**SECRETARY** 



#### **MEMORANDUM**

**Date:** April 8, 2022

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

 $\mathcal{RF}$  From: Rebekah Falk, Regulatory Analyst Supervisor

**Subject:** Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	Provider Number	Type of Action	Number of Rate Change Notices
1.	The Terrace at Hobe Sound	0 148040-00	Field Audit	5
2.	Lake View Care Center at Delray	0 229610-00	Field Audit	1
3.	Solaris Healthcare Lake Bennet	0 248829-00	Cost	1
			Settlement	
4.	Hardee Manor Healthcare Center	1 090451-00	CHOW	4
5.	Anchor Care and Rehabilitation	1 109202-00	CHOW	6
	Center			
6.	St Andrew Post-Acute and	1 113688-00	CHOW	4
	Rehabilitation Center			
7.	St. Camillus Post-Acute and	1 121326-00	CHOW	3
	Rehabilitation Center			
			TOTAL:	24

If you have any questions regarding the above contact, Rebekah Falk 412-4113.

RF/mb



		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective Date			-	_		
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
014804000	20150701	232.25	0.00	232.25	232.25	91192-22	NH17-065C
014804000	20150901	226.59	0.00	226.59	226.59	91192-22	NH17-065C
014804000	20160101	230.86	0.00	230.86	230.86	91192-22	NH17-065C
014804000	20160901	232.51	0.00	232.51	232.51	91192-22	NH17-065C
014804000	20170901	236.14	0.00	236.14	236.14	91192-22	NH17-065C
022961000	20160901	236.33	0.00	236.33	236.33	91192-22	NH16-011L
024882900	20180701	240.33	0.00	240.33	240.33	91192-22	
109045100	20201201	208.34	0.00	208.34	208.34	91192-22	
109045100	20210701	210.48	0.00	210.48	210.48	91192-22	
109045100	20211001	246.70	0.00	246.70	246.70	91192-22	
109045100	20220101	219.31	0.00	219.31	219.31	91192-22	
110920200	20200401	199.44	0.00	199.44	199.44	91192-22	
110920200	20200701	202.15	0.00	202.15	202.15	91192-22	
110920200	20201001	205.58	0.00	205.58	205.58	91192-22	
110920200	20210701	207.69	0.00	207.69	207.69	91192-22	
110920200	20211001	251.95	0.00	251.95	251.95	91192-22	
110920200	20220101	216.40	0.00	216.40	216.40	91192-22	
111368800	20210601	249.98	0.00	249.98	249.98	91192-22	
111368800	20210701	246.62	0.00	246.62	246.62	91192-22	
111368800	20211001	244.00	0.00	244.00	244.00	91192-22	
111368800	20220101	234.29	0.00	234.29	234.29	91192-22	
112132600	20210801	211.00	0.00	211.00	211.00	91192-22	
112132600	20211001	237.42	0.00	237.42	237.42	91192-22	
112132600	20220101	214.67	0.00	214.67	214.67	91192-22	



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE AT HOBE SOUND			Provider Number: 0 148040-00				
9555 SE FEDE	RAL HWY		Date:		4/1/2022		
HOBE SOUNI	D, FL 33455		Fiscal Year End:		12/31/2015		
			Audit Status:		Revised Field	d Audit	
Provider Ty	pe:			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	de Level		<u>232.06</u>	<u>232,25</u>	7/1/2015	
Rate	e Type:						
X	Interim		Prospective				
	_	Total Interim		al Prospective			
		Interim Component	Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:	Budget		Changes:  Rate Semes  X FA & RFA	_	C FYE 12/31/	2015	
	— Unaudited	costs	A PARKIA	#1 <b>N</b> 1117-003	C I I L 12/31/	2013	
X	Field audit						
	Desk audit						
<b>Distribution</b>	<u>n:</u>			Rebekah Fa	lk		
Contract Mana	ngement / Fisca	al Agent	Medicaid Cost Rein			inance	
Permanent File	e						
For In	formation Only	y					
No Cha	ange in Rate						
Но	me Office:	SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114					
MO23I	Report Cal	culated: 4/1/2022 9:50:02 AM Report	t Printed :4/1/2022 ID: 14	804012312014	5070120150525	2017095531	



