

MEMORANDUM

Date:

November 26, 2014

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From:

Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

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</u>	Number of Rate
	Provider Name	Number	Change Notices
1.	WOODS OF MANATEE SPRINGS	0 008793-00	12
2.	BAYSIDE MANOR	0 017221-00	10
3.	MARGATE HEALTH CARE CENTER	0 017222-00	10
4.	BAY BREEZE NURSING & RETIREMENT CENTER	0 017225-00	10
5.	SILVERCREST MANOR	0 017230-00	10
6.	GRAND BOULEVARD HEALTH & REHAB CENTER	0 017242-00	10
7.	KISSIMMEE GOOD SAMARITAN	0 205303-00	5
8.	THE COMMONS AT ORLANDO LUTHERAN TOWERS	0 205796-00	2
9.	AUBURNDALE OAKS HEALTHCARE CENTER	0 207527-00	7
10.	LIFE CARE CENTER OF ALTAMONTE SPRINGS	0 210137-00	10
11.	BAY CENTER	0 212989-00	2
12.	CRYSTAL RIVER HEALTH & REHABILITATION CENTER	0 217263-00	11
13.	DAYTONA BEACH HEALTH AND REHABILITATION CENTER	0 217743-00	2
14.	WILTON MANORS HEALTH AND REHAB	0 227579-00	4
15.	PARK RIDGE NURSING CENTER	0 228401-00	15
16.	INN AT SARASOTA BAY CLUB	0 228621-00	6
17.	BRANDYWYNE HEALTH CARE CENTER	0 251399-00	1
18.	LAKESIDE NURSING & REHABILITATION CENTER	0 256757-00	5
19.	ATLANTIC HEALTHCARE CENTER	0 310581-00	7
20.	SANDALWOOD NURSING CENTER	0 312045-00	7
21.	LAKEWOOD NURSING CENTER	0 312142-00	7
22.	LAKE BENNETT HEALTH & REHABILITATION CENTER	0 318716-00	5
		Total	158

If you have any questions regarding the above contact Thomas Parker at 412-4110.

TP/ab Attachments



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
000879300	20080101	192.49	326.49	192.49	192.49	76438-14	NH13-149L
000879300	20080701	193.94	330.22	193.94	193.94	76438-14	NH13-149L
000879300	20090101	193.04	331.39	193.04	193.04	76438-14	NH13-149L
000879300	20090301	176.86	315.21	176.86	176.86	76438-14	NH13-149L
000879300	20090401	216.13	354.48	216.13	216.13	76438-14	NH13-149L
000879300	20090701	221.47	361.82	221.47	221.47	76438-14	NH13-149L
000879300	20110701	225.59	371.79	225.59	225.59	76438-14	NH13-149L
000879300	20120101	227.02	374.63	227.02	227.02	76438-14	NH13-149L
000879300	20120701	234.11	383.32	234.11	234.11	76438-14	NH13-149L
000879300	20130101	225.59	376.40	225.59	225.59	76438-14	NH13-149L
000879300	20130701	231.19	0.00	231.19	231.19	76438-14	NH13-149L
000879300	20140701	231.28	0.00	231.28	231.28	76438-14	NH13-149L
001722100	20100101	202.92	344.84	202.92	202.92	76438-14	NH12-050C
001722100	20100701	208.26	351.60	208.26	208.26	76438-14	NH12-050C
001722100	20110101	210.95	355.81	210.95	210.95	76438-14	NH12-050C
001722100	20110701	203.55	349.75	203.55	203.55	76438-14	NH12-050C
001722100	20120101	205.42	353.03	205.42	205.42	76438-14	NH12-050C
001722100	20120701	211.84	361.05	211.84	211.84	76438-14	NH12-050C
001722100	20130101	202.56	353.37	202.56	202.56	76438-14	NH12-050C
001722100	20130701	207.31	0.00	207.31	207.31	76438-14	NH12-050C
001722100	20140101	206.05	0.00	206.05	206.05	76438-14	NH12-050C
001722100	20140701	216.07	0.00	216.07	216.07	76438-14	NH12-050C
001722200	20100101	215.88	357.80	215.88	215.88	76438-14	NH12-051C
001722200	20100701	220.85	364.19	220.85	220.85	76438-14	NH12-051C
001722200	20110101	223.69	368.55	223.69	223.69	76438-14	NH12-051C
001722200	20110701	215.51	361.71	215.51	215.51	76438-14	NH12-051C
001722200	20120101	217.45	365.06	217.45	217.45	76438-14	NH12-051C
001722200	20120701	224.01	373.22	224.01	224.01	76438-14	NH12-051C
001722200	20130101	224.96	375.77	224.96	224.96	76438-14	NH12-051C
001722200	20130701	230.18	0.00	230.18	230.18	76438-14	NH12-051C
001722200	20140101	227.39	0.00	227.39	227.39	76438-14	NH12-051C
001722200	20140701	236.08	0.00	236.08	236.08	76438-14	NH12-051C
001722500	20100101	211.87	353.79	211.87	211.87	76438-14	NH12-053C
001722500	20100701	214.83	358.17	214.83	214.83	76438-14	NH12-053C
001722500	20110101	218.01	362.87	218.01	218.01	76438-14	NH12-053C
001722500	20110701	209.93	356.13	209.93	209.93	76438-14	NH12-053C
001722500	20120101	211.43	359.04	211.43	211.43	76438-14	NH12-053C
001722500	20120701	218.68	367.89	218.68	218.68	76438-14	NH12-053C
001722500	20130101	218.12	368.93	218.12	218.12	76438-14	NH12-053C
001722500	20130701	223.18	0.00	223.18	223.18	76438-14	NH12-053C
001722500	20140101	218.91	0.00	218.91	218.91	76438-14	NH12-053C
001722500	20140701	226.92	0.00	226.92	226.92	76438-14	NH12-053C
001723000	20100101	215.48	357.40	215.48	215.48	76438-14	NH12-054C
001723000	20100701	221.21	364.55	221.21	221.21	76438-14	NH12-054C
001723000	20110101	224.16	369.02	224.16	224.16	76438-14	NH12-054C
001723000	20110701	215.93	362.13	215.93	215.93	76438-14	NH12-054C
001723000	20120101	217.37	364.98	217.37	217.37	76438-14	NH12-054C
001723000	20120701	223.43	372.64	223.43	223.43	76438-14	NH12-054C
001723000	20130101	211.68	362.49	211.68	211.68	76438-14	NH12-054C
001723000	20130701	216.38	0.00	216.38	216.38	76438-14	NH12-054C
001723000	20140101	204.18	0.00	204.18	204.18	76438-14	NH12-054C

	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
001723000	20140701	216.24	0.00	216.24	216.24	76438-14	NH12-054C
001724200	20100101	222.75	364.67	222.75	222.75	76438-14	NH12-056C
001724200	20100701	226.74	370.08	226.74	226.74	76438-14	NH12-056C
001724200	20110101	229.81	374.67	229.81	229.81	76438-14	NH12-056C
001724200	20110701	222.29	368.49	222.29	222.29	76438-14	NH12-056C
001724200	20120101	224.13	371.74	224.13	224.13	76438-14	NH12-056C
001724200	20120701	230.43	379.64	230.43	230.43	76438-14	NH12-056C
001724200	20130101	232.90	383.71	232.90	232.90	76438-14	NH12-056C
001724200	20130701	238.86	0.00	238.86	238.86	76438-14	NH12-056C
001724200	20140101	232.16	0.00	232.16	232.16	76438-14	NH12-056C
001724200	20140701	255.40	0.00	255.40	255.40	76438-14	NH12-056C
020530300	20120701	199.61	348.82	199.61	199.61	76438-14	NH13-089C
020530300	20130101	203.97	354.78	203.97	203.97	76438-14	NH13-089C
020530300	20130701	209.32	0.00	209.32	209.32	76438-14	NH13-089C
020530300	20140101	213.80	0.00	213.80	213.80	76438-14	NH13-089C
020530300	20140701	219.38	0.00	219.38	219.38	76438-14	NH13-089C
020579600	20080101	174.00	308.00	174.00	174.00	76438-14	NH09-009L
020579600	20080701	175.73	312.01	175.73	175.73	76438-14	NH09-009L
020752700	20110701	190.01	336.21	190.01	190.01	76438-14	NH13-012W
020752700	20120101	192.03	339.64	192.03	192.03	76438-14	NH13-012W
020752700	20120701	205.48	354.69	205.48	205.48	76438-14	NH13-012W
020752700	20130101	208.80	359.61	208.80	208.80	76438-14	NH13-012W
020752700	20130701	203.40	0.00	203.40	203.40	76438-14	NH13-012W
020752700	20140101	205.19	0.00	205.19	205.19	76438-14	NH13-012W
020752700	20140701	208.27	0.00	208.27	208.27	76438-14	NH13-012W
021013700	20100101	195.02	336.94	195.02	195.02	76438-14	NH11-150C
021013700	20100701	198.40	341.74	198.40	198.40	76438-14	NH11-150C
021013700	20110101	206.13	350.99	206.13	206.13	76438-14	NH11-150C
021013700	20110701	198.61	344.81	198.61	198.61	76438-14	NH11-150C
021013700	20120101	200.28	347.89	200.28	200.28	76438-14	NH11-150C
021013700	20120701	205.89	355.10	205.89	205.89	76438-14	NH11-150C
021013700	20130101	208.18	358.99	208.18	208.18	76438-14	NH11-150C
021013700	20130701	210.12	0.00	210.12	210.12	76438-14	NH11-150C
021013700	20140101	216.76	0.00	216.76	216.76	76438-14	NH11-150C
021013700	20140701	225.47	0.00	225.47	225.47	76438-14	NH11-150C
021298900	20140101	196.16	0.00	196.16	196.16	76438-14	
021298900	20140701	204.92	0.00	204.92	204.92	76438-14	
021726300	20090701	189.22	329.57	189.22	189.22	76438-14	NH11-136G
021726300	20100101	196.54	338.46	196.54	196.54	76438-14	NH11-136G
021726300	20100701	200.24	343.58	200.24	200.24	76438-14	NH11-136G
021726300	20110101	208.81	353.67	208.81	208.81	76438-14	NH11-136G
021726300	20110701	201.45	347.65	201.45	201.45	76438-14	NH11-136G
021726300	20120101	203.60	351.21	203.60	203.60	76438-14	NH11-136G
021726300	20120701	209.70	358.91	209.70	209.70	76438-14	NH11-136G
021726300	20130101	211.99	362.80	211.99	211.99	76438-14	NH11-136G
021726300	20130701	212.62	0.00	212.62	212.62	76438-14	NH11-136G
021726300	20140101	215.33	0.00	215.33	215.33	76438-14	NH11-136G
021726300 021774300	20140701 20090701	213.59 207.94	0.00 348.29	213.59 207.94	213.59 207.94	76438-14 76438-14	NH11-136G NH11-132G
021774300 022757900	20100101 20080701	209.84	351.76 316.41	209.84	209.84 180.13	76438-14 76438-14	NH11-132G NH10-035C
		180.13		180.13			
022757900	20090101	178.51	316.86	178.51	178.51	76438-14	NH10-035C

	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		МСМ	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
022757900	20090301	163.55	301.90	163.55	163.55	76438-14	NH10-035C
022757900	20090401	202.19	340.54	202.19	202.19	76438-14	NH10-035C
022840100	20080701	154.69	290.97	154.69	154.69	76438-14	NH09-003L
022840100	20090101	157.17	295.52	157.17	157.17	76438-14	NH09-003L
022840100	20090301	143.99	282.34	143.99	143.99	76438-14	NH09-003L
022840100	20090401	179.65	318.00	179.65	179.65	76438-14	NH09-003L
022840100	20090701	184.84	325.19	184.84	184.84	76438-14	NH09-003L
022840100	20100101	180.24	322.16	180.24	180.24	76438-14	NH09-003L
022840100	20100701	189.90	333.24	189.90	189.90	76438-14	NH09-003L
022840100	20110101	191.98	336.84	191.98	191.98	76438-14	NH09-003L
022840100	20110701	185.67	331.87	185.67	185.67	76438-14	NH09-003L
022840100	20120101	182.39	330.00	182.39	182.39	76438-14	NH09-003L
022840100	20120701	187.80	337.01	187.80	187.80	76438-14	NH09-003L
022840100	20130101	184.09	334.90	184.09	184.09	76438-14	NH09-003L
022840100	20130701	188.43	0.00	188.43	188.43	76438-14	NH09-003L
022840100	20140101	186.35	0.00	186.35	186.35	76438-14	NH09-003L
022840100	20140701	211.08	0.00	211.08	211.08	76438-14	NH09-003L
022862100	20120101	244.01	391.62	244.01	244.01	76438-14	NH13-020W
022862100	20120701	255.33	404.54	255.33	255.33	76438-14	NH13-020W
022862100	20130101	262.57	413.38	262.57	262.57	76438-14	NH13-020W
022862100	20130701	267.10	0.00	267.10	267.10	76438-14	NH13-020W
022862100	20140101	269.22	0.00	269.22	269.22	76438-14	NH13-020W
022862100	20140701	280.65	0.00	280.65	280.65	76438-14	NH13-020W
025139900	20130101	194.17	344.98	194.17	194.17	76438-14	NH06-002W
025675700	20080701	155.15	291.43	155.15	155.15	76438-14	NH09-002L
025675700	20090101	156.80	295.15	156.80	156.80	76438-14	NH09-002L
025675700	20090301	143.66	282.01	143.66	143.66	76438-14	NH09-002L
025675700	20090401	178.04	316.39	178.04	178.04	76438-14	NH09-002L
025675700	20090701	181.02	321.37	181.02	181.02	76438-14	NH09-002L
031058100	20110701	186.55	332.75	186.55	186.55	76438-14	NH13-014W
031058100	20120101	187.73	335.34	187.73	187.73	76438-14	NH13-014W
031058100	20120701	194.57	343.78	194.57	194.57	76438-14	NH13-014W
031058100	20130101	196.85	347.66	196.85	196.85	76438-14	NH13-014W
031058100	20130701	192.09	0.00	192.09	192.09	76438-14	NH13-014W
031058100	20140101	195.89	0.00	195.89	195.89	76438-14	NH13-014W
031058100	20140701	208.93	0.00	208.93	208.93	76438-14	NH13-014W
031204500	20110701	196.43	342.63	196.43	196.43	76438-14	NH13-152L
031204500	20120101	198.14	345.75	198.14	198.14	76438-14	NH13-152L
031204500	20120701	204.41	353.62	204.41	204.41	76438-14	NH13-152L
031204500	20130101	202.37	353.18	202.37	202.37	76438-14	NH13-152L
031204500	20130701	207.10	0.00	207.10	207.10	76438-14	NH13-152L
031204500	20140101	196.41	0.00	196.41	196.41	76438-14	NH13-152L
031204500	20140701	204.02	0.00	204.02	204.02	76438-14	NH13-152L
031214200	20110701	180.44	326.64	180.44	180.44	76438-14	NH13-154L
031214200	20120101	181.51	329.12	181.51	181.51	76438-14	NH13-154L
031214200	20120701	186.82	336.03	186.82	186.82	76438-14	NH13-154L
031214200	20130101	192.69	343.50	192.69	192.69	76438-14	NH13-154L
031214200	20130701	205.01	0.00	205.01	205.01	76438-14	NH13-154L
031214200	20140101	207.56	0.00	207.56	207.56	76438-14	NH13-154L
031214200	20140701	214.87	0.00	214.87	214.87	76438-14	NH13-154L
031876100	20080101	195.27	329.27	195.27	195.27	76438-14	NH10-058C
031876100	20080701	196.81	333.09	196.81	196.81	76438-14	NH10-058C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
031876100	20090101	195.85	334.20	195.85	195.85	76438-14	NH10-058C
031876100	20090301	179.43	317.78	179.43	179.43	76438-14	NH10-058C
031876100	20090401	219.54	357.89	219.54	219.54	76438-14	NH10-058C



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WOODS OF	WOODS OF MANATEE SPRINGS		Provider Number: 0 00			0 008793	008793-00	
5627 9TH ST	Е			Date:		10/27/20	27/2014	
BRADENTO	N, FL 34203			Fiscal Year End: 12/31/200				
-				Audit Status:	*	Field Auc	lited	
Provider T	ype:	,			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Singl	e Level			198.06	192.49	1/1/2008	
	Lava	l W. Aido			332.06	<u>326.49</u>	1/1/2008	
	Leve	l H: Aids			332.00	320.49	1/1/2008	
D-4	· T	 1						
Kat	e Type:							
	Interim		X	Prospective				
	*****	Total Interim		-	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X .	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Char					
	D. 1			Rate Semest	ter Change -149L FYE 12	3/21/2007		
	Budget Unaudited c	osta		FA NH#13-	-149L F I E I.	2/31/2007		
X	Field audited							
	Desk audited							
	1							
<u>Distributio</u>	n:				iomas Parke	r		
	gement / Fiscal	Agent	N	Medicaid Cost Reim			nance	
Permanent File	e		_					
For In	formation Only							
	ange in Rate							
	me Office:	Cardinal Resources, LLC						
.10		16 Norcross Street						
		Roswell, GA 30075						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS			Provider Number:			0 008793-00		
5627 9TH ST	Е			Date:		10/27/2014		
BRADENTON	N, FL 34203		Fiscal Year End:		nd:	12/31/2007		
				Audit Status:			Field Au	lited
Provider Ty	ype:					Current <u>Rate</u>	New Rate	Effective Date
Nursing Ho	me Sing	le Level				<u>199.56</u>	<u>193,94</u>	7/1/2008
	Leve	el H: Aids				335.84	330.22	7/1/2008
Rate	Type:	<u>J</u>				*		
	Interim		<u>x</u>	Prospective			•	
		Total Interim				Prospective		C
	X	Interim Component Settlement based on cost			Total	Prospective	with Interim	Component
	Λ	Prior Provider Prospective data						
Basis:			Char					
	Budget					er Change 149L FYE 12	2/31/2007	
	Unaudited of	costs	<u> </u>	127711	. 11112	,		
X	Field audite	•						
	Desk audite	d costs						
	•	Section 1						
<u>Distribution</u>	ı <u>:</u>			25) The	omas Parke	r	
Contract Manag	gement / Fiscal	Agent	N	Medicaid Cost 1	Reimb	ursement Pla	nning and Fi	nance
Permanent File								
For Info	ormation Only				•			
No Chai	nge in Rate							
Hon	ne Office:	Cardinal Resources, LLC 16 Norcross Street Roswell, GA 30075						

Report Printed: 10/27/2014 ID: 008793123120070701200703222010105104



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WOODS OF MANATEE SPRINGS	Provider Number:		0 008793-00 10/27/2014 12/31/2007		
5627 9TH ST E	Date:				
BRADENTON, FL 34203	Fiscal Year End:				
	Audit Status:		Field Au	dited	
Provider Type:		Current Rate	New <u>Rate</u> 193.04	Effective <u>Date</u>	
Nursing Home Single Level		<u>198.56</u>		1/1/2009 1/1/2009	
Level H: Aids		336.91	331.39		
· · · · · · · · · · · · · · · · · · ·					
Rate Type:					
Interim	X Prospective				
Total Interim		al Prospective			
Interim Component	Tota	al Prospective	with Interim	Component	
X Settlement based on cost Prior Provider Prospective data					
Basis:	Changes: Rate Semes	stor Chango			
Budget		-149L FYE 12	2/31/2007		
Unaudited costs	principle and the second secon	- ,,			
X Field audited costs			بد		
Desk audited costs					
•	\sim				
Distribution:	T	homas Parke	· •		
Contract Management / Fiscal Agent	Medicaid Cost Reim			nance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: Cardinal Resources, LLC		•			
16 Norcross Street				•	
Roswell, GA 30075					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WOODS OF I	OODS OF MANATEE SPRINGS			Provider Number:		0 008793-00		
5627 9TH ST	Е			Date:	***************************************	10/27/2014		
BRADENTO	N, FL 34203			Fiscal Year End:	12/31/2007 Field Audited			
				Audit Status:				
Provider T	ype:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Sing	gle Level			181.91	176.86	3/1/2009	
	_					2.22		
	Leve	el H: Aids			<u>320.26</u>	<u>315.21</u>	<u>3/1/2009</u>	
Rate	e Type:							
	Interim	77 - 17 - 1	X	Prospective	(n			
		Total Interim Interim Component			Prospective	with Interim	Component	
·	X	Settlement based on cost	h.	Total	riospective	with internit	Component	
		Prior Provider Prospective data					*	
		• • • • • • • • • • • • • • • • • • •						
Basis:			Chan					
				Rate Semest	-	2/21/2007		
	Budget Unaudited		X	FA NH#13-	149L FYE 12	2/31/2007		
X	Field audited							
	Desk audite					,		
	- Dook addit							
<u>Distributior</u>	<u>1:</u>				omas Parke	r		
Contract Mana	gement / Fiscal	l Agent		ledicaid Cost Reimb			nance	
Permanent File	;							
For Inf	ormation Only							
No Cha	nge in Rate						,	
Hor	me Office:	Cardinal Resources, LLC						
		16 Norcross Street						
		Roswell, GA 30075						



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Tallahassee, Florida 32308

WOODS OF MAI	WOODS OF MANATEE SPRINGS			Provider Number:		0 008793-00		
5627 9TH ST E				Date:	10/27/2014			
BRADENTON, F	L 34203			Fiscal Year End:	12/31/2007			
				Audit Status:	Field Audited			
Provider Type	:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home	Sing	gle Level			<u>221.97</u>	216.13	4/1/2009	
	Leve	el H: Aids			360.32	<u>354.48</u>	4/1/2009	
Rate Ty	ype:							
In	terim		<u> X</u>	Prospective				
-		Total Interim			l Prospective			
	X	Interim Component Settlement based on cost		Tota	l Prospective	with Interim	Component	
		Prior Provider Prospective data						
Basis:	. ,		Cha	nges:				
				Rate Semest	_			
	Budget			<u>x</u> FA NH#13-	149L FYE 1	2/31/2007		
	Unaudited							
	Field audite Desk audite							
Distrik				20				
Distribution:		1.4	-		omas Parke			
Contract Managem	ient / Fiscal	i Agent]	Medicaid Cost Reimb	oursement Pla	anning and Fi	nance	
Permanent File								
For Inform	-							
No Change	in Rate							
Home (Office:	Cardinal Resources, LLC 16 Norcross Street Roswell, GA, 30075						



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Tallahassee, Florida 32308

WOODS OF	VOODS OF MANATEE SPRINGS	Provider Number:		0 008793-00		
5627 9TH ST	Е		Date:	10/27/2014		
BRADENTO	N, FL 34203		Fiscal Year End:	•	12/31/20	007
			Audit Status:		Field Auc	lited
Provider T	ype:			Current	New	Effective
** • **				Rate	Rate	Date
Nursing Ho	ome Sing	le Level		227.24	<u>221.47</u>	<u>7/1/2009</u>
	Leve	el H: Aids		<u>367.59</u>	361.82	7/1/2009
Rate	e Type:					
	•		37 h			
	_ Interim	Total Interim	X Prospective	l Prospective		
		Interim Component		l Prospective	with Interim	Component
	X	Settlement based on cost				<u></u>
		Prior Provider Prospective data				
		······································	······································			
Basis:			Changes:			
	~ .		Rate Semes	_	101/0007	
	Budget Unaudited of	·	FA NH#13	-149L FYE 12	2/31/2007	
X	Field audite					
Λ	Desk audite					
	Desk addite					
			- 0			
<u>Distributio</u>	n:			iomas Parkei		
	gement / Fiscal	Agent	Medicaid Cost Reim			nance
Permanent File	-		Medicaid Cost Icelli	oursement i it	unning und 1 i	
	formation Only					
	inge in Rate					
	me Office:	Cardinal Resources, LLC				
110	ine Onice.	16 Norcross Street				
		Roswell, GA 30075				



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Tallahassee, Florida 32308

WOODS OF MANATEE SPRINGS			Provider Number	· .	0 008793	1-00	
5627 9TH ST	E			Date:		10/27/20)14
BRADENTO	N, FL 34203			Fiscal Year End:		12/31/20	010
				Audit Status:		Unaudi	ted
Provider T	'vpe:						
	<i>V</i> 1				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing He	omo Sina	le Level				225.59	7/1/2011
ivar sing iid	ome sing	ie Level			<u>228.55</u>	<u> </u>	7/1/2011
	Leve	el H: Aids			<u>374.75</u>	<u>371.79</u>	7/1/2011
Rate	e Type:						
	_ Interim	m . Ir	<u>X</u>	Prospective	1.0		
		Total Interim Interim Component			al Prospective al Prospective	with Intonius	Commonant
		Settlement based on cost		101	ai riospective	with internit	Component
		Prior Provider Prospective data					
		^	·				
Basis:			Cha	nges:			
	- 1				ster Change	OF EXE 10/2	1/2007
v	Budget			X Effects of	FA NH#13-14	9L FYE 12/3	1/2007
<u>X</u>	Unaudited of Field audite						
	Desk audite						
		u vost.					
<u>Distributio</u> i	<u>n:</u>			777	homas Parke	r	
Contract Mana	igement / Fiscal	Agent]	Medicaid Cost Rein			nance
Permanent File	3					•	
For Inf	formation Only						
No Cha	ange in Rate						
Ho	me Office:	Cardinal Resources, LLC					
		16 Norcross Street					
		Roswell, GA 30075					



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Tallahassee, Florida 32308

WOODS OF M	IANATE E	SPRINGS	Provider Number	er:	0 008793	3-00
5627 9TH ST E	3		X Prospective X Total Prospective with Interim Compost			
BRADENTON	, FL 3420	3	Fiscal Year End	:	12/31/2	010
		, , , , , , , , , , , , , , , , , , ,	Audit Status:		Unaudi	ted
Provider Ty	pe:					
						Effective
Nursing Home Single Level 230.06 22 Level H: Aids 377.67 37 Rate Type: Interim X Prospective X Total Prospective Interim Component Total Interim Total Prospective With I Settlement based on cost Prior Provider Prospective data Basis: Budget Rate Semester Change Effects of FA NH#13-149L FX X Unaudited costs		<u>Date</u>				
Nursing Ho	me S	ingle Level		<u>230.06</u>	<u>227.02</u>	1/1/2012
	L	evel H: Aids		<u>377.67</u>	374.63	1/1/2012
Rate	Type:					
	Interim		X Prospective			
		Total Interim		otal Prospective		
				-		Component
			**************************************	•		•
		Prior Provider Prospecti	ve data			
Posis	٦		Changes			
Dasis:				nester Change		
	Budget				9L FYE 12/3	1/2007
X	 Unaudit	ed costs				
	Field au	dited costs				
	_ Desk au	dited costs				
Distribution						
Contract Manag		scal Agant				
Permanent File	ement/11	scal Agent	Medicaid Cost Re	imbursement Pl	anning and F	inance
	rmation O	nly				
	ige in Rate	•				
	-					
Hom	ne Office:	Cardinal Resources, LLC				
		16 Norcross Street Roswell GA 30075				



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Tallahassee, Florida 32308

WOODS OF	MANATEE SP	RINGS		Provider Num	10/27/2014 End: 12/31/2010		3-00			
5627 9TH ST	Е		Date: 10/27/2014 Fiscal Year End: 12/31/2010 Audit Status: Unaudited Current New Effect Rate 1/236.66 234.11 7/1 385.87 383.32 7/1 X Prospective				10/27/2014			
BRADENTO	N, FL 34203	e: Level H: Aids terim Total Interim Interim Component Settlement based on cost Prior Provider Prospective date Budget Unaudited costs Field audited costs Desk audited costs ment / Fiscal Agent mation Only in Rate Office: Cardinal Resources, LLC 16 Norcross Street		Fiscal Year En	ıd:					
				Audit Status:		Unaudi	ted			
Provider T	уре:						Effective <u>Date</u>			
Nursing Ho	ome Sing	gle Level			<u>236.66</u>	Toylor 12/31/20 Unaudit Current New Rate Rate 236.66 234.11 385.87 383.32 Tospective rospective with Interim Change NH#13-149L FYE 12/3	7/1/2012			
	Leve	el H: Aids	Rate Rate 236.66 234.11 385.87 383.32 X Prospective X Total Prospective with Interim Co Total Prospective with Interim Co Changes: Rate Semester Change			7/1/2012				
Rate	е Туре:									
Market and the second s	Interim		<u> </u>							
					-					
					Total Prospective	with Interim	Component			
		Prior Provider Prospective data								
Basis:			Cha							
					-	OX XXXII 10/2	1/2007			
X 7				X Effects	of FA NH#13-14	9L FYE 12/3	1/2007			
А										
		*								
		a costs								
D				20)					
				10						
	-	Agent		Medicaid Cost R	teimbursement Pla	nning and Fi	nance			
	•									
No Cha	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change Budget X Effects of FA NH#13-149L FYE 12/2 X Unaudited costs Field audited costs Desk audited costs Desk audited costs Thomas Parker Medicaid Cost Reimbursement Planning and I anent File For Information Only No Change in Rate Home Office: Cardinal Resources, LLC									
Но	me Office:	Cardinal Resources, LLC								
		16 Norcross Street								
		Roswell, GA 30075					•			



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS 5627 9TH ST E		RINGS		Provider Number:		0 008793	3-00		
BRADENTON, FL 34203 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Component Settlement based on cost Prior Provider Prospective de Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs)14					
Frovider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective dat Basis: Budget X Unaudited costs Field audited costs Field audited costs				Fiscal Year End: 12/					
				Audit Status: .		Unaudi	ted		
Provider T	ype:								
	,				Current	New	Effective		
					Rate	Rate	Date		
Nursing Ho	ome Sing	le Level	Audit Status:		1/1/2013				
	Leve	l H: Aids			<u>377.10</u>	<u>376.40</u>	1/1/2013		
Rate	e Type:								
	Interim		X	Prospective					
		Total Interim		X Tota	al Prospective				
				Tota	al Prospective	with Interim	Component		
		Prior Provider Prospective data							
Basis:			Cha	nges:					
				and the same of th	ster Change				
-	Budget			X Effects of	FA NH#13-14	9L FYE 12/3	1/2007		
X									
	Desk audite	d costs							
D:-4!l4!				7/					
	- ,	Agent		Medicaid Cost Reim	bursement Pla	anning and Fi	nance		
For In	formation Only								
No Cha	inge in Rate								
Но	me Office:	Cardinal Resources, LLC							
		16 Norcross Street							
		Roswell, GA 30075							

