9/1/2016</u> | |
| | | | | | | | |
| | | | | | | | |
| Doto T | Tymo. | | | | | | |
| Rate T | ype: | | | | | | |
| Ţ | nterim | | X Prospective | | | | |
| 1 | incilli | Total Interim | · | tal Prospective | | | |
| _ | | Interim Component | | tal Prospective | | Component | |
| _ | | Settlement based on cost | | un i rospodu (| ., | Component | |
| _ | | Prior Provider Prospective data | | | | | |
| | | <u> </u> | | | | | |
| Basis: | | | Changes: | | | | |
| 2 000200 | J | | | ester Change | | | |
| | Budget | | | lit #NH17-040 | C FYE 6/30/2 | 2014 | |
| | - Unaudited | costs | | | | | |
| X | - Field audit | ted costs | | | | | |
| | Desk audit | ted costs | | | | | |
| | _ | | | | | | |
| Distribution: | | | | Zaimah Daw | | | |
| Contract Manage | ement / Fisca | al Agent | Medicaid Cost Rei | Zainab Day | lanning and E | linanaa | |
| Permanent File | | · · | Medicaid Cost Kei | moursement r | iaiiiiiig and r | mance | |
| For Infor | mation Onl | y | | | | | |
| No Chang | | | | | | | |
| Home | e Office: | Pensacola Administrative Service | es, LLC | | | | |
| | | 40 South Palafox Place | , | | | | |
| | | Suite 400 | | | | | |
| | | Pensacola, FL 32502 | | | | | |
| I0VJA | Report Cal | | port Printed :11/13/2020 ID: 0 | 0538106302014 | 010120141013 | 32014160002 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| BRYNWOOD | HEALTH AN | D REHABILITATION CENTER | Provider Number | er: | 0 005381-00 | | |
|-----------------------------|---------------------------------------|--|------------------------------|---------------------------------|------------------------|--------------------------------|--|
| 1656 SOUTH JEFFERSON STREET | | | Date: | | 11/13/20 | 20 | |
| MONTICELLO |), FL 32344 | | Fiscal Year End | : | 6/30/20 | 14 | |
| | | | Audit Status: | | Field Aud | lited | |
| Provider Ty Nursing Ho | _ | gle Level | | Current <u>Rate</u> 250.33 | New <u>Rate</u> 249.77 | Effective <u>Date</u> 1/1/2017 | |
| Rate | Type: | | | | | | |
| | Interim | Total Interim | X Prospective | Total Prospective | | | |
| | | Interim Component | | Total Prospective | | Component | |
| | | Settlement based on cost | | | | | |
| | | Prior Provider Prospective da | nta | | | | |
| Basis: | Budget Unaudited Field audi Desk audi | ted costs | | mester Change udit #NH17-040 | C FYE 6/30/2 | 2014 | |
| Distribution | <u>1:</u> | | | Zainab Day | | | |
| Contract Mana | | al Agent | Medicaid Cost R | | lanning and F | Finance | |
| Permanent File | > | | - Todawa Cost I | | | | |
| For Inf | formation Onl | у | | | | | |
| No Cha | ange in Rate | | | | | | |
| Но | me Office: | Pensacola Administrative Ser 40 South Palafox Place Suite 400 Pensacola, FL 32502 | vices, LLC | | | | |
| I0VJA | Report Cal | culated: 11/13/2020 1:44:25 PM | Report Printed:11/13/2020 ID | : 00538106302014 | 1010120141013 | 32014160002 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| CHIPOLA HEALTH AND REHABILITATION CENTER 4294 3RD AVENUE | | | Provider Number: | | 0 005383-00 10/28/2020 | | |
|---|------------------|--------------------------------------|-------------------------------|----------------|---------------------------|-----------------|--|
| | | | Date: | | | | |
| MARIANNA, I | FL 32446 | | Fiscal Year End: | | 12/31/20 | 16 | |
| | | | Audit Status: | | Field Aud | lited | |
| Provider Ty | pe: | | | | | | |
| v | • | | | Current | New | Effective | |
| | | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | me Sing | le Level | | <u>232.22</u> | <u>232.05</u> | <u>9/1/2017</u> | |
| | | | | | | | |
| | | | | | | | |
| Rate | Type: | | | | | | |
| | Interim | | X Prospective | | | | |
| | - | Total Interim | | ıl Prospective | | | |
| | | Interim Component | | _ | with Interim | Component | |
| | | Settlement based on cost | <u> </u> | | | 1 | |
| | | Prior Provider Prospective data | | | | | |
| | | <u> </u> | | | | | |
| Basis: | | | Changes: | | | | |
| | | | Rate Semes | ter Change | | | |
| | Budget | | | • | C FYE 12/31 | /2016 | |
| | Unaudited | costs | | | | | |
| X | — Field audit | ted costs | | | | | |
| | Desk audit | ted costs | | | | | |
| | | | | | | | |
| Distribution | <u>1:</u> | | | Zainab Day | | | |
| Contract Mana | | al Agent | Medicaid Cost Rein | | | inanca | |
| Permanent File |) | | Wedicald Cost Rein | ainab Z | Pay | manec | |
| For Inf | ormation Only | У | 0 | | 0 | | |
| | inge in Rate | - | | | | | |
| | | | | | | | |
| Но | me Office: | Pensacola Administrative Services, | LLC | | | | |
| | | 40 South Palafox Place | | | | | |
| | | Suite 400 | | | | | |
| | | Pensacola, FL 32502 | | | | | |
| TRWG | Report Cal | culated: 10/28/2020 3:50:28 PM Repor | rt Printed ·10/28/2020 ID· 00 | 538312312016 | 5010120160424 | 52017124306 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| SEASIDE HEALTH AND REHABILITATION CENTER 324 WILDER BLVD | | Provider Number: | | 0 005543-00 11/19/2020 | | | |
|--|---------------|----------------------------------|-------------------------------|---------------------------|---|-----------------|--|
| | | Date: | | | | | |
| DAYTONA BE | EACH, FL 32 | 114 | Fiscal Year End: | | 12/31/2015 | | |
| | | | Audit Status: | | Revised Fiel | d Audit | |
| Provider Ty | pe: | | | | | | |
| · | - | | | Current | New | Effective | |
| | | | | Rate | Rate | <u>Date</u> | |
| Nursing Ho | ne Sing | gle Level | | <u>226.77</u> | <u>226.28</u> | <u>9/1/2017</u> | |
| | | | | | | | |
| | | | | | | | |
| Rate | Type: | | | | | | |
| | Interim | | X Prospective | | | | |
| | - | Total Interim | | tal Prospective | | | |
| | | Interim Component | | tal Prospective | | Component | |
| | | Settlement based on cost | | tai i rospective | *************************************** | component | |
| | | Prior Provider Prospective data | | | | | |
| | | | | | | | |
| Basis: | | | Changes: | | | | |
| | _ | | | ester Change | | | |
| | Budget | | | A #NH17-045 | C FYE 12/31 | /2015 | |
| | Unaudited | costs | | | | | |
| X | Field audi | ted costs | | | | | |
| | Desk audi | ted costs | | | | | |
| | <u> </u> | | | | | | |
| Distribution | <u>ı:</u> | | | Zainab Day | | | |
| Contract Mana | gement / Fisc | al Agent | Medicaid Cost Rei | | | inance | |
| Permanent File | ; | | Wedicard Cost Rei | moursement r | iaining and i | manee | |
| For Inf | ormation Onl | у | | | | | |
| No Cha | nge in Rate | | | | | | |
| Ho | me Office: | Pensacola Administrative Service | es. LLC | | | | |
| | | 40 South Palafox Place | -, | | | | |
| | | Suite 400 | | | | | |
| | | Pensacola, FL 32502 | | | | | |
| I3YFP | Report Cal | | ort Printed :11/19/2020 ID: 0 | 00554312312015 | 5070120140429 | 92016154511 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| LAKE PLACID | HEALTH AN | ND REHABILITATION CENTER | Provider Nun | nber: | 0 006339-00 | |
|--------------------------|---|--|-----------------|--|-----------------------------|--------------------------|
| 125 TOMOKA BLVD S | | Date: | | 3/2/2021 | | |
| LAKE PLACID | , FL 33852-8 | 123 | Fiscal Year E | nd: | 12/31/20 |)15 |
| | | | Audit Status: | | Revised Fiel | d Audit |
| Provider Ty _l | pe: | | | Current <u>Rate</u> | New <u>Rate</u> | Effective <u>Date</u> |
| Nursing Hon | ne Singl | e Level | | 231.06 | | 9/1/2017 |
| Rate | Type: | | | | | |
| | Interim | Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | X Prospective X | Total Prospect | ive ive with Interim | Component |
| Basis: | Budget Unaudited of Field audited Desk audite | ed costs | X Field | Semester Chang Audit & Revise 12/31/2015 | e ed Field Audit #1 | NH17-049C |
| | gement / Fiscal | | Medicaid Cost | Zainab I Reimbursemer Zainab | Pay It Planning and I Day | Finance |
| | me Office: | Pensacola Administrative Service 40 South Palafox Place Suite 400 Pensacola, FL 32502 ulated: 3/2/2021 10:25:31 PM Rep | | ID: 00633912312 | 01507012014050 | 22016124724 |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| OAKBROOK HEALTH AND REHABILITATION CENTER 250 BROWARD AVE | | Provider Number: | | 0 006767-00 | | |
|---|--------------------------------------|--------------------------------|----------------|---------------|-----------------|--|
| | | Date: | 11/20/2 | |)20 | |
| LABELLE, FL 33935 | | Fiscal Year End: | | 6/30/20 | 14 | |
| | | Audit Status: | | Field Aud | lited | |
| Provider Type: | | | | | | |
| | | | Current | New | Effective | |
| N | a | | Rate | <u>Rate</u> | <u>Date</u> | |
| Nursing Home | Single Level | | <u>252.83</u> | <u>252.28</u> | <u>1/1/2015</u> | |
| | | | | | | |
| | | | | | | |
| Rate Type: | | | | | | |
| Interim | | V Dragmantiva | | | | |
| | Total Interim | X Prospective | al Prospective | | | |
| | Interim Component | | _ | with Interim | Component | |
| | Settlement based on cost | | и г гозреси ч | with interim | Component | |
| | Prior Provider Prospective data | | | | | |
| | Thor Flowder Flospective data | | | | | |
| Basis: | | Changes: | | | | |
| Dasis. | | Rate Semes | stor Changa | | | |
| Budge | et | | _ | C FYE 6/30/2 | 2014 | |
| | dited costs | A ricia ruan | t 11111 | C11L0/30/2 | 2011 | |
| | audited costs | | | | | |
| | audited costs | | | | | |
| | | | | | | |
| | | | | | | |
| Distribution: | | | Zainab Day | | | |
| Contract Management / | Fiscal Agent | Medicaid Cost Rein | nbursement P | lanning and F | inance | |
| Permanent File | | | | | | |
| For Information | Only | | | | | |
| No Change in Ra | ate | | | | | |
| Home Office | e: Pensacola Administrative Services | s. LLC | | | | |
| | 40 South Palafox Place | -, - | | | | |
| | Suite 400 | | | | | |
| | Pensacola, FL 32502 | | | | | |
| 161B1 Repor | | ort Printed :11/20/2020 ID: 00 | 067670620201 | 010120141012 | 22014122624 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| OAKBROOK HEALTH AND REHABILITATION CENTE | ER Provider Number: | 0 006767-00 | | |