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE AT HOBE SOUND		Provide	Provider Number: 0 148040-00						
9555 SE FEDERAL HWY			Date:	Date:			4/1/2022		
HOBE SOUN	ND, FL 33455		Fiscal	Year End:	12/31/2015				
			Audit S	Status:		Revised Field Aud			
Provider Type:  Nursing Home Single Level				Current <u>Rate</u> 226.41	New <u>Rate</u> <b>226.59</b>	Effective			
Ra	te Type:								
X	Interim		Prosp	ective					
		Total Interim		Tota	l Prospective				
		Interim Component		Tota	l Prospective	with Interim	Component		
	X	Settlement based on cost							
		Prior Provider Prospective da	ta						
Basis:			Changes:						
			g	Rate Semes	ter Change				
	Budget		X		_	C FYE 12/31/	2015		
	Unaudited	costs							
X	Field audi	ted costs							
	Desk audi	ted costs							
Distribution	on:								
	nagement / Fisc	al Agent	- N. 1'		Rebekah Fa				
Permanent F	_	C	Medica	ia Cost Keim	ioursement P	lanning and F	ınance		
For 1	nformation Onl	у							
No C	hange in Rate								
F	Iome Office:	SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114							
МО23Ј	Report Cal	-	Report Printed :4/1/202	2 ID: 14	804012312015	5070120150525	52017095531		



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE AT HOBE SOUND			Provider Nu		0 148040-00			
9555 SE FEDERA	L HWY		Date:			4/1/2022		
HOBE SOUND, FI	L 33455		Fiscal Year	End:		12/31/2015		
			Audit Status	:		Revised Field	l Audit	
<b>Provider Type:</b>	:							
• •					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Singl	le Level			<u>230.67</u>	<u>230.86</u>	<u>1/1/2016</u>	
Rate Ty	pe:							
Int	terim		X Prospective	e				
		Total Interim		Total	Prospective			
		Interim Component		Total	Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Changes:					
				Semest	er Change			
	Budget		X FA	& RFA	#NH17-0650	C FYE 12/31/	2015	
	Unaudited	costs						
X	Field audite	ed costs						
	Desk audite	ed costs						
Distribution:								
		1. 4			Rebekah Fa			
Contract Managen Permanent File	ieiit / Fisca	i Agent	Medicaid Co	st Reim	bursement P	lanning and F	inance	
For Inform	nation Only							
No Change	in Rate							
Home	Office:	SMJ Enterprises, LLC						
		480 Fentress Blvd.						
		Suite H						
		Daytona Beach, FL 32114						
MO23J	Report Calc	ulated: 4/1/2022 9:50:02 AM Re	port Printed :4/1/2022	ID: 148	304012312015	070120150525	2017095531	



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE AT 1	HOBE SOUND	Provider Number:		0 148040-00		
9555 SE FEDERAL HWY		Date:		4/1/2022		
HOBE SOUND, FL	33455	Fiscal Year End:		12/31/2015		
		Audit Status:		Revised Fiel	d Audit	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>232.33</u>	<u>232.51</u>	<u>9/1/2016</u>	
Rate Type	e:					
Interi	m	X Prospective				
	Total Interim	Tot	al Prospective			
	Interim Component	Tot	al Prospective	with Interim	Component	
	X Settlement based on cost					
	Prior Provider Prospective d	lata				
Basis:		Changes:				
			ster Change			
Bu	dget	<b>X</b> FA & RFA	A #NH17-065	C FYE 12/31	/2015	
Un	audited costs					
X Fie	eld audited costs					
De	sk audited costs					
Distributions						
<b>Distribution:</b>	4 / Provide Assert		Rebekah Fa	lk		
Contract Management Permanent File	it / Fiscai Agent	Medicaid Cost Rein	nbursement P	lanning and F	Finance	
For Informat	ion Only					
No Change in	Rate					
Home Of	fice: SMJ Enterprises, LLC					
	480 Fentress Blvd.					
	Suite H					
	Daytona Beach, FL 32114					
MO23J Re	eport Calculated: 4/1/2022 9:50:02 AM	Report Printed :4/1/2022 ID: 14	4804012312015	507012015052	52017095531	



