

URREY PLACE CARE CENTER		Provider Num	ber:	0 001135-00		
110 S.E. LEE AVENUE				Date:		12/22/2021
LIVE OAK, FL 32060				Fiscal Year En	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Types			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$234.3</u>	3	\$238.80	<u>10/1/2021</u>
	1					
Rate Type:						
1						
		X	Prospective			
			X	_Total Prospect	tive	
				_Total Prospectiv	ve with Interio	m Component
			CI.	1		
			Changes:	_		
			X	D ( C )	71	
				Rate Semester (	nange	
Distribution:						
Contract Management / Fi	iscal Agent			Rel	oekah Falk	
Permanent File	S		Med	dicaid Cost Reimbu	rsement Planni	ing and Finance
For Information	n Only			$\Omega_{a}$	, , ,	0.4
No Change in F	Rate			Kebe	kah fa	lk
					,	
	Home Office:	Signature Healthc	are IIC			
	Home Office.	12201 Bluegrass F				
		Louisville, KY 402	-			



SIGNATURE HEALT	IGNATURE HEALTHCARE OF PALM BEACH			Provider Number:		0 001136-00	
4405 LAKEWOOD RO	OAD			Date:		12/22/2021	
LAKE WORTH, FL 33	3461			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$246.7</u>	<u> 4</u>	<u>\$240.68</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			rospective	Total Prospec	ctive		
				Total Prospect		m Component	
				_ 1		1	
			Changes:				
			X	D ( C )	CI		
				_Rate Semester	Change		
Distribution:							
Contract Management	/ Fiscal Agent			Re	ebekah Falk		
Permanent File	-		Med	dicaid Cost Reimb	oursement Plann	ing and Finance	
For Informat	tion Only			$\mathcal{O}_{I}$	1.0 (	1 . <i>0 1</i> /	
No Change i	n Rate			Keve	kah fa	UK	
					•		
	Home Office:	Signature Health	care, LLC				
		12201 Bluegrass					
		Louisville KV 4	-				



LORIDA BAPTIST RETIREMENT CENTER			Provider Number:		0 001416-00	
1006 33RD STREET				Date:		12/22/2021
VERO BEACH, FL 329	960			Fiscal Year E	3nd:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Hovider Type.			Curre	nt	New	Effective
			Rate		Rate	Date
Nursing Home	Single Level		\$211.2	_	<u>\$211.03</u>	<u>10/1/2021</u>
6	9					
Rate Type:						
		V	Prospective			
		X	_ Prospective X	Total Prospec	otive	
				_		···· Common ant
			-	_Total Prospect	ive with interi	ım Component
			Changes:			
			X	Rate Semester	· Change	
				_ Ruio Semiestr	Ciluingo	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			R	ebekah Falk	
Permanent File	C		Me	edicaid Cost Reimb	oursement Planr	ning and Finance
For Informat	ion Only			$\Omega_{a}$	, , (	7
No Change in				Kebe	kah fa	elk
				, -	, - J	
	Home Office:	No Home Office				



VILLAGE PLACE HE	ILLAGE PLACE HEALTH AND REHAB CENTER			Provider Number:		0 002400-00	
2370 HARBOR BOUL	EVARD			Date:		12/22/2021	
PORT CHARLOTTE,	FL 33952			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>}</u>	Rate	Date	
<b>Nursing Home</b>	Single Level		<u>\$261.</u> 2	24 5	<u>5248.18</u>	10/1/2021	
Rate Type:							
		X	Prospective				
			X	Total Prospect	ive		
				Total Prospectiv		n Component	
				_ •		•	
			Changes	<u> </u>			
			Changes:				
			X	Rate Semester C	Thange		
			-	_ Rate Belliester C	mange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Reb	ekah Falk		
Permanent File			Me	edicaid Cost Reimbu	rsement Planni	ng and Finance	
For Informat	-			Robe	kah fa	0 k	
No Change is	ii Kate			1000	an Cjac		
	Home Office:	Greystone Health	care Management				
		4042 Park Oaks E	_				
		Tampa, FL 33610					



DEBARY HEALTH A	DEBARY HEALTH AND REHABILITATION CENTER			Provider Number:		0 005372-00
60 N.HIGHWAY 17/92	2			Date:		12/22/2021
DEBARY, FL 32713				Fiscal Year l	End:	12/31/2019
				Audit Status	:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u>2</u>	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$238.</u>	<u> 27</u>	\$229.78	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	_Total Prospe	ective	
				Total Prospec	tive with Interin	n Component
			Changes:			
			X	Rate Semester	r Change	
				_	S	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			R	Rebekah Falk	
Permanent File			Me		bursement Plannin	
For Informat	-			Robe	ekah fa	lk
No change in	n Rate			7 000	5/ -001 6/00	
	Home Office:	Citadel Consultin	g Group, LLC			
		1000 Gates Aven				
		Brooklyn, NY 112	221			



FLAGLER HEALTH A	AND REHABILITATI	ON CENTER		Provide	er Number:	0 005374-00
300 S. LEMON STREE	ET			Date:		12/22/2021
BUNNELL, FL 32110				Fiscal Y	Year End:	12/31/2019
				Audit S	Status:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$235.</u>	<u>86</u>	<u>\$232.26</u>	10/1/2021
Rate Type:						
		X	Prospective	m . 15	.•	
			X	_	rospective	
			-	_ I otal Pr	ospective with Interi	m Component
			Changes:			
			X	Data Car	mastar Changa	
				_ Kate Sei	mester Change	
Distribution:						
Contract Management /	Fiscal Agent				Rebekah Falk	
Permanent File			Me	edicaid Cost	t Reimbursement Plann	ing and Finance
For Information Only No Change in Rate			Rebekah falk			
					•	
	Home Office:	Gulf Coast Healt	h Care			
		40 South Palafox				
		Pensacola FL 32	2502			



MF LONGWOOD, LLO	C			Provider Number:	0 005379-00
1520 S. GRANT STRE	ET			Date:	12/22/2021
LONGWOOD, FL 3275	50			Fiscal Year End:	12/31/2019
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curre	nt New	Effective
			Rate		
Nursing Home	Single Level		\$238.2		
Rate Type:					
		X	_Prospective X	T-4-1 D 4:	
				Total Prospective	
				_Total Prospective with	n Interim Component
			Changes:		
			X	Rate Semester Change	e
<b>Distribution:</b>	-			Rebekah	Fall
Contract Management /	Fiscal Agent		Me	dicaid Cost Reimbursemen	
Permanent File For Informati	ion Only		1120		
No Change in	-			Rebekal	h falk
110 011111111111111111111111111111				, 0.00,	
	11 000	G 10 G			
	Home Office:	Gulf Coast Health 40 South Palafox			
		Pensacola, FL 325	002		



HE REHABILITATION CENTER OF WINTER PARK	NTER PARK	Provider Number:		0 005380-00		
1700 MONROE AVE	NUE		Date:		12/22/2021	
MAITLAND, FL 3275	51		Fisca	l Year End:	12/31/2018	
			Audi	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$246.71</u>	<u>\$246.71</u>	<u>10/1/2021</u>	
Rate Type:						
		X Pro	spective X Total	Dungangativa		
		<del>-</del>	10111	Prospective With Inte	ovin Component	
		_	10181	Prospective with inte	erim Component	
			Changes:			
		_	X Rate S	Semester Change		
<b>D</b>						
<b>Distribution:</b> Contract Management	/Figural A cont			Rebekah Falk		
Permanent File	/ Fiscai Agent		Medicaid Cost Reimbursement Planning and Finance			
For Informa	tion Only					
No Change			Ž	Rebekaht	alk	
			·	, ,		
	II 000	0.100				
	Home Office:	Gulf Coast Health Care 40 South Palafox Place				
		Pensacola, FL 32502				
		rensacoia, FL 32302				



BRYNWOOD HEALTH AND REHABILITATION CENTER			Provider Number:		0 005381-00	
1656 JEFFERSON				Date:		12/22/2021
MONTICELLO, FL 32	2344		<u></u>	Fiscal Year End:		12/31/2019
				Audit St	eatus:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u>2</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$247.</u> :	<u>57</u>	\$234.66	<u>10/1/2021</u>
Rate Type:						
•						
		X	Prospective			
			X	_	ospective	G. G. and a supple
				_ I otal Pro	spective with Interi	ım Component
			Changes:	Τ		
			X	_Rate Sen	nester Change	
Distribution:						
Contract Management	/ Fiscal Agent	L			Rebekah Falk	
Permanent File	5	•	Me	edicaid Cost	Reimbursement Plann	ning and Finance
For Information Only No Change in Rate			Rebekah falk			
					,	
	Home Office:	Gulf Coast Health				
		40 South Palafox P				
		Pensacola FL 3250	)2			



CHIPOLA HEALTH AND REHABILITATION CENTER		Provider Number:		0 005383-00		
4294 THIRD AVENUE	Ξ			Date:		12/22/2021
MARIANNA, FL 3244	6			Fiscal Year End:		12/31/2018
				Audit Status:		Unaudited
Provider Type:						
110viuci 15pc.			Curren	it N	lew	Effective
			Rate		<u>late</u>	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$237.6		25.80	10/1/2021
Data Tymas						
Rate Type:						
		X	Prospective			
			X	Total Prospective	e	
				Total Prospective v	with Interim (	Component
_						
			Changes:			
			X	Rate Semester Cha	inge	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rebek	ah Falk	
Permanent File			Med	licaid Cost Reimburse	ment Planning	and Finance
For Informati	ion Only			$\mathcal{D}_{I}$	1 60	10
No Change in	n Rate			Rebek	an fax	K
					•	
	Home Office:	Gulf Coast Healt	h Care			
	Home Office.	40 South Palafox				
		Pensacola FL 32				



GLENCOVE HEALTI	LENCOVE HEALTH AND REHABILITATION CENTER	Provid	er Number:	0 005384-00		
1027 EAST HIGHWA	Y 98		Date:		12/22/2021	
PANAMA CITY, FL 3	32401		Fiscal	Year End:	12/31/2018	
			Audit S	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$248.39</u>	<u>\$235.96</u>	10/1/2021	
Rate Type:						
		x Pı	rospective			
		X	-	Prospective		
				rospective with Interior	m Component	
			10tai1	rospective with intern	ш сотронен	
			Changes:			
			X Rate Se	emester Change		
Distribution:						
Contract Management	/ Fiscal Agent	_		Rebekah Falk		
Permanent File				st Reimbursement Planni		
For Informa	tion Only			Pebekah fa	00	
No Change	in Rate		<b>/</b> /\	wekan fd	XX	
				·		
	Home Office:	Gulf Coast Health Ca	wa			
	поше Описе:	40 South Palafox Plac				
		Pensacola, FL 32502	i <del>c</del>			
		rensacoia, FL 32502				



ANAMA CITY HEALTH AND REHABILITATION CENTER			P	rovider Number:	0 005385-00	
924 W. 13TH STREET	•			ate:	12/22/2021	
PANAMA CITY, FL 3	2401		_ F	iscal Year End:	12/31/2018	
			A	udit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$246.70</u>	<u>\$221.83</u>	10/1/2021	
Rate Type:						
		P	rospective	. 15		
				otal Prospective		
			1	otal Prospective with Int	erim Component	
		Γ	Changes:			
			X R			
			R	ate Semester Change		
Distribution:						
Contract Management /	Fiscal Agent	L_		Rebekah Falk		
Permanent File	C		Medica	aid Cost Reimbursement Pla	anning and Finance	
For Information OnlyNo Change in Rate			Rebekah falk			
				,		
	Home Office:	Gulf Coast Health Ca	are			
		40 South Palafox Pla				
		Pensacola FL 32502				



RIVERCHASE HEALTH AND REHABILITATION CENTER	<u></u>	Provider Number:		0 005386-00		
1000 STRONG RD.				Date:		12/22/2021
QUINCY, FL 32351			<u></u>	Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$240</u>	<del>-</del> '	<u>\$232.28</u>	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	_Total Prospec	etive	
			-	_Total Prospecti	ive with Inter	im Component
		Г	Changes:			
		-	Changes.			
			X	Rate Semester	Change	
				_ race semester	change	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent	_		Re	bekah Falk	
Permanent File			Me	dicaid Cost Reimb	ursement Plant	ning and Finance
For Informati	ion Only			01.	Kah fa	1 10 M
No Change in	n Rate			Mul	Kan fa	
	Home Office:	Gulf Coast Health C	Care			
		40 South Palafox Pl				
		Pensacola, FL 3250				



SUWANNEE HEALTH AND REHABILITATION CENTER				Provider Number:		0 005387-00	
1620 HELVENSTON S	TREET			Date:		12/22/2021	
LIVE OAK, FL 32064				Fiscal Year End:		12/31/2018	
				Audit Sta	atus:	Unaudited	
Provider Type:							
110vider Type.			Curre	nt	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$250.</u>	82	<u>\$238.28</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			_	Total Pro	ospective		
				_	spective with Interi	m Component	
			Changes:				
			Changes.				
			X	Rate Sem	ester Change		
				_	8		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				Rebekah Falk		
Permanent File			Me		Reimbursement Plann		
For Informati No Change in	-			R	bekah fa	, lk	
No Change in	i Kate			/ (2	o o qua c ja		
	11 0 00	0.100					
	Home Office:	Gulf Coast Health					
		40 South Palafox Pensacola, FL 326					



WAVE CREST HEALTH AND REHABILIT	ATION CENTER	]	Provider Numb	er:	0 005519-00
1415 S. HICKORY STREET		I	Date: 12		12/22/2021
MELBOURNE, FL 32901		1	Fiscal Year End: 1		12/31/2018
		1	Audit Status:		Unaudited
Provider Type:					
110videi 1ype.		Current		New	Effective
		Rate		Rate	<u>Date</u>
Nursing Home Single Level		\$251.90		239.31	10/1/2021
<del>-</del>			_		
Rate Type:					
	x Pros	pective			
	X 1100	_	Fotal Prospecti	ve	
	_		Fotal Prospective		Component
	_		Total I Tospective	WILLI III.	Component
		Changes:			
		X I	Rate Semester C	hange	
				-	
Distribution:					
Contract Management / Fiscal Agent			Rebe	ekah Falk	
Permanent File		Medio	caid Cost Reimbur	sement Plannin	g and Finance
For Information Only			$\mathcal{D}_{l}$	1. 1. (	0 0
No Change in Rate			KWCK	kah fai	
				•	
Home Office:	Gulf Coast Health Care				
Home Office.	40 South Palafox Place				
	Pensacola, FL 32502				



MF OAKWOOD, LLC		Provide	er Number:	0 005547-00
451 S. AMELIA AVENUE		Date:		12/22/2021
DELAND, FL 32724		Fiscal Y	Year End:	12/31/2019
		Audit S	Status:	Unaudited
Provider Type:				
Trovider Type.		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level	<u> </u>	<u>8232.00</u>	<u>\$229.71</u>	<u>10/1/2021</u>
Rate Type:				
	x Prospective	<b>a</b>		
	X Trospectiv		rospective	
			ospective with Interin	m Component
		101111	ospective with intern	ш сопронен
	Chang	es:		
	X	Rate Se	mester Change	
Distribution:				
Contract Management / Fiscal Agent			Rebekah Falk	
Permanent File		Medicaid Cos	t Reimbursement Plann	ing and Finance
For Information Only		.A.	ebekah fa	)
No Change in Rate		//	werenta	
Home Office:	Gulf Coast Health Care			
Tione office.	40 South Palafox Place			
	Pensacola, FL 32502			



OAKS OF KISSIMMEE F CENTER	HEALTH AND RE	HABILITATION		Provider Nu	mber:	0 005549-00
320 NORTH MITCHELL	STREET			Date:		12/22/2021
KISSIMMEE, FL 34741				Fiscal Year End:		12/31/2019
				Audit Status		Unaudited
					<del></del>	
Provider Type:			Curre	4	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$249.2		\$236.16	<u>Date</u> 10/1/2021
Nursing mome	Siligie Level		<u> </u>	<u> </u>	<u>\$230.10</u>	10/1/2021
Rate Type:						
		X	_Prospective			
			X	_Total Prospe	ective	
				_Total Prospec	tive with Inter	rim Component
			Changes:			
			X	_Rate Semester	r Change	
<b>Distribution:</b>						
Contract Management / Fig	scal Agent			R	Rebekah Falk	
Permanent File			Me	edicaid Cost Reim	bursement Plan	ning and Finance
For Information	Only			$\Omega_{0}$	, , , /	
No Change in R	Late			Kelo	ekah fo	elk
					J	
		Γ				
	Home Office:	Gulf Coast Health	ı Care			
		40 South Palafox	Place			
		Dangagala El 225	502			



AVANTE AT OCALA				Provider Num	ber:	0 005701-00
2021 SW 1ST AVENUI	E			Date:		12/22/2021
OCALA, FL 34471				Fiscal Year Er	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Hovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$238.1		\$240.11	10/1/2021
Data Tymas						
Rate Type:						
		X	Prospective			
			X	_Total Prospect	tive	
				_Total Prospectiv	ve with Interio	m Component
1						
			Changes:			
			Changes.	_		
			X	Rate Semester (	Change	
				_ Kate Semester	Change	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rel	bekah Falk	
Permanent File	Č		Me	dicaid Cost Reimbu	arsement Plann	ing and Finance
For Informati	ion Only			$\Omega_{0}$	, , (	)
No Change in	n Rate			Kebe	kah fa	LK.
					,	
	II OCC	AMANITE CROLL	ID DIC			
	Home Office:	AVANTE GROU 4601 Sheridan Str				
		Hollywood, FL 33	0021-0744			



BOYNTON HEALTH	OYNTON HEALTH CARE CENTER		Provider Number:		0 005814-00	
7892 VENTURE CEN	TER WAY		Date:		12/22/2021	
BOYNTON BEACH,	FL 33437		Fisca	l Year End:	12/31/2019	
			Audi	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$267.31</u>	\$259.81	<u>10/1/2021</u>	
D.4. T						
Rate Type:						
		Y Pro	spective			
		_	X Total	Prospective		
		_	Total	Prospective with Inte	erim Component	
			Changes:			
		<u> </u>	Changes:			
			X Rate 9	Carrage Character		
		-	Rate S	Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid C	ost Reimbursement Pla	nning and Finance	
For Informa	tion Only					
No Change			Y	Rebekahf	alk	
				. ,		
	Home Office	Culf Coast H14. C				
	Home Office:	Gulf Coast Health Care 40 South Palafox Place				
		Pensacola, FL 32502				
		rensacoia, FL 32302				



GLEN OAKS HEALTH AND REHABILITATION CENTER				Provider Number:		0 005849-00	
1100 PINE STREET				Date:		12/22/2021 12/31/2019	
CLEARWATER, FL 33	3756			Fiscal Year End	:		
				Audit Status:		Unaudited	
Provider Type:							
110viuci 1,pc.			Curren	nt 1	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$274.1</u>		61.57	10/1/2021	
Rate Type:							
		X	Prospective				
		Α	X	Total Prospectiv	e		
				Total Prospective		Component	
				• •		1	
			CI.	T			
			Changes:				
			X	Data Camagtan Ch			
				Rate Semester Ch	ange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rebel	kah Falk		
Permanent File	Č		Med	licaid Cost Reimburs	ement Planning	and Finance	
For Informat	tion Only			$\Omega_{I}$	0 / 0	n	
No Change is	n Rate			Rebek	an fal		
					,		
	Home Office:	Gulf Coast Health	Care				
	monie dinet.	40 South Palafox I					
		Pensacola FL 325					



HERITAGE PARK HEALTH AND REHABILITATION CENTER			Pr	ovider Number:	0 005850-00	
37135 COLEMAN AV	/ENUE		Da	ite:	12/22/2021	
DADE CITY, FL 3352	25		Fis	scal Year End:	12/31/2019	
			Aı	ıdit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$238.20</u>	<u>\$226.29</u>	10/1/2021	
Rate Type:						
rate Type.						
		v Pro	espective			
		X Pro	_	tal Prospective		
		<del>-</del>	•	tal Prospective with Inte	rim Component	
		_		F		
			Changes:			
			ominges.			
			X Ra	te Semester Change		
			-	-		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicai	d Cost Reimbursement Plan	_	
For Informa	*			Rebekahfa	a l li	
No Change	in Rate			reversión Ga	euc	
	Home Office:	Gulf Coast Health Care				
		40 South Palafox Place	:			
		IPancacola HI (750)				



LAKE EUSTIS HEALTH AND REHABILITATION CENTER		ATION CENTER	Provider Number:		er:	0 005851-00	
411 W. WOODARD A	VENUE		<u></u>	Date:		12/22/2021	
EUSTIS, FL 32726			<u></u>	Fiscal Year End:		12/31/2018	
				Audit Status:		Unaudited	
Provider Type:							
110viuci 1,pc.			Current	<u> </u>	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$240.84		237.27	10/1/2021	
Rate Type:							
		X	Prospective				
				Total Prospectiv	⁄e		
			-	Total Prospective		m Component	
				1	**	C <u>F</u>	
		ſ	Changes				
			Changes:				
			X	Rate Semester Ch	onge.		
				Nate Semester Ci	lalige		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rebe	kah Falk		
Permanent File			Medi	caid Cost Reimburs		_	
For Informat	ion Only			DI		) . <i>() ().</i>	
No Change is	n Rate			Rebek	an fa		
	Home Office:	Gulf Coast Health (	Care				
		40 South Palafox P	lace				
		Pensacola FL 3250	)?				



LAKE PLACID HEALTH AND REHABILITATION CENTER		Provider Number:		er:	0 006339-00		
125 TOMOKA BOULI	EVARD, S.			Date:		12/22/2021	
LAKE PLACID, FL 33	8852			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Curren	t	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$244.59		232.36	10/1/2021	
D : 42 T 22							
Rate Type:							
		X	Prospective				
			X	Total Prospecti	ve		
				Total Prospective	e with Interi	m Component	
1							
ı							
		Г	Changes:				
		+	Changes.				
			X	Rate Semester C	hange		
				Rate Belliester C.	llalige		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	_		Rebo	ekah Falk		
Permanent File			Med	icaid Cost Reimbur	sement Plann	ing and Finance	
For Informat	tion Only			$\mathcal{D}_{I}$	1. 0.	) 	
No Change i	n Rate			Reber	can fa		
					,		
	Home Office:	Gulf Coast Health C	are .				
		40 South Palafox Pl					
		Pensacola FL 3250					



WINDSOR HEALTH AND REHABILITATION CENTER		Provider Number:		0 006340-00		
602 EAST LAURA ST	REET			Date:		12/22/2021
STARKE, FL 32091				Fiscal Year End:		12/31/2019
				Audit St	atus:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u>2</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$235.</u> ;	81_	<u>\$224.02</u>	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Pro	ospective	
				_	spective with Inter	m Component
				_		•
				1		
			Changes:			
			X	Data Cana	on the Change	
				_ Rate Sem	nester Change	
Distribution:						
Contract Management /	Fiscal Agent				Rebekah Falk	
Permanent File	_		Me	edicaid Cost	Reimbursement Planr	ing and Finance
For Informat	ion Only				7, 1, 0, (	1 . <i>() ()</i>
No Change in	n Rate			10	bekah fa	UK
					•	
	Home Office:	Gulf Coast Health	h Care			
	3.	40 South Palafox				
		Pensacola FL 32				



ORCHID COVE AT S	TUART		Provider Number:		mber:	0 006483-00	
4801 S.E. COVE ROA	D			Date:		12/22/2021	
PORT SALERNO, FL	34997			Fiscal Year End:		12/31/2019	
				Audit Status	<b></b>	Unaudited	
Provider Type:							
Tionaci Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$243.</u>	<u>76</u>	<u>\$235.36</u>	<u>10/1/2021</u>	
Rate Type:							
Tent - J P							
		X	_Prospective	m / 1 n	.•		
			X	_Total Prospe			
				_Total Prospec	ctive with Inter	im Component	
			Changes:				
			X	_Rate Semeste	r Change		
<b>Distribution:</b>				Т	Rebekah Falk		
Contract Management	/ Fiscal Agent		Me	edicaid Cost Reim		ning and Finance	
Permanent File For Informat	tion Only						
No Change i				Kelo	ekah fa	elk	
1.0 0	III Ruic			10-0			
	o or						
	Home Office:	Gulf Coast Health					
		40 South Palafox					
		Pensacola, FL 325	502				



ROYAL PALM BEACH HEALTH AND REHABILITATION CENTER			Provider Number:			0 006489-00	
600 BUSINESS PARKWAY	Y			Date:		12/22/2021	
ROYAL PALM BEACH, FI	L 33411			Fiscal Year	End:	12/31/2019	
				Audit Status	-	Unaudited	
P 11 /F							
Provider Type:			Curre	unt.	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$260.	<del></del>	\$255.45	10/1/2021	
Nulsing Home	Single Level		Φ <b>2</b> 00.	<u>70</u>	<b>Φ433.T3</b>	10/1/2021	
Rate Type:							
i ·							
		X	Prospective				
			X	Total Prosp	ective		
				Total Prospec	ctive with Inter	rim Component	
				T			
			Changes:				
			X	_Rate Semeste	er Change		
<b>Distribution:</b>							
Contract Management / Fisc	al Agent				Rebekah Falk		
Permanent File			Me			ning and Finance	
For Information C				D. l.	ekah fa		
No Change in Rat	te				example	lla.	
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	Home Office:	Gulf Coast Health					
		40 South Palafox I					



OAKBROOK HEALTH AND REHABILITATION CENTER			Provider Number:	0 006767-00	
250 BROWARD AVE	NUE			Date:	12/22/2021
LABELLE, FL 33935				Fiscal Year End:	12/31/2019
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	t New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		\$263.60	<u>\$249.89</u>	<u>10/1/2021</u>
Rate Type:					
		v	Prospective		
		X	_	Total Prospective	
			-	Total Prospective with Int	terim Component
			Changes		
			Changes:		
			X	Rate Semester Change	
				Rate Semester Change	
<b>Distribution:</b>					
Contract Management /	Fiscal Agent			Rebekah Falk	
Permanent File			Medi	caid Cost Reimbursement Pl	_
For Informat	-			Rebekah	Colle
No Change is	n Rate			/ Wekart	racin
	Home Office:	Gulf Coast Health	Care		
		40 South Palafox I	Place		
		Pensacola FL 325	02		



HEARTLAND HEALTH CARE & REHABILITATION CENTER				Provider Number:		0 010453-00	
5401 SAWYER ROAD	)		<u>_</u>	Date:		12/22/2021	
SARASOTA, FL 3423	3		_	Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Provider Type.			Curren	ıt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$249.5	9 §	<u>237.11</u>	<u>10/1/2021</u>	
- · · · · · · · · · · · · · · · · · · ·	·- <b>B</b>			<del>-</del>			
Rate Type:							
			lua ama atiyya				
		XP	Prospective X	Total Prospect	irra		
				_		Campanant	
				Total Prospectiv	e with intern	m Component	
		Γ	Changes:				
		F					
			X	Rate Semester C	Change		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	_		Reb	ekah Falk		
Permanent File	-	_	Med	licaid Cost Reimbu	rsement Planni	ing and Finance	
For Informat	tion Only			$\Omega_{0}$	, , ,	) 	
No Change i	n Rate			Keber	kah fa	lk	
					J		
	** 0.00						
	Home Office:	HCR ManorCare Ser					
		333 North Summit S	treet				
		Toledo, OH 43604					



HEARTLAND OF BO	CA RATON FL, LLC			Provider Num	nber:	0 011997-00	
7225 BOCA DEL MAI	R DRIVE			Date:		12/22/2021	
BOCA RATON, FL 33	433			Fiscal Year End: 12		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Types			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$258.</u>	20_	<u>\$251.75</u>	<u>10/1/2021</u>	
Rate Type:							
		v	Prospective				
		X	rospective x	Total Prospec	tive		
				Total Prospecti		n Component	
						n component	
			Changes:				
			V				
			X	Rate Semester	Change		
Distribution:							
Contract Management /	/ Fiscal Agent			Re	bekah Falk		
Permanent File	1 isour 1 igoni		Me	edicaid Cost Reimb	ursement Planni	ng and Finance	
For Informat	ion Only						
No Change is	n Rate			Kebe	kah fa	lk	
					,		
	Home Office:	HCR ManorCare	Services, LLC				
		333 North Summ					
		Toledo, OH 4360					



GRACE REHABILITATION CENTER OF VERO BEACH			Provider Number:		0 011998-00		
2180 10TH AVENUE				Date:		12/22/2021	
VERO BEACH, FL 32	960			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$242.0	<u>00</u>	\$233.64	10/1/2021	
Rate Type:							
		X	Prospective				
			X	_Total Prospect	tive		
				Total Prospectiv	ve with Inter	im Component	
			Changes:				
				_			
			X	Rate Semester (	Change		
<b>Distribution:</b> Contract Management	/ Figure 1 A cont			Rel	oekah Falk		
Permanent File	riscal Agent		Me	dicaid Cost Reimbu		ning and Finance	
For Informat	tion Only				, , /	7	
No Change i	-			Rebe	kah fa	elk	
					,		
	Home Office:	Sunland Vero Bea	ach, LLC				
		801 Broad Street					
		Chattanooga TN	37402				



ST. JAMES HEALTH	AND REHABILITAT	TION CENTER	Provider Number:		0 015613-00	
239 CROOKED RIVE	R ROAD		Date:		12/22/2021	
CARRABELLE, FL 32	2322		Fiscal Y	Year End:	12/31/2020	
			Audit S	tatus:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		<u>\$219.84</u>	<u>\$229.07</u>	<u>10/1/2021</u>	
Rate Type:						
		v	Prospective			
		X	-	rospective		
			<del></del>	ospective with Interin	n Component	
				1	1	
		ſ	Changes			
			Changes:			
			X Rate Ser	mester Change		
			Kate Sel	nester Change		
Distribution:						
Contract Management	/ Fiscal Agent	_		Rebekah Falk		
Permanent File			Medicaid Cos	t Reimbursement Planni	ng and Finance	
For Informat	tion Only			21.1.1.	0.0.	
No Change i	in Rate		/(	ebekah fa	la	
	Home Office:	Saber Healthcare G	roup, LLC			
		26691 Richmond R				
		Redford Heights O	H 44146			



BAYSIDE HEALTH AND REHABILITATION CENTER			Provider Number:		0 017221-00	
4343 LANGLEY AVE	NUE			Date:		12/22/2021
PENSACOLA, FL 325	04			Fiscal Year End:		12/31/2018
				Audit S	Status:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u> </u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$234.</u>	<u>79</u>	<u>\$236.15</u>	<u>10/1/2021</u>
Rate Type:						
			D			
		X	Prospective X	Total D	rospective	
				_	rospective with Interi	m Component
				_ 1014111	ospective with interi	in Component
			Changes:			
			X	Rate Sei	mester Change	
				_		
Distribution:						
Contract Management	Fiscal Agent				Rebekah Falk	
Permanent File			Me		t Reimbursement Plann	· ·
For Informat No Change i	-			K	ebekah fa	elk
					J	
	Home Office:	Gulf Coast Healt				
		40 South Palafox				
		Pensacola FL 32	<b>'</b> つロフ			



MARGATE HEALTH	AND REHABILITAT	TION CENTER		Provider Numb	er:	0 017222-00	
5951 COLONIAL DRI	VE			Date:		12/22/2021	
MARGATE, FL 33063				Fiscal Year End:		12/31/2018	
				Audit Status:		Unaudited	
Provider Type:							
110viuci 1,pc.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$264.5	<u>s</u>	<u>8251.87</u>	10/1/2021	
Rate Type:							
		X	_Prospective X	T ( 1 D			
				Total Prospective		C	
				_Total Prospectiv	e with interi	m Component	
			Changes:	1			
			Changes.	_			
			X	Rate Semester C	hange		
					7114115-		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Reb	ekah Falk		
Permanent File			Med	dicaid Cost Reimbur		_	
For Informat	•			Reber	Lah Co		
No Change i	n Rate			/ WU	Carl fa	XX.	
	Home Office:	Gulf Coast Health	n Care				
		40 South Palafox	Place				
		Pensacola FL 325	502				



ROSEWOOD HEALTH	HCARE AND REHAI	BILITATION CENTER		Provider Num	ber:	0 017223-00
3107 NORTH "H" STR	REET			Date:		12/22/2021
PENSACOLA, FL 3250	01			Fiscal Year Er	nd:	12/31/2018
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$239.3	34_	\$238.14	10/1/2021
Rate Type:						
l						
		<sub>X</sub> Pr	ospective			
			X	Total Prospect	rive	
		•		Total Prospectiv		n Component
				- ^		•
				1		
			Changes:			
			X	_Rate Semester (	Change	
D						
<b>Distribution:</b>	TE: 1 A			Rel	ekah Falk	
Contract Management / Permanent File	Fiscal Agent		Mee	dicaid Cost Reimbu		ng and Finance
For Informati	ion Only					
No Change in	•			Kele	kah fa	lk
Tto change in	ii raac			1000	or cyss	
	Home Office:	Gulf Coast Health Car				
		40 South Palafox Plac	e			
		Pensacola, FL 32502				



BAY BREEZE SENIOR LIVING AND REH CENTER	ABILITATION	Provide	r Number:	0 017225-00
3387 GULF BREEZE PARKWAY		Date:		12/22/2021
GULF BREEZE, FL 32563		Fiscal Year End:		12/31/2018
3022 313323,12 02000		Audit S		Unaudited
Provider Type:		Current Rate	New Rate	Effective <u>Date</u>
Nursing Home Single Level		<u>\$245.24</u>	<u>\$237.53</u>	<u>10/1/2021</u>
Rate Type:				
	xProspo	X Total Pr	rospective ospective with Inter	rim Component
Distribution:	CI	X Rate Ser	nester Change	
Contract Management / Fiscal Agent	L		Rebekah Falk	
Permanent File		Medicaid Cost	Reimbursement Plan	ning and Finance
For Information OnlyNo Change in Rate		K	ebekah fo	elk
Home Office:	Gulf Coast Health Care 40 South Palafox Place Pensacola, FL 32502			



SILVERCREST HEALTH AND REHABILITATION CENTER		P	Provider Number:	0 017230-00	
103 RUBY LANE				Date:	12/22/2021
CRESTVIEW, FL 3253	39		F	iscal Year End:	12/31/2018
			A	Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$244.62</u>	<u>\$232.39</u>	10/1/2021
Rate Type:					
		x I	Prospective		
			-	Total Prospective	
				Total Prospective with Int	erim Component
				•	•
		Г			
			Changes:		
			X p		
			R	Rate Semester Change	
Distribution:					
Contract Management	/ Fiscal Agent	_		Rebekah Falk	
Permanent File			Medic	aid Cost Reimbursement Pla	anning and Finance
For Informat	tion Only			DIII	(1)
No Change i	n Rate			Rebekah	falk
				•	
	Home Office:	Gulf Coast Health C	are		
	222220	40 South Palafox Pla			
		Pensacola FL 32502			



SPECIALTY HEALTH	PECIALTY HEALTH AND REHABILITATION CENTER			Provider Number:		0 017236-00	
6984 PINE FOREST R	OAD			Date:		12/22/2021	
PENSACOLA, FL 325	26			Fiscal Year End	:	12/31/2018	
				Audit Status:		Unaudited	
Provider Type:							
110viuci 1,pc.			Curren	ıt 1	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$246.0</u>		34.69	10/1/2021	
D 4. T							
Rate Type:							
		X	_Prospective				
			X	Total Prospective	ve .		
				Total Prospective	with Interi	m Component	
			Changes:				
			X	Rate Semester Ch	ange		
			-	. Rate Semester 2	unge		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebel	kah Falk		
Permanent File			Med	licaid Cost Reimburs	ement Plann	ing and Finance	
For Informat	tion Only			011	0	) 	
No Change i	n Rate			Rebek	ran fa	LK.	
					,		
	Home Office:	Gulf Coast Health	Care				
	nome office.	40 South Palafox 1					
		Pensacola FL 325					



GRAND BOULEVARI	RAND BOULEVARD HEALTH & REHAB. CENTER			Provider Number	:0	0 017242-00	
138 SANDESTIN LAN	IE			Date:	1	12/22/2021	
DESTIN, FL 32550				Fiscal Year End:	1	2/31/2018	
				Audit Status:		Jnaudited	
Provider Type:							
Hovider Lype.			Curren	t N	ew	Effective	
			Rate	<u>R</u> :	<u>ate</u>	<u>Date</u>	
Nursing Home	Single Level		<u>\$251.3</u>		3.04	10/1/2021	
Rate Type:							
		_	Dura ana astirio				
		X	Prospective X	Total Description			
				Total Prospective w		amanant	
				10tal F10spective w	vitii iiiteriiii Ct	этропені	
			Changes:				
				l			
			X	Rate Semester Char	nge		
				-	8		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rebeka			
Permanent File			Med	licaid Cost Reimburser			
For Informati				Rebeke	oh Coll	,	
No Change in	n Rate			1 word	W Craw		
	Home Office:	Gulf Coast Healt	h Care				
		40 South Palafox	Place				
		Pensacola FL 32	2502				



BAY VILLAGE OF SA	AY VILLAGE OF SARASOTA			Provider Number:_	0 018777-00
8400 VAMO ROAD				Date:	12/22/2021
SARASOTA, FL 3423	1			Fiscal Year End: _	12/31/2019
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	t Nev	w Effective
			Rate	Rate	<u>e</u> <u>Date</u>
<b>Nursing Home</b>	Single Level		\$273.6	<u>\$259.</u>	<u>10/1/2021</u>
Rate Type:					
Time Type:					
		X	Prospective		
			X	Total Prospective	1.7
				Total Prospective wit	th Interim Component
			Changes:		
			X	Rate Semester Chang	ţe
D:					
<b><u>Distribution:</u></b> Contract Management /	/ Figural A cont			Rebekah	Falk
Permanent File	riscai Agent		Med		ent Planning and Finance
For Informat	tion Only				
 No Change i				Rebekal	hfalk
					J
	Home Office:	No Home Office			



OLFVIEW HEALTHCARE CENTER		I	Provider Number	::0	0 019085-00	
3636 10TH AVENUE, N.		I	Date:	1	12/22/2021	
ST. PETERSBURG, FL 33713		F	Fiscal Year End:	1	12/31/2020	
		A	Audit Status:		Jnaudited	
Provider Type:						
V 1		Current	N	lew	Effective	
		<u>Rate</u>	<u>R</u>	ate	<u>Date</u>	
Nursing Home Single Lo	evel	<u>\$222.07</u>	<u>\$23</u>	30.03	<u>10/1/2021</u>	
Rate Type:						
Nate Type.						
	X	_Prospective				
			Total Prospective			
		Т	Total Prospective v	with Interim Co	omponent	
		Changes:				
		Changes.				
		X	Rate Semester Cha	nge		
		r	Calt Stillesier Cha	inge		
Distribution:						
Contract Management / Fiscal Agent			Rebek	ah Falk		
Permanent File		Medic	eaid Cost Reimburse	ment Planning a	nd Finance	
For Information Only			$O_{1}$	0 / 00	,	
No Change in Rate			Rebeke	an fall		
				,		
Home Off	ice: Signature Healthc	eare IIC				
Home off	12201 Bluegrass I					
	Louisville, KY 40	-				



SOUTHERN PINES HEA	OUTHERN PINES HEALTHCARE CENTER			Provider Number:		0 019282-00	
6140 CONGRESS STREI	ET		1	Date:	12	12/22/2021	
NEW PORT RICHEY, FI	L 34653		1	Fiscal Year End:	12	2/31/2019	
			1	Audit Status:	J	Inaudited	
Provider Type:							
110viuci 13pc.			Current	Ne	ew	Effective	
			Rate	Ra		<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$207.64</u>			10/1/2021	
Rate Type:				<del></del> -			
		v	Prospective				
		X		Total Prospective			
			<del></del>	Fotal Prospective w	rith Interim Co	mnonent	
			<u> </u>	Total Hospethie	Itti iiiteriiii 23	тропон	
1							
			Changes:				
			I	Rate Semester Chan	nge		
Distribution:							
Contract Management / Fi	iscal Agent			Rebeka	h Falk		
Permanent File			Medie	caid Cost Reimbursem	nent Planning ar	nd Finance	
For Information	n Only			$O_{a}$	1 / 11		
No Change in F	-			Rebeka	hfall	_	
					J		
	II Office	G' II141	110				
	Home Office:	Signature Health					
		12201 Bluegrass	-				



SIGNATURE HEALT	GNATURE HEALTHCARE OF JACKSONVILLE			Provider Number:		0 019284-00	
2061 HYDE PARK RO	DAD			Date:		12/22/2021	
JACKSONVILLE, FL	32210			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
110vider Type.			Curren	it N	lew	Effective	
			Rate		late	<u>Date</u>	
Nursing Home	Single Level		<u>\$214.3</u>		23.34	10/1/2021	
-	-						
	1						
Rate Type:							
		X	Prospective				
			X	Total Prospective	<del>)</del>		
				Total Prospective		Component	
						•	
<u> </u>							
				1			
			Changes:				
			X	Rate Semester Cha	inge		
Distribution:	/T'1 A - >##			Rehek	ah Falk		
Contract Management	/ Fiscal Agent		Med	licaid Cost Reimburse		and Finance	
For Informat	tion Only				_		
No Change i	-			Rebek	ah fal	k	
110 01101132	III Ruce			1000		, _	
		_					
	Home Office:	Signature Health	ncare, LLC				
		12201 Bluegrass	Parkway				
		Louisville KV 4	.0299				



GOLFCREST HEALT	OLFCREST HEALTHCARE CENTER			Provider Number:		0 019287-00	
600 NORTH 17TH AV	'ENUE			Date:		12/22/2021	
HOLLYWOOD, FL 33	020			Fiscal Year End	l:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$215.0</u>	<u>\$2</u>	224.06	10/1/2021	
	1						
Rate Type:							
		X	Prospective				
			X	Total Prospectiv	ve		
				Total Prospective	with Interir	n Component	
				_			
				1			
			Changes:				
			X	Rate Semester Ch	nange		
D:-4-:h4:							
<b><u>Distribution:</u></b> Contract Management /	/ Figaal Agant			Rebe	kah Falk		
Permanent File	riscai Agent		Me	dicaid Cost Reimburs		ng and Finance	
For Informat	ion Only						
No Change is				Rebek	rah ta	lk	
				, 0 1	9		
	Home Office:	Signature Healthc					
		12201 Bluegrass F	-				
		Louisville, KY 40	299				



COASTAL HEALTH	DASTAL HEALTH AND REHABILITATION CENTER			Provider Number:		0 021261-00	
820 N. CLYDE MORR	RIS BLVD			Date:		12/22/2021	
DAYTONA BEACH, I	FL 32117			Fiscal Y	Year End:	12/31/2019	
				Audit S	Status:	Unaudited	
Provider Type:							
Trovider Type.			Curre	ent	New	Effective	
			Rate	<u> </u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$232.</u>	<u>57</u>	\$235.48	<u>10/1/2021</u>	
Rate Type:							
			Duranastias				
		X	Prospective X	Total P	rospective		
			-		ospective with Interi	m Component	
					copecite with inter-	component	
			Changes:				
			X	Rate Se	mester Change		
			-	Rate Se	mester change		
Distribution:							
Contract Management	/ Fiscal Agent				Rebekah Falk		
Permanent File	_		Me	edicaid Cos	t Reimbursement Plann	ing and Finance	
For Informat	-			R	ebekah fa	elk	
					J		
	Home Office:	Gulf Coast Healt					
		40 South Palafox					
		Pensacola FL 32	2502				



CARLTON SHORES	ARLTON SHORES HEALTH AND REHAB CENTER			Provider Number:		0 022138-00	
1350 S. NOVA ROAD	)			Date:		12/22/2021	
DAYTONA BEACH,	FL 32114			Fiscal Year	End:	12/31/2020	
				Audit Status	s:	Unaudited	
Provider Type:							
Tionaci Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$249.</u>	_	<u>\$236.44</u>	10/1/2021	
_	_				<u> </u>	<u> </u>	
Rate Type:							
			Prospective				
		X	_ Prospective X	Total Prospe	activo		
						Campanant	
				_ 1 otal Prospec	ctive with Interi	m Component	
			Changes:				
				_			
			X	Rate Semeste	er Change		
				_*			
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			F	Rebekah Falk		
Permanent File			Me	edicaid Cost Rein	nbursement Plann	ing and Finance	
For Informat	tion Only			$\mathcal{O}_{\mathcal{I}}$	10	) 	
No Change i	in Rate			Kelo	ekah fa	LK.	
					,		
	o or	- · · · · ·					
	Home Office:	-	care Management				
		4042 Park Oaks E					
		Tampa, FL 33610	)				



BLOUNTSTOWN HEA	LOUNTSTOWN HEALTH AND REHABILITATION CENTER			Provider Number:		0 022987-00
16690 S.W. CHIPOLA	ROAD			Date:		12/22/2021
BLOUNTSTOWN, FL	32424			Fiscal Year E	nd:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
110viuei 1, per			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$219.8	33	\$211.44	<u>10/1/2021</u>
Rate Type:						
Nate Type.						
	-	X	Prospective			
			X	_Total Prospec		
				_Total Prospecti	ve with Inter	im Component
			Changes:			
			Omm-Sec.			
			X	Rate Semester	Change	
					C15-	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Re	bekah Falk	
Permanent File			Me	dicaid Cost Reimb	ursement Planr	ning and Finance
For Informati	ion Only			$\mathcal{O}_{I}$	1.0.	1 - 1/1.
No Change in	n Rate			Hebe	kah fa	
					•	
	Home Office:	No Home Office				
	monie omee.					



HE HOME ASSOCIATION, INC.			Provider Number:	0 022994-00	
1203 22ND AVENUE				Date:	12/22/2021
TAMPA, FL 33605				Fiscal Year End:	6/30/2020
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	t New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		\$222.08	\$229.29	<u>10/1/2021</u>
Data Tymas					
Rate Type:					
		X	Prospective		
				Total Prospective	
				Total Prospective with I	nterim Component
			Changes:		
			X	Rate Semester Change	
Distribution:				Rebekah Fa	11.
Contract Management	/ Fiscal Agent		Medi	icaid Cost Reimbursement	
Permanent File  For Informat	tion Only		Wicds		
No Change i	•			Rebekah	falk
				, 0.0 0,	, ]
	Home Office:	No Home Office			



KEECHOBEE HEALTHCARE FACILITY			Provider Number: 0 023067-		0 023067-00		
1646 HIGHWAY 441, NO	RTH			Date:		12/22/2021	
OKEECHOBEE, FL 34972	2			Fiscal Y	ear End:	3/31/2019	
				Audit St	atus:	Unaudited	
Provider Type:							
rrovider Type:			Curre	ent	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$268.	<del></del> '	\$268.83	<u>10/1/2021</u>	
C	S						
Rate Type:							
		**	Drognactiva				
		X	Prospective X	Total Dr	ospective		
					spective with Interi	m Component	
				10141 110	spective with interi	in Component	
			Changes:				
			X	Rate Sem	nester Change		
<b>Distribution:</b>							
Contract Management / Fis	scal Agent				Rebekah Falk		
Permanent File			M	edicaid Cost	Reimbursement Plann	ing and Finance	
For Information	Only				Platale (	7 2	
No Change in Ra	ate			10	bekah fa	UK	
	Home Office:	No Home Office					
	Home office.	Two frome office					



KEY WEST HEALTH & REHABILITATION		Provider Number:		ıber:	0 024167-00		
5860 W. JR. COLLEGI	E ROAD			Date:		12/22/2021	
KEY WEST, FL 33040	)			Fiscal Year End:		6/30/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$231.5		\$230.74	10/1/2021	
D / T	T.						
Rate Type:							
	<u> </u>	X	Prospective				
			X	Total Prospec	tive		
				_Total Prospecti	ve with Interi	m Component	
			Changes:				
			Changes.	]			
			X	Rate Semester	Change		
			-	_ Kate Selliester	Change		
<b>Distribution:</b>							
Contract Management	Fiscal Agent			Re	bekah Falk		
Permanent File			Med	dicaid Cost Reimb	ursement Plann	ing and Finance	
For Informat	ion Only			$\mathcal{O}_{I}$	1.0	1 - <i>() ()</i>	
No Change i	n Rate			Hebe	kah fa	UK.	
					•		
	Home Office:	No Home Office					



WEST BROWARD REHABILITATION AND HEALTHCARE		Provider Number:		ber:	0 026536-00		
7751 WEST BROWAF	RD BLVD.		<u></u>	Date:		12/22/2021	
PLANTATION, FL 33	324		<u></u>	Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Curren	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$262.9	<u> </u>	\$249.82	10/1/2021	
P. (. T	1						
Rate Type:							
1		X	Prospective				
1			X	_Total Prospect	tive		
				_Total Prospecti	ve with Interi	m Component	
		Г	Changes:	<u> </u>			
		-	Changes.	_			
			X	Rate Semester (	Thange		
				_ Kate Semester v	Mange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	_		Rel	bekah Falk		
Permanent File			Med	dicaid Cost Reimbu		_	
For Informat	tion Only			$\mathcal{D}_{\mathcal{I}}$	1. 1.	1 . <i>D A</i>	
No Change i	n Rate			noc	kah fa	UK.	
					•		
	Home Office:	Royal Meridian					
	Home office.	3777 Royal Palm A	ve.				
		Miami FL 33140					



UNITY HEALTH AN	NITY HEALTH AND REHAB CENTER		Provider Number:		0 032482-00	
1404 N.W. 22ND STR	EET		Da	te:	12/22/2021 12/31/2020	
MIAMI, FL 33142			Fise	cal Year End:		
			Au	dit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$246.16</u>	\$239.82	<u>10/1/2021</u>	
C	J				<del></del>	
Rate Type:						
		X	Prospective			
			_ •	al Prospective		
			<del></del>	al Prospective with Int	erim Component	
			100	ar i rospective with in	orini Component	
			Changes:			
			X Rat	e Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid	l Cost Reimbursement Pla	anning and Finance	
For Informa	tion Only			0010	(1)	
No Change	in Rate			Rebekah,	falk	
				,		
	II 000	G 4 TT 13				
	Home Office:	-	hcare Management			
		4042 Park Oaks				
		Tampa, FL 3361	U			



LADY LAKE SPECIA	ADY LAKE SPECIALTY CARE CENTER		Provider Number:		0 032486-00	
630 GRIFFIN AVENU	JE		Date	e:	12/22/2021	
LADY LAKE, FL 321	59		Fiscal Year End:		12/31/2020	
			Auc	lit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$250.05</u>	<u>\$247.62</u>	<u>10/1/2021</u>	
Rate Type:						
		V	Prospective			
		X	_	al Prospective		
				l Prospective with Inte	owim Component	
			1018	i Frospective with mic	eriii Component	
			Changes:			
			X Rate	Semester Change		
				28		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	- -		Medicaid	Cost Reimbursement Pla	nning and Finance	
For Informa	tion Only					
No Change	in Rate			Rebekahf	alk	
				J		
	Home Office:	•	ncare Management			
		4042 Park Oaks				
		Tampa, FL 3361	0			



SUNSET LAKE HEAI	SUNSET LAKE HEALTH AND REHAB CENTER			Provider Number:	0 032551-00	
832 SUNSET LAKE B	OULEVARD			Date:	12/22/2021	
VENICE, FL 34292				Fiscal Year End:	12/31/2020	
				Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$257.70			
G	S					
Rate Type:						
			Duo ano ativo			
		X	Prospective X	Total Prospective		
				Total Prospective with	Intonia Common out	
				Total Prospective with	Interim Component	
			Changes:			
			X	Rate Semester Change		
			·——	tune somester enunge		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah F	alk	
Permanent File	C		Medi	caid Cost Reimbursement	Planning and Finance	
For Informat	tion Only					
No Change i				Rebekah	falk	
					J	
	Home Office:	•	ncare Management			
		4042 Park Oaks l				
		Tampa, FL 33610	0			



LEXINGTON HEALT	H & REHABILITATI	ON CENTER		Provider Num	ber:	0 032553-00	
6300 46TH AVENUE,	NORTH			Date:		12/22/2021	
ST. PETERSBURG, FI	L 33709			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Types			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$241.</u> :	81 9	\$246.06	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	_Total Prospect	tive		
				_ Total Prospectiv	ve with Interir	n Component	
			Changes:				
			X	Rate Semester (	Change		
				_	C		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent		_		oekah Falk		
Permanent File			Me	edicaid Cost Reimbu			
For Informat No Change is	-			Rebe	kah fa	lk	
				, , ,	9		
	Home Office:	Greystone Health	care Management				
		4042 Park Oaks E	Blvd, Suite 300				
		Tampa, FL 33610	)				



SEVEN HILLS HEAL	TH & REHABILITAT	ION CENTER		Provider Nur	nber:	0 033175-00	
3333 CAPITAL MEDI	CAL BLVD.			Date:		12/22/2021	
TALLAHASSEE, FL 3	32308			Fiscal Year End:		1/31/2021	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$240.</u>	00_	<u>\$241.66</u>	<u>10/1/2021</u>	
D / T							
Rate Type:							
		X	_Prospective				
			X	_Total Prospec	ctive		
				_Total Prospect	ive with Interir	n Component	
			Changes:				
			2 2 2				
			X	Rate Semester	Change		
				_	C		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent		-		ebekah Falk		
Permanent File			Me	edicaid Cost Reimb			
For Informat	•			Polo	kah fa	00	
No Change i	n Rate			Mul	Ran fa		
	Home Office:	Summit Care II, Ir	nc.				
		2123 Centre Point	te Blvd.				
		Tallahassee, FL 32	2308				



BENDERSON FAMILY SKILLED NURSING & REHAB CENTER			ER	Provider Number:		0 033717-00	
1955 NORTH HONOR	RE AVE.			Date:		12/22/2021	
SARASOTA, FL 3423	5			Fiscal Year End:		6/30/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt N	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$242.</u> 4	<u>\$23</u>	30.34	10/1/2021	
Rate Type:							
		X	Prospective				
			X	Total Prospective	e		
			-	Total Prospective		Component	
			Changes:				
			X	_Rate Semester Cha	ange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent				cah Falk	15.	
Permanent File			Me	dicaid Cost Reimburse			
For Informat	· ·			Rebek	ich Col	le	
No Change i	in Rate			rwas	ar (jaa		
	Home Office:	No Home Office					



NUVISTA LIVING A	Г HILLSBOROUGH I	LAKES		Provider Numbe	r:	0 041324-00
19091 NORTH DALE	MABRY HIGHWAY			Date:	12/22/2021	
LUTZ, FL 33548				Fiscal Year End:		6/30/2019
			1	Audit Status:		Unaudited
Provider Type:						
Trovider Types			Current	N	lew	Effective
			Rate	<u>F</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level		<u>\$248.36</u>	<u>\$2.</u>	35.94	<u>10/1/2021</u>
D / T						
Rate Type:						
		X	Prospective			
			X	Total Prospective	e	
				Γotal Prospective	with Interin	Component
			Changes:			
			Y	Rate Semester Cha	inge	
<b>Distribution:</b>				Dahak	ah Falk	
Contract Management	/ Fiscal Agent		Media	caid Cost Reimburse		g and Finance
Permanent File	dia no Ondra		Wican			
For Informat No Change i	-			Rebek	ah lo	O K
No Change I	III Kate			1000	sa Cja	
	Home Office:	Citadel Consulting	g Group, LLC			
		1000 Gates Avenu	ue			
		Brooklyn, NY 112	221			



HERON POINTE HEALTH AND REHABIL	ITATION	Provider Number:		0 043832-00	
1445 HOWELL AVENUE		Date:		12/22/2021	
BROOKSVILLE, FL 34601		Fisca	l Year End:	12/31/2019	
		Audi	Status:	Unaudited	
Provider Type:					
Trovider Types		Current	New	Effective	
		<u>Rate</u>	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$201.30</u>	<u>\$209.75</u>	<u>10/1/2021</u>	
Rate Type:					
	x Pro	spective			
	<u> </u>	-	Prospective		
	_	•	Prospective with Int	erim Component	
	_				
		Changes			
		Changes:			
		X Rate 9	Semester Change		
	-	Kate t	Jemester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid C	ost Reimbursement Pla	anning and Finance	
For Information Only		<b>)</b>	Rebekaht	Colh	
No Change in Rate		/	Congrain Cy		
H Off	Commission Health Commis	(CMCII)			
Home Office:	Consulate Health Care (800 Concourse Parkway				
	Maitland, FL 32751	y Doum			



HERITAGE HEALTH	CARE CENTER AT	ΓALLAHASSEE		Provider Num	ber:	0 043833-00	
3101 GINGER DRIVE				Date:		12/22/2021 12/31/2019	
TALLAHASSEE, FL 3	32308			Fiscal Year Er	nd:		
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$207.'</u>	72	<u>\$214.02</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	Total Prospect	tive		
				Total Prospective		n Component	
				1		1	
			- CI				
			Changes:				
			X	D-4- C	71		
				_Rate Semester (	Lnange		
<b>Distribution:</b>							
Contract Management	Fiscal Agent			Rel	bekah Falk		
Permanent File	-		Me	edicaid Cost Reimbu	ırsement Planni	ng and Finance	
For Informat	ion Only			$\mathcal{O}_{I}$	1.1.6	0.0.	
No Change i	n Rate			Keve	kah fa	lk	
	Home Office:	Consulate Health C	Care (CMCII)				
		800 Concourse Par	kway South				
		Maitland, FL 3275	1				



BAY BREEZE HEAL	TH AND REHABILIT	ATION CENTER	Provider Number:		0 043835-00	
1026 ALBEE FARM F	ROAD		Date:		12/22/2021 12/31/2019	
VENICE, FL 34285			Fiscal `	Year End:		
			Audit S	Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$225.17</u>	<u>\$216.68</u>	10/1/2021	
Rate Type:						
		E	1 a a tivya			
		<u> </u>	Prospective X Total P	Prospective		
				rospective with Interi	im Component	
			10(a) 1	rospective with inter-	.т Сотронен.	
		Γ	Changes:			
			X Rate Se	mester Change		
				-		
<b>Distribution:</b>		L				
Contract Management	/ Fiscal Agent	_		Rebekah Falk		
Permanent File				st Reimbursement Plann	_	
For Informa	tion Only			Pebekah fa	1 _ <i>N N</i> .	
No Change	in Rate		<b>//</b> T	everan fa	UK.	
				,		
	** 0.00		(6) (6)			
	Home Office:	Consulate Health Ca				
		800 Concourse Parky	way South			
		Maitland FL 32751				



HERITAGE HEALTH	CARE AND REHAB	LITATION CENTER		Provider Numb	oer:	0 043838-00	
777 9TH STREET NORTH				Date:		12/22/2021	
NAPLES, FL 34102				Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$216.8</u>	<u>so</u> <u>s</u>	<u>8224.02</u>	<u>10/1/2021</u>	
Rate Type:							
		v Pr	ospective				
		X Pr	X	Total Prospect	ive		
				Total Prospective		m Component	
		•		_ 1		1	
		_	CI				
			Changes:				
			X	Rate Semester C	Shanga		
				_ Kate Semester C	mange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Reb	ekah Falk		
Permanent File			Med	dicaid Cost Reimbu	rsement Plann	ing and Finance	
For Informat	-			Dela	kah fa	0 0	
No Change in	n Rate			Moch	Ran fa		
	Home Office:	Consulate Health Care	e (CMCII)				
		800 Concourse Parkw	ay South				
		Maitland, FL 32751					



KEYSTONE REHABI	LITATION AND HEA	ALTH CENTER		Provider Nun	nber:	0 043839-00	
1120 WEST DONEGAN AVENUE			<u> </u>	Date:		12/22/2021	
KISSIMMEE, FL 3474	1		<u></u>	Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$196.2</u>	<u> 26</u>	\$204.84	10/1/2021	
Rate Type:							
		X	Prospective				
			X	_Total Prospec	etive		
				_Total Prospecti	ive with Interin	n Component	
			Changes:				
			Changes.				
			X	Rate Semester	Change		
			-		8-		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Re	bekah Falk		
Permanent File			Me	edicaid Cost Reimb			
For Informat No Change i	-			Robe	kah fa	l k	
140 Change I	ii Rate			, 000	7-000		
	Home Office:	Consulate Health C	Care (CMCII)				
		800 Concourse Par	kway South				
		Maitland, FL 3275	1				



OAKTREE HEALTHO	CARE			Provider Num	ber:	0 043843-00	
650 REED CANAL ROAD			Date:			12/22/2021	
SOUTH DAYTONA, I	FL 32119			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$215.0	<u>)1</u>	<u>\$214.25</u>	<u>10/1/2021</u>	
	Т						
Rate Type:							
		X	Prospective				
				Total Prospect	tive		
				Total Prospectiv		n Component	
				1		1	
			Changes:				
			X	Rate Semester C	Change		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent				oekah Falk		
Permanent File			Me	dicaid Cost Reimbu			
For Informat	•			Dela	kah fa	00.	
No Change i	n Rate			/ WU	Kaul ja	la	
	Home Office:	Consulate Health	Care (CMCII)				
	Home Office.	800 Concourse Pa					
			-				
		Maitland, FL 327	751				



RIO PINAR HEALTH	CARE			Provider Numb	er:	0 043846-00
7950 LAKE UNDERHILL ROAD			Date:		12/22/2021	
ORLANDO, FL 32822				Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Types			Current	t	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$202.79</u>	<u>\$</u>	217.00	10/1/2021
Rate Type:						
		X	Prospective			
				Total Prospecti	ve	
				Total Prospective		n Component
				Town Troop Con.	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n component
			Changes:			
			X	Rate Semester C	hange	
Distribution:						
Contract Management	/ Fiscal Agent			Rebo	ekah Falk	
Permanent File			Med	icaid Cost Reimbur	sement Planni	ng and Finance
For Information	tion Only			$\mathcal{O}_{1}$	1.1.	0.0.
No Change i	in Rate			Reber	ean fa	ll.
					,	
	II OCC	G 1 . H 11	C (CMCIII)			
	Home Office:	Consulate Health	· · · · ·			
		800 Concourse P	-			
		Maitland, FL 327	'51			



THE PALMS REHAB	ILITATION AND HE	ALTHCARE CENTER	_	Provider Num	ber:	0 043847-00	
5405 BABCOCK STREET NE			_	Date:		12/22/2021	
PALM BAY, FL 32905	5		_	Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$216.3</u>	86	<u>\$225.96</u>	<u>10/1/2021</u>	
	1						
Rate Type:							
		x Pr	rospective				
			X	_Total Prospec	tive		
				Total Prospecti	ve with Interi	m Component	
			- CI	1			
			Changes:				
			X	D ( C )	CI.		
				_Rate Semester	Change		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Re	bekah Falk		
Permanent File	S		Me	edicaid Cost Reimb	ursement Plann	ing and Finance	
For Informat	tion Only			$\Omega_{I}$	10	0.4	
No Change i	n Rate			Kebe	kah fa	LK.	
					,		
	Home Office:	Consulate Health Com	· (CMCII)				
	Home Office:	Consulate Health Care 800 Concourse Parkw					
		Maitland, FL 32751	ay bouill				
		1/101010110, 1 L 32/31					



CORAL TRACE HEALTH CARE			Provider Num	ıber:	0 043848-00	
216 SANTA BARBARA BLVD.		Date: Fiscal Year End:			12/22/2021 12/31/2019	
CAPE CORAL, FL 33991				nd:		
			Audit Status:		Unaudited	
Provider Type:						
Trovider Type.		Currer	nt	New	Effective	
		Rate		Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$212.5</u>	8	<u>\$219.30</u>	<u>10/1/2021</u>	
Rate Type:						
	X	Prospective				
		X	Total Prospec	tive		
			Total Prospecti	ve with Interin	n Component	
	Г	~-				
	-	Changes:				
		X	<b>D</b> . G	CI.		
		A	Rate Semester	Change		
Distribution:						
Contract Management / Fiscal Agent	L		Re	bekah Falk		
Permanent File	-	Med	licaid Cost Reimb	ursement Plannir	ng and Finance	
For Information Only			$\Omega_{a}$	, , ,	0.4	
No Change in Rate			Kebe	kah fa	lk	
				,		
Home Office	Consulate Health C	are (CMCII)				
Home Office:	Consulate Health C					



THE PARKS HEALTHCARE AND REHABILITATION CENTER		Provi	der Number:	0 043850-00		
9311 S. ORANGE BLOSSOM TRAIL			Date:		12/22/2021	
ORLANDO, FL 32837	,		Fisca	l Year End:	12/31/2019	
			Audi	t Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			<u>Rate</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		\$224.88	\$230.07	10/1/2021	
Rate Type:						
		y Dros	maatiya			
		X Pros	spective X Total	Prospective		
		_		Prospective with Inte	erim Component	
			10ta1	r rospective with fine	inii Component	
		•	Changes:			
		-	X Rate S	Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	Tiscui rigent		Medicaid C	ost Reimbursement Plan	nning and Finance	
For Informat	tion Only					
 No Change i	-		Ž	Rebekahf	elk	
				. ,		
	Home Office:	Consulate Health Care (	CMCII)			
	Home Office.	800 Concourse Parkway				
		Maitland EL 22751	South			



CORAL BAY HEALTHCARE AND REHA	BILITATION	P	rovider Number	: 00	043851-00	
2939 SOUTH HAVERHILL ROAD	Date:		12	12/22/2021		
WEST PALM BEACH, FL 33415		Fiscal Year End:		12	12/31/2019	
		A	udit Status:		Jnaudited	
Provider Type:						
110vider Types		Current	N	ew	Effective	
		Rate	<u>R</u> :	ate_	<u>Date</u>	
Nursing Home Single Level		<u>\$228.98</u>	<u>\$23</u>	8.59	<u>10/1/2021</u>	
D / W						
Rate Type:						
	X	Prospective				
		X T	otal Prospective			
		T	otal Prospective w	vith Interim Co	mponent	
	Г	Changes				
	-	Changes:				
		X p	ate Semester Char	nga		
			ale semesici Chai	nge		
Distribution:						
Contract Management / Fiscal Agent	_		Rebeka	ıh Falk		
Permanent File	<del>-</del>	Medica	nid Cost Reimburser	ment Planning an	id Finance	
For Information Only			DII	1 / 11		
No Change in Rate			Rebeke	in falk	_	
				,		
Home Office:	Consulate Health Ca	are (CMCII)				
Tionic Office.	800 Concourse Park					
	Maitland, FL 32751	-				



PLANTATION BAY I	REHABILITATION C	ENTER	Pr	ovider Number:	0 043853-00	
4641 OLD CANOE CREEK RD			Date:		12/22/2021	
ST.CLOUD, FL 34769	1		Fiscal Year End:		12/31/2019	
			A	ıdit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	Date	
<b>Nursing Home</b>	Single Level		<u>\$213.15</u>	<b>\$224.9</b> ′	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
				otal Prospective		
				tal Prospective with	Interim Component	
			1	tai i rospective with	merim component	
			Changes:			
			X Ra	te Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Fa	alk	
Permanent File			Medica	d Cost Reimbursement	Planning and Finance	
For Informat	tion Only			0010		
No Change i	in Rate			Rebekah	-falk	
					,	
	II 0.00	G 1	G (CMCT)			
	Home Office:	Consulate Health				
		800 Concourse P	-			
		Maitland, FL 327	'51			



