



MEMORANDUM

Date: October 1, 2018

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

From: () Zainab Day, Regulatory Analyst Supervisor

Subject: Retroactive Nursing Facility Per Diem Rates

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

	Provider Name	Provider Number	Type of Action	Number of Rate Change Notices
1.	Signature Healthcare of Palm Beach	0 001136-00	FA	2
2.	Heritage Park Health and Rehabilitation Center	0 005850-00	FA	1
3.	Unity Health and Rehab Center	0 032482-00	FA & RFA	8
4.	Lady Lake Specialty Care Center	0 032486-00	FA & RFA	10
5.	Lexington Health and Rehabilitation Center	0 032553-00	FA & RFA	2
6.	Madison Health and Rehabilitation Center	0 213462-00	FA	2
7.	Page Rehabilitation and Healthcare Center	0 213900-00	™ FA	4
8.	Century Care Center	0 220604-00	FA	1
9.	Quality Health of Fernandina Beach	0 225274-00	FA	2
10.	Pinecrest Rehabilitation Center	0 225754-00	FA & RFA	1
11.	Orange City Nursing and Rehab Center	0 263567-00	FA	2
12.	Royal Oaks Nursing and Rehab Center	0 263583-00	FA	1
13.	Adventist Care Centers-Courtland, Inc.	0 320439-00	FA	3
14.	Signature Healthcare of Ormond	0 324442-00	FA	2
15.	Kenilworth Care and Rehabilitation Center	0 324493-00	FA	2
			TOTAL:	43

If you have any questions regarding the above contact Zainab Day 412-4798.

ZD/tc



		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)	MFAO number	Audit Number
000113600	20150101	234.79	0.00	234.79	234.79	84326-18	NH14-037C
000113600	20150901	232.90	0.00	232.90	232.90	84326-18	NH14-037C
000585000	20140701	220.60	0.00	220.60	220.60	84326-18	NH14-125C
003248200	20120101	204.22	351.83	204.22	204.22	84326-18	NH13-095C
003248200	20120701 20130101	212.36 216.14	361.57 366.95	212.36 216.14	212.36 216.14	84326-18	NH13-095C
003248200 003248200	20130701	227.68	0.00	227.68	227.68	84326-18 84326-18	NH13-095C NH13-095C
003248200	20140101	224.82	0.00	224.82	224.82	84326-18	NH13-095C
003248200	20140701	233.72	0.00	233.72	233.72	84326-18	NH13-095C
003248200	20160901	246.16	0.00	246.16	246.16	84326-18	NH13-095C
003248200	20170901	235.73	0.00	235.73	235.73	84326-18	NH13-095C
003248600	20120101	216.07	363.68	216.07	216.07	84326-18	NH13-096C
003248600	20120701	223.59	372.80	223.59	223.59	84326-18	NH13-096C
003248600	20130101	226.32	377.13	226.32	226.32	84326-18	NH13-096C
003248600	20130701	232.22	0.00	232.22	232.22	84326-18	NH13-096C
003248600	20140101	226.30	0.00	226.30	226.30	84326-18	NH13-096C
003248600	20140701	242.03	0.00	242.03	242.03	84326-18	NH13-096C
003248600	20150101	247.45	0.00	247.45	247.45	84326-18	NH13-096C
003248600	20150901	246.32	0.00	246.32	246.32	84326-18	NH13-096C
003248600	20160901	250.05	0.00	250.05	250.05	84326-18	NH13-096C
003248600	20170901	238.58	0.00	238.58	238.58	84326-18	NH13-096C
003255300	20120101	208.00	355.61	208.00	208.00	84326-18	NH13-099C
003255300	20120701	214.18	363.39	214.18	214.18	84326-18	NH13-099C
021346200	20140701	243.55	0.00	243.55	243.55	84326-18	NH14-107C
021346200	20150101	247.32	0.00	247.32	247.32	84326-18	NH14-107C
021390000 021390000	20140701 20150101	246.57 249.57	0.00	246.57 249.57	246.57 249.57	84326-18 84326-18	NH14-115W
021390000	20150101	249.57	0.00	249.40	249.40	84326-18	NH14-115W NH14-115W
021390000	20160901	244.89	0.00	244.89	244.89	84326-18	NH14-115W
022060400	20140701	221.89	0.00	221.89	221.89	84326-18	NH14-105C
022527400	20140701	218.69	0.00	218.69	218.69	84326-18	NH14-080C
022527400	20150101	222.14	0.00	222.14	222.14	84326-18	NH14-080C
022575400	20120101	230.60	378.21	230.60	230.60	84326-18	NH13143L
026356700	20140101	210.17	0.00	210.17	210.17	84326-18	NH14-121W
026356700	20140701	216.11	0.00	216.11	216.11	84326-18	NH14-121W
026358300	20140101	196.45	0.00	196.45	196.45	84326-18	NH14-119W
032043900	20140701	225.70	0.00	225.70	225.70	84326-18	NH14-089C
032043900	20150101	227.72	0.00	227.72	227.72	84326-18	NH14-089C
032043900	20150901	226.66	0.00	226.66	226.66	84326-18	NH14-089C
032444200	20150101	219.18	0.00	219.18	219.18	84326-18	NH14-035C
032444200	20150901	217.06	0.00	217.06	217.06	84326-18	NH14-035C
032449300	20150101	217.29	0.00	217.29	217.29	84326-18	NH14-041C
032449300	20150901	215.90	0.00	215.90	215.90	84326-18	NH14-041C



