SECRETARY



MEMORANDUM

Date: May 27, 2022

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

From: \mathcal{RF} 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.	Consulate Health Care of Lake Parker	0 080393-00	Field Audit	2
2.	Consulate Health Care of North Fort Myers	0 080400-00	Field Audit	1
3.	Consulate Health Care of Orange Park	0 080402-00	Field Audit	2
4.	Consulate Health Care of Safety Harbor	0 080406-00	Effects of FA & RFA	1
5.	Consulate Health Care of Safety Harbor	0 080406-00	Field Audit	2
6.	Consulate Health Care of St. Petersburg	0 080409-00	Field Audit	2
7.	Terraces of Lake Worth Care Center	0 162074-00	FA & RFA	4
8.	Orchid Cove at Venice	1 065145-00	CHOW	6
9.	Gardens Care Center	1 078766-00	CHOW	4
10.	Windsor Health and Rehabilitation Center	1 085910-00	CHOW	4
11.	Riverchase Health and Rehabilitation Center	1 085911-00	CHOW	4
12.	Ventura Health and Rehabilitation Center	1 085922-00	CHOW	4
13.	Advinia Care at Venice	1 096155-00	CHOW	4
14.	Advinia Care at Naples	1 096157-00	CHOW	4
15.	Orchid Cove at Vero Beach	1 096802-00	CHOW	4



16.	Winter Park Care and	1 108305-00	CHOW	6
	Rehabilitation			
17.	Royal Palm Beach Health and	1 108325-00	CHOW	4
	Rehabilitation Center			
18.	Orchid Cove at Palm Harbor	1 108440-00	CHOW	4
19.	Orchid Cove at Dade City	1 108468-00	CHOW	4
20.	Orchid Cove at New Port Richey	1 108699-00	CHOW	4
21.	Bridgewalk on Harden Health and	1 128679-00	CHOW	3
	Rehabilitation, LLC			
			TOTAL:	73

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

RF/mb

Provider Number Provider N			Single Level	Level H: AIDS	Single Level	Single Level		
Number YYYYMMDD (IN1)	Providor		Intermediate	Skilled AIDS	Intermediate II		MEAO	Audit
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	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MFAO	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
110869900	20211001	253.69	0.00	253.69	253.69	91469-22	
110869900	20220101	216.27	0.00	216.27	216.27	91469-22	
112867900	20210910	214.58	0.00	214.58	214.58	91469-22	
112867900	20211001	252.18	0.00	252.18	252.18	91469-22	
112867900	20220101	223 59	0.00	223 59	223 59	91469-22	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH CA	Provider Number:		0 080393-00		
2020 W LAKE PARKER DR	Date:		12/21/20	20	
LAKELAND, FL 33805-500	05	Fiscal Year End:		12/31/20)14
		Audit Status:		Field Aud	lited
Provider Type:					
			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Sing	de Level		<u>200.19</u>	<u>195.14</u>	<u>9/1/2016</u>
Rate Type:					
Interim		X Prospective			
	Total Interim	X Tota	l Prospective		
	Interim Component	Tota	l Prospective	with Interim	Component
	Settlement based on cost				
	Prior Provider Prospective data				
Basis:		Changes:			
		Rate Semes	ter Change		
Budget		X Field Audit	#NH16-113	C FYE 12/31	/2014
Unaudited					
X Field audit					
Desk audit	ed costs				
Distribution:			Zainab Day		
Contract Management / Fisca	al Agent	Medicaid Cost Rein	bursement P	lanning and F	inance
Permanent File					
For Information Only	y				
No Change in Rate					
Home Office:	CMCII				
	800 Concourse Parkway South Maitland, FL 32751				
SEOF7 Report Cal	culated: 12/21/2020 1:05:22 PM Report F	Printed :12/21/2020 ID: 08	03931231201/	101012014111	2015102456



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF LAKE PARKER	Provider Number: 0 080393-00	0 080393-00		
2020 W LAKE PARKER DR	Date: 12/21/2020			
LAKELAND, FL 33805-5005	Fiscal Year End: 12/31/2015			
	Audit Status: Unaudited			
Provider Type: Nursing Home Single Level	Current New Effer Rate Rate Date 200.84 196.23 9/1/2			
Rate Type:				
Interim	X Prospective			
Total Interim	X Total Prospective			
Interim Component	Total Prospective with Interim Compo	nent		
Settlement based on cost				
Prior Provider Prospectiv	e data			
Budget X Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semester Change Effects of Field Audit #NH16-113C FYE 12/31/2014			
Distribution:	Zainab Day			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance			
Permanent File				
For Information Only				
No Change in Rate				
Home Office: CMCII 800 Concourse Parkway S Maitland, FL 32751 SFQE7 Report Calculated: 12/21/2020 1:05:22 PM	Report Printed :12/21/2020 ID: 08039312312015010120150523201610	3604		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF NORTH FT. MYERS 991 PONDELLA RD				Provider Number:		0 080400-00 12/21/2020		
				Date:				
NORTH FORT	MYERS, FL	33903		Fiscal Year End:		12/31/20)14	
				Audit Status:		Field Aud	lited	
Provider Type Nursing Hor	-	le Level			Current <u>Rate</u> 195.89	New <u>Rate</u> 195.09	Effective <u>Date</u> 9/1/2016	
	S				22105			
Rate	Type:							
Basis:	Budget Unaudited Field audit			Tota	al Prospective al Prospective ster Change t #NH16-1110	with Interim		
A	Desk audite							
Distribution					Zainab Day			
Contract Manag	gement / Fisca	l Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File								
For Inf	formation Only	7						
No Cha	nge in Rate							
	me Office:	Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751						
KU0EA	Report Calc	culated: 12/21/2020 11:09:54 AM Report	rt Printed	:12/21/2020 ID: 08	3040012312014	010120141117	72015135946	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

1215 KINGSLEY AVE	Date:	-		
ODANICE DADIL EL 22072			1/4/202	1
ORANGE PARK, FL 32073	Fiscal Year End:		12/31/20	15
	Audit Status:		Field Aud	lited
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 196.53	New <u>Rate</u> 194.92	Effective <u>Date</u> 9/1/2016
Rate Type:				
Interim X	Prospective			
Total Interim	XTota	l Prospective		
Interim Component	Tota	l Prospective	with Interim	Component
Settlement based on cost				
Prior Provider Prospective data				
	1			
Basis: Ch	anges:			
	Rate Semes	_	G EVE 10/01	(2015
Budget Unaudited costs	X Field Audit	#NH16-1600	C FYE 12/31/	/2015
X Field audited costs				
Desk audited costs				
Desk addred costs				
Distribution:		Zainab Day		
Contract Management / Fiscal Agent	Medicaid Cost Reim		anning and F	inance
Permanent File			Ü	
For Information Only				
No Change in Rate				
Home Office: Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751 2VSUF Report Calculated: 1/4/2021 11:00:03 AM Report Printe	od · 1/4/2021 ITD· 00	M0212212015	010120150425	32016151001



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Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF ORANGE PARK		Provider Number:		0 080402-00		
1215 KINGSLEY AVE	Date:		1/4/202	1		
ORANGE PARK, FL 320	073	Fiscal Year End:		12/31/20	15	
		Audit Status:		Field Aud	lited	
Provider Type:						
			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Si	ingle Level		<u>200.61</u>	<u>198.99</u>	<u>9/1/2017</u>	
Rate Type:						
Interim		X Prospective				
	Total Interim	X Tota	l Prospective			
	Interim Component	Tota	l Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
D 1		Rate Semes	_	G EVE 10/01	/2015	
Budget	ted costs	X Field Audi	t #NH16-160	C FYE 12/31	/2015	
	adited costs					
	adited costs					
Dean ac	added costs					
Distribution:			Zainab Day			
Contract Management / F	iscal Agent	Medicaid Cost Rein		lanning and F	inance	
Permanent File				C		
For Information C	Only					
No Change in Rate	e					
Home Office:	Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751					
2VSUF Report		Printed :1/4/2021 ID: 08	040212312015	5010120150425	52016151901	



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Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF SAFETY HARBOR		Provid	er Number:	0 080406-00				
1410 DR MARTIN LUTHER KING JR ST N SAFETY HARBOR, FL 34695-3303			Date:			5/26/2022 12/31/2013		
			Fiscal Year End	Year End:				
Provider Type: Nursing Home Single Level		Audit S	Status:	Current <u>Rate</u> 204.02	New <u>Rate</u> 203.97	Effective		
Rate	Type:							
	Interim	_		pective				
		Total Interim			l Prospective		a	
		Interim Component Settlement based on cost		Tota	ıl Prospective	with Interim	Component	
		Prior Provider Prospective data						
Basis:			Changes:					
	_			Rate Semes	ster Change			
	Budget		X			NH03-045R I		
X	Unaudited			8/31/2001	ior prior prov	ider #226599		
	Field audite Desk audite							
	Desk audite	ed costs						
Distribution	l :				Zainab Day			
Contract Manag	gement / Fisca	l Agent	Medica	id Cost Rein		lanning and F	inance	
Permanent File			1/10/010					
For Info	ormation Only	,						
No Cha	nge in Rate							
Hor	ne Office:	Consulate Management Company						
-101		800 Concourse Parkway South Maitland, FL 32751						
37NO8	Report Calc		Printed :5/26/20)22 ID- 08	040612312013	8010120130528	2014195530	



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Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF SAFETY HARBOR		Provider Number:		0 080406-00		
1410 DR MARTIN LUTHER KING JR ST N			Date:		5/27/202	22
SAFETY HAR	BOR, FL 346	95-3303	Fiscal Year End:		12/31/20)14
			Audit Status:		Field Aud	lited
Provider Type: Nursing Home Single Level		de Level		Current <u>Rate</u> 197.02	New <u>Rate</u> <u>195.75</u>	Effective
Rate	Type:					
Basis:	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		al Prospective	with Interim	Component
	Budget		Rate Semes	_	C FYE 12/31	/2014
	Unaudited					
X	Field audit					
Distribution	<u>1:</u>			Zainab Day		
Contract Mana	gement / Fisca	al Agent	Medicaid Cost Rein			inance
Permanent File	2				_	
For Inf	formation Onl	y				
No Cha	ange in Rate					
Но	me Office:	Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751				
97HWO	Report Cal	culated: 5/27/2022 2:21:09 PM Report	Printed :5/27/2022 ID: 08	304061231201	101012014111	12015111105