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE AT HOBE SOUND		Provider Numb	oer:	0 148040-00			
9555 SE FEDER	AL HWY		Date:		4/1/2022 12/31/2015		
HOBE SOUND,	FL 33455		Fiscal Year En	d:			
			Audit Status:		Revised	Field	Audit
<b>Provider Typ</b>	e:						
				Curren			Effective
				Rate	Rate		<u>Date</u>
<b>Nursing Hom</b>	e Sing	gle Level		<u>235.9</u> 6	<u>6</u> <u>236.</u>	<u>14</u>	<u>9/1/2017</u>
Rate 7	Гуре:						
,	Interim		X Prospective				
	internii	Total Interim		Total Prospec	rtive		
_		Interim Component		Total Prospec		erim (	Component
_	X	Settlement based on cost		Total Trospe	77 77 77 77 77 77 77 77 77 77 77 77 77		component
_		Prior Provider Prospective data					
_							
Basis:			Changes:				
	J			emester Chan	ge		
	Budget			RFA #NH17-		2/31/2	2015
	Unaudited	costs					
X	Field audit	ted costs					
	Desk audit	ted costs					
<b>Distribution:</b>				Rebekal	n Falk		
Contract Manage	ement / Fisca	al Agent	Medicaid Cost			and Fi	nance
Permanent File			Wedlead Cost	Remiburseme	int I failining t	iiid I I	nance
For Info	rmation Onl	у					
No Chan	ge in Rate						
Hom	e Office:	SMJ Enterprises, LLC					
		480 Fentress Blvd.					
		Suite H					
		Daytona Beach, FL 32114					
MO23J	Report Cal	culated: 4/1/2022 9:50:02 AM Rep	ort Printed :4/1/2022	D: 1480401231	20150701201	50525	2017095531



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKE VIEW CARE CENTER AT DELRAY	Provider Number:		0 229610-00 2/15/2022 12/31/2015		
5430 LINTON BLVD	Date:				
DELRAY BEACH, FL 33484	Fiscal Year End:				
	Audit Status:		Field Aud	ited	
Provider Type:					
• •		Current	New	Effective	
		<u>Rate</u>	Rate	<u>Date</u>	
Nursing Home Single Level	<u>237.91</u>	<u>236.33</u>	<u>9/1/2016</u>		
Rate Type:					
Interim	X Prospective				
Total Interim		l Prospective			
Interim Component		-	with Interim	Component	
Settlement based on cost		1		1	
Prior Provider Prospective data					
Basis:	Changes:				
	Rate Semes	ter Change			
Budget	<del></del>		L FYE 12/31/	2015	
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution:		Dahahah Fa	11.		
Contract Management / Fiscal Agent	Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance				
Permanent File	ivicuicaiu Cost Reili	ioui scillelli P	iaiiiiiig aliu F	mance	
For Information Only					
No Change in Rate					
-					
Home Office: BrightSNFCare,LLC d/b/a/ Carestrong					
10800 Biscayne Boulevard					
Suite 650					
Miami, FL 33161					



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SOLARIS HEALTHCARE LAKE BENNET 1091 KELTON AVE			Provider Number:		0 248829-00 2/17/2022		
			Date:				
OCOEE, FL 3	34761		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudit	ed	
Provider T	ype:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Singl	le Level		<u>261.67</u>	<u>240.33</u>	7/1/2018	
Rate	е Туре:						
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			
	Budget			ment FYE 12	/31/2019		
X	Unaudited	costs					
	Field audite						
	Desk audite	ed costs					
<b>Distributio</b>				Rebekah Fa	lk		
Contract Man	agement / Fisca	l Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent Fil	le						
For In	nformation Only	,					
No Ch	nange in Rate						
Н	ome Office:	No Home Office					
JHNJO	Report Calc	culated: 2/17/2022 11:36:07 AM Report	Printed:2/17/2022 ID: 24	882912312019	9070120180828	32020144515	