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PALM BEACH	Provider Number:	0 001136-00		-00	
4405 LAKEWOOD ROAD	Date:		7/17/2018		
LAKE WORTH, FL 33461	Fiscal Year End:	Fiscal Year End: 7/31/201			
	Audit Status:		Field Aud	lited	
Provider Type:		Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		<u>234.77</u>	<u>234.79</u>	1/1/2015	
D 4 T					
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		Prospective Prospective	with Interim	Component	
Basis: Budget Unaudited costs X Field audited costs	Changes: Rate Semeste X Field Audit #	_	C FYE 7/31/2	014	
Desk audited costs					
<u>Distribution:</u> Contract Management / Fiscal Agent	L. Medicaid Cost Reimbi	isa Smith	anning and Fi	nance	
Permanent File			B		
For Information Only					
No Change in Rate					
Home Office: Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299				tamo esta esta	

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Tallahassee, Florida 32308

SIGNATURE HEALTHCA	ARE OF PALM BEACH		Provider Number:		0 001136	5-00
4405 LAKEWOOD ROAD LAKE WORTH, FL 33461			Date:	7/17/2018		
			Fiscal Year End:		7/31/20	14
			Audit Status:	-	Field Au	dited
Provider Type: Nursing Home Sin	ngle Level			Current <u>Rate</u> 232.82	New <u>Rate</u> 232.90	Effective
Rate Type:						
Interim		X	Prospective			
	Total Interim			l Prospective	;	
	Interim Component		Tota	l Prospective	with Interim	Component
·	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Cha	nges:			
		1	Rate Semes	-		
Budget		, =	X Field Audit	t#NH14-037	C FYE 7/31/2	2014
Unaudite						
	dited costs dited costs					
Desk aud	unted costs					
Distribution:		1	A			
Contract Management / Fis	scal Agent	P	90	Lisa Smith		**
Permanent File	in in the second		Medicaid Cost Reim	ibursement P	lanning and P	inance
For Information O	nly					
No Change in Rate						
Home Office:	Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299					
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Date: T/30/2018 Date: T/30/2018 Date:	HERITAGE PARK HEALTH AND REHABILITATION CENTER		Provider Number	•	0 005850	-00		
Provider Type: Current New Effective Rate Rate Date	37135 COLEMAN AVE			Date:		7/30/2018		
Provider Type: Nursing Home Single Level Rate Type: Interim Total Interim X Prospective Interim Component Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs Unaudited costs Desk audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400	DADE CITY, FL 33525-452	26		Fiscal Year End:		12/31/20)13	
Rate Type: Interim Total Interim Component Strilbution: Basis: Budget Unaudited costs X Field audited costs X Field audited costs Dosk audited costs Total Cost Healthcare, LLC 40 South Palafox Place (Suite 400) Rate Type: Interim Total Interim X Prospective X Total Prospective X Total Prospective with Interim Component X Prospective X Total Prospective with Interim Component X Field Audit #NH14-125C FYE 12/31/2013 Changes: Rate Semester Change X Field Audit #NH14-125C FYE 12/31/2013 Isa Smith Medicaid Cost Reignbursement Planning and Finance Medicaid Cost R				Audit Status:		Field Aud	lited	
Rate Type: Interim Total Interim Component Strilbution: Basis: Budget Unaudited costs X Field audited costs X Field audited costs Dosk audited costs Total Cost Healthcare, LLC 40 South Palafox Place (Suite 400) Rate Type: Interim Total Interim X Prospective X Total Prospective X Total Prospective with Interim Component X Prospective X Total Prospective with Interim Component X Field Audit #NH14-125C FYE 12/31/2013 Changes: Rate Semester Change X Field Audit #NH14-125C FYE 12/31/2013 Isa Smith Medicaid Cost Reignbursement Planning and Finance Medicaid Cost R	Provider Type:							
Rate Type: Interim Total Interim X Prospective X Total Prospective with Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change X Field Audit #NH14-125C FYE 12/31/2013 Changes: Rate Semester Change Settlement #NH14-125C FYE 12/31/2013 Posstribution: Contract Management / Fiscal Agent Medicaid Costs Reinformation Only No Change in Rate Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place (Suite 400)	V 1							
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Interim	Nursing Home Sing	gle Level			<u>221.05</u>	<u>220.60</u>	<u>7/1/2014</u>	
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Interim	Dodo Tomos							
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Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400	Budget			X Field Aud	lit #NH14-1250	C FYE 12/31/	2013	
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400							1	
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Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400	Desk audit	ted costs						
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Permanent FileFor Information OnlyNo Change in Rate Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400	Contract Management / Fisca	al Agent		Medicaid Cost Rei	bursement Pl	anning and F	inance	
No Change in Rate Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400	Permanent File					•		
Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400	For Information Only	у						
40 South Palafox Place Suite 400	No Change in Rate							
40 South Palafox Place Suite 400	Home Office:	Gulf Coast Healthcare, LLC						
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