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF SAFETY HARBOR 1410 DR MARTIN LUTHER KING JR ST N			Provider Number: Date:			0 080406-00 5/27/2022		
SAFETY HARBOR, FL 346	595-3303		Fiscal Year	End:		12/31/20)16	
			Audit Status	:		Unaudit	ed	
Provider Type: Nursing Home Sing	gle Level	Rate Rate		New <u>Rate</u> 206.33	Effective <u>Date</u> 9/1/2017			
Rate Type:								
Interim		X	Prospectiv	ρ				
Internii	Total Interim		- X		l Prospective			
	Interim Component			_	il Prospective		Component	
	Settlement based on cost			_	a i rospective	W1011 1110011111	component	
	Prior Provider Prospective data	a						
Basis: Budget X Unaudited Field audit Desk audit	ted costs		X Effe		ter Change Field Audit #1	NH16-106C I	FYE	
Distribution:					Zainab Day			
Contract Management / Fisca	al Agent	-	Medicaid Co		bursement P	lanning and F	inance.	
Permanent File			viculcalu CO	ot Rell	ioursement I	and I	mance	
For Information Onl	у							
No Change in Rate	-							
Home Office:	Consulate Management Compa 800 Concourse Parkway South Maitland, FL 32751	-						
97HWO Report Cal	culated: 5/27/2022 2:21:09 PM	Report Printed	:5/27/2022	ID: 08	040612312016	010120160428	32017103946	



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Tallahassee, Florida 32308

CONSULATE	CONSULATE HEALTH CARE OF ST. PETERSBURG			Provider Number: Date:			0 080409-00 5/25/2022		
9393 PARK BLVD									
SEMINOLE, F	FL 33777-4140			Fiscal Year E	End:		12/31/2014		
				Audit Status:			Field Aud	lited	
Provider Type: Nursing Home Single Level						Current <u>Rate</u> 202.97	New <u>Rate</u> 202.08	Effective <u>Date</u> 9/1/2016	
Ü	_								
Rate	e Type:								
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X	Prospective X	_ Total	Prospective	with Interim	Component	
Basis:	Budget Unaudited Field audit Desk audit	red costs	Chan	Rate		er Change #NH16-120	C FYE 12/31.	/2014	
Distributio					1	Zainab Day			
	agement / Fisca	al Agent	N	Medicaid Cos	t Reim	bursement P	anning and F	Finance	
Permanent Fil									
For In	nformation Only	y							
No Ch	ange in Rate								
	ome Office:	Consulate Management Compare 800 Concourse Parkway South Maitland, FL 32751	•						
4QIGI	Report Cal	culated: 5/25/2022 3:51:09 PM Re	eport Printed:	5/25/2022	ID: 080	040912312014	010120141111	12015111750	



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Tallahassee, Florida 32308

CONSULATI	E HEALTH CA	RE OF ST. PETERSBURG		Provider Numb	er:	0 080409-00		
9393 PARK E	9393 PARK BLVD			Date:		5/25/2022		
SEMINOLE,	FL 33777-4140)		Fiscal Year End	l:	12/31/2016		
				Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level					Current <u>Rate</u> 213.23	New <u>Rate</u> 212.60	Effective	
Rat	te Type:							
1444	ie Type.							
Basis:	Budget Unaudited Field audit Desk audit	red costs	Chai	nges:	Total Prospective Total Prospective mester Change of Field Audit #	with Interim		
Distribution: Contract Management / Fiscal Agent			Zainab Day Medicaid Cost Reimbursement Planning and Finance					
	ile information Only hange in Rate	y				J		
Н	Iome Office:	Consulate Management Compare 800 Concourse Parkway South Maitland, FL 32751	ny					
4QIGI	Report Cal	culated: 5/25/2022 3:51:09 PM Re	eport Printed	:5/25/2022 ID): 0804091231201	501012016042	82017104353	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

TERRACES OF LAKE WORTH CARE CENTER			Provider Number: 0 162074-00				-00	
1711 6TH AVE	NUE SOUTH	I	Date:			5/20/2022		
LAKE WORTH	H, FL 33460		Fiscal Y	ear End:		5/31/2016		
			Audit S	tatus:		Revised Field Audit		
Provider Ty	pe:							
_	_				Current	New	Effective	
					<u>Rate</u>	Rate	<u>Date</u>	
Nursing Ho	me Sing	le Level			<u>289.26</u>	<u>289.29</u>	<u>12/1/2015</u>	
Rate	Type:							
X	Interim		Prospe	ective				
	_	Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Changes:					
				Rate Semes	ter Change			
	Budget		X		_	C FYE 5/31/2	2016	
	 Unaudited	costs						
X	Field audit	ed costs						
	Desk audit	ed costs						
Distribution					Zainab Day			
Contract Mana	_	al Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File	;							
For Inf	formation Only	y						
No Cha	ange in Rate							
Но	me Office:	Florida Care, Inc.						
		c/o Apex Healthcare						
		400 Rella Blvd, Suite 200						
		Montebello , NY 10901						
ITWT5	Report Cal	culated: 5/20/2022 4:16:37 PM Reno	rt Printed ·5/20/203	22 ID: 16	207405312016	12012015110°	72017103349	



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Tallahassee, Florida 32308

TERRACES OF LAKE WORTH CARE CENTER			Provider Numbe	er:	0 162074-00		
1711 6TH AVE	ENUE SOUTH	I	Date:		5/20/2022		
LAKE WORTI	H, FL 33460		Fiscal Year End	:	5/31/2016		
			Audit Status:		Revised Field	d Audit	
Provider Ty	pe:			Current Rate	New Rate	Effective Date	
Nursing Ho	me Sing	de Level		<u>295.77</u>	<u>295.80</u>	6/1/2016	
Rate	Type:						
	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		otal Prospective	with Interim	Component	
Basis:	Budget Unaudited Field audit Desk audit	ted costs	i ———	mester Change FA #NH17-0230	C FYE 5/31/2	016	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Zainab Day Medicaid Cost Reimbursement Planning and Finance					
Но	me Office:	Florida Care, Inc. c/o Apex Healthcare 400 Rella Blvd, Suite 200 Montebello , NY 10901					
JTWT5	Report Cal	culated: 5/20/2022 4:16:37 PM Rep	ort Printed :5/20/2022 ID	: 16207405312016	120120151107	2017103349	



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Tallahassee, Florida 32308

TERRACES OF LAKE WORTH CARE CENTER			Provider Number:	:	0 162074-00		
1711 6TH AVE	ENUE SOUTH	I	Date:		5/20/2022		
LAKE WORTH	H, FL 33460		Fiscal Year End:	End: 5/31/2016			
			Audit Status:		Revised Field	d Audit	
Provider Ty	pe:			Current Rate	New <u>Rate</u>	Effective Date	
Nursing Ho	me Sing	de Level		304.03	303.63	<u>9/1/2016</u>	
D. A.	70						
Kate	Type:						
Basis:	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		tal Prospective tal Prospective		Component	
X	Budget Unaudited Field audit Desk audit	ted costs	Rate Seme	ester Change A #NH17-023	C FYE 5/31/2	016	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Zainab Day Medicaid Cost Reimbursement Planning and Finance					
	me Office:	Florida Care, Inc. c/o Apex Healthcare 400 Rella Blvd, Suite 200 Montebello , NY 10901					
JTWT5	Report Cal	culated: 5/20/2022 4:16:37 PM Rep	ort Printed :5/20/2022 ID: 1	16207405312016	5120120151107	72017103349	



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Tallahassee, Florida 32308

TERRACES OF LAKE WORTH CARE CENTER			Provider Number	r :	0 162074-00		
1711 6TH AVE	ENUE SOUTH	[Date:		5/20/2022		
LAKE WORTI	H, FL 33460		Fiscal Year End:	Year End: 5/31/2016			
			Audit Status:		Revised Fiel	d Audit	
Provider Ty	pe:			Current Rate	New <u>Rate</u>	Effective Date	
Nursing Ho	me Sing	le Level		<u>310.05</u>	<u>309.01</u>	<u>9/1/2017</u>	
Rate	Type:						
	X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		otal Prospective		Component	
Basis:	Budget Unaudited Field audit	red costs		nester Change FA #NH17-023	C FYE 5/31/2	016	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Zainab Day Medicaid Cost Reimbursement Planning and Finance					
Но	me Office:	Florida Care, Inc. c/o Apex Healthcare 400 Rella Blvd, Suite 200 Montebello , NY 10901					
JTWT5	Report Cal	culated: 5/20/2022 4:16:37 PM Repo	ort Printed :5/20/2022 ID:	16207405312016	5120120151107	/2017103349	



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Tallahassee, Florida 32308

ORCHID COV	ORCHID COVE AT VENICE				1 065145-00		
1240 PINEBRO	OOK RD		Date:		4/6/2022 1/31/2018		
VENICE, FL 3	34285		Fiscal Year End:				
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 227.92	New <u>Rate</u> 232.22	Effective <u>Date</u> 4/20/2020	
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					
Basis:	P. L.		Changes: Rate Semes	_	2020		
X	Budget Unaudited	costs	X CHOW eff	ective 04/20/	2020		
A	Field audite						
	Desk audite						
Distributio	~.						
·-	11. agement / Fisca	l Agent		Rebekah Fa			
Permanent Fil	_	r Agent	Medicaid Cost Reim			Finance	
	c iformation Only	,	K	bekah	Lolk		
	ange in Rate		, 0	v Of San (June		
Но	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX727	Report Calc	rulated: 4/06/2022 1:45 PM Report	Printed :4/06/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT VENICE			Provider Number:	1 065145	65145-00		
1240 PINEBR	ROOK RD		Date: 4/6/2022)22	
VENICE, FL	34285		Fiscal Year End:		1/31/2018		
			Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 232.22	New <u>Rate</u> 235.38	Effective <u>Date</u> 7/1/2020	
Rat	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:	ter Change			
	Budget		X CHOW eff	ective 04/20/2	2020		
X	Unaudited c						
	Field audite						
	Desk audite	d costs					
-							
<u>Distribution</u>				Rebekah Fa	lk		
	nagement / Fiscal	Agent	Medicaid Cost Rein	bursement P	lanning and I	Finance	
Permanent Fi	ile			7/1.1			
For I	nformation Only		M	ebekal	I falk	-	
No C	hange in Rate				J		
Н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX727	Report Calcu	ulated: 4/06/2022 1:45 PM Report	Printed :4/06/2022 ID:				