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HARDEE MANOR HEATHCARE CENTER			Provider Number:		1 090451-00		
401ORANGE	PLACE		Date:		3/3/2022 12/31/2015		
WAUCHULA	, FL 33873		Fiscal Year End:				
			Audit Status:		Unaudite	ed	
Provider Type:  Nursing Home Single Level				Current <u>Rate</u> <b>204.87</b>	New <u>Rate</u> 208.34	Effective <u>Date</u> 12/1/2020	
Rate	е Туре:						
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	_			
	Budget	-	X CHOW effe	ective 12/1/2	020		
X	Unaudited of						
	Field audite  Desk audite						
<u>Distributio</u>	n.						
	agement / Fiscal	A gent		Rebekah Fa			
Permanent Fil	_	1150111	Medicaid Cost Reim		_	inance	
			Kok	ekah t	alk		
	nformation Only		, 000	01-000			
No Cn	nange in Rate						
Но	ome Office:	Plainview Group TN LLC 2071 Flatbush Ave Suite 12 Brooklyn, NY 11234					
XXX737	Report Calc	ulated: 3/3/2022 3:00 PM Report F	Printed: 3/3/2022 ID:				



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HARDEE MANOR HEATHCARE CENTER			Provider Number:		1 090451-00		
401ORANGE	E PLACE		Date:		3/3/2022		
WAUCHULA	A, FL 33873		Fiscal Year End:		12/31/2015		
			Audit Status:		Unaudite	ed	
Provider T	Гуре:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Singl	le Level		208.34	210.48	7/1/2021	
o o	J						
Rat	te Type:						
X	Interim	_	Prospective				
		Total Interim	Tota	al Prospective			
		Interim Component	Tota	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ster Change			
	Budget		X CHOW eff	fective 12/1/2	020		
X	Unaudited of						
	Field audite						
	Desk audite	ed costs					
<u>Distributi</u>				Rebekah Fa	lk		
	nagement / Fisca	l Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance	
Permanent F	ile		$\mathcal{D}_{i}$	ekah	600		
For I	Information Only	,		exami	all		
No C	hange in Rate			,			
H	Home Office:	Plainview Group TN LLC 2071 Flatbush Ave Suite 12 Brooklyn, NY 11234					
XXX737	Report Calc	eulated: 3/3/2022 3:00 PM Report	Printed: 3/3/2022 ID:				



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HARDEE MANOR HEATHCARE CENTER			Provider Number:		1 090451-00		
401ORANGI	E PLACE		Date:		3/3/2022		
WAUCHUL	A, FL 33873		Fiscal Year End:		12/31/2018		
			Audit Status:		Unaudite	ed	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Singl	le Level		<u>210.48</u> <u>246.70</u> <u>10/1/20</u>			
Ra	te Type:						
X	Interim	<u> </u>	Prospective				
		Total Interim		al Prospective			
		Interim Component Settlement based on cost	1 Ota	al Prospective	with Interim	Component	
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ster Change			
	Budget		X CHOW ef	fective 12/1/2	020		
X	Unaudited						
	Field audite						
	Desk audite	ed costs					
<u>Distributi</u>				Rebekah Fa	lk		
Contract Ma	nagement / Fisca	l Agent	Medicaid Cost Reir	nbursement P	lanning and I	Finance	
Permanent F	ïle		$\mathcal{O}_{\mathcal{A}}$	1 . / . / .	C. O. O.		
For	Information Only	,	Mo	ekah 1	dll		
No C	Change in Rate			,			
I	Home Office:	Plainview Group TN LLC 2071 Flatbush Ave Suite 12 Brooklyn, NY 11234					
XXX737	Report Calc	culated: 3/3/2022 3:00 PM Report	Printed: 3/3/2022 ID:				



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HARDEE MANOR HEATHCARE CENTER		Provider Number: 1 090451-00					
401ORANGE	PLACE		Date:		3/3/2022		
WAUCHULA,	, FL 33873		Fiscal Year End:		12/31/201	8	
			Audit Status:		Unaudite	d	
Provider Type:  Nursing Home Single Level		e Level		Current <u>Rate</u> <b>246.70</b>	New <u>Rate</u> 219.31	Effective <u>Date</u> 1/1/2022	
Rate	e 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	•			
	Budget	-	X CHOW effe	ective 12/1/20	020		
X	Unaudited of Field audited						
	Desk audite						
Distribution							
Distribution Contract Mana	<b>II:</b> agement / Fiscal	I Agent		Rebekah Fa			
Permanent File	•	i Aguit	Medicaid Cost Reim		^ _	inance	
			Kak	bekah	Loll		
	formation Only		100	Man C	junc		
No Ch	ange in Rate						
Но	ome Office:	Plainview Group TN LLC 2071 Flatbush Ave Suite 12 Brooklyn, NY 11234					
XXX737	Report Calc	ulated: 3/3/2022 3:00 PM Report I	Printed: 3/3/2022 ID:				