UNITY HEALTH AND REHAB CENTER	Provider Number: 0 032	0 032482-00 8/14/2018		
1404 NW 22ND STREET	Date: 8/14.			
MIAMI, FL 33142	Fiscal Year End: 12/3	1/2010		
	Audit Status: Revised I	Field Audit		
Provider Type:	Current New Rate Rate	<u>Date</u>		
Nursing Home Single Level	<u>204.55</u> <u>204.2</u>	<u>2</u> <u>1/1/2012</u>		
Level H: Aids	<u>352.16</u> <u>351.8</u>	<u>1/1/2012</u>		
Rate Type:				
Interim	X Prospective			
Total Interim	X Total Prospective			
Interim Component	Total Prospective with Inter	im Component		
Settlement based on cost				
Prior Provider Prospective data				
Basis:	Changes:			
Budget	Rate Semester Change FA & RFA #NH13-095C FYE 12/	/31/2010		
Unaudited costs				
X Field audited costs	i			
Desk audited costs				
Distribution:	Lisa Smith			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning an	d Finance		
Permanent File				
For Information Only				
No Change in Rate				
Home Office: Greystone Healthcare Managem 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	ent			
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

UNITY HEALTH AND REHAB CENTER 1404 NW 22ND STREET		Provider Nu	Provider Number:		0 032482-00		
		Date:		8/14/2018			
MIAMI, FL 33142		Fiscal Year	End:		12/31/2011		
		Audit Status	::		Unaudit	ed	
Provider Type: Nursing Home Sin	ngle Level			Current Rate 12.35	New <u>Rate</u> 212.36	Effective <u>Date</u> 7/1/2012	
Aursing Home Sh	ngie Level		-	12100			
Le	evel H: Aids		<u>3</u>	<u>661.56</u>	<u>361.57</u>	7/1/2012	
Rate Type:							
Interim		X Prospective					
	Total Interim	X		ospective	with Interim	Component	
-	Interim Component Settlement based on cost		_ 10tai 11	ospective	with interim	Component	
	Prior Provider Prospective data						
Basis:		Changes:					
			Semester	Change			
Budget				& RFA #1	NH13-095C F	YE	
X Unaudit	ed costs	12/3	1/2010				
	dited costs						
Desk au	dited costs						
		_					
Distribution:				sa Smith			
Contract Management / Fig	scal Agent	Medicaid Co	st Reimbur	sement P	lanning and F	inance	
Permanent File							
For Information O	nly						
No Change in Rate							
Home Office:	Greystone Healthcare Managemer 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	at					
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Tallahassee, Florida 32308

UNITY HEALTH AND REHAB CENTER 1404 NW 22ND STREET		Provider Number:		0 032482-00		
		Date:		8/14/20	18	
MIAMI, FL 33142		Fiscal Year End:		12/31/20	011	
		Audit Status:		Unaudit	ted	
Provider Type:						
•			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single	e Level		<u>216.13</u>	<u>216.14</u>	1/1/2013	
Leve	H: Aids		366.94	<u>366.95</u>	1/1/2013	
Rate Type:						
Interim		X Prospective				
	Total Interim		l Prospective	;		
8	Interim Component	Tota	l Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis: Budget X Unaudited of Field audite Desk audite	d costs	Changes: Rate Semest X Effects of F 12/31/2010	'A & RFA #1	NH13-095C F	YE	
Distribution:		H	Lisa Smith			
Contract Management / Fiscal	Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent File						
For Information Only						
No Change in Rate						
Home Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610					
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

UNITY HEALTH AND REHAB CENTER	Provider Number:	0 032482-00		-00	
1404 NW 22ND STREET	Date:		8/14/2018 12/31/2011		
MIAMI, FL 33142	Fiscal Year End:				
	Audit Status:	<u> </u>	Unaudit	ed	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 227.67	New <u>Rate</u> 227.68	Effective <u>Date</u> 7/1/2013	
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		Prospective Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semeste Effects of FA 12/31/2010	_	VH13-095C F	YE	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicard Cost Reimb	Lisa Smith ursement Pl	anning and F	inance	
Home Office: Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610					

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

UNITY HEALTH AND REHAB CENTER		Provider Number:		0 032482-00			
1404 NW 22ND STREET MIAMI, FL 33142			Date:		8/14/20	18	
			Fiscal Year End:		12/31/2012		
				Audit Status:		Unaudit	:ed
Provider Ty					Current Rate	New Rate	Effective Date
Nursing Ho	me Sing	gle Level			<u>224.81</u>	<u>224.82</u>	1/1/2014
Rate	Туре:						
	Interim		X	Prospective			
	- intermi	Total Interim			al Prospective	;	
		Interim Component			-	with Interim	Component
		Settlement based on cost			-		•
		Prior Provider Prospective data					
		 -					
Basis:			Cha	nges:			
	_			Rate Semes	ter Change		
•	Budget					NH13-095C F	YE
X	Unaudited	costs	h c c	12/31/2010)		
	Field audit	ed costs					
	Desk audit	ed costs					
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Contract Mana		al Agent	-	Medicaid Cost Rein	Lisa Smith	lanning and F	inance
Permanent File				iviourourd Cast Item		ummig uma z	
For In	formation Only	y					
No Cha	ange in Rate						
Но	me Office:	Greystone Healthcare Managemer 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	nt				
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Tallahassee, Florida 32308

UNITY HEALTH AND REHAB CENTER		1	Provider Number:		0 032482-00		
1404 NW 22ND STREET			Date:		8/14/2018		
MIAMI, FL 33142		I	Fiscal Year End:		12/31/20)12	
		I	Audit Status:		Unaudit	ied	
Provider Type: Nursing Home Sing	gle Level			Current <u>Rate</u> 233.71	New <u>Rate</u> 233.72	Effective <u>Date</u> 7/1/2014	
Rate Type:							
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data			al Prospective	with Interim	Component	
Basis: Budget Vinaudited Field audit Desk audit	ed costs	Chang	Rate Seme		NH13-095C F	YE	
Distribution: Contract Management / Fisca Permanent File For Information Only No Change in Rate		M	edicaid Cost Rein	Lisa Smith	lanning and F	inance	
Home Office:	Greystone Healthcare Manageme 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610			04001001001	010100100510	2012142544	
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Tallahassee, Florida 32308