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Tallahassee, Florida 32308

ORCHID COV	ORCHID COVE AT VENICE			Provider Number:			
1240 PINEBRO	OOK RD		Date:		4/6/2022		
VENICE, FL 3	34285		Fiscal Year End:		1/31/2020		
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 235.38	New <u>Rate</u> 239.37	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	ter Change			
	Budget	-	X CHOW eff	ective 04/20/	2020		
X	Unaudited co						
	Field audited Desk audited						
	<u> </u>						
Distribution	<u>n:</u>			Rebekah Fa	lk		
Contract Mana	agement / Fiscal	Agent	Medicaid Cost Reim			Finance	
Permanent File	e				_		
For In	formation Only		Ke	bekah	falk		
No Ch	ange in Rate		. •	•	J		
Но	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX727	Report Calcu	lated: 4/06/2022 1:45 PM Report 1	Printed :4/06/2022 ID:				



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Tallahassee, Florida 32308

ORCHID COVE AT	VENICE	Provider Number:	1 065145-00 4/6/2022					
1240 PINEBROOK R	ND .	Date:						
VENICE, FL 34285		Fiscal Year End:	1/31/2020					
		Audit Status:	Unaudited					
Provider Type: Nursing Home	Single Level	Current <u>Rate</u> 239.37	New Rate Effective Date 241.82 7/1/2021					
Rate Type	e:							
X Inter	Total Interim Interim Component Settlement based on cost X Prior Provider Prospective		with Interim Component					
X Un	adget naudited costs eld audited costs esk audited costs	Changes: Rate Semester Change CHOW effective 04/20/2	Rate Semester Change					
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Reimbursement Pla	Rebekah Falk Medicaid Cost Reimbursement Planning and Finance Rebekah Falk					
Home Of	2770 Indian River Blvd #4 Vero Beach, FL 32960	402						
XXX727 Re	eport Calculated: 4/06/2022 1:45 PM	Report Printed: 4/06/2022 ID:						



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Tallahassee, Florida 32308

ORCHID COV	ORCHID COVE AT VENICE			Provider Number:			
1240 PINEBRO	OOK RD		Date:		4/6/2022		
VENICE, FL 3	34285		Fiscal Year End:	1/31/2020)20	
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current Rate 241.82	New <u>Rate</u> 265.00	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:	Budget Unaudited c	osts	Changes: Rate Semes CHOW eff	ter Change ective 04/20/	2020		
	Field audited	d costs					
	Desk audited	d costs					
Distributio	n:			D. I. I. E.	11		
·-	agement / Fiscal	Agent	Medicaid Cost Reim	Rebekah Fa		Ginance	
Permanent Fil	_				_		
For In	formation Only		Ke	bekah	falk		
No Ch	ange in Rate			•	J		
Но	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX727	Report Calcu	llated: 4/06/2022 1:45 PM Report 1	Printed :4/06/2022 ID:				



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Tallahassee, Florida 32308

ORCHID COV	ORCHID COVE AT VENICE			Provider Number:			
1240 PINEBRO	OOK RD		Date:		4/6/2022 1/31/2020		
VENICE, FL 3	34285		Fiscal Year End:				
			Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 265.00	New <u>Rate</u> 240.23	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:	Budget		Changes: Rate Semes CHOW eff	ter Change	2020		
X	Unaudited c	osts	che w ch	001110 0 11201	2020		
	— Field audite						
	Desk audite	d costs					
Distribution	n•						
•	agement / Fiscal	Agent		Rebekah Fa			
Permanent File		· -D	Medicaid Cost Reim		_	inance	
	formation Only		K	be kal	falk		
	ange in Rate		/ (0	o Opan	Cjunc		
Но	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX727	Report Calcu	alated: 4/06/2022 1:45 PM Report I	Printed: 4/06/2022 ID:				



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Tallahassee, Florida 32308

GARDENS C	GARDENS CARE CENTER		Provider Number:		1 078766-00		
190 NE 191 ST	STREET		Date:		2/7/2022		
MIAMI, FL 3	3179		Fiscal Year End:			/2019	
			Audit Status:		Una	udited	
Provider Type:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Single	e Level	<u>272.23</u> <u>272.23</u> <u>11/22/</u>			11/22/2020	
Rat	e Type:						
X	Interim		Prospective				
	_	Total Interim		l Prospective			
		Interim Component		_	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	tor Change			
	Budget		Rate Semes CHOW eff	ter Change ective 11/22/	2020		
X	Unaudited c	osts					
	Field audited	d costs					
	Desk audited	d costs					
Distributio	<u>on:</u>		Rebekah Falk				
Contract Man	nagement / Fiscal	Agent	Medicaid Cost Reim			Finance	
Permanent Fi	le				_		
For In	nformation Only		/U	bekal	I fælk		
No Cl	hange in Rate			-	J		
Н	ome Office:	No Home Office					
XXX712	Report Calcu	alated: 2/7/2022 4:00 PM Report P	rinted:2/7/2022 ID:				



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Tallahassee, Florida 32308

GARDENS (CARE CENTER		Provider Number:		1 078766-00		
190 NE 191 ^s	T STREET		Date:		2/7/2022		
MIAMI, FL 3	33179		Fiscal Year End:		2/28/2019		
			Audit Status:		Unaudited		
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level				272.23	<u>268.58</u>	7/1/2021	
Ra	te Type:						
110	oc zyper						
X	Interim	<u> </u>	Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
200101			Rate Semes	ter Change			
	Budget			ective 11/22/	2020		
X	Unaudited c	osts					
	Field audited	d costs					
	Desk audited	d costs					
Distributi							
Distributi		Agant	Rebekah Falk				
	nagement / Fiscal	Agent	Medicaid Cost Reim		_	inance	
Permanent F			\mathcal{D}_{\cdot}	bekah	(000		
For	Information Only		$/\mathcal{U}$	rekan	fall		
No C	Change in Rate				•		
I	Home Office:	No Home Office					
XXX712	Report Calcu	alated: 2/7/2022 4:00 PM Report I	Printed:2/7/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GARDENS CA	ARE CENTER		Provider Number:		1 078766-00 2/7/2022		
190 NE 191 ST	STREET		Date:				
MIAMI, FL 33	179		Fiscal Year End:		2/28/2019		
			Audit Status:		Unaudi	ted	
Provider Type:				Current	New	Effective	
N	C:l-	T1		<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing Ho	me Single	Level		<u>268.58</u>	<u>255.15</u>	10/1/2021	
Rate	e 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 11/22/	2020		
X	Unaudited co	osts —	CHOW en	ective 11/22/	2020		
	Field audited						
	Desk audited						
Distribution	<u>n:</u>		Rebekah Falk				
Contract Mana	agement / Fiscal	Agent -	Medicaid Cost Rein			inance	
Permanent File	e						
For In	formation Only		KU	bekah	falk		
No Ch	ange in Rate		, 0-0		J		
Но	ome Office:	No Home Office					
XXX712	Report Calcu	lated: 2/7/2022 4:00 PM Report P	rinted: 2/7/2022 ID:				



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Tallahassee, Florida 32308

GARDENS CARE CENTER		Provider Number:		1 078766-00 2/7/2022		
190 NE 191 ST STREET		Date:				
MIAMI, FL 33179		Fiscal Year End:		2/28/2019		
		Audit Status:		Unaudited		
Provider Type:						
			Current	New	Effective	
					<u>Date</u>	
Nursing Home Sing	le Level		<u>255.15</u>	<u>255.15</u>	<u>1/1/2022</u>	
Rate 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 effe	ective 11/22/	2020		
X Unaudited						
Field audit						
Desk audit	ed costs					
Distribution:		R	ebekah Falk			
Contract Management / Fisca	al Agent	Medicaid Cost Reim			inance	
Permanent File				_		
For Information Only	У	Kebe	kah f	alk		
No Change in Rate		, , , ,	,)			
Home Office:						
Home Office:	No Home Office					
XXX712 Report Calo	culated: 2/7/2022 4:00 PM Report I	Printed: 2/7/2022 ID:				