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ANCHOR C	CARE AND REH	ABILITATION CENTER	Provider Number:		1 109202	-00
1515 PORT	MALABAR BLV	VD, NE	Date:		2/22/202	22
PALM BAY	, FL 32905		Fiscal Year End:		12/31/20	18
			Audit Status:		Unaudite	ed
Provider 7	Type:					
	• •			Current	New	Effective
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing H	Home Sing	le Level		196.58 $199.44$ $4/1/20$		
Ra	ate Type:					
X	Interim	_	Prospective			
		Total Interim	Tota	l Prospective	;	
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:	:		Changes:			
			Rate Semes	ter Change		
	Budget		X CHOW eff	ective 4/1/20	20	
X	Unaudited	costs				
	Field audit					
	Desk audit	ed costs				
<u>Distribut</u>	<u>ion:</u>			Rebekah Fa	lk	
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Rein	bursement P	lanning and I	Finance
Permanent I	File			_	_	
For	Information Only	y	K	ebekal	hfalk	_
No (	Change in Rate				J	
]	Home Office:	Orchid Cove Health Group LLC				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX718	Report Calo	culated: 2/22/2022 9:00 AM Report I	Printed: 2/22/2022 ID:			



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ANCHOR C	ARE AND REH	ABILITATION CENTER	Provider Number:		1 109202-	00
1515 PORT	MALABAR BL	VD, NE	Date:		2/22/202	2
PALM BAY	, FL 32905		Fiscal Year End:		12/31/201	8
			Audit Status:		Unaudite	d
Provider 7	Гуре:					
				Current	New	Effective
				<u>Rate</u>	Rate	<u>Date</u>
Nursing H	Iome Sing	gle Level		<u>199.44</u>	<u>202.15</u>	<u>7/1/2020</u>
Ra	te Type:					
X	Interim	_	Prospective			
		Total Interim	Tota	l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	ter Change		
	Budget		X CHOW eff	ective 4/1/20	20	
X	Unaudited	costs				
	Field audit	ted costs				
	Desk audit	ted costs				
<u>Distributi</u>	ion:			Rebekah Fa	lk	
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent F	File		$\Omega$	0 1 0	( 0.0	
For	Information Onl	у	Ke	bekah	falk	
No C	Change in Rate				J	
I	Home Office:	Orchid Cove Health Group LLC				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX718	Report Cal	culated: 2/22/2022 9:00 AM Report	Printed :2/22/2022 ID:			



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ANCHOR C	ANCHOR CARE AND REHABILITATION CENTER		Provider Number:		1 109202-00		
1515 PORT	MALABAR BLV	VD, NE	Date:		2/22/202	22	
PALM BAY	, FL 32905		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudite	ed	
Provider '	Туре:			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	Iome Sing	le Level	<u>202.15</u> <u>205.58</u> <u>10/1</u>			10/1/2020	
Ra	nte Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		-	with Interim	Component	
		Settlement based on cost		_		_	
	X	Prior Provider Prospective data					
Basis	:		Changes:				
	Budget		Rate Semes CHOW eff	ter Change ective 4/1/20	20		
X	Unaudited	costs	A CHOW CH	cetive 4/1/20	20		
71	Field audite						
	Desk audite	ed costs					
<b>Distribut</b>	<u>ion:</u>			Rebekah Fa	lk		
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Rein			Finance	
Permanent l	File			2011			
For	Information Only	y		wekal	rfalk		
No (	Change in Rate			•	J		
	Home Office:	Orchid Cove Health Group LLC					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX718	Report Calc	culated: 2/22/2022 9:00 AM Report F	Printed :2/22/2022 ID:				