UNITY HEALTH AND REI	HAB CENTER	Provider Number	r:	0 032482	2-00	
1404 NW 22ND STREET		Date:	Date: 8/14/2018		18	
MIAMI, FL 33142		Fiscal Year End:		8/31/2014		
		Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Sing	gle Level		Current <u>Rate</u> 246.15	New <u>Rate</u> 246.16	Effective Date 9/1/2016	
Rate Type:						
Interim		X Prospective				
	Total Interim		otal Prospective			
	Interim Component	To	otal Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis: Budget X Unaudited Field audit Desk audit	ed costs		ester Change f FA & RFA #1 10	NH13-095C F	YYE	
Distribution: Contract Management / Fisca Permanent File For Information Only No Change in Rate		Medicaid Cost Re	Lisa Smith mbursement P	lanning and F	inance	
Home Office:	Greystone Healthcare Managemer 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610		000 400 000 1 00 1 40 1 00 1 40 1 00	010120141120	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

UNITY HEALTH AND REHAB CENTER	Provider Number:		0 032482	-00	
1404 NW 22ND STREET	Date:		8/14/2018		
MIAMI, FL 33142	Fiscal Year End:		12/31/20)16	
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 235.72	New <u>Rate</u> 235.73	Effective <u>Date</u> 9/1/2017	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		1 Prospective 1 Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semes Effects of F 12/31/2010	A & RFA #1	NH13-095C F	YE	
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Home Office: Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610 NFIYB Report Calculated: 8/14/2018 11:21:52 AM Report Printe	d:8/14/2018 ID: 032	248212312016	5010120160427	2017080616	



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Tallahassee, Florida 32308

LADY LAKE SPECIALTY CARE CENTER	Provider Number:		0 032486	-00	
630 GRIFFIN AVENUE	Date:		7/19/2018		
LADY LAKE, FL 32159	Fiscal Year End:		12/31/20)10	
	Audit Status:		Revised Field Audit		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 216.87	New <u>Rate</u> 216.07	Effective	
Level H: Aids		<u>364.48</u>	<u>363.68</u>	<u>1/1/2012</u>	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		ll Prospective	with Interim	Component	
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Home Office: Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610			·		



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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

LADY LAKE SPECIALTY CARE CENTER	Provider Number:		0 032486	-00
630 GRIFFIN AVENUE	Date:		7/19/20	18
LADY LAKE, FL 32159	Fiscal Year End:		12/31/20	011
	Audit Status:		Unaudit	ted
Provider Type:		Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>223.58</u>	<u>223.59</u>	<u>7/1/2012</u>
Level H: Aids		<u>372.79</u>	<u>372.80</u>	7/1/2012
Rate Type:				
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Home Office: Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610				

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER Provider Number: 0 032486-00		-00			
630 GRIFFIN AVENUE	Date:		7/19/2018		
LADY LAKE, FL 32159	Fiscal Year End:	-	12/31/20)11	
	Audit Status:		Unaudit	ed	
Provider Type:		urrent	New	Effective	
Nursing Home Single Level		Rate 26.30	Rate 226.32	<u>Date</u> 1/1/2013	
Level H: Aids	<u>3</u>	77.11	<u>377.13</u>	1/1/2013	
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Tallahassee, Florida 32308

LADY LAKE SPECIALT	Y CARE CENTER	Provider Number:		0 032486	-00	
630 GRIFFIN AVENUE		Date:		7/19/2018		
LADY LAKE, FL 32159		Fiscal Year End:		12/31/20)11	
		Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Sin	ngle Level		Current Rate 232.21	New <u>Rate</u> 232.22	Effective <u>Date</u> 7/1/2013	
Rate Type:						
Interim		X Prospective				
	Total Interim		al Prospective	}		
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER	Provider Number:		0 032486	5-00
630 GRIFFIN AVENUE	Date:		7/19/20	18
LADY LAKE, FL 32159	Fiscal Year End:		12/31/20	012
	Audit Status:		Unaudit	ted
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 226.29	New <u>Rate</u> 226.30	Effective <u>Date</u> 1/1/2014
Interim Total Interim Interim Component Settlement based on cost		l Prospective l Prospective	: with Interim	Component
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Home Office: Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610			2	

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER	Provider Number:		0 032486	-00
630 GRIFFIN AVENUE	Date: 7/19/2018		18	
LADY LAKE, FL 32159	Fiscal Year End:		12/31/2013	
	Audit Status:		Unaudit	ted
Provider Type: Nursing Home Single Level		Current Rate 242.02	New <u>Rate</u> 242.03	Effective <u>Date</u> 7/1/2014
Rate Type:				
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Tallahassee, Florida 32308

LADY LAKE SPECIALTY	CARE CENTER	Provider Number:		0 032486	-00
630 GRIFFIN AVENUE		Date:	7/19/2018		
LADY LAKE, FL 32159		Fiscal Year End:		8/31/20	14
		Audit Status:	(Unaudit	ted
Provider Type: Nursing Home Sing	de Level		Current <u>Rate</u> 247.43	New <u>Rate</u> 247.45	Effective <u>Date</u> 1/1/2015
Rate Type:					
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER	Provider Number:		0 032486	-00
630 GRIFFIN AVENUE	Date:	(7/19/20	18
LADY LAKE, FL 32159	Fiscal Year End:		8/31/20	14
	Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 246.30	New <u>Rate</u> 246.32	Effective
Rate Type:				
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		al Prospective al Prospective	: with Interim	Component
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semes X Effects of 1 12/31/2010	FA & RFA #1	NH13-096C F	YE
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Home Office: Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	t			:

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER	Provider Number:	0 032486-00
630 GRIFFIN AVENUE	Date:	7/19/2018
LADY LAKE, FL 32159	Fiscal Year End:	8/31/2014
	Audit Status:	Unaudited
Provider Type: Nursing Home Single Level]	Furrent New Effective Rate Rate Date 50.03 250.05 9/1/2016
Rate Type:		
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Home Office: Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610		

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER	Provider Number:	Provider Number: 0 032486-00			
630 GRIFFIN AVENUE	Date:	\=	7/19/2018		
LADY LAKE, FL 32159	Fiscal Year End:		12/31/20)16	
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 238.56	New <u>Rate</u> 238,58	Effective <u>Date</u> 9/1/2017	
Rate Type:	X Prospective				
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Tota	al Prospective	e with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semes X Effects of I 12/31/2010	FA & RFA #1	NH13-096C F	YE	
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Tallahassee, Florida 32308

LEXINGTON HEALTH & F	REHABILITATION CENTER	Provider Number:	4	0 032553	-00
6300 46TH AVE N		Date:		4/3/201	8
SAINT PETERSBURG, FL	33709	Fiscal Year End:		12/31/20)10
		Audit Status:		Revised Fiel	d Audit
Provider Type:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Sing	gle Level		212.13	208.00	1/1/2012
Truibing Home	3.0 20101				
Lev	el H: Aids		<u>359.74</u>	<u>355.61</u>	1/1/2012
Rate Type:		·m - 15			
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	Settlement based on cost				
	Prior Provider Prospective data				
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		J.,			
Distribution:			Lisa Smith		
Contract Management / Fisc	al Agent	Medicaid Cost Rei	mbursement P	lanning and F	Finance
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No Change in Rate					
Home Office:	Greystone Healthcare Manageme 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	nt, LLC			
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LEXINGTON HEALTH &	REHABILITATION CENTER	Provid	er Number:		0 032553	-00	
6300 46TH AVE N		Date:	Date:		4/3/2018		
SAINT PETERSBURG, FL 33709		Fiscal Year End:		12/31/2010			
		Audit	Status:		Revised Fiel	d Audit	
Provider Type:							
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Sin	gle Level			<u>218.37</u>	<u>214.18</u>	<u>7/1/2012</u>	
Lev	el H: Aids			<u>367.58</u>	363.39	7/1/2012	
Rate Type:							
Interim		X Prosp	ective				
	Total Interim			al Prospective			
	Interim Component		Tota	al Prospective	with Interim	Component	
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No Change in Rate							
Home Office:	Greystone Healthcare Managemer	it, LLC					
	4042 Park Oaks Blvd, Suite 300						
	Tampa, FL 33610						
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Provider Number	·	0 213462	-00	
Date:		8/17/2018		
Fiscal Year End:		7/31/20	13	
Audit Status:		Field Aud	lited	
	Current	New Rate	Effective <u>Date</u>	
			7/1/2014	
	<u>244.31</u>	<u> 473.33</u>	1/1/2014	
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Medicaid Cost Rei	mbursement P	lanning and F	inance	
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	Date: Fiscal Year End: Audit Status: X Prospective X To To Changes: Rate Seme X Field Aud	Date: Fiscal Year End: Audit Status: Current Rate 244.31 X Prospective X Total Prospective Total Prospective Total Audit #NH14-107 Lisa Smith	Date: 8/17/20 Fiscal Year End: 7/31/20 Audit Status: Field Audit Current New Rate Rate 244.31 243.55 X Prospective	

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Tallahassee, Florida 32308

MADISON HEALTH AND	REHABILITATION CENTER	Provider Numb	oer:	0 213462	2-00	
2481 WEST US 90	Date:		8/17/2018			
MADISON, FL 32340-954	10	Fiscal Year En	d:	7/31/2013		
U		Audit Status:		Field Au	dited	
Provider Type: Nursing Home Sin	igle Level		Current <u>Rate</u> 248.10	New <u>Rate</u> 247.32	Effective <u>Date</u> 1/1/2015	
Rate Type:						
Interim	m 4174 *	X Prospective	Datal Data - 41		1	
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Distribution:		\mathcal{A}	Lisa Smith			
Contract Management / Fisc	cal Agent	Medicaid Cost R	eimbursement Pl	anning and F	inance	
Permanent File						
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No Change in Rate						
Home Office:	Summit Care II, Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308				1 g	
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Tallahassee, Florida 32308

PAGE REHABILITATION AND HEALTHCARE CENTER	Provider Number:		0 213900	-00	
2310 N AIRPORT ROAD	Date:		8/24/2018		
FORT MYERS, FL 33907	Fiscal Year End:		9/30/20	13	
	Audit Status:	-	Field Aud	lited	
Provider Type:					
-3.P**		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		250.00	<u>246.57</u>	7/1/2014	
Rate Type:					
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Interim	X Prospective				
Total Interim		l Prospective		_	
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Settlement based on cost					
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Home Office. No Home Office					



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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

