SECRETARY



MEMORANDUM

Date: April 22, 2022

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

 \mathcal{PF} 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.	Suwanee Health and Rehab Center	0 005387-00	Field Audit	2
2.	Indigo Manor	0 258750-00	Field Audit	1
3.	Health Care Center of Jacksonville	1 054508-00	CHOW	6
4.	Breeze Care Center	1 078899-00	CHOW	4
5.	Saints Care Center	1 080823-00	CHOW	4
6.	Windsor Care & Rehab, LLC	1 084762-00	CHOW	5
7.	Parkside Health and	1 085667-00	CHOW	4
	Rehabilitation Center			
8.	Flagler Health and Rehabilitation Center	1 085669-00	CHOW	4
9.	Coastal Health and Rehab Center	1 085670-00	CHOW	4
10.	Orchid Cove at Lake Placid	1 085905-00	CHOW	4
11.	Orchid Cove at Longwood	1 085914-00	CHOW	4
12.	West Gables Health Care Center	1 087283-00	CHOW	4
13.	Orchid Cove at Clearwater	1 108709-00	CHOW	4
14.	Colonial Skilled Nursing Facility,	1 123562-00	CHOW	3
	LLC			
			TOTAL:	53

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 Number	Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS	Intermediate II (IN2)	Skilled (SKD)	MFAO number	Audit Number
000538700	20150101	246.82	(SKA) 0.00	246.82	246.82	91232-22	NH17-043C
000538700	20150901	243.43	0.00	243.43	243.43	91232-22	NH17-043C
025875000	20150901	233.85	0.00	233.85	233.85	91232-22	NH15-058C
105450800	20191201	198.27	0.00	198.27	198.27	91232-22	141113-0300
105450800	20200701	200.97	0.00	200.97	200.97	91232-22	
105450800	20201001	203.96	0.00	203.96	203.96	91232-22	
105450800	20210701	206.04	0.00	206.04	206.04	91232-22	
105450800	20211001	226.96	0.00	226.96	226.96	91232-22	
105450800	20220101	207.03	0.00	207.03	207.03	91232-22	
107889900	20201122	261.13	0.00	261.13	261.13	91232-22	
107889900	20210701	257.63	0.00	257.63	257.63	91232-22	
107889900	20211001	255.89	0.00	255.89	255.89	91232-22	
107889900	20220101	244.75	0.00	244.75	244.75	91232-22	
108082300	20201227	247.29	0.00	247.29	247.29	91232-22	
108082300	20210701	243.98	0.00	243.98	243.98	91232-22	
108082300	20211001	237.52	0.00	237.52	237.52	91232-22	
108082300	20220101	231.78	0.00	231.78	231.78	91232-22	
108476200	20200701	204.97	0.00	204.97	204.97	91232-22	
108476200	20201001	208.45	0.00	208.45	208.45	91232-22	
108476200	20210701	210.58	0.00	210.58	210.58	91232-22	
108476200	20211001	247.47	0.00	247.47	247.47	91232-22	
108476200	20220101	219.42	0.00	219.42	219.42	91232-22	
108566700	20201103	235.15	0.00	235.15	235.15	91232-22	
108566700	20210701	232.00	0.00	232.00	232.00	91232-22	
108566700	20211001	253.67	0.00	253.67	253.67	91232-22	
108566700	20220101	229.71	0.00	229.71	229.71	91232-22	
108566900	20201103	239.06	0.00	239.06	239.06	91232-22	
108566900	20210701	235.86	0.00	235.86	235.86	91232-22	
108566900	20211001	257.09	0.00	257.09	257.09	91232-22	
108566900	20220101	232.26	0.00	232.26	232.26	91232-22	
108567000	20201103	230.21	0.00	230.21	230.21	91232-22	
108567000	20210701	232.57	0.00	232.57	232.57	91232-22	
108567000	20211001	259.92	0.00	259.92	259.92	91232-22	
108567000	20220101	235.48	0.00	235.48	235.48	91232-22	
108590500	20201103	247.91	0.00	247.91	247.91	91232-22	
108590500	20210701	244.59	0.00	244.59	244.59	91232-22	
108590500	20211001	247.09	0.00	247.09	247.09	91232-22	
108590500	20220101	232.36	0.00	232.36	232.36	91232-22	
108591400	20201103	241.45	0.00	241.45	241.45	91232-22	
108591400	20210701	238.21	0.00	238.21	238.21	91232-22	
108591400	20211001	243.18	0.00	243.18	243.18	91232-22	
108591400	20220101	227.73	0.00	227.73	227.73	91232-22	
108728300	20201201	252.50	0.00	252.50	252.50	91232-22	
108728300	20210701	254.62	0.00	254.62	254.62	91232-22	
108728300	20211001	272.31	0.00	272.31	272.31	91232-22	
108728300	20220101	245.68	0.00	245.68	245.68	91232-22	1
110870900	20201119	205.68	0.00	205.68	205.68	91232-22	
110870900	20210701	205.76	0.00	205.76	205.76	91232-22	
110870900	20211001	245.78	0.00	245.78	245.78	91232-22	
110870900	20220101	219.40	0.00	219.40	219.40	91232-22	
112356200	20210930	231.25	0.00	231.25	231.25	91232-22	
112356200	20211001	250.62	0.00	250.62	250.62	91232-22	
112356200	20220101	224.36	0.00	224.36	224.36	91232-22	



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Tallahassee, Florida 32308

SUWANNEE HEALTH AND REHABILITATION CENTER		Provider Nur	Provider Number: 0 005387-00					
1620 HELVENSTON ST SE			Date:			12/1/202	20	
LIVE OAK, FL	32064-3474		Fiscal Year F	End:		6/30/20	14	
			Audit Status:			Field Aud	lited	
Provider Typ		gle Level			Current <u>Rate</u> 247.16	New <u>Rate</u> 246.82	Effective	
Rate	Туре:							
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective da	X Prospective X	_ Total P	Prospective Prospective	with Interim	Component	
Basis:	Budget Unaudited Field audit Desk audit	ted costs	Changes: Rate Semester Change X Field Audit #NH17-043C FYE 6/30/2014					
	gement / Fisco		Medicaid Cos	Zainab Day Medicaid Cost Reimbursement Planning and Finance				
No Chai	nge in Rate							
	ne Office:	Pensacola Administrative Ser 40 South Palafox Place Suite 400 Pensacola, FL 32502		ID: 00529	9704202014	01012014101	22014155217	
WW2ZX	Report Cal	culated: 12/1/2020 2:06:40 PM	Report Printed: 12/1/2020	ID: 00538	8706302014	010120141013	32014155217	



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Tallahassee, Florida 32308

SUWANNEE HEALTH AND REHABILITATION CENTER		Provider Num	Provider Number: 0 005387-00					
1620 HELVENSTON ST SE			Date:		12/1/202	20		
LIVE OAK, FL	32064-3474		Fiscal Year Er	nd:	6/30/20	14		
			Audit Status:		Field Aud	lited		
Provider Typ		gle Level		Current <u>Rate</u> 243.78	New <u>Rate</u> 243.43	Effective <u>Date</u> 9/1/2015		
Rate	Type:							
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective da	X Prospective X	Total Prospectiv Total Prospectiv		Component		
Basis:	Budget Unaudited Field audit Desk audit	ted costs		Rate Semester Change				
	gement / Fisco		Medicaid Cost	Zainab Day Medicaid Cost Reimbursement Planning and Finance				
No Cha	nge in Rate							
	me Office:	Pensacola Administrative Ser 40 South Palafox Place Suite 400 Pensacola, FL 32502		D 0052050<2022	140101201410	22014155215		
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Tallahassee, Florida 32308