Report Printed: 10/27/2014 ID: 008793123120110101201107252012114050



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Tallahassee, Florida 32308

WOODS OF	MANATEE SPR	RINGS		Provi	der Nun	nber:		0 008793	-00
5627 9TH ST	E .	-		Prospective X Total Prospective with Interim Components Total Prospective with Interim Components Rate Semester Change)14	
BRADENTO	N, FL 34203			Fisca	l Year E	ind:	***************************************	12/31/20	011
				Audit	t Status:			Unaudit	ted
Provider T	vpe:								
	J.P.						Current	New	Effective
*							Rate	Rate	<u>Date</u>
Nursing Ho	ome Singl	e Level					<u>231.42</u>	<u>231.19</u>	<u>7/1/2013</u>
		•							
D - 4	- m	_			ı			•	
Kat	e Type:								
	Interim		X	Proc	nective				
	_ micimi	Total Interim		1103	_	Total	Prospective		
		Interim Component				-	_		Component
		Settlement based on cost				•			1
	,	Prior Provider Prospective data							
					-				
Basis:			Cha	nges:]				
					_		-		
	Budget			X	Effect	s of FA	NH#13-14	9L FYE 12/3	1/2007
X	Unaudited co								
	Field audited								
	Desk audited	1 costs							
						_			
W5.1				7	\sim)			
<u>Distributio</u>				Land of	<u>O</u> -	The	mas Parke	<u> </u>	
	igement / Fiscal	Agent]	Medica	id Cost	Reimb	ursement Pla	anning and Fi	nance
Permanent File		•							
For In	formation Only								
No Cha	inge in Rate								
Но	me Office:	Cardinal Resources, LLC							•
		16 Norcross Street							
		Roswell, GA 30075							



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WOODS OF	MANATEE SP	RINGS		Provider Numb	per:	0 008793	-00
5627 9TH ST	E		X Prospective X Total Prospective with Interim Com				10/27/2014 12/31/2013 Unaudited New Effective Rate Date 231.28 7/1/2014 with Interim Component
BRADENTO	N, FL 34203			Fiscal Year En	d:	12/31/20)13
		·		Audit Status:		Unaudi	ed
Provider T	ype:						Effective Date
Nursing Ho	ome Sing	je Level					7/1/2014
	•						
Rate	e Type:						
	Interim		X				
		Total Interim			-		-
		Interim Component		7	Fotal Prospective	with Interim	Component
		Prior Provider Prospective data					
Basis:			Cha	nges:			
20000			<u> </u>		mester Change		
	Budget				_	19L FYE 12/3	1/2007
Х	Unaudited	costs					
	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distributio</u>	n:		-	7/) Thomas Parke		
	 ngement / Fiscal	Agent		Medicaid Cost R			nance
Permanent File	÷	,	•				
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Cardinal Resources, LLC					
		16 Norcross Street					
		Roswell, GA 30075					

Report Printed: 10/27/2014 ID: 008793123120130101201304232014152455



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Tallahassee, Florida 32308

BAYSIDE MA	ANOR		Provider	Number:		0 017221	-00
4343 LANGL	EY AVENUE		Rate Rate		4		
PENSACOLA	, FL 325	04	Fiscal Ye	ear End:		6/30/20	10
			Audit Sta	atus:		Revised Fiel	d Audit
Provider T	ype:						
·	•						Effective
NI	6:	a T annal					<u>Date</u> 1/1/2010
Nursing Ho	ome Singi	e Level			203.10	202.72	1/1/2010
	Level	l H: Aids			345.02	<u>344.84</u>	<u>1/1/2010</u>
Rate	е Туре:						
X	Interim		Prospec	ctive			
		Total Interim			Prospective		
	···	Interim Component		Total	Prospective	with Interim	Component
	X	Settlement based on cost					
	·	Prior Provider Prospective data					
T> .			CI				
Basis:				lata Samasta	or Changa		
	Budget				-	FYE	
	Unaudited c	osts					
X	Field audite						
	Desk audite	d costs					
				_			
				\bigcirc		,	
<u>Distributio</u>			<u> </u>) The	omas Parke	r	
	agement / Fiscal	Agent	Medicaid	Cost Reimb	ursement Pl	anning and F	inance
Permanent Fil	e						
For In	formation Only		,				
No Ch	ange in Rate						
Но	ome Office:	Pensacola Administrative Service	s, LLC	. •			
		2 North Palafox Street					
		Pensacola, Fl 32502					



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Tallahassee, Florida 32308

BAYSIDE MA	ANOR		Prov	ider Number:		0 017221	-00
4343 LANGL	EY AVENUE		Date	:		9/9/201	.4
BAYSIDE MANOR 4343 LANGLEY AVENUE PENSACOLA , FL 32504 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective of Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent	04	Fisca	al Year End:		6/30/20	10	
			Audi	it Status:		Revised Fiel	d Audit
Provider T	ype:						
					Current	New	Effective
					Rate	Rate	Date
A STANGLEY AVENUE Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective de Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Ser- 2 North Palafox Street	e Level			208.48	<u> 208.26</u>	7/1/2010	
	Level	H: Aids			<u>351.82</u>	<u>351.60</u>	7/1/2010
Rate	е Туре:						
	Interim		X Pro	spective			
		Total Interim		Tota	l Prospective		
		Interim Component		Tota	1 Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:	7		Changes	:]			
				Rate Semes	ter Change		
	Budget		X		NH12-050C	FYE	
			•	6/30/2010			
X	- Contraction of the Contraction						
	Desk audited	l costs					
				7-/7			
Distributio	<u>n:</u>		~	70 m	homas Parke	er	
Contract Mana	agement / Fiscal	Agent	Medic	eaid Cost Reim	bursement Pl	anning and F	inance
Permanent Fil	e						
For In	formation Only						
No Ch	ange in Rate						
Не	ome Office:	Pensacola Administrative Services	s, LLC				
		2 North Palafox Street					
		Pensacola, Fl 32502					



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Tallahassee, Florida 32308

BAYSIDE MA	ANOR			Provider Number		0 017221-00 9/9/2014 6/30/2010				
4343 LANGLI	EY AVENUE		Date: 9/9/2014 Fiscal Year End: 6/30/2010 Audit Status: Revised Field Audit Current New Effe Rate Rate Date 211.31 210.95 1/1/2				9/9/2014			
PENSACOLA	ANGLEY AVENUE COLA , FL 32504 ler Type: Ing Home Single Level Level H: Aids Rate Type: Interim Total Interim Component X Settlement based on cost Prior Provider Prospective d sis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Pution: Management / Fiscal Agent ent File For Information Only No Change in Rate	04		Fiscal Year End:						
				Audit Status:		Revised Fiel	d Audit			
Provider Ty	ype:			•						
							Effective			
	~.		Date: 9/9/20 Fiscal Year End: 6/30/20 Audit Status: Revised Fie Current New Rate Rate Rate 211.31 210.95 356.17 355.81 X Prospective Total Prospective with Interim Changes: Rate Semester Change X FA & RFA NH12-050C FYE 6/30/2010 Thomas Parker Medicaid Cost Reimbursement Planning and Face Additional Planning Additional Planning Additional Planning Additional Planning Additional Plann	<u>Date</u>						
Nursing Ho	me Singl	e Level			<u>211.31</u>	<u>210.95</u>	1/1/2011			
	Level	H: Aids			<u>356.17</u>	355.81	1/1/2011			
Rate	Type:									
	T-4		v	Dunnanation						
	- interim	Total Interim			tal Prochective					
					-		Component			
	X				ar i roopconic	***************************************	Componem			
		Prior Provider Prospective data								
Basis:	¬	•	Cha	nges:						
					ester Change					
	Budget			X FA & RF.	A NH12-050C	FYE				
	Unaudited c	osts		6/30/2010)					
X	Field audited	d costs								
	Desk audited	d costs								
					•					
Distribution	1:			7//	Fhomas Danks					
		Agent	-				inance			
Permanent File		Ü		Wedicaid Cost Rei	moursement i	anning and I	manec			
For Inf	formation Only									
Hor	me Office:	Pensacola Administrative Service	s, LLC							
		Pensacola, Fl 32502								



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Tallahassee, Florida 32308

BAYSIDE MA	NOR		Provider Number: 0 017221-00		-00							
4343 LANGLE	LANGLEY AVENUE SACOLA , FL 32504 vider Type: sing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Desk audited costs Tribution: ract Management / Fiscal Agent			Date:		9/9/2014						
PENSACOLA	rovider Type: ursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective Basis: Budget Unaudited costs X Field audited costs Desk audited costs istribution: ontract Management / Fiscal Agent rmanent File For Information Only	04		Fiscal	Year E	nd:		6/30/2010				
				Audit	Status:			Revised Field	d Audit			
Provider Ty	pe:											
	r						Current	New	Effective			
							<u>Rate</u>	Rate	<u>Date</u>			
Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective Basis: Budget Unaudited costs X Field audited costs	e Level					<u>204.18</u>	6/30/2010 Revised Field Audi New Efform Ef	7/1/2011				
	Level	H: Aids					<u>350.38</u>	<u>349,75</u>	<u>7/1/2011</u>			
		_										
Rate	Type:											
	Interim		X	Prosp	ective							
		_		-		-	Prospective					
						Total -	Prospective	with Interim	Component			
	X											
		Prior Provider Prospective data										
Basis:			Chai		1		*					
Dusis.			O.H.	-6	J Rate S	Semest	er Change	*				
	Budget			Χ	-		NH12-050C	FYE				
		osts			6/30/2	2010						
X	Field audited	l costs										
	Desk audited	l costs										
)						
Distribution	ı:		~	1	クー	Th	omas Parke	ar .				
		Agent		Medica	id Cost			anning and F	inance			
Permanent File												
For Inf	ormation Only											
No Cha	nge in Rate								*.			
Но	me Office:	Pensacola Administrative Service	s, LLC									
		2 North Palafox Street										
		Pensacola, Fl 32502										



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYSIDE MA	ANOR			Provid	der Numb	oer:		0 017221	-00
4343 LANGLI	EY AVENUE			Date:				9/9/201	4
PENSACOLA	rsing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective Basis: Budget Unaudited costs X Field audited costs Desk audited costs tribution: ract Management / Fiscal Agent nanent File		,	Fiscal	Year En	d:	*****	6/30/20	10
				Audit	Status:			Revised Fiel	d Audit
Provider Ty	vne:								
	, 1					(Current	New	Effective
							Rate	Rate	<u>Date</u>
Nursing Ho	ome Singl	e Level				å	<u>206.05</u>	205.42	1/1/2012
	Level	H: Aids				٤	<u>353.66</u>	353.03	1/1/2012
Rate	Туре:								,
	Interim		X	Pros	pective				
		Total Interim				Total P	rospective	;	
		Interim Component				Total P	rospective	with Interim	Component
	X	Settlement based on cost							
		Prior Provider Prospective data							
Dania			Cha		٦.				
Dasis:			Спа	nges:	J Pata Sa		Changa		
	Rudget			<u>X</u>	Rate Ser		Change H12-050C	FVF	
		nsts		Δ	6/30/20		112 0500	112	
X									
				÷					
)			
Distribution	<u>n:</u>				ろー	Thor	nas Parke	ar	
		Agent		Medica	id Cost R			lanning and F	inance
Permanent File	_			inicatou					
	formation Only								
	inge in Rate								
Но	me Office:	Pensacola Administrative Services	s. LLC						
110.		2 North Palafox Street	.,						
		Pensacola, Fl 32502							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYSIDE MA	ANOR		Provider N	Number:		0 017221	-00
Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component X Settlement based on cost			Date:			9/9/201	4
PENSACOLA	Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Prior Provider Prospective data Prior Provider Prospective data	Fiscal Yea	ır End:		6/30/20	10	
,			Audit Stat	us:		Revised Fiel	d Audit
Provider Ty	ype:				•		
•					Current	New	Effective
`					Rate	Rate	<u>Date</u>
Nursing Ho	me Single	e Level			<u>212.48</u>	<u>211.84</u>	7/1/2012
Rate Type: Interim X Pro Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data					<u>361.69</u>	<u>361.05</u>	7/1/2012
Rate	e Type:						
	Interim		X Prospecti	ive			
		Total Interim		Total	Prospective		
			Walter Company of Williams	Total	Prospective	with Interim	Component
	X						
		Prior Provider Prospective data					
Basis:			Changes:				
				te Semest	er Change		
	Budget		William Control of the Control of th		NH12-050C	FYE	
	Unaudited co	ests	6/3	30/2010			
X	Field audited	costs					
	Desk audited	costs					
		•					
Distribution	<u>n:</u>			Th	omas Parke	r	
Contract Mana	gement / Fiscal A	Agent	Medicaid C	ost Reimb	oursement Pl	anning and F	inance
Permanent File	•						
For Inf	formation Only						
No Cha	inge in Rate				e v e		
Hor	me Office:	Pensacola Administrative Service	s, LLC	•			
		Pensacola, Fl 32502					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYSIDE MA	ANOR			Provid	ler Nur	nber:		0 017221	-00
Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost				Date:				9/9/201	4
PENSACOLA	, FL 325	04		Fiscal	Year E	end:		12/31/20)11
				Audit	Status:			Unaudit	ed
Provider Ty	vpe:								
	/ MC = -						Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Single	e Level					202.62	202.56	1/1/2013
	Level	H: Aids					<u>353.43</u>	<u>353.37</u>	1/1/2013
		~							
Rate	Type:								
	Interim		X	Prosp	pective				
		Total Interim			X	Total	Prospective		
		Interim Component				Total	Prospective	with Interim	Component
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:	1				
Van der					Rate S	Semest	er Change		
	Budget			X			A & RFA NI	H12-050C FY	Æ
X	Unaudited co	osts			6/30/	2010			
	Field audited	d costs							
	Desk audited	d costs							
					/	つ			
Distribution	<u>1:</u>				7) ^	Th	omas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medica	id Cost	Reiml	bursement Pla	anning and F	inance
Permanent File	•							-	
For Inf	formation Only								
No Cha	inge in Rate								
Ног	me Office:	Pensacola Administrative Services	, LLC						
		2 North Palafox Street							
		Pensacola, Fl 32502							



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Tallahassee, Florida 32308

BAYSIDE MA	YSIDE MANOR 3 LANGLEY AVENUE		Provider Number:					0 017221-00		
4343 LANGL	EY AVENUE			Date:			-	9/9/201	4	
PENSACOLA	, FL 325	504		Fisca	l Year E	∃nd:		12/31/20	011	
				Audit	Status:			Unaudi	ted	
Provider T	vpe:									
•	V 1.						Current	New	Effective	
							Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	le Level					207.36	<u>207.31</u>	7/1/2013	
D-4		-								
Rate	e Type:									
	Interim		X	Proc	pective					
		Total Interim			X		Prospective			
		Interim Component					-	with Interim	Component	
		Settlement based on cost				-			o composition	
		Prior Provider Prospective data								
		•			_					
Basis:			Cha	nges:						
			,		Rate S	Semest	er Change			
	Budget			X			A & RFA NI	H12-050C FY	Έ	
X	Unaudited of				6/30/2	2010				
	Field audite									
	Desk audite	d costs	·							
				-		\bigcirc				
<u>Distribution</u>	<u>n:</u>				'()	Th.	omas Parke	r		
Contract Mana	igement / Fiscal	Agent		Medica	aid Cost	Reiml	oursement Pl	anning and F	inance	
Permanent File	2									
For In	formation Only									
No Cha	ange in Rate									
	me Office:	Pensacola Administrative Services	: LLC							
110	inc Omc.	2 North Palafox Street	,, 1,110							
		Pensacola, Fl 32502								



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYSIDE MA	AYSIDE MANOR			Provid	ler Nur		0 017221-00		
4343 LANGLI	S LANGLEY AVENUE SACOLA , FL 32504			Date:				9/9/201	4
PENSACOLA	, FL 325	04		Fiscal	Year E	end:		12/31/20	012
				Audit	Status:			Unaudit	ed
Provider Ty	vpe:								
•							Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Singl	e Level					206.29	206.05	1/1/2014
Rate	Type:					•			•
	Interim		X	Prosr	ective				
		Total Interim			X	Total	Prospective		
		Interim Component					-	with Interim	Component
		Settlement based on cost				-			•
		Prior Provider Prospective data							
Basis:			Char	nges:	1		•		
			<u> </u>		Rate S	Semest	er Change		
	Budget						A & RFA NI	H12-050C FY	Έ
X	Unaudited c	osts			6/30/2	2010			
	Field audited	d costs							
	Desk audited	l costs							
•					_	$\overline{}$			
Distribution	1:			\supset	7/-	/ Тћ	omas Parkė	r	
	gement / Fiscal	Agent	7	//edicai	id Cost			anning and Fi	mance
Permanent File	•		•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ug wu 1 /	
For Inf	formation Only								
No Cha	inge in Rate								
Ног	me Office:	Pensacola Administrative Services	s, LLC						
		2 North Palafox Street							
		Pensacola, Fl 32502							

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ID: 017221123120120101201205112013133256



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYSIDE M	SIDE MANOR LANGLEY AVENUE		Provi	der Number:	0 017221-00		
4343 LANGL	ACOLA , FL 32504					9/9/201	4
PENSACOLA	, FL 3250	04	Fisca	l Year End:		12/31/20	112
			Audi	Status:		Unaudit	ed
Provider T	ype:						
	* 1				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	ome Single	e Level			216.32	<u>216.07</u>	<u>7/1/2014</u>
Rat	е Туре:						,
		~					
	Interim		X Pros	pective			
		_ Total Interim			Prospective		
		Interim Component	*****	Total	Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:	7			
				Rate Semest	er Change		
	Budget		X		_	H12-050C FY	Έ
X	Unaudited co	osts		6/30/2010			
	Field audited	costs	1				
	Desk audited	costs					
75.4 . 45 4							
<u>Distributio</u>				C Th	omas Parke	r	
	agement / Fiscal A	Agent	Medica	aid Cost Reiml	oursement Pl	anning and Fi	nance
Permanent Fil	le						
For In	nformation Only		•				
No Ch	ange in Rate						: :
Но	ome Office:	Pensacola Administrative Services	s, LLC				
		2 North Palafox Street					
		Pensacola, Fl 32502					

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Report Printed:9/9/2014

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MARGATE I	IEALTH CARE	CENTER	P	rovider Number:		0 017222	2-00
5951 COLON	IAL DRIVE		D	Date:	,	9/11/20	14
MARGATE	, FL 3306	63	F	iscal Year End:		6/30/20	10
			Α	Audit Status:		Revised Fiel	d Audit
Provider T	vpe:						
	V Kr				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	ome Singl	le Level			<u>216.85</u>	<u>215.88</u>	1/1/2010
	Leve	l H: Aids			<u>358.77</u>	<u>357.80</u>	1/1/2010
Rate	e Type:						
	- V II						
X	Interim]	Prospective			
		Total Interim		Tot	al Prospective		
		Interim Component	_	Tot	al Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data				•	
Basis:			Chang	001			
Dasis:			Chang		ster Change		
	Budget		X		NH12-051C	FYE 6/30/20	10
	Unaudited c	osts					
X	Field audited						
	Desk audited	d costs					
				\sim		-	
<u>Distribution</u>	<u>ı:</u>		1	イン τ	homas Parke	r	
Contract Mana	gement / Fiscal	Agent	Me	dicaid Cost Rein			inance
Permanent File	;		_				
For Inf	formation Only						
No Cha	nge in Rate						
Ho	me Office:	Pensacola Administrative Service	s, LLC				
		2 North Palafox Street	· - · -				
		Pensacola, Fl 32502					

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Tallahassee, Florida 32308

MARGATE H	ARGATE HEALTH CARE CENTER 51 COLONIAL DRIVE			Provider Number	:	0 017222	2-00
5951 COLON	IAL DRIVE	•		Date:		9/11/20	14
MARGATE	, FL 3306	53		Fiscal Year End:		6/30/20	10
				Audit Status:		Revised Fiel	d Audit
Provider Ty	ype:						
	-				Current	New	Effective
					<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Ho	me Singl	e Level			<u>221.83</u>	<u>220.85</u>	<u>7/1/2010</u>
	Level	H: Aids			<u>365.17</u>	364.19	7/1/2010
Rate	Type:						
	Interim	_	X	Prospective			
		Total Interim	-		al Prospective		
Interim Compone		Interim Component		Tot	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
			-		ster Change		
	Budget			X FA & RFA	A NH12-051C	FYE 6/30/20	10
37	Unaudited co						
X	Field audited Desk audited						
	Desk addited	COSTS					
Distribution	<u>ı:</u>			1	homas Parke	ŗ	
Contract Mana	gement / Fiscal	Agent	Ī	Medicald Cost Reir	nbursement Pl	anning and Fi	nance
Permanent File							
For Inf	ormation Only						
No Cha	nge in Rate						
Hor	ne Office:	Pensacola Administrative Services	, LLC				
		2 North Palafox Street					
		Pensacola, Fl 32502					



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Tallahassee, Florida 32308

MARGATE H	ARGATE HEALTH CARE CENTER 1 COLONIAL DRIVE			Provi	der Numb	0 017222-00			
5951 COLON	IAL DRIVE			Date:				9/11/20	14
MARGATE	, FL 3306	53		Fisca	l Year End	d:		6/30/20	10
				Audit	Status:			Revised Fiel	d Audit
Provider Ty	vpe:								
	, F - · ·					Cu	rrent	New	Effective
						<u>R</u>	<u>ate</u>	Rate	<u>Date</u>
Nursing Ho	me Singl	e Level				224	4.68	223.69	1/1/2011
	Leve	l H: Aids				369	9. <u>54</u>	<u>368.55</u>	1/1/2011
	•								
Rate	Туре:								
- Itali	у турс.								
	Interim		X	Pros	pective				
		Total Interim			-	Total Pros	pective	:	
		Interim Component		***************************************	7	Total Pros	pective	with Interim	Component
	X	Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Chai	nges:	7				
					Rate Ser	mester Ch	ange		
	Budget			X	FA & R	RFA NH12	2-051C	FYE 6/30/20	10
	Unaudited c	osts	1						
X	Field audited	d costs							
W	Desk audited	d costs							
					0)			
Distribution	ı:		*	1	\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Thomas	Parke	r	
Contract Mana	gement / Fiscal	Agent		Medica	id Cost Re			anning and Fi	nance
Permanent File								J	
For Inf	ormation Only								
No Cha	nge in Rate								
Hor	ne Office:	Pensacola Administrative Service	s, LLC						
		2 North Palafox Street							
		Pensacola, Fl 32502							



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Tallahassee, Florida 32308

Nursing Home Single Level 216.45 Pate 1.51 Pat	MARGATE H	ARGATE HEALTH CARE CENTER 051 COLONIAL DRIVE		Provider N	Number:		0 017222-00		
Provider Type: Current New Effective Rate Date Date	5951 COLON	IAL DRIVE	Date:			9/11/20	14		
Provider Type: Nursing Home Single Level Single Sin	MARGATE	, FL 3306.	3	Fiscal Yea	ır End:		6/30/20	10	
Nursing Home Single Level 216.45 215.51 7/1/2011 Level H: Aids 362.65 361.71 7/1/2011 Rate Type: Interim				Audit Stat	us:		Revised Fiel	d Audit	
Nursing Home Single Level 216.45 215.51 7/1/2011 Level H: Aids 362.65 361.71 7/1/2011 Rate Type: Interim	Provider Ty	ype:							
Rate Type: Interim	·	, .						Effective <u>Date</u>	
Interim X Prospective Total Interim Total Prospective Interim Component Total Prospective with Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change Rate Semester Change X FA & RFA NH12-051C FYE 6/30/2010 Unaudited costs Desk audited costs Desk audited costs Desk audited costs Desk audited Prospective data Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street	Nursing Ho	me Single	e Level			216.45	<u>215.51</u>	7/1/2011	
Interim Total Interim Total Prospective Interim Component X Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change Rate Semester Change FA & RFA NH12-051C FYE 6/30/2010 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street		Level	H: Aids			<u>362.65</u>	<u>361.71</u>	7/1/2011	
Interim Total Interim Total Prospective Interim Component X Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change Rate Semester Change FA & RFA NH12-051C FYE 6/30/2010 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street									
Interim Total Interim Total Prospective Interim Component X Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change Rate Semester Change FA & RFA NH12-051C FYE 6/30/2010 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street	Doto	T	7						
Total Interim Total Prospective Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change X FA & RFA NH12-051C FYE 6/30/2010 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited Costs Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street	Rate	: 1ype:						,	
Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change Rate Semester Change Year A & RFA NH12-051C FYE 6/30/2010 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street	:	Interim		X Prospecti	ve				
Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street				***************************************		· =			
Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street Changes: Rate Semester Change Rate Semes					Total	Prospective	with Interim	Component	
Basis: Changes: Rate Semester Change Rate Semester Change		X	-						
Budget X FA & RFA NH12-051C FYE 6/30/2010 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Thomas Parker Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street			- Prior Provider Prospective data						
Budget X FA & RFA NH12-051C FYE 6/30/2010 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street	Basis:			Changes:					
Unaudited costs X Field audited costs Desk audited costs Desk audited costs Thomas Parker Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Permanent File For Information OnlyNo Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street	<u> </u>				e Semeste	er Change			
X Field audited costs		Budget	*	X FA	& RFA 1	NH12-051C	FYE 6/30/20	10	
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street									
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street	X								
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street		Desk audited	costs						
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street					7				
Permanent File For Information Only No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street	Distribution	<u>Li</u>		10	The	omas Parke	r		
For Information OnlyNo Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street	Contract Manag	gement / Fiscal A	Agent	Medicaid Co	st Reimb	ursement Pla	anning and Fi	nance	
No Change in Rate Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street	Permanent File								
Home Office: Pensacola Administrative Services, LLC 2 North Palafox Street	For Infe	ormation Only							
2 North Palafox Street	No Cha	nge in Rate						· ·	
	Hon	ne Office:	Pensacola Administrative Services	, LLC			a		
Pensacola, Fl 32502			2 North Palafox Street						
			Pensacola, Fl 32502	•					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MARGATE H	IEALTH CARE	CENTER	_	Provid	der Num	iber:		0 017222	:-00
5951 COLON	IAL DRIVE			Date:				9/11/20	14
MARGATE	, FL 3306	53		Fiscal	Year E	nd:		6/30/20	10
				Audit	Status:			Revised Fiel	d Audit
Provider T	vpe:								
	, p = -						Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	ome Singl	e Level					218.41	217.45	1/1/2012
	Level	H: Aids					<u>366.02</u>	<u>365.06</u>	1/1/2012
Rate	Type:								
	Interim		X	Prosi	pective				
		Total Interim				Total	Prospective		
		Interim Component				Total	Prospective	with Interim	Component
	X	Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:]				-
					Rate Se	emeste	er Change		
	Budget			<u>X</u>	FA &	RFA 1	NH12-051C	FYE 6/30/20	10
	Unaudited co								•
X	Field audited								
	Desk audited	d costs							
Th			۳	7)			
Distribution					01	The	mas Parke	r	
	gement / Fiscal	Agent	•	Medicai	id Cost I	Reimb	ursement Pl	anning and Fi	nance
Permanent File	;								
For Inf	formation Only								
No Cha	nge in Rate								
Hor	me Office:	Pensacola Administrative Services	s, LLC						
		2 North Palafox Street							
		Pensacola, Fl 32502							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MARGATE H	RGATE HEALTH CARE CENTER			Provi	der Num	ıber:			
5951 COLON	IAL DRIVE			Date:				9/11/20	14
MARGATE	, FL 3306	53		Fiscal	Year E	nd:		6/30/20	10
				Audit	Status:			Revised Fiel	d Audit
Provider T	ype:								
							Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	ome Singl	le Level					<u>225.03</u>	<u>224.01</u>	7/1/2012
	Leve	l H: Aids					374.24	373.22	7/1/2012
-									
Rate	е Туре:								
	Interim	,	X	Pros	pective				
		Total Interim					Prospective		
Interim Component			***************************************		Total	Prospective	with Interim	Component	
	X	Settlement based on cost							
		Prior Provider Prospective data							
Basis:		, ·	Cha	nges:]				
			<u> </u>		Rate Se	emeste	er Change		
	Budget			X	FA &	RFA I	NH12-051C	FYE 6/30/20	10
	Unaudited c	osts							
X	Field audited	d costs							
	Desk audited	d costs							
					-				
Distribution	<u>1:</u>		,	77	5)	The	omas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medica	id Cost I	Reimb	ursement Pla	anning and Fi	nance
Permanent File	:								
For Inf	formation Only								
No Cha	inge in Rate								
Hor	me Office:	Pensacola Administrative Services	, LLC						
		2 North Palafox Street							
		Pensacola, Fl 32502							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MARGATE HEALTH CARE CENTER	Provider Number: 0 017222-00
5951 COLONIAL DRIVE	Date: 9/11/2014
MARGATE , FL 33063	Fiscal Year End: 12/31/2011
	Audit Status: Unaudited
Provider Type:	
• • • • • • • • • • • • • • • • • • •	Current New Effective Rate Rate Date
Nursing Home Single Level	<u>225.01</u>
Level H: Aids	<u>375.82</u> <u>375.77</u> <u>1/1/2013</u>
Rate Type:	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Compone	Total Prospective with Interim Component
Settlement based	and the same of th
Prior Provider Pro	ctive data
Basis:	Changes:
	Rate Semester Change
Budget	X Effects of FA & RFA NH12-051C FYE
X Unaudited costs	6/30/2010
Field audited costs	
Desk audited costs	
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	
For Information Only	
No Change in Rate	
Home Office: Pensacola Adminis	ve Services, LLC
2 North Palafox St	
Pensacola, Fl 3250	



