

MEMORANDUM

Date: May 21, 2021

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

From: 2 D 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.	Palm Garden of Gainesville	0 098581-00	FA & RFA	1
2.	Palm Garden of Jacksonville	0 098582-00	FA & RFA	2
3.	Palm Garden of Tampa	0 098590-00	FA & RFA	7
4.	Crosswinds Health and	0 222270-00	Cost Settlement	1
	Rehabilitation Center			
5.	Cross Landings Health and	0 222271-00	Cost Settlement	1
	Rehabilitation Center			
6.	Lakewood Nursing Center	0 312142-00	FA	1
7.	North Port Rehabilitation and	1 036398-00	CHOW	4
	Nursing Center			
8.	Ybor City Center for Rehabilitation	1 052186-00	CHOW	3
	and Healing			
9.	Signature Healthcare Center of	1 082738-00	New Facility	1
	Middleburg Rehabilitation			
			TOTAL:	21

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 Number	Effective Date Format YYYYMMDD	Intermediate I	Skilled AIDS (SKA)	Intermediate II	Skilled (SKD)	MFAO number	Audit Number
009858100	20150901	231.00	0.00	231.00	231.00	89629-21	NH15-030W
009858200	20150101	244.96	0.00	244.96	244.96	89629-21	NH15-032W
009858200	20150901	244.27	0.00	244.27	244.27	89629-21	NH15-032W
009859000	20131101	225.95	0.00	225.95	225.95	89629-21	NH15-037W
009859000	20140101	227.44	0.00	227.44	227.44	89629-21	NH15-037W
009859000	20140701	241.84	0.00	241.84	241.84	89629-21	NH15-037W
009859000	20150101	245.44	0.00	245.44	245.44	89629-21	NH15-037W
009859000	20150901	244.21	0.00	244.21	244.21	89629-21	NH15-037W
009859000	20160901	241.39	0.00	241.39	241.39	89629-21	NH15-037W
009859000	20170901	245.04	0.00	245.04	245.04	89629-21	NH15-037W
022227000	20180301	271.25	0.00	271.25	271.25	89629-21	
022227100	20180301	272.49	0.00	272.49	272.49	89629-21	
031214200	20160901	202.28	0.00	202.28	202.28	89629-21	NH16-182C
103639800	20190801	250.12	0.00	250.12	250.12	89629-21	
103639800	20191001	250.12	0.00	250.12	250.12	89629-21	
103639800	20200701	253.52	0.00	253.52	253.52	89629-21	
103639800	20201001	253.52	0.00	253.52	253.52	89629-21	
105218600	20200309	228.23	0.00	228.23	228.23	89629-21	
105218600	20200701	231.33	0.00	231.33	231.33	89629-21	
105218600	20201001	235.25	0.00	235.25	235.25	89629-21	
108273800	20201006	250.31	0.00	250.31	250.31	89629-21	



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Tallahassee, Florida 32308

PALM GARD	PALM GARDEN OF GAINESVILLE		Provider	Number:		0 098581-00		
227 SW 62ND	BLVD		Date: Fiscal Year End:		2/14/2020			
GAINESVILL	E, FL 32607				1.	4/30/20	14	
			Audit St	atus:		Revised Fiel	d Audit	
Provider Ty Nursing Ho		le Level			Current Rate 231.17	New <u>Rate</u> 231.00	Effective	
Rate	e Type:		X Prospec	ctive				
	- Internit	Total Interim			Prospective			
		Interim Component	-		=	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:	Budget Unaudited Field audit Desk audit	ed costs		Rate Semest FA & RFA	_	W FYE 4/30/2	2014	
Distribution: Contract Management / Fiscal Agent			Zainab Day Medicaid Cost Reimbursement Planning and Finance					
Permanent File								
	formation Only	1						
No Cha	ange in Rate							
	ome Office:	Palm Garden Healthcare Holdings 2033 Main Street Suite 300 Sarasota, FL 34237						
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF JACKSONVILLE			Provider Number:		0 098582-00				
5725 SPRING	PARK ROAL	D		Date:	-	2/18/2020			
JACKSONVII	LLE, FL 3221	16		Fiscal Year End:	-	4/30/2014			
				Audit Status:		Revised Fiel	d Audit		
Provider T	ype:								
					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	ome Sin	gle Level			<u>245.21</u>	<u>244.96</u>	1/1/2015		
Dot	Tomas								
Kate	е Туре:								
	Interim		X	Prospective					
		Total Interim		Tota	l Prospective				
		Interim Component		Tota	l Prospective	with Interim	Component		
	X	Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Char	100c					
			Citat	Rate Semes	ter Change				
	Budget				_	W FYE 4/30/2	014		
	Unaudited	costs		,					
X	Field audi								
	Desk audi	ted costs							
<u>Distribution</u>					Zainab Day				
Contract Mana	_	al Agent	N	Medicaid Cost Reim	bursement Pl	anning and Fi	nance		
Permanent File	;			Medicaid Cost Reim	Painab.	Day			
For Inf	formation Only	у		0		0			
No Cha	inge in Rate								
Hor	me Office:	Palm Garden Healthcare Holdings	s, LLC						
		2033 Main Street	-						
		Suite 300							
		Sarasota, FL 34237					2		