|---|--|---|--|--|
| 250 BROWARD AVE | Date: | 11/20/2020 | | |
| LABELLE, FL 33935 | Fiscal Year End: | 6/30/2014 | | |
| | Audit Status: | Field Audited | | |
| Provider Type: Nursing Home Single Level | <u>R</u> | rrent New Effective <u>Rate Date</u> 1.25 250.70 9/1/2015 | | |
| Rate Type: | | | | |
| Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective | | spective spective with Interim Component | | |
| Budget Unaudited costs X Field audited costs Desk audited costs | Changes: Rate Semester C X Field Audit #NF | hange H17-052C FYE 6/30/2014 | | |
| Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate | | ement Planning and Finance | | |
| Home Office: Pensacola Administrative S 40 South Palafox Place Suite 400 Pensacola, FL 32502 Report Calculated: 11/20/2020 1:50:04 PM | | 063020140101201410122014132634 | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| OAKBROOK HEALTH AND REHABILITATION CENTER 250 BROWARD AVE | | Provider Number: | | 0 006767-00 11/20/2020 | | |
|---|------------------------------------|------------------------------|----------------|---------------------------|-----------------|--|
| | | Date: | | | | |
| LABELLE, FL 33935 | | Fiscal Year End: | | 6/30/20 | 14 | |
| | | Audit Status: | | Field Aud | lited | |
| Provider Type: | | | | | | |
| | | | Current | New | Effective | |
| | | | Rate | Rate | <u>Date</u> | |
| Nursing Home Sin | ngle Level | | <u>261.93</u> | <u>261.38</u> | <u>6/1/2016</u> | |
| | | | | | | |
| | | | | | | |
| Rate Type: | | | | | | |
| Interim | | X Prospective | | | | |
| | Total Interim | | al Prospective | | | |
| | Interim Component | | _ | with Interim | Component | |
| | Settlement based on cost | | 1 | | 1 | |
| | Prior Provider Prospective data | | | | | |
| | | | | | | |
| Basis: | | Changes: | | | | |
| | | Rate Semes | ster Change | | | |
| Budget | | | _ | C FYE 6/30/2 | 2014 | |
| Unaudite | ed costs | | | | | |
| X Field au | dited costs | | | | | |
| Desk au | dited costs | | | | | |
| | | | | | | |
| Distribution: | | | Zainab Day | | | |
| Contract Management / Fig | scal Agent | Medicaid Cost Rein | | lanning and F | Finance | |
| Permanent File | | 2.22.23.33.2.23.10.11 | | | | |
| For Information O | nly | | | | | |
| No Change in Rate | | | | | | |
| Home Office: | Pensacola Administrative Services, | LLC | | | | |
| | 40 South Palafox Place | | | | | |
| | Suite 400 | | | | | |
| | Pensacola, FL 32502 | | | | | |
| 161B1 Report C | | t Printed :11/20/2020 ID: 00 | 67670630201/ | 101012014101 | 22014132634 | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| OAKBROOK HEALTH AND REHABILITATION CENTER | Provider Number: | | 0 006767-00 | | |
|--|----------------------------|---------------|--------------------|--------------------------|--|
| 250 BROWARD AVE | Date: | | 11/20/2020 | | |
| LABELLE, FL 33935 | Fiscal Year End: | | 6/30/20 | 14 | |
| | Audit Status: | | Field Aud | ited | |
| Provider Type: | | | | | |
| | | Current Rate | New <u>Rate</u> | Effective <u>Date</u> | |
| Nursing Home Single Level | | <u>263.60</u> | <u>263.04</u> | <u>9/1/2016</u> | |
| | | | | | |
| 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: | | | | |
| | Rate Semes | ter Change | | | |
| Budget | | _ | C FYE 6/30/2 | 014 | |
| Unaudited costs | | | | | |
| X Field audited costs | | | | | |
| Desk audited costs | | | | | |
| | | | | | |
| Distribution: | | Zainab Day | | | |
| Contract Management / Fiscal Agent | Medicaid Cost Reim | | lanning and F | inance. | |
| Permanent File | 1.10210ata Cost Rolli. | | | | |
| For Information Only | | | | | |
| No Change in Rate | | | | | |
| - | 1.C | | | | |
| Home Office: Pensacola Administrative Services, I | LC | | | | |
| 40 South Palafox Place | | | | | |
| Suite 400 | | | | | |
| Pensacola, FL 32502 Report Calculated: 11/20/2020 1:50:04 PM Report | Printed :11/20/2020 ID: 00 | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| COASTAL HEALTH AND REHABILITATION CENTER 820 N CLYDE MORRIS BLVD | | Provider Number: | | 0 021261-00 | | |
|---|----------------|---------------------------------------|------------------------------|----------------|---------------|-----------------|
| | | Date: | | 11/20/2020 | | |
| DAYTONA BI | EACH, FL 32 | 117 | Fiscal Year End: | | 12/31/20 | 016 |
| | | | Audit Status: | | Revised Field | d Audit |
| Provider Ty | pe: | | | | | |
| · | • | | | Current | New | Effective |
| | | | | Rate | <u>Rate</u> | <u>Date</u> |
| Nursing Ho | me Sing | de Level | | <u>205.23</u> | <u>203.96</u> | <u>9/1/2017</u> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Rate | Type: | | | | | |
| | Interim | | X Prospective | | | |
| | _ | Total Interim | | al Prospective | <u>;</u> | |
| | | Interim Component | | | with Interim | Component |
| | | Settlement based on cost | | • | | • |
| | | Prior Provider Prospective data | | | | |
| | | | | | | |
| Basis: | | | Changes: | | | |
| | | | Rate Semes | ster Change | | |
| | Budget | | | _ | C FYE 12/31/ | 2016 |
| | Unaudited | costs | | | | |
| X | Field audit | ted costs | | | | |
| | Desk audit | ted costs | | | | |
| | | | | | | |
| Distribution | | | | | | |
| | | al A cont | | Zainab Day | | |
| Contract Mana | • | al Agent | Medicaid Cost Rein | | | inance |
| Permanent File | | | ٤٠ | ainab Z | ay | |
| For Inf | formation Only | у | - | | U | |
| No Cha | ange in Rate | | | | | |
| Но | me Office: | Pensacola Administrative Services, | LLC | | | |
| | | 40 South Palafox Place | | | | |
| | | Suite 400 | | | | |
| | | Pensacola, FL 32502 | | | | |
| 5N9M4 | Report Cal | culated: 11/20/2020 10:21:51 AM Repor | t Printed :11/20/2020 ID: 02 | 126112312014 | 5010120160425 | 52017120630 |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NUVISTA LIVING AT HILLSBOROUGH LAKES 19091 N DALE MABRY HWY | | Provider Number: | | 0 041324-00 | | |
|--|------------------|---------------------------------------|---------------------------|---------------|---------------|-----------------|
| | | Date: | | 1/25/2021 | | |
| LUTZ, FL 335 | 48 | | Fiscal Year End: | | 12/31/20 |)15 |
| | | | Audit Status: | | Unaudit | ed |
| Provider Ty | pe: | | | | | |
| · | • | | | Current | New | Effective |
| | ~ | | | Rate | Rate | <u>Date</u> |
| Nursing Ho | me Sing | gle Level | | <u>251.87</u> | <u>249.65</u> | <u>9/1/2017</u> |
| | | | | | | |
| Rate | Type: | | | | | |
| | | | | | | |
| | Interim | <u> </u> | X Prospective | | | |
| | | Total Interim | | l Prospective | | |
| | | Interim Component | Tota | l Prospective | with Interim | Component |
| | | Settlement based on cost | | | | |
| | | Prior Provider Prospective data | | | | |
| Basis: | | | Changes: | | | |
| Du SIS. | _ | | Rate Semes | ter Change | | |
| | Budget | | | YE 12/31/20 | 15 | |
| X | — Unaudited | costs | | | | |
| | — Field audit | ted costs | | | | |
| | Desk audit | ted costs | | | | |
| | | | | | | |
| Distribution | <u>1:</u> | | | Zainab Day | | |
| Contract Mana | gement / Fisca | al Agent | Medicaid Cost Rein | | lanning and F | inance |
| Permanent File | ; | | 30 | inab D | ay | |
| For Inf | formation Only | у | | | 1 | |
| No Cha | inge in Rate | | | | | |
| Но | me Office: | Palm Health Partners | | | | |
| | | 2979 PGA Boulevard | | | | |
| | | Suite 201 | | | | |
| | | Palm Beach Gardens, FL 33410 | | | | |
| ROZ2B | Report Cal | culated: 1/25/2021 10:18:37 AM Report | Printed :1/25/2021 ID: 04 | .132412312014 | 5010120150614 | 52017124159 |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| THE TERRACE OF KISSIMMEE | | Provider Number: 0 22 | | | 44-00 |
|-------------------------------------|---|-----------------------|---------------------------------------|-------------------|--------------------------------|
| 221 PARK PLACE BLVD | Date: | | 1/28/2021 | | |
| KISSIMMEE, FL 34741 | Fiscal Year End: | cal Year End: | 12/31/2016 | | |
| | | Au | dit Status: | Unau | dited |
| Provider Type: Nursing Home Single | le Level | | Curro <u>Rat</u> 188.7 | <u>Rate</u> | Effective <u>Date</u> 1/1/2019 |
| Rate Type: | | | | | |
| Time Type: | | | | | |
| X Interim | | Pros | pective | | |
| | Total Interim | | Total Prosp | ective | |
| | Interim Component | | Total Prosp | ective with Inter | im Component |
| X | Settlement based on cost Prior Provider Prospective data | | | | |
| Basis: | | Changes: | | | |
| Budget | | X | Rate Semester Cha CHOW effective (| • | |
| Unaudited | costs | A | _ CITO W CITCUIVE (| 71/01/2017 | |
| Field audite | ed costs | | | | |
| Desk audite | ed costs | | | | |
| Distribution: | | | | | |
| Contract Management / Fisca | 1 Agent | | Zainal | | |
| Permanent File | | Medica | id Cost Reimbursen | | d Finance |
| For Information Only | 7 | | Zunte | b Day | |
| No Change in Rate | | | | | |
| Home Office: | SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114 | | | | |
| XXX607 Report Calc | culated: 1/28/2021 3:00 PM Rep | ort Printed: 1/28/2 | 021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| THE TERRACE OF KISSIMMEE | | Provider Number: | 0 223644-00 | | | |
|---------------------------|----------------------------------|---|---|------------------------|--------------------------------|--|
| 221 PARK PLACE BLVD | | | Date: | 1/28/2021 | | |
| KISSIMMEE, | , FL 34741 | | Fiscal Year End: | 12/31/2 | 016 | |
| | | | Audit Status: | Unaud | ited | |
| Provider T Nursing Ho | | gle Level | Current <u>Rate</u> 206.74 | New <u>Rate</u> 205.90 | Effective <u>Date</u> 7/1/2019 | |
| Rat | e Type: | | | | | |
| X | Interim | Total Intonia | Prospective Total Prospective | | | |
| | | Total Interim Interim Component | Total Prospectiv | | n Component | |
| | | Settlement based on cost | Total Prospectiv | c with interm | i Component | |
| | X | Prior Provider Prospective data | | | | |