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Tallahassee, Florida 32308

MARGATE H	ARGATE HEALTH CARE CENTER		Pro	vider Number:		0 017222-00		
5951 COLONI	AL DRIVE		Date	e:		9/11/20	14	
MARGATE	, FL 3306	63	Fisc	al Year End:		12/31/20)11	
			Aud	lit Status:		Unaudit	ed	
Provider Ty					Current <u>Rate</u>	New <u>Rate</u>	Effective Date	
Nursing Ho	me Singl	le Level			230.23	230.18	7/1/2013	
Rate	Type:							
Basis:	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Changes	Total	I Prospective I Prospective with Interim Comp ter Change A & RFA NH12-051C FYE			
X	Unaudited c Field audited Desk audited	d costs		6/30/2010				
	gement / Fiscal	Agent	Medic	The caid Cost Reimb	omas Parke oursement Pla		nance	
Hon	ne Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	s, LLC					



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MARGATE F	ARGATE HEALTH CARE CENTER			Provi	der Nur	nber:		0 017222-00		
5951 COLON	IIAL DRIVE			Date:			•	• 9/11/2014		
MARGATE	, FL 3306	53		Fisca	l Year E	ind:		12/31/2012		
				Audit	Status:			Unaudit	ed	
Provider T	ype:						Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Singl	le Level					227.44	<u>227.39</u>	1/1/2014	
Rate	e Type:	•						,		
	Interim		X	Pros	pective					
		Total Interim			X	Total	Prospective			
		Interim Component				Total	Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data				-				
Basis:			Cha	nges:]					
					_		er Change		-	
	Budget			X	Effect 6/30/2		A & RFA NE	H12-051C FY	E	
X	Unaudited c		r		0.00					
	Field audited Desk audited									
	Desk addited	i costs								
Distribution				—	-					
<u>Distributio</u> Controct Mons	ngement / Fiscal	Agant					omas Parkei			
Permanent File		Agen]	Medica	id Cost	Reimb	ursement Pla	inning and Fi	nance	
	formation Only									
No Cha	ange in Rate									
Но	me Office:	Pensacola Administrative Services	, LLC							
2 North Palafox Street										
		Pensacola, Fl 32502								



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Tallahassee, Florida 32308

MARGATE F	IEALTH CARE	CENTER		Provi	der Nun	nber:	0 017222-00				
5951 COLON	IAL DRIVE			Date:				9/11/2014 12/31/2012 Unaudited urrent New Effect Rate Rate Dat 36.13 236.08 7/1/20 spective spective with Interim Componer			
MARGATE	, FL 3306	93		Fiscal	Year E	ind:		9/11/2014 12/31/2012 Unaudited From New Rate Rate 6.13 236.08 Spective Spective with Interim Companies From New Rate Rate 6.13 75.08)12		
				Audit	Status:			Unaudit	ed		
Provider T	ype:						Current <u>Rate</u>		Effective <u>Date</u>		
Nursing Ho	me Singl	e Level					<u>236.13</u>	<u>236.08</u>	7/1/2014		
Rate	e Type:										
	Interim		X	Pros	pective						
	-	Total Interim			X	Total	Prospective				
		Interim Component		-		Total	Prospective	with Interim	Component		
		Settlement based on cost Prior Provider Prospective data				-					
Basis:			Cha	nges:]						
					_		er Change	***			
N/	Budget			<u>X</u>	6/30/2		A & RFA NI	112-051C F Y	E		
X	Unaudited co		:								
	Desk audited										
	Desk addrec	COSIS									
				AND DESCRIPTION OF THE PARTY OF	2/	7					
<u>Distribution</u>					0-	The	omas Parke	r			
Contract Mana	gement / Fiscal	Agent		Medica	id Cost	Reimb	ursement Pla	anning and Fi	nance		
Permanent File	:										
For Inf	formation Only	•									
No Cha	nge in Rate										
Ho	me Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	, LLC								



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BAY BREEZE	NURSING &	RETIREMENT CENTER	Provider Nu	ımber:		0 017225	-00		
3387 GULF BR	REEZE PARKV	WAY	Date:			9/8/2014			
GULF BREEZI	E, FL 32563		Fiscal Year	End:		6/30/20	10		
			Audit Status	s:		Revised Fiel	d Audit		
Provider Ty	pe:				Current	New	Effective		
Name in a Han	ara Cimal	a T aval			Rate	Rate	<u>Date</u>		
Nursing Hor	ne Singi	e Level			<u>214.09</u>	211.87	1/1/2010		
	Leve	I H: Aids			<u>356.01</u>	353.79	1/1/2010		
Rate	Туре:								
_X	Interim		Prospective	e					
		Total Interim		Total F	Prospective				
		Interim Component		Total F	Prospective	with Interim	Component		
	X	Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Changes:						
7			Rate	Semester	Change				
	Budget		X FA	& RFA #1	NH12-0530	C FYE 6/30/2	010		
	Unaudited c								
X	Field audite								
	Desk audited	d costs							
				_					
<u>Distribution</u>	<u>:</u>		74) The	mas Parke	r			
Contract Manag	gement / Fiscal	Agent	Medicaid Cos				inance		
Permanent File						-			
For Info	ormation Only								
No Char	nge in Rate								
Hon	ne Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	s, LLC						



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BAY BREEZE	NURSING & I	RETIREMENT CENTER		Provider Numb	er:	0 017225	-00
3387 GULF BI	REEZE PARKV	VAY		Date:		9/8/201	.4
GULF BREEZ	E, FL 32563			Fiscal Year End	d:	6/30/20	10
				Audit Status:		Revised Fiel	d Audit
Provider Ty	/ne:						
	F				Current	New	Effective
					Rate	Current New Rate Rate 217.10 214.83 360.44 358.17 Prospective otal Prospective with Interim Contained Prospective With Interim With Interim Contained Prospective With Interim With Interim Contained Prospective With Interim W	Date
Nursing Ho	me Single	e Level			<u>217.10</u>	<u>214.83</u>	7/1/2010
	Level	H: Aids			360.44	Rate Rate 217.10 214.83 7/ 360.44 358.17 7/ Prospective Prospective with Interim Com Change NH12-053C FYE 6/30/2010	
						Current New Rate Rate 217.10 214.83 360.44 358.17 Stal Prospective otal Prospective with Interimental Prospective FA #NH12-053C FYE 6/30/	
Rate	Type:	7					
	T		v	Dragmanting			
	_Interim	Total Interim	X	Prospective	Total Prospective	a '	
		Interim Component			-		Component
	X	Settlement based on cost		-	roun ricopounts	, ,, ,, ,, , , , , , , , , , , , , , ,	Component
		Prior Provider Prospective data		-			
Basis:			Cha	inges:			
				Rate Se	mester Change		
	Budget			X FA & F	RFA #NH12-053	C FYE 6/30/2	.010
	Unaudited c						
X	Field audited						
	Desk audited	d costs					
			-	7			
Distribution			***************************************	20	Thomas Park	er	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost R	eimbursement P	lanning and F	inance
Permanent File	;						
For Inf	Formation Only						
No Cha	nge in Rate						
Hor	me Office:	Pensacola Administrative Services	s, LLC				
		2 North Palafox Street					
		Pensacola, Fl 32502					



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BAY BREEZE	NURSING & R	RETIREMENT CENTER		Provider Number		0 017225	-00
3387 GULF BE	REEZE PARKW	AY	Current New Efrate Rate 220.43 218.01 1/2 365.29 362.87 1/2 X Prospective Total Prospective with Interim Company Total Prospective with Interim Company Total Prospective Total Prospective With Interim Company Total Prospective Total Prospective With Interim Company Total Prospective With Interim Prospecti			4	
GULF BREEZ	E, FL 32563			Fiscal Year End:		9/8/2014 6/30/2010 Revised Field Aud urrent New Eff Rate Rate I 20.43 218.01 1/1 65.29 362.87 1/1 Ospective Ospective with Interim Comp	10
				Audit Status:		Revised Fiel	d Audit
Provider Ty	pe:						
•	•		Date: Fiscal Year End: Audit Status: Current Mate E 220.43 21 365.29 36 X Prospective Total Prospective with I Changes: Rate Semester Change X FA & RFA #NH12-053C FYE Thomas Parker Medicaid Cost Reimbursement Planning		Effective <u>Date</u>		
Nursing Ho	me Single	Level					1/1/2011
	Level	H: Aids			365.29	Revised Field Au rrent New E ate Rate 0.43 218.01 1/2 5.29 362.87 1/2 spective spective with Interim Com nange 12-053C FYE 6/30/2010	1/1/2011
Rate	Туре:						
	Interim		X	Prospective			
	-	Total Interim		To	tal Prospective		
		Interim Component		To	tal Prospective	with Interim	Component
	<u>X</u>	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
					ester Change		
	Budget				-	C FYE 6/30/2	010
	Unaudited co	osts					
X	Field audited	costs					
	Desk audited	costs					
<u>Distribution</u>	<u>ı:</u>		-	7P 1	Thomas Parke	er	
Contract Manaş	gement / Fiscal A	Agent		Medicaid Cost Rein	nbursement Pl	anning and F	inance
Permanent File							
For Infe	ormation Only						
No Cha	nge in Rate						
Hor	ne Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	s, LLC				



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BAY BREEZE	E NURSING & I	RETIREMENT CENTER		Provider Number	er:	0 017225	-00
3387 GULF BI	REEZE PARKV	VAY		Date:		Rate Rate Date 12.36 209.93 7/1/20 58.56 356.13 7/1/20 Sepective expective with Interim Compone Change H12-053C FYE 6/30/2010	
GULF BREEZ	E, FL 32563			Fiscal Year End	•	6/30/20	10
				Audit Status:		Revised Fiel	d Audit
Provider Ty	pe:						
-	•	·			Current		Effective
				Date: 9/8/201 Fiscal Year End: 6/30/20 Audit Status: Revised Fiel Current New Rate Rate 212.36 209.93 358.56 356.13 Prospective	<u>Date</u>		
Nursing Ho	me Single	e Level			<u>212.36</u>	Prospective Prospective with Interim Correnage PNH12-053C FYE 6/30/20	<u>7/1/2011</u>
	Level	H: Aids			358.56	<u>356.13</u>	7/1/2011
Rate	Type:						
	Interim		X	Prospective			
	_	Total Interim			otal Prospective		
		Interim Component		Т	otal Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Char				
	D 1 .		<u></u>		_	TEXT (10010	010
	Budget Unaudited or	~ ~ * ~	2	K FA&R	ra #NH12-053C	. F Y E. 0/3U/2	010
X	Field audited						
Λ.	Desk audited						
<u>Distribution</u>	<u>ı:</u>		-	28	Thomas Parke	r	
Contract Manag	gement / Fiscal	Agent		Medicaid Cost Re	eimbursement Pla	anning and F	nance
Permanent File						-	
For Inf	ormation Only				•		
No Cha	nge in Rate						
Hor	ne Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	s, LLC				



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BAY BREEZE	NURSING & F	RETIREMENT CENTER		Provid	er Nun	nber:		0 017225-00		
3387 GULF BI	REEZE PARKW	/AY		Date:				9/8/2014 6/30/2010 Revised Field Audit Int New Effect Rate Date 38 211.43 1/1/20 19 359.04 1/1/20 active active with Interim Componer age -053C FYE 6/30/2010		
GULF BREEZ	E, FL 32563			Fiscal	Year E	nd:		9/8/2014 6/30/2010 Revised Field Aud arrent New Eff Rate Rate J. 13.88 211.43 1/1 51.49 359.04 1/1 espective espective with Interim Comp. Change H12-053C FYE 6/30/2010	10	
				Audit	Status:			Revised Fiel	d Audit	
Provider Ty	pe:									
							Current	9/8/2014 6/30/201 Revised Field Current New Rate Rate 213.88 211.43 361.49 359.04 Change TH12-053C FYE 6/30/20	Effective	
							Rate	Rate	<u>Date</u>	
Nursing Ho	me Single	e Level					<u>213.88</u>	9/8/2014 6/30/201 Revised Field ent New Rate 88 211.43 49 359.04 Parker	1/1/2012	
	Level	H: Aids					<u>361.49</u>	359.04	<u>1/1/2012</u>	
-										
Rate	Type:									
	Interim		X	Prosp	ective					
		Total Interim		*		_	l Prospective			
		Interim Component		-		Total	l Prospective	with Interim	Component	
	X	Settlement based on cost								
		Prior Provider Prospective data								
Basis:			Cha	nges:]					
2,40101				ng.	J Rate S	Semest	er Change			
	Budget			X	,		-	C FYE 6/30/2	010	
	Unaudited co	osts								
Х	Field audited	costs								
	Desk audited	costs								
				$\overline{}$)				
Distribution	<u>ı:</u>			1	γ	Th	omas Park	er		
Contract Manag	gement / Fiscal A	Agent		Medicai	d Cost				inance	
Permanent File								-		
For Info	ormation Only									
	nge in Rate									
Hor	ne Office:	Pensacola Administrative Services	s, LLC							
		2 North Palafox Street								
		Pensacola, Fl 32502								



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BAY BREEZE	E NURSING &	RETIREMENT CENTER		Provider Number:		0 017225	-00
3387 GULF B	REEZE PARK	WAY		Date:		Rate Rate Dat 221.18 218.68 7/1/20 370.39 367.89 7/1/20 rospective rospective with Interim Compon	
GULF BREEZ	E, FL 32563			Fiscal Year End:		6/30/20	10
				Audit Status:		Revised Fiel	d Audit
Provider Ty	vpe:						
					Current	New	Effective
					Rate		<u>Date</u>
Nursing Ho	me Singl	le Level			<u>221.18</u>	<u>218.68</u>	7/1/2012
	Leve	l H: Aids			<u>370.39</u>	<u>367.89</u>	7/1/2012
Rate	Type:						
	Interim		X	Prospective			
*******		Total Interim			al Prospective		
	***************************************	Interim Component		Tota	al Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semes	_	3 FT F 6/30/3	010
·····	Budget			X FA & RFA	.#NH12-0530	JFYE 6/30/2	010
X	Unaudited of Field audite						
Λ	Desk audite						
	Desk addite	a costs					
<u>Distribution</u>	<u>n:</u>			70° T	homas Parke	er	
Contract Mana	igement / Fiscal	Agent		Medicaid Cost Rein	nbursement Pl	anning and F	inance
Permanent File	е						
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola El 32502	s, LLC				



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BAY BREEZI	E NURSING & R	ETIREMENT CENTER		Provid	ler Nun	nber:		0 017225	-00
3387 GULF B	REEZE PARKW	AY		Date:				9/8/201	4
GULF BREEZ	ZE, FL 32563			Fiscal	Year E	nd:		12/31/20)11
				Audit	Status:			Unaudit	ied
Provider T	vpe:								
•	, [Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Single	Level					<u>218.16</u>	218.12	1/1/2013
	Level	H: Aids					<u>368.97</u>	368.93	1/1/2013
Rate	туре:]							
	Interim		X	Prosp	ective				
		Total Interim	***		X	Total	Prospective		
		Interim Component				Total	Prospective	with Interim	Component
	***************************************	Settlement based on cost Prior Provider Prospective data						•	
Basis:			Cha	nges:]				
			L	9	Rate S	Semeste	er Change		
	Budget		-	X			A & RFA #N	NH12-053C F	YE
X	Unaudited co	sts			6/30/2	2010			
	Field audited	costs							
	Desk audited	costs							
Distribution	<u>n:</u>		<	7	5)	Th	omas Parke	r	
Contract Mana	ngement / Fiscal A	Agent		Medica	id Cost	Reimb	oursement Pl	anning and F	inance
Permanent File	e								
For In	formation Only								
No Cha	ange in Rate								
Но	me Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	s, LLC						



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BAY BREEZE	E NURSING & R	RETIREMENT CENTER	F	rovid	er Nun	nber:		0 017225	-00
3387 GULF BE	REEZE PARKW	AY	I	Date:				9/8/201	4
GULF BREEZ	E, FL 32563		F	iscal	Year E	nd:		12/31/20)11
			A	Audit !	Status:			Unaudit	ed
Provider Ty Nursing Ho		e Level					Current Rate 223.22	New <u>Rate</u> 223.18	Effective <u>Date</u> 7/1/2013
rearing Ho	me Singiç	. Levei					<u> </u>	22010	11.120AC
Rate	Type:								
	Interim		X	Prosp	ective				
		Total Interim			X	**	l Prospective		
	***************************************	Interim Component				Tota	l Prospective	with Interim	Component
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Chan	ges:	1				
	············				Rate S	Semes	ter Change		
	Budget		X				`A & RFA #N	NH12-053C F	YE
X	Unaudited co				6/30/2	2010		•	
	Field audited								•
	Desk audited	costs							
					_	$\overline{}$			
Distribution	1:			7	//	<i>)</i> ті	iomas Parke	.gr	
	 gement / Fiscal A	Agent		edicai	id Cost			anning and F	inance
Permanent File	_			Caroa	0050				
For Inf	Formation Only								
No Cha	nge in Rate								
Ног	me Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	s, LLC						



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BAY BREEZE	E NURSING & 1	RETIREMENT CENTER]	Provider N	lumber:	0 017225-00		-00
3387 GULF BREEZE PARKWAY				Date:			9/8/201	4
GULF BREEZ	E, FL 32563]	Fiscal Yea	r End:		12/31/20)12
			1	Audit Stati	18:		Unaudit	ed
Provider Ty	ype:							
·	-					Current	New	Effective
						Rate	Rate	<u>Date</u>
Nursing Ho	me Singl	e Level				<u>218.95</u>	<u>218.91</u>	1/1/2014
Rate	Type:							
	Interim		X	Prospecti	ve			
		Total Interim		. X		l Prospective		
		Interim Component			Tota	l Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Chan	ges:				
					e Semes	ter Change		
	Budget		X	Ef	fects of I	A & RFA #N	NH12-053C F	YE
X	Unaudited c	osts		6/3	0/2010			
	Field audited	d costs						
	Desk audited	d costs						
TS 1 12 11			_	7				
<u>Distribution</u>		A4	-	10		homas Parke		
Permanent File	gement / Fiscal	Agent	M	ledicaid C	ost Reim	bursement Pl	anning and F	inance
	formation Only							
No Cha	inge in Rate							
Hor	me Office:	Pensacola Administrative Services	s, LLC					
		2 North Palafox Street						
		Pensacola, Fl 32502						



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BAY BREEZE	E NURSING & F	RETIREMENT CENTER		Provid	ler Num	ber:		0 017225	-00	
3387 GULF B	REEZE PARKW	/AY		Date:				Rate Date 26 226.92 7/1/20 Sective Sective with Interim Components		
GULF BREEZ	ZE, FL 32563			Fiscal	Year E	nd:		12/31/20)12	
				Audit	Status:			Unaudit	ed	
Provider Ty	ype:						Current <u>Rate</u>	rent New Effective te <u>Rate</u> <u>Date</u> .96 226.92 7/1/2014		
Nursing Ho	ome Single	e Level					<u>226.96</u>		7/1/2014	
Rate	туре:									
	_Interim		X	Prosp	ective					
		Total Interim			X		Prospective			
		Interim Component				Total	Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data								
Basis:			Cha	nges:]					
					-		er Change	11112 052C F	W.E.	
X	Budget Unaudited co	ogta		<u>X</u>	6/30/2		A & KFA #r	NH12-055C F	I E	
Λ	Field audited									
	Desk audited									
Distribution	n•		<	7)				
	ngement / Fiscal .	A cent	*****	Madia.	<u> </u>		omas Parke		inorga	
Permanent File	_	. 150		Medica	ia Cost	Keiiii	ouisement Fi	anning and F	mance	
	formation Only									
	ange in Rate									
	me Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	s, LLC				,			



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SILVERCRES	ST MANOR			Provider Number:		0 017230-00 9/18/2014	
910 BROOKN	MEADE DRIVE			Date:	9/18/2014 6/30/2010 Revised Field Audit Current New Effecti Rate Rate Date 215.49 215.48 1/1/20		
CRESTVIEW	, FL 32539			Fiscal Year End:	***************************************	6/30/20	10
				Audit Status:		Revised Fiel	d Audit
Provider T	vpe:						
	V				Current	New	Effective
					9/18/2014 6/30/2010 Revised Field At Current New Exate Rate 215.49 215.48 1. 357.41 357.40 1. tal Prospective tal Prospective with Interim Consecutive Prospective Rate Prosp	<u>Date</u>	
Nursing Ho	ome Single	e Level				1/1/2010	
	Level	H: Aids			357.41	<u>357.40</u>	1/1/2010
•							
Pot	Typo	٦		,			
Rate	e Type:						
X	Interim			Prospective			
		Total Interim		Total	l Prospective		
		_ Interim Component		Total	l Prospective	with Interim	Component
	X	Settlement based on cost					
	-	Prior Provider Prospective data					
Basis:			Chan	ges:			
<u> </u>					er Change		
	Budget		X		-	054C FYE 6/	30/10
	Unaudited co	osts					
X	Field audited	l costs					
	Desk audited	costs					
Distribution	<u>n:</u>		سسر.		omas Parke	r	
Contract Mana	ngement / Fiscal /	Agent	M	ledicaid Cost Reiml	oursement Pl	anning and F	inance
Permanent File	e					-	
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Pensacola Administrative Services	s, LLC				
		2 North Palafox Street					
		Pensacola, Fl 32502			*		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SILVERCRES	T MANOR			Provider Num	iber:		0 017230	-00
910 BROOKM	IEADE DRIVE			Date:			9/18/20	14
CRESTVIEW,	FL 32539			Fiscal Year E	nd:		6/30/20	10
				Audit Status:			Revised Fiel	d Audit
Provider Ty	/pe:							
	F					Current	New	Effective
						Rate	Rate	<u>Date</u>
Nursing Ho	me Single	e Level				221.23	221.21	<u>7/1/2010</u>
	Level	H: Aids				<u>364.57</u>	364.55	<u>7/1/2010</u>
Rate	Type:							
	Interim		X	Prospective				
		Total Interim		······································	Total P	rospective	:	
		Interim Component			Total P	rospective	with Interim	Component
	X	Settlement based on cost			•			
		Prior Provider Prospective data						
Basis:			Cha	nges:				
			-			Change		
	Budget			X Field	Audit R	FA NH12-	054C FYE 6/	30/10
	Unaudited co							
X	Field audited							
	Desk audited	l costs						
				\sim \sim	1			
Distribution	1:				Thou	nas Parke) tr	
	gement / Fiscal	Agent		Medicaid Cost				inance
Permanent File				Wedicald Cost	Kemiou	isement i	ammig and i	manoc
For Inf	formation Only							
No Cha	inge in Rate							
Ног	me Office:	Pensacola Administrative Service	s, LLC					
		2 North Palafox Street						
		Pensacola, Fl 32502						



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Tallahassee, Florida 32308

SILVERCREST M	ANOR			Provider Num	iber:		0 017230	-00
910 BROOKMEA	DE DRIVE			Date:			9/18/20	14
CRESTVIEW, FL	32539	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data costs ed costs ed costs		Fiscal Year Er	nd:		6/30/20	10
				Audit Status:			Revised Field	d Audit
Provider Type:							-	
						Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single	Level				224.17	224.16	1/1/2011
	Level	H: Aids				<u>369.03</u>	369.02	1/1/2011
Rate Ty	pe:]						
Int	erim		X	Prospective				
		Total Interim			r	Prospective		
**************************************	·	-			Total F	rospective	with Interim	Component
	X	_						
Basis:			Cha	nges:				
,	3.1.					Change	.054C FYE 6/	20/10
	Budget Jnaudited co	nta.		X Field A	Augh K	ra nniz-	034C F I E 0/	30/10
	Field audited							
	Desk audited							
			en e)			
Distribution:				10	Tho	mas Parke	er	
Contract Managem	ent / Fiscal A	agent		Medicaid Cost	Reimbu	rsement P	lanning and F	nance
Permanent File								
For Inform	ation Only							
No Change	in Rate							
Home (Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	, LLC					



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Tallahassee, Florida 32308

SILVERCRES	ST MANOR			Provid	der Numbe			0-00
910 BROOKM	IEADE DRIVE		Date: 9/18/2014 Fiscal Year End: 6/30/2010 Audit Status: Revised Field Audit				14	
CRESTVIEW.	, FL 32539			Fiscal	Year End	,	6/30/20	10
				Audit	Status:		Revised Fiel	d Audit
Provider Ty	ype:							
•	•					Current	New	Effective
						Rate	Rate	<u>Date</u>
Nursing Ho	ome Singl	e Level				<u>216.05</u>	215.93	7/1/2011
	Leve	H: Aids				<u>362.25</u>	<u>362.13</u>	7/1/2011
Rate	е Туре:							
	Interim		X	Pros	pective			
	-	Total Interim			T	otal Prospective	e	
		Interim Component			T	otal Prospective	e with Interim	Component
	X	Settlement based on cost						
	****	Prior Provider Prospective data						
Basis:			Cha	nges:	٦			
3,43101					J ∴Rate Sen	nester Change		
	Budget			X	-	ıdit RFA NH12	-054C FYE 6/	30/10
***************************************	Unaudited c	osts			_			
X	Field audite	d costs						
	Desk audite	d costs						
					1			
<u>Distribution</u>	<u>n:</u>		•••		7)	Thomas Park	er	
Contract Mana	igement / Fiscal	Agent		Medica	id Cost Re	eimbursement P	lanning and F	inance
Permanent File	e							
For Inf	formation Only							
No Cha	inge in Rate							
Ho	me Office:	Pensacola Administrative Services 2 North Palafox Street	s, LLC					
		Pensacola, Fl 32502						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SILVERCRES	ST MANOR			Provider Number	:	0 017230	-00
910 BROOKN	MEADE DRIVE			Date:		9/18/20	14
CRESTVIEW	, FL 32539			Fiscal Year End:		6/30/20	10
				Audit Status:		Revised Fiel	d Audit
Provider T	ype:						
•	•				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Singl	e Level			<u>217.78</u>	<u>217.37</u>	1/1/2012
	Leve	I H: Aids			365.39	<u>364.98</u>	1/1/2012
Rate	e Type:						
	Interim		X	Prospective			
		Total Interim		To	tal Prospective		
		Interim Component		То	tal Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	······································		·	Rate Seme	ester Change		
	Budget		-	X Field Aud	lit RFA NH12-	054C FYE 6/	30/10
	Unaudited c						
X	Field audite						
	Desk audite	d costs					
			· ·	2			
<u>Distribution</u>	<u>n:</u>			10	Thomas Parke	r	
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Rei	mbursement Pl	anning and Fi	inance
Permanent File	e						
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Pensacola Administrative Service	s, LLC				
		2 North Palafox Street					
		Pensacola Fl 32502					



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Tallahassee, Florida 32308

SILVERCRES	T MANOR			Provider Number:		0 017230	-00
910 BROOKM	EADE DRIVE			Date:		9/18/20	14
CRESTVIEW,	FL 32539			Fiscal Year End:		6/30/20	10
				Audit Status:		Revised Fiel	d Audit
Provider Ty	pe:						
·	•				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Single	e Level			223.85	<u>223,43</u>	7/1/2012
	Level	H: Aids			<u>373.06</u>	<u>372.64</u>	7/1/2012
Rate	Type:					-	
	Interim		X	Prospective			
	_	Total Interim			tal Prospective		*
		Interim Component		Tot	tal Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	Decident		***************************************		ster Change it RFA NH12-	054C EVE 6/	20/10
	Budget Unaudited co	acto		X Field Aud	II KFA NII12-	054C F I E 0/	30/10
X	Field audited						
2.1	Desk audited						
<u>Distribution</u>	<u>ı:</u>		-	フイノ	Thomas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rein	mbursement Pl	anning and F	inance
Permanent File	;						
For Inf	ormation Only						
No Cha	nge in Rate						
Ног	me Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	s, LLC				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SILVERCRES	ST MANOR			Provide	r Nun	iber:		0 017230	-00
910 BROOKN	MEADE DRIVE			Date:				9/18/20	14
CRESTVIEW	, FL 32539			Fiscal Y	ear E	nd:		12/31/20)11
				Audit S	tatus:			Unaudit	ed
Provider T	ype:								
·							Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	ome Single	e Level					211.69	<u>211.68</u>	1/1/2013
	Level	H: Aids					<u>362,50</u>	362.49	1/1/2013
Rate	e Type:								
	Interim		X	Prospe	ctive				
		Total Interim		Х		•	Prospective		
		Interim Component		~		Total	Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data							
Basis:			Cha	nges:					
							er Change	3 054G F37D	C/20/10
X	Budget Unaudited co	ata		X	Effect	S OI F	A REA NHI.	2-054C FYE	6/30/10
Λ	Field audited								
	Desk audited								
<u>Distributio</u>	n:			7	5	7	omas Parke	r	
Contract Mana	igement / Fiscal /	Agent		Medicaid	Cost	Reimb	ursement Pla	anning and F	nance
Permanent File	e								
For In	formation Only								
No Cha	ange in Rate								
Но	me Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl. 32502	s, LLC					·	