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5725 SPRING PARK ROAD	Date:	_		0 098582-00		
	Date.	2/18/2020 4/30/2014				
JACKSONVILLE, FL 32216	Fiscal Year End:					
	Audit Status:		Revised Fiel	d Audit		
Provider Type: Nursing Home Single Level		Current Rate 245.10	New <u>Rate</u> 244.27	Effective <u>Date</u> 9/1/2015		
Rate Type: InterimTotal Interim	X Prospective	l Prospective				
Interim Component X Settlement based on cost Prior Provider Prospective data		-	with Interim	Component		
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semest X FA & RFA	_	V FYE 4/30/2	2014		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reimbursement Planning and Finance Zainab Day					
Home Office: Palm Garden Healthcare Holdings, LLC 2033 Main Street Suite 300 Sarasota, FL 34237 GGNLE Report Calculated: 2/18/2020 9:49:37 AM Report Print			101201307222			



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PALM GARDEN OF TAMPA	Provider Number:		0 098590-00 2/10/2020			
3612 E 138TH AVE	Date:	2				
TAMPA, FL 33613	Fiscal Year End:		6/30/2014			
	Audit Status:	/	Revised Fiel	d Audit		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 226.57	New <u>Rate</u> 225.95	Effective		
Rate Type:						
X Interim	Prospective					
Total Interim		ıl Prospective				
Interim Component		al Prospective		Component		
X Settlement based on cost	(•		•		
Prior Provider Prospective data						
Basis:	Changes:			de de de		
	Rate Semes	ter Change		The state of the s		
Budget	X FA & RFA	#NH15-037	W FYE 06/30	/2014		
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Distribution:		Zainah Day				
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Permanent File	Vieulcaid Cost Rein	inah T		mance		
For Information Only	Z ^a	inab T	J.			
No Change in Rate						
Home Office: Palm Garden Healthcare Holdings 2033 Main Street Suite 300 Sarasota, FL 34237 Report Calculated: 2/10/2020 9:43:02 AM Report	yrt Printed :2/10/2020 TD: 00		31			