-00	
12/22/2021	
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ed	
ective	
<u>Date</u>	
1/2021	
nt	
ce	



CENTRAL PARK HEA CENTER	ALTHCARE AND RE	HABILITATION		Provider 1	Number:	0 043856-00	
702 SOUTH KINGS AVENUE			Date:			12/22/2021	
BRANDON, FL 33511				Fiscal Ye	ar End:	12/31/2019	
,				Audit Sta	-	Unaudited	
D '1 T							
Provider Type:			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$235.0</u>	<del>=</del> "	<u>\$232.36</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			Y	Total Pro	spective		
					pective with Inter	rim Component	
					•	•	
			Changes:				
			X	Rate Seme	ester Change		
					8		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				Rebekah Falk		
Permanent File			Me	edicaid Cost R	eimbursement Plan	ning and Finance	
For Informati	ion Only			D	1.1.1.1.		
No Change in	n Rate				bekah fo	elk	
	Home Office:	Consulate Health	Care (CMCII)				
		800 Concourse Pa	arkway South				
		Maitland, FL 327	751				



BENEVA LAKES HEA CENTER	LTHCARE AND RE	HABILITATION	Pro	ovider Number:	0 043857-00
741 S. BENEVA ROAD	)			 Date:	
SARASOTA, FL 34232			<del></del> Fis	cal Year End:	12/31/2019
,				dit Status:	Unaudited
Provider Type:			~	27	T-00
			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$233.60</u>	<u>\$231.88</u>	<u>10/1/2021</u>
Rate Type:					
		v	Prospective		
		X	_ •	tal Prospective	
			<del></del>	_	
			101	tal Prospective with Inte	erim Component
			Changes:		
			Changes.		
			v -	_	
			Rat	te Semester Change	
<b>Distribution:</b>				B. I. I. E. II.	
Contract Management /	Fiscal Agent			Rebekah Falk	
Permanent File				d Cost Reimbursement Pla	_
For Information				Rebekahf	
No Change in	Rate			MORANG	all
	Home Office:	Consulate Health			
		800 Concourse Pa	•		
		Maitland, FL 327	51		



BRADENTON HEAL?	ТН CARE		I	Provider Number:	0 043859-00
6305 CORTEZ ROAD	WEST		I	Date:	12/22/2021
BRADENTON, FL 342	210		I	Fiscal Year End:	12/31/2019
				Audit Status:	Unaudited
Provider Type:					
riovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$224.78</u>	\$234.2	10/1/2021
Rate Type:					_
		X	Prospective		
				Total Prospective	
				Total Prospective with	Interim Component
			Changes:		
			Changes.		
			X	Rate Semester Change	
			1	Cate Semester Change	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah F	alk
Permanent File			Medic	caid Cost Reimbursemen	Planning and Finance
For Informat	tion Only			10 1 1 1	C01
No Change i	n Rate			Rebekah	falk
	Home Office:	Consulate Health	Care (CMCII)		
	<b>7</b>	800 Concourse P			
		Maitland, FL 327	-		



BRANDON HEALTH AND REHABILITA	ΓΙΟΝ CENTER	Pro	ovider Number:	0 043	860-00
1465 OAKFIELD DRIVE		Da	te:	12/22	2/2021
BRANDON, FL 33511		Fis	scal Year End: _	12/31	/2019
		Au	ıdit Status:	Unaı	udited
Provider Type:					
Trovider Type.		Current	Ne	W	Effective
		Rate	Rat		Date
Nursing Home Single Level		<u>\$211.09</u>	\$219		10/1/2021
-					
Rate Type:					
	<sub>X</sub> Pr	rospective			
	Δ 11	-	tal Prospective		
			tal Prospective wi	th Interim Comp	onent
		10	iai i 105peeii 101	ui micinii comp	Official
		Changes:			
		X Ra	te Semester Chang	ge	
Distribution:					_
Contract Management / Fiscal Agent	_		Rebekah		
Permanent File		Medicai	d Cost Reimburseme	ent Planning and Fi	inance
For Information Only			Dhala	D. C. D.	
No Change in Rate			Rebeka	Nfall	
				-	
Home Office:	Consulate Health Care	(CMCII)			
Home office.	800 Concourse Parkw				
	Maitland, FL 32751	ay South			



FORT PIERCE HEAL	TH CARE			Provider Numb	er:	0 043861-00
611 S. 13TH STREET				Date:		12/22/2021
FORT PIERCE, FL 34	950			Fiscal Year End	d:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curren	t	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$219.5</u>	9 \$	223.48	10/1/2021
Rate Type:						
		X	Prospective X	T ( 1 D )		
			•	Total Prospecti		- C
				Total Prospective	e with interin	n Component
			Changes:			
			X	Rate Semester C	hange	
Distribution:	(F: 1.4			Daha	ekah Falk	
Contract Management . Permanent File	/ Fiscal Agent		Med	icaid Cost Reimbur		ng and Finance
For Informat	tion Only					
No Change i	-			Rebek	sah fa	lk
					- J	
	II 000	C 1 1 11 13	G (CMCT)			
	Home Office:	Consulate Health	, , , , , , , , , , , , , , , , , , ,			
		800 Concourse Pa	-			
		Maitland, FL 327	1.3.1			



HABANA HEALTH C	ARE CENTER			Provide	· Number:	0 043862-00
2916 HABANA WAY				Date:		12/22/2021
TAMPA, FL 33614				Fiscal Y	ear End:	12/31/2019
				Audit St	atus:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$221.</u>	99_	<u>\$231.30</u>	10/1/2021
Rate Type:						
		X	Prospective			
			X	Total Pr	ospective	
				_Total Pro	spective with Interi	m Component
			Changes:			
			Changes.			
			X	Rate Sen	nester Change	
					8-	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent				Rebekah Falk	
Permanent File			Me		Reimbursement Plann	
For Informat No Change in				K	bekah fa	elk
					·	
	Home Office:	Consulate Health	Care (CMCII)			
		800 Concourse Pa				
		Maitland, FL 327	51			



THE HEALTH AND R DOLPHINS VIEW	EHABILITATION C	ENTRE AT	Pro	vider Number:	0 043863-00	
1820 SHORE DRIVE, S	SOUTH		<u>——</u> Da	·	12/22/2021	
ST. PETERSBURG, FL			Fiscal Year End:		12/31/2019	
				dit Status:	Unaudited	
Provider Type:			Current Rate	New Rate	Effective <u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$229.48</u>	<u>\$231.48</u>	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
				tal Prospective		
			Tot	al Prospective with In	terim Component	
			G			
			Changes:			
			X Rat	e Semester Change		
<b><u>Distribution:</u></b>				B		
Contract Management /	Fiscal Agent		Medicaio	Rebekah Falk		
Permanent File  For Informati	ion Only				_	
No Change in	•			Rebekah;	falk	
				,		
	Home Office:	Consulate Health	n Care (CMCII)			
		800 Concourse P	arkway South			
		Maitland, FL 327	751			



GRAND OAKS HEALTH AND REHABILITATION CENTER		Provider Number:		0 043864-00	
3001 PALM COAST P	PARKWAY SE		_ Da	te:	12/22/2021
PALM COAST, FL 32	137		Fis	cal Year End:	12/31/2019
			Au	dit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$211.82</u>	<u>\$224.55</u>	<u>10/1/2021</u>
Rate Type:					
		P	Prospective X To	1D (	
				al Prospective	tarim Component
			100	al Prospective with In	terim Component
			Changes:		
			X Rat	e Semester Change	
Distribution:	/ E: 1 A 4	<u>L</u>		Rebekah Falk	
Contract Management A	/ Fiscal Agent		Medicaio	Cost Reimbursement Pl	
For Informat	tion Only				_
No Change i	•			Rebekah;	falk
				,	
	Home Office:	Consulate Health Ca	re (CMCII)		
		800 Concourse Parky	way South		
		Maitland EL 22751			



HARTS HARBOR HE	ALTH CARE CENTE	R		Provider Nun	nber:	0 043865-00	
11565 HARTS ROAD				Date:		12/22/2021	
JACKSONVILLE, FL	32218			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	ent	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$199.</u>	99_	<u>\$194.01</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	Total Prospec	etive		
				Total Prospecti		m Component	
				_		•	
			Changes:				
			X	<b>D</b> . C .	CI		
				_Rate Semester	Change		
Distribution:							
Contract Management /	Fiscal Agent			Re	bekah Falk		
Permanent File	S		Me	edicaid Cost Reimb	ursement Planni	ing and Finance	
For Informat	ion Only			$\Omega_{I}$	, , ,	0.4	
No Change i	n Rate			Kebe	kah fa	lk	
					,		
	Home Office:	Consulate Health	Care (CMCII)				
	20	800 Concourse Pa					
		Maitland, FL 327	-				



FLETCHER HEALTH AND REHABILITA	TION CENTER	P	rovider Number	:: 0	043866-00
518 WEST FLETCHER AVENUE			ate:	1	2/22/2021
TAMPA, FL 33612		_ F	iscal Year End:	1	2/31/2019
		A	udit Status:		Unaudited
Provider Type:					
Trovider Type.		Current	N	lew	Effective
		Rate		ate_	<u>Date</u>
Nursing Home Single Level		\$215.04		24.06	<u>10/1/2021</u>
_					
Rate Type:					
	x Pı	rospective			
	A	-	otal Prospective	<u> </u>	
			otal Prospective v		omnonent
			otai i rospective ,	Willi Internir e.	опроиси
		Changes:			
		XR	ate Semester Cha	nge	
Distribution:					
Contract Management / Fiscal Agent	_			ah Falk	
Permanent File		Medic	aid Cost Reimburse	ment Planning a	nd Finance
For Information Only			Dal	- Pa Call	<i>).</i>
No Change in Rate			Rebek	ar jaku	
				-	
Home Office:	Consulate Health Car	ea (CMCII)			
Home Office.	800 Concourse Parkw				
	Maitland, FL 32751	vay South			



WEDGEWOOD HEAL	THCARE CENTER			Provider Num	ber:	0 043867-00
1010 CARPENTER'S V	WAY			Date:		12/22/2021
LAKELAND, FL 33809	9			Fiscal Year Er	nd:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$214.2</u>	20	<u>\$223.19</u>	<u>10/1/2021</u>
D. G. T.						
Rate Type:						
		X	Prospective			
			X	_Total Prospect	tive	
				Total Prospectiv	ve with Interio	m Component
			Changes:			
			Changes.	]		
			X	Rate Semester (	Thange	
				_ rate Semester v	Shunge	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rel	oekah Falk	
Permanent File			Med	dicaid Cost Reimbu	ırsement Planni	ing and Finance
For Informati	ion Only			DI.	Lala Ca	00
No Change in	n Rate			Much	kah fa	
	Home Office:	Consulate Health	Care (CMCII)			
		800 Concourse Pa				
		Maitland, FL 327	-			



DELTONA HEALTH C	ARE			Provider Numbe	er:	0 043868-00
1851 ELKCAM BOULE	EVARD			Date:		12/22/2021
DELTONA, FL 32725				Fiscal Year End	:	12/31/2019
			-	Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Current	. ]	New	Effective
			Rate	]	Rate	<u>Date</u>
Nursing Home	Single Level		<b>\$221.37</b>	\$2	27.17	10/1/2021
Rate Type:						
			<b>B</b> (1)			
		X	Prospective	T (ID (		
				Total Prospectiv		_
				Total Prospective	with Interin	n Component
			Changes:			
			Changes.			
			X	D - 4 - C 4 Cl		
				Rate Semester Ch	ange	
Diatuihutian.						
<b>Distribution:</b> Contract Management / I	Figaal Agant			Rebe	kah Falk	
Permanent File	riscai Agent		Medi	caid Cost Reimburs		ng and Finance
For Information	on Only					
No Change in	· ·			Rebek	rah ta	lk
140 Change in	Rate			10001	cjso	
	Home Office:	Consulate Health	Care (CMCII)			
		800 Concourse P				
		Maitland, FL 327	•			



LAKE MARY HEALT	H AND REHABILIT	ATION CENTER	Provide	er Number:	0 043871-00
710 NORTH SUN DRI	VE		Date:		12/22/2021
LAKE MARY, FL 3274	46		Fiscal Y	Year End:	12/31/2019
			Audit S	Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$225.40</u>	<u>\$216.24</u>	<u>10/1/2021</u>
Data Tymas					
Rate Type:					
			rospective		
			X Total P	rospective	
			Total Pr	ospective with Inter	im Component
			CI.		
		_	Changes:		
			X Rate Se		
			Rate Se	mester Change	
Distribution:					
Contract Management /	Fiscal Agent	_		Rebekah Falk	
Permanent File		_	Medicaid Cos	t Reimbursement Plani	ning and Finance
For Informati	ion Only				7
No Change in	•		1	ebekah fa	elk
				J	
	Home Office:	Congulate Health Com	a (CMCII)		
	поше Опісе:	Consulate Health Car 800 Concourse Parkw			
		Maitland, FL 32751	ay Soum		
		iviainanu, FL 32/31			



COUNTRYSIDE REH	AB AND HEALTHC	ARE CENTER		Provider Nun	nber:	0 043872-00	
3825 COUNTRYSIDE	BOULEVARD N			Date:		12/22/2021	
PALM HARBOR, FL	34684			Fiscal Year E	nd:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$208.</u>	44_	\$217.19	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	_Total Prospec	etive		
				_Total Prospect	ive with Interir	n Component	
			Changes:				
			X	Rate Semester	Change		
				_	C		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Re	bekah Falk		
Permanent File			Me	edicaid Cost Reimb			
For Informat No Change i	•			Robe	kah fa	lk	
TTO Change I	iii raiie			, 000	,, ,, ,,,		
	Home Office:	Consulate Health	Care (CMCII)				
		800 Concourse Pa	rkway South				
		Maitland, FL 3275	51				



HARBOR BEACH NU	JRSING AND REHAI	BILITATION CENTER	Pro	vider Number:	0 043873-00	
1615 S. MIAMI ROAD			Dat	e: 	12/22/2021	
FORT LAUDERDALE	E, FL 33316		Fisc	al Year End:	12/31/2019	
			Auc	lit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$226.44	\$225.12	<u>10/1/2021</u>	
0	8		<u></u>			
Rate Type:						
		Y Pros	spective			
				al Prospective		
			Tota	l Prospective with Int	terim Component	
			Changes:			
			changes.			
			X Rate	G 4 G1		
		_	Kate	Semester Change		
Distribution						
<b>Distribution:</b> Contract Management	/ Figgal A gant			Rebekah Falk		
Permanent File	riscai Agein		Medicaid	Cost Reimbursement Pla		
For Informat	tion Only				_	
No Change i				Rebekah,	folk	
ivo change i	iii Rate			, 000 01 -001 C)		
	Home Office:	Consulate Health Care (	CMCII)			
		800 Concourse Parkway	South			
		Maitland EL 22751				



HEALTH CENTER AT BRENTWOOD			Provider Numbe	er:(	0 043874-00	
2333 N. BRENTWOOD CIRCLE		I	Date:		12/22/2021	
LECANTO, FL 34461		1	Fiscal Year End	<b>:</b>	12/31/2019	
		1	Audit Status:		Unaudited	
Provider Type:		Current	1	New	Effective	
		Rate		Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$199.33</u>		07.69	10/1/2021	
Rate Type:						
	X	Prospective				
			Fotal Prospectiv		~	
		<u> </u>	Γotal Prospective	with Interim (	Component	
		Changes:				
		I	Rate Semester Ch	ange		
Distribution:						
Contract Management / Fiscal Agent			Rebel	kah Falk		
Permanent File		Medio	caid Cost Reimburs	ement Planning	and Finance	
For Information Only			01.1	1.1.	Ŋ.	
No Change in Rate			Rebek	an fali		
Home Office:	Consulate Health C					
	800 Concourse Par Maitland, FL 3275	-				



GOVERNOR'S CREEK	K HEALTH AND RE	HABILITATION		Provider Num	nber:	0 043875-00	
803 OAK STREET				Date: Fiscal Year End:		12/22/2021 12/31/2019	
GREEN COVE SPRIN	GS, FL 32043						
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$205.</u>	03	\$213.64	<u>10/1/2021</u>	
D. G. T.							
Rate Type:							
		X	Prospective				
			X	_Total Prospec	etive		
				_Total Prospecti	ive with Interio	m Component	
			Changes:				
			X	Rate Semester	Change		
					8-		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Re	bekah Falk		
Permanent File			Me	edicaid Cost Reimb	ursement Planni	ing and Finance	
For Informat	ion Only			D.	kah fa	00	
No Change is	n Rate			Mul	Kan fa		
	Home Office:	Consulate Health C	Care (CMCII)				
		800 Concourse Par					
		Maitland, FL 3275	1				



BARDMOOR OAKS HE CENTER	ALTHCARE AND	REHABILITATION	1	Provider Nur	nber:	0 043876-00	
9035 BRYAN DAIRY RO	OAD			Date:		12/22/2021	
LARGO, FL 33777				Fiscal Year E	End:	9/30/2019	
•				Audit Status:		Unaudited	
					<del></del>		
Provider Type:			Curre	m+	New	Effective	
			Rate		Rate	Date	
<b>Nursing Home</b>	Single Level		\$207.3	_	\$216.00	10/1/2021	
Nursing nome	tursing frome Single Lever		<u> </u>	<u> </u>	<u>\$210.00</u>	10/1/2021	
Rate Type:							
1							
1		X	Prospective				
			X	_Total Prospec	ctive		
				_Total Prospect	ive with Inter	rim Component	
				1			
			Changes:				
			X	_Rate Semester	Change		
<b>Distribution:</b>							
Contract Management / Fi	iscal Agent			Ro	ebekah Falk		
Permanent File			Me	dicaid Cost Reimb	oursement Plan	ning and Finance	
For Information	n Only			$\Omega_{0}$	1 0 /	^ ^ / / / · · · · · · · · · · · · · · ·	
No Change in I	Rate			Kebl	Kah fo	elk	
					,		
	Home Office:	Consulate Health	Care (CMCII)				
		800 Concourse Pa	arkway South				
		Maitland, FL 327	51				



MAGNOLIA HEALTI	H AND REHABILITA	TION CENTER	P	rovider Number:	0 043877-00
1507 SOUTH TUTTLE AVENUE		D	ate:	12/22/2021	
SARASOTA, FL 3423	9		F	iscal Year End:	12/31/2019
			A	udit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		\$220.33	\$229.2	<del></del>
Rate Type:					
		X	Prospective		
			T	otal Prospective	
			T	otal Prospective with	Interim Component
			Changes:		
			R	ate Semester Change	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah F	alk
Permanent File	Tiscui rigent		Medica	aid Cost Reimbursement	Planning and Finance
For Informat	tion Only				
No Change i	-			Rebekah	falk
					J
	Home Office:	Consulate Health C	Care (CMCII)		
		800 Concourse Par			
		Moitland EL 2275	•		



MARSHALL HEALTI	H AND REHABILITA	TION CENTER		Provider Number:	0 (	043878-00	
207 MARSHALL DRI	VE			Date:	12	12/22/2021	
PERRY, FL 32347				Fiscal Year End:	12	12/31/2019	
				Audit Status:	U	Inaudited	
Provider Type:							
Tionaci Type.			Current	Ne	ew	Effective	
			Rate		ate_	<u>Date</u>	
Nursing Home	Single Level		<u>\$204.86</u>		1.96	10/1/2021	
Rate Type:							
			,.				
		X	Prospective X	T 4-1 Duramantina			
				Total Prospective	ith Intonim Co	an an t	
1			<u> </u>	Total Prospective w	ith interiii Co	mponent	
<u> </u>							
			Changes:				
			X	Rate Semester Char	nge		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebeka			
Permanent File			Medi	caid Cost Reimbursen	_		
For Informat	-			Rebeko	h Lolk		
No Change i	n Kate			1000	w Cjuur.		
	Home Office:	Consulate Health					
		800 Concourse Pa	•				
		Maitland FL 3275	51				



NORTH FLORIDA RE	EHABILITATION AN	D SPECIALTY CARE	Pre	ovider Number:	0 043880-00	
6700 N.W. 10TH PLACE			Da	te:	12/22/2021	
GAINESVILLE, FL 32	2605		Fis	scal Year End:	12/31/2019	
			Αι	dit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$215.79</u>	<u>\$221.22</u>		
G	J			·	<del></del>	
Rate Type:						
		y Prod	spective			
		X Pros	-	tal Prospective		
		_		tal Prospective with In	nterim Component	
		<del></del>	10	an i rospective with h	кетин сотроненс	
			Changes:			
		_	X Ra	te Semester Change		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah Fal		
Permanent File			Medicai	d Cost Reimbursement P	_	
For Informat				Rebekah	Colle	
No Change i	n Rate			Mockan	face	
	Home Office:	Consulate Health Care (	(CMCII)			
		800 Concourse Parkway				
		Moitland EL 22751	•			



CRESTVIEW REHABILITATION CENTER	₹	Pro	vider Number:	0 044886-00	
1849 FIRST AVENUE, EAST		Da	te:	12/22/2021	
CRESTVIEW, FL 32539		Fis	cal Year End:	12/31/2020	
		Au	dit Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$202.32</u>	\$210.81	<u>10/1/2021</u>	
Rate Type:					
	X	Prospective			
		•	tal Prospective		
			al Prospective with In	nterim Component	
			1	1	
	Г				
	-	Changes:			
		V -	_		
		X Rat	e Semester Change		
Distribution:					
Contract Management / Fiscal Agent	L		Rebekah Fal	lk	
Permanent File	<del>-</del>	Medicaio	l Cost Reimbursement I	Planning and Finance	
For Information Only				$\int \Omega \Omega$	
No Change in Rate			Rebekah	falk	
				,	
Home Office:	Southern Healthcare	e Mangement IIC			
Home office.	5887 Glenridge Dri				
	Atlanta, GA 30328				



FORT WALTON REHA	ABILITATION CENT	ΓER		Provider Num	ber:	0 044888-00	
1 LBJ SR. DRIVE				Date:		12/22/2021	
FORT WALTON BEAC	CH, FL 32548			Fiscal Year End:1		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
110vider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$211.9</u>	<u>97</u>	§224.87	<u>10/1/2021</u>	
Data Trunca							
Rate Type:							
		X	Prospective				
			X	_Total Prospect	ive		
				Total Prospective	e with Interior	m Component	
			Changes:				
			Changes.	_			
			X	Rate Semester C	Thange		
			-	_ Kate Semester C	mange		
<b>Distribution:</b>							
Contract Management / ]	Fiscal Agent			Reb	ekah Falk		
Permanent File			Med	dicaid Cost Reimbu	rsement Planni	ing and Finance	
For Information	on Only			$\mathcal{D}_{I}$	1. 0. 6	00	
No Change in	Rate			Much	kah fa	lk	
					•		
	Home Office:	Southern Healthca	are Mangement, LLC				
		5887 Glenridge D					
		Atlanta, GA 3032					



RIVER VALLEY REHABILITATION CENT	TER	Pro	vider Number:	0 044889-00	
17884 N.E. CROZIER STREET		Date	e:	12/22/2021	
BLOUNTSTOWN, FL 32424		Fisc	al Year End:	12/31/2019	
		Auc	lit Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$207.59</u>	\$216.30	<u>10/1/2021</u>	
Rate Type:					
	<sub>X</sub> Pro	ospective			
		X Tota	al Prospective		
	_	Tota	l Prospective with l	Interim Component	
	_	C.			
		Changes:			
		X Pate	G		
	-	Kate	Semester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Fa	ılk	
Permanent File		Medicaid	Cost Reimbursement	Planning and Finance	
For Information Only			0010		
No Change in Rate			Rebekah	falk	
				,	
Home Office:	Southern Healthcare N	Jangement IIC			
Home Office.	5887 Glenridge Drive	rangement, LLC			
	Atlanta, GA 30328				



HOMESTEAD MANOR A	A PALACE COMN	MUNITY		Provider Nu	mber:	0 046017-00
1330 N.W. 1ST AVENUE	,			Date:		12/22/2021
HOMESTEAD, FL 33030				Fiscal Year End:		12/31/2019
				Audit Status		Unaudited
Provider Type:  Nursing Home	Single Level		Curre <u>Rate</u> <b>\$269.</b>	2	New <u>Rate</u> \$250.53	Effective <u>Date</u> 10/1/2021
Rate Type:						
		X	_Prospective X	_ Total Prospec _ Total Prospec		im Component
Distribution:			Changes:	_Rate Semester	· Change	
Contract Management / Fis	scal Agent			R	ebekah Falk	
Permanent File			Me	edicaid Cost Reim	bursement Planr	ning and Finance
For Information No Change in R				Rebe	ekah fa	elk
	Home Office:	Professional Care 10850 SW 113th I	Place			



VICTORIA NURSING AND REHABILITATION CENTER, INC.		<u>.                                    </u>	Provider Number:		0 046128-00		
955 N.W. 3RD. STREE	ET			Date:		12/22/2021	
MIAMI, FL 33128				Fiscal Year End:		/28/2021	
				Audit Status:	U	naudited	
Provider Type:							
Trovider Type.			Curre	nt N	ew	Effective	
			Rate		<u>ate</u>	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<b>\$259.</b> 2	<u>\$29</u>	55.00	10/1/2021	
Rate Type:							
		X	Prospective				
			X	Total Prospective			
				Total Prospective v		mponent	
				_ 1		1	
			Changes:				
			X	Rate Semester Char	nge		
<b>Distribution:</b>				Rebeka	- L. T II.		
Contract Management	/ Fiscal Agent		Mo	dicaid Cost Reimburser		d Financa	
Permanent File			Me				
For Informat				Rebeke	ah Lolk		
No Change i	in Rate			10009	M Cjam	-	
	Home Office:	No Home Office					



RIVERSIDE CARE CENTER			Provider Number:		0 046758-00	
899 N.W. 4TH STREE	Γ			Date:		12/22/2021
MIAMI, FL 33128				Fiscal Year End:		2/28/2021
				Audit Statu	s:	Unaudited
Provider Type:						
110viuei Type.			Curre	nt	New	Effective
			Rate	<u>.</u>	Rate	<u>Date</u>
Nursing Home	Single Level		\$267.3	<u>35</u>	<u>\$267.35</u>	<u>10/1/2021</u>
Rate Type:						
		V	Prospective			
	-	X	_1 Tospective X	Total Prosp	ective	
				_	ective with Interi	m Component
				_ 1		1
			Changes:			
			X	Rate Semest	er Change	
				<del>_</del>	-	
Distribution:						
Contract Management /	Fiscal Agent		L		Rebekah Falk	
Permanent File	Č		Me	dicaid Cost Rei	mbursement Plann	ing and Finance
For Informati	•			Res	ekah fa	7 20 lx
No Change in	n Kate			100	you cju	<i></i>
	Home Office:	No Home Office				



RENAISSANCE HEALTH AND REHABILITATION			Provider Number:		0 047787-00		
5065 WALLIS ROAD	065 WALLIS ROAD			Date:		12/22/2021	
WEST PALM BEACH	I, FL 33415			Fiscal Year End	l:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
			Curren	t ·	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$229.91</u>	<u>\$</u>	236.42	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			_ •	Total Prospectiv	ve		
				Total Prospective		n Component	
				·		•	
			Changes:				
			X	Rate Semester Cl	nange		
Distribution:							
Contract Management	/ Fiscal Agent		Madi		kah Falk	ng and Einana	
Permanent File			Medi	caid Cost Reimburs			
For Informat				Rebek	Jah Lo	Oli	
No Change i	in Rate			1000	an Cja		
	Home Office:	Consulate Health	Care (CMCII)				
		800 Concourse P					
		Maitland, FL 327	-				



WOOD LAKE NURSING AND REHABILITATION CENTER				Provider Number:		0 047788-00	
6414 13TH ROAD, SO	OUTH		<u></u>	Date: Fiscal Year End:		12/22/2021 12/31/2019	
WEST PALM BEACH	I, FL 33415		<u></u>				
				Audit Statu	ıs:	Unaudited	
Provider Type:							
Trovider Type.			Curre	ent	New	Effective	
			Rate	<u>e</u>	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$227.</u>	87	<u>\$229.20</u>	10/1/2021	
Doto Tomo							
Rate Type:							
		X	Prospective				
			X	Total Prosp	pective		
				Total Prospe	ective with Interir	n Component	
		[	Changes:				
			Changes				
			X	Rate Semest	er Change		
					er enunge		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	_			Rebekah Falk		
Permanent File			Me	edicaid Cost Rei	mbursement Planni	ng and Finance	
For Informat	tion Only			$\mathcal{D}_{\ell}$	rekah fa	0.0.	
No Change i	n Rate			M	ekan fa	la	
	Home Office:	Consulate Health C	are (CMCII)				
		800 Concourse Parl	kway South				
	1						



HILLCREST HEALTH	I CARE AND REHAI	BILITATION CENTER		Provider Number:		0 047795-00	
4200 WASHINGTON	200 WASHINGTON STREET			Date:		12/22/2021	
HOLLYWOOD, FL 33	021			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	t	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$205.2</u>	<u>1</u> <u>\$2</u>	213.82	<u>10/1/2021</u>	
Rate Type:							
		D	<b>- 4</b> :				
		X Pro	ospective X	Total Prospectiv	70		
		-		Total Prospective		n Component	
		-		Total I Tospective	with mich	ii Component	
			Changes:				
		-	X	Rate Semester Ch	nange		
<b>Distribution:</b>							
Contract Management /	/ Fiscal Agent			Rebe	kah Falk		
Permanent File	1 isour rigent		Med	icaid Cost Reimburs	sement Planni	ng and Finance	
For Informat	ion Only						
No Change is	-			Rebek	ran fa	lk	
					,		
	Home Office:	Consulate Health Care	(CMCII)				
		800 Concourse Parkwa	· ·				
		Maitland, FL 32751	•				



HEALTH CENTRAL PARK		Provid	Provider Number:		
411 NORTH DILLARI	O STREET	Date:		12/22/2021	
WINTER GARDEN, F	L 34787	Fiscal	Year End:	9/30/2020	
		Audit	Status:	Unaudited	
Provider Type:					
Tionaci Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home	Single Level	<u>\$248.11</u>	<u>\$246.98</u>	<u>10/1/2021</u>	
Data Tyna					
Rate Type:					
	X	Prospective			
			Prospective		
		Total I	Prospective with Inter	im Component	
		Changes:			
		Chungto.			
		X Rate S	emester Change		
			omes.e 6		
<b>Distribution:</b>					
Contract Management /	Fiscal Agent		Rebekah Falk		
Permanent File			ost Reimbursement Plan		
For Informat	ion Only		Rebekah fo	^ ^ / / / ·	
No Change in	n Rate		teverante	elk	
	Home Office: No Home O	Dffice			



OCALA OAKS REHABILITATION CENTER		Provider Number:		0 048611-00		
3930 E SILVER SPRINGS BLVD		Da	te:	12/22/2021		
OCALA, FL 34470		_ Fis	cal Year End:	12/31/2020		
		Au	dit Status:	Unaudited		
Provider Type:						
110vider 13pc.		Current	New	Effective		
		Rate	Rate	<u>Date</u>		
Nursing Home Single Level		<u>\$223.53</u>	<u>\$232.9</u>	<u>10/1/2021</u>		
Rate Type:						
	<sub>X</sub> P	rospective				
	^	-	tal Prospective			
		Total Prospective with Interim Component				
			ш 1 105ресите т. т.	i internii Component		
		Changes:				
		X Rat	te Semester Change	2		
<b>Distribution:</b>						
Contract Management / Fiscal Agent			Rebekah I			
Permanent File		Medicai	d Cost Reimbursemen	at Planning and Finance		
For Information Only			Rebekal	Call		
No Change in Rate			Mockey	L falk		
Home Office:	Southern Healthcare	Management LLC				
Home Office.	5887 Glenridge Driv					
	Atlanta, GA 30328	C				



RIVIERA HEALTH RESORT		Prov	Provider Number:		
6901 YUMURI STREE	ET	Date	: <u> </u>	12/22/2021	
CORAL GABLES, FL	33146	Fisca	al Year End:	2/29/2020	
		Audi	t Status:	Unaudited	
Provider Type:					
Tionaci Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home	Single Level	<u>\$276.87</u>	<u>\$264.13</u>	10/1/2021	
Rate Type:					
	X	Prospective			
			l Prospective		
				rim Component	
			1105p	am component	
		Changes:			
		X Rate	Semester Change		
<u>Distribution:</u>			~		
Contract Management /	Fiscal Agent	Modionid (	Rebekah Falk	-i and Finance	
Permanent File			Cost Reimbursement Plan		
For Informat			Rebekah fa	A O V	
No Change is	n Kate	,	wy will		
	Home Office: No Home O	Office			



CALUSA HARBOUR			Provider Number: 0 059369-0				
2525 FIRST STREET			Date: Fiscal Year End:			12/22/2021 12/31/2020	
FORT MYERS, FL 339	001				nd:		
			Audit Status:			Unaudited	
<b>Provider Type:</b>							
- J P - V			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$264.3</u>	<u>85</u>	\$251.13	<u>10/1/2021</u>	
Data Tymar							
Rate Type:							
		X	Prospective				
			X	_Total Prospec			
				_Total Prospecti	ve with Interin	n Component	
			Changes:				
			Changes.	_			
			X	Rate Semester (	Change		
			-	_ Kate Belliester	change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rel	bekah Falk		
Permanent File			Me	dicaid Cost Reimbu	ırsement Planni	ng and Finance	
For Informati	on Only			$\mathcal{D}_{I}$	1.1.6	0.0	
No Change in	n Rate			Keve	kah fa	lk	
					•		
	Home Office:	SNH SE Tenant T	RS, Inc.				
		400 Centre Street					
		Newton, MA 0245					



STRATFORD COURT OF PALM HARBOR				Provider Num	ber:	0 059400-00	
45 KATHERINE BOUI	LEVARD		Date:			12/22/2021	
PALM HARBOR, FL 3	4648			Fiscal Year Er	nd:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$255.1</u>	12	\$243.60	<u>10/1/2021</u>	
	1						
Rate Type:							
		X	Prospective				
			X	Total Prospect	tive		
				_ Total Prospectiv	ve with Interin	n Component	
			Changes:				
			V				
			X	Rate Semester (	Change		
Distribution:							
Contract Management /	Fiscal Agent			Rel	oekah Falk		
Permanent File	Tiscar rigent		Med	dicaid Cost Reimbu	rsement Planni	ng and Finance	
For Informati	on Only				, , ,		
No Change in	-			Kebe	kah fa	lk	
				·	J		
	11 000		NDC I				
	Home Office:	SNH SE Tenant T					
		400 Centre Street					
		Newton, MA 0245	00				



GARDENS OF PORT ST. LUCIE		Provider Number:		mber:	0 059404-00		
1699 SE LYNGATE D	RIVE		Date:			12/22/2021	
PORT ST. LUCIE, FL	34952			Fiscal Year End:		12/31/2020	
				Audit Status	:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$260.9</u>		<u>\$247.89</u>	<u>10/1/2021</u>	
C	S					<u>-</u>	
	<del>_</del>						
Rate Type:							
		X	Prospective				
		Λ	1 Tospective X	Total Prospe	ective		
			Total Prospective with Interim Component				
				_ 101411105500	tive with mice.	ші Сотронен	
			Changes:				
				_			
			X	Rate Semester	r Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				Rebekah Falk		
Permanent File			Me	edicaid Cost Reim			
For Informat	•			Pal	ekah fo	0	
No Change in	n Rate			/ W	Karlya	em	
	Home Office:	SNH SE Tenant TI	RS. Inc.				
		400 Centre Street					
		Newton, MA 0245	8				



### **Medicaid Reimbursement Per Diem Rates**

SUMMER BROOK HEALTH CARE CENTER			Provider Number:		r:	0 059783-00		
5377 MONCRIEF ROA	AD.			Date:		12/22/2021 12/31/2018		
JACKSONVILLE, FL 3	2209		Fiscal Year End:					
				Audit Status:		Unaudited		
Provider Type:								
Trovider Type.			Current	N	lew	Effective		
			Rate	<u>R</u>	ate	<u>Date</u>		
Nursing Home	Single Level		<u>\$206.04</u>	<u>\$20</u>	07.03	10/1/2021		
Rate Type:								
ı								
		X	Prospective					
			XTotal Prospective					
			Total Prospective with Interim Component					
			Changes:					
				Rate Semester Cha	inge			
D: / 12 /								
<u>Distribution:</u>	Fig. 1 A			Rehek	ah Falk			
Contract Management / Permanent File	Fiscal Agent		Medi	caid Cost Reimburse		g and Finance		
For Information	on Only							
No Change in	-			Rebek	ah ta	lk		
				, 0 0 0	o j			
	Home Office:	TIKVA Healthca	are Consultants					
2333 Hansen Land			ne, Suite 4					

Tallahassee, FL 32301



SHOAL CREEK REHABILITATION CENTER		Provider Number:		0 059852-00	
500 SOUTH HOSPITAL DRIVE		Da	ıte:	12/22/2021	
CRESTVIEW, FL 32539		Fis	scal Year End:	12/31/2019	
		Aı	ıdit Status:	Unaudited	
Provider Type:					
110 Tues 13 per		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$199.17</u>	<u>\$207.53</u>	<u>10/1/2021</u>	
Data Timas					
Rate Type:					
	X	Prospective			
			tal Prospective		
		To	tal Prospective with	Interim Component	
		Changes:			
		Changes.			
		X Ra	te Semester Change		
			te Semester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Fa	alk	
Permanent File		Medicai	d Cost Reimbursement	Planning and Finance	
For Information Only			0110	$\int \Omega d$	
No Change in Rate			Rebekah	-falk	
				,	
Home Office:	Consulate Health C	Care (CMCII)			
Home office.	800 Concourse Par				
	Maitland, FL 3275	-			



ENGLEWOOD HEAL	IGLEWOOD HEALTHCARE & REHABILITATION CENTER		Pro	ovider Number:	0 059855-00	
1111 DRURY LANE			Da	te:	12/22/2021	
ENGLEWOOD, FL 34	224		Fis	cal Year End:	12/31/2019	
			Au	dit Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		<u>\$212.99</u>	<u>\$221.93</u>		
Rate Type:						
		n	,-			
		Y P1	rospective X To	1 Durantino		
				tal Prospective	ortening Common and	
			100	al Prospective with I	nterim Component	
1						
			Changes:			
			X Rat	e Semester Change		
<b>Distribution:</b>				Pakakah Fal	13	
Contract Management	/ Fiscal Agent		Medicai	Rebekah Fal		
Permanent File	d' 01		Wicara		_	
For Informat	-			Rebekah	Lolk	
10 Change i	III Kaic			1000,01-0000	Joseph	
		Г				
	Home Office:	Consulate Health Car				
		800 Concourse Parkw	vay South			
		Maitland FL 32751				



ISLAND HEALTH AN	LAND HEALTH AND REHABILITATION CENTER		F	Provider Number:		0 059866-00	
125 ALMA BOULEVA	ARD			Date:		12/22/2021	
MERRITT ISLAND, F	FL 32953		F	Fiscal Year End:		12/31/2019	
			A	Audit Status:		Unaudited	
Provider Type:							
V 1			Current	N	ew	Effective	
			Rate	<u>R</u>	<u>ate</u>	<u>Date</u>	
Nursing Home	Single Level		<u>\$215.35</u>	\$22	23.24	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			x	Total Prospective	;		
			T	otal Prospective v	vith Interim	Component	
			Changes:				
			R	Rate Semester Cha	nge		
<b>Distribution:</b>				Dahale	ah Falk		
Contract Management	/ Fiscal Agent		Medic	aid Cost Reimburse		a and Finance	
Permanent File	. 0.1		Wedle				
For Information	-			Rebeke	ah Lol	Ok	
No Change i	n Kate			10009	m Cjac	<i>N</i> C	
	Home Office:	Consulate Health	Care (CMCII)				
		800 Concourse P					
		Maitland, FL 327	751				



ROSEWOOD HEALT	OSEWOOD HEALTH AND REHABILITATION CENTER			Provider Number:	0 059869-00
3920 ROSEWOOD WA	AY		<u> </u>	Date:	12/22/2021
ORLANDO, FL 32808			<u></u>	Fiscal Year End:	12/31/2019
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	t New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$216.9</u>	<u>\$221.5</u>	<u>10/1/2021</u>
Rate Type:					
		X	Prospective		
			X	Total Prospective	
				Total Prospective with	Interim Component
		[	Chaman		
			Changes:		
			X	Rate Semester Change	
				Rate Semester Change	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah F	alk
Permanent File			Med	icaid Cost Reimbursemen	t Planning and Finance
For Informat	tion Only			De la	. ( ) ()
No Change i	n Rate			Rebekah	i falla
	Home Office:	Consulate Health C	Care (CMCII)		
	222220	800 Concourse Parl			
		Maitland FL 32751	-		



VANS HEALTH CARE		Provider Number: 0 059873-00			0 059873-00		
3735 EVANS AVENU	Е			Date:		12/22/2021	
FORT MYERS, FL 339	901			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
110viuel Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$217.0</u>	3	<u> 8226.14</u>	<u>10/1/2021</u>	
D - 4 - T							
Rate Type:							
		X	Prospective				
			X	Total Prospect	ive		
				Total Prospectiv	e with Interio	m Component	
			Changes				
			Changes:				
			X	Rate Semester C	Shanga		
				_ Kate Semester C	mange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Reb	ekah Falk		
Permanent File	-		Med	dicaid Cost Reimbu	rsement Planni	ing and Finance	
For Informati	ion Only			$\mathcal{D}_{I}$	1. 0. 6	00	
No Change in	n Rate			Keber	kah fa	lk	
					,		
	Home Office:	Consulate Health	Care (CMCII)				
	110	800 Concourse Pa					
		Maitland, FL 327	-				



SEA BREEZE HEALT	EA BREEZE HEALTH CARE			Provider Number:		0 059874-00	
1937 JENKS AVENUE	Ε			Date:		12/22/2021	
PANAMA CITY, FL 3	2405			Fiscal Year End:		12/31/2018	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Types			Curren	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$199.4</u>	<u>2</u> <u>§</u>	<u>8195.98</u>	<u>10/1/2021</u>	
D / T							
Rate Type:							
		X	Prospective				
			X	Total Prospect	ive		
				Total Prospective	e with Interio	m Component	
			Changes				
			Changes:				
			X	Rate Semester C	`hange		
			-	- Nate Semester C	mange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Reb	ekah Falk		
Permanent File			Med	licaid Cost Reimbu	rsement Planni	ing and Finance	
For Informat	ion Only			$\mathcal{D}_{l}$	1.00	00	
No Change is	n Rate			rtion	kah fa		
	Home Office:	Consulate Health	Care (CMCII)				
		800 Concourse Pa					
		Maitland, FL 327:	-				



PRING HILL HEALTH AND REHABILITATION CENTER		Pro	vider Number:	0 059877-00	
12170 CORTEZ BOUI	LEVARD		Dat	e:	12/22/2021
BROOKSVILLE, FL 3	4613		Fise	cal Year End:	12/31/2019
			Aud	dit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$209.40</u>	\$217.92	10/1/2021
Rate Type:					
		xI	Prospective		
			X Tot	al Prospective	
			Tota	al Prospective with In	terim Component
			Changes:		
			Rate	e Semester Change	
Distribution:					
Contract Management	/ Fiscal Agent	L		Rebekah Falk	<u> </u>
Permanent File		_	Medicaid	Cost Reimbursement Pl	anning and Finance
For Informat	tion Only				
No Change i	in Rate			Rebekah;	falk
				,	
	Home Office:	Consulate Health Ca	are (CMCII)		
		800 Concourse Park	way South		
Maitland El 22751					



EMERALD SHORES	MERALD SHORES HEALTH AND REHABILITATION			Provider Number:		0 060972-00	
626 NORTH TYNDAI	LL PARKWAY			Date:		2/22/2021	
CALLOWAY, FL 3240	04			Fiscal Year End:		2/31/2019	
				Audit Status:	U	naudited	
Provider Type:							
Trovider Type.			Current	: N	ew	Effective	
			Rate	<u>R</u>	ate	Date	
Nursing Home	Single Level		<u>\$210.19</u>	<u>\$21</u>	9.01	10/1/2021	
Rate Type:							
			D				
		X	_Prospective X	Tatal Duaguagiya			
				Total Prospective votal Prospe		maaaat	
				Total Prospective v	vim mærim Co	mponent	
			Changes:				
			X	Data Samaatan Cha			
				Rate Semester Cha	lige		
Distribution:							
Contract Management	/ Fiscal Agent			Rebeka	ah Falk		
Permanent File	-		Medi	caid Cost Reimburser	ment Planning an	d Finance	
For Informat	tion Only			$D_{I}$	1 600		
No Change i	n Rate			Rebeke	in falk	~	
	Home Office:	Consulate Health	Care (CMCII)				
	<b>7</b>	800 Concourse Pa					
Maitland EL 227			•				



UNIVERSITY HILLS	NIVERSITY HILLS HEALTH AND REHABILITATION			Provider Number:		0 060993-00
10040 HILLVIEW RO	AD			Date:		12/22/2021
PENSACOLA, FL 325	14			Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	2	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$201.</u>	77_	\$204.03	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prospect	tive	
				Total Prospective		m Component
				_		•
			CI	1		
			Changes:			
			X	Rate Semester (	Thomas	
				_ Kate Selliester (	Mange	
<b>Distribution:</b>						
Contract Management	Fiscal Agent			Rel	bekah Falk	
Permanent File			Me	dicaid Cost Reimbu	ırsement Planni	ing and Finance
For Informat	-			D. h.	kah fa	01
No Change i	n Rate			1000	Ran fa	
	Home Office:	Consulate Health C	Care (CMCII)			
		800 Concourse Par	rkway South			
		Maitland, FL 3275	1			



HERITAGE PARK RE	ERITAGE PARK REHABILITATION AND HEALTHCARE			Provider Number: 0 0			
2826 CLEVELAND AV	VENUE			Date:		12/22/2021	
FORT MYERS, FL 339	901			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
110.1mor = J.F			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
Nursing Home	Single Level		\$208.5	53_	\$217.28	<u>10/1/2021</u>	
	<u> </u>						
Rate Type:							
		X	Prospective				
			X	_Total Prospec	tive		
				Total Prospecti	ve with Interir	n Component	
				_			
		1		1			
			Changes:				
			v				
			X	_Rate Semester	Change		
TO 1 19 11 11 11							
<u>Distribution:</u>	T'1 A cont	l		Re	bekah Falk		
Contract Management / Permanent File	Fiscal Agent		Me	edicaid Cost Reimb		ng and Finance	
For Informati	ion Only						
No Change in	•			Kebe	kah fa	lk	
1.0 0	T Tuice			1000	r cyr cyr c		
	Home Office:	Consulate Health C	Care (CMCII)				
		800 Concourse Par	kway South				
		Maitland, FL 3275	1				



DESTIN HEALTHCAR	ESTIN HEALTHCARE AND REHABILITATION CENTER			Provider Number:		0 061101-00	
195 MATTIE M. KELL	Y BLVD.			Date:		12/22/2021	
DESTIN, FL 32541				Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$212.2</u>		221.14	10/1/2021	
Rate Type:							
		X	Prospective X	T ( 1 D			
			Λ	Total Prospecti		G	
				Total Prospective	e with intern	m Component	
		[	Changes:				
			υ	J			
			X	Rate Semester C	hange		
<b>Distribution:</b>		l					
Contract Management / I	Fiscal Agent	-	Mad		ekah Falk	to and Dinama	
Permanent File	0.1		IVICO	licaid Cost Reimbur		_	
For Information  No Change in	-			Reber	Lah la	Ik	
110 Change in	Kate			1000			
	Home Office:	Consulate Health C					
		800 Concourse Parl	-				



SAN JOSE HEALTH	N JOSE HEALTH AND REHABILITATION CENTER			Provider Number:		0 061102-00
9355 SAN JOSE BOUL	LEVARD			Date:		12/22/2021
JACKSONVILLE, FL	32257			Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u> </u>	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$196.9</u>	<u>\$0</u> <u>\$</u>	198.73	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	_Total Prospecti	ve	
				Total Prospective	e with Interin	n Component
			Changes:			
			Changes.			
			X	Rate Semester C	hange	
					8-	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent				ekah Falk	
Permanent File			Me	dicaid Cost Reimbur		
For Informat	-			Rober	kah fa	0 k
No Change i	n Rate			1000	an Cju	
	Home Office:	Consulate Health	Care (CMCII)			
		800 Concourse Pa	· · · · · · · · · · · · · · · · · · ·			
		Maitland, FL 327	•			



EAVIEW NURSING AND REHABILITATION CENTER		Provider Number: 0 061107			0 061107-00		
2401 N.E. 2ND STREE	ET			Date:		12/22/2021	
POMPANO BEACH, F	FL 33062			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Hovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$218.2</u>	<u>8</u>	<u>8227.44</u>	<u>10/1/2021</u>	
Dado Temas	<u> </u>						
Rate Type:							
		X	Prospective				
			X	_Total Prospect			
				Total Prospectiv	e with Interir	m Component	
			Changes:	<u> </u>			
			Changes.				
			X	Rate Semester C	'hange		
				_ Nate Semester C	Mange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Reb	ekah Falk		
Permanent File	-		Med	dicaid Cost Reimbu	rsement Planni	ng and Finance	
For Informat	ion Only			D1	10	0.0	
No Change in	n Rate			Kever	kah fa	lk	
					,		
	Home Office:	Consulate Health	Care (CMCII)				
	nome office.	800 Concourse Pa					
		Maitland, FL 3275	•				



VISTA MANOR		Pro	vider Number:	0 061109-00
1550 JESS PARRISH COURT		Dat	Date: 12/22/202	
TITUSVILLE, FL 32796		Fise	cal Year End:	12/31/2019
		Au	dit Status:	Unaudited
Provider Type:				
Trovider Type.		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		<u>\$207.77</u>	<u>\$216.49</u>	<u>10/1/2021</u>
Data Trusa				
Rate Type:				
	P	rospective		
			al Prospective	
		Tota	al Prospective with Ir	nterim Component
	Г	Changes:		
		e manges.		
		X Rate	e Semester Change	
Distribution:				
Contract Management / Fiscal Agent			Rebekah Fal	k
Permanent File		Medicaid	Cost Reimbursement P	lanning and Finance
For Information Only			0010	600
No Change in Rate			Rebekah	falk
				•
Home Office:	Consulate Health Car	re (CMCII)		
Home office.	800 Concourse Parkw			
	Maitland, FL 32751	, ~~ <del>~~</del>		



LAKESIDE OAKS CA	AKESIDE OAKS CARE CENTER			ler Number:	0 061140-00	
1061 VIRGINIA STRI	EET		Date:		12/22/2021	
DUNEDIN, FL 34698			Fiscal	Year End:	12/31/2019	
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$213.69</u>	<u>\$220.35</u>	<u>10/1/2021</u>	
Rate Type:						
		V	Prospective			
		X		Prospective		
				Prospective with Interi	m Component	
			1 Otal 1	Tospective with inter-	ш сопроцен	
			Changes:			
			-			
			X Rate S	emester Change		
				-		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid Co	st Reimbursement Plann	ing and Finance	
For Informa	tion Only			0,1.0.	) // //	
No Change	in Rate			Rebekah fa	LK.	
				,		
		[				
	Home Office:	Consulate Health	· · · · ·			
		800 Concourse F	·			
		Maitland FL 32	751			



THE CLUB HEALTH AN VILLAGES	ND REHAB CENT	ER AT THE		Provider Nun	nber:	0 072320-00
16529 SE 86TH BELLE N	MEADE CIRCLE			Date:		12/22/2021
THE VILLAGES, FL 321				Fiscal Year E	ind:	12/31/2020
•			<del></del>	Audit Status:	-	Unaudited
5 11 m					_	
Provider Type:			Curre	n+	New	Effective
			Rate		Rate	Date
<b>Nursing Home</b>	Single Level		\$244.	_	\$234.34	10/1/2021
Nursing nome	Single Level		<u> </u>	<u> 70                                    </u>	<u> </u>	10/1/2021
Rate Type:	1					
V I						
1						
1		X	Prospective			
			X	_Total Prospec	ctive	
				_Total Prospect	ive with Inter	rim Component
			1	T		
			Changes:	<u></u>		
			X	_Rate Semester	Change	
<b>Distribution:</b>						
Contract Management / Fi	iscal Agent				ebekah Falk	
Permanent File			Me	edicaid Cost Reimb		_
For Information	n Only			DI.	kah fo	
No Change in F	Rate			Mul	Kan fo	ell .
					•	
		G				
	Home Office:	Greystone Healtho	_			
		4042 Park Oaks B				
		Tampa, FL 33610	<u> </u>			



RADEN RIVER REHABILITATION CENTER, LLC			Provider Numb	er:	0 073324-00
2010 MANATEE AVENUE E.			Date:		12/22/2021
BRADENTON, FL 34208			Fiscal Year End	d:	12/31/2019
			Audit Status:		Unaudited
Provider Type:					
Trovider Type.		Current		New	Effective
		Rate		Rate	<u>Date</u>
Nursing Home Single Level		<u>\$223.03</u>	<u>\$</u>	232.39	<u>10/1/2021</u>
D					
Rate Type:					
	xI	Prospective			
		X	Total Prospecti	ve	
			Total Prospective	e with Interin	n Component
	Г	CI.			
	_	Changes:			
		X	<b>D</b> . C C	1	
			Rate Semester C	hange	
Distribution:					
Contract Management / Fiscal Agent	L		Rebo	ekah Falk	
Permanent File	_	Medi	caid Cost Reimbur	sement Plannii	ng and Finance
For Information Only			$\Omega_{a}$	, , ,	0.4
No Change in Rate			Reber	ean fa	lk
				J	
Home Office:	C41 II141	Manager IIC			
Home Office:	Southern Healthcare 5887 Glenridge Driv				
	Atlanta, GA 30328	<i>'</i> 'e			



GROVES CENTER	ROVES CENTER			Provider Number: 0 080062-00				
512 S. 11TH STREET			I	Date:	12/22/2021			
LAKE WALES, FL 338	853		I	Fiscal Year End: _	2/28/2021			
				Audit Status:	Unaudited			
Provider Type:								
Trovider Type.			Current	Nev	v Effective			
			Rate	Rate	<u>Date</u>			
<b>Nursing Home</b>	Single Level		<u>\$211.58</u>	<u>\$221.</u>	<u>10/1/2021</u>			
Rate Type:								
		V	Prospective					
		X	_	Total Prospective				
				-	h Interim Component			
				1	1			
			Changes:					
			X	2 4 5 4 61				
			P	Rate Semester Chang	e			
Distribution:								
Contract Management /	Fiscal Agent			Rebekah	Falk			
Permanent File			Medic		nt Planning and Finance			
For Informati				Rebekal	2 600			
No Change in	n Rate			MOCKON	1 fall			
	Home Office:	No Home Office						



LAKELAND HILLS C	AKELAND HILLS CENTER			Provider Number:		0 080068-00	
610 E. BELLA VISTA	DRIVE			Date:		12/22/2021	
LAKELAND, FL 3380	5			Fiscal Year l	End:	2/28/2021	
				Audit Status	:	Unaudited	
Provider Type:							
110viuei Type.			Curre	nt	New	Effective	
			Rate	<u>}</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$215</u>	<u>39</u>	<u>\$222.37</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	_Total Prospe	ective		
				Total Prospec	tive with Interi	m Component	
			Changes:	1			
			Changes.				
			X	Rate Semeste	r Change		
			-		r Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				Rebekah Falk		
Permanent File			Me	edicaid Cost Reim		_	
For Informati	•			Pol	ekah fa	7 2	
No Change in	n Rate			/ W	exact fa	CA	
	Home Office:	No Home Office					



TARPON BAYOU CE	TARPON BAYOU CENTER			Provider Number: 0 080079-00		
515 CHESAPEAKE DI	RIVE			Date: 12/22/2021		12/22/2021
TARPON SPRINGS, F	L 34689			Fiscal Year End	l:	2/28/2021
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$226.9</u>	<u>1</u> \$2	228.48	<u>10/1/2021</u>
	1					
Rate Type:						
		X	Prospective			
			X	Total Prospectiv	ve	
				Total Prospective	with Interim (	Component
			Changes:	]		
			v			
			X	Rate Semester Ch	nange	
Distribution:						
Contract Management /	Fiscal Agent			Rebe	kah Falk	
Permanent File	r isear rigent		Med	licaid Cost Reimburs	sement Planning	and Finance
For Informat	ion Only					4
No Change in	•			Kebek	ish fali	
					J	
	II 000	N. H. O.C.				
	Home Office:	No Home Office				



CONSULATE HEALTH	ONSULATE HEALTH CARE OF BAYONET POINT			Provider Nun	nber:	0 080374-00
8132 HUDSON AVENU	Е			Date: 12/22/2		12/22/2021
HUDSON, FL 34667				Fiscal Year E	nd:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	2	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$205.</u>	<u>12</u>	\$213.73	<u>10/1/2021</u>
Rate Type:						
			Duocuoctivo			
		X	Prospective X	Total Prospec	tive	
			-	Total Prospecti		n Component
				_ rotal rrospecti	ive with interm	Component
			Changes:			
			X	_Rate Semester	Change	
Distribution.						
<b>Distribution:</b> Contract Management / F	iscal Agent			Re	bekah Falk	
Permanent File	iscai rigent		Me	edicaid Cost Reimb	ursement Plannii	ng and Finance
For Information	n Only					
No Change in I	Rate			Kebe	Kah fa	lk
					J	
	Home Office:	Consulate Health	Care (CMCII)			
	1101112 011100.	800 Concourse Pa				
		Maitland, FL 327	-			



CONSULATE HEALT	TH CARE OF BRAND	ONSULATE HEALTH CARE OF BRANDON			mber:	0 080377-00
701 VICTORIA STRE	ET			Date:	Date: 12/22/2021	
BRANDON, FL 33510				Fiscal Year End:		12/31/2019
				Audit Status	s:	Unaudited
Provider Type:						
Trovider Types			Curre	nt	New	Effective
			Rate	2	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$201.</u>	93	<u>\$214.88</u>	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	_Total Prospe	ective	
				Total Prospec	ctive with Interin	n Component
			Changes:			
			<b>g</b>			
			X	Rate Semeste	er Change	
				_	C	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent				Rebekah Falk	
Permanent File			Me		nbursement Plannin	
For Informat No Change is	•			Rob	ekah fa	lk
No Change I	II Kate			100	0,900 ( )00	
	Home Office:	Consulate Health	Care (CMCII)			
		800 Concourse Pa				
		Maitland, FL 327	-			



ONSULATE HEALTH CARE OF JACKSONVILLE			Pro	vider Number:	0 080384-00	
4101 SOUTHPOINT D	R. EAST		Dat	e:	12/22/2021	
JACKSONVILLE, FL	32216		Fisc	eal Year End:	12/31/2019	
			Auc	lit Status:	Unaudited	
Provider Type:						
J.F.			Current	New	Effective	
			Rate	<u>Rate</u>	<u>Date</u>	
Nursing Home	Single Level		<u>\$226.37</u>	<u>\$227.93</u>	<u>10/1/2021</u>	
Rate Type:						
		v	Prospective			
		X		al Prospective		
				al Prospective with Int	erim Component	
			100	ir i rospective with int	orini Component	
			Changes:			
			X Rate	e Semester Change		
Distribution:						
Contract Management /	Fiscal Agent			Rebekah Falk		
Permanent File				Cost Reimbursement Pla	_	
For Informat	•			Rebekah,	Colle	
No Change in	n Rate			/ Wekar 7	racin	
	Home Office:	Consulate Health	h Care (CMCII)			
	nome office.	800 Concourse I				
		Maitland FL 32	•			



CONSULATE HEALT	CONSULATE HEALTH CARE OF KISSIMMEE			Provider Num	ber:	0 080387-00	
2511 N. JOHN YOUNG	G PARKWAY			Date:	Date: 12/22/2021		
KISSIMMEE, FL 3474	1			Fiscal Year Er	ıd:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
110viuel Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$211.7</u>	<u>'1</u>	§219.13	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	_Total Prospect	ive		
				_Total Prospectiv	e with Interir	n Component	
			Changes:				
			X	D ( C )	71		
				Rate Semester (	nange		
Distribution:							
Contract Management /	Fiscal Agent			Rel	ekah Falk		
Permanent File	C		Med	dicaid Cost Reimbu	rsement Planni	ng and Finance	
For Informati	ion Only			$\Omega_{a}$	, , ,	0.4	
No Change in	n Rate			Kebe	kah fa	lk	
					,		
	Home Office:	C 1 - 4 - 11 141-	C (CMCII)				
	Home Office:	Consulate Health					
		800 Concourse Pa Maitland, FL 327	-				
		iviaitiaila, FL 32/	J1				



CONSULATE HEALT	ONSULATE HEALTH CARE OF LAKELAND			Provider Number: 0 080391-00				
5245 N. SOCRUM LO	OP ROAD			Date:		12/22/2021		
LAKELAND, FL 3380	9			Fiscal Year End:		12/31/2019		
				Audit Status:	-	Unaudited		
Provider Type:								
Trovider Types			Current	]	New	Effective		
			Rate	]	Rate	<u>Date</u>		
Nursing Home	Single Level		\$203.83	<u>\$2</u>	12.15	<u>10/1/2021</u>		
Rate Type:								
		X	Prospective					
		A	_ •	Total Prospectiv	re			
				Total Prospective		n Component		
				1		1		
			Changes					
			Changes:					
			X	Rate Semester Ch	anga			
				Nate Semester Ch	ange			
Distribution:								
Contract Management	/ Fiscal Agent			Rebel	kah Falk			
Permanent File	-		Medi	caid Cost Reimburs	ement Plannii	ng and Finance		
For Informat	tion Only			011		0.0		
No Change i	n Rate			Rebek	an fa	lk		
					•			
	Home Office:	Consulate Health	Care (CMCII)					
		800 Concourse Pa	,					
		Maitland, FL 327	-					



CONSULATE HEALT	TH CARE OF LAKE F	ARKER		Provider Num	nber:	0 080393-00	
2020 W. LAKE PARKER DRIVE				Date:		12/22/2021	
LAKELAND, FL 3380	5			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Types			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$212.</u>	<u>40</u>	\$218.53	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
		X	rospective x	Total Prospec	tive		
				Total Prospecti		n Component	
				_ 1		1	
			Changes:				
			X	Rate Semester	Change		
<b>Distribution:</b>							
Contract Management /	/ Fiscal Agent			Re	bekah Falk		
Permanent File			Me	edicaid Cost Reimb	ursement Planni	ng and Finance	
For Informat	ion Only			$\Omega_{a}$	100	0.4	
No Change is	n Rate			Kebe	kah fa	lk	
					,		
	Home Office:	Consulate Health	Care (CMCII)				
	<b>-</b>	800 Concourse Pa					
		Maitland, FL 327	-				



CONSULATE HEALT	TH CARE OF MELBO	URNE		Provider Nur	nber:	0 080394-00	
3033 SARNO ROAD				Date:		12/22/2021	
MELBOURNE, FL 329	934			Fiscal Year E	End:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	Date	
<b>Nursing Home</b>	Single Level		<u>\$221.</u> :	_	<u>\$224.72</u>	<u>10/1/2021</u>	
Rate Type:							
•							
		V	Prospective				
		X	rospective X	Total Prospec	ctive		
1				_	tive with Interin	n Component	
						n component	
				1			
			Changes:				
			X	<b>D</b> 4 C 4	CI		
			A	_Rate Semester	Change		
<b>Distribution:</b>							
Contract Management	Fiscal Agent		L	R	ebekah Falk		
Permanent File	S		Me	edicaid Cost Reimb	oursement Planni	ng and Finance	
For Informat	ion Only			$\Omega_{0}$	100	0.0	
No Change i	n Rate			Kebl	kah fa	lk	
					ŕ		
	Home Office:	Consulate Health	Care (CMCII)				
		800 Concourse Pa	arkway South				
		Maitland, FL 327	51				



CONSULATE HEALT	TH CARE OF NEW P	ORT RICHEY		Provider Nu	mber:	0 080397-00	
3417 OLD COUNTY ROAD 54				Date: Fiscal Year End:		12/22/2021 12/31/2019	
NEW PORT RICHEY,	V PORT RICHEY, FL 34653						
				Audit Status	s:	Unaudited	
Provider Type:							
Trovider Types			Curre	ent	New	Effective	
			Rate	2	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$203.</u>	08_	<u>\$211.60</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	Total Prospe	ective		
				Total Prospec	ctive with Interin	n Component	
			Changes:				
			X	Rate Semeste	er Change		
					8		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			F	Rebekah Falk		
Permanent File			Me	edicaid Cost Rein	nbursement Planni	ng and Finance	
For Informat	-			Rob	ekah fa	l k	
No change i	n Kate			, 000	cy - w cy oc		
	Home Office:	Consulate Health	Care (CMCII)				
		800 Concourse Pa	arkway South				
		Maitland, FL 327	51				



CONSULATE HEALT	TH CARE OF NORTH	FT. MYERS		Provider Numbe	r:	0 080400-00	
991 PONDELLA ROAD			Date:		12/22/2021		
FORT MYERS, FL 339	903			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	t N	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$207.8</u>	<del>-</del>	13.96	10/1/2021	
8	e			_			
Rate Type:							
		V.	Prospective				
		X	rrospective x	Total Prospectiv	re.		
				Total Prospective		Component	
				Total Trospective	with interim	Component	
			Changes:				
				•			
			X	Rate Semester Cha	ange		
				•			
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebel	kah Falk		
Permanent File			Med	licaid Cost Reimburs	ement Planning	g and Finance	
For Informat	tion Only			01.1	in la Cal	) <i>()</i> .	
No Change i	n Rate			Rebek	an fal		
	Home Office:	Consulate Health	Care (CMCII)				
	Home Office.	800 Concourse P	` '				
		Maitland EL 227	•				



CONSULATE HEALTH CARE OF ORANGE PARK		Provid	Provider Number:		
1215 KINGSLEY AVENUE		Date:		12/22/2021	
ORANGE PARK, FL	32073		Fiscal	Year End:	12/31/2019
			Audit	Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$206.33</u>	<u>\$217.26</u>	<u>10/1/2021</u>
Rate Type:					
		X	Prospective		
				Prospective	
			Total P	rospective with Inter	rim Component
			Changes:		
			Changes.		
			X Rate Se	emester Change	
			Kate St	emester Change	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah Falk	
Permanent File	C		Medicaid Co	st Reimbursement Plan	ning and Finance
For Informa	tion Only		,	0,101	
No Change	in Rate			Pebekah fo	elk
				,	
	Home Office:	Conquista II - 141	h Cara (CMCII)		
	поше Описе:	Consulate Health 800 Concourse I			
		Maitland EL 22	•		