| Basis: | | | Changes: | | | |
| | Budget | | Rate Semester Change CHOW effective 01/01 | /2019 | | |
| | Unaudited | costs | A SHOW effective of 701 | 72017 | | |
| | Field audit | ted costs | | | | |
| | Desk audit | ted costs | | | | |
| D'. 4. 'I. 4'. | | | | | | |
| Distribution Contract Mar | | ol A cont | Zainab Da | | | |
| Permanent Fi | nagement / Fisca | ai Ageill | Medicaid Cost Reimbursement | Planning and | Finance | |
| | | | Zainab i | Tay | | |
| | nformation Onlg hange in Rate | y | | V | | |
| Н | Tome Office: | SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114 | | | | |
| XXX607 | Report Cal | culated: 1/28/2021 3:00 PM Reno | rt Printed : 1/28/2021 ID: | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| THE TERRACE OF KISSIMMEE | | Pro | 0 22364 | 223644-00 | | | |
|--------------------------|-------------------|---|------------------------|-----------------------------------|---------------------------|---------------------------------|--|
| 221 PARK PLACE BLVD | | | Date: Fiscal Year End: | | 1/28/2021 | | |
| KISSIMMEE, FL 34741 | | 12/31/2017 | | | | | |
| | | | | ıdit Status: | Unaud | ited | |
| Provider T | | e Level | | Current <u>Rate</u> 205.90 | New <u>Rate</u> 209.79 | Effective <u>Date</u> 10/1/2019 | |
| Ra | te Type: | | | | | | |
| X | Interim | Total Interim Interim Component | Pros | pective Total Prospec | tive tive with Interir | n Component | |
| | X | Settlement based on cost Prior Provider Prospective data | | Total Prospec | ave with meen | il Component | |
| Basis: | | | Changes: | Rate Semester Chang | re | | |
| | Budget | | X | CHOW effective 01/ | | | |
| | Unaudited of | costs | | | | | |
| | Field audite | | | | | | |
| | Desk audite | d costs | | | | | |
| <u>Distributi</u> | on: | | | 7-5-1 | . | | |
| | nagement / Fiscal | Agent | Medica | Zainab I | | Finance | |
| Permanent F | _ | | Wiculco | Zainab | | 1 mance | |
| For 1 | Information Only | | | 0 | J | | |
| No C | hange in Rate | | | | | | |
| F | Home Office: | SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114 | | | | | |
| XXX607 | Report Calc | ulated: 1/28/2021 3:00 PM Rep | ort Printed: 1/28/2 | 2021 ID: | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| THE TERRACE OF KISSIMMEE | | Pro | 4-00 | | |
|---|---|---------------------|---|--------------------------|--------------------------------|
| 221 PARK PLACE BLVD | Date: | | 1/28/2021 | | |
| KISSIMMEE, FL 34741 | | Fiscal Year End: | cal Year End: | 12/31/2017 | |
| | | Au | dit Status: | Unaud | ited |
| Provider Type: Nursing Home Sing | le Level | | Current <u>Rate</u> 209.79 | t New <u>Rate</u> 212.64 | Effective <u>Date</u> 7/1/2020 |
| Rate Type: | | | | | |
| J.F | | | | | |
| X Interim | | Prosp | pective | | |
| | Total Interim | | Total Prospec | | |
| | Interim Component | | Total Prospec | tive with Interin | n Component |
| X | Settlement based on cost Prior Provider Prospective data | | | | |
| Basis: | | Changes: |] | | |
| Budget | | X | Rate Semester Change CHOW effective 01/ | | |
| Unaudited | costs | | _ CHOW effective 01/ | 01/2017 | |
| Field audit | | | | | |
| Desk audit | ed costs | | | | |
| Distribution | | | | | |
| <u>Distribution:</u> Contract Management / Fisca | ıl Agent | | Zainab I | | |
| Permanent File | 115011t | Medica | id Cost Reimbursemer | | Finance |
| For Information Only | ı | | Zainab | e uy | |
| No Change in Rate | , | | | | |
| Home Office: | SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114 | | | | |
| XXX607 Report Calc | culated: 1/28/2021 3:00 PM Rep | ort Printed: 1/28/2 | 021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| THE TERRACE OF KISSIMMEE 221 PARK PLACE BLVD KISSIMMEE, FL 34741 Provider Type: Nursing Home Single Level | | | Pro | ovider Number: | 0 223644-00 | | |
|---|-------------------|---|---|---------------------------------|------------------------|---------------------------------|--|
| | | | Date: Fiscal Year End: Audit Status: Current Rate 212.64 | | 1/28/2021 | | |
| | | | | | 12/31/2 | | |
| | | | | | Unaud | ited | |
| | | | | | New <u>Rate</u> 216.24 | Effective <u>Date</u> 10/1/2020 | |
| Ra | te Type: | | | | | | |
| X | Interim | Total Interim Interim Component | Pros | Total Prospecti Total Prospecti | | 2 Component | |
| | X | Settlement based on cost Prior Provider Prospective data | | Total Flospecti | ve with interm | i Component | |
| Basis: | | | Changes: | Rate Semester Change | : | | |
| | Budget | | X | CHOW effective 01/0 | | | |
| | Unaudited of | costs | | | | | |
| | Field audite | | | | | | |
| | Desk audite | d costs | | | | | |
| <u>Distributi</u> | | | | Zainab Da | ay | | |
| | nagement / Fiscal | Agent | Medicaid Cost Reimbursement Planning and Finance | | | | |
| Permanent File | | | | Zainab | Day | | |
| For] | Information Only | | | V | U | | |
| No C | Change in Rate | | | | | | |
| H | Home Office: | SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114 | | | | | |
| XXX607 | Report Calc | ulated: 1/28/2021 3:00 PM Repo | ort Printed: 1/28/2 | 021 ID: | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| THE TERRACE OF ST CLOUD | | | Provider Number: | | | 0 223653-00 | | |
|--|-------------------|---|--|--------------|---------------------|------------------------|--------------------------------|--|
| 3855 OLD C | ANOE CREEK R | OAD | Date: | | | 11/06/2020 | | |
| SAINT CLOUD, FL 34769 Provider Type: Nursing Home Single Level | | | Fiscal Year End: | | | 12/31/2 | | |
| | | | Audi | t Status: | | Unaudi | ited | |
| | | | | | Current Rate 191.41 | New <u>Rate</u> 205.84 | Effective <u>Date</u> 1/1/2019 | |
| Ra | te Type: | | | | | | | |
| X | Total Interim | | Prospe | Total | Prospective | | Comment | |
| | X | Interim Component Settlement based on cost Prior Provider Prospective data | | Total | Prospective | with Interin | n Component | |
| Basis: | | | Changes: | Rate Semeste | er Change | | | |
| | Budget | | | CHOW effec | _ | 2019 | | |
| | Unaudited of | costs | | | | | | |
| | Field audite | d costs | | | | | | |
| | Desk audite | d costs | | | | | | |
| Distributi | on: | | | 72 | Zalarah Dana | | | |
| | nagement / Fiscal | Agent | Zainab Day Medicaid Cost Poimbursement Planning and Finance | | | | | |
| Permanent File | | Medicaid Cost Reimbursement Planning and Finance Zainab Day | | | | | | |
| For | Information Only | | | 0 | | J | | |
| No C | Change in Rate | | | | | | | |
| I | Home Office: | SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114 | | | | | | |
| XXX606 | Report Calcu | ulated: 11/5/2020 5:00 PM Repo | ort Printed: 11/5/202 | 20 ID: | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| THE TERRACE OF ST CLO | Pro | ovider Number: | 0 223653-00 | | | |
|-----------------------------------|---|--|--|--------------------------------|-------------|--|
| 3855 OLD CANOE CREEK I | Da | te: | 11/06/2020 | | | |
| SAINT CLOUD, FL 34769 | | | cal Year End: | 12/31/2016 | | |
| | | Au | dit Status: | Unaud | ited | |
| Provider Type: Nursing Home Sing | | Current <u>Rate</u> 205.84 | New <u>Rate</u> 203.68 | Effective <u>Date</u> 7/1/2019 | | |
| Rate Type: | | | | | | |
| X Interim | | Prosp | pective | | | |
| | Total Interim | | Total Prospectiv | | | |
| | Interim Component | | Total Prospective | ve with Interin | n Component | |
| X | Settlement based on cost Prior Provider Prospective data | | | | | |
| Basis: | | Changes: | | | | |
| Budget | | X | Rate Semester Change CHOW effective 01/0 | | | |
| Unaudited | costs | A | _ 0110 # 011001110 | 1/2019 | | |
| Field audit | ed costs | | | | | |
| Desk audit | ed costs | | | | | |
| Distribution: | | | | | | |
| Contract Management / Fisca | l Agent | Zainab Day | | | | |
| Permanent File | - | Medicaid Cost Reimbursement Planning and Finance Zainab Day | | | | |
| For Information Only | | | | | | |
| No Change in Rate | | | | | | |
| Home Office: | SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114 | | | | | |
| XXX606 Report Calc | culated: 11/5/2020 5:00 PM Rep | ort Printed: 11/5/2 | 020 ID: | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| THE TERRACE OF ST CLOUD 3855 OLD CANOE CREEK ROAD | | | Provider Number: | 0 223653-00 11/06/2020 | | |
|--|--------------------|---|--|--|--|--|
| | | | Date: | | | |
| SAINT CLO | UD, FL 34769 | | Fiscal Year End: | 12/31/2017 | | |
| | | | Audit Status: | Unaudited | | |
| Provider To Nursing H | •• | le Level | Current <u>Rate</u> 203.68 | New Effective Rate Date 207.52 10/1/2019 | | |
| Ra | te Type: | | | | | |
| X | Interim | | Prospective | | | |
| | | Total Interim | Total Prospec | tive | | |
| | | Interim Component | | tive with Interim Component | | |
| | | Settlement based on cost | | | | |
| | X | Prior Provider Prospective data | | | | |
| Basis: | : | | Changes: Rate Semester Change | ge | | |
| | Budget | | X CHOW effective 01/ | | | |
| | Unaudited of | | | | | |
| | Field audite | | | | | |
| | Desk audite | ed costs | | | | |
| <u>Distributi</u> | ion: | | Zainah I | No | | |
| | anagement / Fiscal | l Agent | Zainab Day Medicaid Cost Reimbursement Planning and Finance | | | |
| Permanent File | | | Zainal | Day | | |
| For | Information Only | | | | | |
| No C | Change in Rate | | | | | |
| I | Home Office: | SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114 | | | | |
| XXX606 | Report Calc | ulated: 11/5/2020 5:00 PM Repor | rt Printed: 11/5/2020 ID: | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| THE TERRACE OF ST CLOUD 3855 OLD CANOE CREEK ROAD | | | Provider Number: | 0 223653-00 11/06/2020 | | |
|--|-------------------|---|--|-------------------------------|--|--|
| | | | Date: | | | |
| SAINT CLO | UD, FL 34769 | | Fiscal Year End: | 12/31/2017 | | |
| | | | Audit Status: | Unaudited | | |