INDIGO MAI	NOR		Provider Num	ber:	0 258750	-00	
595 N WILLI	AMSON BLVI)	Date:		2/18/2021		
DAYTONA E	BEACH, FL 32	114	Fiscal Year Er	nd:	6/30/20	14	
			Audit Status:		Field Auc	lited	
Provider T Nursing Ho		de Level		Current <u>Rate</u> 234.28	Rate Rate D		
Rat	te Type:						
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Prospective X	Total Prospective		Component	
Basis:	Budget Unaudited Field audit Desk audit	red costs		emester Change Audit #NH15-058	C FYE 6/30/2	2014	
<u>Distributio</u>	on:			Zainab Day			
Contract Man	nagement / Fisca	al Agent	Medicaid Cost	Reimbursement P	lanning and F	Finance	
Permanent Fi	ile				J		
For I	nformation Onl	y					
No Cl	hange in Rate						
	Iome Office:	Fairfax Senior Living 3989 Chain Bridge Road Fairfax, VA 22030					
5STSF	Report Cal	culated: 2/18/2021 4:16:01 PM R	eport Printed :2/18/2021	D: 25875006302014	1070120130319	92015171837	



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Tallahassee, Florida 32308

HEALTHCAF	RE CENTER OF	JACKSONVILLE	Provider Number:		1 054508	-00	
5377 MONCR	RIEF ROAD		Date:		03/02/2022		
JACKSONVI	LLE, FL 32209		Fiscal Year End:		12/31/201	.7	
			Audit Status:		Unaudite	ed	
Provider T		e Level		Rate Rate Da		Effective <u>Date</u> 12/1/2019	
Rat	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	ter Change			
	Budget	-	X CHOW eff	ective 12/01/2	2019		
X	Unaudited co						
	Field audited						
	Desk audited	d costs					
Distributio	on:		Rebekah Falk				
Contract Man	nagement / Fiscal	Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent Fi	le		\mathcal{O}	0 1 0	() 1		
For In	nformation Only		Kel	bekah	falk		
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Tallahassee, Florida 32308

HEALTHCAR	RE CENTER OF .	JACKSONVILLE	Provider Number:		1 054508-	00	
5377 MONCR	IEF ROAD		Date:	03/02/2022			
JACKSONVIL	LLE, FL 32209		Fiscal Year End:		12/31/201	.7	
			Audit Status:		Unaudite	ed	
Provider Ty Nursing Ho		Level		Current New Effect Rate Rate Da 198.27 200.97 7/1/20			
Rate	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					
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X	Unaudited co	osts					
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	Desk audited	l costs					
Distributio	<u>n:</u>		Rebekah Falk				
Contract Mana	agement / Fiscal .	Agent -	Medicaid Cost Reim			inance	
Permanent File	e		~		7 -		
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Tallahassee, Florida 32308

HEALTHCARE CENTER OF JACKSONVILLE		JACKSONVILLE	Provider Number:		1 054508-00		
5377 MONCRIEF ROAD			Date:		03/02/20	022	
GAINESVILI	LE, FL 32607		Fiscal Year End: 12/31/2018		.8		
			Audit Status:		Unaudite	ed	
Provider T	ype:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Single	e Level		200.97	203.96	10/1/2020	
Rat	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:			Changes:				
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X	Budget Unaudited c	_	X CHOW eff	ective 12/01/	2019		
	Field audite						
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<u>Distributio</u>			Rebekah Falk				
Contract Man	nagement / Fiscal	Agent	Medicaid Cost Rein	bursement P	lanning and F	inance	
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Tallahassee, Florida 32308

HEALTHCA	RE CENTER OF	JACKSONVILLE	Provider Number:		1 054508	-00
5377 MONCE	RIEF ROAD		Date:		03/02/2022	
GAINESVILI	LE, FL 32607		Fiscal Year End:		12/31/201	8
			Audit Status:		Unaudite	ed
Provider T Nursing Ho		e Level		Rate Rate		Effective <u>Date</u> 7/01/2021
Rat	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				
Budget X Unaudited costs Field audited costs		d costs	Changes: Rate Semes CHOW eff	ter Change ective 12/01/	2019	
Distributi	Desk audited	d costs				
Distribution	nagement / Fiscal	Δ gent	Rebekah Falk			
Permanent Fi		1150m	Medicaid Cost Reim			inance
			Kel	rekah	falk	
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No C	hange in Rate					
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Tallahassee, Florida 32308

HEALTHCARE CENTER OF JACKSONVILLE		JACKSONVILLE	Provider Number:		1 054508-00		
5377 MONC	RIEF ROAD		Date:	Date: 03/02/2022 Fiscal Year End: 12/31/2018			
GAINESVIL	LE, FL 32607		Fiscal Year End:				
			Audit Status:		Unaudite	ed	
Provider T		e Level		Current New Effect Rate Rate Date 206.04 226.96 10/1/2			
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	-			
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<u>Distributi</u>	on:			Rebekah Fa	lk		
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Tallahassee, Florida 32308

HEALTHCA	ARE CENTER OF	JACKSONVILLE	Provider Number:		1 054508	-00	
5377 MONC	CRIEF ROAD		Date:		03/02/2022		
JACKSONV	VILLE, FL 32209		Fiscal Year End:		12/31/201	.8	
			Audit Status:		Unaudite	ed	
Provider 7	Type:						
	• •			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	Iome Singl	e Level		<u>226.96</u>	<u>207.03</u>	1/1/2022	
Ra	ate Type:						
X	Interim		Prospective				
		Total Interim —		l Prospective			
		Interim Component		-	with Interim	Component	
	-	Settlement based on cost		1		•	
	X	Prior Provider Prospective data					
		<u> </u>					
Basis:	:]		Changes:				
			Rate Semes	ter Change			
	Budget			ective 12/01/	2019		
X	Unaudited of	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distribut</u>	<u>ion:</u>		Rebekah Falk				
Contract Ma	anagement / Fiscal	Agent	Medicaid Cost Reim			inance	
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Tallahassee, Florida 32308

BREEZE CARE CENTER			Provider Number:		1 078899-00		
1755 18TH S	STREET		Date:	1/31/2022			
SARASOTA	x FL 34234		Fiscal Year End:		2/28/2019	9	
			Audit Status:		Unaudite	ed	
Provider 7			Current New Rate Rate 261.13 261.13		Rate	Effective <u>Date</u>	
Nursing H	Iome Singl	le Level		<u>261.13</u>	<u>261.13</u>	11/22/2020	
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	ter Change ective 11/22/	2020		
X	Unaudited of	Costs	X CHOW eff	ective 11/22/	2020		
	Field audite						
	Desk audite						
<u>Distributi</u>	<u>ion:</u>]	Rebekah Fal	k		
Contract Ma	anagement / Fiscal	l Agent -	Medicaid Cost Rein	nbursement P	lanning and F	inance	
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Tallahassee, Florida 32308