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Tallahassee, Florida 32308

WINDSOR H	HEALTH AND R	REHABILITATION CENTER	Provider Number:		1 085910-00 3/29/2022		
602 EAST LA	AURA STREET		Date:				
STARKE, FI	. 32091		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider Type:				Current Rate	New <u>Rate</u>	Effective Date	
Nursing H	ome Sing	le Level		239.01	239.01	11/3/2020	
Ü	C						
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	tar Changa			
	Budget			ective 11/03/	2020		
X	Unaudited	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributi</u>	on:			Rebekah Fa	lk		
Contract Ma	nagement / Fisca	l Agent	Medicaid Cost Reim	bursement P	lanning and I	Finance	
Permanent F	ile		Ω	, , ,	C 11		
For 1	Information Only	1	Keb	ekah.	falk		
No C	hange in Rate			. ,			
I	Iome Office:	Lilac Health Group					
		140 Gladiola Rd NE					
		Palm Bay, FL 32907					
XXX734	Report Calo	•	Printed :3/29/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WINDSOR HEALTH AND REHABILITATION CENTER		Provider Number: 1 085910-00					
602 EAST LAURA STREET		,	Date:		3/29/20	22	
STARKE, FI	L 32091		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudi	ted	
Provider 7	Гуре:						
	J 1			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	Iome Sing	ele Level		<u>239.01</u>	<u>235.81</u>	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 11/03/2	2020		
X	Unaudited	costs					
	Field audit	ted costs					
	Desk audit	ted costs					
<u>Distributi</u>			Rebekah Falk				
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim	bursement P	lanning and I	Finance	
Permanent F	File		Ω	1 1 0			
For	Information Only	у	Ke	bekah	falk		
No C	Change in Rate		, •	,	J		
I	Home Office:	Lilac Health Group					
		140 Gladiola Rd NE					
		Palm Bay, FL 32907					
XXX734	Report Cal	culated: 3/29/2022 4:00 PM Report	Printed :3/29/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WINDSOR I	WINDSOR HEALTH AND REHABILITATION CENTER		Provider Number:		1 085910-00		
602 EAST L	AURA STREET		Date:		3/29/2022		
STARKE, FI	L 32091		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudited		
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level		235.81	<u>247.52</u>	10/1/2021	
Ra	ite Type:						
X	Interim		Prospective				
		Total Interim		ıl 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	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
<u>Distributi</u>	ion:		Rebekah Falk				
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance	
Permanent F	File				_		
For	Information Only	ý	Kl	bekal	talk		
No C	Change in Rate		, 0	- 1	-]		
I	Home Office:	Lilac Health Group					
		140 Gladiola Rd NE					
		Palm Bay, FL 32907					
XXX734	Report Cald	culated: 3/29/2022 4:00 PM Report F	Printed :3/29/2022 ID:				



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Tallahassee, Florida 32308

WINDSOR I	WINDSOR HEALTH AND REHABILITATION CENTER 602 EAST LAURA STREET				1 085910-00 3/29/2022		
602 EAST L							
STARKE, F	L 32091		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudited		
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level		247.52	224.02	1/1/2022	
Ra	nte Type:						
	- 3 F - 3						
X	Interim	<u></u>	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	•			
	Budget		X CHOW eff	ective 11/03/	2020		
X	Unaudited						
	Field audit						
	Desk audit	ed costs					
D:-4-:14	•						
Distributi		A cont		Rebekah Fa			
	anagement / Fisca	ıı Ageni	Medicaid Cost Rein				
Permanent I			\mathcal{L}	bekah	600		
	Information Only	y	/U	vekal	falk		
No (Change in Rate				•		
]	Home Office:	Lilac Health Group					
		140 Gladiola Rd NE					
		Palm Bay, FL 32907					
XXX734	Report Cal	<u> </u>	rinted:3/29/2022 ID:				



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Tallahassee, Florida 32308

RIVERCHAS	RIVERCHASE HEALTH AND REHABILITATION CENTER		Provider Number: 1 085911-00				
1017 STRON	IG RD		Date:		3/25/20	22	
QUINCY, FL	. 32351		Fiscal Year End:	12/31/2019			
			Audit Status:		Unaudited		
Provider 1	Type:						
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Sing	gle Level		238.49	<u>240.56</u>	11/03/2020	
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	ter Change			
	Budget			ective 11/03/	2020		
X	Unaudited	costs					
	Field audi	ted costs					
	Desk audi	ted costs					
<u>Distributi</u>	on:		Rebekah Falk				
Contract Ma	nagement / Fisc	al Agent	Medicaid Cost Rein	bursement P	lanning and I	Finance	
Permanent F	ile		Ω	a 1 0	() 1		
For]	Information Onl	у	Kel	bekah	falk		
No C	hange in Rate		, 0		J		
H	Iome Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX735	Report Cal	culated: 3/25/2022 12:30 PM Report P	rinted :3/25/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

RIVERCHA	SE HEALTH AN	ID REHABILITATION CENTER	Provider Number:		1 085911-00		
1017 STRONG RD			Date:		3/25/2022		
QUINCY, F	L 32351		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 240.56	New <u>Rate</u> 240.35	Effective <u>Date</u> 7/1/2021		
-							
Ka	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:				
	Budget	-	Rate Semes	ter Change ective 11/03/	2020		
X	Unaudited	costs	X CHOW eff	ective 11/03/.	2020		
Λ	Field audite						
	Desk audite						
<u>Distributi</u>			Rebekah Falk				
Contract Ma	anagement / Fisca	l Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent I	File		Ω	10	[11		
For	Information Only		Keb	ekah,	falk		
No C	Change in Rate			J			
1	Home Office:						
,	Home Office.	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX735	Report Calc	culated: 3/25/2022 12:30 PM Report I	Printed :3/25/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

RIVERCHA	RIVERCHASE HEALTH AND REHABILITATION CENTER		Provider Number: 1 085911-00				
1017 STRON	NG RD		Date:		3/25/202	22	
QUINCY, FI	L 32351		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider 7	Гуре:						
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	lome Sing	le Level		240.35	<u>255.96</u>	10/1/2021	
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 11/03/	2020		
X	Unaudited						
	Field audit						
	Desk audit	red costs					
<u>Distributi</u>	ion:		Rebekah Falk				
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent F	File			7 1 1	C 00		
For	Information Only	y		Wekal	rfælk		
No C	Change in Rate				J		
I	Home Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX735	Report Cal	-	Printed: 3/25/2022 ID:				



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Tallahassee, Florida 32308

RIVERCHA	SE HEALTH AN	ND REHABILITATION CENTER	Provider Number: 1 085911-00				
1017 STRON	NG RD		Date:		3/25/202	22	
QUINCY, FI	L 32351		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider 7	Гуре:						
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	Iome Sing	le Level		<u>255.96</u>	<u>232.28</u>	1/1/2022	
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			ective 11/03/	2020		
X	Unaudited	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
Distributi	ion:		Rebekah Falk				
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim			inance	
Permanent F	File				•		
For	Information Only	y	Ke	bekah	falk		
No C	Change in Rate		, ,				
I	Home Office:	Lilac Health Group					
-		140 Gladiola Rd NE					
		Palm Bay, FL 32907					
XXX735	Report Cal	culated: 3/25/2022 12:30 PM Report F	rinted:3/25/2022 ID:				



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Tallahassee, Florida 32308

VENTURA I	HEALTH AND R	EHABILITATION CENTER	Provider Number:		1 085922-00 3/28/2022		
7900 VENTU	JRE CENTER WA	AY	Date:				
BOYNTON I	BEACH, FL 3343	7	Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider T		e Level		Current <u>Rate</u> 268.37	New <u>Rate</u> 267.35	Effective	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Budget X Unaudited costs Field audited costs Desk audited costs			Changes: Rate Semes X CHOW eff	ter Change ective 11/03/	2020		
<u>Distributi</u>	on:		Rebekah Falk				
Contract Ma	nagement / Fiscal	Agent	Medicaid Cost Reim			Finance	
Permanent F	ïle				_		
For]	Information Only		Ke	bekah	falk		
No C	hange in Rate				J		
	Home Office:						
XXX721	Report Calcu	lated: 3/28/2022 2:30 PM Report I	Printed: 3/28/2022 ID:				



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Tallahassee, Florida 32308

VENTURA HEALTH AND REHABILITATION CENTER		Provider Number:		1 085922-00			
7900 VENTU	7900 VENTURE CENTER WAY				3/28/202	2	
BOYNTON I	BEACH, FL 3343′	7	Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 267.35	New <u>Rate</u> 267.31	Effective <u>Date</u> 7/1/2021	
Rat	te Type:						
T.u.	ес турс.						
X	Interim		Prospective				
		Total Interim	Tota	ıl Prospective			
		Interim Component	Tota	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
	Dudget	-	Rate Semes	ster Change Tective 11/03/	2020		
X	Budget Unaudited co	oets	X CHOW eff	ective 11/03/	2020		
	Field audited						
	Desk audited						
Distribution	on:		Rebekah Falk				
Contract Mar	nagement / Fiscal	Agent	Medicaid Cost Rein			inance	
Permanent F	ile			bekah	$\int n n$		
For I	Information Only		Ke	vekah	falk		
No C	hange in Rate				J		
Н	Iome Office:						
XXX721	Report Calou	lated: 3/28/2022 2:30 PM Report	Printed :3/28/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VENTURA I	HEALTH AND R	EHABILITATION CENTER	Provider Number:		1 085922-00 3/28/2022		
7900 VENTU	JRE CENTER W.	AY	Date:				
BOYNTON	BEACH, FL 3343	7	Fiscal Year End:		12/31/20	2/31/2019	
			Audit Status:		Unaudit	ed	
Provider To Nursing H		e Level		Current <u>Rate</u> 267.31	New <u>Rate</u> 288.13	Effective	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Budget X Unaudited costs Field audited costs Desk audited costs			Changes: Rate Semes CHOW eff	ter Change ective 11/03/	2020		
Distribution:			Rebekah Falk				
	nagement / Fiscal	Agent	Medicaid Cost Reim	bursement P	lanning and F	Finance	
Permanent F			D	bekah	600		
	Information Only		M	rekoul	.fall		
No C	Change in Rate						
I	Home Office:						
XXX721	Report Calcu	alated: 3/28/2022 2:30 PM Report I	Printed: 3/28/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VENTURA H	VENTURA HEALTH AND REHABILITATION CENTER		Provider Number:		1 085922-00		
7900 VENTU	7900 VENTURE CENTER WAY				3/28/2022		
BOYNTON B	EACH, FL 33437		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ted	
Provider Type: Nursing Home Single Level				Current Rate 288.13	New <u>Rate</u> 259.81	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:	Budget Unaudited co Field audited Desk audited	osts	Rate Semester Change X CHOW effective 11/03/2020				
Distributio			Rebekah Falk				
	agement / Fiscal A	Agent	Medicaid Cost Rein	nbursement P	lanning and H	Finance	
Permanent Fil	le		(I)	1.1.1.	600		
For Ir	nformation Only		Me	bekah	falk		
No Ch	ange in Rate				,		
	ome Office:						
XXX721	Report Calcul	ated: 3/28/2022 2:30 PM Report Pr	rinted:3/28/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ADVINIA CA	ADVINIA CARE AT VENICE 950 PINEBROOK RD				1 096155-00 4/20/2022		
950 PINEBRO							
VENICE, FL 3	34285		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level				Current Rate 228.73	New <u>Rate</u> 229.25	Effective	
Rate	е Туре:						
X	Interim		Prospective				
71	_ memi	Total Interim		l Prospective			
		Interim Component		l Prospective		Component	
	-	Settlement based on cost		1		1	
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	tar Changa			
	Budget			ective 4/23/2	021		
X	Unaudited co	osts					
	Field audited	costs					
	Desk audited	costs					
Distributio	<u>n:</u>		Rebekah Falk				
Contract Mana	agement / Fiscal .	Agent -	Medicaid Cost Rein	bursement P	lanning and I	Finance	
Permanent Fil	e				_		
For In	formation Only		Kel	rekah	falk		
No Ch	ange in Rate			,	l		
Но	ome Office:	No Home Office					
XXX738	Report Calcul	lated: 4/20/2022 10:00 AM Report P	Printed: 4/20/2022 ID:				