CONSULATE HEALT	TH CARE OF PENSA	COLA	P	rovider Number:	0 080405-00	
35 WEST AIRPORT BOULEVARD				Pate:	12/22/2021	
PENSACOLA, FL 325	05		Fiscal Year End:		12/31/2019	
			A	Audit Status:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$206.72	<u>\$220.2</u>	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
				otal Prospective		
			<del></del> -	otal Prospective with	Interim Component	
			Changes:			
			Changes.			
			X R	ate Semester Change		
				ate Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah F	alk	
Permanent File			Medica	aid Cost Reimbursement	Planning and Finance	
For Informat	tion Only			0110	600	
No Change i	n Rate			Rebekah	-falk	
	Home Office:	Consulate Health	a Care (CMCII)			
		800 Concourse P	· · · · ·			
		Maitland, FL 327	-			



CONSULATE HEALT	TH CARE OF SAFET	Y HARBOR		Provider Nu	mber:	0 080406-00	
1410 DR. MARTIN LUTHER KING JR. ST. N				Date:		12/22/2021	
SAFETY HARBOR, F	L 34695			Fiscal Year	End:	12/31/2019	
				Audit Status	<b>:</b>	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$209.</u>	<u>10</u>	<u>\$215.73</u>	10/1/2021	
Rate Type:							
Rate Type.							
		X	Prospective				
			X	Total Prospe			
				_ Total Prospec	ctive with Interin	n Component	
			Changes:				
			X	_Rate Semeste	r Change		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			F	Rebekah Falk		
Permanent File	1 150 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Me	edicaid Cost Rein	nbursement Planni	ng and Finance	
For Informat	tion Only			$\Omega_{a}$	, , ,	0.4	
No Change i	n Rate			Keb	ekah fa	lk	
					,		
	Home Office:	Consulate Health	Care (CMCII)				
		800 Concourse P					
		Maitland, FL 327	751				



CONSULATE HEALT	TH CARE OF ST. PET	TERSBURG		Provider Nu	mber:	0 080409-00	
9393 PARK BOULEVARD				Date:		12/22/2021	
SEMINOLE, FL 33777	7			Fiscal Year End:		12/31/2019	
				Audit Status	<b>:</b>	Unaudited	
Provider Type:							
Trovider Types			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$215.</u>	<u>35</u>	<u>\$221.80</u>	10/1/2021	
Rate Type:							
		X	Prospective				
			X	_ Total Prospe	ective		
			-	_Total Prospec	ctive with Interin	n Component	
			Changes:				
			X	Rate Semeste	r Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				Rebekah Falk		
Permanent File			Me		nbursement Planni		
For Informat No Change is	-			Rob	ekah fa	lk	
No change i	ii Kate			, 000	0/-00/ 0/00		
	Home Office:	Consulate Health	Care (CMCII)				
		800 Concourse Pa	arkway South				
		Maitland, FL 327	751				



CONSULATE HEALT	TH CARE OF SARAS	OTA	I	Provider Number:_	0 080413-00
4783 FRUITVILLE ROAD			I	Date:	12/22/2021
SARASOTA, FL 3423	2		I	Fiscal Year End: _	12/31/2019
			I	Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	Nev	w Effective
			Rate	Rat	<u>Date</u>
Nursing Home	Single Level		<u>\$235.04</u>	<u>\$241</u>	<u>10/1/2021</u>
Rate Type:					
		X	Prospective X	F ( 1 D ) ( )	
				Fotal Prospective	th Interim Component
				Total Prospective wi	.n interim Component
			Changes:		
			I	Rate Semester Chang	ge .
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah	Falk
Permanent File	1 150 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Medic	caid Cost Reimburseme	ent Planning and Finance
For Informat	tion Only			$O_{a}$	0 / 00
No Change i	n Rate			Rebeka	h falk
					,
	Home Office:	Consulate Health	n Care (CMCII)		
		800 Concourse P	arkway South		
		Moitland EL 227	751		



CONSULATE HEALT	TH CARE OF PORT C	HARLOTTE	Provid	er Number:	0 080416-00	
18480 COCHRAN BL	18480 COCHRAN BLVD		Date:		12/22/2021	
PORT CHARLOTTE,	FL 33948		Fiscal	Year End:	12/31/2019	
			Audit	Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$216.89</u>	<u>\$219.47</u>	10/1/2021	
Rate Type:						
		X	Prospective			
			X Total I	Prospective		
			Total P	rospective with Interi	m Component	
			Changes:			
			onunges.			
			X Rate Se	emester Change		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File				st Reimbursement Plann	_	
For Information	tion Only		M	Pebekah fa	) . <i>() ()</i> .	
No Change i	in Rate		//	teveran fa	XX.	
				-		
	Home Office:	Consulate Health	Care (CMCII)			
	monie omice.	800 Concourse P				
		Maitland FL 327	•			



CONSULATE HEALTH	CARE OF TALLA	HASSEE		Provider Numb	ber:	0 080428-00	
1650 PHILLIPS ROAD				Date:		12/22/2021	
TALLAHASSEE, FL 323	08			Fiscal Year En	d:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$217.2	28_	<u>8223.47</u>	10/1/2021	
Rate Type:							
		X	Prospective				
			x	Total Prospect	ive		
				Total Prospectiv		m Component	
				_			
				1			
			Changes:				
			v				
			X	_Rate Semester C	Change		
<b>Distribution:</b>							
Contract Management / Fi	iscal Agent			Reb	ekah Falk		
Permanent File	50 <b>4</b> 1 1 25-11-		Med	dicaid Cost Reimbu	rsement Plann	ing and Finance	
For Information	ı Only			$\Omega_{a}$	, , (	0.4	
No Change in R	-			Reber	kah fa	LK.	
					J		
		G 1 11	~ (C) (CII)				
	Home Office:	Consulate Health					
		800 Concourse Pa	-				



Audit Status:  Provider Type:  Current M Rate E  Nursing Home Single Level \$211.65 \$2   Rate Type:	12/22/2021 12/31/2019 Unaudited
Provider Type:    Current   N     Rate   E     S211.65   \$2    Rate Type:	
Provider Type:    Current   Nate   Eate   Ea	Unaudited
Nursing Home Single Level \$\frac{\text{Current}}{\text{Rate}}\$ \frac{\text{R}}{\text{211.65}}\$ \$\frac{\text{S2}}{\text{S2}}\$\$  Rate Type:  \[ \text{\text{x} Prospective} \\ \text{\text{x} Total Prospective} \\ \text{\text{Total Prospective}} \\ \text{\text{Total Prospective}} \\ \text{\text{Total Prospective}} \\ \text{\text{\text{Changes:}}} \\ \text{\text{\text{x} Rate Semester Chain Prospective}} \]	
Nursing Home Single Level \$\frac{\text{Current}}{\text{Rate}}\$ \frac{\text{R}}{\text{211.65}}\$ \$\frac{\text{S2}}{\text{S2}}\$\$  Rate Type:  \[ \text{\text{x} Prospective} \\ \text{\text{x} Total Prospective} \\ \text{\text{Total Prospective}} \\ \text{\text{Total Prospective}} \\ \text{\text{Total Prospective}} \\ \text{\text{\text{Changes:}}} \\ \text{\text{\text{x} Rate Semester Chain Prospective}} \]	
Nursing Home Single Level \$211.65 \$2  Rate Type:    x	New Effective
Rate Type:	Rate <u>Date</u>
	<u>18.14</u> <u>10/1/2021</u>
Total Prospective  Total Prospective  Total Prospective  X Rate Semester Characters  Rate Semester Characters  X Rate Semester Characters  Rate Semester Characters  X Rate Semester Characters  X Rate Semester Characters	
Total Prospective  Total Prospective  Total Prospective  X Rate Semester Characters  Rate Semester Characters  X Rate Semester Characters  Rate Semester Characters  X Rate Semester Characters  X Rate Semester Characters	
Total Prospective  Total Prospective  Changes:  X Rate Semester Changes	
Changes:  X Rate Semester Cha	e
Changes:  X Rate Semester Cha	with Interim Component
X Rate Semester Cha	1
X Rate Semester Cha	
Rate Selliester Cha	
Rate Selliester Cha	
Distribution	inge
Distribution	
	ah Falk
	ement Planning and Finance
No Change in Rate	ah falk
	J
Home Office: Consulate Health Care (CMCII)	
800 Concourse Parkway South	



CONSULATE HEALT	NSULATE HEALTH CARE AT WEST ALTAMONTE		Provider Number:		0 080431-00
1099 WEST TOWN P.	ARKWAY		Dat	e:	12/22/2021
ALTAMONTE SPRIN	IGS, FL 32714		Fisc	cal Year End:	12/31/2019
			Aud	dit Status:	Unaudited
Provider Type:					
Tionaci Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$214.61</u>	<u>\$217.32</u>	<u>10/1/2021</u>
Rate Type:					
			Dua ama activya		
		X	Prospective X Tot	al Prospective	
				al Prospective with In	terim Component
			100	ii i iospective with in	ени сопровен
			Changes:		
			X Rate	e Semester Change	
<b>Distribution:</b>				Rebekah Fall	
Contract Management	/ Fiscal Agent		Medicaid	Cost Reimbursement Pl	
Permanent File  For Informa	tion Only				_
No Change i	•			Rebekah;	folk
110 Change	III Kate			10001-0000	
	Home Office:	Consulate Health	· · · · ·		
		800 Concourse Pa	•		
		Maitland FL 3275	51		



CONSULATE HEALT	ONSULATE HEALTH CARE OF WEST PALM BEACH			Provider Number:		0 080432-00
1626 DAVIS ROAD				Date:		12/22/2021
WEST PALM BEACH	I, FL 33406			Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$228.</u>		<u>\$237.49</u>	<u>10/1/2021</u>
Rate Type:						
			Dragmantiva			
		X	_Prospective X	Total Prospec	otive	
				Total Prospect		n Component
			-	_ Total I Tospect	ive with intern	п сотролен
			Changes:			
			v			
			X	_Rate Semester	Change	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Re	ebekah Falk	
Permanent File	C		Me	edicaid Cost Reimb	oursement Planni	ng and Finance
For Informat	tion Only			$\mathcal{O}_{\mathcal{I}}$	1.0 (	0.0
No Change i	n Rate			Keve	kah fa	lk
	Home Office:	Consulate Health	· · · · · · · · · · · · · · · · · · ·			
		800 Concourse Pa	-			
		Maitland, FL 3275	51			



CONSULATE HEALT	NSULATE HEALTH CARE OF WINTER HAVEN			Provider Number:		0 080434-00
2701 LAKE ALFRED	ROAD			Date:		12/22/2021
WINTER HAVEN, FL	33881			Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	2	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$208.</u>	41 9	<u>\$217.15</u>	<u>10/1/2021</u>
D. A. T.	1					
Rate Type:						
1						
		X	Prospective			
			X	_Total Prospect	tive	
				_Total Prospectiv	ve with Interir	m Component
			Changes:			
			Changes.			
			X	Rate Semester (	Thange	
				_ Rate Belliester C	Snange	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rek	ekah Falk	
Permanent File			Me	edicaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	tion Only			$\mathcal{O}_{I}$	1.1.6	0.0.
No Change i	n Rate			Twe	kah fa	lk
	Home Office:	Consulate Health	Care (CMCII)			
		800 Concourse Pa	· ´			
		Maitland, FL 327	-			



FRANCO NURSING A	RANCO NURSING AND REHABILITATION CENTER			Provider Number:		0 080436-00
800 NW 95TH STREE	Т			Date:		12/22/2021
MIAMI, FL 33150				Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	2	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$232.</u>	10	<u>\$238.51</u>	10/1/2021
Rate Type:						
Taute Type.						
		X	_Prospective X	T / 1D		
				_ Total Prospect		
				_ Total Prospective	ve with interif	n Component
			Changes:			
			X	D-4- C	71	
				_Rate Semester (	onange	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rel	bekah Falk	
Permanent File			Me	edicaid Cost Reimbu	ırsement Planni	ng and Finance
For Informat	ion Only			D. h.	kah fa	00
No Change in	n Rate			Mol	Ran fa	
	Home Office:	Consulate Health				
		800 Concourse Pa	-			
		Maitland, FL 3275	51			



UNIVERSITY PLAZA	VIVERSITY PLAZA REHABILITATION & NURSING CENTER		Provide	er Number:	0 082204-00
724 NW 19TH STREE	Т		Date:		12/22/2021
MIAMI, FL 33136			Fiscal Y	Year End:	2/29/2020
			Audit S	Status:	Unaudited
Provider Type:					
110 (last 1) per			Current	New	Effective
			Rate	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$251.98</u>	<u>\$257.84</u>	<u>10/1/2021</u>
Rate Type:					
••					
		x Pros	pective X Total P	· · · · ·	
		_	10ttl1	rospective	
			I otal Pr	ospective with Interi	im Component
			Changes:		
			X Rate Ser	mester Change	
Distribution:					
Contract Management /	Fiscal Agent			Rebekah Falk	
Permanent File				t Reimbursement Plann	
For Informat	-		.f.	ebekah fa	7 2
No Change in	n Rate		/(	werear ya	M
	Home Office:	Hebrew Homes Health N	Jetwork, Inc		
		1800 NE 168th Street, St	uite 200		
		North Miami Beach, FL	33162		



SARASOTA POINT RE	RASOTA POINT REHABILITATION CENTER		Provider Number: 0 0		0 085643-00		
2600 COURTLAND ST	REET			Date:		12/22/2021	
SARASOTA, FL 34237				Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$274.1</u>	13	\$260.42	10/1/2021	
Rate Type:							
		X	Prospective				
		<del> </del>	Y	Total Prospec	tive		
				Total Prospecti		n Component	
				- ^		•	
			Changes:				
			X	_Rate Semester (	Change		
D							
<u>Distribution:</u>	Fig. 1 A see4			Rel	bekah Falk		
Contract Management / Permanent File	riscai Agent		Me	dicaid Cost Reimbi		ng and Finance	
For Information	on Only						
No Change in	-			Rebe	kah fa	lk	
				, , ,	, oj		
	Home Office:		are Mangement, LLO	C			
		5887 Glenridge D					
		Atlanta, GA 3032	28				



BARTRAM CROSSIN	RTRAM CROSSING			Provider Number:		0 086990-00	
6209 BROOKS BART	RAM DRIVE, BLDG	100		Date:		12/22/2021	
JACKSONVILLE, FL	32258			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$252.5</u>	<u>\$1</u>	242.08	<u>10/1/2021</u>	
Rate Type:							
Rate Type.							
		X	Prospective				
			X	_Total Prospecti			
				_Total Prospective	e with Interin	Component	
			Changes:				
			-				
			X	Rate Semester Cl	hange		
				_			
Distribution:							
Contract Management	/ Fiscal Agent			Rebe	ekah Falk		
Permanent File			Med	dicaid Cost Reimbur	sement Plannir	ng and Finance	
For Information	tion Only			Rebek	1.1.6	0.0.	
No Change i	in Rate			Kell	san fa	ll	
					·		
	Home Office:	Drooks Chillod N	Jursing Facility A, Inc	<u> </u>			
	nome Office:	3599 University					
		Jacksonville, FL					
		Jacksonville, FL	J441U				



KRYSTAL BAY NUR	YSTAL BAY NURSING & REHABILITATION			Provider Number:		0 089220-00
16650 W. DIXIE HIGH	HWAY			Date:		12/22/2021
NORTH MIAMI BEA	CH, FL 33160			Fiscal Year End	d:	1/31/2021
				Audit Status:		Unaudited
Provider Type:						
Tionaci Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$254.4		250.93	10/1/2021
Rate Type:						
Nate Type.						
		X	Prospective			
			X	Total Prospecti		
				_Total Prospective	e with Interio	n Component
1						
			Changes:			
				<u> </u>		
			X	Rate Semester C	hange	
				- Rate Demoster 5.	1141150	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebe	ekah Falk	
Permanent File			Med	dicaid Cost Reimbur		_
For Informat	tion Only			$\mathcal{D}_{1}$	1. 1.	0.0
No Change i	in Rate			Reber	can fa	lk
					•	
	Home Office:	Royal Meridian				
	1101112 011120.	3777 Royal Palm A	Ave			
		Miami FL 33140				



OSPREY POINT NUR	SING CENTER			Provider Nur	nber:	0 092678-00
1104 NORTH MAIN S	TREET			Date:		12/22/2021
BUSHNELL, FL 33513	3			Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u>2</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$230.</u>	73	\$232.15	<u>10/1/2021</u>
Rate Type:						
			D. C			
		X	Prospective X	Total Prospe	ativa	
				_	tive with Interir	n Component
				_ Total Flospect	iive with intern	п сотронен
			Changes:			
			X	_Rate Semester	Change	
Distribution:						
Contract Management /	Fiscal Agent			R	ebekah Falk	
Permanent File	S		Me	edicaid Cost Reiml	oursement Planni	ng and Finance
For Informat	ion Only			$\mathcal{O}_{\mathcal{I}}$	100	0.1
No Change is	n Rate			Kebe	kah fa	lk
					·	
	Home Office:	Consulate Health	Care (CMCII)			
		800 Concourse Pa	arkway South			
		Maitland, FL 327	51			



BAYA POINTE NURS	YA POINTE NURSING AND REHABILITATION CENTER		Provider Number:		0 092681-00
587 SE ERMINE STR	EET		Dat	e:	12/22/2021
LAKE CITY, FL 3202	5		Fise	cal Year End:	12/31/2019
			Au	lit Status:	Unaudited
Provider Type:					
Tionaci Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$234.15</u>	\$234.61	
Rate Type:					
		-, D <sub>m</sub>	a ativo		
		Y Pr	ospective X Tot	al Prospective	
		-		al Prospective with Ir	starin Companent
1		-	100	ii Prospective with ii	iterim Component
1					
			Changes:		
			X Rate	e Semester Change	
<b>Distribution:</b>	·	L		Rebekah Fal	l <sub>z</sub>
Contract Management	/ Fiscal Agent		Medicaid	Cost Reimbursement P	
Permanent File	ti Only				_
For Informat	-			Rebekah	Lolk
110 Change I	III Rate			/ (20 0) = 0 0	10000
		Γ			
	Home Office:	Consulate Health Care			
		800 Concourse Parkwa	ay South		
		Maitland FL 32751			



HAWTHORNE HEAL	AWTHORNE HEALTH AND REHAB OF SARASOTA			Provider Number:		0 094353-00
5381 DESOTO ROAD				Date:		12/22/2021
SARASOTA, FL 34235	5			Fiscal Year End:		6/30/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$267.</u>	05	\$253.70	10/1/2021
_	_					
Rate Type:						
		**	Drognactiva			
		X	Prospective X	Total Prospec	tiva	
				Total Prospecti		Commonant
			-	_ I otai Prospecu	ve with inter	ım Componeni
			Changes:			
			X	Rate Semester	Change	
				_ Kate Semester	Change	
Distribution:						
Contract Management /	Fiscal Agent			Re	bekah Falk	
Permanent File	<b>1.10</b>		Me	edicaid Cost Reimb	ursement Planr	ning and Finance
For Informat	ion Only			$O_{a}$	, , /	1
No Change in				Kebe	kah fa	elk –
				/ V = =	, ,	
	Home Office:	No Home Office				



AZALEA TRACE				Provider Num	ıber:	0 096150-00	
10100 HILLVIEW DRI	IVE			Date:		12/22/2021	
PENSACOLA, FL 325	14			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$226.6	<u>60</u>	\$218.37	<u>10/1/2021</u>	
Rate Type:							
Kate Type.							
		X	_Prospective				
			X	_Total Prospec			
				_Total Prospecti	ve with Interin	n Component	
			Changes:				
				<u></u>			
			X	Rate Semester	Change		
				=	-		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				bekah Falk		
Permanent File			Med	dicaid Cost Reimb	ursement Planni	ng and Finance	
For Informat	-			Polo	kah fa	00	
No Change in	n Rate			rove	Ran fa		
	Home Office:	ACTS Retirement	t-Life Communities,	Inc.			
		P.O.Box 90 375 N					
		West Point, PA 19	9486				



PALM GARDEN OF A	VENTURA			Provider Num	ber:	0 098577-00
21251 E. DIXIE HIGHW	VAY			Date:		12/22/2021
AVENTURA, FL 33180	)			Fiscal Year E	nd:	9/30/2020
				Audit Status:		Unaudited
Duovidon Tymos						
Provider Type:			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$259.8	_	\$260.48	<u>10/1/2021</u>
Rate Type:						
J.F						
			D 4:			
		X	Prospective X	Total Dunganga	ei e e	
				_ Total Prospect		n Common on t
				_Total Prospecti	ve with interif	n Component
			Changes:			
			X	_Rate Semester (	Change	
<b>Distribution:</b>						
Contract Management / I	Fiscal Agent			Rel	bekah Falk	
Permanent File	5		Me	dicaid Cost Reimbu	ırsement Planni	ng and Finance
For Information	on Only			$\Omega_{A}$	, , ,	0.0
No Change in	Rate			Kebe	kah fa	lk
					,	
	Home Office:	Palm Garden Hea	lthcare Holdings			
		2033 Main Street				
		Sarasota, FL 3423	37			



PALM GARDEN OF (	CLEARWATER			Provider Numb	er:	0 098580-00
3480 MCMULLEN BO	OOTH ROAD			Date:		12/22/2021
CLEARWATER, FL 3	3761			Fiscal Year End	l:	9/30/2020
				Audit Status:		Unaudited
Provider Type:			Current <u>Rate</u>		New Rate	Effective <u>Date</u>
Nursing Home	Single Level		\$245.53		243.35	10/1/2021
-	-					
Rate Type:						
Kate Type.						
Distribution:		X	Changes:	Total Prospective Total Prospective	with Interin	n Component
Contract Management	/ Fiscal Agent			Rebe	kah Falk	
Permanent File	S		Medi	caid Cost Reimburs	sement Planni	ng and Finance
For Informat	•			Rebek	iah fa	lk
	Home Office:	Palm Garden Hea 2033 Main Street	_			
		Sarasota, FL 3423	37			



PALM GARDEN OF O	GAINESVILLE			Provider Numb	er:	0 098581-00
227 S.W. 62ND BOUL	EVARD			Date: 12/2		12/22/2021
GAINESVILLE, FL 32	2607			Fiscal Year End	l:	9/30/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$242.1</u>		236.15	<u>10/1/2021</u>
S	S			_		
Rate Type:						
			D			
		X	Prospective X	Total Dragmosti		
				Total Prospectiv		- C
				_Total Prospective	e with interin	n Component
			Changes:			
			2 11 8	_		
			X	Rate Semester Cl	nange	
			-	_ rate semester er	lange	
Distribution:						
Contract Management	/ Fiscal Agent			Rebe	kah Falk	
Permanent File	S		Med	dicaid Cost Reimburg	sement Plannii	ng and Finance
For Informat	tion Only				, , ,	0.4
 No Change i	-			Rebek	rah fa	lk
				·	J	
	Home Office:	Palm Garden Hea				
		2033 Main Street				
		Sarasota, FL 3423	37			



PALM GARDEN OF JACKSONVILLE		Provide	r Number:	0 098582-00	
5725 SPRING PARK ROAD		Date:		12/22/2021	
JACKSONVILLE, FL 32216		Fiscal Y	Year End:	9/30/2020	
		Audit S	tatus:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$246.94</u>	\$245.68	<u>10/1/2021</u>	
Rate Type:					
Rate Type.					
	X Prosp	ective			
			rospective		
		Total Pr	ospective with Interin	n Component	
	<b>C</b> !	hanges:			
		g			
		X Rate Ser	mester Change		
			negrer change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Cost	Reimbursement Plannin	ng and Finance	
For Information Only			20106	0.0	
No Change in Rate		1	ebekah fa	lk	
			,		
Home Office:	Palm Garden Healthcare I	Holdings			
Tionic Office.	2033 Main Street	go			
	Sarasota, FL 34237				



PALM GARDEN OF LARGO		Provide	er Number:	0 098583-00
10500 STARKEY ROAD		Date:		12/22/2021
LARGO, FL 33777		Fiscal Y	Year End:	9/30/2020
		Audit S	Status:	Unaudited
Provider Type:				
Trovider Type.		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		<u>\$242.07</u>	<u>\$243.06</u>	10/1/2021
Rate Type:				
	x Pros	pective		
		-	rospective	
	_	·	rospective with Interir	n Component
	<del></del>		•	•
	(	Changes:		
		X Rate Sei		
	<del>-</del>	Rate Se	mester Change	
Distribution:				
Contract Management / Fiscal Agent	L		Rebekah Falk	
Permanent File		Medicaid Cos	t Reimbursement Planni	ng and Finance
For Information Only				0.4
No Change in Rate		/t	ebekah fa	lk
			,	
Home Office:	Palm Garden Healthcare	Holdings		
Home office.	2033 Main Street	Holdings		
	Sarasota, FL 34237			



PALM GARDEN OF C	OCALA			Provider Num	nber:	0 098584-00	
2700 SW 34TH STREE	ET			Date:		12/22/2021	
OCALA, FL 34474				Fiscal Year E	nd:	9/30/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$239.		\$241.30	10/1/2021	
Rate Type:							
Katt Typt.							
		X	_Prospective				
			X	_Total Prospec			
				Total Prospecti	ve with Interin	n Component	
			Changes:				
			X	_Rate Semester	Change		
<u>Distribution:</u>							
Contract Management /	Fiscal Agent				bekah Falk	a and Einana	
Permanent File			Me	edicaid Cost Reimb			
For Informat				Robe	Kah fa	l k	
No Change is	n Rate			1000	yau Cju		
	Home Office:	Palm Garden Hea	lthcare Holdings				
		2033 Main Street					
		Sarasota, FL 3423	37				



PALM GARDEN OF ORLANDO		Provide	r Number:	0 098586-00
654 N. ECONLOCKHATCHEE TRAIL		Date:1		12/22/2021
ORLANDO, FL 32825		Fiscal Y	ear End:	9/30/2020
		Audit S	tatus:	Unaudited
Provider Type:				
Trovider Type.		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		<u>\$233.64</u>	<u>\$239.65</u>	<u>10/1/2021</u>
Rate Type:				
	x Prosp	ective		
	1100p		rospective	
			ospective with Interin	n Component
			<b>F</b>	<u>-</u>
	C	hanges:		
	_	X Rate Ser	mester Change	
<u>Distribution:</u>				
Contract Management / Fiscal Agent			Rebekah Falk	
Permanent File			Reimbursement Plannin	
For Information Only		L	ebekah fa	04
No Change in Rate			werantfa	la
Home Office:	Palm Garden Healthcare	Holdings		
1101112 0111001	2033 Main Street	6-		
	Sarasota, FL 34237			



PALM GARDEN OF I	PINELLAS			Provider Numl	oer:	0 098587-00
200 16TH AVENUE, S	S.E.			Date:		12/22/2021
LARGO, FL 33771				Fiscal Year En	d:	9/30/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$244.9</u>	94 9	<u> </u>	10/1/2021
Rate Type:						
Kate Type.						
		X	_Prospective			
			X	_Total Prospect		
				_Total Prospectiv	e with Interin	n Component
			Changes:			
			X	_Rate Semester C	Change	
D:						
Distribution:	/ E:1 A4			Reh	ekah Falk	
Contract Management / Permanent File	riscai Agent		Me	edicaid Cost Reimbu		ng and Finance
For Informat	tion Only					
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		<b>5.1</b> 6.1 = -				
	Home Office:	Palm Garden Heal	Ithcare Holdings			
		2033 Main Street	.7			
		Sarasota, FL 3423	) /			



PALM GARDEN OF F	PORT SAINT LUCIE			Provider Num	nber:	0 098588-00	
1751 HILLMOOR DR	IVE			Date:		12/22/2021	
PORT ST. LUCIE, FL	34952			Fiscal Year End: 9/30		9/30/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$238.</u>	<u>05</u>	\$241.33	<u>10/1/2021</u>	
Data Tymas							
Rate Type:							
		X	Prospective				
			X	_Total Prospec	tive		
				_Total Prospecti	ve with Interio	n Component	
			Changes:				
			Changes.	_			
			X	Rate Semester	Change		
					emmg.		
<b>Distribution:</b>							
Contract Management	Fiscal Agent			Re	bekah Falk		
Permanent File			Me	edicaid Cost Reimb	ursement Planni	ng and Finance	
For Informat	ion Only			$\mathcal{O}_{l}$	Kah fa	0.0.	
No Change i	n Rate			reve	Kan fa	ll	
	Home Office:	Palm Garden Hea	lthcare Holdings				
		2033 Main Street					
		Sarasota, FL 3423	37				



PALM GARDEN OF SUN CITY		Provider Number:		er:	0 098589-00		
3850 UPPER CREEK	DRIVE			Date:		12/22/2021	
SUN CITY CENTER,	FL 33573			Fiscal Year End:		9/30/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$243.3		243.67	10/1/2021	
Rate Type:							
			Duranastian				
		X	_Prospective X	Total Prospecti	NO.		
				_ Total Prospective		n Component	
				_ Total Flospective	e with intern	n Component	
			Changes:				
			X	_Rate Semester C	hange		
Distribution:				D.I.			
Contract Management	/ Fiscal Agent				ekah Falk	ng and Einanaa	
Permanent File			IVIE	dicaid Cost Reimbur			
For Informat No Change i	-			Reber	Lah Lo	l k	
140 Change i	III Kate			1000	Sur Cyac		
	Home Office:	Palm Garden Hea	lthcare Holdings				
		2033 Main Street					
		Sarasota, FL 3423	57				



PALM GARDEN OF TA	AMPA			Provider Num	ıber:	0 098590-00	
3612 E. 138TH AVENU	Е			Date:		12/22/2021	
TAMPA, FL 33613				Fiscal Year E	nd:	9/30/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>}</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$248.5</u>	<u>55</u>	\$239.23	10/1/2021	
Rate Type:							
1		**	Dragnactiva				
		X	_Prospective X	Total Prospec	tive		
			-	Total Prospecti		n Component	
				_ rotal i rospecti	ve with intern	ii Component	
				1			
			Changes:				
			X	_Rate Semester	Change		
<b>Distribution:</b>							
Contract Management / I	Fiscal Agent			Re	bekah Falk		
Permanent File	isour rigent		Me	edicaid Cost Reimb	ursement Planni	ng and Finance	
For Information	on Only			$\Omega_{a}$	, , (	0.4	
No Change in				Kebe	kah fa	lk	
					J		
	Home Office:	Palm Garden Heal	lthcare Holdings				
	Home Office.	2033 Main Street	imoure froidings				
		Sarasota, FL 3423	7				



PALM GARDEN OF V	ERO BEACH			Provider Nun	nber:	0 098591-00
1755 37TH STREET				Date:		12/22/2021
VERO BEACH, FL 329	960			Fiscal Year E	nd:	9/30/2020
				Audit Status:		Unaudited
Duaridan Trina.						
<b>Provider Type:</b>			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$227.</u>	_	\$222.93	<u>10/1/2021</u>
C	C					
Rate Type:						
		v	Prospective			
		X	_ r tospective X	Total Prospec	etive	
				Total Prospecti		n Component
				_ Total Flospecti	ive with intern	ii Component
			Changes:			
				_		
			X	Rate Semester	Change	
				_	C	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Re	bekah Falk	
Permanent File			Me	edicaid Cost Reimb	ursement Planni	ng and Finance
For Informati	on Only			$\Omega_{I}$	10	0.0
No Change in	n Rate			Kebe	kah fa	lk
					,	
	H Off	Dalas Candan Hari	141 II-141			
	Home Office:	Palm Garden Hea	_			
		Sarasota, FL 3423				
		3423 FL 3423	) /			



PALM GARDEN OF V	WEST PALM BEACH			Provider Num	ber:	0 098592-00	
300 EXECUTIVE CEN	NTER DRIVE			Date:		12/22/2021	
WEST PALM BEACH	, FL 33401			Fiscal Year End:		9/30/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Types			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$236.7</u>	<u>'8</u>	<u>\$246.71</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	Total Prospect	tive		
				Total Prospectiv	ve with Interir	n Component	
			_	_			
				1			
			Changes:	]			
			V				
			X	Rate Semester (	Change		
Distributions							
<b><u>Distribution:</u></b> Contract Management /	/ Figure 1 A grant			Rel	oekah Falk		
Permanent File	riscal Agent		Med	dicaid Cost Reimbu		ng and Finance	
For Informat	ion Only						
No Change is	•			Kebe	kah fa	lk	
				, , ,	- )		
	Home Office:	Palm Garden Hea	lthcare Holdings				
		2033 Main Street					
		Sarasota, FL 3423	7				



PALM GARDEN OF V	WINTER HAVEN			Provider Num	ber:	0 098593-00
1120 CYPRESS GARI	DENS BLVD.			Date:		12/22/2021
WINTER HAVEN, FL	33884			Fiscal Year End:		9/30/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u>}</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<b>\$251.</b> ]	<u>11</u> <u> </u>	§233.41	10/1/2021
Rate Type:						
		X	Prospective			
			_	Total Prospect	ive	
				Total Prospectiv		n Component
						•
				1		
			Changes:			
			X	_Rate Semester (	Change	
D: / 'I /'						
Distribution:	/T' 1 A			Rel	ekah Falk	
Contract Management A	Fiscal Agent		Me	edicaid Cost Reimbu		ng and Finance
For Informat	tion Only					
No Change i	•			Rebe	kah fa	lk
				, 0 ,	9	
	Home Office:	Palm Garden Hea	lthcare Holdings			
		2033 Main Street				
		Sarasota, FL 3423	57			



COMMUNITY HEAL	TH AND REHABILITA	ATION CENTER		Provider Number:	0 098972-00
3611 TRANSMITTER	ROAD			Date:	12/22/2021
PANAMA CITY, FL 3	2404			Fiscal Year End:	12/31/2018
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Currer	nt Ne	ew Effective
			Rate		
Nursing Home	Single Level		<b>\$246.9</b>		
G	J				
Rate Type:					
		X	Prospective		
		Α	X	Total Prospective	
				_	ith Interim Component
				_ rotar rospective w	tur mærim component
			Changes:		
				-	
			X	Rate Semester Chan	ge
				_	
<u>Distribution:</u>					
Contract Management	/ Fiscal Agent			Rebekal	
Permanent File			Med	licaid Cost Reimbursem	ent Planning and Finance
For Informat				Dhala	Da Ca D. D.
No Change i	n Rate			Rebeka	Nfalk
					•
	Home Office:	No Home Office			
	HOINE OTHEC.	No Home Office			



ARCADIA HEALTH &	& REHABILITATION	CENTER		Provider Numb	er:	0 100509-00
10095 HILLVIEW ROA	AD			Date:		12/22/2021
PENSACOLA, FL 325	14			Fiscal Year End	d:	12/31/2018
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curren	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$236.5</u>	<u>4</u> <u>\$</u>	232.76	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prospecti	ve	
				Total Prospective		m Component
						•
			Change	<u> </u>		
			Changes:			
			X	Rate Semester C	hanaa	
			-	_ Nate Semester C	nange	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rebo	ekah Falk	
Permanent File			Med	licaid Cost Reimbur	sement Planni	ng and Finance
For Informat	ion Only			$\mathcal{O}_{l}$	1.1.6	00.
No Change in	n Rate			Reber	ean fa	ll
	Home Office:	Gulf Coast Health	n Care			
		40 South Palafox	Place			
		Pensacola, FL 325	502			



THE OAKS OF CLEA	RWATER		·	Provider Number:	0 101	391-00
420 BAY AVENUE			<u> </u>	Date:	12/2:	2/2021
CLEARWATER, FL 3	3756			Fiscal Year End: 1		1/2019
				Audit Status:	Una	udited
Provider Type:						
Trovider Type.			Current	. Ne	W	Effective
			Rate	Ra	<u>te</u>	<u>Date</u>
Nursing Home	Single Level		<u>\$206.57</u>	<u>\$220</u>	.10	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prospective		
				Total Prospective wi	th Interim Comp	onent
						_
			Changes			
			Changes:			
			X	Data Samastar Chan	~~	
				Rate Semester Chan	ge	
Distribution:						
Contract Management	Fiscal Agent			Rebekal	ı Falk	
Permanent File			Medi	caid Cost Reimbursem	ent Planning and F	inance
For Informat	ion Only				1 / 11	
 No Change i				Rebeka	hfalk	
				·	J	
	Home Office:	The Oaks on the I	-			
		5801 Ulmerton Re				
		Clearwater, FL 33	3760			



CARRINGTON PLACE	E OF ST. PETE			Provider Num	ber:	0 101959-00
10501 ROOSEVELT B	LVD. N.			Date:		12/22/2021
ST. PETERSBURG, FI	L 33716		<u></u>	Fiscal Year End: 12/31/2		12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$220.3</u>	<u>34</u>	<u>\$218.06</u>	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prospect	ive	
				Total Prospective	ve with Interio	m Component
			Changes:			
			V			
			X	Rate Semester (	Change	
Distribution:						
Contract Management /	Fiscal Agent			Reb	oekah Falk	
Permanent File	I iscai Agent		Med	dicaid Cost Reimbu		ing and Finance
For Informati	ion Onlv					
No Change in				Rebe	kah fa	lk
				,	- J	
	Home Office:	Cplace of St. Pete	1031 4			
		24641 US Highway	-			
		Clearwater, FL 337	/63			



#### **Medicaid Reimbursement Per Diem Rates**

TRINITY REGIONAL	REHAB CENTER		Provid	ler Number:	0 101961-00
2144 WELBILT BLVI	)		Date:		12/22/2021
TRINITY, FL 34655			Fiscal	Year End:	12/31/2019
			Audit	Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$227.49</u>	\$234.63	10/1/2021
Rate Type:					
		X	Prospective		
				Prospective	
			Total F	rospective with Inter	rim Component
					_
			Changes:		
			Changes.		
			X Rate S	emester Change	
			Rate St	emester Change	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah Falk	
Permanent File	8		Medicaid Co	st Reimbursement Plan	ning and Finance
For Informa	tion Only				
No Change i	· ·			Rebekah fo	elk
				, ,	
	Home Office:		Care Center, LLC		
		24641 US Highwa	ay 19 North		

Clearwater, FL 33763



THE CROSSROADS				Provider Number:	0 102586-00
206 W. ORANGE STR	REET		<u></u>	Date:	12/22/2021
DAVENPORT, FL 338	837		<u></u>	Fiscal Year End:	1/31/2020
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	t New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		\$279.3	<u>\$265.3</u>	<u>10/1/2021</u>
Rate Type:					
		X	Prospective		
			_	Total Prospective	
				Total Prospective with	Interim Component
			Changes:		
			X	Rate Semester Change	;
D' 'I					
<b>Distribution:</b> Contract Management	/ Fiscal Agent			Rebekah F	<sup>3</sup> alk
Permanent File			Med	icaid Cost Reimbursemen	t Planning and Finance
For Informat	•			Rebekal	Call
No Change i	in Rate			rweka	Gall
	Home Office:	No Home Office			



THE CROSSINGS			<u></u> ]	Provider Number:	0 102592-00
4445 PINE FOREST D	DRIVE			Date:	12/22/2021
LAKE WORTH, FL 33	3463			Fiscal Year End:	1/31/2020
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$308.35	\$292.93	<u>10/1/2021</u>
Rate Type:					
Kate Type.					
		X	Prospective		
				Total Prospective	
				Total Prospective with Int	erim Component
			Changes:		
			X	Rate Semester Change	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah Falk	
Permanent File			Medi	caid Cost Reimbursement Pla	
For Informat	•			Rebekah	Colh
No Change i	n Kate			rava Cy	
	Home Office:	No Home Office			



CROSS POINTE CAR	LE CENTER			Provider Nu	mber:	0 102787-00
440 PHIPPEN WAITE	ERS ROAD			Date:	-	12/22/2021
DANIA, FL 33004				Fiscal Year I	End:	1/31/2020
				Audit Status	:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$299.2		<u>\$284.28</u>	10/1/2021
Rate Type:						
		X	Prospective X	Total Dungana	atira	
				_Total Prospe		im Component
			-	_ Total Prospec	tive with inter	iii Component
			Changes:			
			X	_Rate Semester	r Change	
<b>.</b>						
<u>Distribution:</u>	/ Figural A court			R	Lebekah Falk	
Contract Management . Permanent File	/ Fiscal Agent		Me	dicaid Cost Reim		ing and Finance
For Information	tion Only			$\Omega$ .	, , (	7
 No Change i	•			Kebe	ekah fa	lk
					. ,	
	Home Office:	No Home Office				
	nome Office:	no nome Office				



CROSS TERRACE HE	EALTH AND REHABI	LITATION		Provider Nu	ımber:	0 102791-00
1351 SAN CHRISTOP	HER DR.			Date:		12/22/2021
DUNEDIN, FL 34698				Fiscal Year	End:	1/31/2020
				Audit Status	s:	Unaudited
Provider Type:						
Tionaci Type.			Curre	nt	New	Effective
			Rate	<u>.</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$257.2</u>	28	\$244.42	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	_Total Prosp	ective	
				Total Prospec	ctive with Interi	m Component
			Changes:			
				_		
			X	_Rate Semeste	er Change	
<b>Distribution:</b>				,	Rebekah Falk	
Contract Management /	Fiscal Agent		Me		nbursement Plann	ing and Finance
Permanent File  For Informati	ion Only					_
No Change in	•			Keb	ekah fa	lk
				, 🗸	<i>o, o<sub>j</sub></i>	
	Home Office:	No Home Office				
	Home Office.	140 Home Office				



ASTORIA HEALTH &	STORIA HEALTH & REHABILITATION CENTER			Provider Number:		0 103165-00
701 OVERLOOK DRI	VE			Date:		12/22/2021
WINTER HAVEN, FL	33844			Fiscal Year End:		6/30/2020
				Audit Status	:	Unaudited
Provider Type:						
Provider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$227.°	_	\$237.47	10/1/2021
- (	~ <b>8</b> ·		<u> </u>		<del></del>	
Rate Type:						
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		X	_Prospective	T 1 D.		
			X	_Total Prospe		
			-	_ Total Prospec	tive with Interio	m Component
			Changes:			
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			X	Rate Semeste	r Change	
			-	_ Rate Bellieste.	Change	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			R	Rebekah Falk	
Permanent File			Me	edicaid Cost Reim	bursement Planni	ing and Finance
For Informat	tion Only			$\Omega_{a}$	, , ,	
No Change i				Keba	ekah fa	lk
				•	. ,	
		Г				
	Home Office:		th Care Operations,	LLC		
		1800 North Waba				
		Marion, IN 46952	2			



DESOTO HEALTH A	ESOTO HEALTH AND REHAB		Provider Number:		0 103177-00
475 NURSING HOME	EDRIVE			Date:	12/22/2021
ARCADIA, FL 34266			<u> </u>	Fiscal Year End:	12/31/2019
			1	Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$280.89	<u>\$266.85</u>	<u>10/1/2021</u>
Rate Type:					
Rate Type.					
		X	Prospective		
				Total Prospective	
				Total Prospective with Inte	erim Component
			Changes:		
			XI	Rate Semester Change	
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah Falk	· 1E
Permanent File			Medic	caid Cost Reimbursement Pla	
For Informat No Change i	•			Rebekahf	olk
No change i	III Rate			1000,0000	
	Home Office:	No Home Office			



COMMUNITY CONV	MMUNITY CONVALESCENT CENTER			Provider Number:		0 103425-00
2202 WEST OAK AV	ENUE			Date:		12/22/2021
PLANT CITY, FL 335	63		<u></u>	Fiscal Year End	:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curren	ıt ]	New	Effective
			Rate		Rate_	<u>Date</u>
Nursing Home	Single Level		<u>\$217.0</u>		226.18	<u>10/1/2021</u>
Rate Type:						
	_	X	Prospective			
	_		X	Total Prospectiv	<i>r</i> e	
				Total Prospective	with Interim (	Component
			Changes:			
			Changes.			
			X	Rate Semester Ch	ange	
				- Rate Belliester Ch	ange	
Distribution:						
Contract Management	/ Fiscal Agent			Rebe	kah Falk	
Permanent File			Med	licaid Cost Reimburs	ement Planning	and Finance
For Informat	tion Only			$\mathcal{O}_{I}$	. 1. 6.0	0
No Change i	n Rate			Kevek	icah fali	
					·	
	Home Office:	No Home Office				



OCOEE HEALTH CARE I	FACILITY			Provider Num	ber:	0 103852-00	
1556 MAGUIRE ROAD				Date:		12/22/2021	
OCOEE, FL 34761				Fiscal Year En	ıd:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	t	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$232.5°	<u>7</u>	<u>5223.88</u>	<u>10/1/2021</u>	
g	g						
Rate Type:							
	_						
		X	Prospective				
			X	Total Prospect	ive		
				Total Prospectiv	e with Interin	n Component	
			Changes:				
			X	Rate Semester C	Change		
Distribution:							
Contract Management / Fise	cal Agent			Reb	ekah Falk		
Permanent File			Med	icaid Cost Reimbu	rsement Plannii	ng and Finance	
For Information	Only			$\Omega_{0}$	100	0.0	
No Change in Ra	nte			Keber	kah fa	lk	
					,		
	Home Office:	Ocoee Health Fac	eilities, L.P.				
		5500 W. Plano Pa	ırkway				
		Plano, TX 75093					



NORTH CAMPUS RE	ORTH CAMPUS REHABILITATION AND HEALTH CENTER			ovider Number:	0 103858-00
700 N. PALMETTO S	TREET		D	ate:	12/22/2021
LEESBURG, FL 34748	8		Fi	scal Year End:	2/28/2021
			A	udit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		\$255.21	\$242.4	<u>10/1/2021</u>
Rate Type:					
		Pro	spective	. 15	
		_		otal Prospective	T
		_	1	otal Prospective with	Interim Component
			Changes:		
			Changes.		
			X R	ate Semester Change	
		_		S	
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah F	
Permanent File			Medica	id Cost Reimbursemen	_
For Informat	·			Rebekal	Call
No Change i	n Rate			Mercan	fall
	Home Office:	Florida Care Inc			
		368 New Hempstead R	oad		
		Now City NV 10056			



#### **Medicaid Reimbursement Per Diem Rates**

REHABILITATION C	HABILITATION CENTER AT PARK PLACE		Provider Number:		0 1	0 104875-00	
1717 W. AVERY STR	EET		D	Date:		12/22/2021	
PENSACOLA, FL 325	01		Fi	scal Year End:	12	12/31/2019	
			A	udit Status:	U	naudited	
Provider Type:							
Trovider Type.			Current	Ne	W	Effective	
			Rate	Ra		<u>Date</u>	
Nursing Home	Single Level		<u>\$247.95</u>	\$235		10/1/2021	
Rate Type:							
		V	Prospective				
		X	_	otal Prospective			
			Total Prospective with Interim Component				
			1	otal riospective wi	th miermi Co	тропеш	
			Changes:				
			X Ra	ate Semester Chan	ge		
					5-		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebekal	Falk		
Permanent File	S		Medica	id Cost Reimbursem	ent Planning an	d Finance	
For Informat	tion Only				1 / 11		
No Change i	-			Rebeka	h falk	~	
					- ]		
	Home Office:	Rehabilitation Ce	enter of Park Place, LLC				
5115 State Road			64				

Bradenton, FL 34208



THE TERRACE OF JA	IE TERRACE OF JACKSONVILLE			Provider Number:		0 108507-00	
10680 OLD ST. AUGU	USTINE RD			Date:		12/22/2021	
JACKSONVILLE, FL	32257			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
- J P J P			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$213.7</u>	<u>70</u>	<u>\$205.98</u>	<u>10/1/2021</u>	
Rate Type:							
1							
		X	Prospective				
			X	Total Prospect	tive		
				Total Prospectiv		n Component	
				<del>-</del> -		•	
			Changes:				
			X	Rate Semester C	Change		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent				oekah Falk		
Permanent File			Med	dicaid Cost Reimbu			
For Informat	•			Polo	kah fa	00,	
No Change i	in Rate			/ WU	Roulfal	la	
	Home Office:	TIKVA Healthcar	re Consultants				
480 Fentress Blvd.							
		Daytona Beach, F					
		Daytona Beach, I'	L 32114				



VIERA HEALTH & R	ERA HEALTH & REHABILITATION CENTER			Provider Number: 0 110482-00		
8050 SPYGLASS ROA	AD			Date:		12/22/2021
VIERA, FL 32940				Fiscal Year End:		12/31/2020
				Audit Status	:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	Date
Nursing Home	Single Level		<u>\$245.</u>		<u>\$245.25</u>	10/1/2021
D. A. T.	1					
Rate Type:						
		X	Prospective			
			X	_Total Prospe	ective	
				_Total Prospec	tive with Interin	n Component
			Changes			
			Changes:			
			X	Rate Semeste	r Changa	
				_ Nate Semeste	i Change	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			F	Rebekah Falk	
Permanent File	S		Me	edicaid Cost Reim	bursement Planni	ng and Finance
For Informat	tion Only			$\Omega_{a}$	, , ,	0.4
No Change i	n Rate			Keba	ekah fa	lk
					J	
	Hama Office	Character - II - 1/1	ana Manasana			
	Home Office:	4042 Park Oaks I	ncare Management			
		Tampa, FL 33610				
		[1 ampa, 1 L 33010	U			



ST. CATHERINE LAE	. CATHERINE LABOURE MANOR			Provider Number:		0 111543-00	
1750 STOCKTON STR	REET			Date:		12/22/2021	
JACKSONVILLE, FL	32204			Fiscal Year End:		6/30/2020	
				Audit Status	:	Unaudited	
Duovidou Tymas							
Provider Type:			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$237.9</u>		<u>\$232.04</u>	10/1/2021	
D / T							
Rate Type:							
			D.,, .,,				
		X	Prospective X	Total Prospe	ectivo		
				_	tive with Interi	m Component	
				_ Total Flospec	tive with interi	in Component	
			Changes:				
			2 22 822	<u></u>			
			X	Rate Semester	r Change		
				_			
Distribution:							
Contract Management /	Fiscal Agent				lebekah Falk		
Permanent File			Me	dicaid Cost Reim		_	
For Informat	•			Poli	ekah fa	001	
No Change in	n Rate			/ W	near ya		
	Home Office:	Ascension Senior	r Living				
		12250 Weber Hil	ll Road				
		St Louis MO 63	1127				



HARBOUR HEALTH	ARBOUR HEALTH CENTER		Provider Number:		ber:	0 122229-00	
23013 WESTCHESTE	R BLVD.			Date:		12/22/2021	
PORT CHARLOTTE,	FL 33980			Fiscal Year Er	nd:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Hovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$225.4°	_	\$222.69	<u>10/1/2021</u>	
0	0			<del></del>	<u> </u>		
Rate Type:							
		X	Prospective	T . 1D			
			X	_Total Prospect		-	
				_Total Prospectiv	ve with Interior	n Component	
		ſ	Changes:	<u> </u>			
			Changes.				
			X	Rate Semester (	Thomas		
				_ Kate Semester (	nange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	l		Rel	oekah Falk		
Permanent File	/ I Isour / Igoni		Me	edicaid Cost Reimbu		ng and Finance	
For Informat	tion Only						
No Change i	-			Kebe	kah fa	lk	
1.0 0	II Ruis			10-00	, - C j		
	Home Office:	Brookdale					
		111 Westwood Plac	ce				
		Brentwood, TN 370	027				



### **Medicaid Reimbursement Per Diem Rates**

PLAZA WEST	AZA WEST		Pro	vider Number:	0 122232-00	
912 AMERICAN EAG	GLE BLVD.		 Dat	e:	12/22/2021	
SUN CITY CENTER,	FL 33573		Fisc	cal Year End:	12/31/2019	
			Aud	lit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$229.86</u>	<u>\$227.17</u>	<u>10/1/2021</u>	
Rate Type:						
		v	Prospective			
		X		al Prospective		
				al Prospective with Inte	erim Component	
			100	ii i rospective with mo	Tim Component	
			Changes:			
			X Rate	Semester Change		
				C		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	-		Medicaid	Cost Reimbursement Pla	nning and Finance	
For Informat	tion Only			$O_{1} \cup O_{2}$		
No Change i	in Rate			Rebekah	alk	
				, ,		
	Home Office:	CCRC OpCo - S	Sun City Center LLC			
111 Westwood			Place			

Brentwood, TN 37027



SEMINOLE PAVILION F SERVICES	EMINOLE PAVILION REHABILITATION & NURSING ERVICES			Provider Number: 0 122236-00		
10800 TEMPLE TERRAC	CE		<del></del>	Date:		12/22/2021
SEMINOLE, FL 33772				Fiscal Year I	End:	12/31/2019
				Audit Status	-	Unaudited
Provider Type:			Curre	4	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$225.0	_	\$222.34	<u>Date</u> 10/1/2021
Nursing nome	Siligie Level		<u> </u>	<u>04</u>	<u> </u>	10/1/2021
Rate Type:						
v 1						
		X	Prospective			
			X	_Total Prospe	ective	
Total Prospective with Interim Compo					im Component	
				1		
			Changes:			
			X	_Rate Semester	r Change	
<u>Distribution:</u>						
Contract Management / Fig	scal Agent				Rebekah Falk	
Permanent File			Me	edicaid Cost Reim		=
For Information	Only			$\mathcal{D}_{I}$	ekah fo	1 - 11 11.
No Change in R	Rate			Twee	ekan to	ELK.
					,	
	Home Office:	Brookdale				
		111 Westwood Pla				
		Proptsycood TN 27	7027			



REEDOM SQUARE REHABILITATION & NURSING ERVICES		Provider Number: 0 1222			0 122239-00			
10801 JOHNSON BOULEV	/ARD			Date:		12/22/2021		
SEMINOLE, FL 33772				Fiscal Year End:		12/31/2019		
,				Audit Status:		Unaudited		
Provider Type:			Cumon	- <b>4</b>	Mary	Effactive		
			Curren <u>Rate</u>		New Rate	Effective <u>Date</u>		
<b>Nursing Home</b>	Single Level		\$222.7		\$211.59	<u>Date</u> 10/1/2021		
Nursing Home	Single Level		<u> </u>	<u>5</u>	<u> </u>	10/1/2021		
Rate Type:								
V 1								
		X	Prospective					
XTotal Prospective								
				Total Prospecti	ve with Inter	rim Component		
			[	T				
			Changes:					
			X	Rate Semester	Change			
<b>Distribution:</b>								
Contract Management / Fisc	al Agent				bekah Falk			
Permanent File			Med	dicaid Cost Reimb		_		
For Information C				Rebe	1,0/0/			
No Change in Rat	te			Muc	Kanlya	ela		
	** 0.00	D 111						
	Home Office:	Brookdale						
		111 Westwood Place  Prontygood TN 27027						



CYPRESS VILLAGE			Provider Number:		0 122242-00	
4600 MIDDLETON PA	ARK CIRCLE, EAST		Date	: <u> </u>	12/22/2021	
JACKSONVILLE, FL	32224		Fisca	al Year End:	12/31/2019	
			Audi	t Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$234.12</u>	\$235.53	10/1/2021	
Rate Type:						
		D	room ootivio			
		YP	rospective X Tota	l Prospective		
				_	anim Campanant	
			1 otai	Prospective with Int	erim Component	
		Γ	Changes:			
			ominges.			
			X Rate	Semester Change		
			Kate	Semester Change		
Distribution:						
Contract Management /	/ Fiscal Agent	L.		Rebekah Falk		
Permanent File	1 isour 1 igoni		Medicaid (	Cost Reimbursement Pla	anning and Finance	
For Informat	ion Only					
No Change i				Rebekah,	falk	
			,	0000,000		
	Home Office:	Brookdale				
		111 Westwood Place				
		Brentwood, TN 3702	27			



LAKE HARRIS HEAL	AKE HARRIS HEALTH CENTER		Provider Number:		0 122243-00	
701 LAKE PORT BOU	LEVARD		Date:		12/22/2021	
LEESBURG, FL 34748			Fiscal	Year End:	12/31/2019	
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$227.76</u>	<u>\$222.27</u>	10/1/2021	
_	_					
Rate Type:						
•						
		X	Prospective			
			X Total	Prospective		
			Total 1	Prospective with Interi	m Component	
			Changes:			
			X Rate S	emester Change		
				_		
Distribution:						
Contract Management /	Fiscal Agent			Rebekah Falk		
Permanent File	C		Medicaid Co	ost Reimbursement Plann	ing and Finance	
For Informati	ion Only					
No Change in	· ·		/	Rebekah fa	Lk.	
110 change in			,	0.00 of 0.00 of		
	Home Office:	Brookdale				
		111 Westwood Pla	ce			
		Brentwood, TN 37				



SYLVAN HEALTH C	ENTER			Provider Numb	er:	0 122248-00
2770 REGENCY OAK	S BLVD.		<u> </u>	Date:		12/22/2021
CLEARWATER, FL 3	3759			Fiscal Year End	l:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$237.</u> 2		235.67	10/1/2021
_	_					
Rate Type:						
		X	Prospective			
			_ X	Total Prospecti	ve	
			_	Total Prospective		n Component
				_		1
			Changes:			
			X	Rate Semester Cl	hange	
<b>Distribution:</b>				Doho	kah Falk	
Contract Management	/ Fiscal Agent		Me	edicaid Cost Reimbur		ng and Finance
Permanent File	. 0.1		Wic			
For Informat				Rebek	Jah Lo	Ok
No Change i	in Rate			1000	sar Cjac	
	Home Office:	Brookdale				
		111 Westwood Pla	ace			
		Brentwood, TN 37	7027			



THE NURSING CENT	THE NURSING CENTER AT FREEDOM VILLAGE			Provider Number:		0 122250-00	
6410 21ST AVENUE,	WEST			Date:		12/22/2021	
BRADENTON, FL 342	209			Fiscal Year End	l:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Curren	t	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$234.6</u>		222.95	10/1/2021	
Rate Type:							
		**	Duagnaatiya				
		X	Prospective X	Total Prospecti	WA.		
			-	Total Prospective		m Component	
				10tai i iospective	Willi IIICIII	П Сотронен	
1							
			Changes:				
			X	Rate Semester Cl	hange		
<b>Distribution:</b>				D.L.			
Contract Management	/ Fiscal Agent		Mad		ekah Falk		
Permanent File			IVICU	licaid Cost Reimbur		_	
For Informat	· ·			Rebek	Jah Lo	Ok	
No Change i	n Kate			1 COU C/	Ser Cju	$\mathcal{M}$	
	Home Office:	Brookdale					
		111 Westwood Pl	lace				
		Brentwood TN 3	37027				



CITRUS HILLS HEALTH & REHABILITATION CENTER			Provider Number:		0 122340-00	
124 WEST NORVELL	BRYANT HIGHW.			Date:		12/22/2021
HERNANDO, FL 3444	42			Fiscal Year	r End:	12/31/2020
				Audit Statu	ıs:	Unaudited
Provider Type:						
rroviuei Type.			Curre	ent.	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<b>\$244.</b>	<del>-</del> '	\$239.09	<u>10/1/2021</u>
- · · · · · · · · · · · · · · · · · · ·	·- <b>B</b>			<del></del>	·	
Rate Type:						
			D. Aine			
		X	Prospective X	T-4-1 Duo as	.4:	
			Λ	_Total Pros		~
				_ Total Prosp	ective with Interi	m Component
			Changes:			
			- 8			
			X	Rate Semes	ter Change	
					ioi chunge	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent				Rebekah Falk	
Permanent File	$\mathcal{E}$		Me	edicaid Cost Re	imbursement Plann	ing and Finance
For Informat	tion Only				, , , (	)
No Change i	-			Kel	bekah fa	lk
					· ,	
		Г				
	Home Office:		care Management			
		4042 Park Oaks E				
		Tampa, FL 33610	)			



WOODLAND GROVE HEALTH & REHABILITATION CENTER		Pro	ovider Number:	0 122341-00	
4325 SOUTHPOINT E	BOULEVARD		Da	te:	12/22/2021
JACKSONVILLE, FL	32216		Fis	cal Year End:	12/31/2020
			Αυ	dit Status:	Unaudited
Provider Type:					
rroviuei Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		\$251.44	\$2 <b>50.2</b> 3	
- · · · · · · · · · · · · · · · · · · ·	·- <b>8</b>		<u>·</u>		<u></u>
Rate Type:					
		D	4-		
		X Pro	ospective X To	1 Duran active	
		_	_	tal Prospective	
		_	10	tal Prospective with	Interim Component
			Changes:		
			X Ra	te Semester Change	
		_			
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah Fa	ılk
Permanent File	-		Medicai	d Cost Reimbursement	Planning and Finance
For Informat	tion Only				
No Change i				Rebekah	falk
					J
	Home Office:	Greystone Healthcare I	_		
		4042 Park Oaks Blvd,	Suite 300		
		Tampa, FL 33610			



THE GARDENS HEALTH & REHABILITATION CENTER			Provider Number:		0 122342-00	
1704 HUNTINGTON	VILLAGE C.			Date:		12/22/2021
DAYTONA BEACH,	FL 32114			Fiscal Yea	r End:	12/31/2020
				Audit Stat	us:	Unaudited
Provider Type:						
rroviuei Type.			Curre	ent	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$2 <b>51</b> .	<del>_</del>	\$236.15	10/1/2021
- · · · · · · · · · · · · · · · · · · ·	·- <b>8</b>				<del> </del>	
Rate Type:						
		V	Draspactiva			
		X	Prospective X	Total Pros	maatissa	
					_	··· Cammanant
				_ 1 otai Prosp	ective with Interi	m Component
			Changes:			
			X	Rate Semes	ster Change	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent				Rebekah Falk	
Permanent File	-		Me	edicaid Cost Re	imbursement Plann	ing and Finance
For Informat	tion Only			$\Omega$	n 1 0 (	7
No Change i	in Rate			Kel	bekah fa	LK.
					J	
	Home Office:	-	care Management			
		4042 Park Oaks E				
		Tampa, FL 33610	)			



ISLE HEALTH & REF	HABILITATION CEN	TER		Provider Number:		0 122343-00	
1125 FLEMING PLAN	NTATION BOULEVA	RD		Date:		12/22/2021	
ORANGE PARK, FL	32003			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$247.9		244.96	10/1/2021	
<u> </u>	J						
Rate Type:							
			Duranastias				
		X	Prospective X	Total Dugge acti			
				_Total Prospecti			
				_ Total Prospectiv	e with Interin	n Component	
			Changes:				
			2 11 8 12	_			
			X	Rate Semester C	hange		
			-	_ race semester c	nunge		
Distribution:							
Contract Management	/ Fiscal Agent			Reb	ekah Falk		
Permanent File	S		Me	dicaid Cost Reimbur	sement Planni	ng and Finance	
For Informat	tion Only			$O_{a}$	, , ,	0.4	
No Change i	-			Reber	kah fa	lk	
				,	J		
	Home Office:	-	hcare Management				
		4042 Park Oaks					
		Tampa, FL 3361	0				



RIVERWOOD HEALTH & REHA	BILITATION CENTER		Provider Number	r:0	122344-00
808 SOUTH COLLEY ROAD			Date:	1:	2/22/2021
STARKE, FL 32091			Fiscal Year End:	1	2/31/2020
			Audit Status:		Jnaudited
Provider Type:					
Trovider Types		Curren	t N	lew	Effective
		Rate	<u>F</u>	<u> Late</u>	<u>Date</u>
Nursing Home Single	e Level	<u>\$240.2</u> ′	<u>\$2.</u>	30.12	<u>10/1/2021</u>
Rate Type:					
	X	Prospective			
		X	Total Prospective	e	
			Total Prospective	with Interim Co	omponent
		Characa			
		Changes:			
		X	Rate Semester Cha	nnaa	
			Kate Semester Cha	inge	
<b>Distribution:</b>					
Contract Management / Fiscal Ager	nt		Rebek	ah Falk	
Permanent File		Med	icaid Cost Reimburse	ment Planning ar	nd Finance
For Information Only			Dol	1 600	
No Change in Rate			Kebek	ah falk	
				,	
Home	Office: Greystone Hea	althcare Management			
Home		as Blvd, Suite 300			
	Tampa, FL 336				



TERRACE HEALTH	& REHABILITATION	CENTER		Provider Num	ber:	0 122346-00
7207 SW 24TH AVEN	IUE			Date:		12/22/2021
GAINESVILLE, FL 32	2607			Fiscal Year En	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$240.0	_	\$223.95	10/1/2021
Rate Type:						
			Due en estiere			
		X	Prospective X	Total Prospect	ivo	
				Total Prospective		n Component
			-	_ Total Flospectiv	ve with intern	ii Component
			Changes:			
			X	_Rate Semester (	Change	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Reb	oekah Falk	
Permanent File	S		Me	edicaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	tion Only			$\Omega_{I}$	100	0.1
No Change i	n Rate			Kebe.	kah fa	lk
					•	
	Home Office:	Greystone Health	care Management			
		4042 Park Oaks I	Blvd, Suite 300			
		Tampa, FL 33610	)			



VILLA HEALTH & REHABILITATION CE	ILLA HEALTH & REHABILITATION CENTER		Provider Number:	
120 CHIPOLA AVENUE		Date		12/22/2021
DELAND, FL 32720		Fisca	l Year End:	12/31/2020
		Audi	t Status:	Unaudited
Provider Type:				
Trovider Type.		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		\$245.06	\$242.06	10/1/2021
				, <u> </u>
-				
Rate Type:				
	y D1	rospective		
	X P1	•	Prospective	
			Prospective with Inter-	im Component
		10ta1	Prospective with inter-	iiii Component
		Changes:		
		-		
		X Rate	Semester Change	
			-	
Distribution:				
Contract Management / Fiscal Agent			Rebekah Falk	
Permanent File			Cost Reimbursement Plann	
For Information Only		,	Rebekah fa	1
No Change in Rate			tweekan fa	
Home Office:	Greystone Healthcare	Management		
Home Office.	4042 Park Oaks Blvd,	-		
	Tampa, FL 33610	, 23100 500		