BREEZE CA	RE CENTER		Provider Number:		1 078899-	00
1755 18TH S	TREET		Date:		1/31/202	2
SARASOTA	FL 34234		Fiscal Year End:		2/28/2019)
			Audit Status:		Unaudited	
Provider Type: Nursing Home Single Level		e Level		Current Rate 261.13	New <u>Rate</u> 257.63	Effective <u>Date</u> 7/1/2021
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: Rate Semes	ter Change		
	Budget	-	X CHOW eff	ective 11/22/	2020	
X	Unaudited o					
	Field audite Desk audite					
Distributi	on:]	Rebekah Fal	k	
Contract Ma	nagement / Fiscal	Agent	Medicaid Cost Rein			inance
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Tallahassee, Florida 32308

BREEZE CARE CENTER			Provider Number:		1 078899-00		
1755 18TH S	TREET		Date:		1/31/2022		
SARASOTA	FL 34234		Fiscal Year End:		2/28/2019)	
			Audit Status:		Unaudite	d	
Provider T	Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Singl	le Level		257.63	255.89	10/1/2021	
Rat	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			ective 11/22/	2020		
X	Unaudited	costs					
	Field audite						
	Desk audite	ed costs					
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Tallahassee, Florida 32308

BREEZE CA	ARE CENTER		Provider Number:		1 078899-	00
1755 18TH S	STREET		Date:		1/31/2022	2
SARASOTA	FL 34234		Fiscal Year End:		2/28/2019)
			Audit Status:		Unaudite	d
Provider Type: Nursing Home Single Level		e Level		Current <u>Rate</u> 255.89	New <u>Rate</u> 244.75	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				
Budget X Unaudited costs Field audited costs Desk audited costs		costs d costs	Changes: Rate Semes X CHOW eff	ter Change ective 11/22/2	2020	
<u>Distributi</u>	ion:			Rebekah Fall	k	
Contract Ma	anagement / Fiscal	Agent	Medicaid Cost Rein			inance
Permanent F	File			bekah F	•	
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No C	Change in Rate					
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Tallahassee, Florida 32308

SAINT CARE	CENTER		Provider Number:	1 080823-00	
5888 BLANDI	NG BLVD		Date:	3/8/2022	
JACKSONVIL	LE, FL 32244		Fiscal Year End:	6/30/2017	
			Audit Status:	Unaudited	
Provider Type: Nursing Home Single Level Rate Type: X Interim Total Interim Component Interim Component Settlement based on cost X Prior Provider Prospective data		le Level	Current <u>Rate</u> 247.29	New Effective <u>Rate Date</u> 247.29 12/27/2020	
Rate	e Type:				
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: Rate Semester Change	a.	
	Budget		X CHOW effective 12/2		
X	Unaudited of	costs	-		
	Field audite	ed costs			
	Desk audite	ed costs			
Distribution			Rebekah I	Falk	
	agement / Fiscal	l Agent	Medicaid Cost Reimbursemen	t Planning and Finance	
Permanent File	e		\mathcal{O}_{I}	1 (01	
For In	formation Only		Rebeka	Nfalk	
No Ch	ange in Rate			J	
Но	ome Office:	No Home Office			
XXX806	Report Calc	ulated: 3/8/2022 4:30 PM Report	Printed: 3/8/2022 ID:		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SAINT CARE	AINT CARE CENTER		Provider Number:	1 080823-00	
5888 BLAND	ING BLVD		Date:	3/8/2022	
JACKSONVII	LLE, FL 32244		Fiscal Year End:	6/30/2017	
			Audit Status:	Unaudited	
Provider Ty Nursing Ho	-	e Level	Current <u>Rate</u> 247.29	New Rate Effective Date 243.98 7/1/2021	
Rate	e 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 12/2	27/2020	
X	Unaudited of Field audite				
	Desk audite				
<u>Distributio</u>			Rebekah F	Falk	
	agement / Fiscal	Agent	Medicaid Cost Reimbursemen	•	
Permanent Fil			Rebekah		
	nformation Only		1 West all	yaun	
No Ch	nange in Rate				
Но	ome Office:	No Home Office			
XXX806	Report Calc	ulated: 3/8/2022 4:30 PM Report	Printed: 3/8/2022 ID:		



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Tallahassee, Florida 32308

SAINT CAR	AINT CARE CENTER	Pi	Provider Number: 1 080823-00			-00		
5888 BLAND	DING BLVD		D	ate:		3/8/2022		
JACKSONVI	ILLE, FL 32244		Fi	Fiscal Year End:		6/30/2017		
			A	udit Status:		Unaudite	ed	
Provider T	-	e Level			Current <u>Rate</u> 243.98	New <u>Rate</u> 237.52	Effective <u>Date</u> 10/1/2021	
Rat	te Type:							
X	Interim	Total Interim Interim Component	Pro		Prospective Prospective	e with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Changes:	Rate Semesto	_			
	Budget		X	_ CHOW effe	ctive 12/27/	2020		
X	Unaudited of Field audited							
	Desk audite							
Distribution	on•							
	nagement / Fiscal	l Agent			ebekah Fal		3	
Permanent F	_	6	Medic	caid Cost Reimb		^	inance	
For I	Information Only			Kelo	ekah	falk		
	hange in Rate			, 0-0				
Н	Iome Office:	No Home Office						
XXX806	Report Calc	ulated: 3/8/2022 4:30 PM Repo	ort Printed: 3/8/2	022 ID:				



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Tallahassee, Florida 32308

SAINT CARE	AINT CARE CENTER		Provider Number: 1 0808			23-00	
5888 BLAND	ING BLVD		Date:		3/8/2022		
JACKSONVI	LLE, FL 32244		Fiscal Year	End:	6/30/2017		
			Audit Statu	ıs:	Unaudite	ed	
Provider T Nursing Ho		le Level		New <u>Rate</u> 231.78	Effective <u>Date</u> 1/1/2022		
Rat	te Type:						
Х	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Prospective	Total Prospective		Component	
Budget Unaudited costs Field audited costs Desk audited costs		ed costs		emester Change V effective 12/27/	2020		
Distribution: Contract Management / Fiscal Agent Permanent File				Rebekah Fal Reimbursement F	lanning and I	Finance	
	nformation Only hange in Rate		/(WY CON (juu		
Н	Iome Office:	No Home Office					
XXX806	Report Cala	ulated: 3/8/2022 4:30 PM Reno	ort Printed · 3/8/2022	D.			