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Tallahassee, Florida 32308

ADVINIA CAI	ADVINIA CARE AT VENICE				1 096155-00		
950 PINEBRO	OK RD		Date:		4/20/2022 12/31/2019		
VENICE, FL 3	4285		Fiscal Year End:				
			Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 229.25	New <u>Rate</u> 226.18	Effective <u>Date</u> 7/1/2021	
_							
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:			Changes: Rate Semes	ter Change			
	Budget			ective 4/23/2	021		
X	Unaudited co	osts					
	Field audited	l costs					
	Desk audited	l costs					
Distribution	<u>n:</u>		Rebekah Falk				
Contract Mana	agement / Fiscal	Agent -	Medicaid Cost Reim			Finance	
Permanent File	e				_		
For In	formation Only		Kel	bekah	falk		
No Cha	ange in Rate		. •	,	J		
Но	ome Office:	No Home Office					
XXX738	Report Calcu	lated: 4/20/2022 10:00 AM Report P	rinted:4/20/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ADVINIA CA	ADVINIA CARE AT VENICE				1 096155-00		
950 PINEBROOK RD			Date:		4/20/2022	2	
VENICE, FL	34285		Fiscal Year End:		12/31/202	20	
			Audit Status:		Unaudite	ed	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Singl	e Level		<u>226.18</u>	<u>247.58</u>	10/1/2021	
Rat	te Type:						
X	Interim		Dragnastiva				
Λ	memi	Total Interim	Prospective Total	l Prospective			
		Interim Component		l Prospective		Component	
		Settlement based on cost		r			
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget			ective 4/23/2	021		
X	Unaudited o	eosts					
	Field audite						
	Desk audite	d costs					
<u>Distributi</u>		_	Rebekah Falk				
	nagement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent F			\mathcal{D}	la Lala	Colle		
For 1	Information Only		/ W	bekah	jalu		
No C	hange in Rate				-		
H	Home Office:	No Home Office					
XXX738	Report Calcu	ulated: 4/20/2022 10:00 AM Report P	rinted :4/20/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ADVINIA CA	RE AT VENICE		Provider Number:		1 096155-00		
950 PINEBRO	OOK RD		Date:		4/20/2022		
VENICE, FL 3	34285		Fiscal Year End:		12/31/2020		
			Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 247.58	New <u>Rate</u> 222.29	Effective <u>Date</u> 1/1/2022	
Rate	e Type:						
		_					
X	Interim	Total Interior	Prospective	1 Dan			
		Total Interim Interim Component		l Prospective		Component	
		Settlement based on cost	10ta	i r iospective	with interim	Component	
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget			ective 4/23/2	021		
X	Unaudited co	osts					
	Field audited	costs					
	Desk audited	costs					
<u>Distributio</u>		_	Rebekah Falk				
	agement / Fiscal	Agent	Medicaid Cost Reim	bursement P	lanning and I	Finance	
Permanent Fil	le		$\mathcal{D}_{\mathcal{A}}$	1 1 10 /0	C. O. A.		
For In	nformation Only		100	ekah.	fall		
No Ch	ange in Rate			•			
Но	ome Office:	No Home Office					
XXX738	Report Calcul	lated: 4/20/2022 10:00 AM Report P	Printed: 4/20/2022 ID:				



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Tallahassee, Florida 32308

ADVINIA CA	ARE AT NAPLES		Provider Number:		1 096157-00		
7801 AIRPOR	RT PULLING RD	N	Date:		4/18/2022		
NAPLES, FL	34109		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 275.75	New <u>Rate</u> 275.75	Effective <u>Date</u> 4/23/2021	
Rat	те Туре:						
	T	_					
X	Interim	Total Interim	Prospective	1 Prospostivo			
		Interim Component		l Prospective		Component	
		Settlement based on cost	10ta	i i rospective	with interim	Component	
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	tar Changa			
	Budget			ective 4/23/2	021		
X	Unaudited co	osts					
	Field audited	costs					
	Desk audited	costs					
Distribution			Rebekah Falk				
Contract Mar	nagement / Fiscal	Agent	Medicaid Cost Rein	bursement P	lanning and I	Finance	
Permanent Fi	ile		\mathcal{D}_{ℓ}	1. /	(00		
For I	nformation Only		Mel	ekah.	falk		
No Cl	hange in Rate			J			
Н	Iome Office:	No Home Office					
XXX739	Report Calcul	lated: 4/18/2022 2:00 PM Report P	rinted:4/18/2022 ID:				



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Tallahassee, Florida 32308

ADVINIA CA	RE AT NAPLES		Provider Number:		1 096157-00		
7801 AIRPOR	T PULLING RD	N	Date:		4/18/2022		
NAPLES, FL	34109		Fiscal Year End:		12/31/2019		
			Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 275.75	New <u>Rate</u> 272.05	Effective <u>Date</u> 7/1/2021	
Rate	е Туре:						
X	_Interim		Prospective	15			
		Total Interim		l Prospective		C	
		Interim Component Settlement based on cost	10ta	1 Prospective	with interim	Component	
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	ter Change			
	Budget			ective 4/23/2	021		
X	Unaudited co	osts					
	Field audited	costs					
	Desk audited	costs					
75. (17. (1							
<u>Distributio</u>		_		Rebekah Fa	lk		
	agement / Fiscal A	Agent	Medicaid Cost Reim		_	Finance	
Permanent Fil			\mathcal{O}	1.1.0	600		
For In	nformation Only		Mu	bekah	falk		
No Ch	nange in Rate				,		
Но	ome Office:	No Home Office					
XXX739	Report Calcul	lated: 4/18/2022 2:00 PM Report P	rinted :4/18/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ADVINIA CA	ADVINIA CARE AT NAPLES		Provider Number:		1 096157-00		
7801 AIRPOR	T PULLING RD	N	Date:		4/18/2022 12/31/2019		
NAPLES, FL 3	34109		Fiscal Year End:				
			Audit Status:		Unaudite	ed	
Provider Ty	ype:			G	N	Ecc:	
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Single	Level		<u>272.05</u>	<u>258.45</u>	10/1/2021	
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:	. Classic			
	Budget		Rate Semes CHOW eff	ective 4/23/2	021		
X	Unaudited co	osts					
	Field audited	costs					
	Desk audited	costs					
Distribution	<u>n:</u>		Rebekah Falk				
Contract Mana	agement / Fiscal A	Agent -	Medicaid Cost Rein			Finance	
Permanent File	le				_		
For In	nformation Only		Kl	bekah	falk		
No Ch	ange in Rate		. •	•	J		
Но	ome Office:	No Home Office					
XXX739	Report Calcul	lated: 4/18/2022 2:00 PM Report P	rinted:4/18/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ADVINIA CARE AT NAPLES	ADVINIA CARE AT NAPLES			1 096157-00		
7801 AIRPORT PULLING RD	Date:		4/18/2022 12/31/2019			
NAPLES, FL 34109	Fiscal Year End:					
		Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single	Level		Current <u>Rate</u> 258.45	New <u>Rate</u> 258.45	Effective <u>Date</u> 1/1/2022	
Rate Type:						
X Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective		Component	
Basis: Budget X Unaudited confield audited Desk audited	costs	Changes: Rate Semes CHOW effe	ter Change ective 4/23/2	021		
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate		Rebekah Falk Medicaid Cost Reimbursement Planning and Finance Rebekah Falk				
Home Office:	No Home Office	rt Printed ·4/18/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT VERO BEACH		BEACH	Provider Number:	1 096802-00		
2180 10TH A	AVENUE		Date:		3/31/2022	
VERO BEAG	CH, FL 32960		Fiscal Year End:		12/31/2018	3
			Audit Status:		Unaudited	[
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Iome Sino	gle Level		\$245.29	\$245.29	12/16/2020
				<u> </u>		
Ra	te Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim (Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:	G!		
	Budget	-	Rate Semes CHOW eff	ter Change ective 12/16/2	2020	
X	Unaudited	costs	A CHOWCH	CCIIVC 12/10/2	.020	
	—— Field audi	ted costs				
	Desk audi	ted costs				
<u>Distributi</u>			Rebekah Falk			
	anagement / Fisc	al Agent	Medicaid Cost Rein	bursement Pl	anning and Fi	nance
Permanent F	File		\mathcal{D}	bekah	Colle	
For	Information Onl	у		veran	.falk	
No C	Change in Rate				,	
I	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX740	Report Cal	lculated: 3/31/2022 8:30 AM Report F	Printed:3/31/2022 ID:			