Date:   12/22/2021     PANAMA CITY, FL 32405   Fiscal Year Find:   2/28/2019     Audit Status: Unaudited	BAY CENTER		Provid	er Number:	0 128848-00
Audit Status: Unaudited  Provider Type:  Current New Effective Rate Rate Date Single Level \$215.34 \$199.61 10/1/2021  Rate Type:	1336 ST. ANDREWS	BOULEVARD	Date:		12/22/2021
Provider Type:    Current   New   Effective   Rate   Rate   Date	PANAMA CITY, FL 3	2405	Fiscal	Year End:	2/28/2019
Current New Effective Rate Rate Date  Nursing Home Single Level \$215.34 \$199.61 \$10/1/2021  Rate Type:			Audit	Status:	Unaudited
Current New Effective Rate Rate Date  Nursing Home Single Level \$215.34 \$199.61 \$10/1/2021  Rate Type:	Provider Type				
Rate Rate Date  Single Level  Rate Type:	Hovider Type.		Current	New	Effective
Rate Type:    Prospective					
Rate Type:	Nursing Home	Single Level			
X   Prospective   X   Total Prospective   Total Prospective with Interim Component	C	Ü		_	
X   Prospective   X   Total Prospective   Total Prospective with Interim Component					
X   Prospective   X   Total Prospective   Total Prospective with Interim Component		Г			
X Total Prospective   Total Prospective   Total Prospective with Interim Component	Rate Type:				
X Total Prospective   Total Prospective   Total Prospective with Interim Component					
X Total Prospective   Total Prospective   Total Prospective with Interim Component		X	Prospective		
Changes:  X Rate Semester Change  Econtract Management / Fiscal Agent Permanent File For Information Only No Change in Rate  Total Prospective with Interim Component  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk				Prospective	
Changes:  X Rate Semester Change    X Rate Semester Change					im Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance				•	-
Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance					
Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  X Rate Semester Change  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance					
Distribution:  Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance			Changes:		
Distribution:  Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance			V		
Contract Management / Fiscal Agent  Permanent File  For Information Only No Change in Rate  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk			Rate Se	emester Change	
Contract Management / Fiscal Agent  Permanent File  For Information Only No Change in Rate  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk					
Contract Management / Fiscal Agent  Permanent File  For Information Only No Change in Rate  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  Rebekah Falk	Distribution				
Permanent File  For Information Only  No Change in Rate  Medicaid Cost Reimbursement Planning and Finance  Rubekah full	·	/ Fiscal Agent		Rebekah Falk	
For Information Only No Change in Rate  Rebekah falls	_	1 isotti rigoni	Medicaid Co		ning and Finance
		ion Only			
				ebekah ta	elk
Home Office: No Home Office				, ,	
Home Office: No Home Office					
Home Office: No Home Office					
Home Office: No Home Office		·	27		
		Home Office: No Home O	Office		



THE PAVILION FOR	HEALTHCARE			Provider Number:	0 129312-00
ONE PAVILION PLA	CE		<u></u>	Date:	12/22/2021
PENNEY FARMS, FL	32079		<u></u>	Fiscal Year End:	6/30/2020
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	t Nev	w Effective
			Rate	Rat	<u>Date</u>
Nursing Home	Single Level		<u>\$226.1</u>	<u>\$236</u>	<u>.78</u> <u>10/1/2021</u>
Rate Type:					
J.F.					
		X	Prospective X	T-4-1 D4:	
			A	Total Prospective	th Interim Component
				Total Prospective wil	.n Interim Component
			Changes:		
			v		
			X	Rate Semester Chang	<i>i</i> e
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah	Falk
Permanent File			Med	icaid Cost Reimburseme	ent Planning and Finance
For Informat	•			Rebeka	h Call
No Change i	in Rate			MURA	nfala
	Home Office:	No Home Office			



OAK VIEW REHABII	LITATION CENTER		Provider Number:		0 130817-00	
833 KINGSLEY AVE	NUE		Date:		12/22/2021	
ORANGE PARK, FL 3	32073		Fiscal	Year End:	2/28/2018	
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$245.95</u>	<u>\$249.44</u>	<u>10/1/2021</u>	
Data Temas						
Rate Type:						
		x Pro	spective			
			-	Prospective		
		_	Total P	rospective with Interi	m Component	
			Changes:			
		-	X Rate Se	emester Change		
Distribution:						
Contract Management	Fiscal Agent			Rebekah Falk		
Permanent File	8		Medicaid Co	st Reimbursement Plann	ing and Finance	
For Informat	ion Only			0,101	7	
No Change i	n Rate		<b>/</b> 1	Pebekah fa	LK.	
				,		
	Home Office: No H	lome Office				



FOUNTAIN MANOR				Provider Number	r:	0 132449-00	
390 NE 135TH STREE	ET			Date:		12/22/2021	
NORTH MIAMI, FL 3	3161			Fiscal Year End:		2/29/2020	
				Audit Status:		Unaudited	
Provider Type:							
110viuci 1ypc.			Curren	t N	lew	Effective	
			Rate		<u>late</u>	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$225.7		21.92	10/1/2021	
P. (. T	T						
Rate Type:							
		X	Prospective				
			X	Total Prospective	e		
				Total Prospective	with Interim	Component	
1							
			Changes:				
			Changes.				
			X	Rate Semester Cha	nge		
				. Kate belliester Cir.	inge		
<b>Distribution:</b>							
Contract Management	Fiscal Agent			Rebek	ah Falk		
Permanent File			Med	icaid Cost Reimburse	ment Planning	g and Finance	
For Informat	ion Only			DII	1 6	) <i>/</i> /	
No Change i	n Rate			Rebek	an fax		
					•		
	Home Office:	TIKVA Healthca	are Consultants				
	nome office.	480 Fentress Blv					
		Daytona Beach					



EMERALD COAST C	ENTER	Provid	er Number:	0 133196-00
114 3RD STREET, SO	UTHEAST	Date:		12/22/2021
FORT WALTON BEA	CH, FL 32548	Fiscal	Year End:	1/31/2021
		Audit	Status:	Unaudited
Provider Type:				
Hoviuci Type.		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home	Single Level	<u>\$210.61</u>	<u>\$219.45</u>	10/1/2021
S	J			
	<del></del>			
Rate Type:				
	v	Prospective		
	X		Prospective	
		<del></del> -	rospective with Inter	im Component
		10411	rospective with inter	ші Сотронен
		Changes:		
		Rate Se	emester Change	
<b>Distribution:</b>				
Contract Management /	Fiscal Agent		Rebekah Falk	
Permanent File			st Reimbursement Plani	
For Informat		L	Pebekah fa	1 n () le
No Change in	n Rate	/ (	werentja	SUL
	Home Office: No Home O	Office		



EGRET COVE CENTI	ER		Provide	er Number:	0 133348-00
550 62ND STREET S.			Date:		12/22/2021
ST. PETERSBURG, FI	L 33707		Fiscal Y	Year End:	1/31/2021
			Audit S	Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$230.18</u>	\$229.33	10/1/2021
Data Temas					
Rate Type:					
		X Pros	spective		
			-	rospective	
		_	Total Pr	ospective with Interi	m Component
			Changes:		
			V		
		_	X Rate Se	mester Change	
Distribution:					
Contract Management /	Fiscal Agent			Rebekah Falk	
Permanent File	C		Medicaid Cos	t Reimbursement Plann	ing and Finance
For Informat	ion Only			2,101	7
No Change i	n Rate		/(	lebekah fa	UK.
				,	
	Home Office: No H	Iome Office			
	1.01	·			



FT LAUDERDALE H	EALTH AND REHAE	SILITATION CENTER	Provider Number:		er:	0 134463-00	
2000 E. COMMERCIA	AL BLVD.			Date:		12/22/2021	
FORT LAUDERDALE	E, FL 33308		-	Fiscal Year End:		1/31/2021	
			-	Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Current		New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$264.12	<u>\$</u>	255.47	10/1/2021	
	T						
Rate Type:							
		x Pros	pective				
			-	Total Prospecti	ve		
		_		Total Prospective		m Component	
		<del></del> -		-		-	
			T				
			Changes:				
			***				
			Y	Rate Semester C	hange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Reb	ekah Falk		
Permanent File	1 Isour rigent		Medi	caid Cost Reimbur		ing and Finance	
For Information	tion Only			$\Omega$	, , (	- 1	
No Change i	-			Reber	eah fa	lk	
				,	- J		
	Home Office:	Florida Care Inc	•				
		368 New Hempstead Roa	ad				
		INew City NY 10956					



THE MANOR AT BLU	JE WATER BAY		Provider Number:		er:	0 135581-00	
1500 NORTH WHITE	POINT RD.			Date:		12/22/2021	
NICEVILLE, FL 32578	3			Fiscal Year End	l:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	nt	New	Effective	
			Rate		Rate	Date	
Nursing Home	Single Level		<u>\$240.5</u>	<u>0</u> <u>\$2</u>	248.11	10/1/2021	
Rate Type:							
Taute Type:							
	_	X	Prospective				
			X	Total Prospectiv	ve		
				Total Prospective	with Interim	Component	
			Changes:				
			X	Rate Semester Ch	nange		
			-	- Rate Semester Ci	lunge		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				kah Falk		
Permanent File			Med	licaid Cost Reimburs		_	
For Informat	•			Rebek	Jah Col	O la	
No Change in	n Rate			rwy	ar Cjar		
	Г						
	Home Office:	No Home Office					



CLEARWATER CENT	ΓER		Provider Number:		:0	0 140643-00	
1270 TURNER STREE	ET		1	Date:		2/22/2021	
CLEARWATER, FL 3	3756		<u>_</u>	Fiscal Year End:	2	2/28/2021	
				Audit Status:		Jnaudited	
Provider Type:							
Trovider Type.			Current	N	ew	Effective	
			Rate	<u>R</u>	<u>ate</u>	<u>Date</u>	
Nursing Home	Single Level		\$230.09	\$23	9.75	<u>10/1/2021</u>	
Rate Type:							
Rate Type.							
		X F	rospective				
				Total Prospective			
				Total Prospective v	vith Interim Co	omponent	
			Changes:				
			X	Rate Semester Cha	nge		
<b>Distribution:</b>							
Contract Management	Fiscal Agent	_	) ( 1°	Rebeka		15.	
Permanent File			Medi	caid Cost Reimburser	=		
For Informat	•			Rebeke	ih Loll	•	
No Change i	n Kate			1000	u Cjaar		
	Home Office: No	Home Office					



BARTOW CENTER				Provider Numbe	r:	0 140648-00
2055 E. GEORGIA ST	REET			Date:		12/22/2021
BARTOW, FL 33830				Fiscal Year End:	:	2/28/2021
				Audit Status:		Unaudited
Provider Type:						
Tiovidei Type.			Current	: 1	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$212.28		20.32	10/1/2021
Rate Type:						
Nate Type.						
1		X	Prospective			
1				Total Prospectiv		
				Total Prospective	with Interim (	Component
L						
			Changes:			
			-			
			X	Rate Semester Ch	ange	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent				kah Falk	
Permanent File			Medi	caid Cost Reimburs	_	
For Informat	•			Rebek	ah Cal	0,
No Change is	n Rate			/ Wy	or Cyclic	
	Home Office:	No Home Office				



GULFPORT REHABI	LITATION CENTER		Provider Number:  Date:  Fiscal Year End:		0 141512-00 12/22/2021 12/31/2019	
1430 PASADENA AV	ENUE SOUTH					
SOUTH PASADENA,	FL 33707					
			Audit	Status:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$217.81</u>	<u>\$226.95</u>	10/1/2021	
Rate Type:						
		X	Prospective X Total F	)		
				Prospective rospective with Interior	n Component	
			10tal F	rospective with intern	п сотронен	
			Changes:			
			X Rate Se	emester Change		
D						
Distribution:	/Eigest A cont			Rebekah Falk		
Contract Management A Permanent File	/ Fiscal Agent		Medicaid Cos	st Reimbursement Planni	ng and Finance	
For Informat	tion Only				_	
No Change i	· ·		/\t	Pebekah fa	lk	
				, ,		
	Home Office:	Signature Health	care, LLC			
		12201 Bluegrass				
		Louisville KV 4	·			



BOCA CIEGA CENTE	ER		<u></u>	Provider Num	ber:	0 143762-00	
1414 59TH STREET, S	SOUTH			Date:		12/22/2021	
GULFPORT, FL 33707	7			Fiscal Year Er	nd:	2/28/2021	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$240.0	_	\$241.26	10/1/2021	
S	G						
Rate Type:					_		
			D atima				
		X	Prospective X	T-4-1 Dungang of	··		
				_Total Prospect			
				_Total Prospectiv	ve with Interi	m Component	
			Changes:				
			Changes.				
			v	5 . 6	~•		
			X	_Rate Semester (	Change		
<b>Distribution:</b>	·			Pal	bekah Falk		
Contract Management	/ Fiscal Agent		Me	edicaid Cost Reimbu		ning and Finance	
Permanent File			1010				
For Informat				Ribe	kah fa	o O la	
No Change i	n Rate			/ WWW	rai Cju	SW.	
	Home Office:	No Home Office					
	Home Office.	No Home Office					



THE FLORIDEAN NU	JRSING AND REHAI	BILITATION CENTER	Provider Number:		0 146222-00	
47 N.W. 32 PLACE			Date	:	12/22/2021 12/31/2019	
MIAMI, FL 33125			Fisca	al Year End:		
			Aud	it Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$257.33</u>	\$251.84	<u>10/1/2021</u>	
Rate Type:						
		Y Prosp	pective			
			•	l Prospective		
			Total	Prospective with Int	erim Component	
		C	Changes:			
			V	a		
		_	X Rate	Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	C		Medicaid (	Cost Reimbursement Pla	anning and Finance	
For Informat	tion Only			0010	$\bigcap_{i \in I} A_i$	
No Change i	n Rate		,	Rebekah	alk	
				·		
	Home Office:	Consulate Health Care (C	CMCII)			
		800 Concourse Parkway	South			
		Maitland El 22751				



CITRUS HEALTH AN	CITRUS HEALTH AND REHABILITATION CENTER			Provider Number:		0 147578-00	
701 MEDICAL COUR	T EAST			Date:		12/22/2021	
INVERNESS, FL 3445	52			Fiscal Year End:		1/31/2021	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$254.9</u>	<u>8</u>	242.23	10/1/2021	
D. t. T							
Rate Type:							
		X	_Prospective				
			X	Total Prospecti	ve		
				_Total Prospective	e with Interio	n Component	
1							
			Changes:	<u> </u>			
			Changes.	]			
			X	Rate Semester C	hange		
				_ Nate Semester C	nange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Reb	ekah Falk		
Permanent File			Med	dicaid Cost Reimbur		_	
For Informat	tion Only			$\mathcal{D}_{\mathcal{I}}$	1. 0.	0.0	
No Change i	in Rate			Reber	ean fa	lk	
					-		
	Home Office:	Florida Care Inc					
		368 New Hempste	ead Road				
		New City NY 100					



BAY VUE NURSING AND REHABILITATION CENTER		Provider Number:		0 147672-00	
105 15TH STREET E.		Date	e:	12/22/2021 12/31/2020	
BRADENTON, FL 34208		Fisc	al Year End:		
		Aud	lit Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		\$255.52	<u>\$242.74</u>		
Rate Type:					
	X Prospec	ctive			
			al Prospective		
			_	Interim Component	
			•	•	
	Ch				
	Cita	anges:			
		X Pate	Camastan Changa		
		Kate	e Semester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Fa	ılk	
Permanent File		Medicaid	Cost Reimbursement	Planning and Finance	
For Information Only					
No Change in Rate			Rebekah	.falk	
				J	
H 0.07	D 116 : 11				
Home Office:	Royal Meridian 3777 Royal Palm Ave				



BROWNWOOD CARE CENTER		Provider Number:		er:	0 147948-00		
490 SOUTH OLD WIF	RE ROAD			Date:		12/22/2021	
WILDWOOD, FL 3478	85			Fiscal Year End:		1/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Tiovidei Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$252.6		240.02	10/1/2021	
Rate Type:							
		X	Prospective				
			X	Total Prospecti	ve		
1				Total Prospective	e with Interi	m Component	
1							
			Changes:				
			X	Rate Semester C	hange		
Distribution:							
Contract Management	/ Fiscal Agent			Rebe	ekah Falk		
Permanent File	6		Med	licaid Cost Reimbur	sement Plann	ing and Finance	
For Informat	tion Only			$\Omega_{I}$	, , (	) 	
No Change i	n Rate			Rebek	can fa	LK.	
					,		
	Home Office:	Florida Care Inc					
		368 New Hempste	ad Road				
		New City NY 109	156				



EXCEL CARE CENTER		Provid	er Number:	0 147958-00	
2811 CAMPUS HILL DRIVE		Date:		1/31/2020	
TAMPA, FL 33612		Fiscal `	Year End:		
	_	Audit S	Status:	Unaudited	
Dravidar Typa					
Provider Type:		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		\$265.72	\$252.43	<u>10/1/2021</u>	
Rate Type:					
	y Proc	spective			
	X Pros	_	Prospective		
	_	101111	rospective with Interir	n Component	
	_	10ta1 F	rospective with intern	ii Component	
		Changes:			
		X Rate Se	mester Change		
	_				
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Cos	st Reimbursement Planni	ng and Finance	
For Information Only			0,100	0.1	
No Change in Rate		<b>/</b> T	Pebekah fa	lk	
			,		
Home Office:	Florida Care Inc				
	368 New Hempstead Ro	nad			



THE TERRACE AT HO	OBE SOUND			Provider Num	ber:	0 148040-00	
9555 S.E. FEDERAL H	IGHWAY			Date:		12/22/2021	
HOBE SOUND, FL 334	455			Fiscal Year End: 12/31		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$232.3</u>	33	\$231.90	<u>10/1/2021</u>	
	T						
Rate Type:							
		X	Prospective				
			X	Total Prospect	tive		
				Total Prospectiv	ve with Interir	n Component	
				1			
			Changes:				
			v				
			X	_Rate Semester (	Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rel	oekah Falk		
Permanent File	1 isoni rigoni		Me	dicaid Cost Reimbu		ng and Finance	
For Informati	on Only						
No Change in	•			Kebe	kah fa	lk	
					J		
	Home Office:	TIKVA Healthcar					
		480 Fentress Blvd					
		Daytona Beach, F	L 32114				



ADVANCED CARE (	CENTER		Provider Number:		er:	0 151506-00	
401 FAIRWOOD AVE	ENUE		Date:			12/22/2021	
CLEARWATER, FL 3	3759		Fiscal Year End:		i:	1/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	t	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<b>\$265.0</b> 1	<u>1</u> <u>\$2</u>	<u> 251.76</u>	<u>10/1/2021</u>	
Data Tymas							
Rate Type:							
		X	Prospective				
			· · · · · · · · · · · · · · · · · · ·	Total Prospecti			
				Total Prospective	with Interin	n Component	
			Changes:				
			Changes.				
			X	Rate Semester Cl	hange		
				Rate Belliester Ci	lange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebe	kah Falk		
Permanent File	-		Med	icaid Cost Reimbur	sement Planni	ng and Finance	
For Informa	tion Only			$\Omega_{A}$	, , ,	0.4	
No Change i	in Rate			Rebek	san fa	lk	
					J		
	Home Office:	Florida Care Inc					
	Home Office.	368 New Hempster	ad Road				
		New City, NY 109					
		TINGW CITY, IN I 109	50				



NORTH LAKE CARE	CENTER		Provider Number:			0 151590-00	
750 BAYBERRY DRI	VE			Date:		12/22/2021	
LAKE PARK, FL 3340	)3			Fiscal Year End:		1/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
110viuci 1,pc.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$301.9</u>	93	<u>6286.83</u>	10/1/2021	
Rate Type:							
		V	Prospective				
		X	_ Prospective X	Total Prospect	IVA		
				Total Prospectiv		m Comnonent	
				_ Total I Tospectiv	C WILLI III.C.	ш сыпрыст	
			Changes:				
			X	Rate Semester C	Change		
<b>Distribution:</b>				n.i.	1 1 T-II-		
Contract Management /	/ Fiscal Agent		Ma	Reb dicaid Cost Reimbu	ekah Falk	in a and Einanaa	
Permanent File			19100			_	
For Informat	· ·			Reber	Lah Lo	Ok	
No Change is	in Rate			1 00001	Carcja	$\mathcal{M}$	
	Home Office:	Florida Care Inc					
		368 New Hempste	ead Road				
		New City NY 109	956				



SHORE ACRES CARI	E CENTER		Provider Number:		0 151667-00	
4500 INDIANAPOLIS	ST. NE		Date:		12/22/2021 1/31/2020	
ST. PETERSBURG, F	L 33703		Fiscal Y	Year End:		
			Audit S	Status:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$258.75</u>	<u>\$245.81</u>	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
			<del></del>	rospective		
			Total Pr	cospective with Interi	m Component	
			GI.			
			Changes:			
			X Rate Se	mester Change		
			Rate Se	mester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid Cos	t Reimbursement Plann	ing and Finance	
For Informat	tion Only			ebekah fá	) . <i>() ()</i> .	
No Change i	in Rate		/(	wekan fa	XX.	
	Home Office:	Florida Care Inc				
		368 New Hempstea	ad Road			
		New City NY 109				



SOUTHERN OAKS C	SOUTHERN OAKS CARE CENTER		Provider Number:		ber:	0 151697-00	
600 WEST GREGORY	Y STREET			Date:		12/22/2021	
PENSACOLA, FL 325	502			Fiscal Year En	ıd:	1/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Tibvidei Type.			Curre	ent	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$236.3</u>		\$224.52	<u>10/1/2021</u>	
C	S			_		<del></del>	
Rate Type:							
		v	Prospective				
		X	rrospective x	Total Prospect	ive		
				Total Prospective		n Component	
				_ Total Frospectiv	e will mich	п Сотронен	
1							
			Changes:				
				_			
			X	Rate Semester C	Change		
				_			
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Reb	ekah Falk		
Permanent File			Me	edicaid Cost Reimbu			
For Informat	tion Only			$\mathcal{D}_{I}$	kah fa	<i>n n</i>	
No Change i	in Rate			Kever	Kan fa	lk	
					,		
	Home Office:	Florida Care Inc	1 D 1				
		368 New Hempste					
		New City, NY 109	956				



SOUTH CAMPUS CA	RE CENTER			Provider Nu	mber:	0 151771-00
715 E. DIXIE AVENU	Е			Date:		12/22/2021
LEESBURG, FL 34748	3			Fiscal Year	End:	1/31/2020
				Audit Status	s:	Unaudited
Provider Type:						
Trovider Type.			Curre	ent	New	Effective
			Rate		Rate	Date
Nursing Home	Single Level		<u>\$251.</u>		<u>\$240.01</u>	10/1/2021
Rate Type:						
		X	Prospective			
			X	Total Prospe	ective	
				_	ctive with Interi	m Component
						component
			Changes:			
			V			
			X	Rate Semeste	r Change	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			ŀ	Rebekah Falk	
Permanent File	riscal Agent		Me	edicaid Cost Rein		ing and Finance
For Informat	tion Only					
No Change i				Keb	ekah fa	rlk
				, ,	j	
	Hama Office	Elonido Como I				
	Home Office:	Florida Care Inc 368 New Hempst	read Road			
		Now City NV 10				



GLADES WEST REHABILITATION AND NURSING CENTER		Provider Number:		0 153181-00		
15955 BASS CREEK F	ROAD		Da	te:	12/22/2021 12/31/2020	
PEMBROKE PINES, F	FL 33027		Fis	cal Year End:		
			Au	dit Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$271.24	<u>\$273.19</u>		
Rate Type:					,	
		X Pı	rospective			
			-	tal Prospective		
				tal Prospective with	Interim Component	
				1	1	
		Г	CI.			
		<u> </u>	Changes:			
			X Ra	Commenter Change		
			Ka	te Semester Change		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent	<u> </u>		Rebekah Fa	alk	
Permanent File	-		Medicai	d Cost Reimbursement	Planning and Finance	
For Informat	tion Only			001.0	Con	
No Change i	n Rate			Rebekah	falk	
					,	
	Home Office:	Florida Care Inc				
		368 New Hempstead	Road			
		New City NY 10956				



PINES NURSING HOM	ΙΕ			Provider Num	ber:	0 155062-00
301 N.E. 141ST STREET	T		Date: 12/22/20		12/22/2021	
MIAMI, FL 33161				Fiscal Year End: 3/3		3/31/2020
				Audit Status:		Unaudited
Provider Type:						
Hovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$294.7</u>	74	\$280.00	10/1/2021
Rate Type:						
		X	Prospective			
			X	_Total Prospec	tive	
				Total Prospecti	ve with Interir	n Component
			Changes:			
			Ciiuii Ses.			
			X	Rate Semester (	Change	
				_ Natio Bellioster	Ciluing C	
<b>Distribution:</b>						
Contract Management / F	Fiscal Agent			Rel	bekah Falk	
Permanent File			Me	dicaid Cost Reimbu	ursement Planni	ng and Finance
For Informatio	on Only			$\mathcal{D}_{I}$	1. 1.	<i>n n</i>
No Change in	Rate			reve	kah fa	lk
					•	
	Home Office:	Florida Care Inc				
	Trome office.	368 New Hempster	ad Road			
		New City, NY 109				



ST. PETERSBURG NURSING & REHABILITATION, LLC		ITATION, LLC	Provider Number:		er:	0 157223-00	
521 69TH AVENUE, N	NORTH			Date: Fiscal Year End:		12/22/2021 9/30/2020	
ST. PETERSBURG, FI	L 33702						
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Curren	t	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$276.8		262.99	10/1/2021	
Rate Type:							
Nate Type.							
		X	Prospective				
			X	Total Prospective			
				Total Prospective	with Interi	m Component	
1							
			Changes:				
			<b>-</b>				
			X	Rate Semester Ch	nange		
				There Same	1411.5		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rebe	kah Falk		
Permanent File			Med	icaid Cost Reimburs	sement Plann	ing and Finance	
For Informat	tion Only			$\mathcal{O}_{\mathcal{I}}$		Λ. <b>/</b>	
No Change is	n Rate			Rebek	ran fa	lk	
					,		
	Home Office:	Florida Care Inc					
	Home Office.	368 New Hempste	ead Road				
		New City NY 109					



CLEWISTON NURSI	NG & REHABILITAT	ION	Provide	er Number:	0 157224-00	
301 S. GLORIA STRE	EET		Date: Fiscal Year End:		12/22/2021 9/30/2020	
CLEWISTON, FL 334	40					
			Audit S	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$254.96</u>	<u>\$242.21</u>	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
			<del></del>	rospective		
			Total Pr	ospective with Interi	m Component	
			Changes:			
			V			
			Rate Se	mester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	, i iseai i igene		Medicaid Cos	t Reimbursement Plann	ing and Finance	
For Informa	tion Only				0.4	
No Change i	•		K	ebekah fa	2lk	
				,		
	Home Office:	Florida Care Inc				
		368 New Hempstea	ad Road			
		New City NY 109				



LAKELAND NURSIN	IG & REHABILITAT	ION	Pro	ovider Number:	0 157225-00	
1919 LAKELAND HILLS BLVD			Date:		12/22/2021	
LAKELAND, FL 3380	)5		Fiscal Year End:		9/30/2020	
			Au	dit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		<u>\$251.81</u>	<u>\$239.22</u>	10/1/2021	
J	C					
Rate Type:						
		X	Prospective			
			X To	tal Prospective		
				al Prospective with In	terim Component	
				r	1	
			Changes:			
			Samuel Sa			
			X Rat	- Camastan Changa		
				e Semester Change		
Distribution:				Dahakah Fall		
Contract Management	/ Fiscal Agent		M. C.	Rebekah Fall		
Permanent File			Medicai	d Cost Reimbursement Pl		
For Informat	-			Rebekah.	600	
No Change i	in Rate			MUCKAN!	fall	
				-		
	Home Office:	Florida Care Inc				
		368 New Hempster	ad Road			
		New City, NY 109	956			



LIFE CARE CENTER	OF CITRUS COUNT	Y	Provider Number:		nber:	0 157860-00	
3325 JERWAYNE LANE			Date:			12/22/2021	
LECANTO, FL 34461				Fiscal Year F	End:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	ıt.	New	Effective	
			Rate	•	Rate	<u>Date</u>	
Nursing Home	Single Level		\$2 <b>42.</b> 6	0	<u>\$244.10</u>	<u>10/1/2021</u>	
0	8						
Rate Type:							
			Dragnactiva				
		X	Prospective X	Total Prospe	otiva		
				Total Prospect		m Component	
				10tal 1 Tospect	ive with miter	in Component	
			Changes:				
				•			
			X	Rate Semester	Change		
Distribution:							
Contract Management	/ Fiscal Agent			R	ebekah Falk		
Permanent File			Med	licaid Cost Reiml	oursement Plann	ing and Finance	
For Informat	•			0.1	1,0%	) ,	
No Change i	n Rate			Mul	Kah fa	XX	
	Home Office:	Life Care Centers	s of America				
	Home Office.	3570 NW Keith S					
		Claveland TN 27					



THE VILLAGES REH	ABILITATION AND	NURSING CENTER	Provider Number:		0 158851-00	
900 HWY 466			Date	:	12/22/2021	
LADY LAKE, FL 3215	59		Fisca	al Year End:	1/31/2021	
			Aud	it Status:	Unaudited	
Provider Type:						
110viuci 1,pc.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$237.04</u>	<u>\$237.72</u>	10/1/2021	
Rate Type:						
		Dro	san aatista			
		X Pro	ospective X Tota	l Prospective		
		_		Prospective with In	tarim Component	
		_	1 Ota.	Prospective with in	етт сотронет	
1						
			Changes:			
		_	X Rate	Semester Change		
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rebekah Falk		
Permanent File				Cost Reimbursement Pl	_	
For Informat	ion Only			Rebekah;	C. D.D.	
No Change is	n Rate		,	tweepour.	tall	
	Home Office:	Florida Care Inc				
	nome office.	368 New Hempstead R	Poad			
		New City NY 10956	Coud			



PINES OF SARASOT.	A		Provider Number:		0	0 159109-00 12/22/2021	
1501 N. ORANGE AV	'ENUE			Date:			
SARASOTA, FL 3423	6			Fiscal Year End:	12	2/31/2019	
				Audit Status:		Inaudited	
Provider Type:							
Trovider Type.			Current	. No	ew	Effective	
			Rate		ate_	<u>Date</u>	
Nursing Home	Single Level		<u>\$273.5</u> 4		9.86	<u>10/1/2021</u>	
S	C						
Rate Type:							
		**	Daganastiya				
		X	Prospective X	Total Prospective			
				-			
1				Total Prospective w	ith Interim Co	emponent	
1							
			Changes:				
			X	Rate Semester Char	nge		
					160		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebeka	h Falk		
Permanent File	Ç		Medi	caid Cost Reimbursen	nent Planning ar	nd Finance	
For Informat	tion Only			$\Omega_{1}$	1 / 11		
No Change i	•			Rebeko	ih falk	_	
					J		
	Home Office:	No Home Office					



BAYSIDE CARE CEN	ITER			Provider Nun	nber:	0 161804-00	
811 JACKSON STREE	ET N.		Date:			12/22/2021	
ST. PETERSBURG, F	L 33705			Fiscal Year E	nd:	5/31/2020	
				Audit Status:		Unaudited	
D. and Jan Tymos							
Provider Type:			Curre	•nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$289.		\$275.03	10/1/2021	
Truising Home	Single 10,01		<del>4</del>	<u>50                                    </u>	Ψ2,0,00	10/1/2022	
Rate Type:							
		X	_Prospective	· -			
1			X	_Total Prospec			
				Total Prospect	ive with Interior	m Component	
			Changes:				
			Changes.				
			X	Data Camastan	Chamas		
				_Rate Semester	Cnange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Re	bekah Falk		
Permanent File	/ Fiscal Agent		Me	edicaid Cost Reimb		ing and Finance	
For Informat	tion Only						
No Change i	•			Kele	kah fa	lk	
1.0 0	II Itale			, 0-0-0	7 5 6 6		
		Γ					
	Home Office:	Florida Care Inc					
		368 New Hempste	ead Road				
		Now City NV 10	056				



COURTYARDS OF O	RLANDO CARE CEN	NTER	Provide	er Number:	0 161828-00	
900 MERCY DRIVE			Date:		12/22/2021	
ORLANDO, FL 32808	3		Fiscal Year End:		5/31/2020	
			Audit S	Status:	Unaudited	
Provider Type:						
ilovidei ijpe.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$257.16</u>	<u>\$244.30</u>	10/1/2021	
Rate Type:						
		X	Prospective			
			X Total P	rospective		
			Total Pr	ospective with Interin	m Component	
			Changes:			
			Rate Sei	mester Change		
Distribution:		L				
Contract Management	/ Fiscal Agent	_		Rebekah Falk		
Permanent File				t Reimbursement Plann	_	
For Informa	-		.f.	ebekah fa	00	
No Change i	in Rate		/(	Weronija	XV.	
	Home Office:	Florida Care Inc				
		368 New Hempstea	d Road			
		New City NY 1095				



MADISON POINTE C	CARE CENTER		Provider Number:		0 161896-00	
6020 INDIANA AVENUE			Date:		12/22/2021	
NEW PORT RICHEY,	FL 34653		Fiscal Year End:		5/31/2020	
			Au	dit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$259.93</u>	\$246.93	10/1/2021	
Rate Type:						
		**	Drognactivo			
		X	Prospective X To	tal Prospective		
			10	tal Prospective with Ir	tarina Camananant	
			10	iai Prospective with in	iterim Component	
			Changes:			
			Changest			
			X Ra	te Semester Change		
			Ka	te Bemester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Fal	k	
Permanent File			Medicai	d Cost Reimbursement P	lanning and Finance	
For Information	tion Only					
No Change i				Rebekah	falk	
	Home Office:	Florida Care Inc				
		368 New Hempste	ad Road			
		New City, NY 109	956			



6767 86TH AVENUE, NORTH PINELLAS PARK, FL 33782	Date: Fiscal Y Audit S  Current	Vear End:	12/22/2021 5/31/2020 Unaudited
PINELLAS PARK, FL 33782	Audit S		
		tatus:	Unaudited
	Current		
Provider Type:	Current		
Trovider Type.		New	Effective
	Rate	Rate	<u>Date</u>
Nursing Home Single Level	<u>\$253.99</u>	<u>\$241.29</u>	<u>10/1/2021</u>
Rate Type:			
X	Prospective		
		rospective	
	Total Pr	ospective with Interin	n Component
	Changes:		
	Rate Ser	mester Change	
<u>Distribution:</u>		Rebekah Falk	
Contract Management / Fiscal Agent Permanent File	Medicaid Cost	Reimbursement Plannin	ng and Finance
For Information Only			_
No Change in Rate	K	ebekah fa	lk
	. •		
Home Office: Florida Care Inc	. ID 1		
368 New Hempst			



PALMETTO CARE C	CENTER		Provider Number:  Date:  Fiscal Year End:		0 161944-00 12/22/2021 5/31/2020	
6750 WEST 22ND CC	OURT					
HIALEAH, FL 33016						
			Audit S	Status:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$297.96</u>	<u>\$283.06</u>	<u>10/1/2021</u>	
Rate Type:						
	<u>-</u>					
			Dragnactiva			
		X	_Prospective X Total F	rospective		
				rospective with Interior	n Component	
			10(4) 1	rospective with intern	п сотронен	
			Changes:			
			Rate Se	mester Change		
Distribution:	(T): 1.4			Rebekah Falk		
Contract Management Permanent File	/ Fiscal Agent		Medicaid Cos	st Reimbursement Planni	ng and Finance	
For Informa	tion Only				_	
No Change	•		/T	lebekah fa	lk	
1vo Change	in race		, (	50 07 son 07 so		
	Home Office:	Florida Care Inc				
		368 New Hempste				
		New City NY 109	956			



PALMS CARE CENTER		Provider Number:  Date:  Fiscal Year End:		0 161951-00 12/22/2021 5/31/2020	
3370 NW 47TH TERRACE					
LAUDERDALE LAKES, FL 33319					
		Audit S	Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		\$265.81	<u>\$250.63</u>	10/1/2021	
D-4- T					
Rate Type:					
	Prospectiv	re			
	X	Total P	rospective		
		Total Pr	ospective with Interior	m Component	
	Chang	166.			
		,cs.			
	х	Rate Ser	mester Change		
			mester change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Cos	t Reimbursement Plann	ing and Finance	
For Information Only				) 	
No Change in Rate		1/7	ebekah fa	LK.	
			j		
и от	E1 :1 C I				
Home Office:	Florida Care Inc				
	368 New Hempstead Road New City, NY 10956				



PARKLANDS CARE CENTER		Provide	er Number:	0 162068-00	
1000 S.W. 16TH AVENUE		Date:		12/22/2021 5/31/2020	
GAINESVILLE, FL 32601		Fiscal Y	Year End:		
		Audit S	tatus:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$252.21</u>	\$239.60	10/1/2021	
Rate Type:					
	<u>X</u> Prospect				
			rospective ospective with Interin	m Commonant	
		10tal Pr	ospective with intern	m Component	
	Chai	iges:			
		8			
		X Rate Ser	nester Change		
<u>Distribution:</u>					
Contract Management / Fiscal Agent		M. E. H.C.	Rebekah Falk  Reimbursement Plann	1 P'	
Permanent File				_	
For Information Only No Change in Rate		K	ebekah fa	lk	
No Change in Rate		/ (	2007-0000	70V C	
Home Office:	Florida Care Inc				
	368 New Hempstead Road New City, NY 10956				



TERRACES OF LAKE	ERRACES OF LAKE WORTH CARE CENTER		Provider Number:		:0	0 162074-00	
1711 6TH AVENUE, S	S			Date:	1	12/22/2021 5/31/2020	
LAKE WORTH, FL 33	3460			Fiscal Year End:			
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Current	N	ew	Effective	
			Rate		ate_	<u>Date</u>	
Nursing Home	Single Level		\$304.03		8.83	10/1/2021	
Rate Type:							
		X	Prospective				
				Total Prospective			
				Total Prospective w	vith Interim Co	omponent	
1			•				
			Changes:				
			X	Rate Semester Char	nge		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebeka			
Permanent File			Medi	caid Cost Reimburser	_		
For Informat	· ·			Rebeke	ch Coll	?,	
No Change i	in Rate			/ Wy	u Cjaca		
	Home Office:	Florida Care Inc					
		368 New Hempstea	ad Road				
		New City NY 109	56				



WILLISTON CARE C	ENTER			Provider Num	ber:	0 162077-00	
300 NW 1ST STREET				Date:		12/22/2021	
WILLISTON, FL 3269	16		<u> </u>	Fiscal Year Er	nd:	5/31/2020	
			_	Audit Status:		Unaudited	
Provider Type:							
Hovider Type.			Curre	ent	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$256.0		\$243.29	10/1/2021	
S				_			
Rate Type:							
		•	Decemostiva				
		X	_Prospective X	Total Prospect	+i===		
				_		Campanant	
				Total Prospective	ve with intern	n Component	
1							
			Changes:				
			- 8	_			
			X	Rate Semester (	Change		
				_*			
<b>Distribution:</b>							
Contract Management /	/ Fiscal Agent			Rel	bekah Falk		
Permanent File	-		Me	edicaid Cost Reimbu	arsement Planni	ng and Finance	
For Informat	tion Only			$\Omega_{0}$	, , ,	A A	
No Change in	n Rate			Kebe	kah fa	lk	
					J		
	Home Office:	Florida Care Inc					
		368 New Hempste					
		New City, NY 109	956				



WOODBRIDGE CARE CENTER		Pı	rovider Numbe	r:(	162078-00
8720 JACKSON SPRINGS ROAD		D	ate:		12/22/2021
TAMPA, FL 33615		Fi	scal Year End:		5/31/2020
		A	udit Status:		Unaudited
Provider Type:					
Trovider Type.		Current	N	lew	Effective
		Rate		<u>Rate</u>	<u>Date</u>
Nursing Home Single Level		<u>\$262.06</u>	<u>\$24</u>	48.96	10/1/2021
Rate Type:					
	x Prosp	ective			
			otal Prospective	e	
	<u></u>	То	otal Prospective	with Interim C	Component
		<u>.                                      </u>			
		hanges:			
		X R			
	_	K	ate Semester Cha	ange	
Distribution:					
Contract Management / Fiscal Agent			Rebek	ah Falk	
Permanent File		Medica	id Cost Reimburse	ement Planning	and Finance
For Information Only					A
No Change in Rate			Rebek	an fali	
				,	
Home Office:	Florida Care Inc				
Home Office.	368 New Hempstead Roa	A			
	New City, NY 10956	u			



SOLARIS HEALTHC	OLARIS HEALTHCARE BAYONET POINT		Provider Number:		0 162218-00	
7210 BEACON WOO	DS DRIVE		Dat	e:	12/22/2021	
HUDSON, FL 34667			Fise	eal Year End:	12/31/2019	
			Au	lit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$255.87</u>	\$243.08	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
				al Prospective		
			Tota	al Prospective with In	terim Component	
			Changes			
			Changes:			
			X Rati	e Semester Change		
			Kau	e Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	8		Medicaid	Cost Reimbursement Pl	anning and Finance	
For Informa	tion Only				C 0.0	
No Change	•			Rebekah,	falk	
				J		
	11 000	0.1 . 5	T. T.			
	Home Office:	Solaris Foundati				
		9250 Bonita Bea				
		IBonita Springe	FL 34135			



SOLARIS HEALTHCARE CI	HARLOTTE H	ARBOR		Provider Num	ber:	0 162219-00
4000 KINGS HIGHWAY				Date:		12/22/2021
PORT CHARLOTTE, FL 339	980			Fiscal Year En	ıd:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curren	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home S	Single Level		<u>\$265.2</u>	<u>6</u>	\$252.00	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prospect	ive	
				Total Prospectiv	e with Interin	n Component
				<u> </u>		
			Changes:			
			X	D. C	71	
			A	Rate Semester C	nange	
<b>Distribution:</b>						
Contract Management / Fiscal	Agent			Reb	ekah Falk	
Permanent File	C		Med	licaid Cost Reimbu	rsement Planni	ng and Finance
For Information On	ly			$\Omega_{a}$	, , ,	0.0
No Change in Rate				Kebel	kah fa	lk
					,	
L	Home Office:	Solaris Foundation	ı Inc			
1	Tomic Office.	9250 Bonita Beach				
		Bonita Springs, FI				



SOLARIS HEALTHCA	OLARIS HEALTHCARE COCONUT CREEK		P	rovider Number:	0 162220-00	
4125 WEST SAMPLE	ROAD		D	ate:	12/22/2021	
COCONUT CREEK, F	FL 33073		F	iscal Year End:	12/31/2019	
			A	udit Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$269.40	\$267.4		
Data Tymas						
Rate Type:						
		X	Prospective			
				otal Prospective		
			T	otal Prospective with	Interim Component	
1						
			Changes:			
			X R	ate Semester Change		
				-		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah Fa		
Permanent File			Medica	id Cost Reimbursement	_	
For Informat	-			Rebekah	601	
No Change i	n Rate			MUCKON	-falk	
	Home Office:	Solaris Foundation	on, Inc.			
		9250 Bonita Bea				
		Bonita Springs I	FI 34135			



SOLARIS HEALTHCA	ARE DAYTONA			Provider Num	ber:	0 162221-00
550 NATIONAL HEAI	LTH CARE DR			Date:		12/22/2021
DAYTONA BEACH, F	FL 32114			Fiscal Year En	ıd:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$255.0</u>	<u> 5</u>	<u>\$242.30</u>	<u>10/1/2021</u>
	1					
Rate Type:						
		X	Prospective			
			X	Total Prospect	ive	
				Total Prospectiv	e with Interir	n Component
				_		
			Changes:			
			X	_Rate Semester C	Change	
Distribution						
<b><u>Distribution:</u></b> Contract Management /	Fiscal Agent			Reh	ekah Falk	
Permanent File	I iscai Agent		Med	dicaid Cost Reimbu		ng and Finance
For Informati	ion Onlv					
No Change in	-			Kebe	kah fa	lk
				,	- ]	
	Home Office:	Solaris Foundation				
		9250 Bonita Beac				
		Bonita Springs, F	L 34135			



SOLARIS HEALTHC	ARE IMPERIAL		Provide	er Number:	0 162222-00	
900 IMPERIAL GOLF	COURSE BLVD.		Date:		12/22/2021 12/31/2019	
NAPLES, FL 34110			Fiscal '	Year End:		
			Audit S	Status:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$259.22</u>	<u>\$246.26</u>	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
			<del></del>	Prospective	C .	
			1 OTAL P1	rospective with Interio	n Component	
			Changes:			
			X Rate Se	mester Change		
Distribution:	/T: 1 A			Rebekah Falk		
Contract Management . Permanent File	/ Fiscal Agent		Medicaid Cos	st Reimbursement Planni	ng and Finance	
For Information	tion Only				_	
No Change i	•		/\(\)	Pebekah fa	lk	
				, ,		
	Home Office:	Solaris Foundation	on, Inc.			
		9250 Bonita Bea				
		Bonita Springs F	T. 34135			



SOLARIS HEALTHCA	ARE LAKE CITY			Provider Numb	er:	0 162224-00
920 MCFARLAND AV	VENUE			Date:		12/22/2021
LAKE CITY, FL 32055	5			Fiscal Year En	d:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Tionaci Type.			Currer	nt	New	Effective
			Rate		Rate	Date
<b>Nursing Home</b>	Single Level		<u>\$252.9</u>	<u>92</u> <u>\$</u>	<u> </u>	<u>10/1/2021</u>
D-4- True of	<u> </u>					
Rate Type:						
		X	Prospective			
			X	_Total Prospecti		
				Total Prospectiv	e with Interio	m Component
			Changes:	<u> </u>		
			Changes.			
			X	Rate Semester C	'hanoe	
					munge	
<b>Distribution:</b>						
Contract Management /	/ Fiscal Agent			Reb	ekah Falk	
Permanent File			Med	dicaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	tion Only			01.	1.1.6	0.0.
No Change is	n Rate			Reber	ean fa	lk
	Home Office:	Solaris Foundation	n, Inc.			
		9250 Bonita Beac	h Road SE			
		Bonita Springs, Fl	L 34135			



SOLARIS HEALTHCA	ARE MERRITT ISLA	ND		Provider Num	ber:	0 162225-00
500 CROCKETT BOU	LEVARD			Date:		12/22/2021
MERRITT ISLAND, F	L 32953			Fiscal Year En	nd:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$256.5</u>	<u>53</u>	§245.33	<u>10/1/2021</u>
D ( T						
Rate Type:						
		X	Prospective			
			X	_Total Prospect	ive	
				_Total Prospectiv	e with Interin	n Component
			Changes			
			Changes:			
			X	Rate Semester C	Thanga	
				_ Kate Semester C	Inalige	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Reb	ekah Falk	
Permanent File			Med	dicaid Cost Reimbu	rsement Planni	ng and Finance
For Informati	ion Only			$\mathcal{O}_{\mathcal{I}}$	100	0.0
No Change in	n Rate			Kebe	kah fa	lk
					,	
	Home Office:	Solaris Foundation	n Inc			
	110	9250 Bonita Beac				
		Bonita Springs, F				



SOLARIS SENIOR L	IVING NORTH NAPL	ES	Provid	er Number:	0 162226-00	
10949 PARNU STRE	ET		Date:		12/22/2021	
NAPLES, FL 34109			Fiscal T	Year End:	12/31/2019	
			Audit S	Status:	Unaudited	
Provider Type:						
rrovider Type:			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$299.12	\$284.16	10/1/2021	
			<u></u>	<u></u>		
Rate Type:						
		X	_Prospective			
			X Total F	Prospective		
			Total P	rospective with Inter	im Component	
			Changes:			
			Rate Se	mester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid Cos	st Reimbursement Planr	ning and Finance	
For Informa	ntion Only			21.1.h	1 2	
No Change	in Rate		<b>/</b> /T	Pebekah fa		
				,		
	Home Office:	Solaris Foundatio				
		9250 Bonita Beac				
		Donito Springs F	T 2/125			



Audit Status: Unaudited  Provider Type:  Current New Effective Rate Rate Date  Single Level \$264.56 \$251.33 \$10/1/2021  Rate Type:   X Prospective X Total Prospective with Interim Component  Changes:  X Rate Semester Change  Distribution: Contract Management / Fiscal Agent  Rebekah Falk	SOLARIS HEALTHCA	RE PARKWAY			Provider Num	ber:	0 162228-00
Provider Type:  Current New Effective Rate Rate Date Single Level S264.56 \$251.33 10/1/2021  Rate Type:	800 S.E. CENTRAL PA	RKWAY			Date:		12/22/2021
Provider Type:    Current   New   Effective   Rate   Rate   Date	STUART, FL 34994				Fiscal Year Er	nd:	12/31/2019
Current New Effective Rate Rate Date  Nursing Home Single Level  Rate Type:					Audit Status:		Unaudited
Current New Effective Rate Rate Date  Nursing Home Single Level  Rate Type:	Provider Type						
Rate Type:    X	110viuci 1ypc.			Currer	nt	New	Effective
Rate Type:    X							
X   Prospective   X   Total Prospective   Total Prospective   Total Prospective with Interim Component	Nursing Home	Single Level					
X   Prospective   X   Total Prospective   Total Prospective   Total Prospective with Interim Component	_	_					
X   Prospective   X   Total Prospective   Total Prospective   Total Prospective with Interim Component							
X   Prospective   X   Total Prospective   Total Prospective   Total Prospective with Interim Component							
Total Prospective Total Prospective  Total Prospective with Interim Component  Changes:  X Rate Semester Change  X Rate Semester Change  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  For Information Only No Change in Rate  Home Office: Solaris Foundation, Inc.	Rate Type:						
Total Prospective Total Prospective  Total Prospective with Interim Component  Changes:  X Rate Semester Change  X Rate Semester Change  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  For Information Only No Change in Rate  Home Office: Solaris Foundation, Inc.							
Total Prospective Total Prospective  Total Prospective with Interim Component  Changes:  X Rate Semester Change  X Rate Semester Change  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance  For Information Only No Change in Rate  Home Office: Solaris Foundation, Inc.			v	Prospective			
Total Prospective with Interim Component  Changes:  X Rate Semester Change  Rebekah Falk  Permanent File  For Information Only No Change in Rate  Home Office: Solaris Foundation, Inc.				_	Total Prospect	tive	
Changes:  X Rate Semester Change  X Rate Semester Change  Rebekah Falk  Permanent File Medicaid Cost Reimbursement Planning and Finance  For Information Only No Change in Rate  Home Office: Solaris Foundation, Inc.					_		n Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Home Office:  Solaris Foundation, Inc.					_ 10tai i 105peeti	ve willi illerii	п сопропен
Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Home Office:  Solaris Foundation, Inc.							
Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Home Office:  Solaris Foundation, Inc.							
Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Home Office:  Solaris Foundation, Inc.				Changes:			
Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Home Office:  Solaris Foundation, Inc.					_		
Distribution:  Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Home Office:  Solaris Foundation, Inc.				X	Rate Semester (	Change	
Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Home Office:  Solaris Foundation, Inc.					_		
Contract Management / Fiscal Agent  Permanent File  For Information Only  No Change in Rate  Home Office:  Solaris Foundation, Inc.							
Permanent File  For Information Only  No Change in Rate  Home Office:  Solaris Foundation, Inc.	<b>Distribution:</b>						
For Information Only No Change in Rate  Home Office:  Solaris Foundation, Inc.	Contract Management / I	Fiscal Agent					
Home Office: Solaris Foundation, Inc.	Permanent File			Med	dicaid Cost Reimbu	ırsement Planni	ng and Finance
Home Office: Solaris Foundation, Inc.	For Information	on Only			DI.	1.1.	<i>n n</i> .
Home Office: Solaris Foundation, Inc.	No Change in	Rate			Twe	Kan fa	
, and the second						-	
, and the second							
, and the second							
, and the second		Homo Office:	Salaria Foundation	n Ino			
7230 Bolita Beach Road SE		Home Office.					
Bonita Springs, FL 34135							



SOLARIS HEALTHCA	ARE PENSACOLA		Provider Number:		r:	0 162230-00	
8475 UNIVERSITY PA	ARKWAY			Date:		12/22/2021	
PENSACOLA, FL 325	14			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
110viuci 1,pc.			Curren	ıt N	lew	Effective	
			Rate		<u>Rate</u>	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$255.2</u>		42.48	10/1/2021	
D (. T	<u> </u>						
Rate Type:							
1							
		X	Prospective				
			X	Total Prospective	e		
1				Total Prospective	with Interim (	Component	
L							
			Changes:	<u> </u>			
			Changes.	J			
			X	Rate Semester Cha	ange		
				_ Rate Belliester Che	inge		
<b>Distribution:</b>							
Contract Management /	/ Fiscal Agent			Rebek	ah Falk		
Permanent File	-		Med	dicaid Cost Reimburse	ment Planning	and Finance	
For Informat	tion Only			$\Omega_{I}$	1 / 1	ı	
No Change in	n Rate			Rebek	an fal	K	
					,		
	Home Office:	Solaris Foundation	on Inc				
	Home Office.	9250 Bonita Bea					
		Bonita Springs F					



SOLARIS HEALTHCA	ARE PLANT CITY			Provider Num	ber:	0 162231-00
701 NORTH WILDER	ROAD			Date:		12/22/2021
PLANT CITY, FL 3356	66			Fiscal Year Er	nd:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$259.6</u>	54	<b>\$246.66</b>	<u>10/1/2021</u>
D.4. T						
Rate Type:						
		X	Prospective			
			X	_Total Prospect		
				Total Prospectiv	ve with Interir	n Component
			Changes:			
			Changes.	_		
			X	Rate Semester (	Change	
					g-	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rel	oekah Falk	
Permanent File			Med	dicaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	ion Only			$\mathcal{O}_{l}$	1.1.	0.0.
No Change in	n Rate			Mul	kah fa	la
	Home Office:	Solaris Foundation	n, Inc.			
		9250 Bonita Beac				
		Bonita Springs, Fl	L 34135			



SOLARIS HEALTHCA	RE WINDERMERE			Provider Num	ber:	0 162232-00
4875 CASON COVE D	RIVE			Date:		12/22/2021
ORLANDO, FL 32811				Fiscal Year Er	nd:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
110viuei 1ypei			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$251.7</u>	<u>'6</u>	<u>\$247.45</u>	<u>10/1/2021</u>
Data Tymas						
Rate Type:						
		X	Prospective			
			X	Total Prospect		
				Total Prospectiv	ve with Interir	n Component
			Changes:			
			X	Rate Semester (	Change	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rel	bekah Falk	
Permanent File			Med	dicaid Cost Reimbu	ırsement Planni	ng and Finance
For Informati	on Only			$\mathcal{O}_{l}$	1.1.	00
No Change in	n Rate			Mul	kah fa	
	Home Office:	Solaris Foundation	n, Inc.			
		9250 Bonita Beac				
		Bonita Springs, Fl	L 34135			



FORT MYERS REHABILITATION AND NURSING CENTER			Provider Number:	0 163903-00	
7173 CYPRESS DRIV	E, SW			Date:	12/22/2021
FORT MYERS, FL 339	907			Fiscal Year End: _	6/30/2019
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	t Nev	w Effective
			Rate	Rat	
<b>Nursing Home</b>	Single Level		\$262.6	<u>\$249.</u>	.55 <u>10/1/2021</u>
Rate Type:					
			Drognostivo		
		X	_Prospective X	Total Prospective	
			_		th Interim Component
				Total I Tospective wit	ii interini Component
			Changes:		
			v		
			X	Rate Semester Chang	<sub>i</sub> e
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah	Falk
Permanent File			Med		ent Planning and Finance
For Informat	-			Rebekai	la Call
No Change i	n Rate			MOCKOU	n fall
	Home Office:	No Home Office			



REHABILITATION CENTER AT JUPITER	GARDENS, LLC	_	Provider Numb	er:	0 166176-00
17781 THELMA AVENUE		_	Date:		12/22/2021
JUPITER, FL 33458		_	Fiscal Year End	d:	8/31/2020
			Audit Status:		Unaudited
Provider Type:					
Trovider Type.		Curren	t	New	Effective
		Rate		Rate	<u>Date</u>
Nursing Home Single Level		\$257.3		247.85	10/1/2021
Rate Type:					
	X P	rospective			
	A1	X	Total Prospecti	ve	
			Total Prospective		n Component
			Total Trospective	e with interm	Component
		Changes:			
			!		
		X	Rate Semester C	hange	
<b>Distribution:</b>					
Contract Management / Fiscal Agent			Reb	ekah Falk	
Permanent File		Med	icaid Cost Reimbur	rsement Plannii	ng and Finance
For Information Only			$\mathcal{O}_{l}$	1.1.6	00.
No Change in Rate			Reber	ean fa	ll
				-	
Home Office:	Jupiter Florida Ventu	rec II C			
Home Office.	36 Airport Road	ICS LLC			
	Lakewood, NJ 08702	1			



EAGLE LAKE NURSING AND REHAB CARE CENTER		Provider Number:		:0	0 168944-00	
1100 66TH STREET, 1	NORTH			Date:		12/22/2021
ST. PETERSBURG, F	L 33710			Fiscal Year End:		9/30/2019
				Audit Status:		Unaudited
Provider Type:						
rrovider Type:			Curre	nt. N	ew	Effective
			Rate		ate_	<u>Date</u>
Nursing Home	Single Level		\$257.9		15.08	<u>10/1/2021</u>
- · · · · · · · · · · · · · · · · · · ·	~ <b>g</b>		<u> </u>			
Rate Type:						
		X	Prospective			
			X	_Total Prospective		
				_Total Prospective v	vith Interim C	component
			CI			
			Changes:	_		
			X	_Rate Semester Cha	nge	
Distribution:				B.1.1		
Contract Management	/ Fiscal Agent				ah Falk	1 E'
Permanent File			Me	dicaid Cost Reimburser	_	
For Information	•			Rebeke	ah Coli	1,
No Change i	in Rate			rough	M ( Jaca	
	Home Office:	Symmetry Health	ncare Management L	LC		
	Tiome Office.	2700 N. 29th Ave	_			
		Hollywood, FL 33				
		Hollywood, FL 3.	3UZU			



UNIVERSITY CROSSING		Provide	er Number:	0 169599-00	
3937 SPRING PARK ROAD		Date:		12/22/2021	
JACKSONVILLE, FL 32207		Fiscal Y	Year End:	12/31/2020	
		Audit S	tatus:	Unaudited	
Provider Type:					
Trovider Type:		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		\$237.53	<u>\$236.96</u>	<u>10/1/2021</u>	
Rate Type:					
	x Pro	spective			
		-	rospective		
	_	Total Pr	ospective with Interin	n Component	
		Changes:			
		Changes.			
		X Rate Set	nester Change		
	-	Kate Sei	nester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Cost	Reimbursement Plannin	ng and Finance	
For Information Only			20106	0.0	
No Change in Rate		<b>/</b> C	ebekah fa	lk	
			•		
Home Office:	Brooks Skilled Nursing	Facility A Inc			
Home Office.	3599 University Blvd, S	•			
	Jacksonville, FL 32216				



LIFE CARE CENTER	OF SARASOTA			Provider Numb	er:	0 170521-00
8104 NORTH TUTTLI	E AVENUE			Date:		12/22/2021
SARASOTA, FL 34243	3			Fiscal Year En	d:	1/31/2021
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$249.5</u>	<u>§</u>	<u> 6250.01</u>	<u>10/1/2021</u>
Rate Type:						
			<b>D</b> 45			
		X	_Prospective X	Total Duagnage		
				Total Prospectiv		m Component
				_ Total Prospectiv	e with interi	m Component
				_		
			Changes:			
			X	Rate Semester C	hange	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Reb	ekah Falk	
Permanent File	8		Med	dicaid Cost Reimbu	rsement Plann	ing and Finance
For Informat	ion Only			$\Omega_{a}$	, , (	7
No Change in	n Rate			Reber	Kah fa	LK.
					,	
	Home Office:	Life Care Centers	of America			
		3570 NW Keith S	treet			
		Cleveland, TN 37	312			



CROSS CITY REHABILITATION & HEALTH CARE CENTER		Provider Number:		0 173314-00	
583 NE 351 HIGHWA	Y		I	Date:	12/22/2021
CROSS CITY, FL 3262	28		I	Fiscal Year End:	12/31/2015
			A	Audit Status:	Unaudited
Provider Type:					
110 (luci 1) per			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		\$208.85	<u>\$217.62</u>	<u>10/1/2021</u>
Rate Type:					
Кан турс.					
	<del>-</del>	X	Prospective		
				Total Prospective	
				Total Prospective with In	terim Component
			Changes:		
		İ	Changest		
			X F	Rate Semester Change	
				time semicorer change	
<b>Distribution:</b>					
Contract Management	Fiscal Agent	<u>-</u>		Rebekah Fall	ζ
Permanent File			Medic	eaid Cost Reimbursement Pl	_
For Informat	•			D. l. d. lala	600
No Change i	n Rate			Rebekah	falk
	Home Office:	No Home Office			



WESTWOOD NURSING & REHABILITATION CENTER			Provider Number:		0 173397-00		
1001 MARWALT DRIV	VE			Date:		12/22/2021	
FT. WALTON BEACH	, FL 32547			Fiscal Year	End:	12/31/2015	
				Audit Statu	ıs:	Unaudited	
Provider Type:							
- J P			Curre	nt	New	Effective	
			Rate	<u> </u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$248.</u>	52	<u>\$236.09</u>	<u>10/1/2021</u>	
Rate Type:							
Tune 13 per							
	_	X	Prospective	T 1 D.			
			X	_Total Prosp			
				_Total Prospe	ective with Interi	m Component	
			Changes:				
				_			
			X	_Rate Semest	er Change		
<b>Distribution:</b>	T				Rebekah Falk		
Contract Management / Permanent File	Fiscal Agent		Me		mbursement Plann	ing and Finance	
For Information	on Only					_	
No Change in	•			Kel	rekah fa	lk	
				, , ,			
	Home Office:	No Home Office					



LAFAYETTE HEALT	TH CARE CENTER		F	Provider Number:	0 173398-00
512 W. MAIN STREE	T		I	Date:	12/22/2021
MAYO, FL 32066			I	Fiscal Year End:	12/31/2015
			A	Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$199.64</u>	\$208.02	<u>10/1/2021</u>
Rate Type:					
			Duo an activo		
		X	Prospective X	Total Prospective	
				Total Prospective with Inter-	erim Component
				rotar i rospective with the	eriii component
			Changes:		
			Changes.		
			X F	Rate Semester Change	
				5	
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah Falk	
Permanent File			Medic	eaid Cost Reimbursement Pla	
For Informat No Change i	•			Rebekah	Colk
140 Change 1	III Rate			1 000 01 -000 01	
	Home Off	No Home Office			
	Home Office:	No Home Office			



LAKE PARK OF MAI	DISON		Provide	r Number:	0 173399-00	
259 SW CAPTAIN BR	OWN RD		Date:		12/22/2021	
MADISON, FL 32340			Fiscal Y	ear End:	2/29/2016	
			Audit S	tatus:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$210.64</u>	<u>\$219.47</u>	<u>10/1/2021</u>	
Rate Type:						
		X Prosp	ective			
			X Total Pr	rospective		
			Total Pro	ospective with Interi	m Component	
		Cl	nanges:			
			X Rate Sen	nester Change		
District Alexander						
<b><u>Distribution:</u></b> Contract Management	Fiscal Agent			Rebekah Falk		
Permanent File	e		Medicaid Cost	Reimbursement Plann	ing and Finance	
For Informat	ion Only		/	2010/	7	
No Change i	n Rate		<b>/</b> C	ebekah fa	UK.	
				ŕ		
	Home Office: No H	Iome Office				



CROSSBREEZE CAR	E CENTER			Provider Number	er:	0 182821-00
1755 18TH STREET				Date:		12/22/2021
SARASOTA, FL 34234	4		<u></u>	Fiscal Year End	i:	2/28/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt ]	New	Effective
			Rate	:	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$257.6	<u>\$2</u>	244.75	10/1/2021
Data Temas						
Rate Type:						
		X	Prospective			
			X	_Total Prospectiv		
				Total Prospective	with Interim	Component
			Changes:			
				_		
			X	Rate Semester Ch	nange	
Distribution:				Daha	kah Falk	
Contract Management	/ Fiscal Agent		Med	dicaid Cost Reimburs		and Finance
Permanent File For Informat	tion Only		Wick			
No Change i	•			Kebek	rah fal	k
				, , , ,	o <sub>j</sub> -	
		N				
	Home Office:	No Home Office				



CROSS GARDENS CA	ARE CENTER			Provider Number:	0 182824-00
190 NE 191 STREET				Date:	12/22/2021
MIAMI, FL 33179				Fiscal Year End:	2/28/2019
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	nt New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		\$268.5		10/1/2021
<u> </u>	J				
Rate Type:					
		Y	Prospective		
		X	_1 Tospective X	Total Prospective	
				Total Prospective with Is	nterim Component
				10tar r rospective with r	шени сопропен
			Changes:		
			-	1	
			X	Rate Semester Change	
				-	
<b>Distribution:</b>					
Contract Management /	Fiscal Agent			Rebekah Fal	lk
Permanent File			Med	licaid Cost Reimbursement I	Planning and Finance
For Informat	tion Only				/ n.a
No Change is	n Rate			Rebekah	falk
					J
	Home Office:	No Home Office			



KR AT COLLEGE HA	RBOR		Provi	der Number:	0 189252-00	
4600 54TH AVENUE,	SOUTH		Date:		12/22/2021	
ST. PETERSBURG, FI	L 33711		Fiscal	Year End:	4/30/2019	
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$272.76</u>	<u>\$259.12</u>	<u>10/1/2021</u>	
G	G					
Rate Type:						
		X	Prospective			
			X Total	Prospective		
			Total :	Prospective with Inter	im Component	
			Changes:			
			X Rate S	Semester Change		
Distribution:						
Contract Management /	Fiscal Agent			Rebekah Falk		
Permanent File	-		Medicaid C	ost Reimbursement Plan	ning and Finance	
For Informat	ion Only				1	
No Change in	-		/	Rebekah fo	elk	
			•			
	Home Office:	KR Management, I	LLC			
		20001 Gulf Boulev				
		Indian Shores, FL 3				



SOLARIS HEALTHC	ARE OSCEOLA			Provider Number	er:	0 191262-00	
4201 WEST NEW NO	LTE ROAD			Date:		12/22/2021	
ST. CLOUD, FL 34772	2			Fiscal Year End	l:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Tioriuci Type.			Currer	nt .	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$235.1</u>		237.62	10/1/2021	
	T						
Rate Type:							
		X	Prospective				
			X	Total Prospectiv	/e		
				Total Prospective		m Component	
1			<del></del>	- *		1	
			Changes:				
			· ·				
			X	Rate Semester Ch	nange		
Distribution:							
Contract Management	/ Fiscal Agent			Rebe	kah Falk		
Permanent File	/ 1 150ar / 150ar		Med	licaid Cost Reimburs	sement Plann	ing and Finance	
For Informa	tion Only				, , (	)	
No Change i	•			Rebek	rah fa	lk	
					J		
	77 O.ST	~					
	Home Office:	Solaris Foundation					
		9250 Bonita Bea					
		IBonita Springs 1	41.34135				



LAKEVIEW TERRACE R CARE CENTER	EHABILITATION	N AND HEALTH		Provider Nur	nber:	0 191618-00
110 LODGE TERRACE D	RIVE			Date:		12/22/2021
ALTOONA, FL 32702				Fiscal Year E	End:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
			Currer		New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$216.9</u>	<u>94                                    </u>	<u>\$226.53</u>	<u>10/1/2021</u>
Rate Type:	1					
Kate Type.						
		X	Prospective			
			X	Total Prospec	ctive	
				_Total Prospect	ive with Inter	im Component
			Changes:			
			Changes.	]		
			X	Rate Semester	· Change	
			-	_ Rate Bemester	Change	
<b>Distribution:</b>						
Contract Management / Fis	cal Agent			Ro	ebekah Falk	
Permanent File			Med	dicaid Cost Reimb	oursement Plant	ning and Finance
For Information	Only			$\mathcal{O}_{I}$	1.0/	
No Change in Ra	ate			Keve	kah fa	ELK.
					,	
	Home Office:	No Home Office				
	nome office.	10 Home Office				