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PALM GARDEN OF TAMPA		Provider Number	er:	0 098590-00				
3612 E 138T	H AVE		Date:		2/10/2020 6/30/2014			
TAMPA, FL	33613		Fiscal Year End	l:				
			Audit Status:		Revised Fiel	d Audit		
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 228.86	New <u>Rate</u> 227.44	Effective <u>Date</u> 1/1/2014			
Ra	te Type:							
Х	Interim		Prospective					
		Total Interim		Total Prospective	;			
		Interim Component	7	Total Prospective	with Interim	Component		
	X	Settlement based on cost						
		Prior Provider Prospective data						
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Distributi				Zainab Day				
	nagement / Fisca	al Agent	Medicaid Cost R			inance		
Permanent F			_	Zainab Z	Day			
	Information Only	У	6	/	0			
No C	Change in Rate							
	Home Office:	Palm Garden Healthcare Holdings 2033 Main Street Suite 300 Sarasota, FL 34237						
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PALM GARDEN OF TAMPA			ler Number:		0 098590-00			
3612 E 138TH AVE		Date:		2/10/2020				
TAMPA, FL 33613		Fiscal	Year End:		6/30/2014			
		Audit	Status:	7	Revised Fiel	d Audit		
Provider Type: Nursing Home Single Level				Current Rate 243.31	New <u>Rate</u> 241.84	Effective <u>Date</u> 7/1/2014		
Rate Type:								
Interim		X Prosp	pective					
	Total Interim	-		l Prospective				
	Interim Component	_	Tota	l Prospective	with Interim	Component		
X	Settlement based on cost							
2	Prior Provider Prospective data							
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	lited costs							
Distribution:				Zainab Day				
Contract Management / Fis	cal Agent	Medica			lanning and F	inance		
Permanent File			Za	rinab I	ay			
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No Change in Rate								
Home Office:	Palm Garden Healthcare Holding 2033 Main Street Suite 300 Sarasota, FL 34237							
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PALM GARDEN OF TAMPA	Provider Number:	0 098590-00 2/10/2020		
3612 E 138TH AVE	Date:			
TAMPA, FL 33613	Fiscal Year End:		14	
	Audit Status:	S	Revised Fiel	d Audit
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 246.94	New <u>Rate</u> 245.44	Effective
Rate Type:				
Interim X Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semes X FA & RFA	_	W FYE 06/30	/2014
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reim	Zainab Day bursement P Linab Z	_	inance
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PALM GARDE	ALM GARDEN OF TAMPA			er:	0 098590	<i>i</i> -00			
3612 E 138TH	AVE		Date:		2/10/2020				
TAMPA, FL 3	3613		Fiscal Year End	1:	6/30/20	14			
			Audit Status:		Revised Fiel	d Audit			
Provider Type: Nursing Home Single Level			Current Rate 245.72	New <u>Rate</u> 244.21	Effective <u>Date</u> 9/1/2015				
Rate	Type:								
Ü	Interim	Total InterimInterim Component		Γotal Prospective Γotal Prospective		Component			
	X	Settlement based on cost Prior Provider Prospective data	: :			•			
Budget Unaudited costs X Field audited costs Desk audited costs			Changes: Rate Semester Change X FA & RFA #NH15-037W FYE 06/30/2014						
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Zainab Day Medicaid Cost Reimbursement Planning and Finance Zainab Day							
	me Office:	Palm Garden Healthcare Holdings 2033 Main Street Suite 300 Sarasota, FL 34237		· 09859006302014	1110120120 2 2	22015105006			



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Tallahassee, Florida 32308

PALM GARDEN OF TAMPA			F	Provider Number: 0 098590-00					
3612 E 138TH A	3612 E 138TH AVE			Date:			3/12/2020		
TAMPA, FL 336	13		F	iscal	Year End:		9/30/2015		
			A	Audit S	Status:		Unaudit	ed	
Provider Type	e:								
						Current	New	Effective	
	~*					Rate	Rate	Date	
Nursing Home	e Sing	gle Level				<u>243.03</u>	241.39	9/1/2016	
Rate T	ype:								
Iı	nterim		X	Prosp	ective				
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		Prior Provider Prospective dat	ta						
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For Information	mation Onl	у			0		1		
No Chang	e in Rate								
Home	Office:	Palm Garden Healthcare Holdi	ings, LLC						
		2033 Main Street							
		Suite 300							
		Sarasota, FL 34237							
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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA			Provider Number:		0 098590-00		
3612 E 138TH AVE			Date:	-	3/12/2020		
TAMPA, FL 33613			Fiscal Year End:	-	9/30/2016		
			Audit Status:		Unaudit	ed	
Provider Type:							
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Sin	gle Level			<u>245.04</u>	245.04	9/1/2017	
Rate Type:							
Interim		X	Prospective				
	Total Interim		X Tota	l Prospective			
<u> </u>	Interim Component		Total	l Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data						
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Basis:		Cha	nges:				
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Distribution:							
Contract Management / Fise	al Asent	-		Zainab Day			
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XNo Change in Rate							
Home Office:	Palm Garden Healthcare Holding	gs, LLC					
	2033 Main Street						
	Suite 300						
	Sarasota, FL 34237						