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Tallahassee, Florida 32308

ORCHID COVE AT VERO BEACH		BEACH	Provider Number:	1 096802-00		
2180 10TH A	AVENUE		Date:		3/31/2022	
VERO BEAC	CH, FL 32960		Fiscal Year End:		12/31/2018	8
			Audit Status:		Unaudited	i
Provider T	Гуре:					
				Current	New	Effective
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing H	lome Sing	gle Level		<u>\$245.29</u>	<u>\$242.00</u>	<u>7/1/2021</u>
Ra	te Type:					
	J.F					
X	Interim		Prospective			
		Total Interim	Tota	1 Prospective		
		Interim Component	Tota	1 Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
			Rate Semes	ter Change		
	Budget		X CHOW eff	ective 12/16/2	2020	
X	Unaudited	costs				
	Field audit					
	Desk audit	ted costs				
<u>Distributi</u>	ion:			Rebekah Fal	k	
Contract Ma	nagement / Fisca	al Agent	Medicaid Cost Reim	bursement Pl	anning and Fi	nance
Permanent F	File		_			
For 1	Information Onl	у	Ke	bekah	falk	
No C	Change in Rate		, ,	, -	J	
I	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX740	Report Cal		Printed:3/31/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT VERO BEACH		BEACH	Provider Number:	1 096802-00			
2180 10TH A	AVENUE		Date:		3/31/2022		
VERO BEAG	CH, FL 32960		Fiscal Year End: Audit Status:		12/31/2019)	
					Unaudited	1	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level		<u>\$242.00</u>	<u>\$258.78</u>	10/1/2021	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim	Tota	l Prospective			
		Interim Component	Tota	1 Prospective	with Interim (Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget	-	X CHOW eff	ective 12/16/2	2020		
X	Unaudited						
	Field audit						
	Desk audit	ed costs					
<u>Distributi</u>		-	Rebekah Falk				
	nnagement / Fisca	u Agent	Medicaid Cost Rein	bursement Pl	anning and Fi	nance	
Permanent F			D.	bekah	(,00		
For	Information Only	y		vekal(jalu		
No C	Change in Rate				-		
I	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX740	Report Cald	culated: 3/31/2022 8:30 AM Report P	rinted:3/31/2022 ID:				



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Tallahassee, Florida 32308

ORCHID COVE AT VERO BEACH		BEACH	Provider Number:	1 096802-00		
2180 10TH A	AVENUE		Date:		3/31/2022	
VERO BEAG	CH, FL 32960		Fiscal Year End:		12/31/2019)
			Audit Status:		Unaudited	l
Provider 7	Гуре:					
				Current	New	Effective
				<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing H	Iome Sing	gle Level		<u>\$258.78</u>	<u>\$233.64</u>	<u>1/1/2022</u>
Ra	te Type:					
X	Interim		Prospective			
		Total Interim		1 Prospective		
		Interim Component	Tota	1 Prospective	with Interim	Component
		Settlement based on cost		_		_
	X	Prior Provider Prospective data				
Basis:			Changes:			
245151			Rate Semes	ter Change		
	Budget			ective 12/16/2	2020	
X	 Unaudited	costs				
	Field audit	ted costs				
	Desk audit	ted costs				
<u>Distributi</u>	ion:				_	
	nagement / Fisca	al Agent	Medicaid Cost Reim	Rebekah Fal		nanca
Permanent F	_	Ç				
For	Information Onl	y	K	ebekal	rfalk	
No C	Change in Rate			•	J	
H	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX740	Report Cal	culated: 3/31/2022 8:30 AM Report F	Printed: 3/31/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WINTER PARK CARE AND REHABILITATION		Provider Number:		1 108305-00 5/13/2022			
2970 SCARLETT RD			Date:				
WINTER PA	ARK, FL 32792		Fiscal Year End:		12/31/20	17	
			Audit Status:		Unaudi	ted	
Provider 7	Гуре:						
	<i>.</i> 1			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	Iome Sing	gle Level		<u>203.87</u>	<u>207.72</u>	4/1/2020	
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component				Component	
		Settlement based on cost		•		•	
	X	Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes	ter Change			
	Budget			ective 4/01/2	020		
X	Unaudited	costs					
	Field audit	ted costs					
	Desk audit	ted costs					
Distributi	ion:		Rebekah Falk				
Contract Ma	anagement / Fisca	al Agent -	Medicaid Cost Reim			inance	
Permanent F	File		_	_	<u></u>		
For	Information Onl	у	Ke	bekal	falk		
No C	Change in Rate		, •	•	J		
I	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX817	Report Cal		rinted:5/13/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WINTER PARK CARE AND REHABILITATION		REHABILITATION	Provider Number:		1 108305-00		
2970 SCARLETT RD			Date:		5/13/20	22	
WINTER PA	ARK, FL 32792		Fiscal Year End: Audit Status:		12/31/20	17	
					Unaudi	ted	
Provider 7	Гуре:			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	Iome Sing	le Level		207.72	210.54	7/1/2020	
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	ter Change			
	Budget		X CHOW eff	ective 4/01/2	020		
X	Unaudited	costs					
	Field audit	ed costs					
	Desk audit	ed costs					
<u>Distributi</u>			Rebekah Falk				
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Rein	nbursement P	lanning and l	Finance	
Permanent F	File		(f)	bekal	$\int_{\Omega} \Omega dx$		
For	Information Only	y		vekar	falk		
No C	Change in Rate				,		
1	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX817	Report Calo	culated: 5/13/2022 9:00 AM Report P	Printed:5/13/2022 ID:				



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Tallahassee, Florida 32308

WINTER PARK CARE AND REHABILITATION		O REHABILITATION	Provider Number:	1 108305-00			
2970 SCARLETT RD			Date:		5/13/2022		
WINTER PA	ARK, FL 32792		Fiscal Year End: Audit Status:		9/30/20	18	
					Unaudi	ted	
Provider 7	Гуре:						
	J 1			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing H	Iome Sing	gle Level		<u>205.11</u>	<u>208.58</u>	10/1/2020	
	. m						
Ka	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					
D							
Basis:		L	Changes:	C-1			
	Davidensk	-	Rate Semes	_	20		
X	Budget Unaudited	ansts.	X CHOW eff	ective 4/01/2	J20		
Λ	Field audit						
	Desk audit						
	BCSK audit	icu costs					
<u>Distributi</u>	ion:		Rebekah Falk				
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Reim			Finance	
Permanent F	File			_	<u></u>		
For	Information Onl	y	Kl	bekal	falk		
No C	Change in Rate				j		
I	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX817	Report Cal	culated: 5/13/2022 9:00 AM Report F	Printed:5/13/2022 ID:				



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Tallahassee, Florida 32308

WINTER PARK CARE AND REHABILITATION		Provider Number:	1 108305-00			
2970 SCARLETT RD			Date:		5/13/20	22
WINTER PA	ARK, FL 32792		Fiscal Year End: Audit Status:		12/31/20	19
					Unaudi	ted
Provider T	Гуре:					
	• •			Current	New	Effective
				<u>Rate</u>	Rate	<u>Date</u>
Nursing H	lome Sing	gle Level		<u>214.11</u>	<u>216.30</u>	<u>7/1/2021</u>
Ra	te Type:					
X	Interim		Prospective			
		Total Interim		l Prospective		
		Interim Component	Tota	l Prospective	with Interim	Component
		Settlement based on cost				
	X	Prior Provider Prospective data				
Basis:			Changes:			
2005150			Rate Semes	ter Change		
	Budget			ective 4/01/2	020	
X	 Unaudited	costs				
	Field audi	ted costs				
	Desk audi	ted costs				
<u>Distributi</u>	ion•					
	nagement / Fisc	al Agent -		Rebekah Fa		
Permanent F	_		Medicaid Cost Reim	_	_	
For	Information Onl	у	Ki	bekal	falk	
No C	Change in Rate			·	J	
I	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX817	Report Cal		Printed:5/13/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WINTER PARK CARE AND REHABILITATION		REHABILITATION	Provider Number:	1 108305-00		
2970 SCARLETT RD			Date:	5/13/2022		
WINTER PA	ARK, FL 32792		Fiscal Year End: Audit Status:	12/31/2019		
					Unaudi	ted
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing H	Iome Sing	le Level		<u>216.30</u>	<u>252.31</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:	:		Changes:	. C'		
	Budget		Rate Semes CHOW eff	ter Change ective 4/01/2	020	
X	Unaudited	costs	A CHOW CH	cctive 4/01/2	020	
	Field audit					
	Desk audit	ed costs				
<u>Distributi</u>	<u>ion:</u>		Rebekah Falk			
Contract Ma	anagement / Fisca	d Agent	Medicaid Cost Reim			Finance
Permanent F	File			_	Š	
For	Information Only	/		bekal	Lfalk	
No C	Change in Rate		. •	•	J	
I	Home Office:	Orchid Cove Health Group				
		2770 Indian River Blvd #402				
		Vero Beach, FL 32960				
XXX817	Report Calo		rinted:5/13/2022 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WINTER PA	WINTER PARK CARE AND REHABILITATION		Provider Number:		1 108305-00		
2970 SCARLETT RD			Date:		5/13/20	22	
WINTER PA	ARK, FL 32792		Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudi	ted	
Provider 7	Гуре:						
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level		<u>252.31</u>	225.38	1/1/2022	
Ra	te Type:						
X	Interim	_	Prospective				
		Total Interim	Tota	ıl 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 4/01/2	020		
X	Unaudited						
	Field audit						
	Desk audit	ed costs					
<u>Distributi</u>	ion:		Rebekah Falk				
Contract Ma	anagement / Fisca	al Agent	Medicaid Cost Rein	nbursement P	lanning and I	Finance	
Permanent I	File			bekal	$\int \Omega d$		
For	Information Only	ý	M	vekal	Lfalk		
No C	Change in Rate				J		
]	Home Office:	Orchid Cove Health Group					
		2770 Indian River Blvd #402					
		Vero Beach, FL 32960					
XXX817	Report Cald	culated: 5/13/2022 9:00 AM Report F	Printed:5/13/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ROYAL PAL	OYAL PALM BEACH HEALTH AND REHABILITATION CENTER				1 108325-00		
600 BUSINES	SS PARKWAY		Date:		3/30/2022		
ROYAL PAL	M BEACH, FL	33411	Fiscal Year End:		12/31/20)19	
			Audit Status:		Unaudi	ted	
Provider T	ype:						
	• •			Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level		<u>252.02</u>	<u>258.04</u>	<u>11/3/2020</u>	
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:		Cha	anges:				
			Rate Semes	ter Change			
	Budget			ective 11/03/2	2020		
X	Unaudited of	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
Distribution	on:		Rebekah Falk				
Contract Mar	nagement / Fiscal	l Agent —	Medicaid Cost Rein			inance	
Permanent Fi	ile		_				
For I	nformation Only		Ke	bekah	falk		
No Cl	hange in Rate				J		
Н	Iome Office:	Lilac Health Group					
		140 Gladiola Rd NE Palm Bay, FL 32907					
XXX744	Report Calc	ulated: 3/30/2022 1:30 PM Report Printe	d: 3/30/2022 ID:				