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ANCHOR C	ANCHOR CARE AND REHABILITATION CENTER		Provider Number:	1 109202	19202-00	
1515 PORT	MALABAR BLV	VD, NE	Date:		2/22/202	22
PALM BAY	, FL 32905		Fiscal Year End:		12/31/20	19
			Audit Status:		Unaudite	ed
Provider '	Туре:			Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing H	Iome Sing	le Level		205.58	207.69	7/1/2021
Ra	nte 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:			
	Budget		Rate Semes CHOW eff	iter Change Tective 4/1/20	20	
X	Unaudited	costs	A CHOW CH	CCIIVC 4/1/20	20	
- 11	Field audite					
	Desk audite					
<b>Distribut</b>	<u>ion:</u>			Rebekah Fa	lk	
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Rein			Finance
Permanent I	File				-	
For	Information Only	ý	K	evekal	hfalk	_
No (	Change in Rate			•	J	
]	Home Office:	Orchid Cove Health Group LLC				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX718	Report Calc	culated: 2/22/2022 9:00 AM Report 1	Printed :2/22/2022 ID:			



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ANCHOR C	CARE AND REHA	ABILITATION CENTER	Provider Number:		1 109202	-00
1515 PORT	MALABAR BLV	VD, NE	Date:		2/22/202	22
PALM BAY	, FL 32905		Fiscal Year End:		12/31/20	19
			Audit Status:		Unaudite	ed
Provider '	Туре:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Home Sing	le Level		<u>207.69</u>	<u>251.95</u>	10/1/2021
Ra	ate 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	<u>:</u>		Changes:			
	Dudget	-	Rate Semes	ter Change ective 4/1/20	20	
X	Budget Unaudited	costs	X CHOW eff	ective 4/1/20	20	
A	Field audited					
	Desk audit					
	<del></del> ,					
<u>Distribut</u>	ion:			Rebekah Fa	lk	
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Rein	nbursement P	lanning and F	Finance
Permanent l	File		,	011	hfall	1
For	Information Only	7	<b>/</b> /1	WEKA	nfall	
No (	Change in Rate				J	
	Home Office:	Orchid Cove Health Group LLC				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX718	Report Calc	culated: 2/22/2022 9:00 AM Report F	Printed :2/22/2022 ID:			



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ANCHOR C	CARE AND REHA	ABILITATION CENTER	Provider Number:		1 109202	-00
1515 PORT	MALABAR BLV	VD, NE	Date:		2/22/202	22
PALM BAY	Y, FL 32905		Fiscal Year End:		12/31/20	19
			Audit Status:		Unaudite	ed
Provider '	Type:					
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Home Sing	le Level		<u>251.95</u>	<u>216.40</u>	1/1/2022
Ra	ate Type:					
X	Interim		Prospective			
71		Total Interim		ıl Prospective		
		Interim Component		•	with Interim	Component
	•	Settlement based on cost		1		1
	X	Prior Provider Prospective data				
Basis:	:		Changes:	. Cl		
	Budget	-	Rate Semes CHOW eff	ter Change ective 4/1/20	20	
X	Unaudited	costs	A CHOWCH	CC11VC 4/1/20	20	
71	Field audite					
	Desk audite	ed costs				
<u>Distribut</u>	<u>ion:</u>			Rebekah Fa	lk	
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Rein			Finance
Permanent I	File			_	-	
For	Information Only	7	It	ebeka	h fælk	
	Change in Rate		,	,	- /	
]	Home Office:	Orchid Cove Health Group LLC				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX718	Report Calc		rinted:2/22/2022 ID:			



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ST ANDREW POST-ACUTE AND REHABILITATION CENTER		Provider Number	Provider Number: 1 113688-00				
16702 NORT	H DALE MABR	RY HWY	Date:		3/1/2022 12/31/2018		
TAMPA, FL	33618		Fiscal Year End:				
			Audit Status:		Unaudit	ted	
Provider T		le Level		Current <u>Rate</u> 250.52	New <u>Rate</u> 249.98	Effective	
Rat	te Type:						
X	Interim		Prospective				
Total Interim		Total Interim		otal Prospective			
		Interim Component	To	otal Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
				ester Change			
	Budget		X CHOW 6	effective 06/01/2	2021		
X	Unaudited						
	Field audite  Desk audite						
	Desk audite	eu costs					
<u>Distributio</u>	on:			Rebekah Fall	7		
Contract Mar	nagement / Fisca	l Agent	Medicaid Cost Re			Finance	
Permanent Fi	ile						
For I	Information Only	,	M	bekah	all		
No CI	hange in Rate			,			
Н	Home Office:	No Home Office					
		The Home Office					
XXX816	Report Calc	culated: 03/01/2022 4:18 PM Report	Printed:03/01/2022 ID:				