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CROSSWINDS HEALTH AND REHABILITATION CENTER 13455 W US HWY 90 GREENVILLE, FL 32331				Provider Number:		0 222270-00		
			Date:			5/28/2020		
			Fiscal Year End:		2/28/2018			
				Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		e Level			Current <u>Rate</u> 263.87	New <u>Rate</u> <u>271.25</u>	Effective	
Rate	e Type:							
	Interim		X	Prospective				
		Total Interim		Tota	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Cha	nges:	ster Change			
	Budget				ement FYE 2/2	28/2018		
X	Unaudited c	osts						
	Field audited	d costs						
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	agement / Fiscal	Agent		Medicaid Cost Rein	Zainab Day	lanning and F	inance	
Permanent Fil	e							
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No Ch	ange in Rate					-		
Но	ome Office:	No Home Office						
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CROSS LANDINGS HEALTH AND REHABILITATION CENTER 1780 N JEFFERSON HWY MONTICELLO, FL 32344-5536			Provider Number:		0 222271-00 5/22/2020		
			Date:				
			Fiscal Year End:		2/28/20	18	
				Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 265.65	New <u>Rate</u> 272.49	Effective <u>Date</u> 3/1/2018	
Rate	e Type:						
	_Interim		X	Prospective			
		Total Interim			l Prospective		C
	X	Interim ComponentSettlement based on cost		1 ota	1 Prospective	with Interim	Component
		Prior Provider Prospective data					
Basis:			Cha	nges:	ter Change		
	Budget				ment FYE 2/2	28/2018	
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	Field audite						
	Desk audite	d costs					
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Distribution		Acont			Zainab Day		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent File				Zai	nab Da	ey .	
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No Cha	ange in Rate						
Но	ome Office:	No Home Office					
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	cal Year End: lit Status:		0 312142 12/22/20 12/31/20	20
Provider Type:	dit Status:			014
Provider Type:			T: 11 4	
			Field Aud	lited
Nursing Home Single Level		Current Rate	New <u>Rate</u>	Effective <u>Date</u>
	?	<u>204.54</u>	202.28	9/1/2016
Rate Type:				
Interim X Pr Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		Prospective Prospective	with Interim	Component
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semester Field Audit #	•	C FYE 12/31/	/2014
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	licaid Cost Reimbu	ainab Day ursement Pl inab Z	lanning and F	inance
Home Office: Cardinal Resources, LLC 995 Canton St. Suite 100 Roswell, GA 30075 YZ180 Report Calculated: 12/22/2020 10:35:32 AM Report Printed: 12/2/2020 10:35:32 AM			010120140717	72015001052



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NORTH PORT REHABILTATION AND NURSING CENTER		Provider Number:		1 036398-00 3/26/2021		
6940 OUTREACH WAY NORTH PORT, FL 34287			Date:			
			Fiscal Year End:		2/28/20	17
			Audit Status: Unaudited		ed	
Provider Type: Nursing Home Single Level		e Level		Current <u>Rate</u> 250.12	New <u>Rate</u> 250.12	Effective <u>Date</u> 8/01/2019
Rat	е Туре:					
X	Interim		Prospective			
		Total Interim		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		X CHOW eff	ective 8/01/2	019	
	Unaudited of					
	Field audite Desk audite					
<u>Distributio</u>				Zainab Day		
	nagement / Fiscal	Agent	Medicaid Cost Rein	bursement P	lanning and F	Finance
Permanent Fi			4	ainab t	ay	
	nformation Only				U	
No Cl	hange in Rate					
Н	fome Office:	Citadel Care Centers 1000 Gates Avenue, Suite 5 Brooklyn, NY 11221				
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NORTH PORT REHABILTATION AND NURSING CENTER 6940 OUTREACH WAY NORTH PORT, FL 34287			Provider Number:		1 036398-00		
			Date:		3/26/20	21	
			Fiscal Year End:		2/28/20	19	
			Audit Status:		Unaudit	ed	
Provider Type:				Current	New	Effective <u>Date</u>	
				Rate	Rate		
Nursing H	Iome Sing	le Level				10/01/2019	
Ra	ite Type:						
Ka	ite 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		X CHOW eff	ective 8/01/2	019		
	Unaudited						
	Field audite						
	Desk audit	ed costs					
<u>Distributi</u>				Zainab Day			
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File			Za	inab D	ay		
For	Information Only	/	O		0		
No C	Change in Rate						
I	Home Office:	Citadel Care Centers 1000 Gates Avenue, Suite 5 Brooklyn, NY 11221					
XXX706	Report Cald	culated: 2/12/2021 3:19 PM Report P	rinted:2/12/2021 ID:				