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Tallahassee, Florida 32308

WINDSOR (CARE & REHAE	B, LLC	Provider Number:		1 084762-	.00			
501 SOUTH	PALM AVENU	E	Date:		2/7/2022				
PALATKA 1	FL, 32177		Fiscal Year End:		12/31/20	17			
			Audit Status:		Unaudite	ed			
Provider 7			<u>Rate</u> <u>Rate</u>			Effective Date			
Nursing H	Iome Sing	le Level		202.23	<u>204.97</u>	7/1/2020			
Ra	ate Type:								
X	Interim		Prospective	Rate Date 202.23 204.97 7/1/2020 al Prospective al Prospective with Interim Component ester Change Fective 7/1/2020					
		Total Interim		l Prospective					
		Interim Component	Tota	l Prospective	with Interim	Component			
		Settlement based on cost							
	X	Prior Provider Prospective data							
Basis:	:		Changes:	ter Change					
	Budget			-	20				
X	Unaudited	costs							
	Field audit	ed costs							
	Desk audit	ed costs							
<u>Distributi</u>	<u>ion:</u>		Re	bekah Falk					
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	anning and F	inance			
Permanent I	File		2.4		- 11				
For	Information Only	ý	Reb	ekah F	alk				
No (Change in Rate								
]	Home Office:	Windsor Care and Rehab, LLC							
		210 Rolling Ridge Court							
		Roswell, GA 30075							
XXX713	Report Calo		Printed: 2/7/2022 ID:						



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Tallahassee, Florida 32308

WINDSOR C	CARE & REHAE	3, LLC	Provider Number:		1 084762-	00
501 SOUTH	PALM AVENU	TE	Date:		2/7/2022	
PALATKA I	FL, 32177		Fiscal Year End:		12/31/20	18
			Audit Status:		Unaudite	ed
Provider 7	Гуре:					
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Iome Sing	gle Level		204.97	208.45	10/1/2020
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	_		
	Budget		X CHOW eff	ective 7/1/20	20	
X	Unaudited					
	Field audit					
	Desk audit	ted costs				
D						
Distributi			Re	bekah Falk		
	anagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent F			Da 6	ekah F	-06	
For	Information Onl	у	1500	excure 1		
No C	Change in Rate					
I	Home Office:	Windsor Care and Rehab, LLC				
		210 Rolling Ridge Court				
		Roswell, GA 30075				
XXX713	Report Cal	culated: 2/7/2022 5:00 PM Report F	Printed: 2/7/2022 ID:			



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Tallahassee, Florida 32308

WINDSOR C	CARE & REHAB	, LLC	Provider Number:		1 084762-	00	
501 SOUTH	PALM AVENU	Е	Date:		2/7/2022		
PALATKA 1	FL, 32177		Fiscal Year End:		12/31/201	.8	
			Audit Status:		Unaudite	ed	
Provider 7	Гуре:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level		208.45	210.58	7/1/2021	
1 (u1)	ome sing			200115	<u>= 10000</u>	., 1, 1011	
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:				
	Budget		Rate Semes CHOW eff	ter Change ective 7/1/20	20		
X	Unaudited	costs	K CHOW ell	ective //1/20	20		
	Field audit						
	Desk audit						
<u>Distributi</u>	ion:		Re	ebekah Falk			
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Rein		lanning and F	inance	
Permanent I	File						
For	Information Only	y	Reb	ekah F	alk		
No (Change in Rate						
]	Home Office:	Windsor Care and Rehab, LLC					
		210 Rolling Ridge Court					
		Roswell, GA 30075					
XXX713	Report Calo	culated: 2/7/2022 5:00 PM Report P	rinted: 2/7/2022 ID:				



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Tallahassee, Florida 32308

WINDSOR C	ARE & REHAE	3, LLC	Provider Number:		1 084762-	00
501 SOUTH	PALM AVENU	TE	Date:		2/7/2022	
PALATKA F	FL, 32177		Fiscal Year End:		12/31/202	20
			Audit Status:		Unaudite	ed
Provider T	Гуре:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	lome Sing	de Level		210.58	247.47	10/1/2021
3		,				
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	_		
	Budget		X CHOW eff	ective 7/1/20	20	
X	Unaudited					
	Field audit					
	Desk audit	ted costs				
<u>Distributi</u>	on•					
	nagement / Fisca	al Agent		bekah Falk		
Permanent F		m 1150m	Medicaid Cost Reim	bursement P	lanning and F	inance
	ile Information Onl	V	Reb	ekah F	alk	
	Change in Rate	J				
I	Home Office:	Windsor Care and Rehab, LLC				
		210 Rolling Ridge Court				
		Roswell, GA 30075				
XXX713	Report Cal		Printed: 2/7/2022 ID:			



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Tallahassee, Florida 32308

WINDSOR C	CARE & REHAE	3, LLC	Provider Number:		1 084762-0	00	
501 SOUTH	PALM AVENU	ΤΕ	Date:		2/7/2022		
PALATKA I	FL, 32177		Fiscal Year End:		12/31/202	20	
			Audit Status:		Unaudite	d	
Provider 7	Гуре:						
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level		247.47	219.42	1/1/2022	
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	_			
	Budget	-	X CHOW eff	ective 7/1/202	20		
X	Unaudited						
	Field audit						
	Desk audit	ted costs					
D: 4 'I 4'							
Distributi			Re	bekah Falk			
	anagement / Fisca	al Agent	Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent F			Da 6	ekah F	06		
For	Information Only	у	1500	ExCUSE 1 6	w		
No C	Change in Rate						
I	Home Office:	Windsor Care and Rehab, LLC					
		210 Rolling Ridge Court					
		Roswell, GA 30075					
XXX713	Report Cal	culated: 2/7/2022 5:00 PM Report I	Printed: 2/7/2022 ID:				



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Tallahassee, Florida 32308

PARKSIDE H	EALTH AND R	EHABILITATION CENTER	Provider Number:		1 085667-00 03/15/2022		
451 S. AMELI	A AVENUE		Date:				
DELAND FL,	32724		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 235.15	New <u>Rate</u> 235.15	Effective	
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	_	2020		
v	Budget Unaudited of	-	X CHOW eff	ective 11/03/	2020		
X	Field audite						
	Desk audite						
D:-4-:b4:-							
Distribution	II: agement / Fiscal	Agent		Rebekah Fa			
	•	Agent	Medicaid Cost Reim		_	Finance	
Permanent File			Pak	ekah.	Coll		
	formation Only		100	crail;	race		
No Ch	ange in Rate						
Но	ome Office:	Citadel Care Center 1000 Gates Ave, 5th Floor Brooklyn, NY 11221					
XXX720	Report Calc	ulated: 03/15/2022 4:00 PM Report I	Printed: 03/15/2022 ID:				



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Tallahassee, Florida 32308

PARKSIDE HEALTH AND REHABILITATION CENTER			Provider Number:		1 085667-00		
451 S. AMEI	LIA AVENUE		Date:		03/15/2022 12/31/2019		
DELAND FL	ـ, 32724		Fiscal Year End:				
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 235.15	New <u>Rate</u> 232.00	Effective <u>Date</u> 7/1/2021	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		l Prospective		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	tar Changa			
	Budget			ective 11/03/	2020		
X	Unaudited	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
<u>Distributi</u>	on:		Rebekah Falk				
Contract Ma	nagement / Fisca	l Agent	Medicaid Cost Rein			Finance	
Permanent F	ïle				_		
For 1	Information Only	7	Ku	bekah	falk		
No C	hange in Rate				J		
H	Iome Office:	Citadel Care Center 1000 Gates Ave, 5th Floor Brooklyn, NY 11221					
XXX720	Report Calo	culated: 03/15/2022 4:00 PM Report F	Printed: 03/15/2022 ID:				