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ST ANDREW POST-ACUTE AND REHABILITATION CENTER		Provider Number:	er: 1 113688-00			
16702 NORTH DALE MA	BRY HWY	Date:	3/1/2022			
TAMPA, FL 33618		Fiscal Year End:		12/31/20		
		Audit Status:		Unaudit	ed	
Provider Type:  Nursing Home Sin	ngle Level		Current Rate 249.98	New <u>Rate</u> 246.62	Effective <u>Date</u> 7/1/2021	
Rate Type:						
X Interim		Prospective				
	Total Interim		al Prospective			
	Interim Component	Tota	al Prospective	with Interim	Component	
X	Settlement based on cost Prior Provider Prospective data					
Basis:		Changes:	to Change			
Budget		X Rate Semes	ster Change Fective 06/01/2	2021		
X Unaudite	ed costs					
Field aud	dited costs					
Desk aud	dited costs					
Distribution:						
Contract Management / Fis	scal Agent		Rebekah Fall			
Permanent File	6	Medicaid Cost Rein			inance	
For Information O	nly	Keb	ekah f	alk		
No Change in Rate	•		J			
Home Office:	No Home Office					
Home Office:	INO HOIRE Office					
XXX816 Report C	Calculated: 03/01/2022 4:18 PM Report I	Printed :03/01/2022 ID:				



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

T ANDREW POST-ACUTE AND REHABILITATION CENTER		Provider Number:	1 113688-00		
16702 NORTH DALE MABR	Y HWY	Date:	3/1/2022		
TAMPA, FL 33618		Fiscal Year End:		12/31/20	
		Audit Status:		Unaudit	ed
Provider Type:  Nursing Home Singl	e Level		Current <u>Rate</u> 246.62	New <u>Rate</u> <b>244.00</b>	Effective <u>Date</u> 10/1/2021
Rate Type:					
X Interim		Prospective			
	Total Interim		al Prospective		
	Interim Component	Tota	al Prospective	with Interim	Component
X	Settlement based on cost Prior Provider Prospective data				
Basis:		Changes:			
		Rate Semes	_		
Budget		X CHOW eff	ective 06/01/2	2021	
X Unaudited of Field audited					
Desk audite					
<b>Distribution:</b>		1	Rebekah Falk	K	
Contract Management / Fiscal	Agent	Medicaid Cost Rein			inance
Permanent File		R. b.	ekah f	DO lk	
For Information Only		1000	Man Cj	an	
No Change in Rate					
Home Office:	No Home Office				
XXX816 Report Calc	ulated: 03/01/2022 4:18 PM Report F	rinted:03/01/2022 ID:			



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ST ANDREW POST-ACUTE AND REHABILITATION CENTER		NTER Provider Number	Provider Number: 1 113			
16702 NORTH DALE	MABRY HWY	Date:		3/1/2022		
TAMPA, FL 33618		Fiscal Year End:		12/31/20		
		Audit Status:		Unaudit	ted	
Provider Type: Nursing Home	Single Level		Current <u>Rate</u> 244.00	New <u>Rate</u> 234.29	Effective <u>Date</u> 1/1/2022	
Rate Type:						
X Interim		Prospective				
	Total Interim		otal Prospective			
	Interim Component	To	otal Prospective	with Interim	Component	
	Settlement based on cost  Prior Provider Prospective of	lata				
Basis:		Changes:				
Budg	rat		ester Change effective 06/01/2	2021		
	idited costs	X CHOW e	11ective 00/01/2	2021		
	audited costs					
Desk	audited costs					
D						
Distribution:	/ Eigeal Agent		Rebekah Fall			
Contract Management / Permanent File	riscal Agent	Medicaid Cost Re			Finance	
	n Only	Ru	bekaht	alk		
For Information	•	, 0				
No Change in R	aale					
Home Offic	ve: No Home Office					
XXX816 Repo	ort Calculated: 03/01/2022 4:18 PM	Report Printed:03/01/2022 ID:				