PAGE REHABILITATION AND HEALTHCARE CENTER Provider Number: 0 21390			0 213900	900-00	
2310 N AIRPORT ROAD	Date:	8	8/24/2018		
FORT MYERS, FL 33907	Fiscal Year End:		9/30/20	13	
	Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level		Current Rate 253.40	New <u>Rate</u> 249.57	Effective <u>Date</u> 1/1/2015	
Rate Type:				; } 1	
Interim	X Prospective				
Total Interim	X Tota	ıl Prospective			
Interim Component	Tota	l Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
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Budget	X Field Audi	t #NH14-115	W FYE 9/30/2	2013	
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Contract Management / Fiscal Agent	Medicaid Cost Rein		lanning and F	inance	
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Tallahassee, Florida 32308

PAGE REHABILITATION AND HEALTHCARE CENTER	Provider Number:		0 213900	-00
2310 N AIRPORT ROAD	Date:		8/24/201	18
FORT MYERS, FL 33907	Fiscal Year End:		9/30/20	14
	Audit Status:		Unaudit	ed
Provider Type:				
		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		<u>249.41</u>	<u>249.40</u>	9/1/2015
Rate Type:				
Interim X	Prospective			
Total Interim	X Total	Prospective		
Interim Component	Total	Prospective	with Interim	Component
Settlement based on cost	.======			
Prior Provider Prospective data				
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Contract Management / Fiscal Agent	Medicaid Cost Reim		anning and Fi	inance
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For Information Only				
No Change in Rate				
Home Office: No Home Office				



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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

PAGE REHABILITATION AND HEALTHCARE CENTER	Provider Number:		0 213900	-00	
2310 N AIRPORT ROAD	Date:	·	8/24/2018		
FORT MYERS, FL 33907	Fiscal Year End:		9/30/20	15	
	Audit Status:	====	Unaudit	ted	
Provider Type:		Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		<u>244.90</u>	<u>244.89</u>	9/1/2016	
Rate Type:					
Interim X	Prospective				
Total Interim		l Prospective	1		
Interim Component		_	with Interim	Component	
Settlement based on cost	-				
Prior Provider Prospective data					
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semest Effects of F 9/30/2013	_	NH14-115W]	FYE	
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Home Office: No Home Office					

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CENTURY CARE CENTER			Provider Number:		0 220604	-00	
6020 INDUSTRIAL BLVD			Date:		7/25/2018		
CENTURY, FL 32535			Fiscal Year End:		7/31/20	13	
			Audit Status:		Field Auc	lited	
Provider Type:							
				Current	New	Effective	
				<u>Rate</u>	Rate	<u>Date</u>	
Nursing Home Single Lev	vel			<u>222.16</u>	<u>221.89</u>	7/1/2014	
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Rate Type:							
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Basis:		Cha	nges:				
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X Field audited costs	i i						
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Distribution:			TAT	Lisa Smith			
Contract Management / Fiscal Agent			Medicaid Cost Reim		anning and F	inance	
Permanent File			iviouroura Cost acimi	oursement 1	anning and 1	nunce	
For Information Only							
No Change in Rate							
Home Office: Sum	umit Care II, Inc			2			
	3 Centre Pointe Blvd.						
	ahassee, FL 32308					ı	
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

QUALITY HEALTH OF FI	ERNANDINA BEACH		Provider Number:		0 225274	-00
1625 LIME STREET		Date:		7/17/2018		
FERNANDINA BEACH, F.	L 32034		Fiscal Year End:	3.	12/31/20	013
			Audit Status:		Field Aud	lited
Provider Type: Nursing Home Sin	gle Level			Current <u>Rate</u> 219.96	New <u>Rate</u> 218.69	Effective <u>Date</u> 7/1/2014
Rate Type:						
Interim		X	Prospective			
	Total Interim		X Tot	al Prospective	;	
	Interim Component		Tot	al Prospective	with Interim	Component
,	Settlement based on cost					
	Prior Provider Prospective d	ata				
Basis: Budget Unaudited X Field audi Desk audi	ited costs		Rate Seme	-	C FYE 12/31 /	/2013
Distribution:	ol A cont		X	Lisa Smith		
Contract Management / Fisc	cal Agent]	Medicaid Cost Rein	nbursement Pl	lanning and F	inance
Permanent File						
For Information Onl	ly					
No Change in Rate						
Home Office:	M-K Management, LLC 1181 Vickery Lane, Suite 20 Cordova, TN 38016-0633	0				
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

QUALITY HEALTH OF FERNANDINA BEACH	Provider Number:	-	0 225274	-00	
1625 LIME STREET	Date:		7/17/2018		
FERNANDINA BEACH, FL 32034	Fiscal Year End:		12/31/20)13	
	Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 223.30	New <u>Rate</u> 222.14	Effective <u>Date</u> 1/1/2015	
Rate Type:					
Interim X	Prospective				
Total Interim	_	Prospective			
Interim Component		-	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
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Distribution:	A	Lisa Smith			
Contract Management / Fiscal Agent	Medicaid Cost Reiml	oursement Pl	anning and Fi	inance	
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No Change in Rate					
Home Office: M-K Management, LLC 1181 Vickery Lane, Suite 200 Cordova, TN 38016-0633 QROR0 Report Calculated: 7/17/2018 9:37:05 AM Report Printed	1÷7/17/2018 - 1Ö∙ 225	27412312013	010120130407:	2014100532	



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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