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Tallahassee, Florida 32308

PARKSIDE HEALTH AND REHABILITATION CENTER			Provider Number:		1 085667-00		
451 S. AMELI	IA AVENUE		Date:		03/15/2022		
DELAND FL,	32724		Fiscal Year End:	12/31/2019)19	
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current Rate 232.00	New <u>Rate</u> 253.67	Effective	
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:	Budget		Changes: Rate Semes CHOW eff	ter Change	2020		
X	Unaudited of	costs	A CHOWCH	000110 117037	2020		
	Field audite						
	Desk audite	d costs					
Distributio	n•						
	11. agement / Fiscal	Agent		Rebekah Fa		<u>.</u>	
Permanent Fil	_	A rigent	Medicaid Cost Reim			Finance	
			Kel	ekah,	falk		
	formation Only		, 000	J -357 C J			
No Cn	ange in Rate						
Но	ome Office:	Citadel Care Center 1000 Gates Ave, 5th Floor Brooklyn, NY 11221					
XXX720	Report Calc	ulated: 03/15/2022 4:00 PM Report	Printed: 03/15/2022 ID:				



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Tallahassee, Florida 32308

PARKSIDE H	EALTH AND F	REHABILITATION CENTER	Provider Number: 1 085667-00				
451 S. AMELI	IA AVENUE		Date:		03/15/2022		
DELAND FL,	32724		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 253.67	New <u>Rate</u> 229.71	Effective <u>Date</u> 1/1/2022	
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:			Changes: Rate Semes	ter Change			
	Budget			ective 11/03/	2020		
X	Unaudited of	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
Distributio	<u>n:</u>			Rebekah Fa	lk		
Contract Man	agement / Fiscal	Agent	Medicaid Cost Reim			Finance	
Permanent Fil	le		_		2		
For In	nformation Only		Keb	ekah.	falk		
No Ch	ange in Rate				1		
Но	ome Office:	Citadel Care Center 1000 Gates Ave, 5th Floor Brooklyn, NY 11221					
XXX720	Report Calc	ulated: 03/15/2022 4:00 PM Report F	Printed: 03/15/2022 ID:				



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Tallahassee, Florida 32308

FLAGLER HI	EALTH AND R	EHABILITATION CENTER	Provider Number: 1 085669-00				
300 S. LEMO	N STREET.		Date:		03/09/2022		
BUNNELL, F	L 32110		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> \$239.06	New <u>Rate</u> \$239.06	Effective	
Rat	е Туре:						
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:	ster Change			
	Budget			fective 11/03/2	2020		
X	Unaudited	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
Distributio	on:			Rebekah Fa	lk		
Contract Man	agement / Fisca	l Agent	Medicaid Cost Rein			inance	
Permanent Fi	le		ρ	a 1 0	C 11		
For In	nformation Only	7	Kel	bekah,	falk		
No Ch	nange in Rate			j			
Н	ome Office:	Citadel Care Center 1000 Gates Ave, 5th Floor Brooklyn, NY 11221					
XXX731	Report Calc	culated: 03/09/2022 12:00 PM Report F	Printed: 03/09/2022 ID:				



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Tallahassee, Florida 32308

FLAGLER HEALTH AND RE	HABILITATION CENTER	Provider Number: 1 085669-00				
300 S. LEMON STREET.		Date:		03/09/2022		
BUNNELL, FL 32110		Fiscal Year End:		12/31/2019		
		Audit Status:		Unaudite	ed	
Provider Type:						
••			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home Single	Level		<u>\$239.06</u> <u>\$235.86</u> <u>7/1/202</u>			
Rate Type:	_					
XInterim		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 11/03/2	2020		
X Unaudited co	sts					
Field audited	costs					
Desk audited	costs					
Distribution:			Rebekah Fa	lk		
Contract Management / Fiscal A	Agent	Medicaid Cost Rein			nance	
Permanent File						
For Information Only		Ke	bekah	fælk		
No Change in Rate				•		
Home Office:	Citadel Care Center					
	1000 Gates Ave, 5th Floor Brooklyn, NY 11221					
XXX731 Report Calcul	•	Printed: 03/09/2022 ID:				



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Tallahassee, Florida 32308

FLAGLER HI	EALTH AND R	Provider Number: 1 085669-00					
300 S. LEMO	N STREET.		Date:		03/09/2022		
BUNNELL, F	L 32110		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 235.86	New <u>Rate</u> 257.09	Effective	
Rat	е Туре:						
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:	ster Change			
	Budget		X CHOW eff	fective 11/03/	2020		
X	Unaudited						
	Field audite						
	Desk audite	ed costs					
Distributio	m·						
	nagement / Fisca	l Agent	Rebekah Falk Medicaid Cost Reimbursement Planning and Finance				
Permanent Fi	•				_	inance	
	nformation Only	1	K	bekah	falk		
	nange in Rate		, 0		<u> </u>		
Н	ome Office:	Citadel Care Center 1000 Gates Ave, 5th Floor Brooklyn, NY 11221					
XXX731	Report Calc	culated: 03/09/2022 12:00 PM Report I	Printed: 03/09/2022 ID:				



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Tallahassee, Florida 32308

FLAGLER HE	EALTH AND R	EHABILITATION CENTER	Provider Number: 1 085669-00				
300 S. LEMO?	N STREET.		Date:		03/09/2022		
BUNNELL, FI	L 32110		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 257.09	New <u>Rate</u> <u>232.26</u>	Effective <u>Date</u> 1/1/2022	
Rate	e Type:						
X	Interim		Prospective				
	_	Total Interim		al Prospective			
		Interim Component		al Prospective		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	ster Change			
	Budget			fective 11/03/	2020		
X	Unaudited	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
Distributio	<u>n:</u>			Rebekah Fa	lk		
Contract Mana	agement / Fisca	l Agent	Medicaid Cost Rein			Finance	
Permanent Fil	e				•		
For In	nformation Only			Pebeka	nfælk		
No Ch	ange in Rate				,		
Но	ome Office:	Citadel Care Center 1000 Gates Ave, 5th Floor Brooklyn, NY 11221					
XXX731	Report Calc	eulated: 03/09/2022 12:00 PM Report F	Printed: 03/09/2022 ID:				



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Tallahassee, Florida 32308

COASTAL H	COASTAL HEALTH AND REHABILITATION CENTER		Provider Number: 1 085670-00				
820 N. CLYD	E MORRIS BL	VD	Date:		3/16/2022		
DAYTONA I	BEACH, FL 321	17	Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider T	ype:						
	. 1			Current	New	Effective	
				<u>Rate</u>	Rate	<u>Date</u>	
Nursing Ho	ome Singl	le Level		<u>226.37</u>	<u>230.21</u>	11/3/2020	
Rat	te Type:						
X	Interim		Prospective				
		Total Interim		al Prospective			
		Interim Component		al Prospective		Component	
		Settlement based on cost		1		1	
	X	Prior Provider Prospective data					
							
Basis:			Changes:				
				ster Change			
	Budget			fective 11/03/	2020		
X	Unaudited of	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
Distribution	on:			Rebekah Fa	11,		
Contract Mar	nagement / Fiscal	l Agent	Medicaid Cost Rein			Finance	
Permanent Fi	ile				•		
For I	nformation Only		Kel	bekah.	falk		
No C	hange in Rate			,			
Н	Iome Office:	Citadel Care Center					
		1000 Gates Ave, 5th Floor					
		Brooklyn, NY 11221					
XXX732	Report Calc	ulated: 3/16/2022 2:00 PM Report	Printed :3/16/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