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Tallahassee, Florida 32308

ROYAL PAL	OYAL PALM BEACH HEALTH AND REHABILITATION CENTER			1 108325-00			
600 BUSINES	SS PARKWAY		Date:		3/30/2022		
ROYAL PAL	M BEACH, FL	33411	Fiscal Year End:		12/31/20	19	
			Audit Status:		Unaudit	ed	
Provider T	Type:			a .	N.	Tice d	
				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Sing	le Level		258.04	260.70	7/1/2021	
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:		Cha	anges:				
			Rate Semes	_			
37	Budget		X CHOW eff	ective 11/03/	2020		
X	Unaudited Field audite						
	Desk audite						
<u>Distributio</u>	on:			Rebekah Fa	lk		
Contract Mai	nagement / Fisca	l Agent —	Medicaid Cost Rein			inance	
Permanent Fi	ile		_		~ ·		
For I	nformation Only	7	Ke	bekah	falk		
No C	hange in Rate			•	J		
Н	Iome Office:	Lilac Health Group 140 Gladiola Rd NE Palm Bay, FL 32907					
XXX744	Report Calc	culated: 3/30/2022 1:30 PM Report Printe	d: 3/30/2022 ID:				



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Tallahassee, Florida 32308

ROYAL PAL	M BEACH HEA	ALTH AND REHABILITATION CENTER	Provider Number: 1 108325-00				
600 BUSINES	SS PARKWAY		Date:		3/30/20	22	
ROYAL PAL	M BEACH, FL	33411	Fiscal Year End:		12/31/20	019	
			Audit Status:		Unaudi	ted	
Provider T	'ype:						
				Current	New	Effective	
.	G.			Rate	Rate	<u>Date</u>	
Nursing H	ome Singl	le Level		<u>260.70</u>	<u>282.33</u>	<u>10/1/2021</u>	
Dot	te Type:						
Kat	te Type:						
X	Interim		Prospective				
		Total Interim		al Prospective	;		
		Interim Component	Tota	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:		Ch	anges:				
			Rate Semes	_			
	Budget		X CHOW eff	fective 11/03/	2020		
X	Unaudited						
	Field audite						
	Desk audite	ed costs					
Distribution							
Distribution Contract More		1 A cont	Rebekah Falk				
	nagement / Fisca	i Ageiii	Medicaid Cost Rein			Finance	
Permanent Fi				bekah	Loll		
	nformation Only	,		vytov (Jum.		
No C	hange in Rate						
Н	Iome Office:	Lilac Health Group					
		140 Gladiola Rd NE					
		Palm Bay, FL 32907					
VVV744	Report Cala	gulated: 3/30/2022 1:30 PM Report Prints	ed · 3/30/2022 ID·				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ROYAL PAL	M BEACH HEA	ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER			Provider Number: 1 108325-00				
600 BUSINES	600 BUSINESS PARKWAY			3/30/2022					
ROYAL PAL	M BEACH, FL	33411	Fiscal Year End:		12/31/20)19			
			Audit Status:		Unaudit	ed			
Provider T	ype:								
				Current	New	Effective			
				Rate	Rate	<u>Date</u>			
Nursing Ho	ome Sing	le Level		<u>282.33</u>	<u>255.45</u>	<u>1/1/2022</u>			
D. 4	. (T)								
Kat	e Type:								
X	Interim		Prospective						
		Total Interim		al Prospective	;				
		Interim Component	Tota	al Prospective	with Interim	Component			
		Settlement based on cost		_		_			
	X	Prior Provider Prospective data							
Basis:		Ch	anges:						
			Rate Semes	ster Change					
	Budget		X CHOW eff	Sective 11/03/	2020				
X	Unaudited	costs							
	Field audite	ed costs							
	Desk audite	ed costs							
Distribution	<u>on:</u>		Rebekah Falk						
Contract Mar	nagement / Fisca	al Agent —	Medicaid Cost Rein	nbursement P	lanning and F	inance			
Permanent Fi	le		Ω	010	() (
For I	nformation Only	/	Ke	bekah	falk				
No Cl	hange in Rate			•	J				
ц	ome Office:								
п	onic Office.	Lilac Health Group 140 Gladiola Rd NE							
		Palm Bay, FL 32907							
VVV744	Danant C-1-		od · 3/30/2022 ID·						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CO	VE AT PALM H	ARBOR	Provider Number:		1 108440-00		
2600 HIGHLANDS BLVD N			Date:		4/11/2022		
PALM HARE	BOR, FL 34684		Fiscal Year End:		1/31/20	20	
			Audit Status:		Unaudi	ted	
Provider T		e Level		Current <u>Rate</u> 206.79	New <u>Rate</u> 210.30	Effective	
Rat	te Type:						
X	Interim X	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		ıl Prospective ıl Prospective		Component	
Budget X Unaudited costs Field audited costs Desk audited costs			Changes: Rate Semes CHOW eff	ter Change ective 11/19/	2020		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Agent	Rebekah Falk Medicaid Cost Reimbursement Planning and Finance Robekah falk				
Н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
VVV747	Report Calcu		art Printed :4/11/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT PALM HARBOR			Provider Number:		1 108440-00		
2600 HIGHLA	ANDS BLVD N		Date:		4/11/2022 1/31/2020		
PALM HARB	OR, FL 34684		Fiscal Year End:				
			Audit Status:		Unaudi	ted	
Provider T		e Level		Current <u>Rate</u> 210.30	New <u>Rate</u> 212.45	Effective <u>Date</u> 7/1/2021	
Rat	е Туре:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		_		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audite Desk audite	d costs	Changes: Rate Semes CHOW eff	ter Change ective 11/19/	2020		
<u>Distributio</u>	on:			Rebekah Fa	lk		
Contract Man	nagement / Fiscal	Agent	Medicaid Cost Reim			Finance	
Permanent Fi	le						
For I	nformation Only		/0	ebekal	I falk		
No Cł	nange in Rate						
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX747	Report Calcu	ulated: 4/11/2022 11:00 AM Report	Printed :4/11/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT PALM HARBOR			Provider Number:		1 108440-00		
2600 HIGHLA	ANDS BLVD N		Date:		4/11/2022 1/31/2020		
PALM HARE	34684 BOR, FL		Fiscal Year End:				
			Audit Status:		Unaudi	ted	
Provider T Nursing Ho		e Level		Current <u>Rate</u> 212.45	New <u>Rate</u> 259.53	Effective <u>Date</u> 10/1/2021	
Rat	e Type:						
X	Interim		Prospective				
	_	Total Interim		l Prospective			
		Interim Component		_		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	Budget Unaudited of Field audited Desk audite	ed costs	Changes: Rate Semes X CHOW effe	ter Change ective 11/19/	2020		
<u>Distributio</u>	on:			Rebekah Fa	lk		
Contract Mar	nagement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent Fi	le						
For I	nformation Only		/ C	wekar	rfælk		
No Cl	hange in Rate						
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX747	Report Calc	ulated: 4/11/2022 11:00 AM Report 1	Printed: 4/11/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT PALM HARBOR			Provider Number:		1 108440-00		
2600 HIGHLA	NDS BLVD N		Date:		4/11/2022		
PALM HARB	OR, FL 34684		Fiscal Year End:		1/31/20)22	
			Audit Status:		Unaudi	ted	
Provider Ty Nursing Ho		e Level		Current <u>Rate</u> <u>259.53</u>	New <u>Rate</u> 221.36	Effective <u>Date</u> 1/1/2022	
Rate	e 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	_	2000		
X	Budget Unaudited of		X CHOW eff	ective 11/19/	2020		
Λ	Field audite						
	Desk audite						
Distributio	n.						
	11. agement / Fiscal	Agent		Rebekah Fa			
Permanent Fil	_	Agent	Medicaid Cost Reim	_	~~	Finance	
			Ke	bekah	falk		
	formation Only		,		-		
No Ch	ange in Rate						
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX747	Report Calc	ulated: 4/11/2022 11:00 AM Report	Printed :4/11/2022 ID:				



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Tallahassee, Florida 32308

ORCHID COVE AT DADE CITY			Provider Number:		1 108468-00		
37135 COLEM	MAN AVE		Date:		3/18/2022 12/31/2019		
DADE CITY,	FL 33525		Fiscal Year End:				
			Audit Status:		Unaudi	ted	
Provider Ty Nursing Ho	-	e Level		Current <u>Rate</u> 241.44	New <u>Rate</u> 241.44	Effective <u>Date</u> 11/3/2020	
Rate	e 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	_	2000		
X	Budget Unaudited of	posts	X CHOW eff	ective 11/03/2	2020		
Λ	Field audite						
	Desk audite						
<u>Distributio</u>		•	Rebekah Falk				
	agement / Fiscal	Agent	Medicaid Cost Rein		_	Finance	
Permanent Fil			Pa	bekah	Colle		
	formation Only		r U	report	jain		
No Ch	ange in Rate						
Но	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX748	Report Calc	ulated: 11/10/2021 11:00 AM Report	Printed:3/18/2022 ID:				