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Tallahassee, Florida 32308

SILVERCRES	ST MANOR			Provider Numbe	r:	0 017230	-00
910 BROOKN	MEADE DRIVE	Date: 9/18/2014		14			
CRESTVIEW	, FL 32539			Fiscal Year End:		12/31/20)11
				Audit Status:		Unaudit	ed
Provider T	vpe:						
•	v 1				Current	New	Effective
					Rate .		<u>Date</u>
Nursing Ho	ome Single	e Level			<u>216.39</u>	<u>216.38</u>	<u>7/1/2013</u>
Rate	e Type:						
	VI.	·					
	Interim		X	Prospective			,
		Total Interim		XT	otal Prospective		
		Interim Component		T	otal Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
Dasis.			Clia		nester Change		
	Budget				of FA RFA NH12	2-054C FYE	6/30/10
X	Unaudited c	osts		<u> </u>			
	Field audited						
	Desk audited						
Distributio	n:		*****		Thomas Parke	μ	
	agement / Fiscal	Agent	-	Medicaid Cost Re			inance
Permanent File	e					J	
For In	formation Only						
	ange in Rate						
	ome Office:	Pensacola Administrative Services	LIC				
HC	ome Onice.	2 North Palafox Street	, LLC				
		Pensacola, Fl 32502					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SILVERCRES	ST MANOR			Provider Number:		0 017230	-00
910 BROOKM	IEADE DRIVE			Date:		9/18/20	14
CRESTVIEW	, FL 32539			Fiscal Year End:		12/31/20)12
				Audit Status:		Unaudit	ed
Provider Ty	vpe:						
	, F				Current	New	Effective
					<u>Rate</u>	Rate	<u>Date</u>
Nursing Ho	me Sing	le Level			<u>204.19</u>	204.18	1/1/2014
	•						
		 -					
Rate	e Type:						
	Interim		X	Prospective			
		Total Interim			al Prospective		
		Interim Component			al Prospective		Component
		Settlement based on cost			•		•
		Prior Provider Prospective data					
Basis:	J .		Cha	inges:			
	D 1 .		****		ster Change FA RFA NH1	2 054C EVE	6/20/10
X	Budget Unaudited of	and sta	***************************************	X Effects of	ra kra nhi	2-054C F I E	0/30/10
A	Field audite						
	Desk audite						
	Desk addite	u cosis					
				\sim			
Distribution	<u>n:</u>		***		homas Parke	Pr	
Contract Mana	agement / Fiscal	Agent	***************************************	Medicaid Cost Rein			inance
Permanent File	e						
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Pensacola Administrative Services	s, LLC				
		2 North Palafox Street					
		Pensacola, Fl 32502					



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Tallahassee, Florida 32308

SILVERCRES	T MANOR			Provid	ler Nun	ber: 0 017230-00			-00
910 BROOKM	IEADE DRIVE			Date:				9/18/20	14
CRESTVIEW,	FL 32539			Date: 9/18/2014 Fiscal Year End: 12/31/2013 Audit Status: Unaudited Current New Effect Rate Rate Da 216.26 216.24 7/1/2)13			
				Audit	Status:			Unaudit	ed
Provider Ty	ype:								Effective
AT T. TT	G! 1	. T 1							<u>Date</u>
Nursing Ho	me singe	e Level					210.20	<u> </u>	7/1/2014
Rate	Туре:								
	Interim		X	Pros	pective				
		Total Interim			X	Total	Prospective		
		Interim Component				Total	Prospective v	with Interim	Component
	***************************************	Settlement based on cost Prior Provider Prospective data							
Basis:			Cha	nges:	7				
			<u> </u>		ر Rate S	Semeste	er Change		
	Budget			X	Effect	ts of FA	A RFA NH12	-054C FYE	6/30/10
X	Unaudited co	osts							
	Field audited	costs							
	Desk audited	costs							
<u>Distribution</u>				7	8) The	omas Parker		
Contract Mana	gement / Fiscal A	Agent		Medica	id Cost	Reimb	ursement Pla	nning and F	inance
Permanent File	;								
For Int	formation Only								
No Cha	inge in Rate								
Но	me Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	, LLC						



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Tallahassee, Florida 32308

GRAND BOU	ULEVARD HEA	ALTH & REHAB. CENTER	Provid	ler Number:		0 017242	-00
138 SANDES	TIN LANE		Date:			9/18/20	14
GRAND BOULEVARD HEALTH & REHAB. CENTER 138 SANDESTIN LANE MIRAMAR BEACH, FL 32550 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: X Interim Total Interim Component X Settlement based on cost Prior Provider Prospective da Basis:		550	Fiscal	Year End:		6/30/20	10
			Audit	Status:		Revised Field	d Audit
Provider T	ype:						
					Current	New	Effective
					Rate	Rate	Date
Nursing Ho	ome Sing	le Level			<u>222.96</u>	<u>222.75</u>	1/1/2010
	Leve	l H: Aids			<u>364.88</u>	<u>364.67</u>	1/1/2010
Rat	e Type:						
	- , p	!					
X	Interim		Pros	ective			
			·		l Prospective		
				Tota	1 Prospective	with Interim	Component
	X						
		Prior Provider Prospective data					
Basis:			Changes:				
				Rate Semes	_		
	Budget		X	FA & RFA	NH12-056C	FYE 6/30/20	10
X	Unaudited of						
Λ	Field audite Desk audite						
	Desk addite	d costs					
Distributio	n:				som og Doulvo	_	
	=== agement / Fiscal	Agent	Madian		omas Parke	r anning and Fi	nanca
Permanent Fil	_		Medica	ia Cost Reim	oursement i	ammig and i	manec
	formation Only						
	ange in Rate						
Но	ome Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl. 32502	, LLC				



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Tallahassee, Florida 32308

GRAND BOU	LEVARD HEA	LTH & REHAB. CENTER		Provide	er Number		0 017242	00
138 SANDEST	TIN LANE			Date:			9/18/20	14
MIRAMAR BI	EACH, FL 3255	50		Fiscal	Year End:		6/30/20	10
				Audit S	tatus:		Revised Fiel	d Audit
Provider Ty	/pe:							
·	•					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Single	e Level				226.95	9/18/201 6/30/20 Revised Field forment New Rate 6.95 226.74 0.29 370.08 spective spective with Interim 6 hange 2-056C FYE 6/30/201	<u>7/1/2010</u>
	Level	H: Aids				<u>370.29</u>	<u>370.08</u>	7/1/2010
Rate	Type:							
	_Interim		X	Prospe	ective			
		Total Interim				tal Prospective		
		Interim Component			То	tal Prospective	with Interim	Component
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Cha	nges:				
	Y					ester Change	EVE (120.120	10
	Budget Unaudited co	nata .	·	<u>X</u>	FA & KF	A NH12-036C	FYE 6/30/20	10
X	Field audited				`			
	Desk audited							
				~	×2			
Distribution			-			Thomas Parke	r	
Contract Manag	gement / Fiscal .	Agent		Medicaio	Cost Rei	mbursement Pl	anning and F	inance
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate							
Hor	me Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	s, LLC					



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Tallahassee, Florida 32308

GRAND BOUI	LEVARD HEAD	LTH & REHAB. CENTER		Provider	Number:		0 017242	-00
138 SANDEST	IN LANE			Date:			9/18/20	14
MIRAMAR BE	EACH, FL 3255	50		Fiscal Ye	ar End:		6/30/20	10
				Audit Sta	itus:		Revised Fiel	d Audit
Provider Ty	pe:							
·	•					Current	New	Effective
						Rate	Rate	<u>Date</u>
Nursing Hor	me Single	e Level				230.02	<u>229.81</u>	<u>1/1/2011</u>
	Level	H: Aids				374.88	<u>374.67</u>	<u>1/1/2011</u>
Rate	Type:							
	Interim	_	х	Prospec	tiva			
	. Intermi	Total Interim		- 1 Tospec		al Prospective		
		Interim Component			_	al Prospective		Component
	X	Settlement based on cost		***************************************				:
		Prior Provider Prospective data						
Basis:			Chan	ges:				
						ster Change		
	Budget		X	F	A & RFA	NH12-056C	FYE 6/30/20	10
	Unaudited co							
X	Field audited							
	Desk audited	costs						
<u>Distribution</u>	<u>:</u>		_	7	\mathcal{D}_{T}	homas Parke	r	
Contract Manag	gement / Fiscal	Agent		fedicaid (nbursement Pl		inance
Permanent File							S	
For Info	ormation Only							
No Chai	nge in Rate							
Hon	ne Office:	Pensacola Administrative Services 2 North Palafox Street Pensacola, Fl 32502	s, LLC				·	



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Tallahassee, Florida 32308

GRAND BOULEVARD HEALTH & REHAB. CENTER				Provider Number:		0 017242	-00
138 SANDES	TIN LANE			Date:		9/18/20	14
MIRAMAR B	EACH, FL 325	50		Fiscal Year End:		6/30/20	10
ISS SANDESTIN LANE MIRAMAR BEACH, FL 32550 Provider Type: Nursing Home Single Level Level H: Aids Rate Type:		Audit Status:	****	Revised Fiel	d Audit		
Provider Ty	ype:						
·	•				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	mo Sinal	a I aval			222.80	<u>222.29</u>	7/1/2011
run sing m	ine Singi	CECCI			<u>222.00</u>		
	Level	H: Aids			<u>369.00</u>	<u>368.49</u>	7/1/2011
Rate	Type:	7					
		······································					
	Interim		<u>.</u> X	Prospective			
	***				al Prospective		_
		-		Tota	al Prospective	with Interim	Component
	X						
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semes	ster Change		
	Budget			X FA & RFA	NH12-056C	FYE 6/30/20	10
	Unaudited c	osts					
X	Field audited	d costs					
	Desk audited	d costs					
			/	7/			
				/ () T	homas Parke	r	
Contract Mana	igement / Fiscal	Agent		Medicaid Cost Rein	nbursement Pl	anning and F	inance
Permanent File	2						
For In	formation Only						
No Cha	inge in Rate						
Но	me Office:	Pensacola Administrative Service	s, LLC				
		2 North Palafox Street					
		Pensacola, Fl 32502					



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Tallahassee, Florida 32308

GRAND BOU	OULEVARD HEALTH & REHAB. CENTER Provider Number: 0 017242-00					-00		
138 SANDEST	TIN LANE			Date:			9/18/20	14
MIRAMAR BI		Fiscal	Year End:		6/30/20	10		
				Audit	Status:		9/18/2014 6/30/2010 Revised Field Audi arrent New Effate Rate D 25.13 224.13 1/1/ 72.74 371.74 1/1/ Perspective espective with Interim Competition of the competition	
Provider Ty	/pe:							
						Current	New	Effective
						Rate	Rate	<u>Date</u>
Nursing Ho	me Single	e Level				<u>225.13</u>	224.13	1/1/2012
	Level	H: Aids				372.74	<u>371.74</u>	1/1/2012
D -4-		-						
Rate	Type:							
	Interim		X	Pros	pective			
		Total Interim			To	otal Prospective		
		Interim Component			To	otal Prospective	with Interim	Component
	X	Settlement based on cost						
	***************************************	Prior Provider Prospective data						
Basis:			Cha	nges:	1			
					Rate Sem	nester Change		
	Budget			X	FA & RI	FA NH12-056C	FYE 6/30/20	10
	Unaudited co	osts						
X	Field audited	l costs						
	Desk audited	l costs						
<u>Distribution</u>	<u>ı:</u>		-	7	5	Thomas Parke	r	
Contract Mana	gement / Fiscal	Agent	-	Medica	id Cost Re			inance
Permanent File	;							
For Inf	formation Only							
No Cha	nge in Rate							
Ног	me Office:	Pensacola Administrative Services	s, LLC					
		2 North Palafox Street						
		Pensacola, Fl 32502						



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Tallahassee, Florida 32308

GRAND BOULEVARD HEALTH & REHAB. CENTER				Provider Number: 0 017242-00						
138 SANDES	TIN LANE			Date:			9/18/2014			
MIRAMAR B	EACH, FL 3255	50		Fiscal Yea	ar End:		6/30/2010			
### Provider Type: Nursing Home Single Level			Audit Stat	us:	ν	Revised Fiel	d Audit			
Provider Ty	ype:									
·	•					Current	New	Effective		
						Rate	Rate	<u>Date</u>		
Nursing Ho	me Single	e Level				232.04	<u>230.43</u>	7/1/2012		
	Level	H: Aids				381.25	<u>379.64</u>	7/1/2012		
		_	*							
Rate	Type:									
	Interim		X	Prospect	ive					
		Total Interim			Tota	al Prospective				
		Interim Component			Tota	al Prospective	with Interim	Component		
	X	Settlement based on cost								
		Prior Provider Prospective data								
Basis:	\neg		Cha	nges:						
	·············				te Semes	ster Change				
	Budget			X FA	& RFA	NH12-056C	FYE 6/30/20	10		
	Unaudited co	osts								
X										
	Desk audited	costs								
					1					
<u>Distribution</u>	<u>ı:</u>		~	17) _ _T	homas Parke	r			
Contract Mana	gement / Fiscal	Agent		Medicaid C		bursement Pl		inance		
Permanent File	,									
For Inf	formation Only									
	•									
Ног	me Office:	Pensacola Administrative Service	s, LLC							
		2 North Palafox Street								
		Pensacola, Fl 32502								



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GRAND BOULEVARD HEALTH & REHAB. CENTER		_	Provide	er Nur	nber:		0 017242	-00	
138 SANDES	TIN LANE			Date:				9/18/20	14
MIRAMAR B	BEACH, FL 325	550		Fiscal	Year E	ind:		12/31/20)11
	NDESTIN LANE MAR BEACH, FL 32550 Fiscal Year End: Audit Status: der Type: Current Rate ng Home Single Level 232.91 Level H: Aids 383.72 Rate Type: Interim				Unaudi	ed			
Provider T	vpe:								
	<i>,</i>							New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	ome Singl	le Level						<u>232.90</u>	1/1/2013
	Leve	l H: Aids					383.72	383.71	1/1/2013
		•							
Rat	е Туре:								
	Interim		X	Prosp	ective				
					X	-	=		
				-		Tota	l Prospective	with Interim	Component
Basis:			Cha	nges:					
							_		v
			*****	<u>X</u>			A & RFA N	H12-056C FY	Έ
X									
	Desk audite	a costs							
Distributio	n:				5	$\mathcal{I}_{\mathbf{T}}$	nomas Park <i>e</i>	· p·	
Contract Man	agement / Fiscal	Agent	***************************************	Medicai	d Cost				inance
Permanent Fil	e								
For In	formation Only								•
No Ch	ange in Rate								
Но	ome Office:	Pensacola Administrative Service 2 North Palafox Street Pensacola, Fl 32502	s, LLC						



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Tallahassee, Florida 32308

GRAND BOU	JLEVARD HEA	LTH & REHAB. CENTER		Provider Number: 0 017242-00			-00			
138 SANDES	TIN LANE			Date:				9/18/20)14	
MIRAMAR E	BEACH, FL 325	50		Fiscal Y	Year E	nd:		12/31/20)11	
			x nent d on cost rospective data Char		tatus:			Unaudit	ted	
Provider T	ype:									
							Current	New	Effective	
							Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level					<u>238.88</u>	<u>238.86</u>	<u>7/1/2013</u>	
Pat	e Type:	·								
Nati	e Type.									
	Interim		х	Prospe	ective					
	- ·	Total Interim			K	Tota	l Prospective			
		Interim Component		-		Tota	l Prospective	with Interim	Component	
		Settlement based on cost				_				
		Prior Provider Prospective data								
Basis:			Cha			_				
	Decdoor			-			ter Change	H12-056C FY	7E	
X	Budget Unaudited c	ooste		λ	6/30/2		A & KFA N	H12-030C F I	. Li	
	Field audited									
	Desk audite									
Distributio	n:			7	X-	ノ _т	Daulea			
	agement / Fiscal	Agent		Madiania	1 Cost		hursament Pl	anning and F	inanca	
Permanent Fil	-	8		Medical	ı Cosi	Kenn	oursement i	anning and i	manee	
	formation Only									
	•									
	ange in Rate									
Но	ome Office:	Pensacola Administrative Service	s, LLC							
		2 North Palafox Street								
		Pensacola, Fl 32502								



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Tallahassee, Florida 32308

GRAND BOU	LEVARD HEA	LTH & REHAB. CENTER		Provider	Num	ber:		0 017242	-00
138 SANDES	TIN LANE			Date:				9/18/20	14
MIRAMAR B	EACH, FL 325	50	~	Fiscal Y	ear Er	ıd:		12/31/20)12
				Fiscal Year End: 12/31/2012 Audit Status: Unaudited Current New Rate Rate		ed			
Provider T	ype:								Effective <u>Date</u>
Nursing Ho	me Singl	e Level						232.16	1/1/2014
				•					
Rate	Type:								
	<u> </u>								
******	_Interim		X						
		Total Interim		X			-		C
		Interim Component				Total	Prospective	with Interim	Component
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:					
	_			F	Rate Se	emest	er Change		
	Budget						A & RFA NI	H12-056C FY	Έ
X	Unaudited c	osts		(5/30/2	010			
	Field audited	d costs							
	Desk audited	d costs							
Distribution	n:			7/	5) Th	omas Parke	r	
	gement / Fiscal	Agent	-	Medicaid	Cost 1				inance
Permanent File	•							Ü	
For In	formation Only								
No Cha	ange in Rate								
Но	me Office:	Pensacola Administrative Services	s, LLC						
		2 North Palafox Street							
		Pensacola, Fl 32502							



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Tallahassee, Florida 32308

GRAND BOULEVARD HEALTH & REHAB. CENTER			Provider Number: 0 017242-0					
138 SANDES	TIN LANE			Date:			9/18/20	14
MIRAMAR B	EACH, FL 325	50	Date: 9/18/2014 Fiscal Year End: 12/31/2013 Audit Status: Unaudited					
				Audit Statu	ıs:		Unaudit	ed
Provider Ty	ype:							
·	•					Current	New	Effective
						Rate		<u>Date</u>
Nursing Ho	me Singl	e Level				<u>255.41</u>	<u>255.40</u>	<u>7/1/2014</u>
•								
Rate	e Type:							
L		J						
	_Interim		X	Prospectiv	/e			
		Total Interim		X		-		
	***	Interim Component		M	Tota	l Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
					e Semes	ter Change		
	Budget					-	H12-056C FY	Έ
X	Unaudited c	osts		6/3	0/2010			
	Field audited	d costs						
	Desk audited	d costs						
					/			
Distribution	<u>n:</u>			10	TI	homas Parke	r	
Contract Mana	igement / Fiscal	Agent		Medicaid Co	st Reim	bursement Pl	anning and Fi	inance
Permanent File	2							
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Pensacola Administrative Services	s, LLC					
		2 North Palafox Street						
		Pensacola, Fl 32502						



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Tallahassee, Florida 32308

KISSIMMEE GOOD SAMARITAN				0 205303	303-00		
1500 SOUTH	GATE DRIVE			Date:	***************************************	9/10/20	14
KISSIMMEE,	FL 34746			Fiscal Year End:		7/31/20	11
				Audit Status:	Current New Rate Rate 202.45 199.61 351.66 348.82		
Provider T	vpe:						
	/ I* * * *	4			Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Singl	e Level			<u>202.45</u>	<u>199.61</u>	7/1/2012
	Leve	l H: Aids			<u>351.66</u>	348.82	7/1/2012
Rate	е Туре:						
	Interim		X	Prospective			
		Total Interim		X Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
	Budget				_	FYE 7/31/20	11
	Unaudited c	osts					
X	Field audite	d costs					
	Desk audite	d costs					
<u>Distributio</u>	<u>n:</u>			70 T	homas Parke	r	
Contract Mana	igement / Fiscal	Agent	***************************************				inance
Permanent File	2					Ž,	
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Evangelical Lutheran Good Samar 4800 West 57th Street Sioux Falls, SD 57117	ritan				



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Tallahassee, Florida 32308

KISSIMMEE	MMEE GOOD SAMARITAN			Provid	ier Numb	oer:		0 205303	-00
1500 SOUTH	GATE DRIVE FL 34746 ype: Dime Single Level Level H: Aids E Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Evangelical Lutheran Good Samari 4800 West 57th Street		Date:			9/10/2014			
KISSIMMEE,	FL 34746			Fiscal	Year End	Current New Fate Rate 204.25 203.97 1 355.06 354.78 1 Current New Fate Rate 204.25 203.97 1 Total Prospective With Interim Conserved Fate Semester Change Effects of Field Audit NH13-089C FYE 7/31/2011 Thomas Parker	12		
				Audit	Status:	_		Unaudit	ed
Provider T	ype:								
•						Curre	ent	New	Effective
			Date: 9/10/2014 Fiscal Year End: 7/31/2012 Audit Status: Unaudited Current New Rate Rate 204.25 203.97 355.06 354.78 X Prospective	<u>Date</u>					
Nursing Ho	ome Sing	le Level				204.	Current New Rate Rate 204.25 203.97 355.06 354.78 All Prospective all Prospective with Interimental Prospective With Interim	1/1/2013	
	Leve	l H: Aids				<u>355.</u>	<u>06</u>	<u>354.78</u>	1/1/2013
Rate	е Туре:								
	Interim		X	Prosp	pective				
		Total Interim			<u>X</u> _ 7	Total Prosp	ective		
		Interim Component				Total Prospe	ective v	vith Interim	Component
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:]				
····				-	J Rate Sei	mester Cha	nge		
	Budget		-	X			ıdit NH	13-089C FY	Έ
X	Unaudited of	costs			7/31/20)11			
·	Field audite	ed costs							
	Desk audite	ed costs							
				_					
Distribution	<u>n:</u>		~	1	X/	Thomas	Parker		
Contract Mana	agement / Fiscal	Agent		Medica	id Cost R				inance
Permanent File	e								
For In	formation Only								
No Cha	ange in Rate								
Но	ome Office:	Evangelical Lutheran Good Samai	ritan						
		4800 West 57th Street							
		Sioux Falls, SD 57117							



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Tallahassee, Florida 32308

KISSIMMEE GOOD SAMARITAN			Provider Number: 0 205303-00						-00
1500 SOUTH	GATE DRIVE		*****	Date:				9/10/20	14
KISSIMMEE,	FL 34746			Fiscal	Year E	nd:		7/31/20	12
				Audit	Status:		-	Unaudit	ed
Provider Ty Nursing Ho	•	le Level					Current <u>Rate</u> 209.61	New <u>Rate</u> 209.32	Effective <u>Date</u> 7/1/2013
Rate	е Туре:								
	Interim	Total Interim Interim Component	X	Prosp	pective X	-	Prospective Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data				•	,		,
Basis:	Budget Unaudited of Field audite	d costs	***************************************	nges:	-	ts of Fi	er Change eld Audit Ni	H13-089C FY	Έ
Distribution	Desk audite	d costs	_	77	$\langle \mathcal{O} \rangle$	TL	omas Dauka	_	
	igement / Fiscal	Agent		Madiaa	id Cost		omas Parke	r anning and Fi	nanco
Permanent File	-			Medica	ia Cosi	Keimi	oursement Fi	ammig and ri	nance
For Inf	formation Only								
No Cha	inge in Rate								
Ног	me Office:	Evangelical Lutheran Good Samar 4800 West 57th Street Sioux Falls, SD 57117	itan						



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Tallahassee, Florida 32308

KISSIMMEE GOOD SAMARITAN			Provider Number: 0 205303-00						-00
1500 SOUTH	GATE DRIVE]	Date:				9/10/20	14
KISSIMMEE,	FL 34746]	Fiscal Y	ear E	nd:		7/31/20	12
			Date: 9/10/2014 Fiscal Year End: 7/31/2012 Audit Status: Unaudited Current New Effeate Rate 214.10 213.80 1/2 X Prospective X Total Prospective with Interim Company Compa				ed		
Provider Ty Nursing Ho	-	le Level					Rate	<u>Rate</u>	Effective <u>Date</u> 1/1/2014
Transmig III							2.020		
Rate	e Type:								
	Interim		X	Prospe	ective				
		Total Interim			ζ	-	-		
		Interim Component				Total	Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data							
Basis:		•	Chan						
	Budget		X		Effect	ts of Fi	_	H13-089C FY	Æ
X	Unaudited	costs			7/31/2	2011			
	Field audite	ed costs							
	Desk audite	ed costs							
D: 4 11 41			-	7	0				
Distribution		1.4							
Permanent File	agement / Fiscal	i Agent	M	ledicaic	i Cost	Reimb	oursement Pl	anning and Fi	inance
	formation Only								
	ange in Rate								
Но	me Office:	Evangelical Lutheran Good Samar	ritan						
		4800 West 57th Street							
		Sioux Falls, SD 57117							



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Tallahassee, Florida 32308

KISSIMMEE GOOD SAMARITAN			Provider Number: 0 205303-00								
1500 SOUTH	GATE DRIVE			Date:				9/10/20	14		
KISSIMMEE,	FL 34746			Fiscal	Year E	nd:		7/31/2013			
				Audit	Status:			Unaudit	ed		
Provider T	ype:						Current	New	Effective		
Manusius IIs	Cinal	a I aval					Rate	<u>Rate</u> 219.38	<u>Date</u> 7/1/2014		
Nursing Ho	ome Singi	e Level					<u>219.69</u>	217.30	7/1/2014		
		-									
Rate	e Type:				•						
	Interim		X		pective						
		Total Interim			X		Prospective		_		
	***************************************	Interim Component				Total	Prospective	with Interim	Component		
		Settlement based on cost Prior Provider Prospective data									
Basis:			Cha	nges:]						
					-		er Change				
	Budget			<u>X</u>	Effect 7/31/2		ield Audit N	H13-089C FY	Έ		
X	Unaudited c				,,,,,,,,						
	Field audited										
	Desk audited	a costs									
Distribution			-								
		Agant			<u> </u>		omas Parke				
Permanent File	igement / Fiscal	Agent		Medica	id Cost	Reimi	oursement Pl	anning and F	inance		
	formation Only										
No Cha	inge in Rate										
Но	me Office:	Evangelical Lutheran Good Sama 4800 West 57th Street	ritan								
		Sioux Falls, SD 57117									



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Tallahassee, Florida 32308

THE COMMO	NS AT ORLANDO LUTHERAN TOWERS	Provider Number	:	0 205796	-00
210 LAKE AV	'ENUE	Date:	******	10/13/20)14
ORLANDO, FL 32801 Provider Type: Nursing Home Single Level Level H: Aids		Fiscal Year End:		8/31/20	07
		Audit Status:		Revised Fiel	d Audit
Provider Ty	ype:				
			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Ho	me Single Level		<u>174.32</u>	<u>174.00</u>	1/1/2008
	Level H: Aids		308.32	<u>308.00</u>	1/1/2008
Rate	· Type:			,	·
	, Type.				
	Interim	X Prospective			· •
	Total Interim	X To	tal Prospective		;
	Interim Component	To	tal Prospective	with Interim	Component
	Settlement based on cost				
	Prior Provider Prospective data				
- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Basis:		Changes:	***		:
	Destant		ester Change	EVE 9/21/0	
	Budget Unaudited costs	X FA & RF	A #NH09-009I	JFYE 8/31/2	
X	Field audited costs				
Λ	Desk audited costs				
					1
		- 0			
<u>Distributior</u>					T.
	gement / Fiscal Agent		Thomas Parke		
Permanent File	•	Medicaid Cost Rei	mbursement Pl	anning and F	inance
	Formation Only				
No Cha	inge in Rate				
Ho	me Office: No Home Office				



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Tallahassee, Florida 32308

THE COMMONS AT ORLANDO LUTHERAN TOWERS			Provider Number:		0 205796	-00	
210 LAKE AV	VENUE			Date:)14		
ORLANDO, F	L 32801			Fiscal Year End:		8/31/20	07
				Audit Status:		Revised Fiel	d Audit
Provider T	ype:						
•	•				Current	New	Effective
					<u>Rate</u>	Rate	<u>Date</u>
Nursing Ho	me Single	e Level			<u>176.05</u>	<u>175.73</u>	<u>7/1/2008</u>
	Level	H: Aids			312.33	312.01	<u>7/1/2008</u>
Rate	e Type:	7					
Zui	г турс.	_					
	Interim		X	Prospective			
		Total Interim		X Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					1
	***************************************	Prior Provider Prospective data					
Basis:		7	Cha	nges:			
,			<u> </u>	Rate Semes	ter Change		
	Budget			X FA & RFA	#NH09-009I	L FYE 8/31/2	007
	Unaudited co	osts	:				,
X	Field audited	costs					
	Desk audited	costs					i
	·						
				~			
Distribution	<u>n:</u>				homas Parke	er	
Contract Mana	ngement / Fiscal A	Agent	***************************************	Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File	e					J	
For In	formation Only						
	ange in Rate						
	_	N. H Off.					
Ho	me Office:	No Home Office					



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Tallahassee, Florida 32308

AUBURNDALI	E OAKS HEA	LTHCARE CENTER	Provi	der Number:		0 207527	-00
919 OLD WINT	ER HAVEN I	RD	Date:			8/21/20	14
AUBURNDALI	E, FL 33823		Fisca	Year End:		8/31/20	10
			Audit	Status:		Field Auc	lited
Provider Typ	e:						
					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective dat Basis: Budget Unaudited costs X Field audited costs Desk audited costs	e Level			<u>193.17</u>	<u>190.01</u>	<u>7/1/2011</u>	
	Leve	H: Aids			339.37	336.21	<u>7/1/2011</u>
Rate '	Гуре:						
	Interim		X Pros	pective			
-					l Prospective		
-		-		Tota	l Prospective	with Interim	Component
-							
-		Prior Provider Prospective data					
Rasis:	7		Changes:]			
1545151	J		changes.	L Rate Semes	ter Change		
	Budget		X	-	-	FYE 8/31/10	0
	Unaudited c	eosts					
X	Field audite	d costs	•				
	Desk audite	d costs					
				1			
Distribution:	<u>!</u>			7) TI	homas Parke	r	
Contract Manage	ement / Fiscal	Agent	Medica	aid Cost Reim	bursement Pl	anning and F	inance
Permanent File							
For Info	rmation Only						
No Chan	ge in Rate						
Hom	e Office:	Lyric Healthcare Holdings III, Inc					
		1423 Clarkview Road Suite 500					
		Baltimore, MD 21090					