PORT ST. LUCIE REI	HABILITATION AND	HEALTHCARE		Provider Numbe	er:	0 192835-00	
7300 OLEANDER AV	ENUE			Date:		12/22/2021	
PORT ST. LUCIE, FL	34952			Fiscal Year End	:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Current		New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$231.95		231.95	10/1/2021	
Rate Type:							
		X	Prospective				
			X	Total Prospectiv	/e		
			· 	Total Prospective	with Interi	m Component	
			Changes:				
			Changes.				
			X	Rate Semester Ch	iange		
				Rate Democrat	iuiige		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebe	kah Falk		
Permanent File			Medi	caid Cost Reimburs	ement Plann	ing and Finance	
For Informat	tion Only			DI		) 	
No Change i	in Rate			Rebek	ran fa	LK.	
					,		
	Home Office:	CareStrong					
	Home office.	10800 Biscayne Bo	oulevard				
		Miami FL 33161	sale vara				



IA MANOR		<u></u>	Provider Nur	nber:	0 200107-00	
•			Date:		12/22/2021	
33716			Fiscal Year E	End:	8/31/2020	
			Audit Status:	<u> </u>	Unaudited	
		Curre	nt	New	Effective	
					<u>Date</u>	
Single Level		\$242	39	\$241.63	10/1/2021	
<u> </u>						
1						
	V	Decementive				
	X	_	Total Drospe	atizza		
			_		·	
			_Total Prospect	tive with Inter	im Component	
		Changes:				
		Changes.				
		X	Data Camastar	Change		
			_ Kate Semester	Change		
Figural Agent			R	ebekah Falk		
riscai Agem		Me			ning and Finance	
ion Only						
			Kobe	kah ta	o l k	
1 Kaic			, 000	7/ -000 ( ) -1	<i>501</i> C	
Home Office:	No Home Office					
	Single Level  Fiscal Agent on Only n Rate	Single Level  x  Fiscal Agent on Only n Rate	Curre Rate Single Level  X Prospective X  Changes: X  Fiscal Agent on Only n Rate	Date:	Date:    January   Single Level   Single Level	



WESTMINSTER OAKS		Pr	ovider Number:	0 200409-00
4449 MEANDERING WAY		_ Da	ite:	12/22/2021
TALLAHASSEE, FL 32308		Fis	scal Year End:	3/31/2020
		Au	ıdit Status:	Unaudited
Provider Type:				
Trovider Type.		Current	New	Effective
		Rate	Rate	
Nursing Home Single Level		<u>\$218.32</u>	<u>\$218.5</u>	
Rate Type:				
	x Pı	rospective		
		-	tal Prospective	
			-	Interim Component
		10	tai i iospective with	i interim Component
		Changes:		
		X Ra	te Semester Change	
<b>Distribution:</b>				
Contract Management / Fiscal Agent			Rebekah I	Falk
Permanent File		Medicai	d Cost Reimbursemen	at Planning and Finance
For Information Only			Delin	
No Change in Rate			Rebekal	I falk
				•
Home Office:	Presbyterian Retireme	ant Communities. In		
Home Office.	80 West Lucerne Circ		··	
	Orlando, FL 32801			



MIAMI JEWISH HEA	LTH SYSTEMS			Provide	r Number:	0 200506-00	
5200 N.E. 2ND AVEN	UE			Date:		12/22/2021	
MIAMI, FL 33137				Fiscal Y	ear End:	6/30/2020	
				Audit St	tatus:	Unaudited	
Provider Type:							
Trovider Type.			Curre	ent	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$259.</u>	<u>78</u>	<u>\$252.23</u>	10/1/2021	
_	_				<del>-</del>	<u>-</u>	
Rate Type:							
			Dtivo				
		X	Prospective X	T 4-1 D.	· -		
					ospective	. ~	
				Total Pro	ospective with Inter	im Component	
			Changes:				
			Changes.				
			X	<b>D</b> . C			
				Rate Sen	nester Change		
<b>Distribution:</b>	/T' 1 A				Rebekah Falk		
Contract Management	/ Fiscal Agent			edicaid Cost	Reimbursement Plant	ning and Finance	
Permanent File	See Oute		171				
For Informat				K	ebekah fa	o O lx	
No Change i	n Rate			/ ()	W Cya		
	Home Office:	No Home Office					
		1					



LIFE CARE CENTER	OF HILLIARD			Provider Number:	0 20	00714-00
3756 WEST 3RD STR	EET			Date:	12/2	22/2021
HILLIARD, FL 32046				Fiscal Year End:	12/3	31/2020
				Audit Status:	Un	audited
Provider Type:						
Tionaci Type.			Current	. Ne	W	Effective
			Rate	Ra		<u>Date</u>
<b>Nursing Home</b>	Single Level		\$215.94			10/1/2021
Rate Type:						
Nate Type.						
		X	Prospective			
				Total Prospective		
				Total Prospective w	ith Interim Com	iponent
			Changes:			
			X	Rate Semester Chan	ge	
<b>Distribution:</b>						
Contract Management	Fiscal Agent			Rebekal		
Permanent File			Medi	caid Cost Reimbursem	_	
For Informat	•			Rebeka	la Call	
No Change i	n Rate			Mucha	Mjam	
	Home Office:	Life Care Center	s of America			
		3570 NW Keith S	Street			
		Cleveland TN 3	7312			



RIVER GARDEN HEI	BREW HOME		Provide	er Number:	0 200859-00
11401 OLD ST. AUGU	USTINE RD		Date:		12/22/2021
JACKSONVILLE, FL	32258		Fiscal `	Year End:	12/31/2020
			Audit S	Status:	Unaudited
Provider Type:					
riovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$260.32</u>	<u>\$258.68</u>	<u>10/1/2021</u>
Rate Type:					
		X	Prospective X Total P	) magmaatiyya	
				Prospective rospective with Interior	n Component
			10tal F	rospective with intern	п сотронен
			Changes:		
			-		
			Rate Se	mester Change	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah Falk	
Permanent File			Medicaid Cos	st Reimbursement Planni	ng and Finance
For Informat	tion Only			0,100	0.4
No Change i	in Rate		<b>/</b> T	Pebekah fa	lk
				,	
	Home Office:	River Garden Ho	olding Co., Inc		
		11401 Old St. A	•		
		Jacksonville FL	_		



AVANTE VILLA AT	VANTE VILLA AT JACKSONVILLE BEACH INC			Provider Number:		0 200913-00	
1504 SEABREEZE AV	VENUE			Date:		12/22/2021	
JACKSONVILLE BEA	ACH, FL 32250			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$239.7</u>	<u>'9</u> <u>\$</u>	<u> 241.64</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
		·	_ X	Total Prospecti	ive		
				Total Prospectiv		m Component	
1						•	
				1			
			Changes:				
			X	Rate Semester C	hange		
<b>Distribution:</b>	· • ·			Pah	ekah Falk		
Contract Management	/ Fiscal Agent		Med	dicaid Cost Reimbur		ing and Finance	
Permanent File	d - 01-v		17100				
For Informat				Reber	Lah Lo	l k	
No Change I	in Rate			1000	San Cja	<i>~</i>	
	Home Office:	AVANTE GROU	JP, INC.				
		4601 Sheridan Str	reet				
		Hollywood, FL 33	3021-6744				



GULF COAST VILLAG	E CARE CENTER			Provider Numb	er:	0 201120-00
1333 SANTA BARBAR	A BLVD.			Date:		12/22/2021
CAPE CORAL, FL 3399	1			Fiscal Year En	d:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
110,1mer 1,per			Curren	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$266.4</u>	<u>1</u> §	253.09	10/1/2021
Rate Type:	<u> </u>					
Kate Type.						
		X	Prospective			
			X	Total Prospect		
				Total Prospectiv	e with Interio	m Component
			Changes:			
			X	Rate Semester C	hange	
					80	
<b>Distribution:</b>						
Contract Management / F	Fiscal Agent			Reb	ekah Falk	
Permanent File			Med	licaid Cost Reimbu	rsement Planni	ing and Finance
For Informatio	on Only			01.	1.1.6	00.
No Change in	Rate			Reber	ean fa	ll
					-	
	Home Office:	Gulf Care, Inc.				
		7530 Market Place	e Drive			
		Eden Prairie, MN				



THE GARDENS AT D	IE GARDENS AT DEPUGH NURSING CENTER			Provider Number:		0 201588-00
550 W. MORSE BOUL	EVARD			Date:		12/22/2021
WINTER PARK, FL 32	2789			Fiscal Year End:		12/31/2020
				Audit Status	s:	Unaudited
Provider Type:						
110vider Type.			Curre	nt	New	Effective
			Rate	<u>.</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$231.7</u>	<u>77</u>	\$233.54	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
	-	Λ	_1 Tospective X	Total Prospe	ective	
				_	ctive with Interi	m Component
				_ 1		1
			Changes:			
			X	D-4- C	Cl	
				_Rate Semeste	er Change	
Distribution:						
Contract Management /	Fiscal Agent			I	Rebekah Falk	
Permanent File			Me	dicaid Cost Rein	nbursement Plann	ing and Finance
For Informati	on Only			DI	1.0	1 . <i>() ()</i> .
No Change in	n Rate			Two	ekah fa	UK
	Home Office:	No Home Office				



GUARDIAN CARE NU	UARDIAN CARE NURSING & REHABILITATION CENTER			Provider Number:		0 201651-00	
2500 WEST CHURCH	STREET			Date:		12/22/2021	
ORLANDO, FL 32805				Fiscal Year End:		12/31/2020	
				Audit Stat	us:	Unaudited	
Provider Type:							
Tionaci Type.			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
Nursing Home	Single Level		\$251.8	84	\$248.82	<u>10/1/2021</u>	
Rate Type:							
Trace Type.							
	-	X	Prospective	~ 1D			
			X	_Total Pros	_		
			-	_Total Prosp	ective with Interi	m Component	
			Changes:				
				<b>_</b>			
			X	_Rate Semes	ster Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			# 11 G . P	Rebekah Falk		
Permanent File			Me		imbursement Plann	_	
For Informati	•			Rus	bekah fa	Oli	
No Change in	i Kate			/ Cer	Man Cja		
	г						
	Home Office:	No Home Office					



WESTCHESTER GARDI CENTER	ENS REHABILITA	TION & CARE		Provider N	Jumber:	0 202011-00	
3301 MCMULLEN BOO	TH ROAD			Date:		12/22/2021	
CLEARWATER, FL 3376				Fiscal Year End:		12/31/2019	
•	-			Audit Stat		Unaudited	
<b>Provider Type:</b>			Cramo	t	Navy	Effective	
			Curre		New		
Namaina Hama	Cingle I aval		Rate	<del>_</del>	<u>Rate</u>	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$237.</u>	<u>31</u>	<u>\$236.29</u>	<u>10/1/2021</u>	
Data Tyna							
Rate Type:							
		X	Prospective				
		·	_ X	Total Pros	pective		
					ective with Inter	rim Component	
						ini Component	
			Changes:				
			X	Rate Semes	eter Change		
				_ Rate Sellies	ner change		
<b>Distribution:</b>							
Contract Management / Fi	issal Agent				Rebekah Falk		
Permanent File	iscai Agein		Me	edicaid Cost Re	imbursement Plan	ning and Finance	
For Information	n Only						
No Change in F				Kul	bekah fo	o l k	
No Change in F	Cate			100	10/9000		
	Home Office:	Westchester Gard	lens Limited Partner	rshin			
	monic Office.	1107 Hazeltine Bl		p			
		Chaska, MN 5531					
		CHaska, WIN JJJ1	10				



ANATEE SPRINGS REHABILITATION AND NURSING ENTER			Provider Number: 0 202028-0			
5627 9TH STREET, EAS	ST .			Date:		12/22/2021
BRADENTON, FL 34203				Fiscal Year End:		9/30/2020
•				Audit Status:		Unaudited
Provider Type:			Cuma	<b>4</b>	Maxx	Effactive
			Curre <u>Rate</u>		New	Effective
Nsing Homo	Single Level			_	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$229.</u>	<u> 28                                    </u>	<u>\$241.46</u>	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prosp	ective	
				Total Prospe	ctive with Inter	rim Component
				1		
			Changes:			
			X	Rate Semeste	er Change	
<b>Distribution:</b>						
Contract Management / Fi	iscal Agent				Rebekah Falk	
Permanent File			Me	edicaid Cost Reii	mbursement Plan	ning and Finance
For Information	n Only				, , , /	^
No Change in F	Rate			100	ekah fo	elk
					,	
		Γ				
	Home Office:	Sterling Health Ca	re			
		995 Canton St.				
		Postvol1 GA 2007	15			



SANDALWOOD REH	ANDALWOOD REHABILITATION AND NURSING CENTER		<u>P</u> 1	ovider Number:	0 202035-00
1001 SOUTH BEACH	STREET		D	ate:	12/22/2021
DAYTONA BEACH, I	FL 32114		Fi	scal Year End:	9/30/2018
			A	udit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$210.72</u>	<u>\$219.5</u>	<u>10/1/2021</u>
Rate Type:					
		X	Prospective		
			_ *	otal Prospective	
				otal Prospective with	Interim Component
				1	1
			Changes:		
			X Ra	ate Semester Change	
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah F	
Permanent File			Medica	id Cost Reimbursement	Planning and Finance
For Informat	tion Only			De la lada	600
No Change i	n Rate			Rebekah	falk
	Home Office:	No Home Office			
	nome Omce:	INO Home Office			



SAMANTHA R. WILS	AMANTHA R. WILSON AT BAY VIEW			Provider Number:	0 202606-00
169 MARINE STREET	Γ			Date:	12/22/2021
ST. AUGUSTINE, FL	32084			Fiscal Year End:	9/30/2020
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Currer	nt New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level	Single Level		<u>0</u> \$230.41	<u>10/1/2021</u>
C	J				<del></del>
Rate Type:					
		**	Prognactiva		
		X	Prospective X	Total Prospective	
				_	4i C
				_Total Prospective with In	terim Component
			Changes:		
				J	
			X	Rate Semester Change	
			-	- Rate Semester Change	
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah Fall	ζ
Permanent File	8		Med	dicaid Cost Reimbursement P	lanning and Finance
For Informat	tion Only				
No Change i				Rebekah	falk
	Home Office:	No Home Office			



SUNNYSIDE NURSIN	NG HOME			Provider Numb	er:	0 202711-00	
5201 BAHIA VISTA S	STREET			Date:		12/22/2021	
SARASOTA, FL 34232	2			Fiscal Year End	d:	12/31/2020	
		_	_	Audit Status:		Unaudited	
Provider Type:							
Hovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$290.6</u>		275.52	<u>10/1/2021</u>	
C	S			<del></del>		<del></del>	
Rate Type:							
		X	Prospective				
			X	Total Prospecti	ve		
				Total Prospective		n Component	
			-	_ * 1	• 1		
1							
			Changes:				
			X	_Rate Semester C	hange		
<b>Distribution:</b>				Dak	1 - L Falls		
Contract Management	/ Fiscal Agent		Me		ekah Falk	na and Finance	
Permanent File	0.1		IVIC	edicaid Cost Reimbur			
For Informat	•			Reber	Lah Lo	O lx	
No Change i	in Raie			1000	an Cju		
	Home Office:	Sunnyside Proper	ties				
		5201 Bahia Vista	Street				
		Sarasota, FL 3423	32				



ALLIANCE HEALTH	LLIANCE HEALTH AND REHABILITATION CENTER			Provider Number:		0 202789-00
130 WEST ARMSTRO	NG AVENUE			Date:		12/22/2021
DELAND, FL 32720				Fiscal Year End:		12/31/2019
				Audit Status	s:	Unaudited
Provider Type:						
110vider Type.			Curre	nt	New	Effective
			Rate	<u>}</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$210.5</u>	<u>55</u>	<u>\$220.77</u>	<u>10/1/2021</u>
Rate Type:						
			<b>D</b> (:			
		X	Prospective X	Total Dragn	aativa	
				_ Total Prospe	ective ctive with Interi	m Component
				_ Total Trospec	ctive with inter	in Component
			Changes:			
			X	Rate Semeste	er Change	
				_ raio semesie	onunge	
<b>Distribution:</b>				1	Rebekah Falk	
Contract Management / Permanent File	Fiscal Agent		Me		nbursement Planr	ning and Finance
For Informati	on Only					_
No Change in	•			Keb	ekah fa	elk
					J	
	Home Office:	No Home Office				



TAMPA LAKES HEA	MPA LAKES HEALTH AND REHABILITATION CENTER		I	Provider Number:		0 202816-00	
750 HAYES ROAD			_ I	Date:		12/22/2021	
LUTZ, FL 33549			_ I	Fiscal Year End:		8/31/2019	
			A	Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Current	1	New	Effective	
			Rate	<u>I</u>	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$253.45</u>	<u>\$2</u>	49.39	10/1/2021	
Rate Type:							
		X Pı	rospective				
			•	Γotal Prospectiv	e		
			-	Total Prospective		n Component	
				-		•	
		Г	Changes				
			Changes:				
			Х	Rate Semester Ch	ange		
			1	Vale belliester en	ange		
<b>Distribution:</b>							
Contract Management /	/ Fiscal Agent			Rebel	kah Falk		
Permanent File	-		Medic	caid Cost Reimburs	ement Plannir	ng and Finance	
For Informat	tion Only			011	1	<i>n n</i>	
No Change is	n Rate			Rebek	an fa	lk	
					•		
	Home Office:	Summit Care II, Inc.					
		2123 Centre Pointe B	lvd.				
		Tallahassee FL 3230	8				



MIRACLE HILL NURSININC.	IIRACLE HILL NURSING AND REHABILITATION CENTER NC.			S, Provider Number:		
1329 ABRAHAM STREE	ET			Date:		12/22/2021
TALLAHASSEE, FL 3230				Fiscal Year End:		6/30/2020
				Audit Status:		Unaudited
m					<del></del>	
Provider Type:			Curre	4	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$229.3	_	\$228.02	<u>Date</u> 10/1/2021
Nursing nome	Siligie Level		Φ <i>441</i>	<u> </u>	<u> </u>	10/1/2021
Rate Type:						
v 1						
		X	Prospective			
			X	_Total Prospe	ective	
				_Total Prospec	ctive with Inter	rim Component
				1		
			Changes:			
			X	_Rate Semeste	r Change	
<b>Distribution:</b>						
Contract Management / Fig	scal Agent				Rebekah Falk	
Permanent File			Me			ning and Finance
For Information	Only			01	ekah fa	^ .
No Change in R	Cate			TW	ekan fo	ll .
					,	
	Home Office:	No Home Office				



AVANTE AT LEESBURG			Provider Numbe	er:0	203122-00
2000 EDGEWOOD AVENUE		<u> </u>	Date:		12/22/2021
LEESBURG, FL 34748			Fiscal Year End	:	12/31/2020
			Audit Status:		Unaudited
Provider Type:					
110videi 1ype.		Current	1	New	Effective
		Rate		<u>Rate</u>	<u>Date</u>
Nursing Home Single Level		<u>\$241.27</u>		41.27	10/1/2021
<del>-</del>					
,					
Rate Type:					
	X	Prospective			
	Λ	-	Total Prospectiv	re	
			Fotal Prospective		Component
		<u> </u>	Total i Tospective	With Internit	omponent
		Changes:			
		X	Rate Semester Ch	ange	
<b>Distribution:</b>					
Contract Management / Fiscal Agent	<u>-</u>			kah Falk	
Permanent File		Medi	caid Cost Reimburs	ement Planning	and Finance
For Information Only			01.1	rah fali	<i>(</i> ).
No Change in Rate			KWCK	an faci	
Home Office:	AVANTE GROUP	INC			
Home Office.	4601 Sheridan Stree				
	Hollywood, FL 330				



VILLA MARIA NURSING & REHABILITATION CENTER		Provider Number:	0 203165	0 203165-00		
1050 N.E. 125TH STR	EET			Date:	12/22/20	)21
NORTH MIAMI, FL 33	3161			Fiscal Year End:	9/30/20	20
				Audit Status:	Unaudit	ted
Provider Type:						
Trovider Type.			Curre	nt Ne	w Ef	fective
			Rate	Ra	<u>te</u>	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$268.8	<u>\$263</u>	<u>10/</u>	<u>/1/2021</u>
Rate Type:						
		X	Prospective			
			_	Total Prospective		
				Total Prospective wi	th Interim Compone	ent
					•	
				ı		
			Changes:	]		
			X	Rate Semester Chan	ge	
D'a garage						
<b>Distribution:</b> Contract Management /	Figael Agent			Rebekah		
Permanent File	riscai Agent		Med	dicaid Cost Reimbursem		nce
For Informat	ion Only			$O$ . $\iota$	1	
No Change in				Rebeka	h.fælk	
				, , ,	9	
	Home Office:	No Home Office				



GLADES HEALTH CA	ARE CENTER			Provider Num	ber:	0 203203-00
230 S. BARFIELD HIC	GHWAY			Date:		12/22/2021
PAHOKEE, FL 33476				Fiscal Year Er	nd:	2/29/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$261.7</u>	72	<u>\$257.67</u>	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	_Total Prospect	tive	
				_Total Prospectiv	ve with Interir	n Component
			Changes:			
			X	Rate Semester (	Change	
				_	8	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rel	bekah Falk	
Permanent File			Me	dicaid Cost Reimbu	ırsement Planni	ng and Finance
For Informat	•			Dela	kah fa	04
No Change in	n Rate			/ we	Raul fa	ll.
	Home Office:	Okeechobee Cour	ncil On Aging, Inc.			
		100 SW 75th Stre				
		Gainesville, FL 32	2607			



AVANTE AT INVERN	NESS			Provide	er Number:	0 203220-00
304 S. CITRUS AVEN	UE			Date:		12/22/2021
INVERNESS, FL 3445	2			Fiscal Y	Year End:	12/31/2020
				Audit S	Status:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u>2</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$231.</u>	<u>74                                    </u>	<u>\$230.58</u>	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			rospective	Total P	rospective	
				_	ospective with Interi	m Component
				_	•	•
			CI.			
			Changes:			
			X	Data Sa	mastar Changa	
				_ Kate Sei	mester Change	
Distribution:						
Contract Management /	Fiscal Agent				Rebekah Falk	
Permanent File			Me	edicaid Cos	t Reimbursement Plann	ing and Finance
For Informat	ion Only				21.1.1.6	) , <i>() ()</i> ,
No Change in	n Rate			/(	ebekah fa	UK
	Home Office:	AVANTE GROU	JP, INC.			
		4601 Sheridan St	reet			
		Hollywood FL 3	3021-6744			



AVANTE AT LAKE V	WORTH			Provider Numb	er:	0 203238-00
2502 NORTH A STRE	EET			Date:		12/22/2021
LAKE WORTH, FL 33	3460		<u> </u>	Fiscal Year End	d:	12/31/2020
		_	_	Audit Status:		Unaudited
Provider Type:						
Hovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$257.</u>	_	<u>5260.40</u>	10/1/2021
S						
Rate Type:					<u> </u>	
		**	Decementing			
		X	Prospective X	Total Prospecti	irra	
				_		·· Campanant
				_ Total Prospective	e with interm	n Component
1						
			Changes:			
			8			
			X	Rate Semester C	hange	
					nunge	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebo	ekah Falk	
Permanent File	C		Me	edicaid Cost Reimbur	rsement Planni	ng and Finance
For Informat	tion Only			$\Omega_{a}$	, , /	A A
No Change i	-			Keber	kah fa	lk
				•	J	
	Home Office:	AVANTE GROU	JP, INC.			
		4601 Sheridan St	treet			
		Hollywood, FL 3	3021-6744			



THE PALACE AT KE	NDALL NURSING A	ND REHAB CENTER		Provider Numb	er:	0 203327-00
11215 S.W. 84TH STR	REET			Date:		12/22/2021
MIAMI, FL 33173				Fiscal Year End	l:	1/31/2021
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curren	t	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$271.3</u>	<u>\$</u>	263.32	<u>10/1/2021</u>
Rate Type:						
		x Pro	ospective			
			-	Total Prospectiv	ve	
		-		Total Prospective		n Component
		-		,		
			<b>Changes:</b>			
		-	X	Rate Semester Cl	nange	
Distribution:						
Contract Management	/ Fiscal Agent		Mad		ekah Falk	ac and Einenee
Permanent File			Med	icaid Cost Reimbur		_
For Information	•			Rebek	Jah Lo	Ok
No Change i	in Rate			1000	-av Cja	
	Home Office:	Professional Care I Inc	2			
		10850 SW 113th Place	e			
		Miomi El 22176				



THE MANOR AT CA	RPENTER'S			Provider Number:	0 203599-00
1001 CARPENTERS V	WAY			Date:	12/22/2021
LAKELAND, FL 3380	9			Fiscal Year End:	12/31/2020
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	t New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		<u>\$253.7</u> 2	<u>\$241.0</u>	<u>10/1/2021</u>
Rate Type:					
			Duggerantiza		
		X	Prospective X	Total Prospective	
			-	Total Prospective with	n Interim Component
				Total Prospective with	merini component
			Changes:		
			X	D . C	
				Rate Semester Change	;
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah I	Falk
Permanent File			Med	icaid Cost Reimbursemen	at Planning and Finance
For Informat	•			Rebekal	Colle
No Change i	in Rate			MOCKON	Gala
	Home Office:	No Home Office			



JOHN KNOX VILLAC	GE OF FLORIDA			Provider	· Number:	0 203769-00
661 S.W. 6TH STREE	Γ			Date:		12/22/2021
POMPANO BEACH, I	FL 33060			Fiscal Y	ear End:	12/31/2019
				Audit St	atus:	Unaudited
Provider Type:						
Trovider Type.			Curre	ent	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<b>\$232.</b>	23	\$234.73	10/1/2021
<u> </u>	G					
	<b>.</b>					
Rate Type:						
		V	Dragnactiva			
		X	Prospective X	Total Dr	ospective	
				<del></del>	spective with Inter	Commonant
				10tai 110	spective with inter	m Component
			Changes:			
				_		
			X	Rate Sem	nester Change	
				_ Rate Bell	lester Change	
Distribution:						
Contract Management /	/ Fiscal Agent				Rebekah Falk	
Permanent File	I isom rigori		Me	edicaid Cost	Reimbursement Planr	ing and Finance
For Informat	ion Only					
No Change is				K	ibekah fa	lk
	II Kate			, 🗸		J 0
	Home Office:	No Home Office				



VESTMINSTER TOWERS AND SHORES OF BRADENTON		Provider Number:		0 203815-00	
1533 4TH AVENUE WEST		Date:		12/22/2021	
BRADENTON, FL 34205		Fiscal Y	Year End:	3/31/2020	
		Audit S	tatus:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$219.91</u>	<u>\$217.10</u>	10/1/2021	
Rate Type:					
	x Pros	pective			
		-	rospective		
	<u> </u>		ospective with Interi	m Component	
	_				
		Changes:			
		manges.			
		X Rate Ser	nester Change		
		Tuve 20	nester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File	_	Medicaid Cos	Reimbursement Plann	ing and Finance	
For Information Only			2010	<i>^</i>	
No Change in Rate		<b>/</b> T	ebekah fa	lk	
			,		
H Off	D 1 ( ' D (' )	C '' I			
Home Office:	Presbyterian Retirement	Communities, Inc.			
	80 West Lucerne Circle Orlando, FL 32801				



MEASE CONTINUIN	EASE CONTINUING CARE		Provider Number:	0 204072-00	0 204072-00	
910 NEW YORK AVE	ENUE			Date:	12/22/2021	
DUNEDIN, FL 34698				Fiscal Year End:	12/31/2019	)
				Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Curre	nt Ne	w Effec	ctive
			Rate			
<b>Nursing Home</b>	Single Level		<b>\$229.</b> 4	·		
	ı					
Rate Type:						
		X	Prospective			
			X	Total Prospective		
				_	th Interim Component	
				1	1	
			Changes:			
			X	Rate Semester Chan	ge	
<b>Distribution:</b>				Dahalval	- Falls	
Contract Management	/ Fiscal Agent		Ma	Rebekal	ent Planning and Finance	
Permanent File			IVIC		_	
For Informat	•			Rebeka	h Lolk	
No Change i	n Kate			1000	vegane	
	Home Office:	No Home Office				



REGENTS PARK OF I	BOCA RATON			Provider Numb	oer:	0 204170-00
6363 VERDE TRAIL				Date:		12/22/2021
BOCA RATON, FL 33	433			Fiscal Year En	d:	2/28/2021
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$266.9</u>	0 9	<u> 8261.94</u>	<u>10/1/2021</u>
Data Tamas						
Rate Type:						
		X	Prospective			
			X	Total Prospect	ive	
				Total Prospectiv	e with Interir	n Component
			Changes:			
			Changes.	]		
			X	Rate Semester C	Change	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Reb	ekah Falk	
Permanent File			Med	licaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	ion Only			$\mathcal{D}_{l}$	1.1.6	00
No Change in	n Rate			MUCH	kah fa	
	Home Office:	STIRLING LTC	CORP			
		2699 Stirling Road				
		Ft. Lauderdale, FI				



LIFE CARE CENTER	OF PORT ST. LUCIE	,	Prov	ider Number:	0 204305-00
3720 SOUTH JENNIN	NGS ROAD		Date	:	12/22/2021
PORT ST. LUCIE, FL	34952		Fisca	l Year End:	12/31/2020
			Audi	t Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$241.69</u>	<u>\$237.55</u>	<u>10/1/2021</u>
Rate Type:					
		X	Prospective		
		A		Prospective	
				Prospective with Int	erim Component
				Trespective with the	orm component
			Changes:		
			X Rate	Semester Change	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah Falk	
Permanent File				Cost Reimbursement Pla	_
For Informa	tion Only			Rebekah	600
No Change i	in Rate			teveran	falle
				•	
	II 0.00	Tic C	C.A		
	Home Office:	Life Care Center			
		3570 NW Keith S			
		Cleveland TN 3'	7312		



#### **Medicaid Reimbursement Per Diem Rates**

OLDS HALL GOOD SA	AMARITAN			Provider Num	ber:	0 204391-00
327 ORANGE AVENU	Е			Date:		12/22/2021
DAYTONA BEACH, FI	L 32114			Fiscal Year En	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u>}</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$249.5</u>	<u>57</u> <u>S</u>	<u>\$237.09</u>	10/1/2021
Rate Type:						
		X	Prospective			
			X	_Total Prospect		
				_Total Prospectiv	ve with Interi	m Component
			Changes			
			Changes:			
			X	Rate Semester (	Thomas	
				_ Kate Semester C	Inange	
Distribution:						
Contract Management / l	Fiscal Agent			Reb	ekah Falk	
Permanent File			Me	dicaid Cost Reimbu	rsement Plann	ning and Finance
For Information	on Only			$\mathcal{D}_{I}$	1.0/	1 - <i>0 1</i>
No Change in	Rate			Twe	kah fa	
					-	
	Home Office:	The Evangelica	l Lutheran Good Sama	aritan Society		
		4800 West 57th		•		

Sioux Falls, SD 57117



TRI-COUNTY NURSI	RI-COUNTY NURSING HOME			Provider Number:	0 204625-00	
7280 S.W. SR 26				Date:	12/22/2021	
TRENTON, FL 32693				Fiscal Year End:	12/31/2020	
				Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Curren	t New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$229.9°</u>	<u>\$241.78</u>	10/1/2021	
Rate Type:						
V 1						
		X	Prospective X	Total Dungungative		
				Total Prospective Total Prospective with In	starim Component	
				Total Prospective with It	neriii Component	
			Changes:			
			v	D		
			X	Rate Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Fal	k	
Permanent File			Med	icaid Cost Reimbursement P	lanning and Finance	
For Informat	•			Rebekah	Call	
No Change i	in Rate			MOCKAN	fach	
	Home Office:	No Home Office				



KISSIMMEE GOOD S	SAMARITAN			Provider Numb	er:	0 205303-00
1500 SOUTHGATE D	RIVE			Date:		12/22/2021
KISSIMMEE, FL 3474	16			Fiscal Year En	d:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curren	t	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$238.3</u>	<u>1</u> <u>\$</u>	241.78	<u>10/1/2021</u>
Data Tymas						
Rate Type:						
		X	Prospective			
			X	Total Prospecti	ive	
				Total Prospectiv	e with Interir	n Component
			Chaman			
			Changes:			
			X	D ( C ) (	1	
				Rate Semester C	hange	
Distribution:						
Contract Management	/ Fiscal Agent			Reb	ekah Falk	
Permanent File			Med	icaid Cost Reimbur	rsement Planni	ng and Finance
For Informat	tion Only			$\Omega_{a}$	, , ,	0.4
No Change i	n Rate			Reber	kan fa	lk
					,	
	H 0.00	Th. E. 11 12	I and have a Co. 10			
	Home Office:	_	Lutheran Good Samai	ritan Society		
		4800 West 57th S				
		Sioux Falls, SD 5	/11/			



INNISH-AMERICAN VILLAGE		Provider Number:		0 205460-00	
1800 SOUTH DRIVE				Date:	12/22/2021
LAKE WORTH, FL 33	3461			Fiscal Year End:	6/30/2020
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	t New	Effective
			Rate	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$232.70	\$234.67	10/1/2021
Rate Type:					
Rate Type.					
		X	Prospective		
				Total Prospective	
				Total Prospective with I	nterim Component
			Changes:		
			X	Rate Semester Change	
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent		Mad	Rebekah Fa	
Permanent File			Med	icaid Cost Reimbursement	
For Informat No Change i				Rebekah	folk
140 Change I	iii Rate			7 000 07 -000 0	, , , , , , , , , , , , , , , , , , , ,
	Home Office:	No Home Office			



HEALTH CENTER A	IEALTH CENTER AT ABBEY DELRAY		Provider Number:		0 205745-00	
2105 S.W. 11TH COU	RT			Date:	12/22/2021	
DELRAY BEACH, FL	33445			Fiscal Year End: _	12/31/2019	
			1	Audit Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	Nev	v Effective	
			Rate	Rate		
<b>Nursing Home</b>	Single Level		\$282.78			
P. (. T	<u> </u>					
Rate Type:						
		X	Prospective			
			X	Γotal Prospective		
				Γotal Prospective wit	h Interim Component	
			Changes:			
			Changes.			
			X	Rate Semester Chang	2	
				Vale Semesici Chang	е	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah	Falk	
Permanent File			Medie		nt Planning and Finance	
For Informat	tion Only			Pala	1 ( 1 )	
No Change i	n Rate			Rebekal	1 falk	
					,	
	Home Office:	Lifespace Comm	nunities Inc			
	110	4201 Corporate				
		West Des Moine				



THE COMMONS AT	ORLANDO LUTHERA	N TOWERS		Provider Number	:0	205796-00
300 E. CHURCH STRI	EET			Date:	1	2/22/2021
ORLANDO, FL 32801				Fiscal Year End:	1	2/31/2019
				Audit Status:		Jnaudited
Provider Type:						
Trovider Type.			Curren	t N	ew	Effective
			Rate	<u>R</u>	<u>ate</u>	<u>Date</u>
Nursing Home	Single Level		<u>\$220.1</u>	<u>\$21</u>	7.36	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			_1 rospective X	Total Prospective	:	
				Total Prospective v		omponent
			<del></del>			1
			Cl			
			Changes:			
			X	Data Samastar Cha		
				Rate Semester Cha	nge	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rebeka	ah Falk	
Permanent File			Med	icaid Cost Reimburser	ment Planning a	nd Finance
For Informat	•			Rebeke	1. 600	
No Change i	n Rate			MOCKE	an falu	
	Home Office:	No Home Office				



ST. JOHN'S NURSING	G CENTER			Provider N	umber:	0 205800-00	
3075 N.W. 35TH AVE	NUE			Date:		12/22/2021 9/30/2020	
LAUDERDALE LAKI	ES, FL 33311			Fiscal Year	End:		
				Audit Statu	s:	Unaudited	
Provider Type:							
J.F			Curre	nt	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$268.</u>	<u>27</u>	<u>\$268.09</u>	10/1/2021	
Rate Type:							
		X	Prospective				
			X	_Total Prosp	ective		
				Total Prospe	ective with Interir	m Component	
			Changes:				
			X	_Rate Semest	er Change		
D: / 'I /'							
Distribution:	/Eigaal A cont				Rebekah Falk		
Contract Management / Permanent File	riscai Agent		Me		mbursement Planni	ng and Finance	
For Informat	tion Only						
No Change i	-			Keb	ekah fa	lk	
					. ,		
	Home Office:	Catholic Health S	Services				
		4790 N. State Ro	ad 7				
		Laudardala Lakar	EI 22210				



LOURDES-NOREEN	OURDES-NOREEN MCKEEN RESIDENCE			Provider Number:	0 205923-00	
315 S. FLAGLER DRI	VE			Date:	12/22/2021	
WEST PALM BEACH	I, FL 33401			Fiscal Year End: _	12/31/2020	
				Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Curren	t Nev	v Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$274.30</u>	<u>\$258.</u>	<u>89</u> <u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
		A		Total Prospective		
				_	h Interim Component	
				•	•	
			Changes:			
			X	Data Samastar Chang		
				Rate Semester Chang	e	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah	Falk	
Permanent File			Medi		nt Planning and Finance	
For Informat	•			Rebekal	2 Coll	
No Change i	in Rate			Mockal	1 fall	
	Home Office:	No Home Office				



SUWANNEE VALLEY	UWANNEE VALLEY NURSING CENTER		Provider Number:		oer:	0 206300-00	
427 N.W. 15TH AVEN	IUE		<u></u>	Date:		12/22/2021	
JASPER, FL 32052			<u></u>	Fiscal Year En	d:	8/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	t	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$251.8</u>	<u>5</u> §	<u>8243.70</u>	<u>10/1/2021</u>	
Rate Type:							
	<u>_</u>						
		X	Prospective				
			X	Total Prospect	ive		
				Total Prospective	e with Interi	m Component	
			Changes:				
			X	Rate Semester C	Change		
Distribution:							
Contract Management /	Fiscal Agent	L		Reb	ekah Falk		
Permanent File	Č	-	Med	licaid Cost Reimbu	rsement Plann	ing and Finance	
For Informat	ion Only			01	1.0	1	
No Change in	n Rate			Reber	Ran fa	XX	
	Home Office: No	Home Office					



MORTON PLANT RE	ORTON PLANT REHABILITATION CENTER	Provid	er Number:	0 206431-00		
400 CORBETT STRE	ET		Date:		12/22/2021 12/31/2019	
BELLEAIR, FL 33756			Fiscal `	Year End:		
			Audit S	Status:	Unaudited	
Provider Type:						
Provider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$246.35</u>	<u>\$234.03</u>	10/1/2021	
Rate Type:						
		X	Prospective			
			_	Prospective		
				rospective with Interin	m Component	
				•	•	
			Changes:			
			Rate Se	mester Change		
Distribution:				Rebekah Falk		
Contract Management	/ Fiscal Agent		Medicaid Cos	et Reimbursement Planni	ing and Finance	
Permanent File	· O1					
For Informa	•		/ <sub>T</sub>	Pebekah fa	Ok	
No Change i	in Rate		/ (	er chan Cin	$\mathcal{M}$	
	Home Office:	BayCare Health Sy	ystem			
		2985 Drew Street				
		Clearwater FL 33	759			



ST ANDREWS ESTAT	ΓES			Provider Numl	ber:	0 206521-00
6152 NORTH VERDE	TRAIL			Date:		12/22/2021
BOCA RATON, FL 33	433			Fiscal Year En	d:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
J.F.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$296.4</u>	<u>9</u>	<u> 8281.60</u>	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
				Total Prospect	ive	
				Total Prospectiv		n Component
				_ 100011105p00011		сомрожено
			Changes:			
				_		
			X	Rate Semester C	Change	
				_	-	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Reb	ekah Falk	
Permanent File			Med	dicaid Cost Reimbu	rsement Plannii	ng and Finance
For Informat	ion Only			$\Omega_{a}$	, , ,	0.0
No Change in	n Rate			Keber	kah fa	lk
					J	
	Home Office:		t-Life Communities,	Inc.		
		P.O.Box 90 375 N				
		West Point, PA 1	9486			



THE WATERFORD				Provider Numb	er:	0 206610-00
601 UNIVERSE BLVD	).			Date:		12/22/2021
JUNO BEACH, FL 334	408			Fiscal Year End	d:	12/31/2019
		_	_	Audit Status:		Unaudited
Provider Type:						
Hoviuci Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$285.0	_	270.80	<u>10/1/2021</u>
S	S			<del></del>		<del></del>
	<del></del>					
Rate Type:						
		X	Prospective			
			X	Total Prospecti	ve	
			-	Total Prospective		m Component
				_ * 1	• (	ocr
1						
			Changes:			
			X	_Rate Semester C	hange	
<b>Distribution:</b>				Dak	1 - L Falls	
Contract Management /	Fiscal Agent		Me		ekah Falk	ing and Finance
Permanent File			IVIC	edicaid Cost Reimbur		
For Informat	-			Reber	Lah Lo	Ok
No Change in	n Rate			1000	an Cju	$\mathcal{M}$
	Home Office:	Lifespace Comm	nunities Inc			
		4201 Corporate l	Drive			
		West Des Moine	es. IA 50266			



ABBEY DELRAY SO	UTH		Provider Number:  Date:  Fiscal Year End:		: 0	0 206865-00 12/22/2021 12/31/2019	
1717 HOMEWOOD B	OULEVARD						
DELRAY BEACH, FL	33445						
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Current	N	ew	Effective	
			Rate	<u>R</u>	ate_	<u>Date</u>	
Nursing Home	Single Level		\$274.24	\$26	0.53	10/1/2021	
Rate Type:							
		X	Prospective				
			<del></del>	Total Prospective			
				Total Prospective v	vith Interim C	Component	
			Changes				
			Changes:				
			X				
				Rate Semester Cha	nge		
D: / !! /!							
Distribution:	/T: 1 A			Rebeka	h Falk		
Contract Management	Fiscal Agent		Medi	caid Cost Reimburser		and Finance	
Permanent File	. 0.1		Wicui				
For Informat	-			Rebeke	ah Loli	l <sub>k</sub>	
No Change i	n Rate			rwas	u Cjaca	~	
	Home Office:	Lifespace Comm	unities Inc				
	Home Office.	4201 Corporate 1					
		West Des Moine					
		west Des Moine	S. IA 30200				



JOSEPH L MORSE G	ERIATRIC CENTER	INC	Provider Number:		0 207381-00	
4847 FRED GLADSTO	ONE DR.		Date:		12/22/2021	
WEST PALM BEACH	I, FL 33417		Fiscal	Year End:	5/31/2020	
			Audit	Status:	Unaudited	
Provider Type:						
J.F			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$251.34</u>	\$253.58	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
		Λ		Prospective		
				Prospective with Inte	erim Component	
			<del> </del>	1	1	
			Changes:			
			Changes.			
			X Rate S	Semester Change		
				emester change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File				ost Reimbursement Pla	_	
For Information	tion Only			Rebekahf	600	
No Change i	in Rate			teverant	dla	
	Home Office:	MorseLife, Inc.				
		4847 Fred Gladsto	one Drive			
		West Palm Reach				



TAYLOR CARE CEN	TER, INC.			Provider Number:		0 207446-00	
6535 CHESTER AVE	NUE			Date:		12/22/2021	
JACKSONVILLE, FL	32217			Fiscal Year End:		8/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt 1	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$237.2		47.81	10/1/2021	
Rate Type:							
		**	Prospective				
		X	_ r tospective X	Total Prospectiv	7A		
				Total Prospective		lompopopt	
				_ Total Prospective	with interim C	omponent	
			Changes:				
				1			
			X	Rate Semester Ch	ange		
				_	8		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebel	kah Falk		
Permanent File			Med	dicaid Cost Reimburs	ement Planning	and Finance	
For Informat	tion Only			$O_{1}$		0	
No Change i	n Rate			Kebek	rah fali		
					,		
	Home Office:	No Home Office					



SUNRISE HEALTH A	ND REHABILITATI	ON CENTER		Provider Num	nber:	0 207497-00
4800 NOB HILL ROA	D			Date:		12/22/2021
SUNRISE, FL 33351				Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	Date
Nursing Home	Single Level		<u>\$252.</u>	_	\$250.43	10/1/2021
Data Typa						
Rate Type:						
		X	Prospective			
			X	_Total Prospec		
				_Total Prospecti	ve with Interin	n Component
			Changes:			
			X	Rate Semester	Change	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent				bekah Falk	177
Permanent File			Me	edicaid Cost Reimb		
For Informat	-			Robe	kah fa	Olx
No Change in	n Kate			1000	nan Czac	
	Home Office:	Richmond Health				
		4800 Nob Hill Ro				
		Sunrise, FL 33351	1			



LAKESIDE HEALTH	CENTER			Provider Num	ber:	0 207683-00
2501 AUSTRALIAN A	AVENUE		Date: Fiscal Year End:			12/22/2021
WEST PALM BEACH	, FL 33407				ıd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Hovider Type.			Curre	nt	New	Effective
			Rate		Rate	Date
<b>Nursing Home</b>	Single Level		<u>\$252.8</u>	<u>84</u>	§236.15	<u>10/1/2021</u>
-	-					
Rate Type:						
		X	Prospective			
		Λ	_ r rospective x	Total Prospect	ive	
				Total Prospective		n Component
				_ Total I Toopeen,	/C WIM 111011.	п сопропол
			Changes:			
				_		
			X	Rate Semester C	Change	
				_		
<b>Distribution:</b>						
Contract Management /	Fiscal Agent				ekah Falk	
Permanent File			Med	dicaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	ion Only			DI	1.12	<i>n n</i> .
No Change is	n Rate			Much	kah fa	lk
	Home Office:	Life Care Centers	of America			
	Home Office.	3570 NW Keith S				
		Cleveland, TN 37				
		Cicvetanu, 11v 57	312			



THE BRISTOL AT TAMI	PA REHABILITAT	TION AND NURSIN		Provider Number:	0 208433-00	
1818 E. FLETCHER AVE	ENUE		 ]	Date:	12/22/2021	
TAMPA, FL 33612			 ]	Fiscal Year End:	12/31/2019	
				Audit Status:	Unaudited	
Duazidan Tzmar						
Provider Type:			Current	New	Effective	
			Rate	Rate		
Nursing Home	Single Level		<u>\$236.26</u>			
G	C					
Rate Type:						
		X	Prospective			
				Total Prospective		
				Fotal Prospective with	1 Interim Component	
			Changes:			
			I	Rate Semester Change	<b>:</b>	
<b>Distribution:</b>				B. I. I.	- u	
Contract Management / Fig	scal Agent		Madie	Rebekah l		
Permanent File	0.1		Wedie			
For Information No Change in R				Rebekak	1 Loll	
No Change in K	ate			1000	Cjacoc	
	Home Office:	No Home Office				
		1				



MARION & BERNARI	D L. SAMSON NURSING	CENTER	Provider Number:		ıber:	0 208442-00 12/22/2021	
255 59TH STREET N.			_	Date:			
ST. PETERSBURG, FL	. 33710		_	Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
110viuei 1ypei			Curren	t	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$259.6</u>	<u>6</u>	<u>\$250.89</u>	<u>10/1/2021</u>	
Rate Type:							
		<u>X</u> F	Prospective	T . 1 D	.•		
			•	Total Prospec			
				Total Prospecti	ve with inter	im Component	
		Γ	Changes:				
			.,	•			
			X	Rate Semester	Change		
Distribution:							
Contract Management /	Fiscal Agent			Re	bekah Falk		
Permanent File			Med	icaid Cost Reimb		_	
For Informati No Change ir	•			Robe	kah fa	o l k	
No Change if	i Kate			1000	your Cya		
	Home Office: No	Home Office					



JUPITER MEDICAL O	CENTER PAVILION INC.		Provider Number:  Date:		0 208485-00 12/22/2021	
1230 S. OLD DIXIE H	IGHWAY					
JUPITER, FL 33458			Fiscal '	Year End:	9/30/2020	
			Audit S	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$250.89</u>	<u>\$238.35</u>	10/1/2021	
Rate Type:						
Rate Type.						
		x Pro	ospective			
			X Total P	rospective		
		_	Total Pr	rospective with Interi	m Component	
			Changes:			
		_	X Rate Se	mester Change		
Distribution:						
Contract Management /	Fiscal Agent	<u> </u>		Rebekah Falk		
Permanent File	Ç		Medicaid Cos	t Reimbursement Plann	ing and Finance	
For Informat	ion Only			2010	7 	
No Change i	n Rate		<b>/</b> T	lebekah fa	UK.	
				·		
	Home Office: No I	Home Office				



CLARIDGE HOUSE N	NURSING & REHABI	LITATION CENTER	P	Provider Number:		0 208507-00	
13900 N.E. 3RD COURT			Σ	ate:	12/22/2021	12/22/2021	
MIAMI, FL 33161			F	iscal Year End:	2/28/2021		
			A	udit Status:	Unaudited		
Provider Type:							
Trovider Type.			Current	Ne	w Effecti	ive	
			Rate	Rat	te <u>Date</u>	<u>2</u>	
Nursing Home	Single Level		\$243.75	<u>\$237</u>	10/1/20	<u>021</u>	
Rate Type:							
		x Pro	spective				
		_	T	otal Prospective			
		<u>-</u>	T	otal Prospective wi	th Interim Component		
			Changes:				
		_	X R	ate Semester Chang	ge		
<u>Distribution:</u>							
Contract Management	Fiscal Agent			Rebekah			
Permanent File			Medica		ent Planning and Finance		
For Informat	-			Rebeka	la Call		
No Change i	n Rate			Mucka	n face		
	Home Office:	STIRLING LTC CORI	)				
		2699 Stirling Road					
		Et Landardala El 222	12				



WESTMINSTER TOWERS		Pro	ovider Number:	0 208540-00	
70 W. LUCERNE CIRCLE		Da	te:	12/22/2021	
ORLANDO, FL 32801		Fis	cal Year End:	3/31/2020	
		Au	dit Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Leve	1	<u>\$216.97</u>	\$215.79	10/1/2021	
Rate Type:					
	X	Prospective			
			tal Prospective		
		To	tal Prospective with	Interim Component	
		Changes:			
		Ra	te Semester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Fa	 ilk	
Permanent File		Medicai	d Cost Reimbursement	Planning and Finance	
For Information Only					
No Change in Rate			Rebekah	falk	
				1	
Home Office	· Preshyterian Retir	rement Communities, Inc	•		
Home Office	80 West Lucerne		••		
	Orlando, FL 3280				



COURTENAY SPRINGS VILLAGE		I	Provider Number:	:02	209325-00	
1100 S. COURTNEY PARKWAY		I	Date:	12	12/22/2021	
MERRITT ISLAND, FL 32952		Fiscal Year End:		9.	9/30/2020	
		A	Audit Status:	U	naudited	
Provider Type:		Current	NI	ew	Effective	
		Rate		ate_	<u>Date</u>	
Nursing Home Single Level		<u>\$279.99</u>		<u>5.99</u>	10/1/2021	
Rate Type:						
	X		Total Prospective  Total Prospective w		mponent	
		Changes:				
		XF	Rate Semester Char	nge		
Distribution:						
Contract Management / Fiscal Agent		M. F.	Rebeka		1E:	
Permanent File		Medic	eaid Cost Reimbursen			
For Information Only No Change in Rate			Rebeko	ih fælk	~	
Home Office:	Retirement Housin					
	911 N. Studebaker Long Beach, CA 9					



WESTMINSTER ASB	URY MANOR		Provider Number:		0 209422-00	
1700 21ST AVENUE	WEST		Da	e:	12/22/2021 3/31/2020	
BRADENTON, FL 342	205		Fis	cal Year End:		
			Au	dit Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$230.70</u>	<u>\$219.17</u>		
	T					
Rate Type:						
		X	Prospective			
				al Prospective		
			<del></del> -	al Prospective with In	terim Component	
1						
			Changes:			
			v -			
			Rat	e Semester Change		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah Fall	<u> </u>	
Permanent File	Tiscai Agent		Medicaid	Cost Reimbursement P		
For Informat	tion Only					
No Change i	-			Rebekah	falk	
				•	l	
		Γ			_	
	Home Office:		rirement Communities, Inc			
		80 West Lucerne				
		Orlando FL 328	301			



ST. ANNE'S NURSIN	G CENTER		Provid	ler Number:	0 209473-00	
11855 QUAIL ROOST	DRIVE		Date:		12/22/2021	
MIAMI, FL 33177			Fiscal	Year End:	9/30/2020	
			Audit	Status:	Unaudited	
Provider Type:						
Provider Type:			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$266.66</u>	\$261.70	<u>10/1/2021</u>	
			<u></u>	<u></u>		
Rate Type:						
		X	Prospective			
			X Total 1	Prospective		
			Total F	Prospective with Interin	m Component	
				_	_	
			Changes:			
			X Rate Se	emester Change		
				<u></u>		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	Tisear rigent		Medicaid Co	est Reimbursement Planni	ng and Finance	
For Information	tion Only					
No Change i	•		·/	Rebekah fa	lk	
110 Change i	III Kaic		′	000010000	<i>701</i> C	
	Home Office:	Catholic Health S	Services			
	Home office.	4790 N. State Ro				
		Lauderdale Lake				
		Lauderdale Lake	3, I'L 33317			



BISHOP'S GLEN HEAL	TH CARE CENTER			Provider Nu	mber:	0 209511-00
900 11TH AVENUE				Date:		12/22/2021
HOLLY HILL, FL 32117	7			Fiscal Year End:		9/30/2020
				Audit Status:	:	Unaudited
Provider Type:						
Trovider Type.			Curre	ent	New	Effective
			Rate	2	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$256.	30	\$243.49	<u>10/1/2021</u>
Rate Type:						
Kate Type.						
		X	Prospective			
			X	_Total Prospe		
				_ Total Prospect	tive with Interin	m Component
			Changes:			
			X	Rate Semester	Change	
				<del>_</del>	-	
<b>Distribution:</b>						
Contract Management / F	Fiscal Agent				ebekah Falk	
Permanent File			Me	edicaid Cost Reim		
For Informatio	· ·			Poli	kah fa	04
No Change in	Rate			/ W	Rantfa	
	Home Office:	Retirement Housi	ng Foundation			
		911 N. Studebake	er Rd			
		Long Beach, CA	90815-4900			



WESTMINSTER WIN	TER PARK		Provider Number:		0 209848-00	
111 S. LAKEMONT AVE.			Date:		12/22/2021	
WINTER PARK, FL 3	2792		Fiscal	Year End:	3/31/2020	
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$215.18</u>	<u>\$212.71</u>	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective	<b>.</b>		
				Prospective		
			Total I	Prospective with Inte	rim Component	
			Changes:			
			X Rate S	emester Change		
				-		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File				ost Reimbursement Plan	_	
For Informat	•		.,	Rebekah fa		
No Change i	in Rate			teverant	LLK.	
	Home Office:	Preshyterian Re	tirement Communities, Inc.			
	Home office.	80 West Lucern				
		Orlando FL 328				



SUN TERRACE HEALTH CARE CENTE	₹	Provider Number:		0 209856-00	
105 TRINITY LAKES DRIVE	Date:		12/22/2021		
SUN CITY CENTER, FL 33573		Fiscal Y	Year End:	12/31/2020	
		Audit S	tatus:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$251.04</u>	<u>\$247.44</u>	10/1/2021	
Rate Type:					
	<sub>X</sub> P	rospective			
	1	-	rospective		
			ospective with Interi	m Component	
		1000111	ospective with interi	in Component	
		Changes:			
		X Rate Ser	nester Change		
Distribution:					
Contract Management / Fiscal Agent	_		Rebekah Falk		
Permanent File			Reimbursement Plann	_	
For Information Only		L	ebekah fa	0 1	
No Change in Rate			weron fa	M	
Home Office:	Clear Choice Health	Care			
nome office.	709 S. Harbor City B				
	Melbourne, FL 3290				



LIFE CARE CENTER	OF ALTAMONTE SI	PRINGS		Provider Numb	er:	0 210137-00	
989 ORIENTA AVENUE				Date:		12/22/2021	
ALTAMONTE SPRIN	GS, FL 32701			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u> </u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$228.7</u>	<u>\$1</u>	216.80	10/1/2021	
Rate Type:							
		V	Prospective				
		X	_1 Tospective X	Total Prospecti	ve		
				Total Prospective		n Component	
				_ real rresponse		o op o <b>o</b>	
				T			
			Changes:				
			v				
			X	_Rate Semester Cl	hange		
Distribution:							
Contract Management	/ Fiscal Agent			Rebe	ekah Falk		
Permanent File			Me	dicaid Cost Reimbur	sement Plannii	ng and Finance	
For Informat	tion Only			$O_{a}$	, , ,	0.4	
No Change i	n Rate			Rebek	san fa	lk	
					,		
	Home Office:	Life Care Centers	of America				
		3570 NW Keith S					
		Cleveland, TN 37					



COVENANT VILLAG	E CARE CENTER			Provider Num	ber:	0 210188-00
9201 W. BROWARD E	BOULEVARD			Date:		12/22/2021
PLANTATION, FL 333	324			Fiscal Year End: 9/30/20		9/30/2020
				Audit Status:		Unaudited
Provider Type:			Currer		New	Effective
N II	C'arla I a al		Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$243.7</u>	<u>(6</u>	§241.33	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
		X	rospective x	Total Prospect	ive	
				Total Prospective		n Component
				_ 1		1
			Changes:			
			<b>_</b>			
			X	Rate Semester (	Change	
				_	-	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent				oekah Falk	15.
Permanent File			Med	dicaid Cost Reimbu		
For Informat	-			Robe	kah fa	lk
140 Change in	n Kate			1000	Joe Cyse	
	Home Office:	Covenant Retirem	nent Communities			
	1101110 0111100.	5700 Old Orchard				
		Skokie, IL 60077				



VILLAGE ON THE IS	LE		P	rovider Number:	0 210463-00	
950 S. TAMIAMI TRA	AMIAMI TRAIL			Date:	12/22/2021	
VENICE, FL 34285			F	iscal Year End:	12/31/2019	
			A	Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$275.66</u>	<u>\$261.88</u>	10/1/2021	
Rate Type:						
J.F.						
		X	Prospective X 7	Satal Duagua ativo		
				otal Prospective otal Prospective with Inte	rim Component	
				otal Prospective with file	riii Component	
			Changes:			
			V			
			R	ate Semester Change		
Distribution:						
Contract Management /	/ Fiscal Agent		L	Rebekah Falk		
Permanent File	C		Medic	aid Cost Reimbursement Plan	nning and Finance	
For Informat	tion Only			Da hala 1		
No Change i	n Rate			Rebekahfa	dla	
	Home Office:	No Home Office				



HEALTHPARK CARE	E CENTER			Provider Nu	mber:	0 210587-00
16131 ROSE BUSH C	OURT			Date:		12/22/2021
FORT MYERS, FL 339	908			Fiscal Year	End:	9/30/2020
				Audit Status	3:	Unaudited
Provider Type:						
V 1			Curre	ent	New	Effective
			Rate	<u>e</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$254.</u>	92	<u>\$242.17</u>	<u>10/1/2021</u>
Data Tamas						
Rate Type:						
		X	Prospective			
			X	Total Prospe	ective	
				Total Prospec	ctive with Interin	n Component
						_
				1		
			Changes:			
			X	Rate Semeste	er Change	
Distribution:						
Contract Management /	Fiscal Agent				Rebekah Falk	
Permanent File			Me	edicaid Cost Rein	nbursement Plannii	ng and Finance
For Informat	-			D.1	a Laba Ca	00
No Change i	n Rate			100	ekah fa	la
					•	
	Home Office:	Lee Memorial He	ealth System			
	Home Office.	2776 Cleveland A	-			
		Et Myars El 22				



AVANTE AT BOCA F	RATON		l	Provider Number:_	0 210676-00
1130 NW 15TH STREET				Date:	12/22/2021
BOCA RATON, FL 33	3486		1	Fiscal Year End: _	12/31/2020
			1	Audit Status:	Unaudited
Provider Type:					
110viuci 1,pc.			Current	Nev	v Effective
			Rate	Rate	
Nursing Home	Single Level		\$265.61		
Rate Type:					_
		X	Prospective		
				Total Prospective	
				_	h Interim Component
1				1	1
			GI		
			Changes:		
			X	Rate Semester Chang	~
				Rate Semesier Chang	e
<b>Distribution:</b>					
Contract Management /	/ Fiscal Agent			Rebekah	Falk
Permanent File			Medic	caid Cost Reimburseme	nt Planning and Finance
For Informat	tion Only			DIL	1 ( 1 )
No Change is	in Rate			Rebekal	1 falk
					,
	Home Office:	AVANTE GROU	UP, INC.		
		4601 Sheridan St			
		Hollywood FL 3	3021-6744		



THE EDGEWATER A	T WATERMAN VILLAGE		Provider Number:  Date:  Fiscal Year End:		0 210684-00 12/22/2021	
300 BROOKFIELD AV	/ENUE					
MOUNT DORA, FL 32	2757				9/30/2020	
			Audit S	tatus:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$244.76</u>	\$243.18	10/1/2021	
Rate Type:						
		x Pros	pective			
				rospective		
			Total Pr	ospective with Interi	m Component	
			Changes:			
			manges.			
			X Rate Ser	nester Change		
				-		
Distribution:						
Contract Management /	Fiscal Agent			Rebekah Falk		
Permanent File				Reimbursement Plann	_	
For Informati	•		K	ebekah fa	lk	
No Change in	i Rate		, (	2007-0000	)O/ C	
	Home Office: No H	ome Office				



SABAL PALMS HEA	LTH CARE CENTER	PEDIATRIC		Provide	er Number:	0 210951-00
499 ALTERNATE KE	ENE ROAD			Date:		12/22/2021
LARGO, FL 33771				Fiscal Y	Year End:	12/31/2019
				Audit S	tatus:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$212.·		\$212.90	10/1/2021
5	g					
Rate Type:						
			D.,			
		X	_Prospective X	Tatal D		
				_	rospective	
				_ I otal Pr	ospective with Interi	m Component
			Changes:			
			X	Rate Ser	mester Change	
					mester enunge	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent				Rebekah Falk	
Permanent File	-		Me	edicaid Cost	t Reimbursement Plann	ing and Finance
For Informat	tion Only			/	2,,,,	0.4
No Change i	n Rate			1	ebekah fa	LK.
					,	
	II 000	M. II G	T1 10 15	1.		
	Home Office:	_	any Limited Partner	snıp		
		1107 Hazeltine B				
		Chaska, MN 5531	18			



ROCKLEDGE, FL 32955  ROCKLEDGE, FL 32955  Rudit Status: Unaudited  Provider Type:  Current New Effective Rate Rate Date Single Level  S203.91  S212.46  10/1/2021  Rate Type:  x Prospective X Total Prospective with Interim Component  Changes:  Changes:	HUNTINGTON PLACE		P	rovider Number:	0 211281-00	
Provider Type:    Current New Effective Rate Rate Date	1775 HUNTINGTON LANE		Date:		12/22/2021	
Provider Type:    Current New Effective Rate Rate Date	ROCKLEDGE, FL 32955		F	iscal Year End:	1/31/2020	
Current New Effective Rate Rate Date  Nursing Home Single Level \$203.91 \$212.46 \$10/1/2021  Rate Type:    X   Prospective   X   Total Prospective with Interim Component    Changes:   Changes:   Changes:   Prospective   Prospec			A	Audit Status:	Unaudited	
Current New Effective Rate Rate Date  Nursing Home Single Level \$203.91 \$212.46 \$10/1/2021  Rate Type:    X   Prospective   X   Total Prospective with Interim Component    Changes:   Changes:   Changes:   Prospective   Prospec	Provider Types					
Nursing Home Single Level \$203.91 \$212.46 10/1/2021  Rate Type:	Trovider Type.		Current	New	Effective	
Nursing Home Single Level \$203.91 \$212.46 10/1/2021  Rate Type:    X   Prospective   X   Total Prospective   Total Prospective with Interim Component     Changes:						
X ProspectiveX Total ProspectiveTotal Prospective with Interim Component  Changes:	Nursing Home Single Level		<u> </u>			
X ProspectiveX Total ProspectiveTotal Prospective with Interim Component  Changes:						
X ProspectiveX Total ProspectiveTotal Prospective with Interim Component  Changes:						
X ProspectiveX Total ProspectiveTotal Prospective with Interim Component  Changes:						
Total Prospective  Total Prospective with Interim Component  Changes:	Rate Type:					
Total Prospective  Total Prospective with Interim Component  Changes:						
Total Prospective  Total Prospective with Interim Component  Changes:		v Prosnec	tive			
Total Prospective with Interim Component  Changes:		х1 105рес		Total Prospective		
Changes:				-	erim Comnonent	
				otai i iospeetive with in	eriii Componeni	
	_					
X Pata Samastar Change		Cha	nges:			
X Pata Samastar Changa						
Rate Semester Change			X R	ate Semester Change		
		_				
Distribution:	<b>Distribution:</b>					
Contract Management / Fiscal Agent Rebekah Falk	Contract Management / Fiscal Agent					
Permanent File Medicaid Cost Reimbursement Planning and Finance	Permanent File		Medic	aid Cost Reimbursement Pla	anning and Finance	
For Information OnlyNo Change in Rate  Rubekah falk	<del></del>			Delatela	600	
No Change in Rate  // Were falle	No Change in Rate			MUCKANI	FOLK	
Home Office: Genesis HealthCare	Home Office	Genesis HealthCare				
515 Fairmount Ave	Home office.					
Towson, MD 21286						



#### **Medicaid Reimbursement Per Diem Rates**

HARDEE MANOR HE	ALTHCARE CENTE	ER		Provider Number	:: 0	211435-00
401 ORANGE PLACE				Date:	1	2/22/2021
WAUCHULA, FL 3387	73			Fiscal Year End:	1	2/31/2018
				Audit Status:	1	Unaudited
Provider Type:						
Trovider Type.			Curren	t N	lew	Effective
			Rate		late	<u>Date</u>
Nursing Home	Single Level		<u>\$210.4</u>		19.31	10/1/2021
S	S			_		
Rate Type:						
			D 4			
		X	Prospective X	T . 1D:		
			A	Total Prospective		
				Total Prospective v	with Interim C	omponent
			Changes:			
			Changes.			
			X	Data Samastar Cha		
				Rate Semester Cha	inge	
Distribution:						
Contract Management /	Figgal Agent			Rebek	ah Falk	
Permanent File	riscai Ageni		Med	icaid Cost Reimburse		nd Finance
For Informati	on Only				_	
No Change in	-			Rebek	ah Lall	, (
No Change in	i Kate			1000	or Cjacor	
	Home Office:	DIVERSICARI	E HEALTHCARE SER	VICES, INC.		
		1621 Galleria B		,		