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ST. CAMILLUS POST-ACUTE AND REHABILITATION CENTER		Provider Number:		1 121326-00			
3011 KENILW	ORTH BOULE	EVARD	Date:		3/1/2022		
SEBRING, FL	33870		Fiscal Year End:		12/31/201	19	
			Audit Status:		Unaudite	ed	
<b>Provider Ty</b>	ype:						
·	, <b>-</b>			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
<b>Nursing Ho</b>	me Singl	e Level	$\frac{208.86}{2000}$ $\frac{211.00}{2000}$ $\frac{8/1/20}{2000}$			8/1/2021	
Rate	e 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:		C	hanges:				
			Rate Semes	ter Change			
	Budget		X CHOW eff	ective 8/1/20	21		
X	Unaudited of						
	Field audite						
	Desk audite	ed costs					
<b>Distributio</b>	<u>n:</u>			Rebekah Fa	lk		
Contract Mana	agement / Fiscal	Agent	Medicaid Cost Reim	bursement P	lanning and F	Finance	
Permanent Fil	e		P	bekah i	Falls.		
For In	formation Only			veren i	age		
No Ch	ange in Rate						
Но	ome Office:	Plainview Group TN LLC 2071 Flatbush Ave Suite 12 Brooklyn, NY 11234					
XXX755	Report Calc	ulated: 3/1/2022 4:00 PM Report Prin	nted :3/1/2022 ID:				



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ST. CAMILLU	JS POST-ACUT	TE AND REHABILITATION CENTER	Provider Number:		1 121326-00			
3011 KENILW	ORTH BOULE	EVARD	Date:	3/1/2022				
SEBRING, FL	33870		Fiscal Year End:		12/31/2019			
			Audit Status:		Unaudite	ed		
Provider Ty	ype:			Current	New	Effective		
				<u>Rate</u>	Rate	<u>Date</u>		
Nursing Ho	ome Singl	e Level		<u>211.00</u>	237.42	10/1/2021		
Rate	e 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:		C	hanges:					
	Budget		Rate Semes CHOW eff	ter Change ective 8/1/20	21			
X Unaudited costs		costs						
Field audited costs								
	Desk audite	ed costs						
Distribution:			Rebekah Falk					
Contract Mana	agement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File			P	bekah i	Falls.			
For In	formation Only		70	vereur i	ace			
No Ch	ange in Rate							
Но	ome Office:	Plainview Group TN LLC 2071 Flatbush Ave Suite 12 Brooklyn, NY 11234						
XXX755	Report Calc	ulated: 3/1/2022 4:00 PM Report Prin	nted:3/1/2022 ID:					



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ST. CAMILLU	JS POST-ACU	TE AND REHABILITATION CENTER	Provider Number:		1 121326-00 3/1/2022 12/31/2019			
3011 KENILW	ORTH BOULI	EVARD	Date:					
SEBRING, FL	33870		Fiscal Year End:					
			Audit Status:		Unaudite	d		
<b>Provider Ty</b>	pe:							
•	•			Current	New	Effective		
				<u>Rate</u>	Rate	<u>Date</u>		
Nursing Home Single Level				<u>237.42</u>	<u>214.67</u>	1/1/2022		
Rate	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:		C	hanges:					
	_		Rate Semes	ter Change				
	Budget			ective 8/1/20	21			
X	Unaudited of	costs						
	Field audite	ed costs						
	Desk audite	ed costs						
Distribution:			Rebekah Falk					
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance					
Permanent File			Rebekah Falk					
For In	formation Only		70	veren i	age			
No Ch	ange in Rate							
Home Office:		Plainview Group TN LLC						
		2071 Flatbush Ave Suite 12 Brooklyn, NY 11234						
XXX755	Report Calc	ulated: 3/1/2022 4:00 PM Report Prin	ited:3/1/2022 ID:					