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Tallahassee, Florida 32308

AUBURNDAL	AUBURNDALE OAKS HEALTHCARE CENTER		P ₁	rovider Number:		0 207527-00		
919 OLD WIN	TER HAVEN	RD	D	ate:		8/21/20	14	
AUBURNDAL	E, FL 33823		Fi	iscal Year End:		8/31/20	10	
			A	udit Status:		Field Aud	lited	
Provider Ty	rpe:							
	P	·			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sing	le Level			<u>195.20</u>	<u>192.03</u>	1/1/2012	
	Leve	el H: Aids			342.81	<u>339.64</u>	1/1/2012	
	·							
Rate	Type:							
	Interim		X I	Prospective				
		Total Interim	_	X Tota	al Prospective			
		Interim Component	_	Tota	l Prospective	with Interim	Component	
		Settlement based on cost			÷			
	-	Prior Provider Prospective data						
Basis:	_		Chang					
Dasis.			Chang	Rate Semes	ter Change			
	Budget		X		t NH13-012W	FYE 8/31/10	0	
	Unaudited	costs						
X	— Field audit							
	Desk audit	ed costs				·		
				$\neg \land$				
Distribution	<u>ı:</u>			τ	homas Parke	er		
Contract Manag	gement / Fisca	l Agent	Me	dicaid Cost Rein	ıbursement Pl	anning and F	inance	
Permanent File								
For Info	ormation Only	,						
No Cha	nge in Rate							
Hor	ne Office:	Lyric Healthcare Holdings III, Inc 1423 Clarkview Road Suite 500 Baltimore, MD 21090						



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Tallahassee, Florida 32308

AUBURNDALE OAKS HEALTHCARE CENTER			Provider Number:	0 207527-00			
919 OLD WIN	TER HAVEN	RD		Date:		8/21/20	14
AUBURNDALE OAKS HEALTHCARE CENTER 919 OLD WINTER HAVEN RD AUBURNDALE, FL 33823 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs			Fiscal Year End:	8/31/2011		11	
				Audit Status:		Unaudit	ted
Provider Ty	pe:			•			
•	•				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Sing	le Level			<u>205.49</u>	205.48	7/1/2012
	Leve	el H: Aids			<u>354.70</u>	<u>354.69</u>	7/1/2012
Rate	Type	\neg					
Nate	турс.						
	Interim		X	Prospective			
		Total Interim		XTota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	7		Char	iges:			
				Rate Semes	ster Change		
	Budget			Effects of	FA NH13-012	W FYE 8/31.	/10
X	Unaudited	costs					
	Desk audite	ed costs					
			_	~ 0			
Distribution	<u>ı:</u>			T	homas Parke	er	
Contract Mana	gement / Fiscal	l Agent	N	Medicaid Cost Rein	ibursement Pl	anning and F	inance
Permanent File	;						
For Inf	formation Only						
No Cha	nge in Rate						
Hor	me Office:	Lyric Healthcare Holdings III, Inc					
		1423 Clarkview Road					
		Suite 500					
		Baltimore, MD 21090					



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Tallahassee, Florida 32308

AUBURNDAL	E OAKS HEA	ALTHCARE CENTER	_	Provider Number:	0 207527-00		
919 OLD WIN	TER HAVEN	RD		Date:		8/21/20	14
AUBURNDAL	E, FL 33823			Fiscal Year End:	8/31/2011		11
				Audit Status:	-	Unaudit	ted
Provider Ty	pe:						
·	•				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Hor	me Sing	le Level			208.81	<u>208.80</u>	1/1/2013
	Leve	el H: Aids			359.62	359.61	1/1/2013
Rate	Туре:						
	Interim		X	Prospective			
	- interim	Total Interim		-	l Prospective		
		Interim Component			=	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
		- 					
Basis:			Cha	nges:			
	Dodoot		•	Rate Semes	_	2W FYE 8/31.	/10
X	Budget Unaudited	costs		X Effects of F	A NII13-012	.W F 1 E 0/31	/10
Λ	Field audite						
	Desk audite						
		•					
				\sim			
Distribution	1.		***		nomas Parke		
Contract Manag		l Agent	***************************************	Medicaid Cost Reim			inance
Permanent File				Wedicard Cost Renn	oursement 1	ammig and i	mance
For Info	ormation Only	,					
	nge in Rate						
Hon	ne Office:	Lyric Healthcare Holdings III, Inc					
		1423 Clarkview Road					
		Suite 500					
		Baltimore, MD 21090					



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Tallahassee, Florida 32308

AUBURNDA	LE OAKS HEA	ALTHCARE CENTER	Provider Number:			0 207527-00		
919 OLD WIN	NTER HAVEN	RD		Date:		8/21/20	14	
AUBURNDA:	LE, FL 33823			Fiscal Year End:		8/31/20	12	
				Audit Status:		Unaudit	ted	
Provider T	ype:							
					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Sing	le Level			203.42	203.40	7/1/2013	
Rate	e Type:							
	Interim	·	X	Prospective				
		Total Interim		***************************************	1 Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
	-	Prior Provider Prospective data						
Basis:	7		Cha	nges:				
***************************************				Rate Semes	ter Change			
	Budget				_	W FYE 8/31	/10	
X	Unaudited	costs						
	Field audite	ed costs						
	Desk audite	ed costs						
				-2				
<u>Distribution</u>	<u>n:</u>			TI	iomas Parke	r		
Contract Mana	igement / Fisca	l Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File	•							
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Lyric Healthcare Holdings III, Inc 1423 Clarkview Road Suite 500 Baltimore, MD, 21090						



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Tallahassee, Florida 32308

AUBURNDALE OAKS HEALTHCARE CENTER			Provider Number:		0 207527	-00
Provider Type: Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis:			Date:		8/21/201	14
AUBURNDALE, FL 33823			Fiscal Year End:		8/31/201	
			Audit Status:	****	Unaudit	.ed
Provider Type: Nursing Home Single I	.evel			Current <u>Rate</u> 205.21	New <u>Rate</u> 205.19	Effective <u>Date</u> 1/1/2014
Rate Type:						
	Interim Component	X		l Prospective l Prospective	with Interim	Component
Basis: Budget X Unaudited costs Field audited co	osts		Rate Semes Effects of F	-	W FYE 8/31/	′10
Distribution: Contract Management / Fiscal Ag Permanent File For Information Only No Change in Rate	ent	-	Ti Medicaid Cost Reim	nomas Parke bursement Pi		inance
1- S	yric Healthcare Holdings III, Inc 423 Clarkview Road uite 500 altimore, MD 21090					



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Tallahassee, Florida 32308

AUBURNDALE OAKS HE	AUBURNDALE OAKS HEALTHCARE CENTER				0 207527-00			
919 OLD WINTER HAVEN	N RD		Date:		8/21/2014			
Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Fiscal Year End:		8/31/2013				
			Audit Status:		Unaudit	ted		
Provider Type:								
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Sin	gle Level			208.29	208.27	7/1/2014		
Pata Typas								
Interim	Tablinania.	X	Prospective	1 D				
				l Prospective	with Interim	Component		
			1014	ii i rospective	with interim	component		
	Prior Provider Prospective data							
Basis:		Cha	nges:					
T			Rate Semes	-		/10		
	Lagata		X Effects of F	'A NH13-012	2W FYE 8/31/	10		

						•		
	,							
			\sim					
Distribution:			/ / / m	homas Parke	r			
Contract Management / Fisca	al Agent	***************************************	Medicaid Cost Reim	bursement Pl	anning and Fi	inance		
Permanent File	•							
For Information Onl	y							
No Change in Rate								
Home Office:	Lyric Healthcare Holdings III, Inc 1423 Clarkview Road							
	Suite 500							
	Baltimore, MD 21090							



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Tallahassee, Florida 32308

LIFE CARE (CENTER OF AL	TAMONTE SPRINGS		Provider Numb	per:	0 210137	'-00
989 ORIENTA	A AVE			Date:		8/6/201	4
ALTAMONT	E SPRINGS, FL	32701		Fiscal Year En	d:	7/31/2009	
				Audit Status:		Field Auc	lited
Provider T	vpe:						
	V E				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Singl	e Level			195.37	195.02	1/1/2010
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	·					
	Level	H: Aids			<u>337.29</u>	<u>336.94</u>	1/1/2010
	T						
Rate	e Type:						
	Interim		X	Prospective			
		Total Interim			Total Prospective		
		Interim Component			Total Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
Dasis.			Cita		mester Change		
	Budget				udit #NH11-1500	C FYE 7/31/2	2009
	Unaudited co	osts					
X	Field audited	d costs					
	Desk audited	d costs					
<u>Distributio</u>				10	Thomas Parke	r	
	agement / Fiscal	Agent		Medicaid Cost R	teimbursement Pl	anning and F	inance
Permanent Fil							
For In	formation Only						
No Ch	ange in Rate						
Но	me Office:	Life Care Centers Of America					
		3570 NW Keith Street					
		Cleveland, TN 37312					



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Tallahassee, Florida 32308

LIFE CARE C	ENTER OF AI	TAMONTE SPRINGS		Provider Number:		0 210137	-00
989 ORIENTA	AVE			Date:	<u></u>	8/6/201	4
ALTAMONTE	E SPRINGS, FL	. 32701		Fiscal Year End:		7/31/20	09
				Audit Status:		Field Aud	lited
Provider Ty Nursing Ho		le Level			Current <u>Rate</u> 198.76	New <u>Rate</u> 198.40	Effective <u>Date</u> 7/1/2010
		l H: Aids			342.10	341.74	<u>7/1/2010</u>
Rate	Type:						
Nate	<u> 1 jpc</u>						
Pagin	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Cha	Tota	al Prospective		Component
Basis:	Budget Unaudited of Field audite			Rate Semes X Field Audit	ter Change t #NH11-1500	C FYE 7/31/2	009
	Desk audite	d costs					
Distribution				/ D T	homas Parke		
Contract Mana		Agent		Medicaid Cost Reim	ibursement Pl	anning and F	inance
Permanent File							
	formation Only						
No Cha	inge in Rate						
Ног	me Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312					



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Tallahassee, Florida 32308

LIFE CARE CENTER OF ALTAMONTE SPRINGS			Provid	der Nur	nber:		0 210137-00			
989 ORIENTA	9 ORIENTA AVE			Date:			8/6/2014			
ALTAMONTE	E SPRINGS, FL	. 32701		Fiscal	Year E	End:	7/31/		10	
				Audit	Status:			Unaudit	red	
Provider Ty	/pe:							*		
•							Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Singl	e Level					206.17	206.13	1/1/2011	
	Leve	l H: Aids					<u>351.03</u>	<u>350.99</u>	<u>1/1/2011</u>	
Rate	Type:									
	_Interim		X	Pros	pective					
		Total Interim			X	_	l Prospective			
		Interim Component		***************************************		_ Tota	1 Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data								
Basis:			Cha	nges:]					
					Rate S	Semes	ter Change			
	Budget			<u>X</u>			ield Audit#N	NH11-150C F	YE	
X	Unaudited c				7/31/	2009				
	Field audite									
	Desk audite	d costs								
				_	_/	2				
Distribution	<u>ı:</u>		•		7)	Tł	nomas Parke	r		
Contract Mana	gement / Fiscal	Agent	· · · · · · · · · · · · · · · · · · ·	Medica	id Cost		bursement Pl		inance	
Permanent File	;									
For Inf	Formation Only									
No Cha	inge in Rate									
Ног	me Office:	Life Care Centers Of America								
		3570 NW Keith Street								
		Cleveland, TN 37312								



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Tallahassee, Florida 32308

LIFE CARE C	ENTER OF A	LTAMONTE SPRINGS		Provider Nu	mber:		0 210137-00		
				Date:			8/6/201	4	
LIFE CARE CENTER OF ALTAMONTE SPRINGS 989 ORIENTA AVE ALTAMONTE SPRINGS, FL 32701 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Component Settlement based on cost Prior Provider Prospective de Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent	L 32701		Fiscal Year	End:		7/31/20	10		
				Audit Status	:		Unaudit	ed	
Provider Ty	vpe:								
•	/ L					Current	New	Effective	
						Rate	<u>Rate</u>	<u>Date</u>	
Nursing Ho	me Sing	le Level				<u>198.64</u>	<u>198.61</u>	7/1/2011	
	Leve	el H: Aids				<u>344.84</u>	344.81	<u>7/1/2011</u>	
Rate	Туре:								
	Interim		X	Prospective	;				
		Total Interim		X	Total	Prospective			
		Interim Component			Total	Prospective	with Interim	Component	
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Chan	ges:					
			***************************************			er Change			
·			X		cts of F /2009	ield Audit #N	NH11-150C F	YE	
X				71517	2009				

	Desk audite	ed costs	*						
	,								
TD : 4 *1 4 *			Francis	\rightarrow	2				
			-	10		omas Parke			
	_	Agent	M	ledicaid Cos	t Reiml	oursement Pl	anning and F	inance	
Permanent File									
For Inf	formation Only								
No Cha	inge in Rate								
Ho	me Office:	Life Care Centers Of America							
		3570 NW Keith Street							
		Cleveland, TN 37312							



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Tallahassee, Florida 32308

LIFE CARE C	CENTER OF AL	TAMONTE SPRINGS		Provider Number:		0 210137-00		
989 ORIENTA	A AVE			Date:		8/6/201	4	
LIFE CARE CENTER OF ALTAMONTE SPRINGS 989 ORIENTA AVE ALTAMONTE SPRINGS, FL 32701 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective design of the provider of the provi				Fiscal Year End:		7/31/2011		
				Audit Status:		Unaudit	ed	
Provider T	ype:							
·					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Singl	e Level			<u>200.31</u>	<u>200.28</u>	<u>1/1/2012</u>	
	Leve	H: Aids			347.92	347.89	1/1/2012	
Rate	е Туре:							
	Interim		X	Prospective				
		Total Interim		X Tota	al Prospective			
		-		Tota	al Prospective	with Interim	Component	

		Prior Provider Prospective data						
Basis:			Cha	nges:				
				Rate Semes	ster Change			
			-		Field Audit #N	NH11-150C F	YE	
X				7/31/2009				
	Desk audite	d costs						
			*******	7				
Distribution			-	$\frac{1}{2}$	homas Parke	r		
	igement / Fiscal	Agent		Medicaid Cost Rein	ibursement Pl	anning and Fi	inance	
Permanent File	ę							
For In	formation Only	•						
No Cha	ange in Rate							
Но	me Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



YK10D

Report Calculated: 8/6/2014 10:53:09 AM

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS		Pro	ovider Numbe	r:	0 210137	-00				
ALTAMONTE SPRINGS 989 ORIENTA AVE ALTAMONTE SPRINGS, FL 32701 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs			Da	ite:		8/6/2014				
			Fis	scal Year End:		7/31/2011				
			Αυ	ıdit Status:		Unaudit	ed			
Provider T	vpe:									
	V F				Current	New	Effective			
					Rate	Rate	Date			
Nursing Ho	ome Sing	le Level			<u>205.92</u>	<u>205.89</u>	7/1/2012			
	Leve	el H: Aids			<u>355.13</u>	<u>355.10</u>	7/1/2012			
Date	a Typa:	\neg								
Ratt	e Type.									
	Interim		X P	rospective						
		Total Interim		_	otal Prospective					
		Interim Component	 -	T	otal Prospective	with Interim	Component			
	***************************************	Settlement based on cost								
		Prior Provider Prospective data								
Basis:			Change	es:						
	_		•	Rate Sem	nester Change					
	Budget		X		of Field Audit #N	√H11-150C F	YE			
X	Unaudited	costs		7/31/200	19					
	Field audite	ed costs								
	Desk audite	ed costs								
Distribution	n:		-	7/	Thomas Parke	p.				
	agement / Fiscal	l Agent	Med	licaid Cost Re	eimbursement Pl		inance			
Permanent File	-		14100	arcara Coor re	iniourovinone i i	·				
For In	formation Only									
No Cha	ange in Rate									
Но	ome Office:	Life Care Centers Of America								
		3570 NW Keith Street								
		Cleveland, TN 37312								

Report Printed: 8/6/2014 ID: 210137073120110801201009302011105144



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Tallahassee, Florida 32308

LIFE CARE C	ENTER OF A	LIAMONTE SPRINGS		Provider Numb	per:	0 210137	-00	
989 ORIENTA AVE]	Date:		8/6/2014		
ALTAMONTE SPRINGS, FL 32701]	Fiscal Year En	d:	7/31/20	11	
				Audit Status:		Unaudit	ed	
Provider T	vpe:							
•		•			Current	New	Effective	
Name in a II.	C:	la Tansal			Rate	<u>Rate</u>	<u>Date</u>	
Nursing Ho	ome Sing	le Level			<u>208.21</u>	<u>208.18</u>	1/1/2013	
	Leve	el H: Aids			359.02	358.99	1/1/2013	
						•		
Rate	e Type:							
	Interim		X	Prospective				
		Total Interim		X	Total Prospective	-		
		Interim Component			Total Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Chan	ges:				
			<u> </u>		mester Change			
	Budget		X		of Field Audit #N	H11-150C F	YE	
X	Unaudited	costs		7/31/20)09			
	Field audite	ed costs						
	Desk audite	ed costs						
				~ 0	l			
Distribution	<u>n:</u>			1//	Thomas Parke	r		
Contract Mana	ngement / Fiscal	Agent		edicaid Cost F	Reimbursement Pla		inance	
Permanent File	e					C		
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE O	CENTER OF AL	TAMONTE SPRINGS	_	Provider Number:				0 210137-00		
989 ORIENTA AVE				Date:				8/6/201	4	
ALTAMONTE SPRINGS, FL 32701				Fiscal	Year E	nd:		7/31/20	12	
				Audit	Status:		***************************************	Unaudit	ed	
Provider T	ype:									
	• •						Current	New	Effective	
							Rate	<u>Rate</u>	<u>Date</u>	
Nursing Ho	ome Singl	e Level					<u>210.15</u>	<u>210.12</u>	<u>7/1/2013</u>	
Dat	. Trunce	7								
Rati	e Type:									
	Interim		X	Prosi	pective					
		Total Interim			X	Total	Prospective			
	***************************************	Interim Component				-	-	with Interim	Component	
		Settlement based on cost				-	*		•	
		Prior Provider Prospective data								
,				****	_					
Basis:			Cha	nges:	J					
					_		er Change			
****	Budget			<u>X</u>			eld Audit #N	H11-150C F	YE	
X	Unaudited co				7/31/2	2009				
	Field audited									
***************************************	Desk audited	d costs								
				<u> </u>	())				
<u>Distributio</u>	<u>n:</u>		~	/ () /	Th	omas Parkei	r		
Contract Mana	agement / Fiscal	Agent	-	Medica	id Cost	Reimb	oursement Pla	inning and Fi	inance	
Permanent File	e									
For In	formation Only									
No Ch	ange in Rate									
Нс	ome Office:	Life Care Centers Of America								
110	ane Olitor	3570 NW Keith Street								
		Cleveland, TN 37312								



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Tallahassee, Florida 32308

LIFE CARE O	CENTER OF AL	TAMONTE SPRINGS		Provid	ler Nur	nber:		0 210137-00		
989 ORIENTA AVE ALTAMONTE SPRINGS, FL 32701				Date:				8/6/2014		
				Fiscal	Year E	end:		7/31/20	13	
	Provider Type: Interim			Audit	Status:			Unaudit	ed	
Provider T	ype:									
							Current	New	Effective	
							Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level					<u>216.79</u>	<u>216.76</u>	<u>1/1/2014</u>	
		 -1								
Rate	e Type:									
	Interim		х	Prost	ective					
		Total Interim			X		l Prospective			
				***************************************		_	_	with Interim	Component	
		***************************************				-	•		•	
		Prior Provider Prospective data								
Basis:			Cha	nges:	7					
				0	ر Rate ۱	Semest	ter Change			
	Budget			X			-	VH11-150C F	YE	
X	Unaudited c	osts			7/31/	2009				
	Field audited	d costs								
	Desk audited	d costs								
						7				
Distributio	<u>n:</u>			7	5	/ Tł	iomas Parke	r		
Contract Mana	agement / Fiscal	Agent		Medica	id Cost			anning and F	inance	
Permanent Fil	e							<i>Q</i>		
For In	formation Only									
No Ch	ange in Rate									
Но	ome Office:	Life Care Centers Of America								
		3570 NW Keith Street								
		Cleveland, TN 37312								



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Tallahassee, Florida 32308

LIFE CARE (CENTER OF AL	TAMONTE SPRINGS		Provid	ler Nun	ıber:		0 210137	-00		
989 ORIENTA AVE ALTAMONTE SPRINGS, FL 32701				Date:				8/6/2014			
				Fiscal	Year E	nd:		7/31/2013			
				Audit	Status:			Unaudit	ed		
Provider T	ype:										
							Current	New	Effective		
MT TY	6. 1	i v					Rate	<u>Rate</u>	<u>Date</u>		
Nursing Ho	ome Singi	e Level					<u>225.50</u>	<u>225.47</u>	<u>7/1/2014</u>		
							,				
		•									
Rat	e Type:										
	Interim		X		pective						
		Total Interim			X	-	Prospective		_		
		Interim Component				Total	Prospective	with Interim	Component		
		Settlement based on cost									
		Prior Provider Prospective data									
Basis:		•	Cha	nges:	1						
	J				ر Rate S	emeste	er Change				
	Budget			X	Effect	ts of Fi	-	IH11-150C F	YE		
X	Unaudited o	eosts			7/31/2	2009					
	Field audite	d costs									
	Desk audite	d costs									
			-	->	$ \checkmark $						
Distributio	<u>n:</u>			1	0	The	omas Parke	r			
Contract Mana	agement / Fiscal	Agent		Medica	id Cost	Reimb	ursement Pla	anning and Fi	nance		
Permanent Fil	e										
For In	formation Only										
No Ch	ange in Rate										
Но	ome Office:	Life Care Centers Of America									
		3570 NW Keith Street									
		Cleveland, TN 37312									



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAY CENTER	Provider Number:	0 212989-00			
1336 ST ANDREWS BLVD	Date:	10/21/2014			
PANAMA CITY, FL 32405	Fiscal Year End:	8/31/2013			
	Audit Status:	Unaudited			
Provider Type:					
Typo	Current	New Effective			
	Rate	Rate Date			
Nursing Home Single Level	<u>193.79</u>	<u>196.16</u> <u>1/1/2014</u>			
Data Trinin					
Rate Type:					
Interim	X Prospective	* .			
Total Interim	X Total Prospectiv	re			
Interim Compo	•	e with Interim Component			
Settlement base		•			
Prior Provider P	ctive data				
Basis:	Changes:				
	Rate Semester Change				
Budget	X Amended Cost Report l	FYE 8/31/2013			
X Unaudited costs					
Field audited costs					
Desk audited costs					
7.1 (1.)					
<u>Distribution:</u>	Thomas Park	er			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement P	lanning and Finance			
Permanent File					
For Information Only					
No Change in Rate					
Home Office: No Home Office					

Report Printed: 10/21/2014 ID: 212989083120130901201201212014074343



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Tallahassee, Florida 32308

BAY CENTE	R			Provider Numb	per:	0 212989-00		
1336 ST ANDREWS BLVD PANAMA CITY, FL 32405			Date:		10/21/2014			
			Fiscal Year En	d:	8/31/20	13		
	Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective of Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Setribution: Intract Management / Fiscal Agent			Audit Status:		Unaudit	ted	
Provider T	ype:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Single	Level			<u>202.49</u>	<u>204.92</u>	7/1/2014	
						,		
						•		
		·						
Rate	e Type:							
			**					
	_ Interim	T all a '	<u>X</u>	Prospective	Tatal Danamartina			
		•		·	Fotal Prospective Fotal Prospective		Component	
		•			rotai riospective	with interim	Component	
	-	•						
		·						
Basis:			Cha	nges:				
				Rate Ser	mester Change			
	Budget			X Amend	ed Cost Report F	YE 8/31/2013		
X	Unaudited cos	ts						
	Field audited c	costs						
	Desk audited c	costs						
		,		$\neg \mathcal{A}$				
				10	Thomas Parke	r		
Contract Mana	igement / Fiscal Ag	gent		Medicaid Cost R	eimbursement Pla	anning and Fi	nance	
Permanent File	2	•				¢		
For Inf	formation Only							
No Cha	inge in Rate							
Hor	me Office:	No Home Office						
1103	war							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CRYSTAL RI	VER HEALTH	1 & REHABILITATION CENTER		Provi	0 217263	0 217263-00				
136 NORTHEAST 12TH AVENUE				Date:			8/29/2014			
CRYSTAL RIVER, FL 34429				Fiscal	iscal Year End:			6/30/20	08	
				Audit	Status:			Revised Fiel	d Audit	
Provider Ty	pe:									
. •	•						Current	New	Effective	
							Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	de Level					<u>191.31</u>	<u>189.22</u>	7/1/2009	
	Leve	el H: Aids					331.66	<u>329.57</u>	7/1/2009	
Rate	Type:									
	Interim		X	Pros	pective					
		Total Interim	Year of the second		X	Total	Prospective			
		Interim Component				Total	Prospective	with Interim	Component	
		Settlement based on cost								
		Prior Provider Prospective data								
Basis:			Cha	nges:] .					
					Rate S	emeste	er Change			
	Budget			X	FA &	RFA #	#NH11-1360	G FYE 6/30/2	800	
	Unaudited							•		
X	Field audite									
	Desk audite	ed costs	,	-						
<u>Distribution</u>	<u>:</u>			7	P	The	omas Parke	r		
Contract Manag	gement / Fiscal	Agent	-	Medical	d Cost	Reimb	ursement Pla	anning and Fi	nance	
Permanent File										
For Info	ormation Only									
	nge in Rate									
Hom	ne Office:	NHS Management								
		931 Fairfax Park					4			
		Tuscaloosa, AL 35406								



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Report Calculated: 8/29/2014 1:56:59 PM

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEAL	TH & REHABILITATION CENTER	*				
136 NORTHEAST 12TH	AVENUE		der Number:		0 217263	-00
CRYSTAL RIVER, FL 34	1429	Date:		-	8/29/20	14
			l Year End:		6/30/20	09
		Audit	: Status:		Unaudit	ed
Provider Type: Nursing Home Si	ngle Level			Current <u>Rate</u> 196.51	New <u>Rate</u> 196.54	Effective <u>Date</u> 1/1/2010
Le	evel H: Aids			338.43	338.46	1/1/2010
Rate Type:						
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Pros		Prospective Prospective	with Interim [.] C	Component
	ed costs dited costs dited costs	Changes:	Rate Semeste	_	H11-136G FY	/E
Distribution: Contract Management / Fisc Permanent FileFor Information OnlNo Change in Rate		Medica	Th aid Cost Reimb	omas Parkei pursement Pla		nance
Home Office:	NHS Management 931 Fairfax Park Tuscaloosa, AL 35406					

Report Printed:9/10/2014

ID: 217263063020090701200810282009103821



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CRYSTAL RIVER I	HEALTH & REHABILITATION CE	NTER			
136 NORTHEAST 1	2TH AVENUE	Provider Number:		0 217263	-00
CRYSTAL RIVER, I	FL 34429	Date:		8/29/20	14
		Fiscal Year End:		6/30/20	
N 1 1 70		Audit Status:	***************************************	Unaudit	ed
Provider Type: Nursing Home	Single Level		Current <u>Rate</u> 200.21	New <u>Rate</u> 200.24	Effective <u>Date</u> 7/1/2010
	Level H: Aids		343.55	343.58	7/1/2010
Rate Type	e:				
Interi	Total Interim Interim Component Settlement based on cos Prior Provider Prospecti	Total	Prospective Prospective	with Interim (Component
X Un Fie	dget audited costs Id audited costs sk audited costs	Changes: Rate Semeste X Effects of F. 6/30/2008	_	IH11-136G F	ΎE
Distribution: Contract Management	/ Fiscal Agent		omas Parke		······································
Permanent File For Information	-	Medicaid Cost Reimb	oursement Pla	anning and Fi	ance
No Change in I	Rate				
Home Offi	ice: NHS Management				
	931 Fairfax Park				
	Tuscaloosa, AL 35406				



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Tallahassee, Florida 32308

CRYSTAL RIVER HEALTH & REHABILITATION CENTER		NTER Provider Number: 0 217263-00	-		
136 NORTHEAST 12	2TH AVENUE	Date: 8/29/2014	8/29/2014		
CRYSTAL RIVER, I	FL 34429	Fiscal Year End: 6/30/2010	-		
		Audit Status: Unaudited			
Provider Type:					
		Current New Effec <u>Rate</u> <u>Rate</u> <u>Da</u>			
Nursing Home	Single Level	208.77 208.81 $1/1/2$	<u>011</u>		
	Level H: Aids	<u>353.63</u> <u>353.67</u> <u>1/1/2</u>	<u> </u>		
Rate Type	e:				
Interi	m	X Prospective			
	Total Interim	X Total Prospective			
	Interim Component	Total Prospective with Interim Compon	ent		
	Settlement based on cost		,		
	Prior Provider Prospectiv	re data			
Basis:		Changes:			
_		Rate Semester Change			
	dget	Effects of FA & RFA #NH11-136G FYE 6/30/2008			
	audited costs Id audited costs				
	sk audited costs				
DC3	sk addited costs				
Distribution:		Thomas Parker			
Contract Management	: / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance			
Permanent File					
For Information	on Only	·			
No Change in l	Rate				
Home Offi	ce: NHS Management 931 Fairfax Park				
•	Tuscaloosa, AL 35406				



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Tallahassee, Florida 32308

CRYSTAL RIVER HEALTH & REHABILITATION CENTER				Provider Num	ber:	0 217263	3-00		
136 NORTHI	EAST 12TH AV	ENUE		Date: 8/29/2014					
CRYSTAL R	IVER, FL 3442	29		Fiscal Year Er	nd:	6/30/20)10		
				Audit Status:		Unaudi	ted		
Provider T	`vpe:								
	JP				Current <u>Rate</u>	New Rate	Effective <u>Date</u>		
Nursing Ho	ome Sing	le Level			201.42	201.45	7/1/2011		
	Leve	el H: Aids			347.62	<u>347.65</u>	7/1/2011		
Rat	e Type:						٠		
	/ 1								
	Interim		X	Prospective					
		Total Interim			Total Prospectiv				
		Interim Component		- 	Total Prospectiv	e with Interim	Component		
		Settlement based on cost Prior Provider Prospective data							
		*							
Basis:			Chan	ges:					
					mester Change				
	Budget		X	Effects 6/30/20	of FA & RFA #	NH11-136G F	YE		
X	Unaudited of			0/30/20	708				
	Field audite								
	Desk audite	ed costs							
•				_					
			· ·	\mathcal{I}	•				
<u>Distributio</u>				10	Thomas Park	er			
Contract Mana	agement / Fiscal	Agent	M	edicaid Cost R	leimbursement P	lanning and Fi	inance		
Permanent File	e								
For In	formation Only								
No Cha	ange in Rate								
Но	me Office:	NHS Management							
		931 Fairfax Park							
		Tuscaloosa, AL 35406							