Brentwood, TN 30727



WESTMINSTER WOO	ESTMINSTER WOODS ON JULINGTON CREEK			Provider Number:		0 212083-00	
25 STATE ROAD 13				Date:		12/22/2021	
JACKSONVILLE, FL	32259			Fiscal Year End	:	3/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	t ]	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$230.45		223.68	10/1/2021	
Rate Type:							
		X	_Prospective				
			X	Total Prospective	/e		
				Total Prospective	with Interio	m Component	
			Changes:				
			X	Rate Semester Ch	ange		
Distribution							
<b>Distribution:</b> Contract Management	/ Fiscal Agent			Rebe	kah Falk		
Permanent File	riscal Agent		Med	icaid Cost Reimburs		ing and Finance	
For Informat	tion Only					_	
No Change i	-			Rebek	rah ta	lk	
					-		
	Home Office:	Preshyterian Patir	rement Communities,	Inc			
	Home Office.	80 West Lucerne		me.			
		Orlanda El 2280					



SUNCOAST MANOR				Provider Numb	er:	0 212709-00
6909 9TH STREET SC	OUTH			Date:		12/22/2021
ST. PETERSBURG, FI	L 33705			Fiscal Year End: 3/31/20		3/31/2020
				Audit Status:		Unaudited
Provider Type:						
110vider Type.			Current	į	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$219.69</u>	<u>\$</u>	218.18	<u>10/1/2021</u>
Doto Tomos						
Rate Type:						
		X	Prospective			
				Total Prospecti		
				Total Prospective	e with Interin	n Component
			Changes:			
			X	Rate Semester C	hange	
Distribution:						
Contract Management /	Fiscal Agent				ekah Falk	
Permanent File			Medi	caid Cost Reimbur		
For Informat	•			Reber	Lah Co	04
No Change is	n Rate			Mod	earl fa	la
	Home Office:	Presbyterian Retir	rement Communities,	Inc.		
		80 West Lucerne	Circle			
		Orlando, FL 3280	)1			



GOOD SAMARITAN SOCIETY-FLORIDA	LUTHERAN		Provider Numb	er:	0 212792-00
450 N. MCDONALD AVENUE			Date:		12/22/2021
DELAND, FL 32724			Fiscal Year End	d:	12/31/2020
			Audit Status:		Unaudited
Provider Type:					
110vider Type.		Current		New	Effective
		Rate		Rate	<u>Date</u>
Nursing Home Single Level		\$250.65	<u>\$</u>	250.65	10/1/2021
Rate Type:					
	X	Prospective			
	A	-	Total Prospecti	ve	
			Total Prospective		n Component
			Total I Tospective	Willi IIICIII	Сотронен
		Changes:			
		X	Rate Semester C	hange	
Distribution:					
Contract Management / Fiscal Agent	<u>-</u>			ekah Falk	
Permanent File		Medi	caid Cost Reimbur	sement Plannii	ng and Finance
For Information Only			De	1.1.	<i>n.</i>
No Change in Rate			Rebek	san fa	la
				-	
Home Office:	Evangelical Luthera	on Good Someriton	Pagiaty		
Home Office.	4800 West 57th Stre		Society		
	Sioux Falls, SD 571				



ERIAN HOMES INC			Provider Number:	0 212971-00
RIVE			Date:	12/22/2021
3			Fiscal Year End:	12/31/2019
			Audit Status:	Unaudited
		Curren	t New	Effective
		Rate		<u>Date</u>
Single Level		\$264.0		<u>10/1/2021</u>
C			_	
	V	D-ospostiva		
-	X	_	Total Dragnactive	
			-	
			Total Prospective with in	nterim Component
		Changes:		
		Changes.		
		X	D-ta Camastan Changa	
			Rate Semester Change	
Eiganl Agant			Rebekah Fal	k
riscai Ageni		Med		
ion Only				
			Kebekah	Lolk
1 Kaic			1000,000	Joseph
Home Office:	No Home Office			
<u> </u>	Single Level  Fiscal Agent ion Only n Rate	Single Level  x  Fiscal Agent ion Only in Rate	Curren Rate Single Level  X Prospective X  Changes: X  Fiscal Agent ion Only n Rate	AUVE  Base Single Level  Total Prospective  X Total Prospective with In  Changes:  X Rate Semester Change  Fiscal Agent  Rebekah Fal  Medicaid Cost Reimbursement Fate  Rate Semester Change  Rebekah Fal  Rete Change Semester Change  Rebekah Fal  Rete Change Semester Change



TAMARAC REHABILITATION AND HEALTH CENTER		Provider Number:	0 213098-00			
7901 N.W. 88TH AVE	ENUE			Date:	12/22/202	21
TAMARAC, FL 33321				Fiscal Year End:	12/31/202	20
				Audit Status:	Unaudite	ed
Provider Type:						
Trovider Type.			Curre	nt Ne	w Effe	ective
			Rate			<u> Date</u>
<b>Nursing Home</b>	Single Level		<u>\$255.0</u>	9 \$255	<u>10/1</u>	1/2021
	1					
Rate Type:						
		X	Prospective			
			X	Total Prospective		
				Total Prospective wi	th Interim Componen	nt
			Classic			
			Changes:	J		
			X	Data Camastan Chan		
				Rate Semester Chang	3e	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah		
Permanent File	-		Me	dicaid Cost Reimbursem	ent Planning and Financ	ee
For Informat	tion Only			$O_{I}$	1 (11	
No Change i	in Rate			Rebeka	nfalk	
					,	
	Home Office:	No Home Office				
	Home Office.	To Home Office				



LIFE CARE CENTER	FE CARE CENTER AT WELLS CROSSING	Provider Number:		0 213161-00		
355 CROSSING BOU	LEVARD		Date:		12/22/2021	
ORANGE PARK, FL	32073		Fiscal Y	Year End:	12/31/2020	
			Audit S	Status:	Unaudited	
Provider Type:						
Trovince Types			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$230.74</u>	<u>\$237.57</u>	10/1/2021	
Rate Type:						
		X	Prospective			
			_ •	rospective		
				ospective with Interin	n Component	
			100011	osp •••••	n component	
			Changes:			
			Rate Se	mester Change		
<u>Distribution:</u>				D. I. I. E. II		
Contract Management	/ Fiscal Agent		Madiasid Cas	Rebekah Falk	no and Einene	
Permanent File				t Reimbursement Planni		
For Information	-		/ <sub>T</sub>	ebekah fa	Olx	
No Change i	in Rate		/(	w you cja		
	Home Office:	Life Care Centers	s of America			
		3570 NW Keith S	Street			
		Cleveland TN 33	7312			



LIFE CARE CENTER	OF ORLANDO			Provider Numb	er:	0 213403-00
3211 ROUSE ROAD				Date:		12/22/2021
ORLANDO, FL 32817				Fiscal Year En	d:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
110viuci Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$238.6		248.69	10/1/2021
-	-					
	1					
Rate Type:						
r						
		X	Prospective			
			X	Total Prospecti	ive	
			-	Total Prospectiv		n Component
						<u>r</u>
1						
			Changes:			
			X	Rate Semester C	hange	
<b>Distribution:</b>				Dah	ekah Falk	
Contract Management /	Fiscal Agent		Med	dicaid Cost Reimbur		ng and Finance
Permanent File	ilan Ouler		1,10,			
For Informat No Change in	-			Reber	kah ka	l k
No Change in	II Kaic			10001		, ov C
	Home Office:	Life Care Centers	of America			
		3570 NW Keith S	treet			
		Cleveland, TN 37	312			



MADISON HEALTH	AND REHABILITAT	ION CENTER		Provider Number	:: 0 2	13462-00
2481 WEST US 90				Date:		/22/2021
MADISON, FL 32340				Fiscal Year End:	12	/31/2020
				Audit Status:	U1	naudited
Provider Type:						
Trovider Type.			Curre	nt N	ew	Effective
			Rate		ate	<u>Date</u>
Nursing Home	Single Level		<u>\$246.</u> '		15.86	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prospective	<del>;</del>	
				Total Prospective v		nponent
				_ 1		
			Changes:			
			X	_Rate Semester Cha	nge	
Distribution:	(T)			Dahak	ah Falk	
Contract Management /	Fiscal Agent		Me	dicaid Cost Reimburse		l Finance
Permanent File	ion Only		IVIC			
For Informat No Change is	-			Kebek	ah falk	
No Change I	II Rate			1000	m Cjacor C	-
	Home Office:	Summit Care II, In	nc.			
		2123 Centre Point	te Blvd.			
		Tallahassee, FL 3	2308			



VI AT LAKESIDE VII	LLAGE			Provider Numbe	r: (	0 213837-00
2792 DONNELLY DR	IVE			Date:		12/22/2021
LANTANA, FL 33462				Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Hovider Type.			Curre	nt N	New	Effective
			Rate		Rate	Date
Nursing Home	Single Level		\$280.1	·	66.13	10/1/2021
_	-					
	<del>-</del>					
Rate Type:						
		v	Prospective			
		X	_1 Tospective X	Total Prospectiv	e.	
				Total Prospective		Component
			-	_ Total I Tospective	Willi III.Ci III.	component
			Changes:			
				_		
			X	Rate Semester Cha	ange	
				_	-	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebel	kah Falk	
Permanent File			Me	dicaid Cost Reimburs	ement Planning	and Finance
For Informat	tion Only			01.1	. 1. 60	<b>/</b> ).
No Change i	n Rate			Rebek	an fax	
					•	
	II Office	N. H Office				
	Home Office:	No Home Office				



TMH SKILLED NURS	SING FACILITY			Provider Number:	0 213934-00
1609 MEDICAL DRIV	νE			Date:	12/22/2021
TALLAHASSEE, FL 3	32308			Fiscal Year End:	9/30/2018
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curre	nt Ne	w Effective
			Rate		
Nursing Home	Single Level		\$231.9		
<u> </u>	G				
Rate Type:					
		V	Prospective		
		X	_1 Tospective X	Total Prospective	
				_	ith Interim Component
				_ Total Flospective wi	th therm Component
			Changes:		
			X	Rate Semester Chang	ge
					6-
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah	ı Falk
Permanent File	-		Me	dicaid Cost Reimbursem	ent Planning and Finance
For Informat	tion Only			$O_{1}$	
No Change i				Rebeka	hfalk
					J
		Г			
	Home Office:	No Home Office			



MIAMI SHORES NUR	RSING AND REHAB	CENTER		Provider Nur	nber:	0 214035-00
9380 NW 7TH AVENU	JE			Date:		12/22/2021
MIAMI, FL 33150				Fiscal Year End:		1/31/2021
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u>2</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$278.</u>	<u>01</u>	<u>\$264.11</u>	10/1/2021
Rate Type:						
		X	Prospective			
			Y	Total Prospec	ctive	
				Total Prospect	ive with Interin	n Component
			Changes:	<u> </u>		
			Changes.			
			X	Rate Semester	Change	
					onung.	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent				ebekah Falk	
Permanent File			Me	edicaid Cost Reimb		
For Informat No Change in	-			Rebe	kah fa	lk
				, , ,	,	
	Home Office:	DOS Health Man	agement, Inc.			
		300 71st Street, S	_			
		Miami, FL 33141				



BUFFALO CROSSINO CENTER	G HEALTH AND REHA	ABILITATION	Prov	vider Number:	0 215017-00
3875 WEDGEWOOD	LANE		—— Date	-	12/22/2021
THE VILLAGES, FL 3				al Year End:	12/31/2019
			<del></del>	it Status:	Unaudited
Davidau Tymas					
Provider Type:			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		\$239.96	\$237.31	<u>10/1/2021</u>
0	8				
Rate Type:					
		V	Drospactiva		
		X	Prospective X Total	al Prospective	
			100	l Prospective with Inte	wim Component
			10ta	i Prospective with mic	erim Componem
			Changes:		
			X Rate	Semester Change	
<b>Distribution:</b>					
Contract Management /	Fiscal Agent			Rebekah Falk	
Permanent File			Medicaid	Cost Reimbursement Pla	nning and Finance
For Informat	tion Only			De la la	C 0 11.
No Change is	n Rate			Rebekahf	dlk
	Home Office:	No Home Office			
	Home Office.	No Home Office			



HARBOUR'S EDGE			Provider Numb	er:	0 216399-00
401 EAST LINTON BOULEVARD		<u> </u>	Date:		12/22/2021
DELRAY BEACH, FL 33483			Fiscal Year End	d:	12/31/2019
			Audit Status:		Unaudited
Provider Type:					
Trovider Type.		Curren	t	New	Effective
		Rate		Rate	<u>Date</u>
Nursing Home Single Level		<u>\$290.20</u>		291.50	10/1/2021
_					
Rate Type:					
	X	Prospective			
	Λ		Total Prospecti	ve	
			Total Prospective		n Component
			Total I Tospective	WILL IIICIII	п сотролен
		Changes:			
		X	Rate Semester Cl	hange	
				-	
Distribution:					
Contract Management / Fiscal Agent				ekah Falk	
Permanent File		Med	caid Cost Reimbur	sement Plannii	ng and Finance
For Information Only			Dela	1.00 6	<i>n n.</i>
No Change in Rate			Rebet	san ja	la
Home Office:	Lifespace Commun	vitias Inc			
Home Office.	4201 Corporate Dr				
	West Des Moines,				



CRYSTAL RIVER HE	EALTH & REHABILI	ΓATION CENTER	Provider Number:		0 217263-00	
136 N.E. 12TH AVEN	IUE		Date:		12/22/2021	
CRYSTAL RIVER, FI	L 34429		Fiscal Year End:		12/31/2019	
			Audit	Status:	Unaudited	
Provider Type:						
rrovider Type:			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$221.99	\$218.89	10/1/2021	
- · · · · · · · · · · · · · · · · · · ·	<b></b>			<u> </u>		
Rate Type:						
		X	Prospective			
				Prospective		
			Total I	Prospective with Inter	im Component	
			Changes:			
			Rate S	emester Change		
Distribution:				D. I. I. E. II		
Contract Management	/ Fiscal Agent		W.F. 11G	Rebekah Falk	· 12.	
Permanent File				ost Reimbursement Plan	_	
For Informa	-		·//	Rebekah fo	001	
No Change	in Rate			Coverage for	Car	
	Home Office:	Northport Health S	ervices of Florida, LLC			
	Home Office.	931 Fairfax Park	or rices of riolida, LLC			
		Tuscaloosa, AL 35	406			
		i uscaioosa, AL 33	TUU			



OCALA HEALTH & REHABILITATION C	ENTER	Provider Number:		0 217395-00	
1201 S.E. 24TH ROAD		Date:		12/22/2021	
OCALA, FL 34471		Fiscal Year End:		12/31/2020	
		Audit S	Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$215.89</u>	<u>\$220.38</u>	10/1/2021	
Rate Type:					
	v F	Prospective			
	XP	-	rospective		
			ospective with Interir	n Component	
		10.0111	ospective with intern	ii Component	
		Changes:			
		X Rate Ser	mester Change		
Distribution:					
Contract Management / Fiscal Agent	_		Rebekah Falk		
Permanent File			t Reimbursement Planni	_	
For Information Only		L	ebekah fa	04	
No Change in Rate		<b>/</b> /	weranta	la	
Home Office:	Northport Health Se	rvices of Florida, LLC			
Home office.	931 Fairfax Park	1.1000 of Fiorida, LDC			
	, JI I WII I WA I WIN				



WEST MELBOURNE HEALTH & REHABILITATION CENTER			Provider Number:		0 217727-00		
2125 W. NEW HAVE	N AVENUE		<u></u>	Date:		12/22/2021	
WEST MELBOURNE	, FL 32904		<u></u>	Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Provider Type.			Curren	ıt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Nursing Home Single Level		\$227.0		223.91	<u>10/1/2021</u>	
- · · · · · · · · · · · · · · · · · · ·	·- <b>B</b>			<del>-</del>			
Rate Type:							
		F	3				
		YF	Prospective X	T-4-1 Dungamantia			
			Λ	Total Prospecti			
				Total Prospective	with Interii	m Component	
			Changes:				
			0				
			X	Rate Semester Cl	nange		
				-	nungo		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	_		Rebe	kah Falk		
Permanent File	Ç		Med	licaid Cost Reimbur	sement Planni	ing and Finance	
For Informat	tion Only			$\Omega_{A}$	, , (	0.4	
No Change i	n Rate			Rebek	san fa	lk	
					J		
	Home Office:	Northport Health Ser	rvices of Florida, I	LLC			
		931 Fairfax Park					
		Tuscaloosa, AL 3540	06				



ST AUGUSTINE HEA	ALTH AND REHABIL	LITATION CENTER	Provider Number:		0 217735-00	
51 SUNRISE BOULE	VARD		Date:		12/22/2021	
ST. AUGUSTINE, FL	32084		Fiscal	Year End:	12/31/2019	
			Audit	Status:	Unaudited	
Provider Type:						
rrovider Type:			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$239.34	\$225.34	10/1/2021	
- · · · · · · · · · · · · · · · · · · ·	~ <b>g</b>		<u> </u>	<u> </u>		
Rate Type:						
		P	rospective			
			X Total I	Prospective		
			Total P	rospective with Inter-	im Component	
			Changes:			
			Rate Se	emester Change		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File				st Reimbursement Plann	_	
For Information	tion Only			Pebekah fa	1 0	
No Change i	in Rate		<b>/</b> /	weren fa		
				<u>.</u>		
	II OCC	N 4 4 1 14 2	· (F) :1 11.0			
	Home Office:	_	vices of Florida, LLC			
		931 Fairfax Park				
		Tuscaloosa, AL 3540	06			



DAYTONA BEACH I	HEALTH AND REHA	BILITATION CENTER		Provider Number:		0 217743-00	
1055 3RD STREET				Date:		12/22/2021 12/31/2019	
DAYTONA BEACH, I	FL 32117			Fiscal Year End	l:		
				Audit Status:		Unaudited	
Provider Type:							
Provider Type.			Current	t	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Nursing Home Single Level		\$248.2¢		235.85	10/1/2021	
1141	~ <del>g</del> :		<del>'</del>	<u>.</u>			
Rate Type:							
		n					
		X Pro	spective	T (1D (			
		_		Total Prospecti			
		_		Total Prospective	e with Intern	m Component	
			Changes:				
			V				
			X	Rate Semester Cl	hange		
		-		Rate Belliester 5.	nange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebe	ekah Falk		
Permanent File	S		Med	caid Cost Reimbur	sement Plann	ing and Finance	
For Informat	tion Only				, , ,	)	
No Change i	-			Rebek	sah fa	lk	
					J		
	Home Office:	Northport Health Service	ces of Florida, I	LC			
		931 Fairfax Park					
		Tuscaloosa, AL 35406					



LIFE CARE CENTER	OF WINTER HAVEN	1	Provider Number:		0 219380-00	
1510 CYPRESS GARI	DENS BLVD.		Date:		12/22/2021	
WINTER HAVEN, FL	33884		Fiscal Year End:		12/31/2019	
			Audit S	Status:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$244.13</u>	<u>\$242.67</u>	<u>10/1/2021</u>	
Rate Type:						
		X	_ Prospective			
				rospective	~	
			Total Pr	ospective with Interin	n Component	
			Changes:			
			X Rate Ser	mester Change		
				Č		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid Cos	t Reimbursement Plannin	ng and Finance	
For Information	tion Only				ΛΛ	
No Change	in Rate		<b>//</b> T	ebekah fa	lk	
				,		
	Home Office:	Life Care Centers	C A			
	Home Office.	3570 NW Keith S				
		Cleveland TN 33				
		ic reversing in the second	/ 3 / /			



CLERMONT HEALTI	LERMONT HEALTH AND REHABILITATION CENTER			Provider Nur	nber:	0 221465-00	
151 E. MINNEHAHA	AVENUE			Date:		12/22/2021	
CLERMONT, FL 3471	.1			Fiscal Year E	End:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$214.</u>	<u>10</u>	<u>\$223.09</u>	10/1/2021	
D.4. T							
Rate Type:							
		X	Prospective				
			X	_Total Prospec	ctive		
				_Total Prospect	tive with Interi	m Component	
			Changes:				
			o mangesv				
			X	Rate Semester	· Change		
				<del></del>	8		
<b>Distribution:</b>							
Contract Management	Fiscal Agent			R	ebekah Falk		
Permanent File			Me	edicaid Cost Reimb			
For Informat	•			Polo	kah fa	7 20	
No Change i	n Rate			Mol	Kan fa	XX	
	Home Office:	No Home Office					



DELANEY PARK HEA	ELANEY PARK HEALTH AND REHABILITATION CENTER		Prov	vider Number:	0 221589-00
215 ANNIE STREET			Date	e:	12/22/2021
ORLANDO, FL 32806			Fisc	al Year End:	12/31/2019
			Auc	lit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$229.19</u>	<u>\$233.83</u>	10/1/2021
_	_				
	T				
Rate Type:					
		X	Prospective		
		A	-	al Prospective	
				al Prospective with Inter	rim Component
				ii i i i i i i i i i i i i i i i i i i	III Component
			Changes:		
			X Rate	Semester Change	
<u>Distribution:</u>					
Contract Management /	Fiscal Agent	-		Rebekah Falk	
Permanent File			Medicaid	Cost Reimbursement Plan	ning and Finance
For Informat	ion Only			De Labola 1	^ ^ / / / ·
No Change is	n Rate			Rebekah fo	UU.
				<del>-</del>	
	Home Office:	No Home Office			
	Home Office:	No Home Office			



CROSSWINDS HEALTH AND REHABILITATION CENTER			Provider Number:		0 222270-00		
13455 W US 90				Date: Fiscal Year End:		12/22/2021 2/29/2020	
GREENVILLE, FL 323	331						
				Audit Status:		Unaudited	
Provider Type:							
110 (luci 1) per			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$267.0</u>	<u>\$</u>	253.73	<u>10/1/2021</u>	
Rate Type:							
		**	Prospective				
		X	_ riospective X	Total Prospecti	ve		
				Total Prospective		n Component	
			-		V 1011 11110111	п сопропон	
			Changes:				
			X	D ( C )	1		
				_Rate Semester C	nange		
<b>Distribution:</b>							
Contract Management /	/ Fiscal Agent			Rebe	ekah Falk		
Permanent File			Me	dicaid Cost Reimbur	sement Planni	ng and Finance	
For Informat	tion Only			$\mathcal{O}_{1}$	1.1.6	0.0.	
No Change is	n Rate			Rebek	can fa		
	Home Office:	No Home Office					



CROSS LANDINGS H	EALTH AND REHABILI	TATION CENTER	₹	Provider Number:		0 222271-00	
1780 N. JEFFERSON S	T.		_	Date:	1	12/22/2021 2/29/2020	
MONTICELLO, FL 323	344		_	Fiscal Year End	:		
				Audit Status:	1	Unaudited	
Provider Type:							
Trovider Type.			Curren	t 1	New	Effective	
			Rate	<u>I</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$269.8</u>	<u>\$2</u>	56.34	10/1/2021	
Data Tymas							
Rate Type:							
	_	<u>x</u> F	Prospective				
			X	Total Prospectiv			
				Total Prospective	with Interim C	omponent	
			Changes:				
			X	Rate Semester Ch	ange		
<b>Distribution:</b>				Dahal	kah Falk		
Contract Management / Permanent File	Fiscal Agent	_	Med	licaid Cost Reimburs		nd Finance	
For Informati	on Only				_		
No Change in	•			Rebek	rah fall	k .	
				, 0 , 0,	o <sub>j</sub> -		
	II OCC N	II OCC					
	Home Office: N	o Home Office					



REGENTS PARK AT A	REGENTS PARK AT AVENTURA		Provider Number:		er:	0 223239-00	
18905 NE 25TH AVEN	UE			Date:		12/22/2021	
MIAMI, FL 33180			Fiscal Year End:		d:	2/28/2021	
				Audit Status:		Unaudited	
Provider Type:							
Frovider Type.			Curre	nt.	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$252.</u>	_	248.76	<u>10/1/2021</u>	
E	J			<del></del>			
Rate Type:							
		v	Prospective				
		X	rrospective x	Total Prospecti	WA		
				_ Total Prospective		n Component	
				_ Total Flospective	e willi illici il	п Сотронет	
1							
			Changes:				
				_			
			X	_Rate Semester C	hange		
				_			
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Reb	ekah Falk		
Permanent File			Me	dicaid Cost Reimbur			
For Information	on Only			Reber	1.1.	00.	
No Change in	Rate			MUS	Kan ja	lk	
					-		
	Home Office:	STIRLING LTC	CODD				
	Home Office.	2699 Stirling Roa					
		Ft. Lauderdale, F.					



THE TERRACE OF K	HE TERRACE OF KISSIMMEE		Provider Number:		0 223644-00	
221 PARK PLACE BO	OULEVARD		Date: Fiscal Year End:		12/22/2021 12/31/2020	
KISSIMMEE, FL 3474	<b>l</b> 1					
			Audit S	Status:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$218.45</u>	\$209.44	10/1/2021	
Rate Type:						
		X	_Prospective			
				rospective		
			Total Pr	ospective with Interin	n Component	
			Changes:			
			Changes.			
			X Rate Se	mester Change		
				2		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File				t Reimbursement Planni		
For Informat	tion Only		L	ebekah fa	00	
No Change i	in Rate		J <b>\</b>	weranja		
	Home Office:	SMJ Enterprises,	LLC			
		480 Fentress Blvd				
		Daytona Beach F				



THE TERRACE OF S	T. CLOUD		Provider Number:  Date: Fiscal Year End:		0 223653-00 12/22/2021 12/31/2020	
3855 OLD CANOE CE	REEK ROAD					
ST. CLOUD, FL 34769	)					
			Aud	it Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$206.17</u>	<u>\$207.06</u>	<u>10/1/2021</u>	
Rate Type:						
Rate Type:						
		X	Prospective			
			<del></del>	l Prospective		
			Tota	Prospective with Int	erim Component	
			Changes:			
			X Rate	Semester Change		
Distribution:						
Contract Management	Fiscal Agent			Rebekah Falk		
Permanent File				Cost Reimbursement Pla	_	
For Informat	-			Rebekah	Coll	
No Change i	n Rate		•	i waxan cj		
	Home Office:	SMJ Enterprises, I	LLC			
		480 Fentress Blvd.				
		Daytona Beach, Fl	. 32114			



ORLANDO HEALTH	AND REHABILITATI	ON CENTER		Provider Number:	0 223654-00
830 WEST 29TH STR	EET			Date:	12/22/2021
ORLANDO, FL 32805				Fiscal Year End:	12/31/2020
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Currer	nt New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$196.9</u>		10/1/2021
C	C				_
	<u> </u>				
Rate Type:					
		**	Prognactive		
		X	Prospective X	Total Prospective	
				-	Interior Comment
				_Total Prospective with	Interim Component
			Changes:		
			2 2 2	J	
			X	Rate Semester Change	
				_ Rate Semester enange	
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah Fa	nlk
Permanent File	5		Med	licaid Cost Reimbursement	Planning and Finance
For Informat	tion Only				
No Change i				Rebekah	falk
				,	1
	Home Office:	No Home Office			



AVANTE AT ORLANDO INC.			Provider Number:			0 223808-00	
2000 N. SEMORAN BOULEVAR	D			Date:		12/22/2021	
ORLANDO, FL 32807				Fiscal Year En	ıd:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:  Nursing Home Singl	le Level		Currer <u>Rate</u> <u><b>\$248.</b>1</u>		New <u>Rate</u> §235.75	Effective <u>Date</u> 10/1/2021	
Rate Type:							
		X	_Prospective x	_Total Prospect _Total Prospectiv		m Component	
Di-4-ih4i-n			Changes:	_Rate Semester (	Change		
<u>Distribution:</u> Contract Management / Fiscal Age	nt			Rek	ekah Falk		
Permanent File	110		Me	dicaid Cost Reimbu	rsement Plann	ing and Finance	
For Information Only No Change in Rate				Rebe	kah fa	lk	
Home	: Office:	AVANTE GROU	eet				



SPRINGTREE REHAI	PRINGTREE REHABILITATION & HEALTH CARE CENTER			ovider Number:	0 225631-00	
4251 SPRINGTREE D	RIVE		Da	ate:	12/22/2021 12/31/2020	
SUNRISE, FL 33351			Fi	scal Year End:		
			A	udit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$243.84</u>	<u>\$254.08</u>	10/1/2021	
S	<u> </u>				<del></del>	
Rate Type:						
		v	Duognootiva			
		X	Prospective X To	stal Dragnativa		
				otal Prospective	·	
			10	otal Prospective with Inter	im Component	
			Changes:			
		-	Changes.			
			X Rs	t- Camastan Changa		
				ate Semester Change		
TO 10 10						
<u>Distribution:</u>	/T' 1 A4	L		Rebekah Falk	_	
Contract Management /	/ Fiscal Agent	_	Medica	id Cost Reimbursement Plan	ning and Finance	
Permanent File	· O1		1,100,100			
For Informat				Rebekah fo	n O lx	
No Change is	n Rate			/ WY Con Cyc		
	Home Office:	No Home Office				
	Home Office.	To Home Office				



PINECREST REHABI	LITATION CENTER		Provider Number:		mber:	0 225754-00	
13650 N.E. THIRD CO	OURT			Date:		12/22/2021	
NORTH MIAMI, FL 3	3161		Fiscal Year End		End:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$261.9</u>	<u> </u>	<u>\$263.70</u>	10/1/2021	
D.4. T							
Rate Type:							
	<u>-</u>	X	Prospective				
			X	_Total Prospe	ctive		
				_Total Prospect	tive with Interi	m Component	
			Changes:				
			Changes.				
			X	Rate Semester	Change		
			-	_ Kate Semester	Change		
<b>Distribution:</b>							
Contract Management	Fiscal Agent			R	ebekah Falk		
Permanent File	-		Med	dicaid Cost Reiml	bursement Plann	ing and Finance	
For Informat	ion Only			$\mathcal{O}_{\mathcal{A}}$	10/	7 	
No Change i	n Rate			Kell	kah fa	UK.	
					,		
	Home Office:	No Home Office					
	Tiome office.	Home office					



PLANTATION NURSINGERIATRIC	NG & REHABILITA	TION CENTER	D.,	ovider Number:	0.226017.00
					0 226017-00
4250 NW 5TH STREET				nte:	12/22/2021
PLANTATION, FL 333	17		<del></del>	scal Year End:	12/31/2020
			Αŭ	ıdit Status:	Unaudited
Provider Type:					
V 1			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$270.15</u>	\$267.59	
Rate Type:					
		X	Prospective		
			_ •	otal Prospective	
				tal Prospective with	Interim Component
				1	1
			Changes:		
			Ra	te Semester Change	
<b>Distribution:</b>					
Contract Management / 1	Fiscal Agent			Rebekah Fa	ılk
Permanent File			Medicai	d Cost Reimbursement	Planning and Finance
For Information	on Only			De la lada	600
No Change in	Rate			Rebekah	, falk
	Home Office:	No Home Office			
	Home Office.	110 Home Office			



CATHEDRAL GERONTOLOGY CENTER INC			P	rovider Number:	0 226068-00	
333 E. ASHLEY STRE	EET		D	Date:	12/22/2021	
JACKSONVILLE, FL	32202		F	iscal Year End:	9/30/2019	
			Α	Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$248.76	<u>\$251.85</u>	10/1/2021	
Rate Type:						
Kate Type.						
		X	Prospective			
				otal Prospective		
			T	otal Prospective with Inte	rim Component	
			Changes:			
			8			
			X R	ate Semester Change		
				C		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medic	aid Cost Reimbursement Plan		
For Informat	•			Rebekahfa	alk	
No Change i	in Rate			ranga G		
	Home Office:	No Home Office				



BROWARD NURSING AND REHAB CENTER			Provider Number:		0 226335-00	
1330 SOUTH ANDRE	WS AVENUE		Date: Fiscal Year End:		12/22/2021	
FORT LAUDERDALE	E, FL 33316				12/31/2020	
			Aud	it Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$253.73</u>	<u>\$256.53</u>	<u>10/1/2021</u>	
Rate Type:						
		X Pr	ospective	1.D		
				l Prospective	.i C	
			1 ota.	Prospective with Inter	im Component	
			Changes:			
			X Rate	Semester Change		
			Kate	Semester Change		
Distribution:						
Contract Management	Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid (	Cost Reimbursement Plan	ning and Finance	
For Informat No Change i	•		,	Rebekah fo	elk	
	Home Office: No I	Home Office				



OCEAN VIEW NURSING & REHABILITATION CENTER LLC		<u>C</u>	Provider Number:_	0 226351-00		
2810 S. ATLANTIC A	VENUE			Date:	12/22/2021	
NEW SMYRNA BEA	CH, FL 32169			Fiscal Year End: _	12/31/2020	
				Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Curren	t Nev	w Effective	
			Rate	Rate	<u>e</u> <u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$228.8</u>	<u>\$229.</u>	<u>10/1/2021</u>	
D . T	T					
Rate Type:						
		X	Prospective			
			X	Total Prospective		
				Total Prospective wit	h Interim Component	
			Changes:	1		
			X	D . G		
				Rate Semester Chang	je.	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah	Falk	
Permanent File	-		Med	icaid Cost Reimburseme	nt Planning and Finance	
For Information	tion Only			Do 1	$\rho = \rho \rho$	
No Change i	in Rate			Rebekal	r falk	
					,	
	Home Office:	No Home Office				
	Home Office.	140 Home Office				



SOUTH HERITAGE F	HEALTH & REHABILI	TATION CENTER	P1	ovider Number:	12/22/2021	
718 22ND AVENUE S	5.		D	ate:		
ST. PETERSBURG, FI	L 33705		Fi	scal Year End:		
			A	udit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$233.81</u>	<u>\$239.08</u>	10/1/2021	
_	_					
Rate Type:						
		V	Prospective			
		X		otal Prospective		
				otal Prospective with Inter	Component	
			10	otal Prospective with inter	1m Component	
			Changes:			
			X Ra	ate Semester Change		
<b>Distribution:</b>						
Contract Management /	/ Fiscal Agent			Rebekah Falk		
Permanent File	C		Medica	id Cost Reimbursement Plan	ning and Finance	
For Informat	tion Only					
No Change i				Rebekah fo	elk	
				, , ,		
		Г				
	Home Office:	No Home Office				



TREASURE ISLE CA	REASURE ISLE CARE CENTER	Provider Number: 0 226602-00				
1735 NORTH TREAS	URE DRIVE			Date:	12	2/22/2021
NORTH BAY VILLA	GE, FL 33141			Fiscal Year End:	12	2/31/2020
				Audit Status:	U	naudited
Provider Type:						
Trovider Type.			Curren	it Ne	ew	Effective
			Rate		ate_	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$231.9</u>	<u>\$21</u> :	<u>5.47</u>	10/1/2021
Rate Type:						
		V	Prospective			
		X	_ rospective X	Total Prospective		
				Total Prospective w	rith Interim Co.	mnonent
			-	_ rotar rospective w	in micrim con	mponent
			Changes:			
			X	Rate Semester Char	ıge	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebeka		1.77
Permanent File			Mec	licaid Cost Reimbursen		
For Informat	-			Rebeka	h Colle	
No Change i	n Rate			rwya	n Jacon	-
	Home Office:	No Home Office				



ALPINE HEALTH AN	ND REHABILITATIO	N CENTER		Provider Number:	0 227251-00	
3456 21ST AVENUE,	SOUTH			Date:	12/22/2021	
ST. PETERSBURG, F	L 33711			Fiscal Year End:	12/31/2020	
				Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Curren	t Nev	w Effective	
			Rate	Rat		
Nursing Home	Single Level		<u>\$244.2</u> 2		<del></del>	
_	_					
Rate Type:						
		X	Prospective			
			_ *	Total Prospective		
				•	th Interim Component	
				1	1	
			Changes:			
			X	Rate Semester Chang	ge .	
<b>Distribution:</b>	(T) 1.4			Rebekah	Folk	
Contract Management . Permanent File	/ Fiscal Agent		Med		ent Planning and Finance	
For Information	tion Only		1122		_	
No Change i				Rebekal	h falk	
110 Change I	III Ruic			1 000 01 000	C/3034 Z	
		Г				
	Home Office:	No Home Office				



WILTON MANORS H	IEALTH & REHABIL	ITATION CENTER		Provider N	umber:	0 227579-00
2675 N. ANDREWS A	VENUE		<u></u>	Date:		12/22/2021
FORT LAUDERDALE	E, FL 33311			Fiscal Year	r End:	12/31/2020
				Audit Statu	ıs:	Unaudited
Provider Type:						
Provider Type.			Curre	ent.	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$269.</u>	<del>_</del>	<u>\$261.12</u>	10/1/2021
- · · · · · · · · · · · · · · · · · · ·	·- <b>8</b>				<del>-</del>	
Rate Type:						
		V	Prospective			
		X	Prospective X	Total Prosp	aaatissa	
				_	•	Component
				_ 1 otai rrospe	ective with Interi	m Component
			Changes:			
				_		
			X	Rate Semest	ter Change	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent	_			Rebekah Falk	
Permanent File	-		Me	edicaid Cost Rei	imbursement Plann	ing and Finance
For Informat	tion Only			$\Omega$	, , , (	7 1
No Change i	in Rate			Kel	bekah fa	LK.
					J	
	Home Office:	Greystone Healthca	•			
		4042 Park Oaks Blv	vd, Suite 300			
		Tampa, FL 33610				



ROCKLEDGE HEALT	H AND REHABILIT	ATION CENTER		Provider Num	ber:	0 227587-00
587 BARTON BOULE	VARD		<u></u>	Date:		12/22/2021
ROCKLEDGE, FL 329	55		<u></u>	Fiscal Year E	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$241.7</u>	<u> 19</u>	\$242.75	<u>10/1/2021</u>
Rate Type:						
Kate Type.						
		X	Prospective			
			X	_Total Prospec		
				Total Prospecti	ve with Interin	n Component
		]	Changes:			
				_		
			X	_Rate Semester (	Change	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent	-	Ma		bekah Falk	as and Finance
Permanent File			Me	dicaid Cost Reimb		
For Informati No Change in	•			Robe	kah fa	lk
No Change in	1 Kate			1000	7 au C ju	70V C
		[				
	Home Office:	Greystone Healthca				
		4042 Park Oaks Blv	vd, Suite 300			
		Tampa, FL 33610				



GREENBRIAR REHA	BILITATION AND N	URSING CENTER	<u></u>	Provider Num	ber:	0 227625-00
210 21ST AVENUE, V	VEST		<u></u>	Date:		12/22/2021
BRADENTON, FL 342	205			Fiscal Year Er	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$253.4		\$245.63	10/1/2021
C	G					
Rate Type:						
		v	Prospective			
		X	X X	Total Prospect	tive	
			-	Total Prospective		m Component
				_ Total Trospectiv	ve with interi	in Component
			Changes:			
				_		
			X	Rate Semester (	Change	
<b>Distribution:</b>						
Contract Management	Fiscal Agent	-			oekah Falk	
Permanent File			Med	dicaid Cost Reimbu		_
For Informat	-			Polo	kah fa	
No Change i	n Rate			1000	Ran fa	CA
	Home Office:	Greystone Healthca	re Management			
		4042 Park Oaks Bly	_			
		Tampa, FL 33610				



APOLLO HEALTH A	ND REHABILITATIO	ON CENTER		Provider Numl	ber:	0 227633-00
1000 24TH STREET, N	NORTH			Date:		12/22/2021
ST. PETERSBURG, FI	L 33713			Fiscal Year En	ıd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u>}</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$240.0</u>	09	<u>8227.83</u>	10/1/2021
Data Trina						
Rate Type:						
		X	Prospective			
			X	_Total Prospect	ive	
				_Total Prospectiv	e with Interir	n Component
			Changes:			
			Changes.			
			X	Rate Semester C	Change	
					- IIIII 9	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Reb	ekah Falk	
Permanent File			Me	dicaid Cost Reimbu		
For Informat	ion Only			DI	kah fa	00
No Change i	n Rate			Moch	Ran fa	la
	Home Office:	Greystone Health	ncare Management			
		4042 Park Oaks I	Blvd, Suite 300			
		Tampa, FL 33610	0			



NORTH REHABILITATION CENTER		Provide	er Number:	0 227641-00
1301 16TH STREET NORTH		Date:		12/22/2021
ST. PETERSBURG, FL 33705		Fiscal Y	Year End:	12/31/2020
		Audit S	Status:	Unaudited
Provider Type:				
Trotter Types		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		<u>\$238.73</u>	<u>\$226.79</u>	<u>10/1/2021</u>
Rate Type:				
	x Pro	ospective		
		-	rospective	
	-		rospective with Interir	n Component
	-		•	•
	_			
	_	Changes:		
		X Rate Se		
	-	Rate Se	mester Change	
Distribution:				
Contract Management / Fiscal Agent	L		Rebekah Falk	
Permanent File		Medicaid Cos	t Reimbursement Planni	ng and Finance
For Information Only				0.4
No Change in Rate		/\(\tau	ebekah fa	lk
			,	
Home Office:	Greystone Healthcare	Management		
nome office.	4042 Park Oaks Blvd,	•		
	Tampa, FL 33610	7		



PARK MEADOWS HE	EALTH AND REHAE	BILITATION CENTER	Provide	er Number:	0 227765-00
3250 S.W. 41ST PLAC	E		Date:		12/22/2021
GAINESVILLE, FL 32	608		Fiscal Y	Year End:	12/31/2020
			Audit S	Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$241.43</u>	<u>\$241.70</u>	10/1/2021
Rate Type:					
		x Pros	pective		
		<del></del> -	-	rospective	
		_		rospective with Inter	im Component
		_		1	1
		(	Changes:		
		<u>-</u>	X Rate Se	mester Change	
<b>Distribution:</b>					
Contract Management /	Fiscal Agent			Rebekah Falk	
Permanent File				t Reimbursement Planr	
For Informat			.f.	lebekah fa	7 2
No Change in	n Rate			werentfa	M
	Home Office:	Greystone Healthcare M	anagement		
		4042 Park Oaks Blvd, S	_		
		Tampa, FL 33610			



THE LODGE HEALTH	H AND REHABILITA	TION CENTER		Provider Num	ber:	0 227773-00
635 SE 17TH STREET				Date:		12/22/2021
OCALA, FL 34471				Fiscal Year Er	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$254.8</u>	33	<u>\$246.57</u>	10/1/2021
Rate Type:						
		X	Prospective			
			X	Total Prospect	tive	
				Total Prospective		n Component
				- ^		•
				T		
			Changes:			
			X	D . C	<b>71</b>	
				_Rate Semester (	Change	
Distribution:						
Contract Management /	Fiscal Agent			Rel	bekah Falk	
Permanent File	C		Me	dicaid Cost Reimbu	ırsement Planni	ng and Finance
For Informati	ion Only			$\Omega_{I}$	, , ,	0.4
No Change in	n Rate			Kebe	kah fa	lk
					,	
	Home Office:	Greystone Healthca	are Management			
		4042 Park Oaks Bl	•			
		Tampa, FL 33610				



FIRST COAST HEAL	TH & REHABILITATI	ON CENTER		Provider N	Number:	0 227838-00
7723 JASPER AVENU	JE			Date:		12/22/2021
JACKSONVILLE, FL	32211			Fiscal Yea	ar End:	12/31/2020
				Audit Stat	tus:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$221.	43	\$241.64	10/1/2021
_	_					
Rate Type:						
		X	Prospective			
			_1105pective X	Total Pros	spective	
				_	pective with Interior	m Component
				10ta11103	sective with inter-	штеотронен
			Changes:			
				_		
			X	Rate Seme	ster Change	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent				Rebekah Falk	
Permanent File			Me	edicaid Cost Re	eimbursement Planr	ning and Finance
For Informat	tion Only			$\mathcal{D}$	la la la	7 2
No Change i	n Rate			M	bekah fa	
					·	
	Home Office:	No Home Office				
	Home Office.	No Home Office				



AYERS HEALTH & R	REHABILITATION C	ENTER		Provider Number	••	0 227871-00
606 N.E. 7TH STREET	Γ			Date:		12/22/2021
TRENTON, FL 32693				Fiscal Year End:		12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curren	t N	lew	Effective
			Rate		ate	<u>Date</u>
Nursing Home	Single Level		<u>\$212.1</u> 5		21.05	<u>10/1/2021</u>
Rate Type:						
		X	Prospective	T (1D (		
				Total Prospective		G
				Total Prospective v	vith Interim	Component
			Changes:			
			X	Rate Semester Cha	nge	
Distribution:				Dobols	ah Falk	
Contract Management	/ Fiscal Agent		Med	icaid Cost Reimburse		and Finance
Permanent File	de a Oulea		Wicd			
For Informat No Change i				Rebeke	ah fal	Uk
140 Change I	n Rate			1000	av Cjaca	
	Home Office:		Management of Florid	a		
		206 Fortress Blv				
		Murfreesboro, T	N 37128			



NORTH BEACH NUR	SING & REHABILIT	ATION CENTER		Provider Num	ber:	0 228001-00	
2201 N.E. 170TH STR	EET			Date:		12/22/2021	
NORTH MIAMI BEAG	CH, FL 33160			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$278.0</u>	<u>)6</u>	<u>\$264.16</u>	10/1/2021	
	1						
Rate Type:							
		X	Prospective				
			X	Total Prospec	tive		
				Total Prospecti		n Component	
				_ 100011105p0001	ve with intern	сотронен	
			Changes:				
				_			
			X	Rate Semester	Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				bekah Falk		
Permanent File			Me	dicaid Cost Reimbu	arsement Plannii	ng and Finance	
For Informat	ion Only			De	1.1.	Λ Λ.	
No Change in	n Rate			reve	kah fa	la	
					•		
	Home Office:	Corrections III solth so	Managamant				
	Home Office:	Greystone Healthca					
		4042 Park Oaks Bl	va, Suite 300				
		Tampa, FL 33610					



THE GARDENS COU	IE GARDENS COURT	Provider Number:		0 228320-00		
3803 PGA BOULEVA	RD		Date:		12/22/2021	
PALM BEACH GARE	DENS, FL 33410		Fiscal `	Year End:	12/31/2020	
			Audit S	Status:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$267.59</u>	<u>\$261.84</u>	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
			_ •	Prospective		
			<del></del>	rospective with Interin	n Component	
				•	•	
			CI			
			Changes:			
			X Rate Se	mastar Change		
			Rate Se	mester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	S		Medicaid Cos	st Reimbursement Planni	ng and Finance	
For Informat	tion Only			0,100	0.0	
No Change i	in Rate		<b>/</b> T	Pebekah fa	lk	
				,		
	Home Office:	Life Care Centers	of America			
	Tiome Office.	3570 NW Keith S				
		Cleveland TN 37				



LIFE CARE CENTER	OF MELBOURNE		P	rovider Number:	(	228338-00
606 E. SHERIDAN RO	DAD		Г	Date:		12/22/2021
MELBOURNE, FL 32	901		F	Fiscal Year End: 2/28/202		2/28/2021
			Α	Audit Status:		Unaudited
Provider Type:						
riovider Type.			Current	Ne	ew	Effective
			Rate	Ra	<u>ite</u>	Date
Nursing Home	Single Level		<u>\$230.28</u>		9.95	10/1/2021
Rate Type:						
			Due ou e etiese			
		X	_Prospective X T	Catal Dragmanting		
				otal Prospective otal Prospective w	ith Intonius (	January 2011
			1	otal Prospective w	ıın mierim C	omponent
			Changes:			
			X R	ate Semester Chan	ige	
					C	
Distribution:						
Contract Management	/ Fiscal Agent			Rebeka	h Falk	
Permanent File			Medica	aid Cost Reimbursen	ent Planning	and Finance
For Informat	tion Only			$O_{1}$		1
No Change i	in Rate			Rebeka	nfali	
					J	
	11 000	ric o	C. 4			
	Home Office:	Life Care Centers				
		3570 NW Keith S				
		Cleveland, TN 37	312			



BEAR CREEK NURSI	NG CENTER			Provide	r Number:	0 228567-00
8041 STATE ROAD 52	2, EAST			Date:		12/22/2021
HUDSON, FL 34667				Fiscal Year End:		12/31/2020
				Audit S	tatus:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$207.</u>		<u>\$215.84</u>	<u>10/1/2021</u>
Rate Type:						
Tute Type.						
		X	Prospective			
			X	_	rospective	
				_ Total Pro	ospective with Interi	m Component
			Changes:			
			X	Rate Sen	nester Change	
<u>Distribution:</u>						
Contract Management /	Fiscal Agent				Rebekah Falk	
Permanent File			Me		Reimbursement Plann	
For Informati				·/-	ebekah fa	
No Change in	n Rate				weren ja	
	Home Office:	Health Services M	Management of Flor	ida		
		206 Fortress Blvd	l.			
		Murfreesboro, TN	J 37128			



ROYAL OAK NURSI	NG CENTER			Provider Number:	0 22857	75-00
37300 ROYAL OAK I	LANE			Date:	12/22/2	2021
DADE CITY, FL 3352	25			Fiscal Year End:		2020
				Audit Status:	Unaud	lited
Provider Type:						
Trovider Type.			Current	Nev	w F	Effective
			Rate	Rat		<u>Date</u>
Nursing Home	Single Level		<u>\$219.17</u>		<del>_</del>	0/1/2021
Rate Type:						
		X	Prospective			
			_	Total Prospective		
				Total Prospective with	th Interim Compor	nent
				1	•	
			Changes:			
			I	Rate Semester Chang	<u>je</u>	
Distribution:	/T: 1.4			Rebekah	Falk	
Contract Management	/ Fiscal Agent		Media	caid Cost Reimburseme		ance
Permanent File For Informate	tion Only					
No Change i	-			Rebeka	h falk	
				, 0 0 0		
	Home Office:		Management of Florida			
		206 Fortress Blvd				
		Murfreesboro, Th	N 37128			



EATHER HILL HEALTHCARE CENTER		Provider Number:		0 228591-00	
6630 E. KENTUCKY AVE.		Date	e:	12/22/2021	
NEW PORT RICHEY, FL 34653		Fisc	al Year End:	12/31/2020	
		Aud	it Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$215.31</u>	\$225.97	10/1/2021	
Rate Type:					
	x F	Prospective			
	1	-	al Prospective		
			l Prospective with Int	erim Component	
			i i rospective with int	ormi component	
		Changes:			
		X Rate	Semester Change		
Distribution:					
Contract Management / Fiscal Agent	_		Rebekah Falk		
Permanent File			Cost Reimbursement Pla		
For Information Only			Rebekah	604	
No Change in Rate			Mockany	MILL	
Home Office:	Health Services Man	nagement of Florida			
Home Office.	206 Fortress Blvd.	ingenient of Frontie			
	Murfreesboro, TN 3	7128			



INN AT SARASOTA	BAY CLUB		P	rovider Number:	0 228621-00	
1303 NORTH TAMIA	MI TRAIL			Date:	12/22/2021	
SARASOTA, FL 3423	6		F	iscal Year End: _	12/31/2019	
			A	Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	Nev	v Effect	ive
			Rate	Rat		
Nursing Home	Single Level		<u>\$298.97</u>	<u>\$284.</u>	10/1/20	<u>021</u>
Rate Type:						
		V	Prospective			
		X	_	Total Prospective		
				_	h Interim Component	
			1	otal i lospective wit	ii iiiteriiii Component	
			Changes:			
				Late Semester Chang	ge	
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah		
Permanent File			Medic		ent Planning and Finance	
For Informat	-			Rebekal	h Colh	
No Change i	n Kate			/ WY M	Cjacoc	
	Home Office:	Gulfcoast Health	care, Inc			
		40 South Palafox	Place, Suite 400			
		Pensacola, FL 32	502			



WINTER HAVEN HE	INTER HAVEN HEALTH AND REHABILITATION CENTER		Provi	ider Number:	0 228702-00
202 AVENUE "O" N.E	Ξ.		Date	:	12/22/2021
WINTER HAVEN, FL	33881		Fisca	l Year End:	12/31/2020
			Audi	t Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level		<u>\$211.55</u>	<u>\$220.51</u>	10/1/2021
_	_				
	1				
Rate Type:					
		X	Prospective		
		Δ	•	Prospective	
				Prospective with Inter	rim Component
			10001	110spective with inter	пп сотронет
			Changes:		
			X Rate	Semester Change	
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah Falk	
Permanent File			Medicaid C	Cost Reimbursement Plan	ning and Finance
For Informat	tion Only		,	De la la	^ .
No Change i	n Rate		ĺ	Rebekah fo	elk.
				•	
	H Office	N. H Office			
	Home Office:	No Home Office			



WESTMINSTER BAL	DWIN PARK		Pı	ovider Number:	0 228734-00
2645 LAKE BALDWII	N LANE		D	ate:	12/22/2021
ORLANDO, FL 32814			Fi	scal Year End:	3/31/2020
			A	udit Status:	Unaudited
Provider Type:					
JF			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$238.17</u>	<u>\$233.2</u>	<u>10/1/2021</u>
Rate Type:					
		X	Prospective		
			_ •	otal Prospective	
				_	Interim Component
				_	-
			Changes:		
			Changes.		
			X R	ate Semester Change	
				ne Semester Change	
Distribution:					
Contract Management /	Fiscal Agent			Rebekah I	alk alk
Permanent File			Medica	id Cost Reimbursemen	t Planning and Finance
For Informat	ion Only			De la	600
No Change i	n Rate			Rebekal	Ljala
	Home Office:	PRESBYTERIAN	N RETIREMENT COM	MUNITIES, INC.	
		80 West Lucerne			
		Orlando, FL 3280	)1		



EAST RIDGE RETIRE	AST RIDGE RETIREMENT VILLAGE INC			Provider Number:		0 228788-00	
19301 SW 87TH AVE	NUE			Date:		12/22/2021	
MIAMI, FL 33157				Fiscal Ye	ear End:	12/31/2019	
				Audit Sta	itus:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>}</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		\$252.5	52	\$245.39	<u>10/1/2021</u>	
Rate Type:							
			Duggagastiyya				
	<u>-</u>	X	Prospective X	Total Pro	senective		
				_	spective with Interi	m Component	
				_ 10.011100	pective with interi	in component	
			Changes:				
			X	Rate Seme	ester Change		
				_	C		
Distribution:							
Contract Management /	Fiscal Agent				Rebekah Falk		
Permanent File			Me	edicaid Cost R	Reimbursement Plann	ing and Finance	
For Informat	•			Re	bekah fa	elk	
					, ,		
	Home Office:	No Home Office					



CYPRESS COVE CAP	YPRESS COVE CARE CENTER		Provider Number:		0 22	0 228940-00	
700 S.E. 8TH AVENU	Е			Date:	12/	12/22/2021	
CRYSTAL RIVER, FL	. 34429			Fiscal Year End:		31/2020	
				Audit Status:	Un	audited	
Provider Type:							
Trovider Type.			Current	Ne	W	Effective	
			Rate	Ra	<u>te</u>	<u>Date</u>	
Nursing Home	Single Level		<u>\$221.99</u>	\$231	.30	10/1/2021	
Rate Type:							
Taute Types							
		X	Prospective				
				Total Prospective			
				Total Prospective wi	th Interim Com	nponent	
			Changes:				
			X	Rate Semester Chan	ge		
<u>Distribution:</u>							
Contract Management	Fiscal Agent		Madi	Rebekal		Einana	
Permanent File			Medi	caid Cost Reimbursem			
For Informat				Rebeka	h Lolk		
No Change i	n Rate			1000	rejune		
	Home Office:	Health Services I	Management of Florida	ı			
		206 Fortress Blv	d.				
		Murfreesboro, Tl	N 37128				



BROOKSVILLE HEA	ROOKSVILLE HEALTHCARE CENTER		Provider Number:		0 228958-00	
1114 CHATMAN BOU	JLEVARD			Date:		12/22/2021
BROOKSVILLE, FL 3	4601			Fiscal Year End:		12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$204.9		\$213.54	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prospect	ive	
				Total Prospective		n Component
				- •		•
			Changes	<u> </u>		
			Changes:			
			X	Rate Semester (	Thange	
				_ Kate Belliester C	Shange	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Ret	oekah Falk	
Permanent File			Me	dicaid Cost Reimbu		
For Informat	ion Only			$\mathcal{O}_{I}$ .	kah fa	00
No Change is	n Rate			Much	Kan fa	
	Home Office:		Management of Flori	da		
		206 Fortress Blvd				
		Murfreesboro, TN	N 37128			



SHELL POINT NURSI	HELL POINT NURSING PAVILION		Provider Number:		0 229202-00	
15071 SHELL POINT I	BOULEVARD			Date:		12/22/2021
FORT MYERS, FL 339	908			Fiscal Year	End:	6/30/2020
				Audit Statu	s:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$240.</u> 4	<u>17</u>	<u>\$228.45</u>	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prosp	ective	
				_	ctive with Interi	m Component
				_		-
			Changes:			
			v			
			X	Rate Semeste	er Change	
Distribution:						
Contract Management /	Fiscal Agent				Rebekah Falk	
Permanent File	1 10001 1 180110		Me	dicaid Cost Reir	mbursement Plann	ing and Finance
For Informati	ion Only				, , , (	1
No Change in	n Rate			Keb	ekah fa	lk
					,	
	Home Office:	No Home Office				
	Home Office.	110 Home Office				



BRIDGEWATER PAR CENTER	K HEALTH & REHA	BILITATION		Provider Nu	mber·	0 229220-00	
9280 SOUTH WEST 8	1ST COURT			Date:		12/22/2021	
OCALA, FL 34481				Fiscal Year End:		6/30/2020	
,				Audit Status		Unaudited	
D *1 T							
Provider Type:			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$245.</u>	_	\$243.35	<u>10/1/2021</u>	
Rate Type:							
Katt Typt.							
		X	_Prospective X	T-4-1 D	-4:		
				_ Total Prospe		rim Component	
				_ rotal Prospec	tive with inter	im Component	
			Changes:				
			Changes.				
			X	Rate Semester	r Change		
					8		
<u>Distribution:</u>							
Contract Management /	Fiscal Agent				ebekah Falk		
Permanent File			Me	edicaid Cost Reim			
For Informati				Poh	ekah fo	e l li	
No Change in	n Rate			/ W	rai (ja	en	
	II 000	TLCM					
	Home Office:	TLC Management					
		Marion, IN 46952					
		111111111111111 TUJJZ					



LAKE VIEW CARE C	AKE VIEW CARE CENTER AT DELRAY		Provider Number:		0 229610-00	
5430 LINTON BOULI	EVARD		Date:		12/22/2021	
DELRAY BEACH, FL	. 33484		Fiscal Y	Year End:	12/31/2020	
			Audit S	Status:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$252.42</u>	<u>\$259.45</u>	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
			_	rospective		
				ospective with Interin	m Component	
			100011	ospective with million	ii Component	
			Changes:			
			X Rate Ser	mester Change		
				C		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	-		Medicaid Cos	t Reimbursement Plann	ng and Finance	
For Informa	tion Only					
No Change i	•		K	ebekah fa	lk	
-				, - ,		
	Home Office:	CareStrong				
		10800 Biscayne	Boulevard			
		Miami FL 33161	1			



MENORAH HOUSE			Provider Number:		nber:	0 229628-00	
9945 CENTRAL PARI	K BLVD. N.			Date:		12/22/2021	
BOCA RATON, FL 33	3428		<u> </u>	Fiscal Year E	nd:	12/31/2020	
		_	_	Audit Status:		Unaudited	
Provider Type:							
Tiovidei Type.			Curre	ent	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$254.4	_	<u>\$265.14</u>	10/1/2021	
9	6			<u> </u>		<del></del>	
Rate Type:							
			Durana atima				
		X	Prospective X	Tatal Dragnac	-41		
				Total Prospec		G	
				Total Prospect	ive with interin	n Component	
			Changes:				
			9	_			
			X	Rate Semester	Change		
				_ Nuite Delinesies	Change		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Re	ebekah Falk		
Permanent File	2		Me	edicaid Cost Reimb	oursement Planni	ng and Finance	
For Informat	tion Only						
No Change i				Kebe	kah fa	lk	
				•	, i		
	Home Office:	CareStrong					
		10800 Biscayne I	Boulevard				
		Miami, FL 33161	1				



CROSS SHORES CAR	RE CENTER		Provider Number:		ımber:	0 232920-00	
220 9TH STREET				Date:		12/22/2021	
PORT ST. JOE, FL 324	456			Fiscal Year	End:	9/30/2019	
				Audit Status	s:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$215.9	<u>95</u>	<u>\$225.01</u>	<u>10/1/2021</u>	
Rate Type:							
		V	Prospective				
	-	X	_1 Tospective X	Total Prospe	ective		
				_	ctive with Interi	m Component	
						c op o	
				1			
			Changes:	_			
			V				
			X	_Rate Semeste	er Change		
Distribution:							
Contract Management /	Fiscal Agent		L	]	Rebekah Falk		
Permanent File	8		Me	dicaid Cost Rein	nbursement Plann	ing and Finance	
For Informat	ion Only			$\Omega_{0}$	, , (	7	
No Change i	n Rate			Keb	ekah fa	UK.	
					,		
	Home Office:	No Home Office					



THE ENCORE AT BO NURSING CENTER, I		ILITATION AND	Pro	ovider Number:	0 233588-00
7300 DEL PRADO CI			<del></del> Da		12/22/2021
BOCA RATON, FL 33				cal Year End:	6/30/2020
				dit Status:	Unaudited
D 11. T					<del></del>
Provider Type:			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		\$260.23	\$253.35	10/1/2021
Titui sing rivino	oliigie 20,01		Ψ=	Ψ20000	<u> </u>
Rate Type:					
		X	Prospective		
				tal Prospective	
			Tot	tal Prospective with Inte	erim Component
			Changes:		
			XRat	te Semester Change	
<b>Distribution:</b>				511150	
Contract Management	/ Fiscal Agent		M. 1	Rebekah Falk	t tr
Permanent File			Medicai	d Cost Reimbursement Pla	
For Information	•			Rebekahf	
No Change i	in Rate			Muchany	all
	Home Office:	CareRite Center			
	nome Office.				
		36 Airport Road Lakewood, NJ 087	701		
		Lakewood, NJ 08	/01		



PINELLAS PARK FAC	INELLAS PARK FACILITY, INC.		Provider Number:		0 233885-00
8701 49TH STREET N	ORTH		<u> </u>	Date:	12/22/2021
PINELLAS PARK, FL	33782		Fiscal Year End:		6/30/2020
			1	Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	Nev	w Effective
			Rate	Rat	te <u>Date</u>
Nursing Home	Single Level		<u>\$218.72</u>	\$231	.00 10/1/2021
Rate Type:					
			Duo ano ativo		
		X	Prospective X	Fatal Duaguactiva	
			·	Total Prospective	41.1.4.1.6.4.4
			<del></del>	otal Prospective wi	th Interim Component
			Changes:		
			Changes.		
			X	Data Campatan Chan	~~
				Rate Semester Chang	<i>ge</i>
Distribution:					
Contract Management /	Figual Agant			Rebekah	Falk
Permanent File	riscai Agent		Medio		ent Planning and Finance
For Informat	ion Only				
For informat	-			Rebeka	h Lolk
No Change in	II Kate			1000	rejude
	Home Office:	Florida Care Inc			
		368 New Hempste	ead Road		
		New City, NY 109			



THE SANDS AT SOU	JTH BEACH CARE C	ENTER	Provider Number:		er:	0 235832-00	
42 COLLINS AVENU	E			Date:		12/22/2021	
MIAMI BEACH, FL 3	3139			Fiscal Year End	d:	10/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Tiovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$210.</u>		216.24	10/1/2021	
9	6			<b>_</b>		<del></del>	
Rate Type:							
			D				
		X	_Prospective X	T-4-1 Dungang ati			
				_ Total Prospecti		~ .	
				Total Prospective	e with Interin	n Component	
1							
			Changes:	<del></del>			
				_			
			X	Rate Semester Cl	hange		
				_ Nate Semester C.	nange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebe	ekah Falk		
Permanent File	, 11 11 11 11 11 11 11 11 11 11 11 11 11		Me	edicaid Cost Reimbur	sement Planni	ng and Finance	
For Informat	tion Only						
No Change i	•			Rebek	eah fa	lk	
				• • •	J		
	Home Office:	Florida Care Inc					
		368 New Hempste					
		New City, NY 109	956				



PALMETTO SUBACU	PALMETTO SUBACUTE CARE CENTER		Provider Number:		ımber:	0 237766-00	
7600 S.W. 8TH STREE	ET			Date:		12/22/2021	
MIAMI, FL 33144				Fiscal Year	End:	7/31/2020	
				Audit Status	s:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$263.2</u>	28	<u>\$250.51</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	_Total Prosp	ective		
				_Total Prospe	ctive with Interi	m Component	
			Changes:				
				_			
			X	Rate Semeste	er Change		
<b></b>							
<b><u>Distribution:</u></b> Contract Management /	Fiscal Agant			]	Rebekah Falk		
Permanent File	Fiscal Agein		Me		mbursement Plann	ing and Finance	
For Informat	ion Only			$\Omega$	, , , (	1	
No Change in	•			Keb	ekah fa	lk	
					J		
	Home Office:	No Home Office					
	Home office.	To Home office					



CONCORDIA VILLAC	CONCORDIA VILLAGE OF TAMPA		Provider Number:		mber:	0 242673-00	
4100 E. FLETCHER A	VENUE			Date:		12/22/2021	
TAMPA, FL 33613				Fiscal Year	End:	6/30/2019	
				Audit Status	<b>:</b>	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<b>\$244.</b> 1	14	<u>\$231.93</u>	<u>10/1/2021</u>	
Rate Type:							
	_	X	Prospective				
			X	_Total Prospe	ective		
				_Total Prospec	ctive with Interi	m Component	
			Changes:				
			X	_Rate Semeste	r Change		
Distribution:							
Contract Management /	Fiscal Agent			F	Rebekah Falk		
Permanent File	8		Me	dicaid Cost Reim	nbursement Plann	ing and Finance	
For Informati	on Only			$\Omega_{a}$	, , (	7	
No Change in	n Rate			Keb	ekah fa	LK.	
					•		
	Home Office:	No Home Office					



SOLARIS HEALTHC	ARE LAKE BENNET		Provider Number:		0 248829-00	
1091 KELTON AVEN	UE		Date	:	12/22/2021	
OCOEE, FL 34761			Fisca	al Year End:	12/31/2019	
			Aud	it Status:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$243.17</u>	\$245.63	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
			_	l Prospective		
			<del></del>	Prospective with Int	erim Component	
			10ta	Trospective with the	eriii Component	
			Changes:			
			X Rate	Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid (	Cost Reimbursement Pla	anning and Finance	
For Information	tion Only			0010	$\int \Omega d$	
No Change i	n Rate		,	Rebekah	alk	
				,		
	Home Office:	Solaris Foundation				
		9250 Bonita Bea				
		Bonita Springs I	FL 34135			