COASTAL HI	EALTH AND R	EHABILITATION CENTER	Provider Number:		1 085670-00		
820 N. CLYDI	E MORRIS BL	VD	Date:		3/16/2022		
DAYTONA B	EACH, FL 321	17	Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 230.21	New <u>Rate</u> 232.57	Effective <u>Date</u> 07/1/2021	
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:			Changes: Rate Semes	ter Change			
	Budget	-	X CHOW eff	ective 11/03/	2020		
X	Unaudited Fig. 11						
	Field audite Desk audite						
Distributio	<u>n:</u>			Rebekah Fa	lk		
Contract Mana	agement / Fisca	l Agent	Medicaid Cost Reim			Finance	
Permanent Fil	e						
For In	nformation Only	7	Ku	bekah	falk		
No Ch	ange in Rate				J		
Но	ome Office:	Citadel Care Center 1000 Gates Ave, 5th Floor Brooklyn, NY 11221					
XXX732	Report Calc	culated: 3/16/2022 2:00 PM Report I	Printed:3/16/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

COASTAL HEALTH AND REHABILITATION CENTER		REHABILITATION CENTER	Provider Number: 1 085670-00				
820 N. CLYI	DE MORRIS BL	VD	Date:		3/16/2022		
DAYTONA	BEACH, FL 321	17	Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider 7	Гуре:						
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	lome Sing	ingle Level <u>232.57</u> <u>259.92</u> <u>10/1</u>				<u>10/1/2021</u>	
Ra	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:				
				ster Change			
	Budget			fective 11/03/	2020		
X	Unaudited	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
<u>Distributi</u>	on:			Rebekah Fa	lk		
Contract Ma	nagement / Fisca	l Agent	Medicaid Cost Rein			Finance	
Permanent F	ile		_		•		
For	Information Only	1	Ke	bekah	falk		
No C	Change in Rate				,		
F	Home Office:	Citadel Care Center					
•		1000 Gates Ave, 5th Floor Brooklyn, NY 11221					
XXX732	Report Calo	culated: 3/16/2022 2:00 PM Report	Printed :3/16/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

COASTAL HI	EALTH AND R	EHABILITATION CENTER	Provider Number: 1 085670-00				
820 N. CLYD	E MORRIS BLV	VD	Date:		3/16/2022		
DAYTONA B	EACH, FL 3211	17	Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 259.92	New <u>Rate</u> 235.48	Effective <u>Date</u> 1/1/2022	
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	ter Change			
	Budget			ective 11/03/	2020		
X	Unaudited of	costs					
	Field audite						
	Desk audite	ed costs					
Distributio	<u>n:</u>			Rebekah Fa	lk		
Contract Man	agement / Fiscal	Agent	Medicaid Cost Reim			Finance	
Permanent Fil	le				-		
For In	nformation Only		Ke	bekah	falk		
No Ch	nange in Rate				J		
Но	ome Office:	Citadel Care Center 1000 Gates Ave, 5th Floor Brooklyn, NY 11221					
XXX732	Report Calc	ulated: 3/16/2022 2:00 PM Report F	Printed:3/16/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT LAKE PLACID		Provider Number:		1 085905-00			
125 TOMOKA BOULEVARD, S.			Date:		3/29/2022		
LAKE PLAC	CID FL, 33852		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudite	ed	
Provider 7	Туре:						
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level		247.91	247.91	11/3/2020	
Ra	nte 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 eff	ective 11/3/2	020		
X	Unaudited						
	Field audit						
	Desk audit	ed costs					
	_						
<u>Distributi</u>			Rebekah Falk				
	anagement / Fisca	al Agent	Medicaid Cost Reim			Finance	
Permanent F	File		\mathcal{D}	bekah	600		
For	Information Only	ý		OCKAN	falk		
No C	Change in Rate				,		
]	Home Office:	Orchid Cove Health Group					
•		2770 Indian River Blvd Suite 402					
		Vero Beach, FL 32960					
XXX733	Report Calo		Printed:3/29/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

DRCHID COVE AT LAKE PLACID		Provider Number: 1 085905-00				
125 TOMOKA BOULEVARD, S.			Date:		3/29/202	22
LAKE PLAC	CID FL, 33852		Fiscal Year End: Audit Status:		12/31/201	19
					Unaudite	ed
Provider 7	Гуре:					
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Iome Sing	le Level		<u>247.91</u>	244.59	7/1/2021
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 11/3/2	020	
X	Unaudited					
	Field audit					
	Desk audit	ed costs				
<u>Distributi</u>			Rebekah Falk			
	magement / Fisca	al Agent -	Medicaid Cost Rein	nbursement P	lanning and F	Finance
Permanent F	File		\mathcal{O}	1.0	600	
For	Information Only	y	Mel	bekah	falk	
No C	Change in Rate				J	
I	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd Suite 402				
		Vero Beach, FL 32960				
XXX733	Report Cald	culated: 3/29/2022 9:00 AM Report P	rinted:3/29/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT LAKE PLACID		Provider Number:		1 085905-00			
125 TOMOKA BOULEVARD, S.			Date:		3/29/2022		
LAKE PLAC	CID FL, 33852		Fiscal Year End:		12/31/201	19	
			Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 244.59	New <u>Rate</u> 247.09	Effective <u>Date</u> 10/1/2021	
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: Rate Semes	ter Change			
	Budget	-	X CHOW eff	ective 11/3/2	020		
X	Unaudited						
	Field audite						
	Desk audite	ed costs					
<u>Distributi</u>	ion.						
	anagement / Fisca	ıl Agent	Rebekah Falk				
Permanent I	_	ii / igont	Medicaid Cost Reim		_	inance	
			Rah	kah f	o O li		
	Information Only	/	1000	you Cy			
No (Change in Rate						
]	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd Suite 402					
		Vero Beach, FL 32960					
XXX733	Report Calo	culated: 3/29/2022 9:00 AM Report F	Printed:3/29/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