| Provider T | | e Level | Curre <u>Rate</u> 207.5 | <u>Rate</u> <u>Date</u> | | |
| Rat | te Type: | | | | | |
| X | Interim | | Prospective | | | |
| | | - Total Interim | Total Prospe | ective | | |
| | | Interim Component | | ective with Interim Component | | |
| | | Settlement based on cost | | | | |
| | X | Prior Provider Prospective data | | | | |
| Basis: | | | Changes: Rate Semester Changes | nge | | |
| | Budget | | X CHOW effective 0 | 1/01/2019 | | |
| | Unaudited of | | | | | |
| | Field audite | | | | | |
| | Desk audite | ed costs | | | | |
| Distribution | on: | | Zainab | Day | | |
| Contract Mar | nagement / Fiscal | Agent | Medicaid Cost Reimbursement Planning and Finance | | | |
| Permanent File | | | Zaina | rb Day | | |
| For I | Information Only | | U | 0 | | |
| No C | hange in Rate | | | | | |
| F | Iome Office: | SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114 | | | | |
| XXX606 | Report Calc | ulated: 11/5/2020 5:00 PM Repor | rt Printed: 11/5/2020 ID: | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| THE TERRACE OF ST CLOUD 3855 OLD CANOE CREEK ROAD | | | Provider Number: | 0 223653-00 11/06/2020 | | |
|--|-------------------|---|--|--|--|--|
| | | | Date: | | | |
| SAINT CLO | UD, FL 34769 | | Fiscal Year End: | 12/31/2017 | | |
| | | | Audit Status: | Unaudited | | |
| Provider To Nursing H | | le Level | Current <u>Rate</u> 210.34 | New Rate Effective Date 206.50 10/1/2020 | | |
| Ra | te Type: | | | | | |
| X | Interim | | Prospective | | | |
| | | Total Interim | Total Prospect | ive | | |
| | | Interim Component | | ive with Interim Component | | |
| | | Settlement based on cost | | | | |
| | X | Prior Provider Prospective data | | | | |
| Basis: | | | Changes: Rate Semester Chang | e | | |
| | Budget | | X CHOW effective 01/ | | | |
| | Unaudited | | | | | |
| | Field audite | | | | | |
| | Desk audite | ed costs | | | | |
| <u>Distributi</u> | ion: | | Zoinah D | lov | | |
| | anagement / Fisca | l Agent | Zainab Day Medicaid Cost Reimbursement Planning and Finance | | | |
| Permanent File | | | Zainat | Day | | |
| For | Information Only | | | J | | |
| No C | Change in Rate | | | | | |
| I | Home Office: | SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114 | | | | |
| XXX606 | Report Calc | ulated: 11/5/2020 5:00 PM Repor | rt Printed : 11/5/2020 ID: | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| CROSS CARE CENTER | | | Provider Number: | 1 012333-00 | |
|---|-------------------|----------------------------------|-----------------------------------|---|--|
| 5888 BLANDING BLVD | | | Date: | 12/1/2020 | |
| JACKSONV | ILLE, FL 32244 | | Fiscal Year End: | 6/30/2017 | |
| | | | Audit Status: | Unaudited | |
| Provider Type: Nursing Home Single Level | | | Current <u>Rate</u> 248.11 | New Effective Rate Date 248.11 12/31/2018 | |
| Ra | te Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospecti | ve | |
| | | Interim Component | Total Prospecti | ve with Interim Component | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | | Changes: Rate Semester Change | | |
| | Budget | | X CHOW effective 12/3 | | |
| | Unaudited of | costs | | | |
| | Field audite | ed costs | | | |
| | Desk audite | ed costs | | | |
| | | | | | |
| Distributi | ion: | | Zainab D | av | |
| Contract Ma | nagement / Fiscal | Agent | Medicaid Cost Reimbursemen | Planning and Finance | |
| Permanent File | | | Zainab | Day | |
| For | Information Only | | 0 | 0 | |
| No C | Change in Rate | | | | |
| Ī | Home Office: | No Home Office | | | |
| • | | | | | |
| | | | | | |
| XXX612 | Report Calc | ulated: 12/1/2020 3:00 PM Report | Printed: 12/1/2020 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| CROSS CARE CENTER | Provider Number | r: | 1 012333-00 12/1/2020 | | | |
|------------------------------------|--|--|--------------------------|--------------------------|--|--|
| 5888 BLANDING BLVD | Date: | | | | | |
| JACKSONVILLE, FL 32244 | Fiscal Year End: | : | 6/30/201 | | | |
| | Audit Status: | | Unaudit | ed | | |
| Provider Type: | | | | | | |
| | | Current Rate | New <u>Rate</u> | Effective <u>Date</u> | | |
| Nursing Home Single Level | 2. | 43.98 | 243.98 | 7/1/2019 | | |
| Truising Frome Single Level | - | <u></u> | <u> </u> | 1/1/2017 | | |
| | | | | | | |
| Rate Type: | | | | | | |
| X Interim | Prospective | | | | | |
| Total Int | | Prospective | 2 | | | |
| Interim (| | _ | e with Interim | Component | | |
| Settleme | pased on cost | | | | | |
| X Prior Pro | er Prospective data | | | | | |
| n | | | | | | |
| Basis: | Changes: | CI. | | | | |
| Budget | X Rate Semester CHOW effe | _ | /2018 | | | |
| Unaudited costs | A SHOW SHO | 701170 127317 | 2010 | | | |
| Field audited costs | | | | | | |
| Desk audited costs | | | | | | |
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| D | | | | | | |
| <u>Distribution:</u> | | Zainab Day | 7 | | | |
| Contract Management / Fiscal Agent | Medicaid Cost Reiml | Medicaid Cost Reimbursement Planning and Finance | | | | |
| Permanent File | za. | inab Z | ay | | | |
| For Information Only | | | V | | | |
| No Change in Rate | | | | | | |
| Home Office: No Hom | ffice | | | | | |
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| WW.(10 | 2.00 PM | | | | | |
| XXX612 Report Calculated: 12/1/2 | 3:00 PM Report Printed : 12/1/2020 ID: | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| CROSS CARE CENTER | Provider Number: | 1 012333-00 12/1/2020 | | | | |
|---|-----------------------------------|--|--|--|--|--|
| 5888 BLANDING BLVD | Date: | | | | | |
| JACKSONVILLE, FL 32244 | Fiscal Year End: | 6/30/2017 | | | | |
| | Audit Status: | Unaudited | | | | |
| Provider Type: Nursing Home Single Level | Current <u>Rate</u> 243.98 | New Effective Rate Date 243.98 10/1/2019 | | | | |
| Rate Type: | | | | | | |
| Rate Type. | | | | | | |
| X Interim | Prospective | | | | | |
| Total Interim | Total Prospectiv | ⁄e | | | | |
| Interim Component | | ve with Interim Component | | | | |
| Settlement based on co X Prior Provider Prospec | | | | | | |
| Basis: | Changes: | | | | | |
| D. I. | Rate Semester Change | 1/2010 | | | | |
| Budget Unaudited costs | X CHOW effective 12/31 | 1/2018 | | | | |
| Field audited costs | | | | | | |
| Desk audited costs | | | | | | |
| Divide the state of | | | | | | |
| Distribution: | , | Zainab Day | | | | |
| Contract Management / Fiscal Agent Permanent File | Medicaid Cost Reimbursement | Medicaid Cost Reimbursement Planning and Finance | | | | |
| For Information Only | Zainab i | -ay | | | | |
| No Change in Rate | | | | | | |
| | | | | | | |
| Home Office: No Home Office | | | | | | |
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| XXX612 Report Calculated: 12/1/2020 3:00 PM | Report Printed: 12/1/2020 ID: | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| CROSS CARE CENTER | Provider Number: | 1 012333-00 | | | | |
|---|---|--|--|--|--|--|
| 5888 BLANDING BLVD | Date: | 12/1/2020 | | | | |
| JACKSONVILLE, FL 32244 | Fiscal Year End: | 6/30/2017 | | | | |
| | Audit Status: | Unaudited | | | | |
| Provider Type: | | | | | | |
| | Current | New Effective | | | | |
| | Rate | Rate Date | | | | |
| Nursing Home Single Level | <u>247.29</u> | 247.29 	 7/1/2020 | | | | |
| | | | | | | |
| | | | | | | |
| Rate Type: | | | | | | |
| X Interim | Prospective | | | | | |
| Total Interim | Total Prospectiv | re | | | | |
| Interim Component | | e with Interim Component | | | | |
| Settlement based on co | ost | | | | | |
| X Prior Provider Prospec | ctive data | | | | | |
| | | | | | | |
| Basis: | Changes: | | | | | |
| Budget | Rate Semester Change CHOW effective 12/31 | /2018 | | | | |
| Unaudited costs | X CHOW effective 12/31 | 72016 | | | | |
| Field audited costs | | | | | | |
| Desk audited costs | | | | | | |
| | | | | | | |
| | | | | | | |
| Distribution: | Zainab Da | V | | | | |
| Contract Management / Fiscal Agent | Medicaid Cost Reimbursement | Medicaid Cost Reimbursement Planning and Finance | | | | |
| Permanent File | Zainab i | Day | | | | |
| For Information Only | 0 | 0 | | | | |
| No Change in Rate | | | | | | |
| Home Office: No Home Office | | | | | | |
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| XXX612 Report Calculated: 12/1/2020 3:00 PM | Report Printed: 12/1/2020 ID: | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| CROSS CARE CENTER | | | Provider Number: | 1 012333-00 | |
|---|--------------------------|---------------------------------|---------------------------------------|--------------------|-------------|
| 5888 BLANDING BLVD | | | Date: | 12/1/2020 | |
| JACKSONVI | ILLE, FL 32244 | | Fiscal Year End: | 6/30/2017 | |
| | | | Audit Status: | Unaudi | ted |
| Provider Type: Nursing Home Single Level | | | Curre <u>Rate</u> 247.29 | | Effective |
| Rat | te Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospe | ective | |
| | | Interim Component | Total Prospe | ctive with Interin | n Component |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | | Changes: Rate Semester Char | nge | |
| | Budget | | X CHOW effective 12 | 2/31/2018 | |
| | Unaudited c Field audite | | | | |
| | Desk audite | | | | |
| | | | | | |
| Distributi | on: | | Zainab | Day | |
| Contract Mar | nagement / Fiscal | Agent | Medicaid Cost Reimbursem | ent Planning and | Finance |
| Permanent F | ile | | Zainal | Day | |
| For I | Information Only | | V | 0 | |
| No C | hange in Rate | | | | |
| Н | Iome Office: | No Home Office | | | |
| | | | | | |
| | | | | | |
| XXX612 | Report Calcu | ulated: 12/1/2020 3:00 PM Repor | t Printed: 12/1/2020 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| ADDINGTON PLACE AT W | ELLINGTON GREEN | Provider Number: | | 1 034242-00 1/28/2021 6/30/2012 | | |