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Tallahassee, Florida 32308

ORCHID COVE AT DADE CITY			Provider Number:		1 108468-00		
37135 COLE	MAN AVE		Date:		3/18/2022 12/31/2019		
DADE CITY,	, FL 33525		Fiscal Year End:				
			Audit Status:		Unaudi	ted	
Provider T		le Level		Current Rate 241.44	New <u>Rate</u> 238.20	Effective <u>Date</u> 7/1/2021	
Rat	te Type:						
X	Interim		Prospective				
- 11		Total Interim		l Prospective			
		Interim Component		_		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes: Rate Semes	-			
	Budget		X CHOW eff	ective 11/03/	2020		
X	Unaudited of Field audited						
	Desk audite						
D:-4:14:							
Distribution	on: nagement / Fisca	I Agent	Rebekah Falk				
Permanent Fi	_	ı Agent	Medicaid Cost Reim		_	Finance	
	ne nformation Only			bekah	Look		
	mormation Omy hange in Rate		100	V C/Sar (Jun		
Н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX748	Report Calc	ulated: 3/18/2022 11:00 AM Report	Printed :3/18/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID COVE AT DADE CITY			Provider Number:		1 108468-00		
37135 COLEN	MAN AVE		Date:		3/18/2022 12/31/2019		
DADE CITY,	FL 33525		Fiscal Year End:				
			Audit Status:		Unaudi	ted	
Provider Ty Nursing Ho		e Level		Current <u>Rate</u> 238.20	New <u>Rate</u> 245.95	Effective <u>Date</u> 10/1/2021	
Rate	e Type:						
X	Interim		Prospective				
		Total Interim —		l Prospective			
		Interim Component		_		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 of						
	Field audite Desk audite						
Distributio		I A cont	Rebekah Falk				
	agement / Fiscal	Agent	Medicaid Cost Reim		_	Finance	
Permanent Fil			Reh	ekaht	a Oli		
	nformation Only		/ W	Jan Cy			
No Ch	ange in Rate						
Но	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX748	Report Calc	ulated: 3/18/2022 11:00 AM Report	Printed :3/18/2022 ID:				



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Tallahassee, Florida 32308

ORCHID COVE AT DADE CITY			Provider Number:		1 108468-00		
37135 COLE	MAN AVE		Date:		3/18/2022 12/31/2019		
DADE CITY,	FL 33525		Fiscal Year End:				
			Audit Status:		Unaudi	ted	
Provider T Nursing Ho		de Level		Current <u>Rate</u> 245.95	New <u>Rate</u> 226.29	Effective <u>Date</u> 1/1/2022	
Rat	e Type:						
X	Interim		Prospective				
		Total Interim		l Prospective			
		Interim Component		_		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:			Changes:	ter Change			
	Budget		X CHOW eff	ective 11/03/	2020		
X	Unaudited						
	Field audit Desk audit						
Distributio		al Assert	Rebekah Falk				
	nagement / Fisca	al Agent	Medicaid Cost Reim			Finance	
Permanent Fi			Polo	ekah.	Colle		
	nformation Onl	y	100	CRUIL;	ram		
No Cl	hange in Rate						
Н	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX748	Report Cal	culated: 3/18/2022 11:00 AM Report	Printed :3/18/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORCHID CO	VE AT NEW PO	RT RICHEY	Provider Number: 1 108699-00			9-00	
4927 VOORE	HEES RD		Date:		3/18/2022		
NEW PORT I	RICHEY, FL 346	53	Fiscal Year End:		1/31/202	20	
			Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single Level				Current <u>Rate</u> 202.03	New <u>Rate</u> 205.46	Effective <u>Date</u> 11/19/2020	
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 c						
	Field audite						
	Desk audite	d costs					
Distribution	on:			Dahahak Fa	11.		
	— nagement / Fiscal	Agent	Medicaid Cost Rein	Rebekah Fa		Financa	
Permanent Fi	_					rmance	
	nformation Only		Ku	bekah	falk		
	hange in Rate		, 0-0		J		
н	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX724	Report Calcu	alated: 3/18/2022 5:00PM Report	Printed :3/18/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

DRCHID COVE AT NEW PORT RICHEY			Provider Number: 1 108699-00			-00	
4927 VOORH	EES RD		Date:		3/18/2022		
NEW PORT R	ICHEY, FL 346	53	Fiscal Year End:		1/31/202	0	
			Audit Status:		Unaudit	ed	
Provider Ty Nursing Ho		e Level		Current <u>Rate</u> 205.46	New <u>Rate</u> 207.56	Effective <u>Date</u> 7/1/2021	
Rate	e 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 11/19/	2020		
X	Unaudited co						
	Field audited						
	Desk audited	1 costs					
Distribution							
	agement / Fiscal	Agant	Rebekah Falk				
		Agent	Medicaid Cost Rein			inance	
Permanent File				bekah	Colle		
	formation Only		/ CM	repuil	jam		
No Ch	ange in Rate						
Но	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX724	Report Calcu	lated: 3/18/2022 5:00PM Report	Printed:3/18/2022 ID:				



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Tallahassee, Florida 32308

ORCHID COVE AT NEW PORT RICHEY 4927 VOORHEES RD			Provider Number:	1 108699-00			
			Date:		3/18/2022		
NEW PORT R	NEW PORT RICHEY, FL 34653		Fiscal Year End:		1/31/2020		
			Audit Status:		Unaudi	ted	
Provider Ty Nursing Ho		e Level		Current <u>Rate</u> 207.56	New <u>Rate</u> 253.69	Effective	
Rate	e 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 11/19/2	2020		
X	Unaudited co						
	Field audited						
	Desk audited	1 costs					
Digtailantia							
Distribution:			Rebekah Falk				
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent File			R	bekah	Colle		
	formation Only		/ W	repail	face		
No Ch	ange in Rate						
Но	ome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX724	Report Calcu	lated: 3/18/2022 5:00PM Report	Printed:3/18/2022 ID:				



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Tallahassee, Florida 32308

ORCHID COVE AT NEW PORT RICHEY 4927 VOORHEES RD NEW PORT RICHEY, FL 34653		Provider Number:		1 108699-00 3/18/2022			
		Date:					
		553	Fiscal Year End:		1/31/2020		
			Audit Status:		Unaudit	ed	
Provider T	Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	ome Singl	e Level		253.69 216.27 1/1/202			
Ra	te Type:						
X	Interim		Prospective				
	m	Total Interim		al Prospective			
		Interim Component		-	with Interim	Component	
		Settlement based on cost				1	
	X	Prior Provider Prospective data					
Basis:			Changes:	eter Change			
	Budget			Sective 11/19/2	2020		
X	Unaudited of	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributi</u>	on:		Rebekah Falk				
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent File			_		•		
For 1	Information Only		Ku	bekah	falk		
No C	hange in Rate		. •	, -	J		
I	Iome Office:	Orchid Cove Health Group 2770 Indian River Blvd #402 Vero Beach, FL 32960					
XXX724	Report Calc	ulated: 3/18/2022 5:00PM Report	t Printed :3/18/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRIDGEWALK ON HARDEN HEALTH AND REHABILITATION, LLC 3110 OAKBRIDGE BLVD E LAKELAND, FL 33803			C Provider Number:	1 128679-00			
			Date: Fiscal Year End:		4/28/202	22	
					12/31/20)17	
			Audit Status:		Unaudit	ed	
Provider 7	Гуре:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	loma Sino	de Level		212.41	214.58	9/10/2021	
8							
Ra	te Type:						
X	Interim		Prospective				
		Total Interim		ıl Prospective			
		Interim Component		ıl Prospective		Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:		Cl	nanges:				
	D 14		Rate Semes	_	021		
	Budget Unaudited	angte.	X CHOW eff	Fective 9/10/2	021		
X	Field audit						
	Desk audit						
Distribution:			Rebekah Falk				
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent F	File				•		
For	Information Onl	y	Ke	bekah	falk		
No C	Change in Rate		, 0	,	-]		
I	Home Office:	Mainstay Senior Living 505 Ariana Ave Auburndale, FL 33823					
XXX815	Report Cal	culated: 4/28/2022 10:00 AM Report Print	red :4/28/2022 ID:				



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Tallahassee, Florida 32308

BRIDGEWALK ON HARDEN HEALTH AND REHABILITATION, LLC 3110 OAKBRIDGE BLVD E LAKELAND, FL 33803			Provider Number:		1 128679-00 4/28/2022		
			Date:				
			Fiscal Year End:		12/31/20	017	
			Audit Status:		Unaudit	ed	
Provider 7	Гуре:						
				Current	New	Effective	
Nursing Home Single Level				Rate	<u>Rate</u>	<u>Date</u>	
Nursing H	iome Sing	le Level		<u>214.58</u>	<u>214.58</u> <u>252.18</u> <u>10/1/2021</u>		
Ra	te Type:						
X	Interim		Prospective				
		Total Interim	— Tota	ıl Prospective			
		Interim Component	Tota	al Prospective	with Interim	Component	
		Settlement based on cost					
	X	Prior Provider Prospective data					
Basis:	:	Cha	nges:				
			Rate Semes	ster Change			
	Budget			ective 9/10/2	021		
X Unaudited costs							
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributi</u>	ion:			Rebekah Fa	lk		
Contract Management / Fiscal Agent			Medicaid Cost Reimbursement Planning and Finance				
Permanent F	File						
For	Information Only	,	Keb	ekah.	falk		
No C	Change in Rate						
I	Home Office:	Mainstay Senior Living					
		505 Ariana Ave Auburndale, FL 33823					
XXX815	Report Calc	culated: 4/28/2022 10:00 AM Report Printed	1:4/28/2022 ID:				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRIDGEWALK ON HARDEN HEALTH AND REHABILITATION, LLC 3110 OAKBRIDGE BLVD E LAKELAND, FL 33803			C Provider Number:	1 128679-00			
			Date: Fiscal Year End:		4/28/202	22	
					12/31/20	17	
			Audit Status:		Unaudite	ed	
Provider 7	Гуре:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	le Level	252.18 223.59 $1/1/2$				
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:		Cl	nanges:				
			Rate Semes	_			
	Budget		X CHOW eff	ective 9/10/2	021		
X	Unaudited						
	Field audit						
	Desk audit	ed costs					
D:-4!b4!							
Distribution:			Rebekah Falk				
Contract Management / Fiscal Agent Permanent File			Medicaid Cost Rein		•	inance	
	Information Only	V	Res	bekah	folk		
	Change in Rate		7 000	07 -001 (10001		
I	Home Office:	Mainstay Senior Living 505 Ariana Ave Auburndale, FL 33823					
XXX815	Report Cald	culated: 4/28/2022 10:00 AM Report Prin	ted:4/28/2022 ID:				