SOLARIS HEALTHC	ARE PALATKA		Provider Number:		0 248888-00	
110 KAY LARKIN DI	RIVE		Dat	te:	12/22/2021	
PALATKA, FL 32177			Fise	cal Year End:	12/31/2019	
			Au	dit Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$250.21</u>	<u>\$247.40</u>	10/1/2021	
Rate Type:						
	<u>-</u>					
			Prospective			
		X		al Prospective		
				al Prospective with Int	erim Component	
				arriospective with m	eriii component	
			Changes:			
			Rat	e Semester Change		
<b>Distribution:</b>				Dahakah Fall		
Contract Management	/ Fiscal Agent		Madigaid	Rebekah Falk		
Permanent File					_	
For Information				Rebekah,	Lolk	
No Change i	in Rate			1 Co Cran C		
	Home Office:	Solaris Foundati	on, Inc,			
		9250 Bonita Bea	ich Road SE			
		Bonita Springs 1	FL 34135			



GANDY CROSSING (	CARE CENTER		Provider Number:		ber:	0 249749-00	
4610 S. MANHATTA	N AVENUE			Date:		12/22/2021	
TAMPA, FL 33611				Fiscal Year En	ıd:	5/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$225.</u>		§236.63	10/1/2021	
Rate Type:							
		X	Prospective				
			_	Total Prospect	ive		
				Total Prospectiv		m Component	
						•	
				T			
			Changes:				
			v				
			X	_Rate Semester C	Change		
D'-4 'IL 4'							
<u>Distribution:</u>	/ Figgel A cent			Reh	ekah Falk		
Contract Management / Permanent File	riscai Agent		Me	edicaid Cost Reimbu		ing and Finance	
For Informat	ion Only						
No Change i				Reber	kah ta	lk	
				, 0-0-01			
		Г					
	Home Office:	Florida Care Inc					
		368 New Hempste					
		New City, NY 109	956				



PLAZA HEALTH AN	AZA HEALTH AND REHAB		Provider Number:		0 249847-00	
4842 SW ARCHER RO	OAD			Date:		12/22/2021
GAINESVILLE, FL 32	2607			Fiscal Year End:		12/31/2019
				Audit Stat	rus:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$251.</u>	<u> 26</u>	<u>\$250.67</u>	10/1/2021
G	G					
Rate Type:						
		X	Prospective			
			X	Total Pros	spective	
				_	pective with Inter	im Component
			_	r		
			Changes:			
			X	_Rate Semes	ster Change	
<b>Distribution:</b>					D.L.L.L.F.II.	
Contract Management	Fiscal Agent			edicaid Cost Re	Rebekah Falk	uing and Finance
Permanent File	. 0.1		Wie		eimbursement Planr	
For Informat				Ra	bekah fa	) lk
No Change i	n Rate			100	1019an Cja	
	Home Office:	Archer Health Ve	entures, LLC			
		2380 Sadler Road	d Suite 201			
		Fernandina Beach	h. FL 32034			



OLIVE BRANCH HEA	LIVE BRANCH HEALTH AND REHAB CENTER			Provider Number:		0 249986-00	
8325 UNIVERSITY PA	ARKWAY			Date:		12/22/2021	
PENSACOLA, FL 325	14			Fiscal Year End:		12/31/2018	
				Audit Sta	tus:	Unaudited	
Provider Type:							
110viaer Type.			Curre	nt	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$256.2</u>	23	<u>\$249.78</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	_Total Pros	spective		
				_Total Pros	pective with Interi	m Component	
			Changes:				
			X	_Rate Seme	ester Change		
<b>Distribution:</b>					Rebekah Falk		
Contract Management /	Fiscal Agent		Me	edicaid Cost R	eimbursement Plann	ing and Finance	
Permanent File For Informati	ion Only					_	
No Change in				Ke	bekah fa	lk	
				, ,			
	Home Office:	Gulf Coast Healt	h Care				
	Home Office.	40 South Palafox					
		Pensacola FL 32					



ATLANTIC HEALTHCARE CENT	TER	P	rovider Number:	0 250315-00
3653 15TH AVENUE		D	ate:	12/22/2021
VERO BEACH, FL 32960		Fi	scal Year End:	12/31/2019
		A	udit Status:	Unaudited
Provider Type:				
Trovider Type.		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single	Level	<u>\$232.10</u>	<u>\$227.09</u>	10/1/2021
D. G. T.				
Rate Type:				
		x Prospective		
		X T	otal Prospective	
		T	otal Prospective with I	nterim Component
		Changes		
		Changes:		
		X	ata Camastan Chanca	
			ate Semester Change	
Distribution:				
Contract Management / Fiscal Agen	t		Rebekah Fa	lk
Permanent File		Medica	id Cost Reimbursement l	Planning and Finance
For Information Only				
No Change in Rate			Rebekah	falk
				J
**	200	G N G TIG		
Home		Consulting Group, LLC		
		ates Avenue n NY 11221		



AK HAVEN REHAB AND NURSING CENTER		Provider Number:			0 250324-00	
919 OLD WINTER HAVEN ROAD		_	Date:		12/22/2021	
AUBURNDALE, FL 33823		<u> </u>	Fiscal Year End:		12/31/2020	
			Audit Status:		Unaudited	
Provider Type:						
110vider 1yper		Current	t	New	Effective	
		Rate		Rate	<u>Date</u>	
Nursing Home Single Level		\$239.39	<u>\$</u>	227.42	<u>10/1/2021</u>	
Rate Type:						
	X P	rospective				
		-	Total Prospecti	ve		
			Total Prospective		n Component	
			•		1	
		Changes:				
		X	Rate Semester C	hange		
<u>Distribution:</u>						
Contract Management / Fiscal Agent	_			ekah Falk		
Permanent File		Med	caid Cost Reimbur			
For Information Only			Polo	kah fa	00.	
No Change in Rate			NWY	con you	a	
Home Office:	Citadel Consulting G	Froun IIC				
Home office.	1000 Gates Avenue	Toup, LLC				
	Brooklyn, NY 11221					



KENSINGTON GARDENS REHAB AND NURSING CENTER		<u></u>	Provider Number:		0 250330-00	
2055 PALMETTO ST	REET		_	Date:		12/22/2021
CLEARWATER, FL 3	3765		<u></u>	Fiscal Year	End:	12/31/2020
				Audit Status	s:	Unaudited
Provider Type:						
Trovider Type.			Curren	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$237.3</u>	3	<u>\$234.84</u>	<u>10/1/2021</u>
Rate Type:						
		x I	Prospective			
			X	Total Prospe	ective	
				Total Prospec	ctive with Interi	m Component
		Г	CI	1		
		_	Changes:	]		
			X	D · C ·	CI	
			A	Rate Semeste	er Change	
Distribution:						
Contract Management	/ Fiscal Agent	L		I	Rebekah Falk	
Permanent File	Tigent	_	Med	licaid Cost Rein	nbursement Plann	ing and Finance
For Informat	tion Only			$\Omega$	, , (	1
No Change i	•			Keb	ekah fa	LK.
					J	
	H 000	Circle 1 C 1 1 C 1 C	II.C			
	Home Office:	Citadel Consulting C 1000 Gates Avenue	лоир, LLC			
		Procklyn NV 11221	1			



SANDGATE GARDE	NS REHAB AND NU	RSING CENTER		Provider Nur	nber:	0 250334-00
703 SOUTH 29TH STI	REET			Date:		12/22/2021
FORT PIERCE, FL 349	947			Fiscal Year End:		12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate	<u>2</u>	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$229.</u>	02	<u>\$234.19</u>	<u>10/1/2021</u>
Rate Type:						
•••						
			Duo au o otivo			
		X	Prospective X	Total Prospec	otiva	
			-	Total Prospect		m Component
				10.0111103peec	ive with interi	in Component
		Г				
			Changes:			
			v			
			X	_Rate Semester	Change	
Distribution:						
Contract Management /	Fiscal Agent	L		Re	ebekah Falk	
Permanent File	_		Me	edicaid Cost Reimb		
For Informat	ion Only			$\mathcal{O}_{I}$	1.0.	1 . <i>() ()</i> .
No Change is	n Rate			Mell	kah fa	
	Home Office:	Citadel Consulting	Group, LLC			
		1000 Gates Avenue				
		Brooklyn, NY 1122	1			



FOURAKER HILLS R	EHAB AND NURSIN	IG CENTER		Provider Num	ber:	0 250339-00	
1650 FOURAKER RO	AD			Date:		12/22/2021	
JACKSONVILLE, FL	32221			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Types			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<b>\$226.9</b>	<u> </u>	<u>\$235.26</u>	<u>10/1/2021</u>	
Rate Type:							
l							
		X	Prospective				
			X	Total Prospect	tive		
				Total Prospectiv	ve with Interin	n Component	
				_			
			Changes:				
			V				
			X	_Rate Semester (	Change		
Distributions							
<b><u>Distribution:</u></b> Contract Management /	/ Fiscal Agent			Rel	oekah Falk		
Permanent File	riscal Agent		Med	dicaid Cost Reimbu		ng and Finance	
For Informat	ion Only						
No Change is	•			Kebe	kah fa	lk	
				, , ,	9		
	Home Office:	Citadel Consulting					
		1000 Gates Avenu					
		Brooklyn, NY 112	221				



PARK RIDGE NURSING CENTER	Provider Number: 0 250906-00						
730 COLLEGE STREE	ET			Date:	<u></u>	12/22/2021	
JACKSONVILLE, FL	32204			Fiscal Year End:	<u></u>	12/31/2017	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt N	lew	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$215.5</u>	<u>\$2</u>	18.40	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			_ X	Total Prospective	e		
				Total Prospective	with Interim C	Component	
			Changes:				
			X	D . G			
				_Rate Semester Cha	ınge		
<b>Distribution:</b>							
Contract Management /	/ Fiscal Agent			Rebek	ah Falk		
Permanent File	S		Me	dicaid Cost Reimburse	ment Planning a	and Finance	
For Informat	tion Only			$O_{1}$		0	
No Change in	n Rate			Rebek	an fall	X.	
					,		
	Home Office:	No Home Office					
	Home Office:	No Home Office					



HIALEAH SHORES N	URSING AND REHA	AB CENTER		Provider Number:	0 250988-00
8785 NW 32ND AVEN	NUE			Date:	
MIAMI, FL 33147				Fiscal Year End:	2/28/2021
				Audit Status:	Unaudited
Provider Type:					
rrovider Type:			Currer	t New	v Effective
			Rate	Rate	
Nursing Home	Single Level		\$263.1		
8	8		<u></u>	<u> </u>	
Rate Type:					
		X	Prospective		
			X	Total Prospective	
				Total Prospective with	h Interim Component
				Г	
			Changes:		
			X	Rate Semester Chang	e
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah	
Permanent File			Med	licaid Cost Reimbursemen	
For Informat	-			Rebekal	2 Coll
No Change i	n Rate			MOCKON	1 falk
	Home Off	DOC 1114- M			
	Home Office:	DOS Health Mai	_		
		300 71st Street, S			
		Miami, FL 3314	1		



NIVERSITY EAST REHABILITATION CENTER			Provider Number:		0 250993-00	
991 E. NEW YORK A	VENUE			Date:		12/22/2021
DELAND, FL 32724				Fiscal Year	End:	12/31/2018
				Audit Status	3:	Unaudited
Provider Type:						
Trovider Type.			Curre	ent	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$225.</u>		\$225.09	10/1/2021
Rate Type:						
		X	Prospective			
			X	Total Prospe	ective	
				_	ctive with Interi	m Component
						<del></del>
			Changes:			
			X	_Rate Semeste	er Change	
<b>Distribution:</b>					Rebekah Falk	
Contract Management	/ Fiscal Agent				nbursement Plann	ing and Finance
Permanent File	de a Oulea		IVIC			_
For InformatNo Change i				Rob	ekah fa	Ok
No Change I	ii Kate			100	C/au C/a	
	Home Office:	No Home Office				



UNIVERSITY WEST	NIVERSITY WEST REHABILITATION CENTER			Provider Number:	0 25099	0 250995-00	
545 W. EUCLID AVE	NUE			Date:	12/22/2021		
DELAND, FL 32720				Fiscal Year End:	12/31/2	2018	
				Audit Status:	Unaud	ited	
Provider Type:							
Trovider Type.			Currer	nt Ne	w E	ffective	
			Rate			Date	
<b>Nursing Home</b>	Single Level		<u>\$222.8</u>	<u>\$223</u>	<u>.64</u> <u>10</u>	0/1/2021	
D.4. T							
Rate Type:							
		X	Prospective				
			X	Total Prospective			
				_Total Prospective wi	th Interim Compon	ient	
			Changes:				
				J			
			X	Rate Semester Chang	ge		
					5-		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebekah	Falk		
Permanent File			Med	licaid Cost Reimbursem	_	ance	
For Informat	•			Rebeka	la Colle		
No Change i	in Rate			Mocka	njala		
	Home Office:	No Home Office					



BRANDYWYNE HEA	LTH CARE CENTER			Provider Num	nber:	0 251399-00
1801 N. LAKE MARIA	AM DRIVE			Date:		12/22/2021
WINTER HAVEN, FL	33884			Fiscal Year E	nd:	7/31/2018
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$211.6	<u> </u>	\$220.57	<u>10/1/2021</u>
Rate Type:						
		X	_Prospective	T . 1D	·•	
			X	_Total Prospec		C
				_Total Prospecti	ve with interi	m Component
			Changes:			
			X	Rate Semester	Change	
D: / 'I /'						
<b><u>Distribution:</u></b> Contract Management /	Fiscal Agent			Re	bekah Falk	
Permanent File	1 iscai Agent		Med	dicaid Cost Reimb	ursement Plann	ing and Finance
For Informati	ion Only			$\Omega$	, , /	1
No Change in	· · · · · · · · · · · · · · · · · · ·			Kebe	kah fa	lk
					J	
	Home Office:	No Home Office				
	monie omiee.					



CONCORDIA MANOI	R			Provider Numbe	er:	0 251666-00	
321 13TH AVENUE N				Date:		12/22/2021	
ST. PETERSBURG, FI	L 33701			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	t .	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$209.8</u> 4	<u>\$2</u>	218.64	10/1/2021	
	1						
Rate Type:							
		X	Prospective				
				Total Prospective	ve		
				Total Prospective		Component	
				Total Trospective	With Interim	Component	
			Changes:				
			X	Rate Semester Ch	nange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				kah Falk		
Permanent File			Med	icaid Cost Reimburs		_	
For Informat	ion Only			Rebek	100 6	00.	
No Change in	n Rate			Kever	can fai		
	Home Office:	No Home Office					
	nome Office:	INO Home Office					



STUART REHABILIT	UART REHABILITATION AND HEALTHCARE			Provider Number:		0 251673-00	
1500 PALM BEACH F	ROAD			Date:		12/22/2021	
STUART, FL 34994				Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Curren	t N	lew	Effective	
			Rate		<u>late</u>	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$244.1		<u> 89.89</u>	10/1/2021	
D : 4 : T	T						
Rate Type:							
		X	Prospective				
			X	Total Prospective	•		
				Total Prospective	with Interin	n Component	
			Changes:				
			Changes.				
			X	Rate Semester Cha	nge		
				. Kate Belliester Cire	ilige		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebek	ah Falk		
Permanent File			Med	icaid Cost Reimburse		_	
For Informat	tion Only			DOL		0.0	
No Change i	n Rate			Rebek	an fa	lk	
					•		
	Home Office:	CareStrong					
		10800 Biscayne	Boulevard				
		Miami FL 3316					



OAKHURST CENTER	AKHURST CENTER		Provider Number:		mber:	0 251721-00	
1501 S.E. 24TH ROAD	)		_	Date:		12/22/2021	
OCALA, FL 34471			_	Fiscal Year End:		1/31/2020	
				Audit Status	:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$211.0		<u>\$219.93</u>	10/1/2021	
Rate Type:							
		x P	rospective				
			Х	Total Prospe	ective		
						im Component	
				1		mr compo	
			Changes:				
			X	_Rate Semester	r Change		
<b>Distribution:</b>		L			A.L.L. F.II.		
Contract Management /	Fiscal Agent	_	Ma		Rebekah Falk	ning and Finance	
Permanent File			IVIC	edicaid Cost Reim			
For Informati	-			Robe	ekah fa	o O lx	
No Change in	n Kate			1000	Jan Cju		
	Home Office:	Genesis HealthCare					
		515 Fairmount Ave					
		Towson, MD 21286					



AVANTE AT MELBO	URNE		Provider Number:		Number:	0 252018-00	
1420 SOUTH OAK ST	REET			Date:		12/22/2021	
MELBOURNE, FL 329	901			Fiscal Year End:		12/31/2020	
				Audit Stat	us:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$249.9</u>		<u>\$249.98</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	_Total Pros	_		
				_Total Prosp	ective with Interi	m Component	
			Changes:				
				_			
			X	Rate Seme	ster Change		
Distribution:							
Contract Management /	Fiscal Agent				Rebekah Falk		
Permanent File	C		Me	dicaid Cost Re	eimbursement Plann	ing and Finance	
For Informat	ion Only			D	010/	1	
No Change in	n Rate			Mu	bekah fa	UK.	
					•		
	Home Office:	AVANTE GROU	JP, INC.				
		4601 Sheridan St	reet				
		Hollywood FL 3	3021-6744				



AVANTE AT ORMON	ANTE AT ORMOND BEACH INC		Provider Number:		Number:	0 252034-00	
170 NORTH KINGS R	OAD			Date:		12/22/2021	
ORMOND BEACH, FI	L 32174			Fiscal Year End:		12/31/2020	
				Audit Stat	tus:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$240.0</u>	<u>07</u>	<u>\$228.56</u>	<u>10/1/2021</u>	
Rate Type:							
			D				
		X	Prospective X	Total Drog	enactiva		
				_ Total Pros	spective with Inter	im Component	
			_	_ 101411100}	Decuve with inter	ш Сотронен	
			Changes:				
			X	_Rate Seme	ster Change		
Distribution:							
Contract Management /	Fiscal Agent		L		Rebekah Falk		
Permanent File			Me	edicaid Cost Ro	eimbursement Planr	ning and Finance	
For Informat	ion Only			$\Omega$	, , , /	7	
No Change i	n Rate			Ken	bekah fa	elk.	
					,		
	Home Office:	AVANTE GROU	JP. INC.				
		4601 Sheridan St					
		Hollywood, FL 33					



AVANTE AT MT DO	VANTE AT MT DORA INC			Provider Numb	er:	0 252042-00	
3050 BROWN AVENU	UE			Date:		12/22/2021	
MOUNT DORA, FL 3	2757			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Types			Curren	t	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$217.8.</u>	<u>\$</u>	229.47	<u>10/1/2021</u>	
Data Tymas							
Rate Type:							
		X	Prospective				
			X	Total Prospecti	ve		
				Total Prospective	e with Interin	n Component	
			CI.				
			Changes:				
			v	<b>D</b>			
			X	Rate Semester C	hange		
Distribution							
<b>Distribution:</b> Contract Management	/ Fiscal Agent			Rebe	ekah Falk		
Permanent File	Tiscal Agent		Med	icaid Cost Reimbur	sement Planni	ng and Finance	
For Informat	tion Only						
 No Change i				Reber	eah fa	lk	
				, ,	- /		
	Home Office:	AVANTE GROU					
		4601 Sheridan Str					
		Hollywood, FL 33	3021-6744				



PINEBROOK CENTEI	NEBROOK CENTER			Provider Number: 0 252662-00			
1240 PINEBROOK RC	OAD		<u> </u>	Date:		12/22/2021	
VENICE, FL 34292			<u></u>	Fiscal Year End:		1/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$241.8	<del>-</del> '	<u>\$240.23</u>	<u>10/1/2021</u>	
<u> </u>	G						
Rate Type:							
			n				
		X	Prospective X	T 4 1 D	<i>.</i> •		
				_Total Prospec			
				_Total Prospecti	ive with Inter	im Component	
		Γ	Changes:				
			X	Rate Semester	Change		
			-	_ Rate Semester	Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Re	bekah Falk		
Permanent File	2.4	_	Me	dicaid Cost Reimb	ursement Plant	ning and Finance	
For Informat	ion Only				, 0 /	1	
No Change in	•			Kebe	kah fa	elk	
				, ,	, -,		
	Home Office:	Genesis HealthCare					
		515 Fairmount Ave					
		Towson, MD 21286					



ORCHARD RIDGE	CHARD RIDGE			Provider Nu	ımber:	0 252689-00	
4927 VOORHEES RO	AD			Date:		12/22/2021	
NEW PORT RICHEY,	FL 34653		<u></u>	Fiscal Year End:		1/31/2020	
				Audit Status	s:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$207.</u> :	_	<u>\$216.27</u>	10/1/2021	
G	G						
Rate Type:							
			Dragnactiva				
		X	Prospective X	Total Prospe	aativa		
				<del></del>		im Component	
				_ I otal Prospec	ctive with Inter	im Component	
			Changes:				
			X	Rate Semeste	er Change		
Distribution:							
Contract Management /	Fiscal Agent	<u>-</u>		I	Rebekah Falk		
Permanent File	-	-	Me	edicaid Cost Rein	nbursement Plani	ning and Finance	
For Informat	ion Only			$\Omega_{a}$	, , /	7	
No Change is				Keb	ekah fa	UK.	
					J		
	Home Office:	Genesis HealthCare					
		515 Fairmount Ave					
		Towson, MD 21286	5				



SPRINGWOOD CENT	RINGWOOD CENTER		Provider Number:		mber:	0 253014-00	
4602 NORTHGATE C	OURT		<u></u>	Date:		12/22/2021	
SARASOTA, FL 3423	4			Fiscal Year End:		1/31/2020	
				Audit Status	s:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$217.9		\$223.94	10/1/2021	
G	G						
Rate Type:							
		X	Prospective				
		A	X	Total Prospe	ective		
			-	<del></del>		im Component	
			-			component	
		_		_			
			Changes:				
			X	_Rate Semeste	er Change		
<u>Distribution:</u>		L					
Contract Management	Fiscal Agent	-	M		Rebekah Falk	in a definition	
Permanent File			Mie	edicaid Cost Rein			
For Informat	-			Rob	ekah fa	o O li	
No Change i	n Kate			100	Man Cya		
	Home Office:	Genesis HealthCare	;				
		515 Fairmount Ave					
		Towson, MD 21286	, )				



SUNSET POINT	JNSET POINT		Provider Number:			0 253430-00	
1980 SUNSET POINT	ROAD		<del>_</del>	Date:		12/22/2021	
CLEARWATER, FL 3	3765		_	Fiscal Year End:		1/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Hovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$205.</u>		<u>\$219.40</u>	10/1/2021	
C	<u> </u>						
Rate Type:							
		v I	Prospective				
		XH	rrospective X	Total Prospec	tive		
				_ Total Prospecti		m Component	
				_ 10tai r10specu	ve will mich	n Component	
		Γ	Changes:				
			<del></del>	<u>_</u>			
			X	Rate Semester	Change		
				_	Č		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	_		Re	bekah Falk		
Permanent File			Me	edicaid Cost Reimb	ursement Planni	ing and Finance	
For Informat	tion Only			$\mathcal{D}_{I}$	1. 1.	) 	
No Change i	in Rate			Keve	Kah fa	lk.	
					,		
		G . H 11 G					
	Home Office:	Genesis HealthCare					
		515 Fairmount Ave					
		Towson, MD 21286					



BAY TREE CENTER	AY TREE CENTER			Provider Nu	ımber:	0 253448-00	
2600 HIGHLANDS BO	OULEVARD., NORTI	Н	<u> </u>	Date:		12/22/2021	
PALM HARBOR, FL	34684			Fiscal Year End:		1/31/2020	
				Audit Status	s:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$212.4	_	<u>\$221.36</u>	<u>10/1/2021</u>	
S	C			<del></del>			
Rate Type:							
		1	namaatiya				
		X	Prospective X	Total Drogn	antista		
				_ Total Prospe		Component	
				_ 1 otai Prospe	ctive with inter	im Component	
			Changes:				
		İ	8				
			X	Rate Semeste	er Change		
				_*	<i>G</i>		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	_		]	Rebekah Falk		
Permanent File	-	<del>-</del>	Me	dicaid Cost Rein	nbursement Plani	ning and Finance	
For Informat	tion Only			$\Omega_{0}$	, , /	7	
No Change i	in Rate			Kel	ekah fo	elk	
					,		
	Home Office:	Genesis HealthCare					
		515 Fairmount Ave					
		Towson, MD 21286	· )				



HAWTHORNE HEAL	AWTHORNE HEALTH AND REHAB OF OCALA			Provider Number:		0 253456-00	
4100 S.W. 33RD AVE	NUE			Date:		12/22/2021	
OCALA, FL 34474				Fiscal Year End:		6/30/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level	Single Level		<u>\$7</u>	235.68	10/1/2021	
<b>_</b>							
Rate Type:							
		X	Prospective				
			X	Total Prospectiv	ve		
				Total Prospective	with Interir	n Component	
			Character				
			Changes:				
			X	D-4- C			
				_Rate Semester Ch	iange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rebe	kah Falk		
Permanent File	-		Med	dicaid Cost Reimburs	sement Planni	ng and Finance	
For Informat	ion Only				, , (	0.0	
No Change in	n Rate			Rebek	ian fa	lk	
					,		
	Home Office:	No Home Office					
	Home Office.	110 Home Office					



WEST BAY OF TAMP	PA PA			Provider Num	lber:	0 253464-00
3865 TAMPA ROAD			Date:			12/22/2021
OLDSMAR, FL 34677			_	Fiscal Year Er	nd:	1/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$214.3		\$216.23	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prospect	tive	
				Total Prospective		m Component
						1
		_				
			Changes:			
			X	_Rate Semester (	Change	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent	-			bekah Falk	. 177
Permanent File			Me	dicaid Cost Reimbu		
For Informati	-			Poho	kah fa	
No Change in	n Rate			/ wo	Kar Cya	W.
	Home Office:	Genesis HealthCare	<b>,</b>			
		515 Fairmount Ave				
		Towson, MD 21286				



EDEN SPRINGS NUR	EDEN SPRINGS NURSING AND REHAB CENTER		Provider Number:		0 253707-00	
4679 CRAWFORDVII	LLE HIGHWAY		Da	ate:	12/22/2021	
CRAWFORDVILLE, I	FL 32326		Fi	scal Year End:	1/31/2021	
			A	udit Status:	Unaudited	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$243.40</u>	<u>\$236.3</u>	<u>8</u> <u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
		X		otal Prospective		
				-	Interim Component	
				The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		
			Changes:			
			V D			
			Ra	te Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah F	alk	
Permanent File	C		Medica	id Cost Reimbursement	t Planning and Finance	
For Informat	tion Only			0110	$\int \Omega \Omega$	
No Change i	n Rate			Rebekah	I falk	
					•	
	Home Office:	DOS Health Man	agement, Inc.			
		300 71 Street				
		Miami Beach, Fl	33141			



### **Medicaid Reimbursement Per Diem Rates**

JACKSON PLAZA NURSING & REHABILITATION CENTER		Provider Number:		r:	0 253723-00	
1861 N.W. 8TH AVENUI	Е		I	Date:		12/22/2021
MIAMI, FL 33136			F	Fiscal Year End:		2/29/2020
			A	Audit Status:		Unaudited
Provider Type:						
110 (Imer 1) per			Current	N	New	Effective
			Rate	<u>I</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level		<u>\$272.83</u>	<u>\$2</u>	<u>59.19</u>	<u>10/1/2021</u>
Rate Type:						
		X P	rospective			
			-	Total Prospectiv	e	
				Total Prospective	with Interi	m Component
			Changes:			
			Cimingeo			
			X F	Rate Semester Ch	ange	
					8-	
<b>Distribution:</b>						
Contract Management / Fi	iscal Agent	<u> </u>		Rebek	ah Falk	
Permanent File			Medic	eaid Cost Reimburse	ement Plann	ing and Finance
For Information No Change in R	•			Rebek	rah fa	lk
				, 0 ,	9)	
	Home Office:	Hebrew Homes Heal	th Network, Inc			
		1800 NE 168th Stree				

North Miami Beach, FL 33162



MANOR PINES CON	VALESCENT CENTE	ER, LLC		Provider Number:		0 254177-00	
1701 N.E. 26TH STRE	EET			Date:		12/22/2021	
FORT LAUDERDALE	E, FL 33305			Fiscal Year End	·	1/31/2021	
				Audit Status:		Unaudited	
Provider Type:							
			Current	1	New	Effective	
			Rate	<u>I</u>	<u>Rate</u>	<u>Date</u>	
Nursing Home	Single Level		<u>\$238.91</u>	<u>\$2</u>	48.94	<u>10/1/2021</u>	
Rate Type:							
			<b>D</b> (*)				
		X	Prospective X	Tatal Duagnagia	-		
			•	Total Prospectiv			
				Total Prospective	with interir	n Component	
			Changes:				
			X	Rate Semester Ch	ange		
Distribution:					1.5.11		
Contract Management	/ Fiscal Agent		Medi	caid Cost Reimburs	cah Falk	ng and Finance	
Permanent File	tion Only		Wiedi				
For Informat No Change i	-			Rebek	rah ta	lk	
To change i	III Tutto			1000	or cyss		
	Home Office:	MARRINSON G					
		1701 N.E. 26th St					
		Wilton Manors, F	L 33305				



ARCH PLAZA NURS	ARCH PLAZA NURSING & REHABILITATION CENTER		Provi	Provider Number:		
12505 N.E. 16TH AVE	ENUE		Date:		12/22/2021	
NORTH MIAMI, FL 3	3161		Fiscal	Year End:	1/31/2020	
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$262.16</u>	\$259.12	10/1/2021	
C	G					
Rate Type:						
			D (*)			
		X	Prospective X Total	D		
				Prospective		
			Total I	Prospective with Inte	rım Component	
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			Changes:			
			Changes.			
			X Rate S	Semester Change		
			Kate S	demester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	Tiscai Agent		Medicaid Co	ost Reimbursement Plan	nning and Finance	
For Informat	tion Only				<u></u>	
No Change i	-		1	Rebekahf	alk	
			,			
	Home Office:	Hebrew Homes H	Health Network, Inc			
		1800 NE 168th S	treet, Suite 200			
		North Miami Bea	ich, FL 33162			



WRIGHTS HEALTHO	WRIGHTS HEALTHCARE AND REHABILITATION CENTER		<u>.                                    </u>	Provider Number:		0 254762-00	
11300 110TH AVENU	JE, NORTH			Date:	12/22/2021	12/22/2021	
SEMINOLE, FL 33778	3			Fiscal Year End:	12/31/2019	9	
				Audit Status:	Unaudited	1	
Provider Type:							
Trovider Type.			Curre	nt Ne	w Effe	ctive	
			Rate	Ra	te <u>Da</u>	<u>ate</u>	
<b>Nursing Home</b>	Single Level		<u>\$228.8</u>	<u>\$225</u>	<u>5.82</u> <u>10/1/</u>	<u>/2021</u>	
D.4. T							
Rate Type:							
		X	_Prospective				
			X	_Total Prospective			
				_Total Prospective wi	ith Interim Component	t	
			Changes:				
			Changes.				
			X	Rate Semester Chan	σe		
				_ Rate Bemester Chan	50		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebekal	ı Falk		
Permanent File			Me	dicaid Cost Reimbursem	ent Planning and Finance	•	
For Informat	tion Only			Rebeka	0. 600		
No Change i	in Rate			Keveka	nfalk		
					•		
	Home Office:	No Home Office					
	Home Office.	1 to Home Office					



EDGEWOOD NURSIN	NG CENTER, INC.		Provider Number:		nber:	0 254878-00	
1771 EDGEWOOD AV	VENUE, W		<u></u>	Date:		12/22/2021	
JACKSONVILLE, FL	32208			Fiscal Year End:		12/31/2019	
				Audit Status:	<u> </u>	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>}</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$227.8</u>	<u>81</u>	<u>\$227.97</u>	<u>10/1/2021</u>	
Rate Type:							
			Prospective				
		X	x	Total Prospe	ctive		
						im Component	
				_ 10tui 1105peet	arve with inter	ин сотроненс	
		Г					
		_	Changes:	_			
			v		~1		
			X	_Rate Semester	Change		
Distribution:							
Contract Management /	Fiscal Agent	L		R	ebekah Falk		
Permanent File		_	Me	dicaid Cost Reiml	bursement Plani	ning and Finance	
For Informat	ion Only			$\mathcal{D}_{I}$	1.0.	1 - 0 ll	
No Change is	n Rate			Hove	kah fo	ELK.	
	Home Office:	Sterling Health Care	e				
		995 Canton St.					
		Roswell, GA 30075					



DIAMOND RIDGE HE	EALTH AND REHAE	BILITATION CENTER	Provider Number:		0 256269-00	
2730 W. MARC KNIGH	HTON CRT.		Da	nte:	12/22/2021	
LECANTO, FL 34461			Fis	scal Year End:	12/31/2020	
			Au	ıdit Status:	Unaudited	
Provider Type:						
Horiaci Type.			Current	New	Effective	
			Rate	Rate		
<b>Nursing Home</b>	Single Level		<u>\$242.25</u>	<u>\$239.9</u>		
Rate Type:						
		x Pros	spective			
			X To	otal Prospective		
			То	tal Prospective with	Interim Component	
			~-			
		-	Changes:			
			v	~		
		-	X Ra	te Semester Change		
Distribution:						
Contract Management /	Fiscal Agent			Rebekah F	falk	
Permanent File	1 10001 1 180		Medicai	d Cost Reimbursemen	t Planning and Finance	
For Information	on Only					
No Change in	-			Rebekal	Lfalk	
					J	
		а с . п. г				
	Home Office:	Summit Care II, Inc. 2123 Centre Pointe Blve	.1			
		Tallahassee FL 32308	a.			



SURREY PLACE HEALTHCARE AND REF	IABILITATION	Provider Number: Date: Fiscal Year End:		0 256277-00 12/22/2021 12/31/2020	
5525 21ST AVENUE W.					
BRADENTON, FL 34209					
		Audit S	tatus:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		<u>\$264.58</u>	<u>\$251.35</u>	10/1/2021	
Data Tymai					
Rate Type:					
	Y Prospec	tive			
		X Total Pr	rospective		
		Total Pro	ospective with Interin	m Component	
	Cha	nges:			
	Cna	nges.			
		X Rate Ser	nester Change		
		Rate Sei	nester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Cost	Reimbursement Planni	ng and Finance	
For Information Only				0.0	
No Change in Rate		/T	ebekah fa	lk	
			J		
H OCC	а ка пт				
Home Office:	Summit Care II, Inc.				
	2123 Centre Pointe Blvd.				



LAKESIDE NURSING	G AND REHABILITA	TION CENTER	Pro	vider Number:	0 256757-00	
11411 ARMSDALE R	OAD		Dat	e:	12/22/2021	
JACKSONVILLE, FL	32218		Fisc	cal Year End:	12/31/2019	
			Aud	dit Status:	Unaudited	
Provider Type:						
Tiovidei Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$225.45	\$234.91	10/1/2021	
6	0					
	<u> </u>					
Rate Type:						
r			_			
r		X	Prospective			
r				al Prospective		
			Tota	al Prospective with Inter	rim Component	
		Г	Charana			
		-	Changes:			
			v			
			X Rate	e Semester Change		
<b>Distribution:</b>		L		Dahahah Falls		
Contract Management	/ Fiscal Agent	-	Madigaid	Rebekah Falk	-i and Eineman	
Permanent File				Cost Reimbursement Plan		
For Informat				Rebekah fo	0 0	
No Change i	in Rate			Muckan	elh	
	Home Office:	Five Points Health (	Cara I td			
	Home Office.	2380 Sadler Road S				
		Fernandina Beach, l				
		Fernandina Beach,	FL 32034			



LAKESIDE PAVILION	N			Provider Nu	mber:	0 256846-00
2900 12TH STREET N	ſ <b>.</b>		<u></u>	Date:		12/22/2021
NAPLES, FL 34103			<u></u>	Fiscal Year End:		1/31/2020
				Audit Status	:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$213.</u>		<u>\$222.14</u>	<u>10/1/2021</u>
Rate Type:						
		x I	Prospective			
			X	Total Prospe	ective	
				_		im Component
					•••	···· •
			Changes:			
			X	_Rate Semester	r Change	
<b>Distribution:</b>		L		n	alalah Falla	
Contract Management /	Fiscal Agent	<del>-</del>	Ma		kebekah Falk	ning and Finance
Permanent File			IVIC	edicaid Cost Reim		
For Informati				Robe	ekah fa	o O lx
No Change in	n Kate			1000	Jan Cju	
	Home Office:	Genesis HealthCare				
		515 Fairmount Ave				
		Towson, MD 21286				



MANOR OAKS NURSING & REHABILITATION CENTER		NTER	Provider Number:		0 256935-00	
2121 E. COMMERCIA	L BLVD.		Date:		12/22/2021	
FORT LAUDERDALE	C, FL 33308		Fiscal Year End:		2/28/2021	
			Audit S	Status:	Unaudited	
Provider Type:						
Trovider Type.		Cur	rent	New	Effective	
		<u>R</u> :	ate_	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level	<u>\$24</u>	0.44	<u>\$250.53</u>	10/1/2021	
Rate Type:						
		x Prospective				
		X	Total P	Prospective		
			Total Pı	rospective with Interir	n Component	
		Changes:				
		X	Rate Se	mester Change		
<b>Distribution:</b>				Rebekah Falk		
Contract Management /	Fiscal Agent		Medicaid Cos	st Reimbursement Planni	ng and Finance	
Permanent File  For Informat	ion Only	•			_	
No Change in	•		K	Pebekah fa	lk	
			, \	3 5 5,		
	Home Office: No Hon	ne Office				
	Trome office.					



OAK MANOR HEALTHO	CARE AND REHA	BILITATION		Provider Number	:: 0 2	258342-00	
3500 OAK MANOR LAN	E			Date:		12/22/2021	
LARGO, FL 33774			Fiscal Year End:		-	12/31/2019	
Entres, 12 co				Audit Status:		Unaudited	
Provider Type:			G	2.5	_		
			Currer		lew	Effective	
			Rate		ate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$216.7</u>	<u>\$21</u>	<u>19.71</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			_	Total Prospective	<del>)</del>		
				Total Prospective v		omponent	
				ı			
			Changes:				
			X	Rate Semester Cha	nge		
<b>Distribution:</b>							
Contract Management / Fis	scal Agent			Rebek	ah Falk		
Permanent File			Med	licaid Cost Reimburse	ment Planning an	nd Finance	
For Information	Only			Do 1	1 / 11		
No Change in R	ate			Rebek	an falk		
					,		
	Home Office:	IZD Managara	LLC				
	Home Office:	KR Management,					
		20001 Gulf Boule					
		Indian Shores, FL	33/83				



INDIGO MANOR			Pro	vider Number:	0 258750-00	
595 WILLIAMSON BO	OULEVARD		Dat	e:	12/22/2021 1/31/2021	
DAYTONA BEACH, I	FL 32114		Fisc	al Year End:		
			Auc	lit Status:	Unaudited	
Provider Type:						
110 (luer 1) per			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$241.81</u>	<u>\$241.85</u>	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
			X Tota	al Prospective		
			Tota	al Prospective with Int	erim Component	
			Changes:			
			X Rate	Semester Change		
D: 4 !! 4!						
<u>Distribution:</u>	/ Eigaal A cont			Rebekah Falk		
Contract Management / Permanent File	riscai Ageni		Medicaid	Cost Reimbursement Pla		
For Informat	tion Only					
No Change i	-			Rebekah	falk	
				,		
	Home Office:	Alliance Foundat	ion of Florida, INC			
		3989 Chain Bridg				
		Fairfax, VA 2203				



HAVEN OF OUR LAI	OY OF PEACE		Provider Number:		er:	0 258831-00	
1900 SUMMIT BOUL	EVARD			Date:		12/22/2021	
PENSACOLA, FL 325	03			Fiscal Year End	:	6/30/2020	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Currer	nt 1	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$243.8		42.74	10/1/2021	
D : 42 T 22	T						
Rate Type:							
		X	Prospective				
			X	Total Prospectiv	e		
r				Total Prospective	with Interin	n Component	
1							
			Changes:	<u> </u>			
			Changes.	]			
			X	Rate Semester Ch	ange		
			-	_ Rate Semester Ch	ange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebel	kah Falk		
Permanent File			Med	licaid Cost Reimburs		_	
For Informat	tion Only			01.1	. 1.	<i>N. N.</i>	
No Change i	n Rate			Rebek	anta	lk	
					-		
	Home Office:	Sacred Heart Hea	alth System				
	Tiome Siller.	5130 Bayou Blvd					
		Pensacola FL 32					



LIFE CARE CENTER	FE CARE CENTER AT INVERRARY			Provider Number:		
4300 ROCK ISLAND	ROAD		Date	:	12/22/2021 12/31/2020	
LAUDERHILL, FL 33	319		Fisca	al Year End:		
			Aud	it Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$256.49</u>	<u>\$267.25</u>	<u>10/1/2021</u>	
D-4- T						
Rate Type:						
		X	Prospective			
				l Prospective		
			Total	Prospective with In	terim Component	
			Changes:			
			X Rate	Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File				Cost Reimbursement Pl	_	
For Informat	•			Rebekah;	Coll	
No Change i	n Rate		•	weren;	raca	
	Home Office:	Life Care Centers	s of America			
		3570 NW Keith S	Street			
		Cleveland TN 37	7312			



PRUITTHEALTH SAN	RUITTHEALTH SANTA ROSA			Provider Number:	0 259331-00	
5530 NORTHROP RO	AD			Date:	12/22/2021	
MILTON, FL 32570				Fiscal Year End:	6/30/2020	
				Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$206.17		<u>10/1/2021</u>	
Rate Type:						
		X	Prospective X	T (1D ('		
				Total Prospective		
				Total Prospective with Int	erim Component	
			Changes:			
			X	Rate Semester Change		
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rebekah Falk		
Permanent File			Medi	caid Cost Reimbursement Pla		
For Informat No Change is				Rebekah	Colh	
No Change I	II Kate			1000,0000		
	Home Office:	No Home Office				



LIFE CARE CENTER C	OF NEW PORT RICH	FE CARE CENTER OF NEW PORT RICHEY			nber:	0 259357-00	
7400 TROUBLE CREEI	K ROAD			Date:		12/22/2021	
NEW PORT RICHEY, F	FL 34653			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$242.</u>	<u>64</u>	\$244.12	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			_	Total Prospec	ctive		
				Total Prospect	ive with Interir	n Component	
			Changes	<u> </u>			
			Changes:				
			X	Rate Semester	Changa		
				_ Kate Semester	Change		
<b>Distribution:</b>							
Contract Management / I	Fiscal Agent			Re	ebekah Falk		
Permanent File	S		Me	edicaid Cost Reimb	oursement Planni	ng and Finance	
For Information	on Only			$\Omega_{I}$	, , ,	0.4	
No Change in	Rate			Kebe	kah fa	lk	
					,		
	Home Office:	Life Care Centers	of America				
	1101110 011100.	3570 NW Keith S					
		Cleveland, TN 37					



HAMLIN PLACE		Pr	ovider Number:	0 259586-00	
2180 HYPOLUXO ROA	AD	Da	ate:	12/22/2021	
LANTANA, FL 33462		Fis	scal Year End:	8/31/2020	
		Aı	ıdit Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home	Single Level	<u>\$268.37</u>	<u>\$254.95</u>	10/1/2021	
J	S				
	<u> </u>				
Rate Type:					
	v	Prospective			
	X		otal Prospective		
			otal Prospective with Inter	rim Component	
		10	tai i iospective with inte	пп сопропен	
		Changes:			
		X Ra	te Semester Change		
<u>Distribution:</u>					
Contract Management /	Fiscal Agent		Rebekah Falk		
Permanent File		Medicai	id Cost Reimbursement Plan		
For Informati			Rebekah fa		
No Change in	Rate		Muchant	lla	
	Home Office: No Home O	Office			
	Trome office.				



AVANTE AT ST CLO	OUD			Provider Numb	per:	0 259870-00
1301 KANSAS AVEN	UE			Date:		12/22/2021
ST.CLOUD, FL 34769	1			Fiscal Year End:		12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Hovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$236.2</u>		<u>\$224.41</u>	10/1/2021
9	Đ					
Rate Type:						
			D ativo			
		X	Prospective X	Tatal Duagnagt	:	
				_ Total Prospecti		C
				Total Prospectiv	e with intern	m Component
I						
			Changes:			
			2 8	_		
			X	Rate Semester C	'hanoe	
				_ Nate Semicote: 2	mange	
<b>Distribution:</b>						
Contract Management /	/ Fiscal Agent			Reb	ekah Falk	
Permanent File	$\mathcal{E}$		Me	edicaid Cost Reimbur	rsement Planni	ing and Finance
For Informat	tion Only					
No Change in				Kebes	kah fa	'lk
					J	
	Home Office:	AVANTE GROU	JP, INC.			
		4601 Sheridan St	reet			
		Hollywood, FL 3.	3021-6744			



BRIDGEVIEW CENTE	ER		Provider Number:			0 260371-00	
350 S. RIDGEWOOD A	AVENUE			Date:		12/22/2021	
ORMOND BEACH, FI	2 32174			Fiscal Year End: 12/31		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$240.8</u>	<u>84</u>	<u>\$241.06</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			_ x	Total Prospec	tive		
				Total Prospecti	ve with Interio	m Component	
			f	1			
			Changes:				
			X	_Rate Semester (	Change		
Distribution							
<b><u>Distribution:</u></b> Contract Management /	Fiscal Agent			Rel	bekah Falk		
Permanent File	riscai Agent		Me	dicaid Cost Reimbu		ing and Finance	
For Informati	ion Only						
No Change in	•			Kebe	kah fa	lk	
				, ,	· - J		
	Home Office:	Opis Managemen					
		10150 Highland N					
		Tampa, FL 33610	<u> </u>				



BAYVIEW CENTER				Provider Numbe	er:	0 260444-00
301 SOUTH BAY STR	EET			Date:		12/22/2021
EUSTIS, FL 32726				Fiscal Year End: 12/		12/31/2020
				Audit Status:		Unaudited
Provider Type:						
<i>.</i> 1			Curren	t 1	New	Effective
			Rate	<u>]</u>	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$243.2</u>	<u>\$2</u>	<u>39.17</u>	<u>10/1/2021</u>
Rate Type:						
			D			
		X	Prospective X	Total Prospectiv	· 0	
				Total Prospective		. Component
				Total Prospective	with interm	i Component
			Changes:			
			v	<b>.</b>		
			X	Rate Semester Ch	ange	
Distribution:						
Contract Management /	Fiscal Agent			Rebel	kah Falk	
Permanent File	8		Med	icaid Cost Reimburs	ement Plannii	ng and Finance
For Informati	ion Only			$O_{a}$	0	0.4
No Change in				Rebek	an fa	lk
					,	
	Home Office:	Opis Managemen	it Resources, LLC			
	1101110 0111100.	10150 Highland N				
		Tampa, FL 33610				



RULEME CENTER, L	LC			Provider Nur	nber:	0 260452-00
2810 RULEME STREE	ET			Date:		12/22/2021
EUSTIS, FL 32726				Fiscal Year End:		12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$239.</u>		\$224.40	10/1/2021
Rate Type:						
			Due sur estima			
		X	Prospective X	Total Prospec	ntivo	
				Total Prospect		n Component
			-	_ Total Flospect	ive with intern	п сотронен
			Changes:			
			X	_Rate Semester	Change	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent				ebekah Falk	1 Ei
Permanent File			Me	edicaid Cost Reimb		
For Information No Change in				Robe	kah fa	lk
No Change in	ii Kate			1000	7 - 600 ( ) 60	
	Home Office:		nt Resources, LLC			
		10150 Highland N	Manor Drive			
		Tampa, FL 33610	)			



TIERRA PINES CENT	ER			Provider Num	ıber:	0 260568-00	
7380 ULMERTON ROA	AD			Date:		12/22/2021	
LARGO, FL 33771				Fiscal Year E	nd:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$232.7</u>	<u> 74</u>	<u>\$241.60</u>	<u>10/1/2021</u>	
Rate Type:							
Kate Type.							
		X	_Prospective				
			X	_Total Prospec			
				_Total Prospecti	ve with Interi	m Component	
			Changes:				
			X	Rate Semester	Change		
				_			
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				bekah Falk		
Permanent File			Med	dicaid Cost Reimb			
For Informati	-			Polo	kah fa	00	
No Change in	n Rate			rove	ran fa		
	Home Office:	Opis Managemen	t Resources, LLC				
		10150 Highland N	Manor Drive				
		Tampa, FL 33610	)				



HIGHLANDS LAKE C	CENTER, LLC			Provider Num	ber:	0 260576-00
4240 LAKELAND HIG	GHLANDS RD			Date:		12/22/2021
LAKELAND, FL 33813	3			Fiscal Year Er	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$235.2</u>	<u>26</u>	\$244.53	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prospect	tive	
				Total Prospectiv	ve with Interi	m Component
			Changes:			
			V			
			X	Rate Semester (	Change	
Distribution:						
Contract Management /	Fiscal Agent			Rel	bekah Falk	
Permanent File	I iscai Agent		Med	dicaid Cost Reimbu		ing and Finance
For Informati	ion Only					
No Change in	· ·			Kebe	kah fa	lk
					1	
		-				
	Home Office:	Opis Managemen				
		10150 Highland N				
		Tampa, FL 33610	)			



COQUINA CENTER				Provider Number	r:	0 260649-00	
170 N. CENTER STRE	EET			Date:		12/22/2021	
ORMOND BEACH, F	L 32174			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Current	. N	lew	Effective	
			Rate		<u> Late</u>	<u>Date</u>	
Nursing Home	Single Level		<u>\$243.17</u>	<u>\$2</u> 4	<u>45.07</u>	10/1/2021	
Rate Type:							
как турс.							
		X	Prospective				
				Total Prospective			
				Total Prospective	with Interim	Component	
			Changes:				
			X	Rate Semester Cha	ınge		
<u>Distribution:</u>				D.L.L	ah Falk		
Contract Management	/ Fiscal Agent		Medi	caid Cost Reimburse		a and Finance	
Permanent File	. 0.1		Wedi				
For Informat  No Change i	•			Rebek	ah fol	P.K	
140 Change i	II Raic			1000			
	Home Office:	Opis Managemer	nt Resources, LLC				
		10150 Highland	Manor Drive				
		Tampa, FL 33610	0				



ISLAND LAKE CENT	ER, LLC			Provider Number:	0 260657-00	)
155 LANDOVER PLA	CE			Date: 12/22/202		
LONGWOOD, FL 327	50			Fiscal Year End: _	12/31/2020	l
				Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	Nev	w Effec	tive
			Rate	Rat		
Nursing Home	Single Level		<u>\$241.31</u>	<u>\$240</u>	.01 10/1/2	<u> 2021</u>
Rate Type:						
		V	Prospective			
		X		Total Prospective		
				_	th Interim Component	
				rotar i rospective wi	ii interim component	
			Changes:			
			X	Rate Semester Chang	ge	
Distribution:						
Contract Management	Fiscal Agent			Rebekah		
Permanent File			Medi		ent Planning and Finance	
For Informat	•			Rebeka	h Gol	
No Change i	n Kate			1000	reguent	
	Home Office:	Opis Managemer	nt Resources, LLC			
		10150 Highland	Manor Drive			
		Tampa, FL 33610	0			



INDIAN RIVER CENT	TER			Provider Num	ber:	0 260665-00	
7201 GREENSBORO I	ORIVE			Date:		12/22/2021	
WEST MELBOURNE,	FL 32904			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Dravidar Tyna							
<b>Provider Type:</b>			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$240.e	_	\$242.83	<u>10/1/2021</u>	
<b>g</b>	<b>g</b>		<u> </u>	<del></del>			
Rate Type:							
		X	_Prospective	m . 1 p	.•		
			X	_Total Prospec		_	
				_Total Prospecti	ve with Interir	n Component	
L							
			Changes:				
			Changes.				
			X	Rate Semester	Changa		
				_ Rate Semester	Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent		L	Re	bekah Falk		
Permanent File	1100011180110		Me	edicaid Cost Reimb	ırsement Planni	ng and Finance	
For Informati	ion Only				, , ,		
No Change in	•			Kebe	kah fa	lk	
				, ,	, - )		
	Home Office:	Opis Managemen	t Resources, LLC				
		10150 Highland N					
		Tampa, FL 33610	)				



RIVERWOOD CENTI	IVERWOOD CENTER			Provider Number:		
2802 PARENTAL HO	ME ROAD		D	ate:	12/22/2021	
JACKSONVILLE, FL	32216		F	iscal Year End:	12/31/2020	
			A	udit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		\$219.25	\$217.30		
8	e				<u> </u>	
Rate Type:						
			Duo ano ativo			
		X	Prospective X T	otal Prospective		
				•	storius Common on t	
			1	otal Prospective with Ir	nterim Component	
			Changes:			
			8			
			X R	ate Semester Change		
				and somester enunge		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Fal	k	
Permanent File	-		Medica	id Cost Reimbursement P	lanning and Finance	
For Information	tion Only			0,10		
No Change i	in Rate			Rebekah	falk	
					J	
	Home Office:		nt Resources, LLC			
		10150 Highland				
		Tampa, FL 3361	0			



FAIRWAY OAKS CEI	NTER, LLC			Provider Numbe	er:	0 260690-00
13806 N. 46TH STREE	ET			Date:		12/22/2021
TAMPA, FL 33613			<u> </u>	Fiscal Year End	:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Current	]	New	Effective
			Rate	]	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$242.96</u>	<u>\$2</u>	248.44	<u>10/1/2021</u>
Rate Type:						
		**	Prospective			
		X		Total Prospectiv	/e	
			•	Total Prospective		n Component
				rotai i rospective	with intern	п сотронен
			Changes:			
			X	Rate Semester Ch	ange	
Distribution:						
Contract Management /	Fiscal Agent				kah Falk	15.
Permanent File			Medi	caid Cost Reimburs		
For Informat	•			Rebek	ah Co	011
No Change i	n Rate			rova	ar (ja	
	Home Office:	Opis Managemen	t Resources, LLC			
		10150 Highland N				
		Tampa, FL 33610				



#### **Medicaid Reimbursement Per Diem Rates**

NAI PLAZA NURSING & REHAB CENTER	₹R	Provider Number:		0 260771-00	
201 NE 112ND STREET		Date:		12/22/2021	
MIAMI, FL 33161		Fiscal Y	ear End:	1/31/2020	
		Audit S	tatus:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$267.90</u>	<u>\$267.90</u>	10/1/2021	
Rate Type:					
	Y Pro	spective			
	_	X Total Pr	rospective		
	_	Total Pro	ospective with Interi	m Component	
		Changes:			
		X Rate Sen	nester Change		
			-		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Cost	Reimbursement Plann	ing and Finance	
For Information Only			7, 1, 1, 6	1 . <i>() ()</i>	
No Change in Rate		1	ebekah fa	UK.	
			,		
Home Office:	Hebrew Homes Health	Network Inc			
Trome office.	1800 NE 168th Street, S				

North Miami Beach, FL 33162



ALHAMBRA HEALT	H AND REHABILITA	ATION CENTER	Provider Number:		nber:	0 261254-00	
7501 38TH AVENUE,	NORTH		<u></u>	Date:		12/22/2021	
ST. PETERSBURG, FI	L 33710			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Types			Curre	nt	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$245.</u>	<u>49</u>	<u>\$244.75</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	Total Prospec	tive		
				Total Prospecti	ve with Interir	n Component	
			Changes:				
			Changes.	_			
			X	Rate Semester	Change		
				_ rate semester	Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Re	bekah Falk		
Permanent File			Me	edicaid Cost Reimb	ursement Planni	ng and Finance	
For Informat No Change in	-			Robe	Kah fa	lk	
No Change in	n Kate			1000	7-001 6 700		
	Home Office:	Greystone Healthc	are Management				
		4042 Park Oaks Bl	_				
		Tampa, FL 33610					



TERRA VISTA REHA	AB AND HEALTH CE	NTER	<u></u>	Provider Number:	0 261611-00
1730 LUCERNE TERF	RACE			Date:	12/22/2021
ORLANDO, FL 32806				Fiscal Year End:	12/31/2018
				Audit Status:	Unaudited
Provider Type:					
Hoviuci Type.			Curren	nt New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		<u>\$221.8</u>		<del></del>
9	9				<u> </u>
Rate Type:					
		V	Prospective		
		X	_Prospective X	Total Prospective	
				-	-tarim Commonant
				Total Prospective with I	nterim Component
			Changes:		
				ı	
			X	Rate Semester Change	
				_1	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah Fal	k
Permanent File			Med	licaid Cost Reimbursement I	Planning and Finance
For Informat	tion Only			0110	$\int da$
No Change i	n Rate			Rebekah	falk
					J
	0.07	0.00			
	Home Office:	No Home Office			



AVALON HEALTHC	ARE CENTER			Provider Number:	0 261629-00
1270 SW MAIN BOUI	LEVARD			Date:	12/22/2021
LAKE CITY, FL 3202	5			Fiscal Year End:	12/31/2018
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	t New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$220.9</u>	<u>\$226.4</u>	<u>10/1/2021</u>
Rate Type:					
		X	Prospective		
			X	Total Prospective	
				Total Prospective with	Interim Component
			Changes:		
			X	Rate Semester Change	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah F	`alk
Permanent File			Med	icaid Cost Reimbursemen	t Planning and Finance
For Informat	•			Rebekah	1 fælk
				, 0 0 0,	
	Home Office:	No Home Office			
	nome onice.	To Home Office			



EMERALD HEALTHO	MERALD HEALTHCARE CENTER	Provider Number:		er:	0 261637-00		
1655 S.E. WALTON R	OAD			Date:		12/22/2021	
PORT ST. LUCIE, FL	34952			Fiscal Year End	l:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	Date	
Nursing Home	Single Level		<u>\$236.1</u>	<u>5</u> <u>\$2</u>	235.63	10/1/2021	
Rate Type:							
		X	Prospective				
	<del>-</del>		X	Total Prospectiv	ve		
				Total Prospective		n Component	
				-		-	
			Changes:				
			Changes.	]			
			X	Rate Semester Cl	nange		
				- Rate Belliester C.	lange		
<b>Distribution:</b>							
Contract Management	Fiscal Agent		_		kah Falk		
Permanent File			Med	dicaid Cost Reimburg		_	
For Informat	•			Rebek	Jah Co	00.	
No Change i	n Rate			NUN	soul for	la	
	_						
	Home Office:	No Home Office					



HAWTHORNE HEAL	AWTHORNE HEALTH AND REHAB OF BRANDON			Provider Nu	ımber:	0 261670-00	
851 WEST LUMSDEN	ROAD			Date:		12/22/2021	
BRANDON, FL 33511				Fiscal Year End:		6/30/2020	
				Audit Status	s:	Unaudited	
Provider Type:							
110viuei Typei			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$232.9</u>	<u> </u>	<u>\$224.36</u>	<u>10/1/2021</u>	
Rate Type:							
	_	X	Prospective				
			X	_Total Prosp			
				_Total Prospe	ctive with Interi	m Component	
		[	Changes:				
			- Changest	_			
			X	Rate Semeste	er Change		
				=	C		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				Rebekah Falk		
Permanent File			Me		nbursement Plann	_	
For Informati	•			Rob	ekah fa	, elk	
1vo Change in	Trate			100	0, -00, 0,		
	Hama Office	In Hama Office					
	Home Office: N	lo Home Office					



ATLANTIC SHORES NURSING AND REHAB		Provider Number:		0 263389-00	
4251 STACK BOULEVARD		Date:		12/22/2021	
MELBOURNE, FL 32901		Fiscal	Year End:	12/31/2020	
		Audit	Status:	Unaudited	
Provider Type:					
110videi 1ype.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$221.05</u>	<u>\$225.56</u>	10/1/2021	
<del>-</del>					
Rate Type:					
	<sub>X</sub> Pr	rospective			
		-	Prospective		
			Prospective with Interi	m Component	
		10.001	1 10spective with inter-	III Component	
		Changes:			
		X Rate S	Semester Change		
Distribution:					
Contract Management / Fiscal Agent	_		Rebekah Falk		
Permanent File		Medicaid Co	ost Reimbursement Plann	ing and Finance	
For Information Only		v	De la la	7 . <i>N N.</i>	
No Change in Rate			Rebekah fa	UK.	
Home Office:	Southern Healthcare N	Mangamant IIC			
Home Office.		vialigement, LLC			
	5887 Glenridge Drive				



BONIFAY NURSING AND REHAB		Provider Number:		er:	0 263443-00	
306 WEST BROCK AVENUE			Date:		12/22/2021	
BONIFAY, FL 32425			Fiscal Year End	d:	12/31/2020	
			Audit Status:		Unaudited	
Provider Type:						
Trovider Type.		Current		New	Effective	
		Rate		Rate	<u>Date</u>	
Nursing Home Single Level		\$202.76		211.27	10/1/2021	
-						
Rate Type:						
	x P	Prospective				
	Λ 1	-	Total Prospecti	ve		
			Total Prospective		n Component	
			Total I Tospective	c will intern	п сотронен	
	Γ	Changes:				
		X	Rate Semester C	hange		
Distribution:	Ĺ					
Contract Management / Fiscal Agent	_			ekah Falk		
Permanent File		Medi	caid Cost Reimbur	sement Planni	ng and Finance	
For Information Only			De	1.1.	00.	
No Change in Rate			Reber	ean fa	la	
				-		
Home Office:	Southern Healthcare	Management LLC				
Home Office.	5887 Glenridge Driv					
	Atlanta, GA 30328	C				



RIVIERA PALMS REHABILITATION CEN	NTER		Provider Number:	0 263451-00
926 HABEN BOULEVARD			Date:	12/22/2021
PALMETTO, FL 34221		<u></u>	Fiscal Year End:	12/31/2020
			Audit Status:	Unaudited
Provider Type:				
Trovider Type.		Curren	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		\$232.10		
Rate Type:				
	V	Prospective		
	X		Total Prospective	
		·	Total Prospective with	Interim Component
			Total Trospective with	micrim component
		Changes:		
		_		
		X	Rate Semester Change	
<b>Distribution:</b>				
Contract Management / Fiscal Agent			Rebekah Fa	
Permanent File		Med	caid Cost Reimbursement	Planning and Finance
For Information Only			Rebekah	Call
No Change in Rate			Muckan	-falk
Home Office:	Southern Healthcar	re Mangement, LLC		
Home office.	5887 Glenridge Dri			
	Atlanta, GA 30328			



BOYNTON BEACH R	EHABILITATION C	ENTER		Provider Number:		0 263460-00	
9600 LAWRENCE ROAD				Date:		12/22/2021	
BOYNTON BEACH, I	FL 33436			Fiscal Year End:		12/31/2020	
				Audit Status	:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$222.</u>	_	\$232.23	10/1/2021	
Rate Type:							
		X	Prospective				
		<del></del>	Y	Total Prospe	ective		
				_	tive with Interin	n Component	
				_ ^		•	
			Changes:				
			X	_Rate Semester	r Change		
<u>Distribution:</u>							
Contract Management /	Fiscal Agent				ebekah Falk	1.5.	
Permanent File			Me	edicaid Cost Reim			
For Informat	•			Pak	kah fa	04	
No Change is	n Kate			1000	nav Ga		
	Home Office:	Southern Healthc	are Mangement, LL	C			
		5887 Glenridge D	_				
		Atlanta, GA 3032					



ARBOR TRAIL NURS	SING AND REHABIL	ITATION		Provider Number:		0 263478-00	
611 TURNER CAMP ROAD				Date:		12/22/2021	
INVERNESS, FL 3445	3			Fiscal Year En	d:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>.</u>	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$207.5	<u>\$6</u> <u>\$</u>	<u> 2216.06</u>	10/1/2021	
Rate Type:							
		X	Prospective				
			X	_Total Prospecti	ive		
				_Total Prospectiv	e with Interio	n Component	
			Changes:				
				_			
			X	Rate Semester C	hange		
				_	C		
<b>Distribution:</b>							
Contract Management	Fiscal Agent				ekah Falk		
Permanent File			Me	dicaid Cost Reimbur			
For Informat No Change i	•			Reber	kah fa	lk	
1.0 5.1.1.1.50 1				1000	i Cji	•	
	Home Office:	Southern Healthc	are Mangement, LL	C			
		5887 Glenridge D	_				
		Atlanta, GA 3032	28				



PINELLAS POINT NURSING AND REHAB CENTER			Provider Number:		0 263486-00		
5601 31ST STREET, S	OUTH			Date: Fiscal Year End:		12/22/2021	
ST. PETERSBURG, FI	L 33712					12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Tiovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<b>\$233.</b> 1		\$236.57	10/1/2021	
-	_						
Rate Type:							
		X	Prospective				
			rospective x	Total Prospec	tive		
				Total Prospecti		n Component	
İ				_ 10:41 1 103pee:1	ve will illerin	п сопроиси	
			Changes:				
				_			
			X	Rate Semester (	Change		
				_	-		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rel	bekah Falk		
Permanent File			Me	dicaid Cost Reimbu	arsement Planni	ng and Finance	
For Informat	ion Only			$\mathcal{D}_{I}$	1 1 /	0.0	
No Change in	n Rate			Keve	kah fa	lk	
					,		
	77 0.00	2 d II 1d		~			
	Home Office:		are Mangement, LL	С			
		5887 Glenridge D					
		Atlanta, GA 3032	28				



JACKSONVILLE NUI	RSING AND REHAB		Provider Number:		0 26349	0 263494-00	
4134 DUNN AVENUE	3		D	ate:	12/22/2	12/22/2021	
JACKSONVILLE, FL	32218		Fiscal Year End:		12/31/2	12/31/2020	
			A	udit Status:	Unaud	lited	
Provider Type:				N	т.	200 1:	
			Current <u>Rate</u>	Nev <u>Rat</u>		Effective <u>Date</u>	
Nursing Home	Single Level		\$217.66	\$224.	<del>_</del>	<u>Date</u> 0/1/2021	
Trui sing Home	Single Level		Ψ217.00	Ψ== 1.	<u> </u>	0/1/2021	
Rate Type:							
			Decompositive				
		X	_Prospective X T	otal Prospective			
				otal Prospective wit	h Interim Compos	nent	
				star i respective wit	ii iiiciiii Compoi	iciit	
			Changes				
			Changes:				
			X R	ate Semester Chang	re		
				are bennester chang	,~		
Distribution:							
Contract Management /	Fiscal Agent			Rebekah	Falk		
Permanent File			Medica	id Cost Reimburseme	nt Planning and Fin	ance	
For Informat	ion Only			Dalla	Pa Ca 0 1		
No Change i	n Rate			Rebekal	r falk		
	Home Office:	Southern Healthc	are Mangement, LLC				
		5887 Glenridge D					
		Atlanta, GA 3032	28				