DRCHID COVE AT LAKE PLACID		Provider Number: 1 085905-00					
125 TOMOKA BOULEVARD, S.			Date:		3/29/202	2	
LAKE PLAC	CID FL, 33852		Fiscal Year End: Audit Status:		12/31/20	19	
					Unaudite	ed	
Provider T	Гуре:						
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level		247.09	232.36	1/1/2022	
runsing i		le Level		217.05	<u>=====</u>	1/1/2022	
Ra	te Type:						
	JPC						
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			
	Budget			ective 11/3/2	020		
X	Unaudited	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
<u>Distributi</u>	ion:		Rebekah Falk				
Contract Ma	nagement / Fisca	l Agent -	Medicaid Cost Rein			Finance	
Permanent F	ile				_		
For	Information Only	<i>I</i>	Ke	bekah	falk		
No C	Change in Rate				J		
I	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd Suite 402					
		Vero Beach, FL 32960					
XXX733	Report Calo	culated: 3/29/2022 9:00 AM Report P	rinted:3/29/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT LONGWOOD 1520 S. GRANT ST.			Provider Number:		1 085914-00		
			Date:		2/25/2022		
LONGWOO	DD, FL 32750		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudited		
Provider 7	Туре:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Home Singl	le Level		241.45	<u>241.45</u>	11/3/2020	
Ra	ate 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:	ton Change			
	Budget		Rate Semes CHOW eff	ective 11/03/	2020		
X	Unaudited	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
Distributi	<u>ion:</u>			Rebekah Fa	lk		
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance	
Permanent I	File		D	ebekah ,	Fol6		
For	Information Only	,	/4	weren,	ace		
No (Change in Rate						
]	Home Office:	Orchid Cove Health Group LLC					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX719	Report Calc		Printed :2/25/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT LONGWOOD 1520 S. GRANT ST.			Provider Number:		1 085914-00	
			Date:		2/25/2022	
LONGWOO	DD, FL 32750		Fiscal Year End:	12/31/2019		
			Audit Status:		Unaudi	ted
Provider Type:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Iome Sing	le Level		<u>241.45</u>	238.21	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: Rate Semes	tar Changa		
	Budget			ective 11/03/	2020	
X	Unaudited	costs				
	Field audite	ed costs				
	Desk audite	ed costs				
<u>Distributi</u>	<u>ion:</u>		Rebekah Falk			
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Reim	nbursement P	lanning and I	Finance
Permanent F	File		R	bekah	Falk.	
For	Information Only	1	, ~			
No C	Change in Rate					
1	Home Office:	Orchid Cove Health Group LLC				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX719	Report Calo		Printed: 2/25/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT LONGWOOD			Provider Number:		1 085914-00		
1520 S. GRA	ANT ST.		Date:		2/25/2022 12/31/2019		
LONGWOO	D, FL 32750		Fiscal Year End:				
			Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 238.21	New <u>Rate</u> 243.18	Effective <u>Date</u> 10/1/2021	
Ra	nte Type:						
	-						
X	Interim	Total Interim	Prospective	1 Decompositivo			
		Interim Component		l Prospective	with Interim	Component	
		Settlement based on cost	10ta	ii i iospective	with interim	Component	
	X	Prior Provider Prospective data					
Basis:	:		Changes:	tar Changa			
	Budget			ective 11/03/	2020		
X	Unaudited	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributi</u>	<u>ion:</u>		Rebekah Falk				
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Rein	bursement P	lanning and F	Finance	
Permanent F	File		R	bekah ,	Falle.		
For	Information Only	1	, α	a gaar,	wyc		
No (Change in Rate						
1	Home Office:	Orchid Cove Health Group LLC					
•		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX719	Report Calc		Printed: 2/25/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

DRCHID COVE AT LONGWOOD			Provider Number:		1 085914-00 2/25/2022			
1520 S. GRANT ST.			Date:					
LONGWOOD	D, FL 32750		Fiscal Year End:		12/31/20)19		
			Audit Status:		Unaudi	ted		
Provider Type: Nursing Home Single Level				Current Rate 243.18	New <u>Rate</u> 227.73	Effective		
Rat	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:	Budget Unaudited Field audite Desk audite	ed costs	Changes: Rate Semess X CHOW efform	ter Change ective 11/03/2	2020			
<u>Distributio</u>	<u>on:</u>			Rebekah Fa	lk			
Contract Man	nagement / Fisca	l Agent	Medicaid Cost Reim			inance		
Permanent Fi	le			bekah i				
For I	nformation Only	7	K	DUKUIL 1	ack			
No Cl	hange in Rate							
Н	ome Office:	Orchid Cove Health Group LLC						
		2770 Indian River Blvd #402						
		Vero Beach, FL 32960						
XXX719	Report Calc		Printed: 2/25/2022 ID:					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WEST GABLES HEALTH CARE CENTER 2525 SW 75TH AVENUE			Provider Number:		1 087283-00 2/8/2022		
			Date:				
MIAMI FL, 33	3155		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 247.24	New <u>Rate</u> <u>252.50</u>	Effective	
Rate	е Туре:						
		_					
X	Interim	Total Interior	Prospective	1 D			
		Total Interim Interim Component		l Prospective	with Interim	Component	
		Settlement based on cost	10ta	i i rospective	with interim	Component	
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	tor Changa			
	Budget			ective 12/1/2	020		
X	Unaudited	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
Distributio			Rebekah Falk				
	agement / Fisca	l Agent	Medicaid Cost Reim	bursement P	lanning and F	Finance	
Permanent Fil	le		Re	bekah P	alk		
For Ir	nformation Only	7	,	, ,	-,		
No Ch	nange in Rate						
Н	ome Office:	Marquis Health Consulting Services 1608 RT 88 Suite 301 Brick, NJ 08724					
XXX714	Report Calo	culated: 2/8/2022 3:00 PM Report F	Printed: 2/8/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WEST GABLES HEALTH CARE CENTER			Provider Number: 1 087283-00				
2525 SW 75TH	H AVENUE		Date:		2/8/2022 12/31/2019		
MIAMI FL, 33	3155		Fiscal Year End:				
			Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 252.50	New <u>Rate</u> 254.62	Effective <u>Date</u> 7/1/2021	
Rate	e Type:						
	- J P - 1						
X	_Interim	_	Prospective				
		Total Interim		l Prospective		G	
		Interim Component	Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget			ective 12/1/2	020		
X	Unaudited	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
D: 4 11 4							
Distribution		1 A cont	Rebekah Falk				
	agement / Fisca	n Agent	Medicaid Cost Reim		_	inance	
Permanent File			Re	bekah P	alk		
	formation Only	7					
No Ch	ange in Rate						
Но	ome Office:	Marquis Health Consulting Services 1608 RT 88 Suite 301 Brick, NJ 08724					
XXX714	Report Calo	culated: 2/8/2022 3:00 PM Report F	Printed: 2/8/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WEST GABLES HEALTH CARE CENTER			Provider Number: 1 087283-00				
2525 SW 75TH AVENUE			Date:		2/8/2022		
MIAMI FL, 33	3155		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 254.62	New <u>Rate</u> 272.31	Effective <u>Date</u> 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:			Changes: Rate Semes	ter Change			
	Budget			ective 12/1/2	020		
X	Unaudited	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
Distributio	<u>n:</u>		Rebekah Falk				
Contract Mana	agement / Fisca	l Agent	Medicaid Cost Reim			inance	
Permanent File	e			bekah P	_		
For In	nformation Only	7	,Ce	report 1	ace		
No Ch	ange in Rate						
Но	ome Office:	Marquis Health Consulting Services 1608 RT 88 Suite 301 Brick, NJ 08724					
XXX714	Report Calo	culated: 2/8/2022 3:00 PM Report F	Printed: 2/8/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WEST GABL	ES HEALTH C	CARE CENTER	Provider Number:		1 087283-00 2/8/2022 12/31/2019		
2525 SW 75T	H AVENUE		Date:				
MIAMI FL, 3	3155		Fiscal Year End:				
			Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 272.31	New <u>Rate</u> 245.68	Effective <u>Date</u> 1/1/2022	
Rat	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			ective 12/1/2	020		
X	Unaudited	costs					
	Field audit						
	Desk audit	ed costs					
Distribution	on:			Dahaltah Fa	11-		
	nagement / Fisca	al Agent	Medicaid Cost Reim	Rebekah Fa		inance.	
Permanent Fi	le			bekah P	_		
For I	nformation Only	y	Re	vekan r	ack		
	hange in Rate						
Н	ome Office:	Marquis Health Consulting Services 1608 RT 88 Suite 301 Brick, NJ 08724					
VVV711	Report Cal	culated: 2/8/2022 3:00 PM Report	Printed : 2/8/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT CLEARWATER			Provider Number:	1 108709	1 108709-00		
1980 SUNSET POINT RD			Date:		4/8/2022		
CLEARWAT	ER, FL 33765		Fiscal Year End:		1/31/2020		
			Audit Status:		Unaud	ited	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 201.88	New <u>Rate</u> 205.68	Effective	
Rat	e Type:						
X	Interim		Prospective				
		Total Interim		al Prospective	;		
		Interim Component		_		n Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audited Desk audite	ed costs		ster Change fective 11/19/	2020		
<u>Distributio</u>	<u>on:</u>			Rebekah Fal	lz		
Contract Man	nagement / Fisca	l Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent Fi	le		Rebekah falk				
For I	nformation Only	,	10	wekan	.fdlk		
No Cl	hange in Rate				-		
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX752XX752	Report Calc	rulated: 4/8/2022 8:30AMM Re	port Printed: 4/8/20224/8/2022:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT CLEARWATER			Provider Number:	1 108709-)9-00		
1980 SUNSET POINT RD			Date:		4/8/2022		
CLEARWAT	TER, FL 33765		Fiscal Year End:		1/31/2020		
			Audit Status:		Unaudit	ed	
Provider T	Type:						
				Current	New	Effective	
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing H	ome Singl	le Level		<u>205.68</u>	205.76	7/1/2021	
Rat	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:				
			Rate Semes	ter Change			
	Budget		X CHOW eff	ective 11/19/	2020		
X	Unaudited of						
	Field audite						
	Desk audite	ed costs					
<u>Distribution</u>	on:		Rebekah Falk				
Contract Mai	nagement / Fiscal	l Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent Fi	ile		Rebekah falk				
For I	Information Only		100	exant	fall		
No C	hange in Rate			•			
Н	Iome Office:	Orchid Cove Health Group					
1.		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX752XXX7	752 Report Calc	ulated: 4/8/2022 8:30AMM Report	Printed: 4/8/2022 4/8/2 QD2				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT CLEARWATER			Provider Numb	er:	1 108709-00 4/8/2022		
1980 SUNSET POINT RD			Date:				
CLEARWATE	CR, FL 33765		Fiscal Year End	d:	1/31/2020		
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 205.76	New <u>Rate</u> 245.78	Effective <u>Date</u> 10/1/2021	
Rate	Type:						
X	Interim		Prospective				
	_	Total Interim		Total Prospective	;		
		Interim Component		Total Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective dat	ta				
Basis:	Budget Unaudited of	ed costs		emester Change V effective 11/19/	2020		
	Desk audite	ed costs					
Distribution	<u>n:</u>		Rebekah Falk				
Contract Mana	ngement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	e		·/	Rebekah	600		
For Inf	formation Only			weren	jain		
No Cha	ange in Rate						
Но	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX752XXX752	2 Report Calc	ulated: 4/8/2022 8:30AM	Report Printed : 4/8/2022 4/8/2	D2			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT CLEA	RWATER	Provider Number:		1 108709-00 4/8/2022 1/31/2020		
1980 SUNSET POINT RD		Date:				
CLEARWATER, FL 33765	i .	Fiscal Year End:				
		Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 245.78	New <u>Rate</u> 219.40	Effective	
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:				
Budget			ster Change fective 11/19/	20200		
X Unaudite	ed costs	X CHOW effective 11/19/20200				
	lited costs					
Desk aud	lited costs					
Distribution:						
Contract Management / Fis	scal Agent	Rebekah Falk Medicaid Cost Reimbursement Planning and Finance				
Permanent File	S			_	гшапсе	
For Information Or	nly	Ku	bekah	falk		
No Change in Rate				,		
Home Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX752XXX752 Report C	alculated: 4/8/2022 8:30AMM Rep	oort Printed: 4/8/2022/8/2021D:				