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Tallahassee, Florida 32308

CRYSTAL R	RYSTAL RIVER HEALTH & REHABILITATION CENTER Provider Number: 0 21720				0 217263	3-00				
136 NORTHI	EAST 12TH AV	VENUE		Date:				8/29/20	14	
CRYSTAL R	IVER, FL 3442	29		Fisca	l Year E	End:		6/30/20	11	
,				Audit	Status:			Unaudited		
Provider T	ype:									
							Current	New	Effective	
							Rate	Rate	Date	
Nursing H	ome Sing	gle Level					<u>203.57</u>	<u>203.60</u>	1/1/2012	
	Leve	el H: Aids					<u>351.18</u>	351.21	1/1/2012	
T)4	- T									
Kat	e Type:									
	Interim		X	Pros	pective					
		Total Interim			X	-	Prospective			
		Interim Component				Total	Prospective	with Interim	Component	
		Settlement based on cost								
	•	Prior Provider Prospective data								
Basis:			Chai	nges:]		·			
****			<u> </u>		Rate S	emeste	er Change			
	Budget			X			A & RFA #N	H11-136G F	YE	
X	Unaudited	costs			6/30/2	2008				
	Field audite	ed costs								
	Desk audite	ed costs								
)				
<u>Distributio</u>	n:			1	/)/	The	omas Parkei	•		
Contract Mana	agement / Fiscal	l Agent	1	Medica	id Cost			nning and Fi	nance	
Permanent File	e							J		
For In:	formation Only									
	ange in Rate									
Но	me Office:	NHS Management								
		931 Fairfax Park								
		Tuscaloosa, AL 35406								



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Tallahassee, Florida 32308

CRYSTAL RIVER HEALTH & REHABILITATION CENTER				Provi	der Nun	nber:		0 217263	-00
136 NORTHEA	ST 12TH AV	ENUE		Date:				8/29/20	14
CRYSTAL RIV	ER, FL 34429	9		Fiscal	Year E	ind:		6/30/20	11
				Audit	Status:			Unaudit	ied
Provider Typ	e:							4	
- J - J - J - J - F		•					Current	New	Effective
							Rate	<u>Rate</u>	<u>Date</u>
Nursing Hom	ne Singl	e Level					<u>209.67</u>	<u>209.70</u>	7/1/2012
,	Leve	I H: Aids					358.88	<u>358.91</u>	7/1/2012
Rate 7	Гуре:	j							
1	Interim	- .	X	Dross	pective				
	ımerim	Total Interim			X	Total	Prospective		
_		Interim Component			<u> </u>	~	-	with Interim	Component
_		Settlement based on cost				-	Troopoonie	77 221 2210 2210	
-		Prior Provider Prospective data							
Basis:	7		Cha	nges:	1				
	J				ر Rate S	emest	er Change		
	Budget		-	X			A & RFA #N	H11-136G F	YE
X	Unaudited c	osts	i .		6/30/2	2008			
	Field audited	d costs							
	Desk audited	d costs							
	-								
)_/	7			
<u>Distribution:</u>			•			∕ Th	omas Parkei	r	•
Contract Manage	ment / Fiscal	Agent	1	Medicai	id Cost		······································	nning and Fi	nance
Permanent File				· · roaroa	ia cost	11011110			*******
	mation Only	•							
No Chang									
Home	Office:	NHS Management							
		931 Fairfax Park							
		Tuscaloosa, AL 35406							



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Tallahassee, Florida 32308

CRYSTAL RIVER HEALTH & REHABILITATION CENTER			Provider	Num	ber:		0 217263	i-00	
136 NORTHE	EAST 12TH AV	VENUE		Date:			8/29/2014		
CRYSTAL R	IVER, FL 3442	29		Fiscal Ye	ear En	nd:		6/30/20	11
				Audit Sta	atus:		***************************************	Unaudit	ted
Provider T	ype:								
							Current	New	Effective
NT TY							Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	gle Level					<u>211.95</u>	<u>211.99</u>	1/1/2013
	Leve	el H: Aids					362.76	<u>362.80</u>	1/1/2013
			•						
									٠.
Rate	е Туре:								
	Interim		X	Prospec	tive				
		Total Interim		- X		Total 1	Prospective		
		Interim Component					-	with Interim	Component
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Chan	ges:					
			0.220		ate Se	meste	Change		
	Budget		X	E	ffects	of FA	-	H11-136G F	YE
X	Unaudited	costs		6/	/30/20	800			
	Field audite				•				
	Desk audite	ed costs							
<u>Distributio</u>	n:			7	5) The	mas Parkei	_	
	igement / Fiscal	l Agent		Ledicaid (oet P			nning and Fi	nance
Permanent File		Ü	14.	icuicaiu C	703t IX	CIIIIO		inning and i i	Hance
For Inf	formation Only								
	inge in Rate								
Ho	me Office:	NHS Management							
		931 Fairfax Park							
		Tuscaloosa, AL 35406							



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Tallahassee, Florida 32308

CRYSTAL R	YSTAL RIVER HEALTH & REHABILITATION CENTER			Provider Number: 0 21726							
136 NORTHE	EAST 12TH AV	ENUE		Date:				8/29/2014			
CRYSTAL RI	IVER, FL 3442	9		Fisca	l Year E	End:		6/30/20	12		
				Audi	t Status:			Unaudit	ed		
Provider T	ype:						Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	ome Sing	le Level					212.59	212.62	7/1/2013		
Rate	e Type:										
	Interim		X	Pros	pective						
		Total Interim			X	Total	Prospective				
		Interim Component				Total	Prospective	with Interim	Component		
		Settlement based on cost Prior Provider Prospective data									
Basis:			Cha	nges:		,					
					_		er Change	7711 10/C F	· · ·		
N/	Budget			<u>X</u>	$\frac{\text{Effect}}{6/30/2}$		A & KFA #N	H11-136G F	YE		
X	Unaudited of Field audite										
	Desk audite										
<u>Distributio</u>				7	5) The	omas Parke	r			
Contract Mana	igement / Fiscal	Agent	1	Medica	id Cost	Reimb	ursement Pla	nning and Fi	nance		
Permanent File	2										
For Int	formation Only										
No Cha	ange in Rate										
Но	me Office:	NHS Management 931 Fairfax Park									
		Tuscaloosa, AL 35406									



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Tallahassee, Florida 32308

CRYSTAL RIVER HEALTH & REHABILITATION CENTER				Provider Number: 0 217263-00						
136 NORTHE	AST 12TH AV	ENUE		Date:				8/29/20	14	
CRYSTAL RI	VER, FL 3442	29		Fiscal	Year E	nd:		6/30/20	12	
				Audit	Status:			Unaudit	ted	
Provider T	vpe:									
	V 1						Current	New	Effective	
							Rate	<u>Rate</u>	<u>Date</u>	
Nursing Ho	ome Sing	le Level					<u>215.29</u>	<u>215.33</u>	<u>1/1/2014</u>	
									٠	
Date	Type:	\neg								
Katt	t Type.									
	Interim		X	Prosp	ective					
	_	Total Interim			X	Total	Prospective			
		Interim Component		-		Total	Prospective	with Interim	Component	
		Settlement based on cost								
		Prior Provider Prospective data								
Basis:			Chai	nges:						
	D. 1						er Change	HILL 1260 E	VE	
X	Budget . Unaudited	nosta		<u> </u>	6/30/2		A & KFA #N	H11-136G F	I C	
Λ	Field audite		-							
	Desk audite									
)				
<u>Distribution</u>	1:			1	\mathcal{I}	/ 2011	Dt	_		
	gement / Fiscal	Agent		نووناوی	1 Coat 1		omas Parkei	nning and Fi	mon 40	
Permanent File	-		ľ	vieticai	i Cost i	Keimo	ursement Pia	inning and Fi	nance	
	formation Only									
	inge in Rate									
Hor	me Office:	NHS Management								
		931 Fairfax Park								
		Tuscaloosa, AL 35406								



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CRYSTAL RI	CRYSTAL RIVER HEALTH & REHABILITATION CENTER			Provider Number: 0 217263-00						
136 NORTHE	EAST 12TH AV	ENUE	I	Date:				8/29/20	14	
CRYSTAL RI	VER, FL 3442	9 .	F	iscal Y	ear E	ind:		6/30/2013		
			A	udit S	tatus:			Unaudit	ed	
Provider T	ype:									
•	v 1.						Current	New	Effective	
							Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	le Level					<u>213.56</u>	<u>213.59</u>	7/1/2014	
	*									
Rate	Type:	_								
	Interim		X	Prospe						
		Total Interim	-	X		-	rospective	tot Total		
		Interim Component Settlement based on cost	-			Total P	rospective	with Interim	Component	
		Prior Provider Prospective data								
		Thoi Flovidei Flospective data								
Basis:			Chang	es:						
				I	Rate S	emester	Change			
	Budget		X				& RFA #N	H11-136G F	YE	
X	Unaudited c			(6/30/2	8008				
	Field audited									
	Desk audited	d costs								
				2-	<u> </u>	7				
<u>Distribution</u>	<u>ı:</u>			_ /) [Thor	nas Parker			
Contract Manag	gement / Fiscal	Agent	Me	dicaid	Cost	Reimbu	rsement Pla	nning and Fi	nance	
Permanent File	;									
For Inf	ormation Only									
No Cha	nge in Rate									
Hor	ne Office:	NHS Management								
		931 Fairfax Park								
		Tuscaloosa, AL 35406								



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

DAYTONA BEACH HEALTH AND REHABILITATION CENTER			ER	Provider Number: 0 217743-00					
1055 3RD STR	REET			Date:	8/25/20	14			
DAYTONA B	EACH, FL 321	17-4196		Fiscal	Year E	nd:		6/30/20	08
				Audit	Status:			Revised Fiel	d Audit
Provider Ty	pe:								
·							Current	New	Effective
							Rate	Rate	<u>Date</u>
Nursing Ho	me Singl	e Level			,		<u>206.60</u>	<u>207.94</u>	7/1/2009
	Level	I H: Aids					<u>346.95</u>	348.29	7/1/2009
	- HIHITI								
Rate	Type:								
	Interim		X	Prosp	pective				
		Total Interim			X	Total	Prospective		
		Interim Component				Total	Prospective	with Interim	Component
		Settlement based on cost							
	*****	Prior Provider Prospective data							
Basis:	7		Cha	nges:	1				
	·		<u> </u>	-	Rate S	Semeste	er Change		
	Budget			X	_		_	G FYE 06/30/	2008
	Unaudited c	eosts							
Χ .	Field audite	d costs							
	Desk audited	d costs							
)			
Distribution	<u>1:</u>			7	/\$/	/ Th	omas Parke	er	
Contract Mana	gement / Fiscal	Agent	-	Medica	id Cost		*****	anning and F	inance
Permanent File	;							•	
For Inf	formation Only								
No Cha	inge in Rate								
Hor	me Office:	NHS Management							
		931 Fairfax Park						*	
		Tuscaloosa, AL 35406							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

DAYTONA BEACH HEALTH AND REHABILITATION CENTER		R Provider Numbe	r:	0 217743	-00	
1055 3RD STF	ÆET		Date:		8/25/20	14
DAYTONA B	EACH, FL 321	17-4196	Fiscal Year End:		6/30/20	08
			Audit Status:		Revised Fiel	d Audit
Provider Ty	pe:					
•	•			Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Ho	me Singl	le Level		<u>208.51</u>	<u>209.84</u>	1/1/2010
	Leve	l H: Aids		350.43	<u>351.76</u>	<u>1/1/2010</u>
				•		
,						
Rate	Type:					
	Interim	_	X Prospective			
		Total Interim	XTo	otal Prospective		
		Interim Component	To	otal Prospective	with Interim	Component
		Settlement based on cost				
	***************************************	Prior Provider Prospective data				
Basis:			Changes:			
				ester Change		
	Budget		X FA & RF	FA #NH11-1320	G FYE 06/30/	2008
	Unaudited o					
X	Field audite					
	Desk audite	d costs				
Distribution	<u>1:</u>		78	Thomas Parke	r	
Contract Mana	gement / Fiscal	Agent	Medicaid Cost Re			inance
Permanent File	;					
For Inf	ormation Only					
No Cha	inge in Rate					
Но	me Office:	NHS Management 931 Fairfax Park Tuscaloosa AL 35406				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WILTON MANORS HEALTH AND REHAB			Provider Num	iber:		0 227579	-00			
2675 N ANDR	REWS AVE			Date:		10/20/2014				
WILTON MA	NORS, FL 333	11		Fiscal Year En	nd:		12/31/20	007		
				Audit Status:			Revised Field	d Audit		
Provider Ty	ype:									
. •	v .				(Current	New	Effective		
						Rate	Rate	<u>Date</u>		
Nursing Ho	ome Singl	le Level]	181.93	<u>180.13</u>	<u>7/1/2008</u>		
	Leve	l H: Aids			3	318.21	<u>316.41</u>	7/1/2008		
					*					
Rate	е Туре:									
	Interim		X	Prospective						
		Total Interim			•	rospective				
		Interim Component		***************************************	Total P	rospective	with Interim	Component		
		Settlement based on cost								
		Prior Provider Prospective data								
Basis:			Char	nges:						
Dusis			Cita		emester	Change				
	Budget		3			_	C FYE 12/31/	2007		
***************************************	Unaudited of	costs								
X	Field audite	d costs								
	Desk audite	d costs								
<u>Distributio</u>	<u>n:</u>			20	Thor	nas Parke	r			
Contract Mana	ngement / Fiscal	Agent]	Medicaid Cost I				inance		
Permanent File	e						Ŭ			
For Int	formation Only									
No Cha	inge in Rate									
Но	me Office:	Greystone Healthcare Managemen	t, LLC							
		4042 Park Oaks Blvd, Suite 300								
		Tampa, FL 33610								

Report Printed: 10/20/2014 ID: 227579123120070101200704012008152203



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Tallahassee, Florida 32308

WILTON MAI	NORS HEALTH	H AND REHAB		Provider Number:		0 227579	-00		
2675 N ANDR	EWS AVE			Date:	***	10/20/2014			
WILTON MAI	NORS, FL 3331	1		Fiscal Year End:	12/31/20	/31/2007			
				Audit Status:		Revised Fiel	d Audit		
Provider Ty	pe:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	me Single	e Level			180.28	178.51	<u>1/1/2009</u>		
	Level	H: Aids			318.63	316.86	1/1/2009		
Rate	Туре:								
	Interim	Total Interim	X		l Prospective		Commonant		
		Interim Component Settlement based on cost Prior Provider Prospective data		Tota	i Prospective	with Interim	Component		
Basis:			Cha	nges:	ter Change				
	Budget			FA & RFA	#NH10-0350	C FYE 12/31/	2007		
	Unaudited co								
X	Field audited Desk audited								
Distribution			~		nomas Parke	er			
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance		
Permanent File									
For Inf	ormation Only								
No Cha	nge in Rate						,		
Ног	me Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	t, LLC						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WILTON MANORS HEALTH AND REHAB				Provider Number:		0 227579-00			
2675 N ANDR	EWS AVE			Date:	10/20/2014				
WILTON MAI	NORS, FL 3331	11		Fiscal Year End:		12/31/2007			
				Audit Status:		Revised Field	d Audit		
Provider Ty	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	me Single	e Level			<u>165.17</u>	<u>163.55</u>	<u>3/1/2009</u>		
	Level	H: Aids			303.52	<u>301.90</u>	3/1/2009		
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:			Cha	nges:	ter Change				
	Budget				-	C FYE 12/31/	2007		
	Unaudited co	osts							
X	Field audited	d costs							
	Desk audited	l costs							
<u>Distribution</u>	<u>1:</u>		_	76° TI	nomas Parke	er			
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance		
Permanent File	;								
For Inf	formation Only								
No Cha	inge in Rate								
Но	me Office:	Greystone Healthcare Managemer 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	nt, LLC						



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Tallahassee, Florida 32308

WILTON MANORS HEALTH AND REHAB				Provider Number:		0 227579-00			
2675 N ANDR	775 N ANDREWS AVE TILTON MANORS, FL 33311 rovider Type:			Date:		10/20/20	14		
WILTON MAI						12/31/20	007		
				Audit Status:		Revised Field	d Audit		
·	rovider Type: Jursing Home Single Level				Current Rate 204.05	New <u>Rate</u>	Effective Date		
Nursing Ho	me Singl	e Level			<u>204.05</u>	<u>202.19</u>	<u>4/1/2009</u>		
	Leve	l H: Aids			342.40	<u>340.54</u>	4/1/2009		
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:			Cha	nges:	. CI				
	Budget			Rate Semes FA & RFA	_	C FYE 12/31/	2007		
<u>.</u>	Unaudited o	costs							
X	Field audite	d costs							
	Desk audite	d costs							
<u>Distributior</u>	1 :		-	7-10° TI	homas Parke	er			
Contract Mana	gement / Fiscal	Agent	***************************************	Medicaid Cost Reim	bursement Pl	anning and F	inance		
Permanent File	;								
For Inf	Formation Only								
No Cha	nge in Rate								
Ног	me Office:	Greystone Healthcare Managemen 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	t, LLC						



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PARK RIDGE NURSING CENTER				0 228401	228401-00		
730 COLLEGE	30 COLLEGE STREET ACKSONVILLE , FL 32204			Date:	10/14/20	14	
JACKSONVIL	LE ,FL 3	2204		Fiscal Year End:		12/31/20	007
				Audit Status:		Revised Field	d Audit
Provider Ty	pe:						
ı					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Singl	e Level			<u>156.25</u>	<u>154.69</u>	<u>7/1/2008</u>
	Leve	H: Aids			<u>292.53</u>	<u>290.97</u>	7/1/2008
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		X To	tal Prospective		
		Interim Component		To	tal Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Seme	ster Change		
	Budget			X FA & RF	A #NH09-003I	FYE 12/31/2	2007
	Unaudited c						
X	Field audited						
	_ Desk audited	d costs					
			.gem	20			
<u>Distribution</u>			_	10	Thomas Parke	er	
Contract Manag	gement / Fiscal	Agent		Medicaid Cost Rein	mbursement Pl	anning and Fi	nance
Permanent File							
For Info	ormation Only						
No Char	nge in Rate						
Hon	ne Office:	Health Care Managers, Inc					
		2380 Sadler Road Suite 201					
		Fernandina Beach, FL 32034					

Report Printed: 10/14/2014 ID: 228401123120070101200704232008134354



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Tallahassee, Florida 32308

PARK RIDGE NURSING CENTER			Provider Number	:	0 228401-00			
730 COLLEGI	0 COLLEGE STREET CKSONVILLE , FL 32204			Date:		10/14/2014		
JACKSONVIL	LLE ,FL 32	2204		Fiscal Year End:		12/31/20	007	
				Audit Status:	<u> </u>	Revised Fiel	d Audit	
Provider Ty	ype:				Current	New	Effective Date	
Nursing Ho	me Single	e Level			<u>Rate</u> 158.77	<u>Rate</u> 157.17	<u>Date</u> 1/1/2009	
114101119 110					150,77			
	Level	H: Aids			<u>297.12</u>	<u>295.52</u>	1/1/2009	
Rate	Туре:						•	
	Interim		X	Prospective				
		Total Interim			tal Prospective			
		Interim Component		То	tal Prospective	with Interim	Component	
		Settlement based on cost						
	· · · · · · · · · · · · · · · · · · ·	Prior Provider Prospective data						
Basis:			Cha	nges:				
	Budget				ester Change A #NH09-003I	EVE 12/31/	2007	
······································	Unaudited co	nete		A TAKKI	rt miniiop-oosi	3 1 1 13 12(3)()	2007	
X	Field audited							
	Desk audited							
<u>Distribution</u>	<u>1:</u>		<	70	Thomas Parke	r		
Contract Mana	gement / Fiscal	Agent	***************************************	Medicaid Cost Rei	mbursement Pl	anning and Fi	nance	
Permanent File	:							
For Inf	formation Only							
No Cha	inge in Rate							
Ног	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PARK RIDGE NURSING CENTER			Provider Number: 0 228401					
730 COLLEGE	30 COLLEGE STREET ACKSONVILLE , FL 32204			Date:	10/14/20	14		
JACKSONVIL	LE ,FL 32	204		Fiscal Year	End:		12/31/20	007
				Audit Statu	s:		Revised Fiel	d Audit
Provider Ty	pe:							
•	•					Current	New	Effective
						Rate	Rate	<u>Date</u>
Nursing Ho	me Single	e Level				145.46	143.99	3/1/2009
	Level	H: Aids				283.81	282.34	3/1/2009
Rate	Туре:							
		_	37	D				
	_Interim	Total Interim	X	Prospectiv X		ıl Prospective		
		Interim Component				-	with Interim	Component
		Settlement based on cost				11100pttiivt	77 1012 111102 1111	,
		Prior Provider Prospective data						
Basis:			Cha	nges:				
						ter Change	. n.m. 10/01/	2007
	Budget			X FA	& RFA	.#NH09-0031	L FYE 12/31/	2007
X	Unaudited confidence Field audited							
	Desk audited							
	Desk audited	100513						
<u>Distribution</u>	<u>ı:</u>		_	76) T	homas Parke	er	
Contract Mana	gement / Fiscal	Agent		Medicaid Co	st Reim	bursement Pl	anning and F	inance
Permanent File	;							
For Inf	ormation Only							
	nge in Rate							
Ног	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL 32034						

Report Printed: 10/14/2014 ID: 228401123120070101200704232008134354

Report Calculated: 10/14/2014 9:25:40 AM



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Tallahassee, Florida 32308

PARK RIDGE	ARK RIDGE NURSING CENTER			Provider Number: 0 22					
730 COLLEGI	30 COLLEGE STREET ACKSONVILLE , FL 32204			Date:	***************************************	10/14/2014			
JACKSONVIL	LE ,FL 32	2204		Fiscal Year End:		12/31/20	007		
				Audit Status:		Revised Fiel	d Audit		
Provider Ty	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	me Singl	e Level			<u>181.33</u>	<u>179.65</u>	<u>4/1/2009</u>		
•	Level	H: Aids			319.68	<u>318.00</u>	4/1/2009		
Rate	Туре:								
	Interim	Total Interim	X	Prospective X To	otal Prospective				
		Interim Component Settlement based on cost Prior Provider Prospective data		To	otal Prospective	with Interim	Component		
Basis:	Budget				ester Change A #NH09-003I	L FYE 12/3 1/	2007		
X	Unaudited c Field audited								
Λ	Desk audited								
<u>Distribution</u>	1 <u>:</u>		,	26) Thomas Parke	er			
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Re	imbursement Pl	anning and F	inance		
Permanent File)					_			
For Inf	formation Only								
No Cha	inge in Rate				•				
Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, EL 32034									



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PARK RIDGE	ARK RIDGE NURSING CENTER			Provider Number:	0 228401-00		
730 COLLEGI	E STREET			Date:	(A)	10/14/20)14
JACKSONVII	LLE , FL 32	204		Fiscal Year End:	12/31/20	007	
				Audit Status:		Revised Fiel	d Audit
Provider Ty	ype:				Current	New	Effective
	<i>Ct.</i> 1	¥ 1			Rate	Rate	<u>Date</u>
Nursing Ho	me Single	e Level			<u>186.42</u>	<u>184.84</u>	<u>7/1/2009</u>
	Level	H: Aids			326.77	325.19	7/1/2009
Rate	е Туре:	•					
	Interim		X	Prospective			
		Total Interim			tal Prospective		
		Interim Component			tal Prospective		Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
					ster Change		
	Budget			X FA & RF.	A #NH09-0031	L FYE 12/31/	2007
v	Unaudited co						
X	Field audited Desk audited						
***************************************	Desk addited	COSIS					
<u>Distribution</u>	<u>n:</u>		/	78	Thomas Parko	er	
Contract Mana	igement / Fiscal	Agent		Medicaid Cost Rei	nbursement P	anning and F	inance
Permanent File	2						
For Int	formation Only	•					
No Cha	ange in Rate						
Но	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL 32034					•



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Tallahassee, Florida 32308

PARK RIDGE NURSING CENTER				Provider Number	:	0 228401	-00
730 COLLEGI	30 COLLEGE STREET ACKSONVILLE , FL 32204			Date:	10/14/20	14	
JACKSONVII	LLE ,FL 3	2204		Fiscal Year End:	~	008	
				Audit Status:		Unaudit	ed
Provider Ty	ype:						
•	•				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Sing	le Level			180.32	180.24	<u>1/1/2010</u>
	Leve	l H: Aids			322.24	<u>322.16</u>	1/1/2010
Rate	Type:						
	-JP						
	Interim		$\cdot \mathbf{X}$	Prospective			
		Total Interim		XTo	tal Prospective		
		Interim Component		То	tal Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	\neg		Cha	nges:			
Dagig.			Cita		ester Change		
	Budget		-		FFA & RFA #N	H09-003L F	YE
X	Unaudited of	costs		12/31/200)7		
	Field audite	ed costs					
	Desk audite	d costs					
				0 - 0			
Distribution	<u>1:</u>			10.	Thomas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rei			inance
Permanent File	;						
For Inf	formation Only						
	inge in Rate						
'Hoi	me Office:	Health Care Managers, Inc					
•		2380 Sadler Road Suite 201					
		Fernandina Reach El 32034					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PARK RIDGE NURSING CENTER				Provider Nu	mber:		0 228401	-00
730 COLLEGI	30 COLLEGE STREET ACKSONVILLE , FL 32204			Date:			10/14/20	14
JACKSONVII	LE , FL 32	2204		Fiscal Year l	End:		12/31/20	009
				Audit Status	:		Unaudit	ed
Provider Ty	vpe:							
						Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Singl	e Level				<u>189.98</u>	<u>189.90</u>	7/1/2010
	Leve	H: Aids				333.32	333.24	7/1/2010
Rate	Туре:							
	_ Interim		X	Prospective	:			
		Total Interim		X	_ Tota	l Prospective		
		Interim Component			_ Total	Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data						
Basis:			Chai	nges:				
	D 1					er Change	7100 0031 F	
X	Budget Unaudited c				ts of F	A & RFA #N	H09-003L F	YE
Λ.	Field audite							
	Desk audite							
<u>Distributior</u>	<u>ı:</u>		•	76) Ты	omas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medicaid Cos	t Reiml	bursement Pla	anning and Fi	nance
Permanent File	:							
For Inf	ormation Only							
No Cha	nge in Rate							
Hor	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL 32034						



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Tallahassee, Florida 32308

PARK RIDGE	ARK RIDGE NURSING CENTER			Provider Number: 0 228401 Date: 10/14/20					
730 COLLEGI	0 COLLEGE STREET CKSONVILLE , FL 32204								
JACKSONVII	LLE , FL 32	2204		Fiscal	Year I	End:		12/31/20	009
				Audit	Status:			Unaudit	ed
Provider Ty	pe:								
•	•						Current	New	Effective
							<u>Rate</u>	Rate	<u>Date</u>
Nursing Ho	me Single	e Level					<u>192.06</u>	<u>191.98</u>	1/1/2011
	Level	H: Aids					336.92	336.84	1/1/2011
		¬			-				
Rate	Type:								
	_Interim		X	_ Prosp	ective				
	·····	Total Interim			X		l Prospective		
		Interim Component				Total	l Prospective	with Interim	Component
•	·	Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:	1				
				-8	J Rate :	Semest	ter Change		
	Budget			X	Effec	ts of F	_	H09-003L F	YE
X	Unaudited co	osts			12/31	/2007			
	Field audited	d costs							
	Desk audited	l costs							
			_		_/	7			
Distribution	<u>1:</u>			/	0-	Tł	omas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medica	id Cos	Reim	bursement Pl	anning and F	inance
Permanent File	;	•							
For Inf	formation Only								
No Cha	inge in Rate								
Но	me Office:	Health Care Managers, Inc							
		2380 Sadler Road Suite 201							
		Fernandina Beach, FL 32034							



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Tallahassee, Florida 32308

PARK RIDGE	ARK RIDGE NURSING CENTER			Provider Number: 0 228401-00 Date: 10/14/2014						
730 COLLEGE	30 COLLEGE STREET ACKSONVILLE , FL 32204									
JACKSONVIL	LE , FL 32	2204		Fiscal	Year E	ind:		12/31/20)09	
				Audit	Status:			Unaudit	ted	
Provider Ty	pe:									
•							Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Singl	e Level					185.74	<u>185.67</u>	7/1/2011	
	Level	H: Aids					331.94	331.87	7/1/2011	
		•								
Rate	Type:									
	Interim		X	Pros	pective					
	_	Total Interim		·····	X	Total	Prospective			
		Interim Component				wer .	-	with Interim	Component	
		Settlement based on cost			-	•				
		Prior Provider Prospective data								
Basis:			Cha	nges:	7					
<u> </u>					Rate S	Semest	er Change			
	Budget			X			A & RFA #N	H09-003L F	YE	
X	Unaudited c	osts ·	•		12/31	/2007				
*****	Field audited	d costs								
	Desk audited	d costs		,						
					£	$\overline{}$				
Distribution	, ! :			7	/ -	ノ Th	omas Parke	r		
Contract Mana	gement / Fiscal	Agent	***************************************	Medica	id Cost			anning and F	inance	
Permanent File	:									
For Inf	ormation Only									
No Cha	nge in Rate									
Hot	ne Office:	Health Care Managers, Inc								
		2380 Sadler Road Suite 201								
		Fernandina Beach, FL 32034								