PINECREST REHABILITATION CENTER		Provider Number	r:	0 225754-00			
13650 NE 3RD COURT			Date:		11/29/2017		
NORTH MIAMI, FL 33	161		Fiscal Year End:		8/31/20	10	
			Audit Status:	·	Revised Fiel	d Audit	
Provider Type:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home S	Single Level			<u>231.48</u>	<u>230.60</u>	1/1/2012	
I	Level H: Aids			<u>379.09</u>	<u>378.21</u>	<u>1/1/2012</u>	
Rate Type:							
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X		otal Prospective		Component	
	t lited costs audited costs			ester Change FA #NH13-143	L FYE 8/31/2	010	
Desk a	audited costs	1 21	• %				
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Home Office						į	

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORANGE CITY NURSING AND REHAB CENTER	Provider Numb	er:	0 263567-00 11/29/2017		
2810 ENTERPRISE RD	Date:				
DEBARY, FL 32713	Fiscal Year End	1:	12/31/20	012	
	Audit Status:		Field Aug	dited	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 210.20	New <u>Rate</u> 210.17	Effective <u>Date</u> 1/1/2014	
Rate Type:					
Interim	X Prospective				
Total Interim		Total Prospective	:		
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Prior Provider Prospective data					
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Distribution: Contract Management / Fiscal Agent	Medicaid Cost R	Lisa Smith	anning and F	inance	
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Home Office: Southern HealthCare Management, 5887 Glenridge Drive, Suite 150 Atlanta, GA 30328 BD4JU Report Calculated: 11/29/2017 10:18:51 AM Report	=	26356712312012	010120120011	2013125655	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ORANGE CITY NURSING AND REHAB CENTER	Provider Number:	0 263567-00 11/29/2017					
2810 ENTERPRISE RD	Date:						
DEBARY, FL 32713	Fiscal Year End:		12/31/20)12			
	Audit Status:		Field Aud	lited			
Provider Type:							
•		Current	New	Effective			
		Rate	Rate	<u>Date</u>			
Nursing Home Single Level		<u>216.14</u>	<u>16.14 216.11 7/1/2</u>				
Rate Type:							
Interim	X Prospective						
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Contract Management / Fiscal Agent	Medicaid Cost Reiml	oursement Pl	anning and F	inance			
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Home Office: Southern HealthCare Management, LL	.C			•			
5887 Glenridge Drive, Suite 150	- -						
Atlanta, GA 30328							
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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

ROYAL OAKS NURSING AND REHAB CENTER	Provider Number:		0 263583	-00
2225 KNOX MCRAE DR	Date:		5/22/20	18
TITUSVILLE, FL 32780	0 Fiscal Year End:		12/31/2012	
	Audit Status:		Field Auc	lited
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 196.52	New <u>Rate</u> 196.45	Effective
Rate Type:				
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		al Prospective al Prospective		Component
Budget Unaudited costs X Field audited costs Desk audited costs		ster Change it #NH14-119	W FYE 12/31	/2012
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Rein	Lisa Smith	anning and F	inance
Home Office: Southern HealthCare Management 5887 Glenridge Drive, Suite 150 Atlanta, GA 30328	LLC			:

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVENTIST CARE CENTI	ERS - COURTLAND, INC.		Provider Number:		0 320439	-00
730 COURTLAND STREET			Date:		10/10/2017	
ORLANDO, FL 32804			Fiscal Year End:	ar End: 12/31/2013		13
			Audit Status:		Field Aud	lited
Provider Type: Nursing Home Sing	ile Level	e ²		Current Rate 226.68	New <u>Rate</u> 225.70	Effective <u>Date</u> 7/1/2014
Rate Type:				е .		=1
Interim		X	Prospective			
11101111	Total Interim			l Prospective		
	Interim Component		Tota	l Prospective	with Interim	Component
	Settlement based on cost					
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Basis: Budget Unaudited X Field audit Desk audit	red costs		Rate Semes X Field Audi	ster Change t #NH14-0890	C FYE 12/31/	2013
Distribution:				Lisa Smith	W)	
Contract Management / Fisca	al Agent		Medicaid Cost Rein	nbursement Pl	anning and F	inance
Permanent File						
For Information Onl	y					
No Change in Rate						
Home Office:	Adventist Care Centers 485 N. Keller Road, Suite 250 Maitland, FL 32751					-
05V35 Report Cal	culated: 10/10/2017 9:46:43 AM Repo	ort Printed	:10/10/2017 ID: 32	043912312013	010120130428	2014153133

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ADVENTIST CARE CENT	ERS - COURTLAND, INC.	Provider Number:		0 320439	-00	
730 COURTLAND STREET	Date:		10/10/2017			
ORLANDO, FL 32804	Fiscal Year End: 12/31/2013)13			
		Audit Status:	-	Field Auc	lited	
Provider Type:						
Trovidor Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home Sing	gle Level		<u>228.71</u>	227.72	1/1/2015	
Rate Type:						
Interim		X Prospective				
-	Total Interim	X Tota	l Prospective			
	Interim Component	Tota	l Prospective	with Interim	Component	
	Settlement based on cost					
i i i	Prior Provider Prospective data					
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		Rate Semes	ter Change			
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Distribution:			Lisa Smith	M		
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Permanent File		Wedlead Cost Rem	oursement 1	anning and 1	manoc	
For Information Onl	v					
No Change in Rate	,					
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Home Office:	Adventist Care Centers					
	485 N. Keller Road, Suite 250				!	
	Maitland, FL 32751				j	
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ADVENTIST CARE CENTERS - COURTLAND, INC.	Provider Number:		0 320439	-00
730 COURTLAND STREET	Date:	10/10/2017		
ORLANDO, FL 32804	Fiscal Year End:	12/31/2013		
	Audit Status:	. (Field Aud	lited
Provider Type:				
V A		Current	New	Effective
•		Rate	Rate	<u>Date</u>
Nursing Home Single Level		<u>227.65</u>	<u>226.66</u>	9/1/2015
Rate Type:				
•				
Interim	X Prospective			
Total Interim	X Tota	l Prospective		
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Distribution:		Lisa Smith	(D)	
Contract Management / Fiscal Agent	Medicaid Cost Reim		anning and Fi	inance
Permanent File	Widdiodia Cost Itemi		miming unto 1	
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Home Office: Adventist Care Centers				
485 N. Keller Road, Suite 250				
Maitland, FL 32751				1