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Tallahassee, Florida 32308

COLONIAL SKILLED NURSING FACILITY, LLC 2090 NORTH CONGRESS AVENUE			Provider Number:		1 123562-00 3/23/2022		
			Date:				
WEST PALM	BEACH, FL 33	401	Fiscal Year End:		12/31/2018		
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 234.39	New <u>Rate</u> 231.25	Effective <u>Date</u> 9/30/2021	
Rate	e Type:						
X	Interim		Prospective				
	– X	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	Budget Unaudited c Field audite Desk audite	d costs	Changes: Rate Semes CHOW eff	ter Change ective 09/30/	2021		
<u>Distribution</u>	<u>n:</u>		R	ebekah Falk			
Contract Mana	agement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	e		Ω	0 1 0			
For In	formation Only		Ku	bekah	falk		
No Ch	ange in Rate				,		
Но	ome Office:	Colonial Skilled Nursing Facility, Ll 2090 N Congress Avenue West Palm Beach, FL 33401	LC				
XXX814	Report Calcu	nlated: 3/23/2022 2:00 PM Report	Printed :3/23/2022 ID:				



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Tallahassee, Florida 32308

COLONIAL SKILLED NURSING FACILITY, LLC 2090 NORTH CONGRESS AVENUE			Provider Number:		1 123562-00 3/23/2022		
			Date:				
WEST PALM	BEACH, FL 33	401	Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 231.25	New <u>Rate</u> 250.62	Effective	
Rate	e Type:						
X	Interim		Prospective				
	– X	Total Interim	<u> </u>	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audite Desk audite	d costs	Changes: Rate Semes CHOW effe	ter Change ective 09/30/	2021		
Distribution	<u>n:</u>		R	ebekah Falk			
Contract Mana	agement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	e				•		
For In	formation Only		Kel	bekah	fælk		
No Cha	ange in Rate				J		
Но	ome Office:	Colonial Skilled Nursing Facility, LI 2090 N Congress Avenue West Palm Beach, FL 33401	.C				
XXX814	Report Calc	ulated: 3/23/2022 2:00 PM Report I	Printed:3/23/2022 ID:				



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Tallahassee, Florida 32308

COLONIAL SKILLED NURSING FACILITY, LLC 2090 NORTH CONGRESS AVENUE			Provider Number:		1 123562-00 3/23/2022		
			Date:				
WEST PALM	BEACH, FL 33	401	Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 250.62	New <u>Rate</u> 224.36	Effective Date 1/1/2022	
Rate	e Type:						
X	Interim		Prospective				
	– X	Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	Budget Unaudited c Field audite Desk audite	d costs	Changes: Rate Semes X CHOW effe	ter Change ective 09/30/	2021		
Distribution	<u>n:</u>		R	ebekah Falk			
Contract Mana	agement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File	e				•		
For In	formation Only		Ke	bekah	.falk		
No Ch	ange in Rate				J		
Но	ome Office:	Colonial Skilled Nursing Facility, LI 2090 N Congress Avenue West Palm Beach, FL 33401	.C				
XXX814	Report Calcu	alated: 3/23/2022 2:00 PM Report I	Printed:3/23/2022 ID:				