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NORTH PORT REHABILTATION AND NURSING CENTER 6940 OUTREACH WAY NORTH PORT, FL 34287		Provider Number:		1 036398-00		
		Date:		3/26/2021		
		Fiscal Year End:		2/28/2019		
			Audit Status:	udit Status: Unaudited		ed
Provider 7 Nursing H		le Level		Current Rate 253.52	New <u>Rate</u> 253.52	Effective <u>Date</u> 7/01/2020
Ra	te Type:					
	Je zypet					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
	X	Settlement based on cost Prior Provider Prospective data				
Basis:			Changes:	ter Change		
X	Budget			ective 8/01/2	019	
	Unaudited	costs				
	Field audite					
	Desk audite	ed costs				
Distributi	on:					
		l Agent		Zainab Day		
Contract Management / Fiscal Agent Permanent File			Medicaid Cost Reim	ainab Z	lanning and F	finance
	Information Only	7	J'		y	
	Thange in Rate	,				
	-					
I	Home Office:	Citadel Care Centers 1000 Gates Avenue, Suite 5 Brooklyn, NY 11221				
XXX706	Report Calc	culated: 2/12/2021 3:19 PM Report	Printed:2/12/2021 ID:			



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Tallahassee, Florida 32308

NORTH PORT REHABILTATION AND NURSING CENTER 6940 OUTREACH WAY NORTH PORT, FL 34287			Provider Number:		1 036398-00		
			Date:		3/26/20	21	
			Fiscal Year End:		2/28/20	19	
			Audit Status:		Unaudited		
Provider 7	Гуре:						
	71			Current	New	Effective	
			Rate Rate Da			<u>Date</u>	
Nursing H	Iome Sing	gle Level				<u>10/01/2020</u>	
Ra	te Type:						
Ka	ite 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:				
Dasis.		-	Rate Semes	tor Chango			
X	Budget			Sective 8/01/2	019		
	Unaudited	costs	A CHOW CH	0,01,2	01)		
	Field audit	ted costs					
	Desk audit	ted costs					
<u>Distributi</u>	ion:			Zainab Day			
	anagement / Fisca	al Agent	Medicaid Cost Rein	bursement P	lanning and H	Finance	
Permanent F	File		Medicaid Cost Reim	ainab i	ay		
For	Information Onl	у			U		
No C	Change in Rate						
I	Home Office:	Citadel Care Centers					
		1000 Gates Avenue, Suite 5					
		Brooklyn, NY 11221					
XXX706	Report Cal	culated: 2/12/2021 3:19 PM Report F	Printed: 2/12/2021 ID:				



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Tallahassee, Florida 32308

YBOR CITY CENTER FOR REHABILITATION & HEALING 1709 TALIAFERRO AVENUE		Provider Number:		1 052186-00 3/31/2020			
		Date:					
TAMPA FL,	, 33602		Fiscal Year End:		12/31/20	017	
Audit Status:			Unaudited				
Provider 7	Гуре:						
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Singl	le Level				3/09/2020	
Ra	ate Type:						
X	Interim		Prospective				
		Total Interim		al Prospective	;		
		Interim Component	Tota	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	:		Changes:				
***	ъ .		Rate Semes	_	000		
X	Budget Unaudited	-	X CHOW effective 3/09/2020				
	Field audited						
	Desk audite						
	Besk addite	ou costs					
Digt::hti	•						
Distributi	ion: anagement / Fisca	1 A gant		Zainab Day			
	_	i Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent F			za	inab D	ay		
	Information Only	•	•		U		
No C	Change in Rate						
J	Home Office:	Summit Care II Inc.					
		2123 Centre Pointe Blvd,					
		Tallahassee, FL 32308					
XXX305	Report Calc		Printed:3/31/2021 ID:				