|--|---|--|-----------------------------------|---------------------------------------|--------------------------------|--|
| 10330 NuVISTA AVENUE | | Date: | | | | |
| WELLINGTON, FL 33414 | | Fiscal Year End: | | | | |
| | | Audit Status: | | Unaudit | ed | |
| Provider Type: Nursing Home Singl | e Level | | Current <u>Rate</u> 240.83 | New <u>Rate</u> 240.83 | Effective <u>Date</u> 4/1/2019 | |
| 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: X Budget Unaudited Field audite Desk audite | ed costs | Changes: Rate Semes CHOW effe | ter Change ective 4/01/20 | 019 | | |
| Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate | | Zainab Day Medicaid Cost Reimbursement Planning and Finance Jainab Day | | | | |
| Home Office: XXX502 Report Calc | Palm Health Partners 2979 PGA Boulevard Suite 201 Palm Beach Gardens, FL 33410 ulated: 10/31/2020 8:39 PM Repor | t Printed :10/31/2020 ID: | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| ADDINGTON PLACE AT WELLINGTON GREEN | | Provider Number: | | 1 034242-00 | | |
|---|---|--|--------------------------------|------------------------|---------------------------------------|--|
| 10330 NuVISTA AVENUE | | Date: | | 1/28/2021 | | |
| WELLINGTON, FL 33414 Fiscal Year End Audit Status: Provider Type: Nursing Home Single Level | | Fiscal Year End: | | 6/30/2012 | | |
| | | Audit Status: | | Unaudit | ed | |
| | | | Current <u>Rate</u> 234.76 | New <u>Rate</u> 234.76 | Effective <u>Date</u> 7/1/2019 | |
| 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: X Budget Unaudited Field audit Desk audit | ed costs | Changes: Rate Semes CHOW effe | ter Change ective 4/01/20 | 019 | | |
| Distribution: Contract Management / Fisca Permanent File For Information Only No Change in Rate | | Zainab Day Medicaid Cost Reimbursement Planning and Finance Zainab Day | | inance | | |
| Home Office: XXX502 Report Calc | Palm Health Partners 2979 PGA Boulevard Suite 201 Palm Beach Gardens, FL 33410 culated: 10/31/2020 8:39 PM Report | t Printed :10/31/2020 ID: | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| ADDINGTON PLACE AT WELLINGTON GREEN | Provider Number: | | 1 034242-00 | | |
|--|-------------------------------|-------------------------------|------------------------|-----------|--|
| 10330 NuVISTA AVENUE | Date: | | 1/28/2021 4/30/2012 | | |
| WELLINGTON, FL 33414 | Fiscal Year End: | | | | |
| | Audit Status: | | Unaudit | ed | |
| Provider Type: Nursing Home Single Level | | Current Rate 260.17 | New <u>Rate</u> 260.17 | Effective | |
| Rate Type: | | | | | |
| X Interim Total Interim Interim Component Settlement based on cost X Prior Provider Prospective data | | al Prospective | with Interim | Component | |
| Basis: X Budget Unaudited costs Field audited costs Desk audited costs | Changes: Rate Semes CHOW eff | ter Change Tective 4/01/20 | 019 | | |
| Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate | Medicaid Cost Rein | Zainab Day nbursement Pl | | inance | |
| Home Office: Palm Health Partners 2979 PGA Boulevard Suite 201 Palm Beach Gardens, FL 33410 | t Printed :10/31/2020 ID: | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| ADDINGTON PLACE AT WELLINGTON GREEN | Provider Number: | | 1 034242-00 | | |
|---|--|-----------------------------------|------------------------|---------------------------------------|--|
| 10330 NuVISTA AVENUE | Date: | | 1/28/2021 | | |
| WELLINGTON, FL 33414 | Fiscal Year End: | | 4/30/201 | 2 | |
| | Audit Status: | | Unaudit | ed | |
| Provider Type: Nursing Home Single Level | | Current <u>Rate</u> <u>263.70</u> | New <u>Rate</u> 263.70 | Effective <u>Date</u> 7/1/2020 | |
| Rate Type: | | | | | |
| X Interim Total Interim Interim Component Settlement based on cost X Prior Provider Prospective data | Total | Prospective Prospective | with Interim | Component | |
| Basis: X Budget Unaudited costs Field audited costs Desk audited costs | Changes: Rate Semest X CHOW effe | er Change ective 4/01/20 | 019 | | |
| Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate | Inanagement / Fiscal Agent File r Information Only Medicaid Cost Reimbursement Planning and Fin Zainab Day Medicaid Cost Reimbursement Planning and Fin | | inance | | |
| Home Office: Palm Health Partners 2979 PGA Boulevard Suite 20 Palm Beach Gardens, FL 334 XXXX502 Report Calculated: 10/31/2020 8:39 PM | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| ADDINGTON PLACE AT WELLINGTON GREEN 10330 NuVISTA AVENUE | | Provider Number: | | 1 034242-00 | | |
|--|--|--------------------------------|-----------------------------------|------------------------|---------------------------------|--|
| | | Date: | | 1/28/2021 | | |
| WELLINGTON, FL 334 | 14 | Fiscal Year End: | | 4/30/2012 | | |
| Provider Type: Nursing Home Single Level | | Audit Status: | | Unaudi | ted | |
| | | | Current <u>Rate</u> 271.36 | New <u>Rate</u> 271.36 | Effective <u>Date</u> 10/1/2020 | |
| Rate Type: | | | | | | |
| X Interim | Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | | l Prospective l Prospective | with Interim | Component | |
| Field | et dited costs audited costs audited costs | Changes: Rate Semes CHOW eff | ter Change ective 4/01/20 | 019 | | |
| Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Zainab Day Medicaid Cost Reimbursement Planning and Zainab Day | | anning and I | Finance | | | |
| Home Office | 2979 PGA Boulevard Suite 201 Palm Beach Gardens, FL 33410 | oort Printed :10/31/2020 ID: | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| WINTER GARDEN REHABILITATION AND NURSING CENTER 12751 W COLONIAL DRIVE | | Provider Number: | 1 036404-00 02/09/2021 | |
|--|---------------------------|---|---|---------------------------|
| | | Date: | | |
| WINTER GA | ARDEN, FL 3478 | 7 | Fiscal Year End: | 12/31/2016 |
| Provider Type: Nursing Home Single Level | | Audit Status: | Unaudited | |
| | | Current <u>Rate</u> 247.80 | New Rate Effective Date 247.80 8/1/2019 | |
| Ra | te Type: | | | |
| X | Interim | | Prospective | |
| | | Total Interim | Total Prospective | ve |
| | | Interim Component | | ve with Interim Component |
| | | Settlement based on cost | | |
| | X | Prior Provider Prospective data | | |
| Basis: | : | | Changes: Rate Semester Change | |
| | Budget | | X CHOW effective 8/1/2 | 2019 |
| | Unaudited | | | |
| | Field audite Desk audite | | | |
| | Desk addite | AL COSTS | | |
| Distributi | ion: | | Zainab Da | v |
| Contract Ma | anagement / Fisca | l Agent — | Madigaid Cost Paimburgament | Dlanning and Finance |
| Permanent F | File | | Zainab | Day |
| For | Information Only | | 0 | 0 |
| No C | Change in Rate | | | |
| I | Home Office: | M-K Management LLC 1181 Vickery Lane, Suite 200 Cordova, TN 38016 | | |
| XXX611 | Report Calc | ulated: 2/9/2021 1:00 PM Report Pi | rinted: 2/9/2021 ID: | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| WINTER GARDEN REHABILITATION AND NURSING CENTER 12751 W COLONIAL DRIVE | | Provider Number: | 1 036404-00 02/09/2021 | | |
|--|-------------------|---|---|--------------------------|--|
| | | Date: | | | |
| WINTER GA | ARDEN, FL 3478 | 7 | Fiscal Year End: | 12/31/2017 | |
| Provider Type: Nursing Home Single Level | | Audit Status: | Unaudited | | |
| | | Current <u>Rate</u> 247.80 | New Effective Rate Date 247.80 10/1/201 | | |
| Ra | te Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospective | ve | |
| | - | Interim Component | | ve with Interim Componer | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | | Changes: Rate Semester Change | | |
| | Budget | | X CHOW effective 8/1/2 | 019 | |
| | Unaudited of | costs | | | |
| | Field audite | | | | |
| | Desk audite | ed costs | | | |
| | | | | | |
| <u>Distributi</u> | | | Zainab Da | y | |
| | nagement / Fiscal | l Agent – | Medicaid Cost Reimbursement | Planning and Finance | |
| Permanent F | ile | | Zainab | Day | |
| For | Information Only | | V | U | |
| No C | Change in Rate | | | | |
| I | Home Office: | M-K Management LLC 1181 Vickery Lane, Suite 200 Cordova, TN 38016 | | | |
| XXX611 | Report Calc | rulated: 2/9/2021 1:00 PM Report P | rinted: 2/9/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| WINTER GARDEN REHABILITATION AND NURSING CENTER 12751 W COLONIAL DRIVE | | Provider Number: | 1 036404-00 02/09/2021 | | |
|--|----------------------------|---|---|---------------------------|--|
| | | Date: | | | |
| WINTER GA | ARDEN, FL 3478 | 7 | Fiscal Year End: | 12/31/2017 | |
| Provider Type: Nursing Home Single Level | | Audit Status: | Unaudited | | |
| | | Current <u>Rate</u> 251.17 | New Rate Effective Date 251.17 7/1/2020 | | |
| Ra | te Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospecti | ve | |
| | | Interim Component | | ve with Interim Component | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | | Changes: Rate Semester Change | | |
| | Budget | | X CHOW effective 8/1/2 | 2019 | |
| | Unaudited of Field audited | | | | |
| | Desk audite | | | | |
| <u>Distributi</u> | low. | | | | |
| | anagement / Fisca | Agent | Zainab Da | <u> </u> | |
| Permanent F | _ | | Medicaid Cost Reimbursement Zainab | | |
| | Information Only | | yania | | |
| | Change in Rate | | | | |
| | Home Office: | M-K Management LLC 1181 Vickery Lane, Suite 200 Cordova, TN 38016 | | | |
| XXX611 | Report Calc | ulated: 2/9/2021 1:00 PM Report Pr | inted: 2/9/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| WINTER GARDEN REHABILITATION AND NURSING CENTER 12751 W COLONIAL DRIVE | | Provider Number: | 1 036404-00 02/09/2021 | | |
|--|-------------------|---|--------------------------------|----------------------|-------|
| | | Date: | | | |
| WINTER GA | ARDEN, FL 3478 | 7 | Fiscal Year End: | 12/31/2018 | |
| | | Audit Status: | Unaudited | | |
| Provider Type: Nursing Home Single Level | | Current <u>Rate</u> 251.17 | Rate <u>D</u> | Tective Date 1/2020 | |