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Tallahassee, Florida 32308

SIGNATURE HEALTHCA	RE OF ORMOND		Provider Number	er:	0 324442-00		
103 NORTH CLYDE MOR	103 NORTH CLYDE MORRIS BLVD		Date:	***************************************	7/23/2018		
ORMOND BEACH, FL 32174 Fiscal Year End		l:	7/31/20	14			
			Audit Status:	-	Field Au	lited	
Provider Type: Nursing Home Sin	gle Level			Current <u>Rate</u> 220.35	New <u>Rate</u> 219.18	Effective	
Rate Type:							
Interim	Total Interim Interim Component	X		otal Prospective		Component	
	Settlement based on cost Prior Provider Prospective data						
Basis:		Cha	nges:	nester Change			
Budget			X Field Au	idit #NH14-0350	C FYE 7/31/2	014	
Unaudited		and the same of th					
X Field audi Desk audi							
Distribution:				Lisa Smith			
Contract Management / Fisc	al Agent	£	Medicaid Cost Re		anning and Fi	inance	
Permanent File					Ü		
For Information Onl	у						
No Change in Rate							
Home Office:	Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299						
CLVRR Report Cal	culated: 7/23/2018 5:17:03 PM Re	port Printed	:7/24/2018 ID:	32444207312014	100120131028	2014095303	



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Tallahassee, Florida 32308

SIGNATURE HEALTHCAR	E OF ORMOND		Provider Numbe	er:	0 324442	2-00
103 NORTH CLYDE MORR	IS BLVD		Date:		7/23/2018 7/31/2014	
ORMOND BEACH, FL 321	74		Fiscal Year End	:		
			Audit Status:		Field Aud	dited
Provider Type: Nursing Home Sing	le Level			Current <u>Rate</u> 218.24	New <u>Rate</u> 217.06	Effective <u>Date</u> 9/1/2015
Rate Type:						
Interim		X	Prospective			
	Total Interim			otal Prospective		
	Interim Component		T	otal Prospective	with Interim	Component
	Settlement based on cost					
-	Prior Provider Prospective data					
Basis:		Chan	ges:			
				nester Change		
Budget		X	Field Au	ıdit #NH14-035	C FYE 7/31/2	014
Unaudited						
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Desk audite	ed costs	#				
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Distribution:						
Contract Management / Fiscal	Agent			Lisa Smith	1 1 1 1	
Permanent File		IV	fedicaid Cost Re	eimbursement Pi	anning and r	mance
For Information Only						
No Change in Rate						
Home Office:	Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299					
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Tallahassee, Florida 32308

KENILWORTH CARE AN	D REHABILITATION CENTE	R Provider N	umber:		0 324493	3-00
3011 KENILWORTH BLV	T	Date:			7/18/2018	
SEBRING, FL 33870		Fiscal Year	Fiscal Year End: 7/31/201)14	
		Audit Statu	s:		Field Aud	dited
Provider Type:			4	Ситтепт	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Sin	igle Level		4	217.69	<u>217.29</u>	1/1/2015
Rate Type:						
Interim		X Prospective	e			
	Total Interim	X		rospective		
	Interim Component		Total P	rospective	with Interim	Component
V	Settlement based on cost	*	_			
	Prior Provider Prospective	lata				
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Budget				_	C FYE 07/31/	2014
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Distribution:		7	Mati	a Smith		
Contract Management / Fisc	al Agent	Medicaid Cos	///		anning and Fi	nance
Permanent File					Ü	
For Information Onl	y					
No Change in Rate						
Home Office:	Signature Healthcare, LLC 12201 Bluegrass Parkway Louisville, KY 40299					
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KENILWORTH CARE AND REHABILITATION CENTER	Provider Number:		0 324493	-00	
3011 KENILWORTH BLVD	Date:		7/18/2018		
SEBRING, FL 33870	Fiscal Year End:	7/31/2014			
	Audit Status:		Field Aud	lited	
Provider Type:					
		Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		<u>216.29</u>	215.90	9/1/2015	
Italising Home Single Devel		210.27	210.50	2/1/2010	
Pata Tymes	al n				
Rate Type:					
Interim	X Prospective				
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Interim Component	Total	Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
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	Rate Semeste	-			
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Unaudited costs					
X Field audited costs	1				
Desk audited costs					
Distribution:	700	Lisa Smith			
Contract Management / Fiscal Agent	Medicaid Cost Reimb		anning and Fi	nance	
Permanent File			8		
For Information Only					
No Change in Rate					
Home Office: Signature Healthcare, LLC					
12201 Bluegrass Parkway					
Louisville, KY 40299					

Report Printed: 7/18/2018