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PARK RIDGE	ARK RIDGE NURSING CENTER			Provider Numb	er:	0 228401	-00
730 COLLEG	0 COLLEGE STREET CKSONVILLE , FL 32204			Date:		10/14/20)14
JACKSONVII	LLE , FL 32	2204		Fiscal Year En	d:	12/31/2	010
				Audit Status:	-	Unaudi	ted
Provider Ty	ype:						
•					Current	New	Effective
Namaina IIa	Cinal	o I ovial			<u>Rate</u>	<u>Rate</u> 182.39	<u>Date</u> <u>1/1/2012</u>
Nursing Ho	me Singi	e Level			<u>182.46</u>	102.37	1/1/2012
	Level	H: Aids			330.07	330.00	1/1/2012
Date	Typo	¬·		n.			
Kate	e Type:						
	Interim		X	Prospective			
		Total Interim		X	Total Prospecti	ve	
		Interim Component			Total Prospecti	ve with Interim	Component
		Settlement based on cost					
•		Prior Provider Prospective data					
Basis:			Cha	nges:	•		
Da818.			Cita		mester Change		
	Budget				-	#NH09-003L F	YE.
X	Unaudited c	osts	***************************************	12/31/2			
	Field audited						
	Desk audited	d costs					
							
				-	/		
Distribution	<u>n:</u>		•	20	Thomas Par	ker	
Contract Mana	agement / Fiscal	Agent		Medicaid Cost F	Reimbursement	Planning and F	inance
Permanent File	e						
For In	formation Only	•					
No Cha	ange in Rate						
Но	me Office:	Health Care Managers, Inc					
		2380 Sadler Road Suite 201					
		Fernandina Beach, FL 32034					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PARK RIDGE	30 COLLEGE STREET			Provider Nun	nber:		0 228401	-00
730 COLLEGI	ACKSONVILLE , FL 32204			Date:			10/14/20	14
JACKSONVII	Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost			Fiscal Year End:		12/31/2010		
	ACKSONVILLE , FL 32204 Provider Type: Tursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective da Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs			Audit Status:			Unaudit	ed
Provider Ty	ACKSONVILLE , FL 32204 Provider Type: Fursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective da Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Prior Provider Prospective da Prior Provider Prospective da Basis: Distribution: For Information Only No Change in Rate Home Office: Health Care Managers, Inc							
	O COLLEGE STREET CKSONVILLE , FL 32204 Provider Type: Ursing Home Single Level Level H: Aids Rate Type:					Current	New	Effective
** * **	COCLEGE STREET CKSONVILLE , FL 32204 Provider Type: Arring Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective of Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Intract Management / Fiscal Agent	* 1				Rate	Rate	<u>Date</u>
Nursing Ho	me Single	e Level				<u>187.87</u>	<u>187.80</u>	<u>7/1/2012</u>
	Level	H: Aids				337.08	337.01	7/1/2012
Rate	е Туре:							
	Interim		X	Prospective				
		Total Interim		X	Total	Prospective		
					-	•	with Interim	Component
					-	•		•
		Prior Provider Prospective data						
Basis:			Cha	nges:				
			·	Rate S	Semest	er Change		
	Budget					A & RFA #N	1H09-003L F	YE
X	Unaudited co	osts		12/31	/2007			
	Field audited	l costs						
	Desk audited	l costs						
D				\	2			
			-	10		omas Parke		
	-	Agent		Medicaid Cost	Reiml	bursement Pl	anning and F	inance
Permanent File	9	,						
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Health Care Managers, Inc						
		2380 Sadler Road Suite 201						
		Fernandina Beach, FL 32034						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PARK RIDGE	NURSING CEN	NTER		Provider Num	ber:		0 228401	-00	
730 COLLEGI	E STREET			Date:			10/14/20	14	
PARK RIDGE NURSING CENTER 730 COLLEGE STREET FACKSONVILLE ,FL 32204 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate			Fiscal Year End:			12/31/2011			
				Audit Status:			Unaudit	ed	
Provider Ty	vpe:								
•	O COLLEGE STREET OCKSONVILLE , FL 32204 rovider Type: ursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Component Settlement based on cost Prior Provider Prospective Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs istribution: ontract Management / Fiscal Agent ermanent File For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201						New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Single	e Level			<u>18</u>	<u>4.17</u>	<u>184.09</u>	<u>1/1/2013</u>	
	Level	H: Aids			<u>33</u>	<u>4.98</u>	334.90	1/1/2013	
			Date: 10/14 Fiscal Year End: 12/31 Audit Status: Unate						
Rate	e Type:								
									
	_ Interim	Total Interior	X		Total Dwo				
,				X		•	with Interim	Component	
					10(2) 110	эрссичс	WILLI IIICIIII	Component	
		Prior Provider Prospective data							
Basis:			Cha						
						-	TITO COST E	. en	
**						RFA #N	1H09-003L F	YE	
X									
	Desk addited	COSIS							
			,	76	Thoma	ıs Parke	r		
Contract Mana	ngement / Fiscal A	Agent	-	Medicaid Cost l	Reimburse	ement Pl	anning and Fi	inance	
Permanent File	e								
For In:	formation Only								
No Cha	ange in Rate								
Но	me Office:	-							

Report Printed: 10/14/2014 ID: 228401123120110101201110242012123711



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PARK RIDGE	ARK RIDGE NURSING CENTER 30 COLLEGE STREET			Provid	ler Nun	ıber:		0 228401	-00
730 COLLEG	30 COLLEGE STREET ACKSONVILLE , FL 32204 Provider Type:			Date:	,			10/14/20	14
JACKSONVII	LLE ,FL 32	2204		Fiscal	Year E	nd:	12/31/2011		
				Audit	Status:			Unaudit	ed
Provider T	ype:						Current	New	Effective
Nuncina Ua	ma Singl	o I aval					Rate	<u>Rate</u> 188.43	<u>Date</u>
Nursing Ho	ome Singi	e Level					<u>188.50</u>	100.43	7/1/2013
Rate	e Type:								
IXAI	- турс-								
	Interim		X	Pros	pective				
	***************************************	Total Imerim			X	Total	Prospective		
		Interim Component				Total	Prospective	with Interim	Component
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:	7				
			<u></u>		Rate S	emest	er Change		
	Budget			X			A & RFA #N	1H09-003L F	YE
X	Unaudited co	osts			12/31	/2007			
***************************************	Field audited								
	Desk audited	l costs							
					_	$\overline{}$		v	
<u>Distribution</u>	<u>n:</u>			7	Κ-	/ Th	omas Parke	r	
Contract Mana	ngement / Fiscal	Agent		Medica	id Cost			anning and Fi	nance
Permanent File	e								
For In	formation Only								
No Cha	ange in Rate								
Но	me Office:	Health Care Managers, Inc							
		2380 Sadler Road Suite 201							
		Fernandina Beach, FL 32034							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PARK RIDGE NURSING CENTER		Provider Numb	er:	0 228401	-00
730 COLLEGE STREET		Date:	COLOR AND COMPANY OF THE PARTY	10/14/20	14
ACKSONVILLE , FL 32204 Provider Type:		Fiscal Year End	l:	12/31/20)12
		Audit Status:		Unaudit	ed
Provider Type:			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home S	ingle Level		<u>186.42</u>	<u>186.35</u>	1/1/2014
				,	
Rate Type:					
*		77 P			
Interim	Total Interim	Y Prospective	Total Prospective		
	Interim Component		Total Prospective		Component
	Settlement based on cost		otal riospoon	***************************************	oomp on on
	Prior Provider Prospective date	ta			
Th					
Basis:		Changes:	Cl.		
Budget			nester Change of FA & RFA #N	JH09-0031 F	VF
	ted costs	12/31/2		11107-003E 1	1.2
	idited costs				
Desk au	idited costs				
		_			
Distribution:		761	<i>)</i>		
Contract Management / Fi	iscal Agent	Medical Cont	Thomas Parke		•
Permanent File	100411180111	Medicaid Cost R	eimoursement Pi	anning and r	mance
For Information C	nlv				
No Change in Rate					
_					
Home Office:	Health Care Managers, Inc				
	2380 Sadler Road Suite 201 Fernandina Beach, FL 32034				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PARK RIDGE NURSING CENTER		NTER T		Provid	ler Num	iber:		0.228401	-00
730 COLLEG	E STREET			Date:				10/14/20	14
JACKSONVII	204		Fiscal	Year E	nd:		12/31/20	13	
	Rate Type: Interim Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective Basis: Budget X Unaudited costs Field audited costs Field audited costs			Audit	Audit Status:			Unaudit	ted
Provider Ty	ype:						Current	New	Effective
Numaina IIa	Single	Taval					Rate 211.16	<u>Rate</u> 211.08	<u>Date</u> 7/1/2014
Tvursing 110	me Single	Level					#11.10		
Rate	е Туре:	· ·							
	_Interim		X	_ Pros _l	ective				
					X	-	Prospective		
						Total	Prospective v	with Interim	Component
		Settlement based on cost Prior Provider Prospective data							
Basis:			Cha	nges:]				
		•			_		r Change		
				X	Effect 12/31/		A & RFA #N	H09-003L F	YE
X					12/51/	2001			
	Desk audited								
	Desk addited	COSIS							
Distribution Contract Mana Permanent File	igement / Fiscal A	Agent	_	Medica	jd Cost		omas Parkei ursement Pla		nance
For In	formation Only								
No Cha	inge in Rate								
Но	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL 32034							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

INN AT SARA	ASOTA BAY CL	.UB		Provider Number:		0 228621	-00
1303 NORTH	TAMIAMI TRA	ĪL		Date:		9/25/20	14
SARASOTA,	FL 34236			Fiscal Year End:		12/31/20)10
				Audit Status:		Field Auc	lited
Provider Ty	vpe:						
- · · - •	, F				Current	New	Effective
					Rate	<u>Rate</u>	<u>Date</u>
Nursing Ho	me Single	Level			<u>250.30</u>	<u>244.01</u>	<u>1/1/2012</u>
	Level	H: Aids			<u>397.91</u>	<u>391.62</u>	<u>1/1/2012</u>
Rate	туре:						
	Interim		X	Prospective			
		_ Total Interim		X Tota	l Prospective		
		Interim Component		Tota	1 Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semes	_		
	Budget			X Field Audit	NH13-020W	FYE 12/31/2	2010
_	Unaudited co						
X	Field audited						
	Desk audited	costs					•
<u>Distribution</u>	n•		·				
	ngement / Fiscal A	Agant			homas Parke		
		zgent		Medicaid Cost Reim	oursement Pl	anning and F	inance
Permanent File							
	formation Only						
No Cha	ange in Rate						
Ho	me Office:						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

INN AT SARAS	SOTA BAY CL	UB		Provider Number:		0 228621	-00
1303 NORTH T	'AMIAMI TRA	IL		Date:		9/25/20	14
SARASOTA, FI	L 34236		Date: Fiscal Year End: Audit Status: Curr Rat 261. 410. X Prospective X Total Prosp Total Prosp Total Prosp Rate Semester Cha X Field Audit NH13.		12/31/2010		
				Audit Status:		Field Auc	lited
Provider Typ	pe:						
	•				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Hon	ne Single	Level			<u>261.74</u>	<u>255.33</u>	<u>7/1/2012</u>
	Level	H: Aids			410.95	<u>404.54</u>	<u>7/1/2012</u>
Rate	Туре:						
	Interim	_	Х	Prospective			
		Total Interim			al Prospective		
•		Interim Component		Tot	al Prospective	with Interim	Component
•		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
					-		
	Budget			X Field Audi	t NH13-020W	/ FYE 12/31/.	2010
3.7	Unaudited co						
X	Field audited Desk audited						
	— Desk addited	COSIS					
Distribution :	• •		_	26) T	homas Parke	er	
Contract Manag	gement / Fiscal A	Agent					inance
Permanent File						J	
For Info	ormation Only						
	ige in Rate					•	
Hom	ne Office:						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

INN AT SARA	ASOTA BAY CL	Level H: Aids Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Cha sts costs costs	Provider Number:		0 228621-00			
1303 NORTH	Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Desk audited costs Tribution: tract Management / Fiscal Agent		Date:	9/25/2014				
SARASOTA,	FL 34236			Fiscal Year End:	12/31/2011			
				Audit Status:		Unaudit	ted	
Provider Ty	ype:						k.	
•					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Single	Level			<u>265.36</u>	<u>262.57</u>	<u>1/1/2013</u>	
	Level	H: Aids			416.17	413.38	1/1/2013	
Rate	e Type:							
		_	W.F					
	Interim	Total Intoning	X	Prospective	al Prospective			
					-	with Interim	Component	
				100	ii i rospective	With Interim	Component	
		-						
Basis:			Cha	nges:				
-				Rate Semes	~			
				X Effects of l	FA NH13-020	W FYE 12/3	1/10	
X								
	Desk audited	costs						
Distribution	<u>n:</u>			70 T	homas Parke	er		
Contract Mana	agement / Fiscal A	Agent		Medicaid Cost Rein			inance	
Permanent File	e					J		
For In	formation Only							
110	in Onice.							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