| Ra | nte Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospecti | ve | |
| | | Interim Component | Total Prospecti | ve with Interim Comp | onent |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | : | | Changes: Rate Semester Change | | |
| | Budget | | X CHOW effective 8/1/2 | | |
| | Unaudited | costs | · | | |
| | Field audite | ed costs | | | |
| | Desk audite | ed costs | | | |
| | | | | | |
| <u>Distributi</u> | <u>ion:</u> | | Zainab Da | ay | |
| Contract Ma | anagement / Fisca | l Agent – | Madigaid Cost Paimbursament | Dlanning and Finance | e |
| Permanent I | File | | Zainab | Day | |
| For | Information Only | | 0 | 0 | |
| No (| Change in Rate | | | | |
| 1 | Home Office: | M-K Management LLC 1181 Vickery Lane, Suite 200 Cordova, TN 38016 | | | |
| XXX611 | Report Calc | rulated: 2/9/2021 1:00 PM Report P | rinted: 2/9/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| TIMBERRIDGE NURSING & REHABILITATION CENTER 9848 SW 110TH ST | | Provider Number: | 1 037353-00 1/14/2021 | | |
|---|---------------------------|----------------------------------|--|---------------------------|--|
| | | Date: | | | |
| OCALA, FL | 34481 | | Fiscal Year End: | 12/31/2016 | |
| Provider Type: Nursing Home Single Level | | Audit Status: | Unaudited | | |
| | | Current <u>Rate</u> 239.78 | New Rate Effective Date 239.78 9/11/2019 | | |
| Ra | te Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospecti | ve | |
| | | Interim Component | | ve with Interim Component | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | | Changes: Rate Semester Change | | |
| | Budget | | X CHOW effective 9/11 | /2019 | |
| | Unaudited of | | | | |
| | Field audite Desk audite | | | | |
| | Desk audite | AL COSTS | | | |
| Distributi | ion: | | Zainab Da | v | |
| Contract Ma | nagement / Fiscal | l Agent | Medicaid Cost Reimbursement | <u> </u> | |
| Permanent File Zainab For Information Only | | Day | | | |
| For | Information Only | | 0 | 0 | |
| No C | Change in Rate | | | | |
| I | Home Office: | No Home Office | | | |
| 1 | | | | | |
| | | | | | |
| XXX609 | Report Calc | ulated: 1/14/2021 3:00 PM Report | Printed: 1/14/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| TIMBERRIDGE NURSING & REHABILITATION CENTER 9848 SW 110TH ST | | Provider Number: | 1 037353-00 1/14/2021 | | |
|---|-------------------|-----------------------------------|--|---------------------------|--|
| | | Date: | | | |
| OCALA, FL | 34481 | | Fiscal Year End: | 12/31/2018 | |
| | | Audit Status: | Unaudited | | |
| Provider Type: Nursing Home Single Level | | Current <u>Rate</u> 240.30 | New Rate Effective Date 240.30 10/1/2019 | | |
| Ra | te Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospective | ve | |
| | | Interim Component | | ve with Interim Component | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | | Changes: Rate Semester Change | | |
| | Budget | | X CHOW effective 9/11 | | |
| | Unaudited of | costs | | | |
| | Field audite | | | | |
| | Desk audite | ed costs | | | |
| | | | | | |
| <u>Distributi</u> | | | Zainab Da | y | |
| | nagement / Fiscal | l Agent | Medicaid Cost Reimbursement Planning and Finance | | |
| Permanent File | | | Zainab i | Day | |
| For | Information Only | | u | U | |
| No C | Change in Rate | | | | |
| F | Home Office: | No Home Office | | | |
| 1 | | - | | | |
| | | | | | |
| XXX609 | Report Calc | ulated: 1/14/2021 3:00 PM Report | Printed: 1/14/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| 9848 SW 110TH ST | | Provider Number: | 1 037353-00 1/14/2021 | | |
|---------------------------|-------------------|-------------------------------------|-----------------------------|---------------------------|--|
| | | Date: | | | |
| OCALA, FL | 34481 | | Fiscal Year End: | 12/31/2018 | |
| | | | Audit Status: | Unaudited | |
| Provider 7 | Γvpe: | | | | |
| 110videt Type. | | | Current <u>Rate</u> | New Effective Rate Date | |
| Nursing Home Single Level | | | <u>243.56</u> | 243.56 7/1/2020 | |
| | | | | | |
| Ra | te Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospective | ve | |
| | | Interim Component | Total Prospective | ve with Interim Component | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | | Changes: | | |
| | | | Rate Semester Change | | |
| | Budget | | X CHOW effective 9/11 | 2019 | |
| | Unaudited | costs | | | |
| | Field audite | | | | |
| | Desk audite | ed costs | | | |
| | | | | | |
| <u>Distributi</u> | | | Zainab Da | y | |
| Contract Ma | anagement / Fisca | l Agent | Medicaid Cost Reimbursement | Planning and Finance | |
| Permanent F | File | | Zainab i | Day | |
| For | Information Only | 1 | U | U | |
| No C | Change in Rate | | | | |
|] | Home Office: | No Home Office | | | |
| | | | | | |
| | | | | | |
| XXX609 | Report Calc | culated: 1/14/2021 3:00 PM Report F | Printed: 1/14/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| TIMBERRIDGE NURSING & REHABILITATION CENTER 9848 SW 110TH ST | | Provider Number: | 1 037353-00 1/14/2021 | | |
|---|-------------------|----------------------------------|--|---------------------------|--|
| | | Date: | | | |
| OCALA, FL | 34481 | | Fiscal Year End: | 12/31/2018 | |
| | | Audit Status: | Unaudited | | |
| Provider Type: Nursing Home Single Level | | Current <u>Rate</u> 243.56 | New Rate Effective Date 243.56 10/1/2020 | | |
| Ra | te Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospecti | ve | |
| | | Interim Component | | ve with Interim Component | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | | Changes: Rate Semester Change | | |
| | Budget | | X CHOW effective 9/11. | | |
| | Unaudited of | costs | | | |
| | Field audite | ed costs | | | |
| | Desk audite | ed costs | | | |
| | | | | | |
| <u>Distributi</u> | | | Zainab Da | ny | |
| Contract Ma | nagement / Fiscal | l Agent | Medicaid Cost Reimbursement Planning and Finance | | |
| Permanent F | ïle | | Zainab i | Day | |
| For 1 | Information Only | | U | U | |
| No C | Change in Rate | | | | |
| Į. | Home Office: | No Home Office | | | |
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| | | | | | |
| XXX609 | Report Calc | ulated: 1/14/2021 3:00 PM Report | Printed: 1/14/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| CENTURY CENTER FOR REHABILITATION AND HEALING | Provider Number: | | 1 052140-00 02/11/2021 12/31/2017 | | |
|---|----------------------------------|--------------------------------|---|---------------------------------|--|
| 6020 INDUSTRIAL BLVD | Date: | | | | |
| CENTURY, FL 32535 | Fiscal Year End: | | | | |
| | Audit Status: | | Unaudit | ed | |
| Provider Type: Nursing Home Single Level | | Current Rate 233.01 | New Rate 233.01 | Effective <u>Date</u> 3/09/2020 | |
| Rate Type: | | | | | |
| X Interim Total Interim Interim Component Settlement based on cost X Prior Provider Prospective data | | l Prospective l Prospective | with Interim | Component | |
| Basis: X Budget Unaudited costs Field audited costs Desk audited costs | Changes: Rate Semes: CHOW effe | ter Change ective 3/09/20 |)20 | | |
| Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate | Medicaid Cost Reim | Zainab Day abursement Pl | anning and F Pay | inance | |
| Home Office: Summit Care II Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308 XXX602 Report Calculated: 2/11/2021 4:00 PM Report | Printed :2/11/2021 ID: | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| Rate Type: X | | | G Provider Number: | | | | |
|---|---|--|--------------------|---------------|--------------|-----------|--|
| Provider Type: Current New Ef Rate Rate | | | Date: | | | | |
| Provider Type: Current Rate New Rate | | | Fiscal Year End: | | | | |
| Nursing Home Single Level Rate Type: X Interim Total Interim Interim Component Settlement based on cost X Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audited costs Desk audited costs Field audited costs Field audited costs Footnact Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Summit Care II Inc 2123 Centre Pointe Blvd. | | | Audit Status: | | Unaudit | ed | |
| X | | Single Level | | Rate | Rate | Effective | |
| Total Interim | Rate Type | : | | | | | |
| Rate Semester Change X Budget Unaudited costs Field audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Summit Care II Inc 2123 Centre Pointe Blvd. Rate Semester Change X CHOW effective 3/09/2020 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 Interir | Total Interim Interim Component Settlement based on cost | TotTot | = | with Interim | Component | |
| Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Summit Care II Inc 2123 Centre Pointe Blvd. | X Bud Una Fiel | udited costs d audited costs | Rate Seme | _ |)20 | | |
| 2123 Centre Pointe Blvd. | Contract Management / Fiscal Agent Permanent File For Information Only | | Medicaid Cost Rei | mbursement Pl | anning and F | inance | |
| XXX602 Report Calculated: 2/11/2021 4:00 PM Report Printed: 2/11/2021 ID: | | 2123 Centre Pointe Blvd. Tallahassee, FL 32308 | | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| CENTURY CENTER FOR REHABILITATION AND HEALING 6020 INDUSTRIAL BLVD CENTURY, FL 32535 | | Provider Number: | | 1 052140-00 | | |
|--|------------------|---|--|--------------------------|--------------|-----------|
| | | Date: | | 02/11/2021 12/31/2018 | | |
| | | Fiscal Year End: | | | | |
| | | | Audit Status: | | Unaudit | ed |
| Provider Type: Nursing Home Single Level | | | Current Rate 240.84 | New <u>Rate</u> 240.84 | Effective | |
| 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 | | |
| X | Budget | | | ective 3/09/20 |)20 | |
| | Unaudited | | | | | |
| | Field audit | | | | | |
| | Desk audit | ed costs | | | | |
| | | | | | | |
| Distribution | | | | Zainab Day | | |