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Tallahassee, Florida 32308

YBOR CITY CENTER FOR REHABILITATION & HEALING		Provider Number:		1 052186-00			
1709 TALIAFERRO AVENUE TAMPA FL, 33602			Date:		3/31/2020		
			Fiscal Year End:		12/31/20)17	
			Audit Status: Unaudited		ed		
Provider 7				Current	Now	Effective	
			Rate Rate Da			<u>Date</u>	
Nursing H	ome Single	le Level				7/01/2020	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
X	Budget	-	Rate Semes CHOW effort	ter Change ective 3/09/20	n20		
71	Unaudited	costs	A CHOW CH	CC11VC 3/09/20	020		
	Field audite						
	Desk audite	ed costs					
Distributi	on:			Zainab Day			
Contract Ma	nagement / Fisca	l Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent F	ïle		30	ainab Z	ay		
For	Information Only	7	0		0		
No C	Change in Rate						
I	Home Office:	Summit Care II Inc.					
		2123 Centre Pointe Blvd,					
		Tallahassee, FL 32308					
XXX305	Report Calc		Printed:3/31/2021 ID:				



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Tallahassee, Florida 32308

YBOR CITY CENTER FOR REHABILITATION & HEALING 1709 TALIAFERRO AVENUE			Provider Number:		1 052186-00		
			Date:		3/31/202	20	
TAMPA FL,	, 33602		Fiscal Year End:		12/31/20)18	
			Audit Status:		Unaudit	ed	
Provider Type:				Current Rate	New Pate	Effective <u>Date</u>	
Nursing H	Iome Singl	le Level	Rate Rate 231.33 235.25			10/1/2020	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
	-	Interim Component		-	with Interim	Component	
		Settlement based on cost		-		-	
	X	Prior Provider Prospective data					
Basis:	:		Changes:	. Cl			
X	Budget	-	Rate Semes CHOW eff	ter Change ective 3/09/2	020		
71	Unaudited	costs	A CHOW CH	conve 3/0//2	020		
	Field audite						
	Desk audite						
<u>Distributi</u>	ion:			Zainab Day			
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Reimbursement Planning and Finance Jainab Day				
Permanent F	File		3	ainab Z	Day		
For	Information Only	,	0		0		
No C	Change in Rate						
I	Home Office:	Summit Care II Inc.					
		2123 Centre Pointe Blvd,					
		Tallahassee, FL 32308					
XXX305	Report Calc	culated: 3/31/2021 3:00 PM Report F	Printed:3/31/2021 ID:				



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Tallahassee, Florida 32308

SIGNATURE HEALTHCA WELLNESS CENTER	ARE OF MIDDLEBURG REHAB &	Provider Number:	1 092729 00	
1280 HENLEY RD.		Date:	1 082738-00	
MIDDLEBURG, FL 32068	3	Fiscal Year End:	03/10/2021 08/31/2019 Unaudited	
MIDDLEDOKG, 1 L 32000	,	Audit Status:		
Provider Type:			Chadaled	
Trovider Type.		Current <u>Rate</u>	New Effective Rate Date	
Nursing Home Sin	ngle Level	<u>0.00</u>	<u>250.31</u> <u>10/06/2020</u>	
Rate Type:				
X Interim		Prospective		
	Total Interim	Total Prospecti	ve	
X	Interim Component	Total Prospecti	ve with Interim Component	
	Settlement based on cost			
	Prior Provider Prospective data	<u> </u>		
Basis:		Changes:		
		Rate Semester Change		
Budget		X New Facility effective	: 10/06/2020	
Unaudite				
	dited costs			
Desk au	dited costs			
D: 4 11 41				
Distribution:	1.4	Zainab Da	ay	
Contract Management / Fig	scal Agent	Medicaid Cost Reimbursement	Planning and Finance	
Permanent File		Zainab.	Day	
For Information O	nly	0	1	
No Change in Rate				
Home Office:	Signature Healthcare, LLC			
	12201 Bluegrass Parkway			
	Louisville, KY 40299			
XXX700 Report C	Calculated: 03/23/2021 10:00 PM	eport Printed: 03/23/2021 ID:		