INN AT SARA	ASOTA BAY CI	_UB		Provider Number:		0 228621	-00
1303 NORTH	TAMIAMI TRA	AIL		Date:		9/25/20	14
SARASOTA, I	FL 34236			Fiscal Year End:		12/31/20)11
				Audit Status:		Unaudit	ed
Provider Ty	vpe:						
					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Single	e Level			<u> 269.94</u>	<u> 267.10</u>	7/1/2013
		•					
Doto	Typot	-					
Rate	Type:						
	Interim		X	Prospective			
	- -	Total Interim			ıl Prospective		
		Interim Component			-	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
	1						
Basis:			Cha	inges:			
				Rate Semes	-		
~~~	Budget			X Effects of l	A NH13-020	W FYE 12/3	1/10
X	Unaudited co						
	Field audited						
	Desk audited	COSIS					
			ř	_			
TS2 - 4 - 23 42			•				
<u>Distribution</u>		•	·		homas Parke		
	gement / Fiscal A	Agent		Medicaid Cost Rein	bursement Pl	anning and F	inance
Permanent File							
For Inf	formation Only						
No Cha	inge in Rate						
Ho	me Office:						



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

INN AT SARA	ASOTA BAY CI	LUB		Provider Nur	nber:		0 228621	-00
1303 NORTH	TAMIAMI TRA	AIL .		Date:		Ourrent New Ef	14	
SARASOTA,	FL 34236			Fiscal Year E	End:		12/31/20	)12
				Audit Status:			Unaudit	ed
Provider Ty	ype:							
•	· •					Current	New	Effective
						Rate		<u>Date</u>
Nursing Ho	me Single	e Level				<u>272.06</u>	<u>269.22</u>	<u>1/1/2014</u>
Rate	Type:							
	Interim		X	Prospective				
		Total Interim		_ `x		ıl Prospective		
		Interim Component			– Tota	l Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
					Semes	ter Change		
	Budget					-	W FYE 12/3	1/10
X	Unaudited co	osts						
	Field audited	l costs	1					:
	Desk audited	l costs						
	,		<		)			:
<b>Distribution</b>	<u>n:</u>			10	T	homas Parke	r	
Contract Mana	igement / Fiscal .	Agent	***************************************	Medicaid Cost	Reim	bursement Pl	anning and Fi	inance
Permanent File	•							
For Inf	formation Only							
No Cha	inge in Rate							
Hor	me Office:							



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

INN AT SAKA	ASOTA BAY C	LUB		Provider Number:		0 228621	-00
1303 NORTH	TAMIAMI TRA	AIL		Date:		9/25/20	14
SARASOTA,	FL 34236			Fiscal Year End:		12/31/20	)12
				Audit Status:		Unaudit	ted
Provider Ty	ype:						_
·					Current	New	Effective
					<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Ho	me Singl	e Level			<u>283.56</u>	<u>280.65</u>	<u>7/1/2014</u>
Rate	e Type:						
Ratt	г турс.						
	Interim		X	Prospective			
•	_	Total Interim	-		al Prospective		
		Interim Component		Tot	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
	$\neg$			<del> </del>			
Basis:			Cha	inges:			
	Decident				ster Change FA NH13-020	W EVE 10/2	1/10
X	Budget Unaudited c	eate	-	X Effects of	ra nn15-020	W FIE 12/3	1/10
A	Field audited						
	Desk audited						
	Desk addited	a costs					
Distribution	n•		_				
	igement / Fiscal	Agent			homas Parke		•
Permanent File	_	0		Medicaid Cost Rein	ioursement Pl	anning and F	mance
	formation Only						
	•						
No Cha	ange in Rate						
Ho	me Office:						



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRANDYWYNI	E HEALTH CA	ARE CENTER		Provider Number	r:	0 251399	-00
1801 N LAKE M	IARIAM DR			Date:		10/3/20	14
BRANDYWYNE HEALTH CARE CENTER  1801 N LAKE MARIAM DR  WINTER HAVEN, FL 33884  Provider Type:  Nursing Home Single Level  Level H: Aids  Rate Type:  Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective dat  Basis:  Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs  Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: No Home Office		Fiscal Year End:		7/31/2011			
				Audit Status:		Unaudit	ied
Provider Typ	e:						
V I					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Hom	e Single	Level			<u>194.32</u>	<u>194.17</u>	1/1/2013
	Level ]	H: Aids			<u>345.13</u>	344.98	1/1/2013
Rate T	Гуре:	]					
I	Interim		X	Prospective			
		_Total Interim		XTo	otal Prospective		
		• ·		To	otal Prospective	with Interim	Component
_		-	*				
_		Prior Provider Prospective data					
Basis:	]		Cha	nges:			
					ester Change		
	_			X Effects of 7/31/200	f FA & RFA #N 3	NH06-002W 1	FYE
X				37317200.	J		
	_ Desk audited	costs					
Distribution:			-	7	Thomas Parke		
	ement / Fiscal A	gent		Medicaid Cost Re			inance
Permanent File		~		Tribulouid Cost Re	mousoment f	and r	manoc
	mation Only						
	•						
Home	e Office:	No Home Office					



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKESIDE N	URSING & RE	HABILITATION CENTER		Provider Number:		0 256757	-00
11411 ARMS	DALE ROAD			Date:	, — — — — — — — — — — — — — — — — — — —	11/6/20	14
JACKSONVII	LLE, FL 32218			Fiscal Year End:		12/31/20	007
				Audit Status:		Revised Fiel	d Audit
Provider T	ype:						
	-				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Singl	e Level			<u>156.44</u>	<u>155.15</u>	7/1/2008
	Level	H: Aids			<u>292.72</u>	<u>291.43</u>	7/1/2008
Rate	е Туре:						
	Interim		X	Prospective			
		Total Interim		X Tot	al Prospective		
		Interim Component		Tot	al Prospective	with Interim	Component
		Settlement based on cost					
	****	Prior Provider Prospective data					
Basis:	$\neg$		Cha	nges:			
					ster Change		
	Budget			X FA & RFA	\#NH09-002I	L FYE 12/31/	2007
	Unaudited c	osts					
X	Field audited						
***************************************	Desk audited	d costs					
<u>Distribution</u>				) T	homas Parke	or ·	
Contract Mana	ngement / Fiscal	Agent		Medicaid Cost Rein	nbursement Pl	anning and F	inance
Permanent File	e						
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL 32034					



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKESIDE NURSING & REHABILITATION CENTER		Provider Number:	0 256757-00				
11411 ARMSI	DALE ROAD			Date:	-	11/6/20	14
JACKSONVIL	LE, FL 32218			Fiscal Year End:		12/31/20	07
				Audit Status:		Revised Fiel	d Audit
Provider Ty	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sing	le Level			<u>158.13</u>	<u>156.80</u>	1/1/2009
	Leve	el H: Aids			296.48	<u>295.15</u>	1/1/2009
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		X Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data					
Basis:			Chai	nges:			
\ <u></u>			<del></del>	Rate Semes	ter Change		
	Budget			FA & RFA	.#NH09-0021	L FYE 12/31/	2007
-	Unaudited o						
X	Field audite						
	Desk audite	ed costs					
<u>Distribution</u>	<u>1:</u>		-	7P T	homas Parke	er	
Contract Mana	gement / Fiscal	Agent	I	Medicaid Cost Reim	ibursement Pl	anning and F	nance
Permanent File	;						
For Inf	formation Only						
No Cha	inge in Rate						
Hor	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL 32034					



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKESIDE N	URSING & RE	HABILITATION CENTER		Provider Number:		0 256757	-00
11411 ARMSE	DALE ROAD			Date:		11/6/20	14
JACKSONVIL	LE, FL 32218			Fiscal Year End:		12/31/20	007
				Audit Status:		Revised Fiel	d Audit
Provider Ty	/pe:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Singl	e Level			<u>144.87</u>	<u>143.66</u>	<u>3/1/2009</u>
	Leve	l H: Aids			283.22	<u>282.01</u>	3/1/2009
Rate	Type:						
	_Interim	Total Interim	X	Prospective X Tota	ıl Prospective		
		Interim Component Settlement based on cost Prior Provider Prospective data		Tota	l Prospective	with Interim	Component
Basis:	Budget			Rate Semes  FA & RFA	ter Change #NH09-002I	L FYE 12/31/	2007
X	Unaudited c Field audite Desk audite	d costs					
Distribution				) TI	homas Parke	er	
Contract Mana	-	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File							
	formation Only						
No Cha	nge in Rate						
Ног	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL 32034					



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKESIDE N	URSING & RE	HABILITATION CENTER		Provider Number:		0 256757	-00
11411 ARMSI	DALE ROAD			Date:		11/6/20	14
JACKSONVII	LLE, FL 32218			Fiscal Year End:		12/31/20	007
				Audit Status:		Revised Fiel	d Audit
Provider Ty	ype:				Current	New	Effective
Nuncina II.	.ma Sina	le Level			<u>Rate</u>	<u>Rate</u> 178.04	<u>Date</u> 4/1/2009
Nursing Ho	ine Singi	ie Levei			<u>179.44</u>	170.04	4/1/2002
	Leve	l H: Aids			<u>317.79</u>	316.39	<u>4/1/2009</u>
Rate	Type:						
	Interim		X	Prospective			
		Total Interim			l Prospective		
		Interim Component			_	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
1543131				Rate Semes	ter Change		
	Budget				_	L FYE 12/31/	2007
	Unaudited of	costs					
X	Field audite	ed costs					
	Desk audite	ed costs					
<u>Distribution</u>			·	777 TI	homas Parke	er	
Contract Mana	igement / Fiscal	Agent		Medicaid Cost Reim	bursement P	anning and F	inance
Permanent File	e						
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL 32034					



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKESIDE N	IURSING & RE	HABILITATION CENTER		Provider Number:		0 256757	-00
11411 ARMSI	DALE ROAD			Date:		11/6/20	14
JACKSONVII	LLE, FL 32218			Fiscal Year End:		12/31/20	007
				Audit Status:		Revised Fiel	d Audit
Provider T	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Singl	e Level			<u>182.36</u>	<u>181.02</u>	<u>7/1/2009</u>
	Leve	l H: Aids			322.71	321.37	<u>7/1/2009</u>
Rate	e Type:						
Kac	c Type:						
	Interim		X	Prospective			
		Total Interim			al Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data					
Basis:			Cha	nges:	ter Change		
	Budget				#NH09-002I	FYE 12/31/	2007
	Unaudited of	eosts					
X	Field audite	d costs					
-	Desk audite	d costs					
Distribution	<b>n:</b> agement / Fiscal	Å gent			homas Parke		
Permanent File		Agent		Medicaid Cost Reim	ibursement Pi	anning and F	inance
	e formation Only						
	•						
	ange in Rate						
Но	ome Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL, 32034					



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ATLANTIC HEALTHCARE CENTER	Provider Number	4	0 310581	-00			
3663 15TH AVENUE	Date:		8/13/20	14			
VERO BEACH, FL 32960	Fiscal Year End:		8/31/20	10			
	Audit Status:		Field Aug	lited			
Provider Type:			·				
•		Current Rate	New <u>Rate</u>	Effective <u>Date</u>			
Nursing Home Single Level		<u>194.26</u>	<u>186.55</u>	7/1/2011			
Level H: Aids		<u>340.46</u>	<u>332.75</u>	<u>7/1/2011</u>			
Rate Type:							
Interim	X Prospective	. 170					
Total Interim Interim Component	***************************************	tal Prospective tal Prospective		Component			
Settlement based on cost		ai i rospective	With Internit	Component			
Prior Provider Prospective data	l						
Basis:	Changes:						
		ster Change					
Budget	X Field Aud	it NH13-014W	/ FYE 8/31/20	010			
Unaudited costs  X Field audited costs							
Desk audited costs							
Desk addited costs							
Distribution:		D					
Contract Management / Fiscal Agent		Thomas Parker  Medicaid Cost Reimbursement Planning and Finance					
Permanent File	Medicard Cost Ren	noursement i	anning and i	mance			
For Information Only							
No Change in Rate							
Home Office: Lyric Healthcare Holdings III, I	nc						
Suite 500							
Baltimore, MD 21090							



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ATLANTIC HEALTHCAR	RE CENTER	Provider Number	::	0 310581	-00
3663 15TH AVENUE		Date:		8/13/20	14
VERO BEACH, FL 32960		Fiscal Year End:		8/31/20	10
		Audit Status:	-	Field Aud	lited
Provider Type:					
			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Sin	gle Level		<u>195.96</u>	187.73	1/1/2012
Lev	vel H: Aids		343.57	335.34	1/1/2012
Rate Type:					
Interim		X Prospective			
	Total Interim		otal Prospective		
	Interim Component	To	tal Prospective	with Interim	Component
	Settlement based on cost				
WW. 17.000	Prior Provider Prospective data				
Basis:		Changes:			
			ester Change		
Budget		X Field Aud	lit NH13-014W	7 FYE 8/31/20	010
Unaudite					
X Field aud					
Desk aud	ited costs				
Distribution:		20	Thomas Parke	er	
Contract Management / Fisc	cal Agent	Medicaid Cost Rei	mbursement Pl	anning and F	inance
Permanent File					
For Information On	ly				
No Change in Rate					
Home Office:	Lyric Healthcare Holdings III, Inc 1423 Clarkview Road Suite 500 Baltimore, MD 21090				•



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ATLANTIC HI	EALTHCARE	CENTER		Provider Number	••	0 310581	00
3663 15TH AV	ENUE			Date:		8/13/20	14
VERO BEACH	I, FL 32960			Fiscal Year End:		8/31/20	11
				Audit Status:		Unaudit	ted
Provider Ty	pe:						
, <b>v</b>	•				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Hor	me Singl	le Level			194.64	<u>194.57</u>	7/1/2012
	Leve	l H: Aids			<u>343.85</u>	343.78	7/1/2012
	•						
Rate	Type:						
					*		
	Interim	The late of the la	X	Prospective	. 179		
		Total Interim Interim Component			tal Prospective tal Prospective		Component
		Settlement based on cost		10	tai i iospective	with mitchin	Component
		Prior Provider Prospective data					
		111011101110111100	•				
Basis:			Cha	nges:			
	<del></del>				ester Change		
	Budget			Effects of 8/31/2010	Field Audit N	H13-014W F	YE
X	Unaudited o			6/31/2010	,		
	Field audite						
	Desk audite	d costs					
Distribution	:		<		Thomas Parke	. 20*	
Contract Manag		Agent		Medicaid Cost Rei			inance
Permanent File							
For Info	ormation Only						
No Chai	nge in Rate						
Hon	ne Office:	Lyric Healthcare Holdings III, Inc					
		1423 Clarkview Road					
		Suite 500					
		Baltimore, MD 21090					



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ATLANTIC H	EALTHCARE	CENTER		Provider Number:		0 310581	-00
3663 15TH AV	VENUE			Date:		8/13/20	14
VERO BEACE	H, FL 32960			Fiscal Year End:		8/31/20	11
	,			Audit Status:		Unaudit	ed
Provider Ty	ype:						
v	. 1				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sing	le Level			<u>196.93</u>	<u>196.85</u>	1/1/2013
	Leve	el H: Aids			<u>347.74</u>	347.66	1/1/2013
Rate	Туре:						
-	Interim	· _	X	Prospective			
		Total Interim			al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Char		. Change		
	Budget			Rate Semes  Effects of I	ster Change Field Audit N	H13-014W F	YE
X	Unaudited	costs		8/31/2010			
	Field audite	ed costs					
	Desk audite	ed costs					
Distribution	n:			$\nearrow\nearrow$	homas Parke	r	
Contract Mana		l Agent		Medicaid Cost Rein			inance
Permanent File			-			U	
For Int	formation Only	t					
No Cha	inge in Rate						
Но	me Office:	Lyric Healthcare Holdings III, Inc 1423 Clarkview Road Suite 500 Baltimore, MD 21090					



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ATLANTIC HEALTHCAR	E CENTER		Provider Number:	***	0 310581	-00
3663 15TH AVENUE			Date:		8/13/20	14
VERO BEACH, FL 32960			Fiscal Year End:		8/31/20	12
			Audit Status:		Unaudit	ed
Provider Type:  Nursing Home Sin	gle Level			Current <u>Rate</u> 192.16	New <u>Rate</u> 192.09	Effective <u>Date</u> 7/1/2013
Rate Type:	·					
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X	·	l Prospective l Prospective	with Interim	Component
Budget X Unaudited Field audi Desk audi	ited costs		Rate Semest  Effects of F 8/31/2010	_	H13-014W F	YE
Distribution:  Contract Management / Fisc  Permanent File For Information Onl No Change in Rate			Medicaid Cost Reim	nomas Parke bursement Pl		inance
Home Office:	Lyric Healthcare Holdings III, Inc 1423 Clarkview Road Suite 500 Baltimore, MD, 21090					



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ATLANTIC H	EALTHCARE	CENTER		Provider Number:		0 310581	-00
3663 15TH AV	VENUE			Date:		8/13/20	14
VERO BEACH	H, FL 32960			Fiscal Year End:		8/31/20	12
				Audit Status:		Unaudit	ed
Provider Ty  Nursing Ho	•	le Level			Current Rate 195.97	New <u>Rate</u> <b>195.89</b>	Effective <u>Date</u> 1/1/2014
Rate	Type:						
Basis:	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X	Tota		with Interim	Component
X	Budget Unaudited Field audite Desk audite	ed costs	Rate Semester Change  Effects of Field Audit NH13-014W FYE 8/31/2010				
Distribution Contract Mana	gement / Fisca	l Agent	_	TI Medicaid Cost Reim	nomas Parke		inance
Permanent File							
	formation Only inge in Rate						
Ног	me Office:	Lyric Healthcare Holdings III, Inc 1423 Clarkview Road Suite 500 Baltimore, MD 21090					



#### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

TLANTIC HEALTHCARE CENTER			Provider Number:		0 310581-00		
3663 15TH AVENUE			Date:		8/13/20	14	
VERO BEACH, FL 32960			Fiscal Year End:		8/31/20	13	
			Audit Status:		Unaudit	ed	
Provider Type:  Nursing Home Single I	.evel			Current <u>Rate</u> <b>209.01</b>	New <u>Rate</u> <b>208.93</b>	Effective	
Rate Type:							
	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X		al Prospective al Prospective		Component	
Budget X Unaudited costs Field audited co	osts		Rate Semes  Effects of 3 8/31/2010	ster Change Field Audit N	H13-014W F	YE	
Distribution:  Contract Management / Fiscal Ag  Permanent File For Information Only No Change in Rate	ent		T Medicaid Cost Rein	homas Parke ibursement Pl		inance	
Home Office: L	Ayric Healthcare Holdings III, Inc 423 Clarkview Road Buite 500 Baltimore, MD 21090						



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SANDALWO	OD NURSING O	CENTER		Provider Nur	nber:		0 312045	-00
1001 S BEAC	H STREET			Date:		8/20/2014		
DAYTONA B	EACH, FL 3211	14		Fiscal Year F	End:		12/31/20	)10
				Audit Status:			Field Auc	lited
Provider Ty	ype:							
•						Current	New	Effective
						Rate	Rate	<u>Date</u>
Nursing Ho	me Single	e Level				<u>199.39</u>	<u>196.43</u>	7/1/2011
	Level	H: Aids				345.59	342.63	7/1/2011
Rate	e Type:							
	Interim		X	Prospective				
		Total Interim		X	_ Total	Prospective		
		Interim Component		****	_ Total	Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
					Semeste	er Change		
	Budget			X Field	Audit	NH13-152L	FYE 12/31/2	010
	Unaudited co		\$					
X	Field audited							
	Desk audited	l costs						
		*		_	_			
Distribution	n:		•	7/	) Th	omas Parke		
	agement / Fiscal .	Agent		Medicaid Cos				inance
Permanent File				Wicalcula Cos	. romi	, ar some it i	anning and r	inanoc
For In	formation Only							
	ange in Rate							
Но	me Office:	Cardinal Resources, LLC						
		16 Norcross Street						
	Roswell, GA 30075							



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SANDALWO	OD NURSING (	CENTER		Provider Num	ıber:		0 312045	-00
1001 S BEAC	H STREET			Date:			8/20/20	14
DAYTONA B	EACH, FL 321	14		Fiscal Year En	nd:		12/31/20	010
				Audit Status:			Field Auc	lited
Provider Ty	ype:							
•	•				(	Current	New	Effective
	~.					Rate	Rate	<u>Date</u>
Nursing Ho	ome Single	e Level			2	200.72	<u>198.14</u>	1/1/2012
	Level	H: Aids			3	348.33	<u>345.75</u>	1/1/2012
Rate	е Туре:							
	Interim		X	Prospective				
		Total Interim			Total Pr	rospective		
		Interim Component			Total P	rospective	with Interim	Component
Settlement based on cost								
		Prior Provider Prospective data				*		
Basis:			Cha	nges:				
	***************************************			Rate Se	emester	Change		
	Budget		-	X Field A	Audit NI	H13-152L	FYE 12/31/2	010
	Unaudited co							
X	Field audited						-	
<u>, , , , , , , , , , , , , , , , , , , </u>	Desk audited	1 costs						
					7			
Distribution	n:		•	1//	/ Thom	nas Parke		
	ngement / Fiscal	Agent	***************************************	Medicaid Cost I				inance
Permanent File	e							
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Cardinal Resources, LLC						
		16 Norcross Street						
		Roswell, GA 30075						



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

#### Medicaid Reimbursement Per Diem Rates

SANDALWOOD NURSING CENTER			Provider Number:		0 312045	-00	
1001 S BEAC	H STREET			Date:		8/20/20	14
DAYTONA B	EACH, FL 321	14		Fiscal Year End:		12/31/20	010
				Audit Status:		Field Aug	lited
Provider T	ype:						
·	•				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Singl	e Level			206.48	204.41	7/1/2012
<b>-</b>							-
	Leve	H: Aids			<u>355.69</u>	353.62	7/1/2012
Rate	е Туре:						
	Interim		X	Prospective			
		Total Interim		X Tota	al Prospective		
		Interim Component		Tota	ıl Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semes	ter Change		
	Budget			X Field Audit	NH13-152L	FYE 12/31/2	010
	Unaudited c	*					
X	Field audite						
	Desk audite	d costs					
				$\sim$ $\sim$			
Distribution	<u>n:</u>				homas Parke	r	
Contract Mana	agement / Fiscal	Agent	<del>444</del>	Medicaid Cost Reim			inance
Permanent File	e						
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Cardinal Resources, LLC					
		16 Norcross Street					
		Roswell, GA 30075					

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Report Calculated: 8/20/2014 9:52:41 AM Report Printed: 8/20/2014

ID: 312045123120100101201003292011122512



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SANDALWOOD NURSING CENTER				Provid	ier Nun	nber:		0 312045	-00
1001 S BEAC	H STREET			Date:				8/20/20	14
DAYTONA B	EACH, FL 321			Fiscal	Year E	nd:		12/31/20	)11
				Audit	Status:			Unaudit	ed
Provider T	ype:	·							
							Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Single	e Level					<u>204.03</u>	202.37	1/1/2013
	Level	H: Aids					<u>354.84</u>	353.18	1/1/2013
Rate	e Type:								
	Interim		X	Prosp	pective				
	····	Total Interim			X	Total	Prospective		
		Interim Component				_Total	Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data							
Basis:			Char	iges:	]				
	Decident			r	-		er Change	H13-152L FY	ne.
X	Budget Unaudited co	nete		<u> </u>		/2010	ieid Audit ivi	п13-132L г I	E
71.	Field audited								
	Desk audited								
TO: 4 11 41			*	<u> </u>		)			
<u>Distribution</u>		A			<u> </u>		omas Parke		
	igement / Fiscal .	Agent	Ŋ	Medica	id Cost	Reiml	oursement Pl	anning and F	inance
Permanent File									
	formation Only								
No Cha	ange in Rate								
Но	me Office:	Cardinal Resources, LLC							
		16 Norcross Street							
		Roswell, GA 30075							



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

### Medicaid Reimbursement Per Diem Rates

SANDALWOOD NURSING CENTER			Provider Number	5-00				
1001 S BEAC	H STREET			Date:		8/20/2014		
DAYTONA B	EACH, FL 3211	4		Fiscal Year End:		12/31/20	011	
				Audit Status:		Unaudit	ed	
Provider Ty	ype:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Single	e Level			208.78	207.10	7/1/2013	
runsing m	ine bingit	COL			<u> 200.70</u>	207.10	7/1/2013	
•								
Rate	e Type:							
		<del></del>						
	_ Interim	Total Interim	X	Prospective X To	tal Duagua atica			
	-	Interim Component			tal Prospective tal Prospective		Component	
		Settlement based on cost		10	iai i rospective	with interim	Component	
		Prior Provider Prospective data						
		<u> </u>				*		
Basis:			Cha	inges:				
					ster Change			
	Budget			X Effects of 12/31/201	Field Audit N	H13-152L FY	'E	
X	Unaudited co			12/31/201	·			
	Field audited							
	Desk audited	costs						
Distribution	n•			70				
	u. gement / Fiscal A	A crant			Thomas Parke			
Permanent File		agem		Medicaid Cost Rein	mbursement Pl	anning and Fi	nance	
	formation Only							
No Cha	inge in Rate							
Но	me Office:	Cardinal Resources, LLC 16 Norcross Street Roswell, GA 30075			٧			

DT0E6

Report Calculated: 8/20/2014 9:52:41 AM

Report Printed: 8/20/2014 ID: 312045123120110101201107252012104119



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SANDALWOOD NURSING CENTER			Provid	der Nun	nber:		0 312045	-00		
1001 S BEAC	H STREET			Date:				8/20/2014		
DAYTONA B	BEACH, FL 321	14		Fiscal	Year E	ind:		12/31/20	012	
				Audit	Status:			Unaudi	ted	
Provider T	ype:									
							Current	New	Effective	
	~.						Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level					<u>198.09</u>	<u>196.41</u>	1/1/2014	
Rate	е Туре:									
	Interim		X	Pros	pective					
		Total Interim			X	Total	l Prospective			
		Interim Component				Total	Prospective	with Interim	Component	
		Settlement based on cost				_				
		Prior Provider Prospective data								
Basis:			Cha	nges:	1					
		•		-	L Rate S	Semest	er Change			
	Budget			X	_ Effec	ts of F	-	H13-152L FY	Έ	
X	Unaudited c	osts			12/31	/2010				
	Field audite	d costs								
	Desk audite	d costs								
			~	2	$\langle \mathcal{O} \rangle$	•				
Distribution				16	/	Th	omas Parke	r		
Contract Mana	agement / Fiscal	Agent	\ <u>\</u>	Medica	id Cost	Reiml	bursement Pl	anning and F	inance	
Permanent File	e									
For In	formation Only									
No Cha	ange in Rate									
Но	me Office:	Cardinal Resources, LLC								
		16 Norcross Street								
		Roswell, GA 30075								



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SANDALWOOD NURSING CENTER				Provid	-00				
1001 S BEAC	H STREET			Date:				8/20/2014	
DAYTONA B	EACH, FL 3211	4		Fiscal	Year E	nd:		12/31/20	)13
				Audit	Status:			Unaudit	ed
Provider Ty	ype:						Current	New	Effective
Numeine IIe	Single	Laval					<u>Rate</u>	Rate 204.02	<u>Date</u> <u>7/1/2014</u>
Nursing Ho	ome Single	Level					205.74	204.02	7/1/2014
Rate	e Type:								
	Interim		X	Prosp	ective				
		_ Total Interim			X	Total	Prospective		
		Interim Component				Total	Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data							
Basis:			Cha	nges:	]				
			-		-		er Change	1112 1501 FX	AT:
***************************************	Budget Unaudited co	-4-		<u>X</u>		/2010	iela Audit N.	H13-152L FY	E
X	Field audited								
	Desk audited								
	DCSK addited	CUSIS			_	_			
Distribution	<u>n:</u>		•	7	<u> </u>	ノ Th	omas Parke	er	
Contract Mana	agement / Fiscal A	Agent		Medica	id Cost	Reim	bursement Pl	anning and F	inance
Permanent File	e								
For In	formation Only			•					
	ange in Rate								
Но	me Office:	Cardinal Resources, LLC 16 Norcross Street Roswell, GA 30075							



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKEWOOD	NURSING CEN	VIER	I	Provider Nu	mber:		0 312142	-00
CRESCENT CITY, FL 32112  Provider Type:  Nursing Home Single Level  Level H: Aids				Date:	* *		8/21/20	14
CRESCENT C	CITY, FL 32112		]	Fiscal Year	End:		12/31/20	)10
				Audit Status	:		Field Aud	lited
Provider Ty	vpe:							
•						Current	New	Effective
						Rate	Rate	<u>Date</u>
Nursing Ho	me Single	e Level				<u>185.54</u>	<u>180.44</u>	7/1/2011
	Level	H: Aids				331.74	326.64	7/1/2011
Rate	e Type:							
	Interim		x	Prospective	e			
		Total Interim		X		Prospective		
		Interim Component			_ Total	Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Chan	ges:				
						er Change		
	Budget		X	Field	d Audit	#NH13-1541	L FYE 12/31/	2010
X	Unaudited c Field audited							
· A	Desk audited							
	Desk addition	0 00313						
					)			
<b>Distribution</b>	<u>n:</u>		~	10	Th	omas Parke	r	
Contract Mana	agement / Fiscal	Agent	M	ledicaid Cos	t Reiml	oursement Pl	anning and F	inance
Permanent File	e							
For In	formation Only							
No Cha	ange in Rate							
Но	ome Office:	Putnam Council, Inc.						
		16 Norcross Street						
		Roswell, GA 30075						



### 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKEWOOD NURSING CENTER			Provider Nur	nber:		0 312142	-00		
100 N LAKE S	ST			Date:			8/21/20	014	
CRESCENT C	CITY, FL 32112			Fiscal Year E	End:		12/31/20	)10	
				Audit Status:			Field Aud	lited	
Provider Ty	vpe:								
·					(	Current	New	Effective	
						<u>Rate</u>	<u>Rate</u>	<u>Date</u>	
Nursing Ho	me Single	e Level			]	<u> 186.68</u>	<u>181.51</u>	1/1/2012	
	Level	H: Aids			2	<u>334.29</u>	329.12	<u>1/1/2012</u>	
								r	
Rate	e Type:								
	Interim		X	Prospective					
	<b>-</b>	Total Interim		— ` _X		rospective			
		Interim Component			Total P	rospective	with Interim	Component	
		Settlement based on cost			_				
		Prior Provider Prospective data							
Basis:			Cha	nges:					
					Semester	_			
	Budget			X Field	Audit #N	NH13-154L	FYE 12/31/	2010	
	Unaudited co								
X	Field audited								
	Desk audited	l costs							
				$\bigcirc$	)				
<b>Distribution</b>					Thon	nas Parke	•		
Contract Mana	gement / Fiscal.	Agent		Medicaid Cost	Reimbu	rsement Pla	nning and F	inance	
Permanent File	2								
For Inf	formation Only								
No Cha	ange in Rate								
Hor	me Office:	Putnam Council, Inc.							
		16 Norcross Street							
		Roswell, GA 30075							



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Date   Stribution	AKEWOOD NURSING CENTER		Provider Number: 0 312142-0						
Provider Type:    Current   New   Effective   Rate   Rate   Date	100 N LAKE :	ST			Date:	······································	8/21/20	21/2014	
Provider Type:  Nursing Home Single Level 192.11 186.82 7/1/2012  Level H: Aids 341.32 336.03 7/1/2012  Rate Type:  Interim X Prospective  Total Interim X Total Prospective with Interim Component Settlement based on cost Prior Provider Prospective data  Basis:  Changes:  Rate Semester Change Rate Semester Change  Rate Semester Change  Field Audit #NH13-154L FYE 12/31/2010  Distribution:  Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	CRESCENT C	CITY, FL 32112	2		Fiscal Year End:		12/31/20	)10	
Nursing Home Single Level 192.11 186.82 7/1/2012  Level H: Aids 341.32 336.03 7/1/2012  Rate Type:  Interim	Provider Type:  Nursing Home Single Level  Level H: Aids  Rate Type:  Interim  Total Interim Component Settlement based on cost Prior Provider Prospective data  Basis:  Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs  Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Audit Status:		Field Aud	lited			
Nursing Home Single Level 192.11 186.82 7/1/2012  Level H: Aids 341.32 336.03 7/1/2012  Rate Type:  Interim	Provider Ty	ype:							
Rate Type:  Interim Total Interim Interim Interim Settlement based on cost Prior Provider Prospective data  Basis:  Basis:  Changes: Rate Semester Change Rate Semester Change Field audited costs Desk audited costs Desk audited costs Thomas Parker  Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate  Interim X Prospective X Prospective X Prospective X Total Prospective X Total Prospective with Interim Component Total Prospective with Interim Component  Rate Semester Change Field Audit #NH13-154L FYE 12/31/2010  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance	•	. •				Current	New	Effective	
Rate Type:    Interim						Rate			
Rate Type:  Interim  Total Interim  Interim  Total Interim  Interi	Nursing Ho	me Singl	e Level			<u>192.11</u>	<u>186.82</u>	7/1/2012	
Interim  Total Interim  Total Interim  Interim Component  Interim Component  Settlement based on cost  Prior Provider Prospective data  Changes:  Rate Semester Change  Rate Semester Change  Field Audit #NH13-154L FYE 12/31/2010  Unaudited costs  X Field audited costs  Desk audited costs  Desk audited costs  Desk audited Costs  Desk audited Costs  Permanent File  For Information Only  No Change in Rate		Leve	l H: Aids			341.32	<u>336.03</u>	7/1/2012	
Interim  Total Interim  Total Interim  Interim Component  Interim Component  Settlement based on cost  Prior Provider Prospective data   Changes:  Rate Semester Change  Rate Semester Change  Field Audit #NH13-154L FYE 12/31/2010  Unaudited costs  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Permanent File  For Information Only  No Change in Rate									
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data  Basis:  Changes: Rate Semester Change Rate Semester Change X Field Audit #NH13-154L FYE 12/31/2010  Unaudited costs Desk audited costs  Desk audited costs  Desk audited costs  Desk audited Costs  Permanent File For Information Only No Change in Rate	Rate	e Type:							
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data  Basis:  Changes: Rate Semester Change Rate Semester Change X Field Audit #NH13-154L FYE 12/31/2010  Unaudited costs Desk audited costs  Desk audited costs  Desk audited costs  Desk audited Costs  Permanent File For Information Only No Change in Rate		Interim		x	Prospective				
Interim Component Settlement based on cost Prior Provider Prospective data    Basis:			Total Interim			l Prospective			
Basis:  Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs  Contract Management / Fiscal Agent  Permanent File For Information Only No Change in Rate  Changes: Rate Semester Change Field Audit #NH13-154L FYE 12/31/2010  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance						=		Component	
Basis:  Budget  Unaudited costs  X Field audited costs  Desk audited costs  Desk audited costs  Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Rate Semester Change  Rate Semester Change  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance			<del>-</del>			•		•	
Rate Semester Change  X Field Audit #NH13-154L FYE 12/31/2010  Unaudited costs  X Field audited costs  Desk audited costs  Desk audited costs  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance  Permanent File  For Information Only  No Change in Rate			Prior Provider Prospective data						
Budget Unaudited costs X Field audited costs Desk audited costs  Desk audited costs  Distribution:  Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate  X Field Audit #NH13-154L FYE 12/31/2010  X Field Audit #NH13-154L FYE 12/31/2010  Medicaid Costs  Medicaid Cost Reimbursement Planning and Finance	Basis:			Cha					
Unaudited costs  X Field audited costs  Desk audited costs  Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Unaudited costs  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance		Dudget				-	EVE 12/21/	2010	
X   Field audited costs     Desk audited costs     Distribution:   Thomas Parker     Contract Management / Fiscal Agent   Medicaid Cost Reimbursement Planning and Finance     Permanent File     For Information Only     No Change in Rate			rosts		X Field Audit	. #INIII 3-1341	⊒ F 115 12431/	2010	
Distribution:  Contract Management / Fiscal Agent  Permanent File For Information OnlyNo Change in Rate  Distribution:  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance	X								
Contract Management / Fiscal Agent  Medicaid Cost Reimbursement Planning and Finance  Permanent File For Information Only No Change in Rate		-							
Contract Management / Fiscal Agent  Medicaid Cost Reimbursement Planning and Finance  Permanent File For Information Only No Change in Rate					- 0				
Contract Management / Fiscal Agent  Permanent File For Information Only No Change in Rate  Medicaid Cost Reimbursement Planning and Finance  Medicaid Cost Reimbursement Planning and Finance	<u>Distribution</u>	<u>n:</u>		-	7/8 11	omas Parke	r		
Permanent FileFor Information OnlyNo Change in Rate	Contract Mana	ngement / Fiscal	Agent	***************************************		<del></del>		nance	
No Change in Rate	Permanent File	3							
	For In	formation Only							
	No Cha	ange in Rate							
	Но	me Office:	Putnam Council, Inc.						
16 Norcross Street Roswell, GA 30075									



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKEWOOD NURSING CENTER		Provider	Number:	0 312142-00			
100 N LAKE	ST		Date:			8/21/20	14
CRESCENT (	CITY, FL 3211	2	Fiscal Y	ear End:		12/31/20	011
			Audit St	atus:		Unaudit	ed
Provider T	ype:						
•					Current	New	Effective
					<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Ho	ome Sing	le Level			<u>192.68</u>	<u>192.69</u>	1/1/2013
	Leve	el H: Aids			<u>343.49</u>	343.50	1/1/2013
Rate	e Type:						
			•	.•			
	Interim	Total Interim	Y Prospec		l Prospective		
		Interim Component			•	with Interim	Component
		Settlement based on cost			. Trospective	With Interim	Component
		Prior Provider Prospective data					
Basis:			Changes:				
			R	tate Semes	ter Change		
	Budget			Effects of F 12/31/2010		NH13-154L F	YE
X	Unaudited of		1	12/31/2010			
	Field audite						
	Desk audite	ed costs					
				0			
<u>Distributio</u>				) TI	iomas Parke	r	
	agement / Fiscal	I Agent	Medicaid	Cost Reim	bursement Pl	anning and Fi	inance
Permanent File	e						
For In	formation Only						
No Ch	ange in Rate						
Не	ome Office:	Putnam Council, Inc.					
		16 Norcross Street					
		Roswell, GA 30075					



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKEWOOD NURSING CENTER				Provid	ler Nun	nber:		0 312142	2-00
100 N LAKE S	T			Date:				8/21/20	14
CRESCENT C	ITY, FL 32112			Fiscal	Year E	nd:		12/31/20	012
				Audit	Status:			Unaudit	ted
Provider Ty	pe:						Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	ma Single	Level					205.00	205.01	7/1/2013
Nut sing Ho	me single	Level					203.00	200.01	<u> </u>
Rate	Type:								
	Interim		X	Prosp	ective				
		Total Interim			X	w	Prospective	•	
		Interim Component				Total	Prospective	with Interim	Component
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:	$\neg$		Cha	nges:	1				
100010.					J Rate S	lemest	er Change		
	Budget			X	Effect	ts of Fi	_	IH13-154L F	YE
X	Unaudited co	sts			12/31	/2010			
	Field audited	costs							
	Desk audited	costs							
Distribution	ı:			- )-	グィ	<i>)</i> Th	omas Parke	•-	
	gement / Fiscal /	Agent			id Cost			anning and F	inance
Permanent File				wicaica	iu cost	Kenne	oursement 1 is	anning and r	manec
For Inf	ormation Only								
	nge in Rate								
Hor	ne Office:	Putnam Council, Inc. 16 Norcross Street Roswell, GA 30075							



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKEWOOD NURSING CENTER  100 N LAKE ST  CRESCENT CITY, FL 32112			P	rovider Number:		0 312142-00 8/21/2014		
			D	ate:				
			F	iscal Year End:		12/31/2012		
			A	udit Status:		Unaudit	ed	
Provider Ty	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Sing	le Level			207.54	207.56	1/1/2014	
Rate	Туре:							
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X		al Prospective		Component	
Basis:	Budget Unaudited of Field audited Desk audite	costs	Chang	Rate Seme	ster Change Field Audit #1 0	NH13-154L F	YE	
	igement / Fiscal		Me	edicaid Cost Rein	<b>Thomas Parke</b> mbursement Pl		inance	
Ho	me Office:	Putnam Council, Inc. 16 Norcross Street Roswell, GA 30075					•	



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKEWOOD NURSING CENTER  100 N LAKE ST  CRESCENT CITY, FL 32112				Provider Number:		0 312142-00		
				Date:	8/21/2014			
			Fiscal Year End:			12/31/2012		
				Audit Status:		Unaudit	ied	
Provider Ty	pe:				Current	New	Effective	
					Rate	Rate	Date	
Nursing Home Single Level					<u>214.86</u>	<u>214.87</u>	7/1/2014	
Rate	Туре:							
			37	D				
MARKET ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	_Interim	Total Interim	X	Prospective X Tota	al Prospective			
		Interim Component			-	with Interim	Component	
		Settlement based on cost			ii i toopeente	111111111111111111111111111111111111111	0 0 mp 0 mem	
		Prior Provider Prospective data						
Basis:			Cha	nges:				
			·	Rate Semes	-		****	
77 7	Budget			Effects of 1 12/31/2010		NH13-154L F	YE	
X	Unaudited			12.0101.				
	Field audit							
	Desk audit	ed costs						
Distribution	1:		-		homas Parke	a <b>r</b>		
Contract Mana		ıl Agent	***************************************	Medicaid Cost Rein		***************************************	inance	
Permanent File	;							
For Inf	formation Only	1						
	inge in Rate							
Ног	me Office:	Putnam Council, Inc. 16 Norcross Street						
		Roswell, GA 30075						



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKE BENNETT HEALTH & REHABILITATION CENTER				Provider Number:		0 318761-00		
1091 KELTON	N AVE			Date:		10/15/2014		
OCOEE, FL 3	4761		Fiscal Year End:		6/30/2007			
				Audit Status:		Revised Fiel	d Audit	
Provider Ty	/pe:							
V	•				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Single	e Level			<u>195.67</u>	195.27	<u>1/1/2008</u>	
	Level	H: Aids			329.67	329.27	1/1/2008	
Rate	Type:							
	Interim		X	Prospective	4			
		Total Interim		<del></del>	1 Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost						
	*******	Prior Provider Prospective data						
Basis:			Cha	nges:	ton Change			
	Budget			Rate Semest	-	C FYE 6/30/2	007	
	Unaudited co	ests	-					
X	Field audited							
	Desk audited							
<u>Distribution</u>	<u>ı:</u>		-		iomas Parke	r		
Contract Manag	gement / Fiscal A	Agent	<del></del>	Medicaid Cost Reiml			nance	
Permanent File				•				
For Info	ormation Only							
	nge in Rate							
Hon	ne Office:	No Home Office						



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKE BENN	ETT HEALTH	& REHABILITATION CENTER		Provider Number:		0 318761-00		
1091 KELTON AVE				Date:	10/15/2014			
OCOEE, FL	34761		Fiscal Year End:		6/30/2007			
				Audit Status:		Revised Fiel	d Audit	
Provider T	ype:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level			<u>196.93</u>	<u>196.81</u>	<u>7/1/2008</u>	
	Leve	l H: Aids			333.21	333.09	7/1/2008	
Rate	e Type:							
			••					
	_ Interim		X	Prospective	1 D			
•		Total Interim Interim Component			d Prospective	with Interim	Component	
	X	Settlement based on cost		100	ii r tospective	with interim	Component	
		Prior Provider Prospective data						
	***************************************	Thor frovider frospective data						
Basis:			Cha	nges:				
			(	Rate Semes	ter Change			
	Budget			X FA & RFA	#NH10-0580	C FYE 6/30/2	007	
	Unaudited co	osts						
X	Field audited	i costs						
	Desk audited	l costs						
Distribution	<u>1:</u>				omas Parke	r		
Contract Management / Fiscal Agent				Medicaid Cost Reim			nance	
Permanent File	<b>:</b>				*			
	formation Only							
	inge in Rate							
Hor	me Office:	No Home Office						



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKE BENN	ETT HEALTH	& REHABILITATION CENTER		Provider Number:		0 318761-00		
1091 KELTON AVE OCOEE, FL 34761			Date: Fiscal Year End:		10/15/2014			
						6/30/20	07	
				Audit Status:		Revised Fiel	d Audit	
Provider T	ype:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	le Level			<u>195.86</u>	<u>195.85</u>	1/1/2009	
	Leve	l H: Aids			334.21	334.20	1/1/2009	
Rate	e Type:							
	Interim		X	Prospective				
		Total Interim		-	l Prospective			
		Interim Component			=	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
				Rate Semest				
	Budget			X FA & RFA	#NH10-0580	C FYE 6/30/20	007	
3.7	Unaudited c							
X	Field audited							
	Desk audited	u costs						
				- 0				
<u>Distribution</u>	<u>n:</u>			Th	omas Parke	r		
Contract Management / Fiscal Agent			-	Medicaid Cost Reiml			nance	
Permanent File	<b>;</b>							
For Inf	formation Only							
No Cha	nge in Rate							
Ног	me Office:	No Home Office						



# 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKE BENN	ETT HEALTH & REHABILITATION CENTER	Provider N	Number:		0 318761	-00
1091 KELTO	N AVE	Date: Fiscal Year End:		10/15/2014 6/30/2007		
OCOEE, FL	34761					
		Audit Stati	us:		Revised Fiel	d Audit
Provider T	ype:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	ome Single Level			<u>179.44</u>	<u>179.43</u>	<u>3/1/2009</u>
	Level H: Aids			<u>317.79</u>	<u>317.78</u>	3/1/2009
Rate	e Type:					
	Interim	X Prospecti				
	Total Interim			Prospective		_
	Interim Component		Total I	Prospective	with Interim	Component
	X Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
			e Semester	_		
	Budget	<b>X</b> FA	& RFA #1	NH10-0580	C FYE 6/30/2	007
	Unaudited costs					
X	Field audited costs					
	Desk audited costs					
<b>Distribution</b>	<b>n:</b>	76	7 Tho	mas Parke	r	
Contract Mana	ngement / Fiscal Agent	Medicaid Co			anning and Fi	nance
Permanent File	e				-	
For Inf	formation Only					
No Cha	ange in Rate					
Ho	me Office: No Home Office					



## 2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKE BENNETT HEALTH & I	REHABILITATION CENTER		Provider Number:		0 318761-00		
1091 KELTON AVE			Date:		10/15/2014		
OCOEE, FL 34761		Fiscal Year End:		6/30/2007			
			Audit Status:		Revised Fiel	d Audit	
Provider Type:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single l	Level			<u>219.56</u>	<u>219.54</u>	4/1/2009	
Level H	I: Aids			<u>357.91</u>	<u>357.89</u>	4/1/2009	
Rate Type:							
Interim		X	Prospective				
	Total Interim		Tota	al Prospective			
	Interim Component		Tota	al Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Cha	nges:				
			Rate Semes	-			
Budget			X FA & RFA	.#NH10-058C	C FYE 6/30/20	007	
Unaudited cost							
X Field audited co							
Desk audited co	osts						
			$\neg a$				
Distribution:				homas Parke	r		
Contract Management / Fiscal Ag	ent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File				,		· · •	
For Information Only							
No Change in Rate							
-	To Home Office						