| | nagement / Fisca | al Agent | Medicaid Cost Reimbursement Planning and Finance | | | inance |
| Permanent F | | | Z | ainab T | ay | |
| | Information Only | y | | | U | |
| No C | hange in Rate | | | | | |
| Н | Home Office: | Summit Care II Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308 | | | | |
| XXX602 | Report Calc | culated: 2/11/2021 4:00 PM Report | Printed :2/11/2021 ID: | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| SANDY RIDGE CENTER FOR REHAB AND HEALING 5360 GLOVER LANE | | Provider Number: | 1 052155-00 1/29/2021 | |
|---|------------------|---|---|---------------------------|
| | | Date: | | |
| MILTON, FI | 2 32570 | | Fiscal Year End: | 12/31/2018 |
| | | | Audit Status: | Unaudited |
| Provider Type: Nursing Home Single Level | | Current <u>Rate</u> 236.37 | New Effective Rate Date 236.37 03/09/2020 | |
| Ra | te Type: | | | |
| X | Interim | _ | Prospective | |
| | | Total Interim | Total Prospecti | |
| | | Interim Component | Total Prospecti | ve with Interim Component |
| | X | Settlement based on cost Prior Provider Prospective data | | |
| | | | | |
| Basis: | | | Changes: | |
| | D. J | | Rate Semester Change | |
| | Budget Unaudited | costs | X CHOW effective 03/0 | 9/2020 |
| | Field audite | | | |
| | Desk audite | | | |
| | | | | |
| <u>Distributi</u> | on: | | Zainab D | av |
| Contract Ma | nagement / Fisca | l Agent | Medicaid Cost Reimbursement | Planning and Finance |
| Permanent F | ile | | Zainab | Day |
| For | Information Only | , | ν | 0 |
| No C | Change in Rate | | | |
| I | Home Office: | Summit Care II Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308 | | |
| XXX602 | Report Calc | culated: 1/29/2021 11:35 AM Repor | t Printed : 1/29/2021 ID: | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| SANDY RIDGE CENTER FOR REHAB AND HEALING | | Provider Number: | 1 052155-00 | | |
|--|-------------------|---|--------------------------------|---|--|
| 5360 GLOV | ER LANE | | Date: | 1/29/2021 | |
| MILTON, FL 32570 | | Fiscal Year End: | 12/31/2018 | | |
| | | | Audit Status: | Unaudited | |
| Provider 7 Nursing H | | le Level | Current <u>Rate</u> 239.58 | New Rate Effective Date 239.58 07/01/2020 | |
| Ra | nte Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospecti | ve | |
| | | Interim Component | | ve with Interim Component | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | <u>:</u> | | Changes: Rate Semester Change | | |
| | Budget | | X CHOW effective 03/0 | | |
| | Unaudited | costs | | | |
| | Field audite | ed costs | | | |
| | Desk audite | ed costs | | | |
| | | | | | |
| <u>Distributi</u> | <u>ion:</u> | | Zainab Da | ny | |
| Contract Ma | anagement / Fisca | l Agent | Medicaid Cost Reimbursement | Planning and Finance | |
| Permanent I | File | | Zainab | Day | |
| For | Information Only | , | U | U | |
| No (| Change in Rate | | | | |
| 1 | Home Office: | Summit Care II Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308 | | | |
| XXX602 | Report Calc | culated: 1/29/2021 11:35 AM Repor | t Printed : 1/29/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| SANDY RIDGE CENTER FOR REHAB AND HEALING 5360 GLOVER LANE MILTON, FL 32570 | | Provider Number: | 1 052155-00 1/29/2021 12/31/2018 | |
|--|-------------------|---|--|--|
| | | Date: | | |
| | | Fiscal Year End: | | |
| | | | Audit Status: | Unaudited |
| Provider 7 Nursing H | | le Level | Current <u>Rate</u> 238.65 | New Rate Effective Date 238.65 10/1/2020 |
| Ra | nte Type: | | | |
| X | Interim | | Prospective | |
| | | Total Interim | Total Prospective | ve |
| | | Interim Component | | ve with Interim Component |
| | | Settlement based on cost | | _ |
| | X | Prior Provider Prospective data | | |
| Basis: | : | | Changes: Rate Semester Change | |
| | Budget | | X CHOW effective 03/09 | 9/2020 |
| | Unaudited | costs | | |
| | Field audite | ed costs | | |
| | Desk audite | ed costs | | |
| | | | | |
| Distribut | <u>ion:</u> | | Zainab Da | y |
| Contract Ma | anagement / Fisca | l Agent | Medicaid Cost Reimbursement | Planning and Finance |
| Permanent I | File | | Zainab | Day |
| For | Information Only | , | ν | 0 |
| No (| Change in Rate | | | |
|] | Home Office: | Summit Care II Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308 | | |
| XXX602 | Report Calc | culated: 1/29/2021 11:35 AM Repor | t Printed: 1/29/2021 ID: | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| SANTA ROSA CENTER FOR REHABILITATION AND HEALING 5386 BROAD ST | | Provider Number: | 1 052167-00 02/04/2021 | |
|--|---------------------|---|----------------------------|----------------------------|
| | | Date: | | |
| MILTON, FL | 32570 | | Fiscal Year End: | 12/31/2018 |
| | | | Audit Status: | Unaudited |
| Provider T | ype: | | | N Fig. |
| | | | Current <u>Rate</u> | New Effective Rate Date |
| Nursing Ho | ome Singl | e Level | 226.78 | 226.78 $3/9/2020$ |
| | | | | |
| Rat | е Туре: | | | |
| X | Interim | | Prospective | |
| | | Total Interim | Total Prospect | ive |
| | | Interim Component | Total Prospect | ive with Interim Component |
| | | Settlement based on cost | | |
| | X | Prior Provider Prospective data | | |
| Basis: | | | Changes: | |
| | D. 1 | | Rate Semester Change | |
| | Budget Unaudited of | - Least a | X CHOW effective 3/9/ | 2020 |
| | Field audite | | | |
| | Desk audite | | | |
| | | | | |
| Distributio | <u>on:</u> | | Zainab D | ay |
| Contract Man | nagement / Fiscal | Agent | Medicaid Cost Reimbursemen | |
| Permanent Fi | le | | Zainab | Day |
| For In | nformation Only | | 0 | 0 |
| No Cl | nange in Rate | | | |
| Н | ome Office: | Summit Care II Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308 | | |
| XXX610 | Report Calc | ulated: 2/2/2021 10:19 AM Report P | Printed: 2/2/2021 ID: | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| SANTA ROSA CENTER FOR REHABILITATION AND HEALING 5386 BROAD ST MILTON, FL 32570 | | Provider Number: | 1 052167-00 02/04/2021 | | |
|---|-------------------|--------------------------------------|--|---------------------------|--|
| | | Date: | | | |
| | | Fiscal Year End: | 12/31/2018 | | |
| | | | Audit Status: | Unaudited | |
| Provider 7 | Туре: | | | | |
| | • • | | Current | New Effective | |
| | | | <u>Rate</u> | Rate <u>Date</u> | |
| Nursing H | Home Singl | le Level | <u>229.86</u> | 229.86 7/1/2020 | |
| | | | | | |
| | | | | | |
| Ra | ate Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospecti | ve | |
| | | Interim Component | Total Prospecti | ve with Interim Component | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | : | | Changes: | | |
| | | | Rate Semester Change | | |
| | Budget | | X CHOW effective 3/9/2 | 2020 | |
| | Unaudited | costs | | | |
| | Field audite | | | | |
| | Desk audite | ed costs | | | |
| | | | | | |
| <u>Distributi</u> | <u>ion:</u> | | Zainab Da | ny | |
| Contract Ma | anagement / Fisca | l Agent — | Medicaid Cost Reimbursement Planning and Finance | | |
| Permanent I | File | | Zainab | Day | |
| For | Information Only | , | | | |
| No (| Change in Rate | | | | |
|] | Home Office: | Summit Care II Inc | | | |
| • | | 2123 Centre Pointe Blvd. | | | |
| | | Tallahassee, FL 32308 | | | |
| XXX610 | Report Calc | culated: 2/2/2021 10:19 AM Report Pr | rinted: 2/2/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| SANTA ROSA CENTER FOR REHABILITATION AND HEALING 5386 BROAD ST MILTON, FL 32570 | | Provider Number: | 1 052167-00 02/04/2021 12/31/2018 | |
|---|-------------------|---|---|--------------------------------|
| | | Date: | | |
| | | Fiscal Year End: | | |
| | | | Audit Status: | Unaudited |
| Provider T | ype: | | Curren | t New Effective |
| | | | Rate | Rate <u>Date</u> |
| Nursing Ho | ome Singl | e Level | <u>233.76</u> | <u>233.76</u> <u>10/1/2020</u> |
| Rat | te Type: | | | |
| X | Interim | | Prospective | |
| | | Total Interim | Total Prospec | tive |
| | | Interim Component | Total Prospec | tive with Interim Component |
| | | Settlement based on cost | | |
| | X | Prior Provider Prospective data | | |
| Basis: | | | Changes: | |
| | Budget | | Rate Semester Chang CHOW effective 3/9 | |
| | Unaudited of | costs | | |
| | Field audite | ed costs | | |
| | Desk audite | ed costs | | |
| | | | | |
| Distribution | on: | | Zainab I | Day |
| Contract Mar | nagement / Fiscal | Agent - | Medicaid Cost Reimburseme | |
| Permanent File | | | Zainab | |
| For I | nformation Only | | 0 | 0 |
| No Cl | hange in Rate | | | |
| Н | Iome Office: | Summit Care II Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308 | | |
| XXX610 | Report Calc | ulated: 2/2/2021 10:19 AM Report P | rinted: 2/2/2021 ID: | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NORTHBROOK CENTER FOR REHABILITATION AND HEALING 575 LAMAR AVE BROOKSVILLE, FL 34601 | | Provider Number: | 1 052176-00 12/01/2019 4/30/2018 | | |
|--|------------------|---|--|-----------------------------|--|
| | | Date: | | | |
| | | Fiscal Year End: | | | |
| | | | Audit Status: | Unaudited | |
| Provider Ty | | e Level | Current <u>Rate</u> 235.02 | Rate Date | |
| Rate | e Type: | | | | |
| X | Interim | | Prospective | | |
| | | Total Interim | Total Prospect | tive | |
| | | Interim Component | | tive with Interim Component | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | С | Changes: Rate Semester Chang | ra. | |
| | Budget | | X CHOW effective 03/ | | |
| | Unaudited of | costs | | | |
| | Field audite | ed costs | | | |
| | Desk audite | ed costs | | | |
| | | | | | |
| Distributio | | | Zainab D | D ay | |
| Contract Man | agement / Fiscal | Agent | Medicaid Cost Reimbursement Planning and Finance | | |
| Permanent Fil | le | | Zainab | Day | |
| For Ir | nformation Only | | 0 | 0 | |
| No Ch | nange in Rate | | | | |
| Н | ome Office: | Summit Care II Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308 | | | |
| XXX601 | Report Calc | ulated: 12/1/2020 12:00 PM Report Prin | nted: 12/1/2020 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NORTHBROOK CENTER FOR REHABILITATION AND HEALING 575 LAMAR AVE BROOKSVILLE, FL 34601 | | Provider Number: | 1 052176-00 12/01/2019 4/30/2018 | |
|--|-------------------|---|--|-----------------------------|
| | | Date: | | |
| | | Fiscal Year End: | | |
| | | | Audit Status: | Unaudited |
| Provider T Nursing H | | le Level | Current <u>Rate</u> 238.22 | Rate Date |
| Rat | te Type: | | | |
| X | Interim | | Prospective | |
| | | Total Interim | Total Prospect | tive |
| | | Interim Component | | tive with Interim Component |
| | | Settlement based on cost | | |
| | X | Prior Provider Prospective data | | |
| Basis: | | Cl | nanges: Rate Semester Chang | re |
| | Budget | | X CHOW effective 03/ | |
| | Unaudited of | costs | | |
| | Field audite | ed costs | | |
| | Desk audite | ed costs | | |
| | | | | |
| Distribution | | | Zainab D | D ay |
| Contract Man | nagement / Fiscal | Agent — | Medicaid Cost Reimbursemer | nt Planning and Finance |
| Permanent F | ile | | Zainab | Day |
| For I | Information Only | | U | 0 |
| No C | hange in Rate | | | |
| F | Home Office: | Summit Care II Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308 | | |
| XXX601 | Report Calc | ulated: 12/1/2020 12:00 PM Report Prin | ted: 12/1/2020 ID: | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| NORTHBROOK CENTER FOR REHABILITATION AND HEALING | | Provider Number: | | 1 052176-00 | | |
|--|--------------------|---|--------------------------|-----------------------------|------------------------|---------------------------------|
| 575 LAMAR AVE | | | Date: | 12/01/2019 12/31/2018 | | |
| BROOKSVILLE, FL 34601 | | Fiscal Year End: | | | | |
| | | | Audit Status: | | Unaudit | ted |
| Provider Type: Nursing Home Single Level | | | | rent a <u>te</u> 2.11 | New <u>Rate</u> 242.11 | Effective <u>Date</u> 10/1/2020 |
| Ra | nte Type: | | | | | |
| X | Interim | | Prospective | | | |
| | | Total Interim | Total Pros | pective | | |
| | | Interim Component | | _ | ith Interim | Component |
| | | Settlement based on cost | | | | |
| | X | Prior Provider Prospective data | | | | |
| Basis | : | Ch | anges: Rate Semester Ch | nange | | |
| | Budget | | X CHOW effective | _ |)20 | |
| | Unaudited of | costs | | | | |
| | Field audite | d costs | | | | |
| | Desk audite | d costs | | | | |
| | | | | | | |
| <u>Distribut</u> | <u>ion:</u> | | Zaina | ab Day | | |
| Contract Ma | anagement / Fiscal | Agent | Medicaid Cost Reimburse | | nning and H | Finance |
| Permanent I | File | | Zain | | | |
| For | Information Only | | 0 | | 1 | |
| No (| Change in Rate | | | | | |
|] | Home Office: | Summit Care II Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308 | | | | |
| XXX601 | Report Calc | ulated: 12/1/2020 12:00 PM Report Printe | ed: 12/1/2020 ID: | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| HARBORCHASE OF VENICE 950 PINEBROOK ROAD | | Provider Number: | 1 070993-00 02/12/2021 12/31/2019 | | |
|--|------------------|---------------------------------|---|------------------------------|--|
| | | Date: Fiscal Year End: | | | |
| VENICE, FL 34285 | | | | | |
| | | | Audit Status: | Unaudited | |
| Provider T | | e Level | Currer <u>Rate</u> 225.66 | Rate <u>Date</u> | |
| Ra | te Type: | | | | |
| X | Interim | Prospective | | | |
| | | Total Interim | Total Prospe | ctive | |
| | | Interim Component | | ctive with Interim Component | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | | Changes: Rate Semester Chan | uge | |
| | Budget | | X CHOW effective 6/ | - | |
| | Unaudited of | costs | | | |
| | Field audite | d costs | | | |
| | Desk audite | d costs | | | |
| | | | | | |
| Distribution: | | | Zainab Day | | |
| Contract Management / Fiscal Agent | | Medicaid Cost Reimburseme | ent Planning and Finance | | |
| Permanent File | | Zainat | Day | | |
| For 1 | Information Only | | U | U | |
| No C | Change in Rate | | | | |
| Į. | Home Office: | No Home Office | | | |
| • | | | | | |
| | | | | | |
| XXX608 | Report Calcu | ulated: 2/12/2021 3:19 PM Repor | t Printed : 2/12/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| HARBORCHASE OF VENICE | | Provider Number: | 1 070993-00 02/12/2021 12/31/2017 | | |
|--|------------------|---------------------------------|---|---|------------------------|
| 950 PINEBROOK ROAD VENICE, FL 34285 | | | | | Date: Fiscal Year End: |
| | | | | | |
| Provider To Nursing H | | e Level | Current <u>Rate</u> 228.73 | New Rate Effective Date 228.73 7/1/2020 | |
| Ra | te Type: | | | | |
| X | Interim | Prospective | | | |
| | | Total Interim | Total Prospect | ive | |
| | | Interim Component | | ive with Interim Component | |
| | | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | | Changes: Rate Semester Change | | |
| | Budget | | X CHOW effective 6/29 | | |
| | Unaudited of | costs | | | |
| | Field audite | | | | |
| | Desk audite | d costs | | | |
| D | | | | | |
| <u>Distribution:</u> | | | Zainab Day | | |
| Contract Management / Fiscal Agent | | Medicaid Cost Reimbursemen | | | |
| Permanent File | | Zainab | Vay | | |
| For | Information Only | | ~ | V | |
| No C | Change in Rate | | | | |
| I | Home Office: | No Home Office | | | |
| | | | | | |
| | | | | | |
| XXX608 | Report Calc | ulated: 2/12/2021 3:19 PM Repor | t Printed : 2/12/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| HARBORCHASE OF VENICE | | Provider Number: | 1 070993-00 02/12/2021 | | |
|--|--|---------------------------------|----------------------------------|------------------------------|------------------------|
| 950 PINEBROOK ROAD VENICE, FL 34285 | | | | | Date: Fiscal Year End: |
| | | | 12/31/2017 | | |
| | | | Audit Status: | Unaudited | |
| Provider T | | e Level | Currer <u>Rate</u> <u>229.25</u> | Rate <u>Date</u> | |
| Rat | te Type: | | | | |
| X | Interim | Prospective | | | |
| | | Total Interim | Total Prospe | ctive | |
| | | Interim Component | | ctive with Interim Component | |
| | <u>- </u> | Settlement based on cost | | | |
| | X | Prior Provider Prospective data | | | |
| Basis: | | | Changes: Rate Semester Chan | ge | |
| | Budget | | X CHOW effective 6/ | _ | |
| | Unaudited of | costs | | | |
| | Field audite | | | | |
| | Desk audite | ed costs | | | |
| | | | | | |
| Distribution: | | | Zainab Day | | |
| Contract Management / Fiscal Agent | | Medicaid Cost Reimburseme | | | |
| Permanent File | | Zainat | Day | | |
| For I | Information Only | | V | U | |
| No C | hange in Rate | | | | |
| Н | Home Office: | No Home Office | | | |
| 1. | | - | | | |
| | | | | | |
| XXX608 | Report Calc | ulated: 2/12/2021 3:19 PM Repor | t Printed : 2/12/2021 ID: | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| FOUNTAINS REHABILITATION AT MILL COVE | Provider Number: | | 1 075659-00 | | |
|---|--|----------------------------|-------------------------------|-----------|--|
| 9960 REGENCY SQUARE BLVD | Date: | | 1/28/2021 12/31/2017 | | |
| JACKSONVILLE FL, 32225 | Fiscal Year End: | | | | |
| | Audit Status: | | Unaudit | ed | |
| Provider Type: Nursing Home Single Level | | Current <u>Rate</u> 225.77 | New <u>Rate</u> <u>225.77</u> | Effective | |
| Rate Type: | | | | | |
| X Interim Total Interim Interim Component Settlement based on cost X Prior Provider Prospective data | | Prospective Prospective | with Interim | Component | |
| Basis: X Budget Unaudited costs Field audited costs Desk audited costs | Changes: Rate Semester Change X CHOW effective 9/01/2020 | | | | |
| 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: Westminster Services 80 West Lucerne Circle Orlando, FL 32801 XXXX501 Report Calculated: 1/28/2021 8:00 PM Report | t Printed :1/28/2021 ID: | | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| FOUNTAINS REHABILITATION AT MILL COVE | Provider Number: 1 075659-00 | | | |
|---|---|--|--|--|
| 9960 REGENCY SQUARE BLVD | Date: 1/28/2021 | | | |
| JACKSONVILLE FL, 32225 | Fiscal Year End: 12/31/2018 | | | |
| | Audit Status: Unaudited | | | |
| Provider Type: Nursing Home Single Level | Current New Effective Rate Rate Date 225.77 225.77 10/1/202 | | | |
| Rate Type: | | | | |
| X Interim Total Interim Interim Component Settlement based on cost X Prior Provider Prospective | Prospective Total Prospective Total Prospective with Interim Component | | | |
| Basis: X Budget Unaudited costs Field audited costs Desk audited costs | Rate Semester Change X CHOW effective 9/01/2020 | | | |
| Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate | Medicaid Cost Reimbursement Planning and Finance Zainab Day | | | |
| Home Office: Westminster Services 80 West Lucerne Circle Orlando, FL 32801 XXX501 Report Calculated: 1/28/2021 8:00 PM | Report Printed :1/28/2021 ID: | | | |



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

| APOPKA HEALTH AND REHABILITATION CENTER | Provider Number: | 1 085549-00 01/03/2021 10/28/2021 | |
|--|--|--|--|
| 2001 ALSTON BAY BLVD | Date: | | |
| APOPKA, FL 32703 | Fiscal Year End: | | |
| | Audit Status: | Unaudited | |
| Provider Type: Nursing Home Single Level | Current <u>Rate</u> <u>0.00</u> | New Effective <u>Rate</u> <u>Date</u> 256.10 <u>10/29/2020</u> | |
| Rate Type: | | | |
| X Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data | Prospective Total Prospect Total Prospect | ive ive with Interim Component | |
| Budget Unaudited costs Field audited costs Desk audited costs | Changes: Rate Semester Change X New Facility effective | | |
| 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: Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610 XXXXII Report Calculated: 02/03/2021 1:51 PM Report | Printed : 02/03/2021 ID: | | |