PORT ORANGE NURSING AND REHAB		Provider Number:		er:	0 263508-00		
5600 VICTORIA GAR	DENS BLVD		I	Date:	12/22/2021		
PORT ORANGE, FL 3	2127		Fiscal Year End:		:	12/31/2020	
			P	Audit Status:		Unaudited	
Provider Type:			Current		New	Effective	
	a		Rate	_	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$236.10</u>	\$2	37.02	<u>10/1/2021</u>	
Rate Type:							
			Dwagnaatiya				
		X	Prospective X	Total Prospectiv	re.		
				Total Prospective		n Component	
				otai i rospective	with intern	ii Component	
			Changes:				
			X	Rate Semester Ch	ange		
<u>Distribution:</u>							
Contract Management /	Fiscal Agent		M. F.		kah Falk	1.5.	
Permanent File			Medic	caid Cost Reimburs			
For Informat	•			Rebek	ah Co	Oli	
No Change in	n Kate			rough	ar Cja		
	Home Office:	Southern Healthca	are Mangement, LLC				
		5887 Glenridge D	_				
		Atlanta, GA 3032					



MACCLENNY NURSING AND REHAB			Provider Number:		0 263516-00		
755 SOUTH FIFTH ST	TREET			Date:		12/22/2021 12/31/2019	
MACCLENNY, FL 320	063			Fiscal Year Er	nd:		
				Audit Status:		Unaudited	
Provider Type:							
Trovider Types			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$209.3</u>	88	\$216.37	<u>10/1/2021</u>	
Rate Type:							
l							
		X	Prospective				
			X	_Total Prospect	tive		
				Total Prospectiv	ve with Interir	n Component	
			Chaman				
			Changes:				
			X	Rate Semester (	Thomas		
				_Kate Semester (	Juange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rel	bekah Falk		
Permanent File			Med	dicaid Cost Reimbu	ırsement Planni	ng and Finance	
For Informat	ion Only			$\mathcal{O}_{I}$	1.1.6	0.0.	
No Change in	n Rate			Keve	kah fa	lk	
					•		
	Home Office:	Southern Healthca	are Mangement, LLO				
	20	5887 Glenridge D					
		Atlanta, GA 3032					



MEDICANA NURSING AND REHAB CENTER		Provider Number:		0 263524-00		
1710 LAKE WORTH	ROAD		Date:		12/22/2021 12/31/2019	
LAKE WORTH, FL 33	3460		Fiscal Y	Year End:		
			Audit S	tatus:	Unaudited	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	<u>Rate</u>	<u>Date</u>	
Nursing Home	Single Level		<u>\$217.69</u>	<u>\$226.83</u>	<u>10/1/2021</u>	
Data Tymas						
Rate Type:						
		X	Prospective			
			X Total P	rospective		
			Total Pr	ospective with Interin	n Component	
				-	_	
			Changes:			
			Rate Ser	nester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File				Reimbursement Planni	_	
For Information	•		L	ebekah fa	00.	
No Change i	in Rate		<b>/</b> [	weran fa	la	
				•		
	H Off	C 41 II 141 -	Manager III C			
	Home Office:		care Mangement, LLC			
		5887 Glenridge I				
		LAtlanta (†A 303)	/X			



TIFFANY HALL NUR	SING AND REHAB	CENTER		Provider Number:		0 263532-00	
1800 SE HILLMOOR DRIVE				Date:		12/22/2021	
PORT ST. LUCIE, FL	34952			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$218.0	<u>50</u>	<u>\$227.78</u>	<u>10/1/2021</u>	
Rate Type:							
Kate Type.							
		X	Prospective				
			X	_Total Prospect			
				_Total Prospectiv	ve with Interir	m Component	
			Changes:				
				_			
			X	Rate Semester C	Change		
				_	S		
<b>Distribution:</b>							
Contract Management	Fiscal Agent				ekah Falk		
Permanent File			Me	dicaid Cost Reimbu			
For Informat	•			Dil	kah fa	04	
No Change i	n Rate			Mod	Ran fa	la	
	Home Office:	Southern Healthca	are Mangement, LL	С			
		5887 Glenridge D	Prive				
		Atlanta, GA 3032	28				



METROWEST NURSING AND REHA	В	Pro	vider Number:	0 263541-00	
5900 WESTGATE DRIVE		Dat	e:	12/22/2021	
ORLANDO, FL 32835		Fiscal Year End:		12/31/2019	
		Au	dit Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Lev	el	<u>\$229.62</u>	<u>\$239.25</u>	10/1/2021	
Rate Type:					
	X	Prospective	15		
			al Prospective		
		Tota	al Prospective with In	terim Component	
		Changes:			
		Changes.			
		X Rati	G 4 CI		
		Rate	e Semester Change		
Di-4-:h4'					
<b><u>Distribution:</u></b> Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid	Cost Reimbursement Pl		
For Information Only					
No Change in Rate			Rebekah;	folk	
1vo Change in rate			, 000 01 000		
Home Offic	e: Southern Healthca	are Mangement, LLC			
	5887 Glenridge Di	_			
	Atlanta, GA 30328				



MOULTRIE CREEK N	URSING AND REH	AB	Provider Number:		0 263559-00	
200 MARINER HEALT	ΓΗ WAY		Date:		12/22/2021	
ST. AUGUSTINE, FL 3	32086		Fiscal Year End:		12/31/2020	
			Audit	Status:	Unaudited	
Provider Type:						
rovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$233.31</u>	<u>\$236.63</u>	<u>10/1/2021</u>	
	Т					
Rate Type:						
		V	D-connective			
		X	Prospective X Total 1	D		
				Prospective		
			1 otal P	Prospective with Interi	m Component	
			Changes:			
			Changes.			
			X Rate Se			
			Kate So	emester Change		
D1 / 21 - /1						
<b>Distribution:</b> Contract Management /	Figural A cont			Rebekah Falk		
_	riscai Agent		Medicaid Co	st Reimbursement Plann	ing and Finance	
Permanent File	Olvv				_	
For Informati No Change in	-		f	Rebekah fa	Oh	
No Change in	i Kate			w yaa cja	<i>M</i>	
	Home Office:	Southern Healtho	care Mangement, LLC			
		5887 Glenridge I				
		Atlanta GA 303				



ORANGE CITY NURS	SING AND REHAB			Provider Num	ber:	0 263567-00
2810 ENTERPRISE RO	OAD			Date:		12/22/2021
DEBARY, FL 32713				Fiscal Year Er	ıd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
110viuci Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$211.7</u>		\$220.67	10/1/2021
_	_					
Rate Type:						
1						
		X	Prospective			
			_ r rospective x	Total Prospect	ive	
				Total Prospective		n Comnonent
1				_ 10tai i 105peeti	C With intern	п сопроиси
			Changes:			
				<b>J</b>		
			X	Rate Semester C	Change	
				<del>-</del>	-	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rel	ekah Falk	
Permanent File			Med	dicaid Cost Reimbu	rsement Planni	ng and Finance
For Informati	ion Only			$\mathcal{D}_{\mathcal{A}}$	1 1 /	<i>n n</i>
No Change in	n Rate			Keve	kah fa	lk
					,	
		[				
	Home Office:		are Mangement, LLO	C		
		5887 Glenridge D				
		Atlanta, GA 3032	28			



BAYSHORE POINTE NURSING AND REHAB CENTER	Provider Number:		0 263575-00		
3117 WEST GANDY	BOULEVARD		Date:		12/22/2021
TAMPA, FL 33611			Fisca	l Year End:	12/31/2020
			Audi	Status:	Unaudited
Provider Type:					
Tionaci Type.			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		<u>\$234.36</u>	<u>\$234.89</u>	<u>10/1/2021</u>
Rate Type:					
			D		
		X	_Prospective X Total	Prospective	
				•	Campanant
			1 Ota1	Prospective with Inte	erim Componeni
			Changes:		
			X Rate S	Semester Change	
				Jemester Change	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah Falk	
Permanent File	$\mathcal{E}$		Medicaid C	ost Reimbursement Pla	nning and Finance
For Informat	tion Only				
No Change i			7	Rebekahf	alk
				. ,	
	Home Office:	Southern Healthca	re Mangement, LLC		
		5887 Glenridge Di	rive		
		Atlanta GA 30328	8		



ROYAL OAKS NURS	OYAL OAKS NURSING AND REHAB CENTER			Provider Number:		0 263583-00	
2225 KNOX MCRAE	DRIVE			Date:		12/22/2021	
TITUSVILLE, FL 327	80			Fiscal Year End	:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Curren	t ]	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$217.2		26.39	10/1/2021	
-	-						
	1						
Rate Type:							
		X	Prospective				
			X	Total Prospectiv	ve .		
			_	Total Prospective		m Component	
1				•		•	
<u> </u>							
			Changes:				
			X	Rate Semester Ch	ange		
<b>Distribution:</b>	·			Daha	kah Falk		
Contract Management	/ Fiscal Agent		Med	icaid Cost Reimburs		ing and Finance	
Permanent File	See Only		1.100			_	
For Informat	-			Rebek	rah ba	? lk	
10 Change i	III Kaic			10001	an Cysc		
	Home Office:	Southern Healtho	care Mangement, LLC	•			
		5887 Glenridge I	Drive				
		Atlanta GA 3033	28				



TUSKAWILLA NURS	SING AND REHAB			Provider Num	ber:	0 263591-00
1024 WILLA SPRING	S DRIVE			Date:		12/22/2021
WINTER SPRINGS, F	L 32708			Fiscal Year Er	nd:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$229.9</u>	<u>00</u>	<u>\$239.55</u>	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			_ X	Total Prospect	tive	
				Total Prospectiv	ve with Interir	n Component
				_		
			Changes:			
			V			
			X	Rate Semester (	Change	
Distribution:						
Contract Management	/ Fiscal Agent			Rel	oekah Falk	
Permanent File	1 isour 1 igoni		Med	dicaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	tion Only				, , ,	0.4
No Change i	-			Kebe	kah fa	lk
					J	
	II 0.00	G 1 77 11		~		
	Home Office:		are Mangement, LLO	J		
		5887 Glenridge D				
		Atlanta, GA 3032	.0			



HUNTERS CREEK N	URSING AND REHA	B CENTER	Provide	er Number:	0 263605-00	
14155 TOWN LOOP I	BOULEVARD		Date:		12/22/2021	
ORLANDO, FL 32837	7		Fiscal `	Year End:	12/31/2020	
			Audit S	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$250.53</u>	<u>\$253.49</u>	<u>10/1/2021</u>	
Rate Type:						
		v	Prospective			
		X		rospective		
			<del></del>	cospective with Interi	m Component	
			10ta111	tospective with interi	in Component	
			Changes:			
			X Rate Se	mester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid Cos	t Reimbursement Plann	ing and Finance	
For Informa	tion Only			0,100	0.0	
No Change	in Rate		<b>/</b> T	Pebekah fa	LK.	
				J		
	Home Office:		care Mangement, LLC			
		5887 Glenridge I				
		Atlanta GA 202	26			



BOULEVARD REHAE	BILITATION CENTE	R		Provider Num	ber:	0 263613-00
2839 S. SEACREST BO	OULEVARD			Date:		12/22/2021
BOYNTON BEACH, F	FL 33435			Fiscal Year Er	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$216.1</u>	0	§225.17	<u>10/1/2021</u>
	1					
Rate Type:						
		X	Prospective			
			X	_Total Prospect	ive	
				Total Prospectiv	e with Interio	m Component
			Chaman			
			Changes:	_		
			X	Rate Semester (	Thomas	
				_ Kate Semester (	mange	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rel	ekah Falk	
Permanent File			Med	dicaid Cost Reimbu	rsement Planni	ing and Finance
For Informat	ion Only			$\mathcal{O}_{I}$	1.1.	0.0
No Change in	n Rate			Twe	kah fa	lk
					•	
	Home Office:	Southern Healthca	are Mangement, LLC			
		5887 Glenridge D				
		Atlanta, GA 3032				



PALM CITY NURSING & REHAB CENTE	R	I	Provider Numb	er:	0 263621-00
2505 SW MARTIN HIGHWAY		I	Date:		12/22/2021
PALM CITY, FL 34990		I	Fiscal Year End	l:	12/31/2019
			Audit Status:		Unaudited
Provider Type:					
110vider Type.		Current		New	Effective
		Rate		Rate	<u>Date</u>
Nursing Home Single Level		\$240.53		246.12	<u>10/1/2021</u>
_					
Rate Type:					
	X P	rospective			
	Λ 1	-	Γotal Prospectiv	ve	
			Total Prospective		Component
			i Otai i iospective	Willi Interini	Сотронен
		Changes:			
		X	Rate Semester Cl	nange	
<b>Distribution:</b>					
Contract Management / Fiscal Agent				kah Falk	
Permanent File		Medic	caid Cost Reimburs	sement Planning	g and Finance
For Information Only			Dal	1.12 (1)	<i>n.</i>
No Change in Rate			Rebek	san fax	
				-	
Home Office:	Southern Healthcare	Management IIC			
Home Office.	5887 Glenridge Drive				
	Atlanta, GA 30328	5			



BAY POINTE NURSI	NG PAVILION			Provider Number:	0 263834-00
4201 31ST STREET S.	•			Date:	12/22/2021
ST. PETERSBURG, FI	L 33712			Fiscal Year End:	12/31/2020
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	t New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		\$218.82		10/1/2021
G	G				<del></del>
Rate Type:					
		•	Drognostivo		
		X	Prospective X	Total Prospective	
				Total Prospective with Into	orim Component
				Total Prospective with into	erim Component
			Changes:		
			X	Rate Semester Change	
				8	
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah Falk	
Permanent File			Med	icaid Cost Reimbursement Pla	nning and Finance
For Informat	tion Only				$\int da$
No Change i	n Rate			Rebekah	alk
				,	
	Home Office:	No Home Office			



BOCA RATON REHA	ABILITATION CENTE	ER	Provider Number:		0 263842-00	
755 MEADOWS ROA	D			Date:	12/22/2021	
BOCA RATON, FL 33	3486			Fiscal Year End:	12/31/2020	
				Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$217.78	\$226.91	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
				Total Prospective		
				Total Prospective with In	terim Component	
			Changes:			
			X	Rate Semester Change		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medi	caid Cost Reimbursement Pl		
For Informat No Change i	•			Rebekah	Lolk	
No Change I	III Kate			1000	1001	
	Home Office:	No Home Office				



DEERFIELD BEACH I CENTER	HEALTH AND REHA	ABILITATION		Provider Number	<b></b> 0	263851-00	
•	04D			Date:		12/22/2021	
401 EAST SAMPLE RO							
POMPANO BEACH, F	L 33064			<del></del>		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
JI			Curren	it N	lew	Effective	
			Rate	R	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$214.2</u>		23.20	10/1/2021	
			<u></u>				
D. C. T.							
Rate Type:							
		**	Prospective				
		X	Frospective X	T ( 1D )			
				Total Prospective			
				Total Prospective v	with Interim C	Component	
			Changes:				
			X	Rate Semester Cha	ange		
				•	J		
<b>Distribution:</b>							
·	Ti1 A4			Rehek	ah Falk		
Contract Management / Permanent File	riscai Agent		Med	licaid Cost Reimburse		and Finance	
			17100		_		
For Informati	-			Rebek	ah Coli	l,	
No Change in	n Rate			Muck	on faci		
	Home Office:	No Home Office					



REHABILITATION & CORAL	t HEALTHCARE CEN	TER OF CAPE	Provi	der Number:	0 263869-00
2629 DEL PRADO BO	DULEVARD		 Date:	·	12/22/2021
CAPE CORAL, FL 339			— Fisca	l Year End:	12/31/2020
			 Audi	t Status:	Unaudited
Descridar Tymas					
Provider Type:			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$229.26</u>	<u>\$238.92</u>	10/1/2021
S	S				
Rate Type:					
		X	Prospective		
			_	Prospective	
			<del></del> -	Prospective with Inte	erim Component
				1105peen 12	Thir Component
			Changes:		
			Rate S	Semester Change	
<b>Distribution:</b>				P. L.L. L. F. II.	
Contract Management	/ Fiscal Agent		Madigaid C	Rebekah Falk	i and Einanga
Permanent File				Cost Reimbursement Plan	
For Informat	•		ž	Rebekahf	a O lx
No Change i	in Rate		,	wy w cz	duc
	Home Office:	No Home Office			



CARROLLWOOD CA	RE CENTER			Provider N	umber:	0 263877-00	
15002 HUTCHINSON	ROAD			Date:		12/22/2021	
TAMPA, FL 33625				Fiscal Year	r End:	12/31/2020	
				Audit Statu	ıs:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$227.	87	<u>\$225.57</u>	10/1/2021	
<u> </u>	<u> </u>						
Rate Type:							
		v	Prospective				
		X	_1 Tospective X	Total Prosp	nective		
			_	_	ective with Inter	m Component	
				_ 101011103p	other with mich	ш сопроиси	
			Changes:				
			-				
			X	Rate Semest	ter Change		
				_	Č		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				Rebekah Falk		
Permanent File			Me	edicaid Cost Rei	mbursement Planr	ning and Finance	
For Informat	tion Only			$\Omega$	, , , /	7	
No Change i	n Rate			Kel	bekah fa	elk	
					J		
	Home Office:	No Home Office					



CASA MORA REHABILITATION AND EXTENDED CARE			Provider Number:		0 263885-00	
1902 59TH STREET, '	WEST			Date:	12	2/22/2021
BRADENTON, FL 342	209			Fiscal Year End:	12	2/31/2020
				Audit Status:	U	naudited
Provider Type:						
Trovider Type.			Curren	nt Ne	èW	Effective
			Rate	Ra	<u>ite</u>	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$205.7</u>	<u>\$217</u>	7.04	<u>10/1/2021</u>
Rate Type:						
Kate Type.						
		X	_Prospective			
			X	Total Prospective		
				Total Prospective w	ith Interim Co	mponent
			Changes:			
				1		
			X	Rate Semester Chan	ige	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekal		
Permanent File			Med	licaid Cost Reimbursem		
For Informat				Rebeka	h Colle	
No Change i	in Rate			rucea	" ( facer	-
	Home Office:	No Home Office				



EVERGREEN WOOD	S			Provider Number	: 02	0 263893-00	
7045 EVERGREEN W	OODS TRAIL			Date:	12	2/22/2021	
SPRING HILL, FL 346	508			Fiscal Year End:	12	2/31/2020	
				Audit Status:	U	naudited	
Provider Type:							
Trovider Type.			Curre	nt N	ew	Effective	
			Rate		<u>ate</u>	<u>Date</u>	
Nursing Home	Single Level		\$226.3	<u>\$23</u>	2.39	10/1/2021	
-	_						
Rate Type:							
		X	Prospective				
			X	Total Prospective	;		
				Total Prospective v		mponent	
				_ 1		1	
			Changes:				
			X	Rate Semester Char	nge		
<b>Distribution:</b>				Rebeka	h Falls		
Contract Management	/ Fiscal Agent		Me	dicaid Cost Reimburser		d Finance	
Permanent File	de a Oulea		IVIC				
For Informat No Change i	•			Rebeke	ah Lolk		
No Change I	II Rate			10009	or Cjacor	_	
	Home Office:	No Home Office					



HIGHLAND PINES RE	EHABILITATION CENTER		Provider Number:		0 263907-00	
1111 SOUTH HIGHLA	ND AVENUE		Dat	e:	12/22/2021	
CLEARWATER, FL 33	756		Fise	cal Year End:	12/31/2019	
			Au	dit Status:	Unaudited	
Provider Type:						
110viuei 1ypei			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$226.15</u>	<u>\$226.07</u>	10/1/2021	
Rate Type:						
		x Pro	ospective			
			X Tot	al Prospective		
		_	Tota	al Prospective with Inter	rim Component	
			Changes:			
		_	X Rate	e Semester Change		
<b><u>Distribution:</u></b> Contract Management /	Fiscal Agent			Rebekah Falk		
Permanent File	riscai Agent		Medicaid	Cost Reimbursement Plan	ning and Finance	
For Informati	on Only					
No Change in	•			Rebekahfa	elk	
				j		
	Home Office: No H	Iome Office				



THE REHABILITATION	ON CENTER OF THE PAI	LM BEACHES	Provider Number:		0 263915-00	
301 NORTHPOINTE I	PARKWAY		Date:		12/22/2021	
WEST PALM BEACH	, FL 33407		Fiscal	Year End:	12/31/2020	
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$240.96</u>	<u>\$251.07</u>	<u>10/1/2021</u>	
Rate Type:						
Kate Type.						
	_	X P	rospective			
				Prospective		
			Total l	Prospective with Inter	im Component	
			Changes:			
			changes.			
			X Rate S	Semester Change		
			1	emester emange		
<b>Distribution:</b>						
Contract Management	Fiscal Agent			Rebekah Falk		
Permanent File				ost Reimbursement Plan	_	
For Informat	ion Only		,	01.1.1.1	1 10 10 10	
No Change i	n Rate			Rebekah fo	ell .	
				•		
	Home Office: No	o Home Office				
	Home office.	o frome office				



POMPANO HEALTH	AND REHABILITAT	TION CENTER	Provider Number:		0 263923-00		
51 WEST SAMPLE RO	OAD			Date:	12/22/202	12/22/2021	
POMPANO BEACH, I	FL 33064			Fiscal Year End:	12/31/202	:0	
				Audit Status:	Unaudited	d	
Provider Type:							
Trovider Type.			Curre	nt Ne	w Effe	ective	
			Rate	Rat	te <u>D</u>	<u>ate</u>	
<b>Nursing Home</b>	Single Level		<u>\$226.8</u>	<u>\$234</u>	<u>.62</u> <u>10/1</u>	/2021	
Rate Type:							
Rate Type.							
		X	_Prospective				
			X	Total Prospective			
				_Total Prospective wi	th Interim Component	t	
			Changes:				
			X	Rate Semester Chang	ge		
<b>Distribution:</b>				Rebekah	Falls		
Contract Management / Permanent File	/ Fiscal Agent		Me	dicaid Cost Reimburseme		e	
For Informat	tion Only				_		
No Change i	•			Rebeka	h fælk		
				, , ,	9		
	Home Office:	No Home Office					
	Home Office.	140 Home Office					



HEALTHCARE AND SANFORD	REHABILITATION C	ENTER OF	Pro	vider Number:	0 263931-00
950 MELLONVILLE	AVENUE		Da		12/22/2021
SANFORD, FL 32771				cal Year End:	12/31/2020
•				dit Status:	Unaudited
D					
Provider Type:			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		\$212.10	\$221.00	10/1/2021
Trui sing Home	Single Level		Ψ=====	Ψ==1.00	10/1/2021
Rate Type:					
		X	Prospective		
			<del></del>	tal Prospective	
			Tot	al Prospective with Inte	erim Component
			Changes:		
			Changes.		
			X Rat	Chance	
			Kai	e Semester Change	
Distuibution.					
<b>Distribution:</b> Contract Management	/ Fiscal Agent			Rebekah Falk	
Permanent File	/ Fiscai Agein		Medicaio	l Cost Reimbursement Pla	nning and Finance
For Informat	tion Only				
No Change i	•			Rebekahf	alk
110 Onung- 1	III Raic			1000,000	
	Home Office:	No Home Office			



REHABILITATION A	ND HEALTHCARE	CENTER OF TAMPA	A	Provider Number	r:0	0 263940-00 12/22/2021	
4411 NORTH HABAN	IA AVENUE			Date:	1		
TAMPA, FL 33614				Fiscal Year End:	1	2/31/2020	
				Audit Status:	1	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt N	New	Effective	
			Rate	<u> </u>	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$218.8</u>	<u>\$22</u>	20.72	10/1/2021	
Rate Type:							
		X	Prospective				
			X	_Total Prospective	e		
				_Total Prospective	with Interim C	omponent	
			Classic	1			
			Changes:				
			X	Data Camastan Cha			
				_Rate Semester Cha	inge		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rebek	ah Falk		
Permanent File			Me	dicaid Cost Reimburse	ment Planning a	nd Finance	
For Informat	ion Only			$\rho_{a}$	1 / 1	1	
No Change is	n Rate			Rebek	an fall		
					,		
	Home Office:	No Home Office					
	Home Office:	No Home Office					



ABBEY REHABILITATION AND NURSING CENTER		Provider Number:		r:0	0 263958-00	
7101 9TH STREET, N	IORTH			Date:	1	2/22/2021
ST. PETERSBURG, FI	L 33702			Fiscal Year End:	:1	2/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type:			Curre	nt N	New	Effective
			Rate	<u>R</u>	<u>Rate</u>	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$224.2</u>	<u>\$23</u>	22.95	<u>10/1/2021</u>
D - 4 - T						
Rate Type:						
		X	Prospective			
			X	_Total Prospective	e	
				_Total Prospective	with Interim C	omponent
			Changes:			
			Changes.			
			X	Rate Semester Cha	ange	
			-	_ Rate Semester Che	inge	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rebek	ah Falk	
Permanent File			Me	dicaid Cost Reimburse	ement Planning a	and Finance
For Informat	ion Only			$\mathcal{O}_{0}$	. 1. ()	9
No Change in	n Rate			Rebek	an fall	
					,	
	Home Office:	No Home Office				
	Home Office.	140 Home Office				



THE OAKS AT AVO	N PARK	Provid	er Number:	0 263966-00
1010 US 27 NORTH		Date:		12/22/2021
AVON PARK, FL 338	25	Fiscal	Year End:	12/31/2020
		Audit	Status:	Unaudited
Provider Type:				
Tionaci Type.		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home	Single Level	<u>\$223.70</u>	\$233.08	10/1/2021
Rate Type:				
	X	Prospective		
			Prospective	
			rospective with Inter	rim Component
		<u>——</u>		
				_
		Changes:		
		V D		
		Rate Se	emester Change	
<b>Distribution:</b>				
Contract Management	Fiscal Agent		Rebekah Falk	
Permanent File	1 isour rigont	Medicaid Co	st Reimbursement Plan	ning and Finance
For Informat	ion Only			
No Change i			Pebekah fo	elk
			, ,	
	Home Office: No Home O	office		



TITUSVILLE REHAB	ILITATION AND NU	RSING CENTER		Provider Number:		0 263974-00	
1705 JESS PARRISH O	COURT			Date:		12/22/2021	
TITUSVILLE, FL 3279	96			Fiscal Year End:		12/31/2020	
				Audit Statu	s:	Unaudited	
Provider Type:							
110 (last 1) per			Curre	nt	New	Effective	
			Rate	<u>}</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		\$227.0	07	\$224.04	<u>10/1/2021</u>	
Data Tymas							
Rate Type:							
		X	Prospective				
			X	_Total Prosp	ective		
				_Total Prospe	ctive with Inter	m Component	
			Changes:				
			Changes.				
			X	Rate Semeste	er Change		
			-	_ Rate Beniest	er change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				Rebekah Falk		
Permanent File			Me	dicaid Cost Rei	mbursement Planr	ning and Finance	
For Informat	ion Only			$\mathcal{D}_{\mathcal{I}}$	1.0.	1 - <i>0 1</i>	
No Change in	n Rate			Nev	ekah fa	UK	
					,		
	Home Office:	No Home Office					
	Tiomic Office.	To Home office					



SARASOTA HEALTH	I AND REHABILITA	TION CENTER		Provider Nu	mber:	0 263982-00 12/22/2021	
1524 EAST AVENUE	SOUTH			Date:			
SARASOTA, FL 34239	9			Fiscal Year l	End:	12/31/2020	
				Audit Status	:	Unaudited	
Provider Type:							
Trovider Type.			Curre	ent	New	Effective	
			Rate	<u>e</u>	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$216.</u>	<u>42</u>	\$235.09	10/1/2021	
D / D							
Rate Type:							
		X	Prospective				
			X	Total Prospe	ective		
				Total Prospec	tive with Interi	m Component	
			CI.	<u> </u>			
			Changes:				
			X	7	C1		
				Rate Semeste	r Change		
<b>Distribution:</b>							
Contract Management /	/ Fiscal Agent			R	Rebekah Falk		
Permanent File			Me	edicaid Cost Reim	bursement Plann	ing and Finance	
For Informat	tion Only			$\Omega_{I}$	, , (	7	
No Change is	n Rate			Kelo	ekah fa	UK.	
					,		
	Home Office:	No Home Office					
	Home Office:	No Home Office					
		1					



WINDSOR WOODS R	EHAB AND HEALTHO	CARE CENTER		Provider Number:	0 263991-00	
13719 DALLAS DRIV	3719 DALLAS DRIVE			Date:	12/22/2021	
HUDSON, FL 34667				Fiscal Year End:	12/31/2020	
				Audit Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$213.10	<u>\$217.44</u>	10/1/2021	
Rate Type:						
		X	Prospective			
			_	Total Prospective		
				Total Prospective with Inte	erim Component	
				10m1110sp-11111		
			Changes:			
			X	Rate Semester Change		
<u>Distribution:</u>						
Contract Management /	Fiscal Agent			Rebekah Falk		
Permanent File			Medi	caid Cost Reimbursement Plan	nning and Finance	
For Informat	ion Only			De la lada	2011	
No Change in	n Rate			Rebekahf	DU	
				-		
	Home Office:	No Home Office				
	Home Office:	No Home Office				



WINKLER COURT			Provider Number:		0 264008-00	
3250 WINKLER AVE	NUE EXTENSION			Date:		12/22/2021
FORT MYERS, FL 33	916			Fiscal Year End:		12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$232.5		\$234.40	<u>10/1/2021</u>
Rate Type:						
			Duo an a ativo			
		X	Prospective X	Total Prospec	otiva	
				_ Total Prospect		im Component
				_ Total Flospect	ive willi illien	iii Component
			Changes:			
			X	Rate Semester	Change	
Distribution:						
Contract Management	/ Fiscal Agent				ebekah Falk	
Permanent File			Me	dicaid Cost Reimb		
For Information	•			Robe	kah fa	) lk
No Change i	in Rate			1000	new Cju	
	Home Office:	No Home Office				



CONWAY LAKES HEALTH & REHABILITATION CENTER			Provider Number:		0 264512-00	
5201 CURRY FORD F	5201 CURRY FORD ROAD				12/22/2021	
ORLANDO, FL 32812			Fiscal	Year End:	12/31/2020	
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$239.45</u>	<u>\$246.11</u>	10/1/2021	
_	_					
Rate Type:						
		<sub>v</sub> p	rospective			
		X P	-	Prospective		
				rospective with Interi	m Component	
			10tal 1	rospective with inter-	iii Component	
			Changes:			
			X Rate Se	emester Change		
				C		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid Co	st Reimbursement Plann	ing and Finance	
For Information	tion Only			0,101	7 . // //	
No Change i	in Rate			Pebekah fa	UK	
				,		
	H 0.00	Classical II 14	C			
	Home Office:	Clear Choice Health				
		709 S. Harbor City B				
		Melbourne, FL 32901				



BELLEAIR HEALTH CARE CENTER		Provider Number:		0 264521-00		
1150 PONCE DE LEO	N BLVD		Date	:	12/22/2021	
CLEARWATER, FL 3	3756		Fiscal Year End:		12/31/2020	
			Aud	it Status:	Unaudited	
Drovidor Tymor						
Provider Type:			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$241.46	<u>\$238.31</u>	10/1/2021	
	<b>. .</b>		<u></u>	<u></u>		
Rate Type:						
		X	Prospective	1.5		
				l Prospective		
			Total	Prospective with Inte	erim Component	
			Changes:			
			Changes.			
			X Rate	Semester Change		
			Rate	Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	, 1 150m 1 1 <b>5</b> 0m		Medicaid (	Cost Reimbursement Pla	nning and Finance	
For Information	tion Only				$\mathcal{L}$	
 No Change i	•			Rebekahf	alk	
			·	, ,		
	Home Office:	Clear Choice He				
			ity Blvd. Suite 240			
		Melbourne, FL 3	2901			



#### **Medicaid Reimbursement Per Diem Rates**

EAST BAY REHABIL	LITATION CENTER		Provider Number:  Date:  Fiscal Year End:		<u>:</u>	0 264539-00 12/22/2021 12/31/2020	
4470 EAST BAY DRI	VE						
CLEARWATER, FL 3	3764						
			A	Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Current	N	ew	Effective	
			Rate	<u>R</u>	<u>ate</u>	<u>Date</u>	
Nursing Home	Single Level		<u>\$243.25</u>	<b>\$2</b> 4	5.45	<u>10/1/2021</u>	
D. A. T.							
Rate Type:							
		X	Prospective				
			T	otal Prospective			
			T	otal Prospective v	vith Interin	n Component	
			Changes				
			Changes:				
			X R	ata Camagtar Cha	<b>n</b> .c.o		
			K	ate Semester Cha	nge		
Distribution:							
Contract Management	/ Fiscal Agent			Rebek	ah Falk		
Permanent File	S		Medica	aid Cost Reimburse	ment Plannii	ng and Finance	
For Informat	tion Only			$O_{1}$	0	0.4	
No Change i	in Rate			Rebeke	ah fa	lk	
					,		
	Home Office:	Clear Choice He	alth Cara				
	nome Office:	709 S. Harbor Ci					
		1/09 S. Harbor Ci	ny biva. Suite 240				

Melbourne, FL 32901



MELBOURNE TERRACE REHABILITATION CENTER		Provider Number:		0 264547-00		
251 FLORIDA AVEN	UE		Date:		12/22/2021	
MELBOURNE, FL 32	901		Fiscal Year End:		12/31/2020	
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		\$240.9 <u>5</u>	\$238.08	10/1/2021	
0	8					
Rate Type:						
		X	Prospective	<b>.</b>		
			·	Prospective		
			Total	Prospective with Inter	rim Component	
			Changes:			
			Changes.			
			X Pate 9	Samuel Change		
			Rate S	Semester Change		
Distributions						
<b>Distribution:</b> Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	riscal Agent		Medicaid C	ost Reimbursement Plan	ning and Finance	
For Information	tion Only				_	
No Change i	•		y	Rebekah fa	elk	
ito change i	III Ruic		,	000 07 300 CJ		
	Home Office:	Clear Choice He	ealth Care			
		709 S. Harbor C	ity Blvd. Suite 240			
		Melbourne, FL 3	32901			



CENTRE POINTE HEALTH AND REHAB CENTER			Pro	ovider Number:	0 264563-00 12/22/2021	
2255 CENTERVILLE	2255 CENTERVILLE ROAD			te:		
TALLAHASSEE, FL 3	32308		Fis	cal Year End:	12/31/2020	
			Au	dit Status:	Unaudited	
Dravidar Tyma						
Provider Type:			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$231.27	\$240.98	<u>10/1/2021</u>	
- · · · · · · · · · · · · · · · · · · ·	~ <b>g</b>		<u> </u>	<u> </u>		
Rate Type:						
		X	Prospective	. 15		
				tal Prospective		
			To	tal Prospective with In	terim Component	
_						
			Changes:			
			Changes.			
			X Ra	te Semester Change		
			Ka	ie Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent		L	Rebekah Falk	<u> </u>	
Permanent File	, 1 15em 1 18em		Medicai	d Cost Reimbursement Pl	anning and Finance	
For Informat	tion Only					
No Change i	•			Rebekah;	falk	
				, , ,		
	Home Office:	Clear Choice Hea				
			ty Blvd. Suite 240			
		Melbourne, FL 3	2901			



#### **Medicaid Reimbursement Per Diem Rates**

SPRING LAKE REHABILITATION CENTER			Provider Number:		0 264571-00		
1540 6TH STREET, NV	W			Date:		12/22/2021	
WINTER HAVEN, FL	33881			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
110.1mor 27F			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$249.2</u>	<u>\$</u>	247.89	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	_Total Prospecti	ve		
			Total Prospective with Interim Component				
1							
				T			
			Changes:	_			
			v				
			X	_Rate Semester C	hange		
Distribution:							
Contract Management /	Fiscal Agent			Rebo	ekah Falk		
Permanent File	Tiscai Agent		Med	dicaid Cost Reimbur		ing and Finance	
For Informati	ion Only						
No Change in	•			Reber	sah fa	lk	
				, ,	9		
		Г					
	Home Office:	Clear Choice He					
709 S. Harbor C			ity Blvd. Suite 240				

Melbourne, FL 32901



LIFE CARE CENTER OF ESTERO		Provider Number:  Date: Fiscal Year End:		0 265381-00 12/22/2021 12/31/2020	
3850 WILLIAM ROAD					
ESTERO, FL 33928					
	<u> </u>	Audit S	Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		<u>\$248.15</u>	\$245.40	<u>10/1/2021</u>	
Rate Type:					
	X Prospecti	ve			
			rospective		
			rospective with Interin	n Component	
			<u>r</u>		
	Chan	ges:			
		X Rate Sei	C.		
	-	Rate Sei	mester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Cos	t Reimbursement Planni	ng and Finance	
For Information Only					
No Change in Rate		K	ebekah fa	lk	
			,		
Home Office:	Life Care Centers of America				
Tionic office.	3570 NW Keith Street				
	Cleveland, TN 37312				



VALENCIA HILLS HEALTH AND REHABILITATION CENTER			Provider Number:		0 265560-00	
1350 SLEEPY HILL R	OAD		Date:		12/22/2021 12/31/2020	
LAKELAND, FL 3381	0		Fisca	l Year End:		
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			<u>Rate</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$228.10</u>	<u>\$219.54</u>	<u>10/1/2021</u>	
Rate Type:						
		x Pros	spective			
			•	Prospective		
				Prospective with Inter	rim Component	
					_	
			Changes:			
			•			
		_	X Rate S	Semester Change		
D:-4-:h4:						
<b>Distribution:</b> Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	7 I Iscai Agent		Medicaid C	ost Reimbursement Plan	ning and Finance	
For Information	tion Only				n	
No Change i			Y	Rebekah fo	elk	
			•			
	Home Office:	Summit Care II, Inc.				
		2123 Centre Pointe Blvo	d.			
		Tallahassee FL 32308				



HIALEAH NURSING AND REHABILITATION CENTER				Provider Number:		0 265730-00	
190 W. 28TH STREET	- -			Date: Fiscal Year End:		12/22/2021 12/31/2020	
HIALEAH, FL 33010							
				Audit Status:		Unaudited	
Provider Type:							
110viuci 1,pc.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$222.5	<u>\$</u>	231.87	10/1/2021	
D-40 Trunca							
Rate Type:							
		X	Prospective				
			X	_Total Prospecti	ve		
				_Total Prospective	e with Interio	m Component	
1							
			Changes:				
			Changes.				
			X	Rate Semester C	hanoe		
				_ Kate Belliester C	nange		
<b>Distribution:</b>							
Contract Management /	/ Fiscal Agent			Reb	ekah Falk		
Permanent File			Me	dicaid Cost Reimbur		=	
For Informat	· ·			$\mathcal{D}_{l}$	1.1.	) . <i>() ().</i>	
No Change is	n Rate			Reber	Kan fa		
	Home Office:	CareStrong					
		10800 Biscayne l	Boulevard				
		Miami FL 33161					



LIFE CARE CENTER	LIFE CARE CENTER OF OCALA		Provider Number:		0 266108-00
2800 S.W. 41ST STRE	ET			Date:	12/22/2021
OCALA, FL 34474				Fiscal Year End:	1/31/2021
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Currer	nt New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		\$242.8		
Rate Type:					
		X	Prospective		
		-	_	Total Prospective	
				Total Prospective with	Interim Component
				<u> </u>	•
			Changes:		
			X	Rate Semester Change	
<b>Distribution:</b>				Rebekah F	alle
Contract Management /	Fiscal Agent		Med	licaid Cost Reimbursement	
Permanent File	ion Only		Wick		
For Informati				Rebekah	folk
No Change in	i Kate			1000	
	Home Office:	Life Care Centers	of America		
		3570 NW Keith St	treet		
		Cleveland, TN 373	312		



Current New Effective Rate Date		
Provider Type:  Current New Effective Rate Rate Date  Nursing Home Single Level \$257.55 \$260.60 10/1/202	12/22/2021	
Provider Type:  Current New Effective Rate Rate Date  Nursing Home Single Level \$257.55 \$260.60 \$10/1/202  Rate Type:		
Nursing Home Single Level \$257.55 \$260.60 10/1/202  Rate Type:		
Current New Effective Rate Rate Date  Nursing Home Single Level \$257.55 \$260.60 10/1/202  Rate Type:		
Nursing Home Single Level \$257.55 \$260.60 10/1/202  Rate Type:	e	
Nursing Home   Single Level   \$257.55   \$260.60   10/1/202		
	<u>1</u>	
x Prospective		
x Prospective		
X Total Prospective		
Total Prospective with Interim Component		
Changes:		
V D G		
Rate Semester Change		
Distribution:		
Contract Management / Fiscal Agent  Rebekah Falk		
Permanent File Medicaid Cost Reimbursement Planning and Finance		
For Information OnlyNo Change in Rate  Rebekah falk		
Home Office: CareStrong		
10800 Biscayne Boulevard Miami FL 33161		



WHISPERING OAKS			P <sub>1</sub>	ovider Number:	0 266612-00	
1514 E. CHELSEA STREET			D	ate:	12/22/2021	
TAMPA, FL 33610			Fi	scal Year End:	12/31/2020	
			A	udit Status:	Unaudited	
Provider Type:						
Hovider Type.			Current	New	Effective	
			Rate	Rate		
<b>Nursing Home</b>	Single Level		<u>\$171.08</u>	\$178.2	· · · · · · · · · · · · · · · · · · ·	
0	8					
Rate Type:						
	<del>-</del>				1	
					1	
		X	Prospective	- 1B		
			· · · · · · · · · · · · · · · · · · ·	otal Prospective		
			Te	otal Prospective with	Interim Component	
			Changes			
			Changes:			
			X R	· C · · · · · · · · · · · ·		
			K	ate Semester Change		
D' 4-21-42 on .						
<u>Distribution:</u>	/ Eigaal A gant			Rebekah F		
Contract Management / Permanent File	Fiscai Agem		Medicaid Cost Reimbursement Planning and Finance			
For Informat	tion Only					
No Change in	· ·			Rebekal	1 Lolk	
110 Change is	II Raic			10001-0	Cjacov	
	Home Office:	No Home Office				



THE SPRINGS AT BO	OCA CIEGA BAY			Provide	er Number:	0 267724-00
1255 PASADENA AVENUE, S.			Date:		12/22/2021	
ST. PETERSBURG, F	L 33707		Fiscal Year End:		Year End:	12/31/2020
				Audit S	Status:	Unaudited
Duovidou Tymos						
Provider Type:			Curre	ent	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$242.</u>		\$239.18	10/1/2021
Rate Type:						
		X	Prospective			
			X	Total P	rospective	
				Total Pı	rospective with Interi	m Component
			Character	<u> </u>		
			Changes:			
			X	<b>D</b> 4 C	, C1	
				_Rate Se	mester Change	
Distribution:						
Contract Management	/ Fiscal Agent				Rebekah Falk	
Permanent File	S		Me	edicaid Cos	t Reimbursement Plann	ing and Finance
For Informat	tion Only				0,,,,	0.4
No Change i	n Rate			1	lebekah fa	LK.
					,	
	Home Office:	Summit Care II, I	Inc			
	Home Office.	2123 Centre Poin				
		Tallahassee FL 3				



THE NURSING CENT	TER AT MERCY		Prov	ider Number:	0 267902-00		
3671 SOUTH MIAMI AVENUE			Date:		12/22/2021		
MIAMI, FL 33133			Fiscal Year End:		12/31/2017		
			Audi	it Status:	Unaudited		
Provider Type:							
Trovider Type.			Current	New	Effective		
			Rate	Rate	<u>Date</u>		
<b>Nursing Home</b>	Single Level		<u>\$210.09</u>	<u>\$218.91</u>	<u>10/1/2021</u>		
Rate Type:							
Rate Type.							
		X	Prospective				
			<del></del>	l Prospective			
			Total	Prospective with Inte	erim Component		
			Changes:				
			X Rate	Semester Change			
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebekah Falk			
Permanent File			Medicaid Cost Reimbursement Planning and Finance				
For Informat	-			Rebekah	600		
No Change i	n Rate		/	MURANT	dll		
	Home Office:	SMJ Enterprises					
		480 Fentress Blvd.					
		Daytona Beach, FI					



SUSANNA WESLEY	HEALTH CENTER			Provider Nu	ımber:	0 268062-00
5300 W. 16TH AVENU	UE			Date:		12/22/2021
HIALEAH, FL 33012			<u></u>	Fiscal Year	End:	12/31/2020
				Audit Status	s:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$281.1		\$272.52	10/1/2021
G	J					<del></del>
Rate Type:						
		V	Prospective			
		X	_1 Tospective X	Total Prospe	ective	
				_	ctive with Interi	im Component
				_ Total Trospec	tive with inter	ии сотролен
			Changes:			
			X	Rate Semeste	er Change	
				_	J	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			I	Rebekah Falk	
Permanent File			Me	dicaid Cost Rein	nbursement Plann	ning and Finance
For Informat	tion Only			$\mathcal{O}_{\mathcal{I}}$	10/	7
No Change is	n Rate			Two	ekah fa	Ell .
					,	
	II 0.00	N. H. O.C.				
	Home Office:	No Home Office				



LIFE CARE CENTER	OF PALM BAY			Provide	er Number:	0 268186-00
175 VILLANUEVA ROAD		Date:			12/22/2021	
PALM BAY, FL 32907	7		Fiscal Year End:		Year End:	12/31/2020
				Audit S	Status:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$227.</u>		\$236.96	10/1/2021
Rate Type:						
			Duo an a ativra			
		X	Prospective X	Total P	rospective	
				_	ospective with Interi	m Component
					ospective with interi	in Component
			Changes:			
			X	Rate Se	mester Change	
				<del>_</del>	C	
Distribution:						
Contract Management	/ Fiscal Agent				Rebekah Falk	
Permanent File			Me	edicaid Cos	t Reimbursement Plann	ing and Finance
For Information Only  No Change in Rate			Rebekah falk			
				, ,		
	Home Office:	Life Care Centers				
		3570 NW Keith S				
		Cleveland TN 37	7312			



GOOD SAMARITAN	CENTER			Provider Numb	er:	0 268763-00	
10676 MARVIN JONES BOULEVARD			Date:		12/22/2021		
LIVE OAK, FL 32060				Fiscal Year End:		6/30/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$229.1</u>	4 \$	238.75	10/1/2021	
<b>D</b> ( <b>E</b>	1						
Rate Type:							
		X	Prospective				
			X	Total Prospect	ive		
				Total Prospectiv	e with Interi	m Component	
			Changes				
			Changes:	_			
			X	Rate Semester C	hanga		
				_ Kate Selliester C	mange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Reb	ekah Falk		
Permanent File			Medicaid Cost Reimbursement Planning and Finance				
For Informat	ion Only			$\mathcal{D}_{I}$	1.0/	1 . <i>() ()</i>	
No Change in	n Rate			Reber	Kan fa	UK	
					,		
	Home Office:	No Home Office					
	Tionic Office.	Two frome office					



THE SPRINGS AT LA	KE POINTE WOODS	S	I	Provider Number:_	0 268780-00
7848 BENEVA ROAD			I	Date:	12/22/2021
SARASOTA, FL 3423	1		Fiscal Year End:		12/31/2020
			A	Audit Status:	Unaudited
Provider Type:					
Tionaci Type.			Current	New	v Effective
			Rate	Rate	
Nursing Home	Single Level		\$251.69		
Rate Type:					_
		X	Prospective		
				Total Prospective	
			<del></del>	_	h Interim Component
				-	-
			Changes:		
			Change		
			X F	Rate Semester Chang	e
				<i></i>	
<b>Distribution:</b>					
Contract Management /	/ Fiscal Agent			Rebekah	Falk
Permanent File			Medic		nt Planning and Finance
For Informat	•			Rebekak	2 600
No Change is	n Rate			HUCKOU	I falk
	Home Office:	Summit Care II,	Inc.		
		2123 Centre Poir			
		Tallahassee FL 3	32308		



MAJESTIC OAKS CONTINUING CARE C	OMPLEX	Provid	ler Number:	0 269000-00	
901 VETERANS MEMORIAL PARKWAY		Date: Fiscal Year End:		12/22/2021 12/31/2020	
ORANGE CITY, FL 32736					
		Audit	Status:	Unaudited	
Provider Type:					
Troited Types		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$229.80</u>	<u>\$232.56</u>	<u>10/1/2021</u>	
Rate Type:					
	x Pro	espective			
		_	Prospective		
	_		Prospective with Inter	im Component	
	_		•	•	
		Changes			
		Changes:			
		X Rate S	emester Change		
	_	Kate 5	emester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Co	ost Reimbursement Plan	ning and Finance	
For Information Only			00101	7	
No Change in Rate			Rebekah fo	elk	
			•		
Home Office:	John Knox Village Med	dical Center			
Tionic office.	101 Northlake Drive				
	Orange City, FL 32763				



REGENTS PARK OF	SUNRISE			Provider Number	er:	0 269697-00
9711 W OAKLAND P.	ARK BLVD			Date:		12/22/2021
SUNRISE, FL 33351				Fiscal Year End:		12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt ]	New	Effective
			Rate	]	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$218.6</u>	<u>\$2</u>	227.79	<u>10/1/2021</u>
	T					
Rate Type:						
		X	Prospective			
			X	Total Prospectiv	/e	
				Total Prospective		n Component
				_		_
				T		
			Changes:			
			X	_Rate Semester Ch	ange	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebe	kah Falk	
Permanent File	Tisout rigoni		Me	dicaid Cost Reimburs	ement Plannin	g and Finance
For Informat	tion Only					
No Change i	•			Rebek	rah fa	lk
				·	J	
		27. 77. 0.00				
	Home Office:	No Home Office				



REGENTS PARK OF WIN	NTER PARK	Pro	vider Number:	0 269719-00		
558 N. SEMORAN BOULEVARD		Dat	e:	12/22/2021		
WINTER PARK, FL 3279	2	Fisc	al Year End:	12/31/2020		
		Auc	lit Status:	Unaudited		
Provider Type:						
Tionaci Type.		Current	New	Effective		
		Rate	Rate	<u>Date</u>		
<b>Nursing Home</b>	Single Level	<u>\$221.01</u>	<u>\$224.83</u>	<u>10/1/2021</u>		
	Т					
Rate Type:						
	X	Prospective				
			al Prospective			
		Tota	al Prospective with Inter	rim Component		
		Changes:				
		v	·· ~			
		Rate	e Semester Change			
<b>Distribution:</b>						
Contract Management / Fis	scal Agent	L	Rebekah Falk			
Permanent File		Medicaid	Medicaid Cost Reimbursement Planning and Finance			
For Information	Only					
No Change in R			Rebekah fa	elk		
			· J			
	H OCC N H O	cc.				
	Home Office: No Home O	ffice				



REGENTS PARK OF .	JACKSONVILLE		Prov	vider Number:	0 269727-00		
8700 A.C. SKINNER PARKWAY			Date:		12/22/2021		
JACKSONVILLE, FL	32256		Fiscal Year End:		12/31/2020		
			Aud	lit Status:	Unaudited		
Provider Type:							
Trovider Type.			Current	New	Effective		
			Rate	Rate	<u>Date</u>		
Nursing Home	Single Level		<u>\$218.69</u>	<u>\$227.86</u>	<u>10/1/2021</u>		
Rate Type:							
		X Pro	ospective	1D			
		-		al Prospective	in Communit		
		-	1 Ota	l Prospective with Inter	rım Component		
			Changes:				
			X Rate	Semester Change			
		-	Kate	Semester Change			
Distribution:							
Contract Management /	Fiscal Agent			Rebekah Falk			
Permanent File	S		Medicaid Cost Reimbursement Planning and Finance				
For Information OnlyNo Change in Rate			Rebekah falk				
				, • • • • • • • • • • • • • • • • • • •			
	Home Office: No I	Home Office					



JACARANDA MANO	R			Provider Numb	er:	0 281743-00
4250 66TH STREET, N	NORTH			Date:	12/22/2021	
ST. PETERSBURG, FI	L 33709			Fiscal Year End	d:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
riovider Type.			Current		New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$186.81</u>	<u>\$</u>	194.64	<u>10/1/2021</u>
Doto Tomos						
Rate Type:						
		X	Prospective			
				Total Prospecti		
				Total Prospective	e with Interin	n Component
_						
			Changes:			
			X	Rate Semester C	hange	
Distribution:						
Contract Management /	Fiscal Agent			Rebo	ekah Falk	
Permanent File			Medi	caid Cost Reimbur	sement Plannin	ng and Finance
For Informat	ion Only			De	1,0%	00.
No Change in	n Rate			Reber	can fa	la
	Home Office:	ST PETERSBUR	G NURSING HOME	LLC		
		801 Broad Street				
		Chattanooga, TN	37402			



WEST GABLES HEAD	LTH CARE CENTER		Provid	ler Number:	0 282359-00	
2525 SW 75TH AVEN	UE		Date:		12/22/2021	
MIAMI, FL 33155			Fiscal	Year End:	12/31/2019	
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$254.62	\$245.68	<u>10/1/2021</u>	
S	S					
Rate Type:						
		X	Prospective			
				Prospective		
			Total I	Prospective with Interir	n Component	
			Changes			
			Changes:			
			X Rate S	. CI		
			Rate S	emester Change		
D'.4 .4						
Distribution:	/ E: 1 A 4			Rebekah Falk		
Contract Management	Fiscal Agent		Medicaid Co	ost Reimbursement Planni	ng and Finance	
Permanent File	ion Only					
For Informat  No Change i	-		/	Rebekah fa	0 lx	
No Change I	n Kate		/	w you cyc		
	Home Office:	Hacienda Care VI,	, L.P.			
		5500 W. Plano Par				
		Plano, TX 75093	,			



RIDGECREST NURSING AND REHABILITATION CENTER		Provider Number:		0 282464-00			
1200 NORTH STONE	STREET			Date:		12/22/2021	
DELAND, FL 32720				Fiscal Year	End:	12/31/2020	
				Audit Statu	ıs:	Unaudited	
Duaridan Trina							
Provider Type:			Curre	ent	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$242.</u>	<del>-</del> '	\$243.94	<u>10/1/2021</u>	
- · · · · · · · · · · · · · · · · · · ·	·- <b>B</b>				<u> </u>		
Rate Type:							
			Decompositivo				
		X	Prospective X	Total Drogr	- antirra		
				_ Total Prosp		C	
				_ Total Prospe	ective with Interi	m Component	
			Changes:				
			8				
			X	Rate Semest	er Change		
					, or one of		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent				Rebekah Falk		
Permanent File	Ç		Me	edicaid Cost Rei	mbursement Plann	ing and Finance	
For Informat	tion Only			$\Omega$	, , , (	)	
No Change i	-			Kel	rekah fa	2lk	
					. ,		
	Home Office:	Greystone Healthc	•				
		4042 Park Oaks Bl	lvd, Suite 300				
		Tampa, FL 33610					



CORAL REEF NURSING & REHABILITATION CENTER	ΓΙΟΝ CENTER		Provider Number:	0 282529	0 282529-00		
9869 SW 152ND STRE	EET			Date:	12/22/20	12/22/2021	
MIAMI, FL 33157				Fiscal Year End:	12/31/20	018	
				Audit Status:	Unaudit	ed	
Provider Type:							
Trovider Type.			Curren	it Ne	w Ef	fective	
			Rate	Rat	<u>te</u> ]	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$247.5</u>	<u>\$236</u>	<u>.76</u> <u>10/</u>	<u>1/2021</u>	
Rate Type:							
как турс.							
		X	Prospective				
			X	Total Prospective			
				Total Prospective wi	th Interim Compone	ent	
			Changes:				
			a a gan				
			X	Rate Semester Chang	ge		
				-	7		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rebekah			
Permanent File			Med	licaid Cost Reimburseme		ice	
For Informat	•			Rebeka	la Call		
No Change in	n Rate			Mocka	njala		
	Home Office:	No Home Office					
	222220						



LIFE CARE CENTER	IFE CARE CENTER OF JACKSONVILLE			Provider Number:		0 283193-00	
4813 LENOIR AVENU	JE			Date:		12/22/2021	
JACKSONVILLE, FL	32216			Fiscal Y	Year End:	12/31/2020	
				Audit S	Status:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$243.</u>	92	<u>\$244.70</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	Total P	rospective		
				_	ospective with Interi	m Component	
			_	_			
			CI.				
			Changes:				
			X	D-4- C-	on the Change		
				_ Rate Se	mester Change		
Distribution:							
Contract Management	Fiscal Agent				Rebekah Falk		
Permanent File	_		Me	edicaid Cos	t Reimbursement Plann	ing and Finance	
For Informat	ion Only				2010	) . <i>() ()</i>	
No Change i	n Rate			/(	ebekah fa		
	Home Office:	Life Care Centers	s of America				
		3570 NW Keith S					
		Cleveland TN 33					



LIFE CARE CENTER OF ORANGE PARK		Provid	ler Number:	0 284289-00	
2145 KINGSLEY AVENUE		Date:		12/22/2021	
ORANGE PARK, FL 32073		Fiscal	Year End:	12/31/2020	
		Audit	Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$216.52</u>	<u>\$225.61</u>	<u>10/1/2021</u>	
Rate Type:					
	y Proc	pective			
	X Pros	•	Prospective		
			Prospective with Inter	im Component	
	<del></del>	10111	rospective with inter	iii Component	
	(	Changes:			
		**			
		X Rate S	emester Change		
Distributions					
<u>Distribution:</u> Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Co	est Reimbursement Plan	ning and Finance	
For Information Only				1	
No Change in Rate			Rebekah fo	elk	
			J		
Home Office:	Life Care Centers of Am	erica			
Home office.	3570 NW Keith Street				
	Cleveland, TN 37312				



### **Medicaid Reimbursement Per Diem Rates**

PONCE PLAZA NURSING & REHABILITATION CENTER		Provider Number:		ber:	0 308251-00	
335 S.W. 12TH AVENU	E			Date:		12/22/2021
MIAMI, FL 33130				Fiscal Year Er	nd:	1/31/2020
				Audit Status:		Unaudited
Provider Type:						
110viuci 1ypc.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$248.2</u>		\$255.12	10/1/2021
Rate Type:						
1		X I	Prospective			
			X	_Total Prospect	ive	
1				Total Prospectiv	ve with Interi	m Component
				_		
		ſ	Changes:			
			-	<b>_</b> I		
			X	Rate Semester (	Change	
<b>Distribution:</b>						
Contract Management / F	Fiscal Agent	_			oekah Falk	
Permanent File			Med	dicaid Cost Reimbu		
For Informatio	•			Poho	kah fa	) ) () ()
No Change in	Rate			/ww	Rantra	
	Home Office:	Hebrew Homes Hea				
		1800 NE 168th Stre	et, Suite 200			

North Miami Beach, FL 33162



ST MARK VILLAGE,	, INC.			Provider Nur	nber:	0 310841-00
2655 NEBRASKA AV	'ENUE			Date:		12/22/2021
PALM HARBOR, FL	34684			Fiscal Year E	End:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currei	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$245.3	<u>35</u>	\$233.08	<u>10/1/2021</u>
Rate Type:						
Rate Type.						
		X	Prospective			
			X	_Total Prospe		
				_Total Prospect	tive with Interi	m Component
			Changes:			
			X	_Rate Semester	Change	
Distribution:						
Contract Management	/ Fiscal Agent		Ma	dicaid Cost Reiml	ebekah Falk	ing and Finance
Permanent File	v: 0.1		IVIC			
For Informat No Change i	•			Robe	kah fa	Uk
140 Change i	III Rate			, 000 0	5/ -001 C J 00	<i>500</i> C
	Home Office:	No Home Office				



LIFE CARE CENTER OF PUNTA GORDA		Provide	er Number:	0 311685-00	
450 SHREVE STREET		Date:		12/22/2021	
PUNTA GORDA, FL 33950		Fiscal Y	Year End:	2/28/2021	
	_	Audit S	tatus:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		\$249.65	\$244.38	<u>10/1/2021</u>	
Rate Type:					
	X Prospe	ective			
			rospective		
			ospective with Interin	n Component	
		10****11	ospective with mission	сотрон <b>о</b> н	
	Ch	anges:			
		V 2 2			
		X Rate Ser	nester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Cost	Reimbursement Planni	ng and Finance	
For Information Only		/	2,,,,	0.4	
No Change in Rate		K	ebekah fa	lk	
			J		
Home Office:	Life Care Centers of Amer	rica			
Tionic office.	3570 NW Keith Street				
	Cleveland, TN 37312				



LAKEWOOD NURSIN	NG CENTER		_	Provider Num	ber:	0 312142-00
100 NORTH LAKE ST	TREET		<u> </u>	Date:		12/22/2021
CRESCENT CITY, FL	32112		<u>-</u>	Fiscal Year En	ıd:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
· ·			Curren	t	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$214.1</u>	<u>7</u> <u>S</u>	<u>5218.53</u>	<u>10/1/2021</u>
Data Type						
Rate Type:						
		X P	rospective			
			X	Total Prospect	ive	
				Total Prospective	e with Interin	n Component
		Г	Changes:			
		-	Changes.			
			X	Rate Semester C	Shanga	
				Rate Semester C	nange	
Distribution:						
Contract Management	/ Fiscal Agent	L_		Reb	ekah Falk	
Permanent File		_	Med	icaid Cost Reimbu	rsement Plannii	ng and Finance
For Informat	tion Only			$\Omega$	, , ,	
No Change i	-			Kebe	kah fa	lk
				, ,	- /	
	Home Office:	Sterling Health Care				
		995 Canton St.				
		Roswell, GA 30075				



CRESTWOOD NURS	ING CENTER			Provider Nun	nber:	0 312274-00	
501 SOUTH PALM A	VENUE			Date:		12/22/2021	
PALATKA, FL 32177				Fiscal Year E	nd:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$210.</u> :	_	<u>\$219.42</u>	10/1/2021	
_	_						
Rate Type:							
		X	Prospective				
			X	Total Prospec	tive		
				Total Prospecti		im Component	
				_ 1		1	
		ŗ					
			Changes:				
			X	_Rate Semester	Change		
Distribution:		l		Da	bekah Falk		
Contract Management	/ Fiscal Agent		Me	edicaid Cost Reimb		ning and Finance	
Permanent File	de a Oulea		IVIC				
For Informat No Change i				Robe	kah fa	o l k	
No Change I	II Rate			1000	7 - w C ja		
	Home Office:	Sterling Health Car	re				
		995 Canton St.					
		Roswell, GA 30075	5				



SAVANNAH COVE C	OF THE PALM BEAC	HES		Provider Num	ber:	0 312312-00	
2090 NORTH CONGR	RESS AVENUE			Date:		12/22/2021	
WEST PALM BEACH	I, FL 33401			Fiscal Year Er	nd:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$231.2	<u>25</u>	<u>\$224.36</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			Y	Total Prospect	tive		
1				Total Prospectiv		n Component	
				_ 1		1	
			Changes:				
			X	_Rate Semester (	Change		
<b>Distribution:</b>				n.	1 1 5 11		
Contract Management	/ Fiscal Agent		Ma		oekah Falk	1 Fi	
Permanent File			Med	dicaid Cost Reimbu			
For Informat				Ribe	kah fa	Oli	
No Change i	in Rate			1000	rai (que		
	Home Office:	Senior Living Inv	vestors I, LLC				
		4611 Johnson Ro					
		Coconut Creek, F	FL 33073				



SAVANNAH COVE			Provider Numb	er:	0 312550-00
1301 W. MAITLAND BOULEVARD			Date:		12/22/2021
MAITLAND, FL 32751		- 	Fiscal Year End	d:	12/31/2019
		-	Audit Status:		Unaudited
Provider Type:					
-ура		Current		New	Effective
		Rate		Rate	<u>Date</u>
Nursing Home Single Level		<u>\$235.98</u>	<u>\$</u>	224.18	<u>10/1/2021</u>
Data Tymar					
Rate Type:					
	X	Prospective			
			Total Prospecti		
			Total Prospective	e with Interir	n Component
	Г	Changes:			
	_	Changes.			
		X	Rate Semester C	hange	
		·	Rate Belliester C	nange	
Distribution:					
Contract Management / Fiscal Agent	_		Rebo	ekah Falk	
Permanent File		Medi	caid Cost Reimbur	sement Planni	ng and Finance
For Information Only			$\mathcal{O}_{I}$	100	0.0
No Change in Rate			Reber	ean fa	lk
				,	
Home Office:	Senior Living Inves	tors I II C			
Home Office.	4661 Johnson Road				
	Coconut, FL 33073	, 5410 /			



LUTHERAN HAVEN	NURSING HOME		Provider Number:		0 313718-00	
1525 HAVEN DRIVE			I	Date:	12/22/2021	
OVIEDO, FL 32765			I	Fiscal Year End:	8/31/2020	
			A	Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$246.98</u>	<u>\$246.94</u>	<u>10/1/2021</u>	
Rate Type:						
J.F. 1						
		X	Prospective X	Fatal Ducan active		
				Total Prospective  Total Prospective with Inte	ovim Component	
				total Prospective with fine	erini Component	
			Changes:			
			X			
			F	Rate Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medic	caid Cost Reimbursement Pla	nning and Finance	
For Informat				Rebekahf	Colle	
No Change i	n Rate			Morrant	acci	
	Home Office:	No Home Office				



LIFE CARE CENTER	OF PENSACOLA			Provider Numl	ber:	0 315664-00
3291 EAST OLIVE RO	OAD		<u> </u>	Date:		12/22/2021
PENSACOLA, FL 325	514			Fiscal Year En	d:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Tiovidei Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$243.2		<u>8246.50</u>	10/1/2021
-	_				_	
Rate Type:						
		X	Prospective			
İ			_ r rospectivex	Total Prospect	1176	
1				Total Prospectiv		n Comnonent
				_ 10tai 1 105peeti 1	C WILLI III.C.I.	п сопроиси
			Changes:			
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			X	Rate Semester C	Change	
				_	-	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Reb	ekah Falk	
Permanent File			Me	dicaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	tion Only			D1	106	<i>n n</i>
No Change i	in Rate			Kever	kah fa	lk
					,	
		- · · · · · · · · · · · · · · · · · · ·	~			
	Home Office:	Life Care Centers				
		3570 NW Keith S				
		Cleveland, TN 37	'312			



DARCY HALL OF LIFE CARE		Provid	er Number:	0 317349-00	
2170 PALM BEACH LAKES BLVD		Date:		12/22/2021	
WEST PALM BEACH, FL 33409		Fiscal	Year End:	12/31/2019	
		Audit	Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$241.48</u>	<u>\$229.41</u>	<u>10/1/2021</u>	
Rate Type:					
	x Pros	spective			
		X Total I	Prospective		
		Total P	rospective with Interin	m Component	
		~-			
		Changes:			
		X Rate Se			
	_	Rate Se	emester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Cos	st Reimbursement Planni	ng and Finance	
For Information Only				0.4	
No Change in Rate		<b>/</b> T	Pebekah fa	lk	
			,		
Home Office:	Life Care Centers of An	narion			
Home office.	Life Care Centers of All	iciica			
	3570 NW Keith Street				



PALMER RANCH HE	EALTHCARE AND RI	EHABILITATION	Provider Number:		0 319244-00	
5111 PALMER RANC	H PARKWAY		Date	:	12/22/2021	
SARASOTA, FL 3423	8		Fisca	al Year End:	12/31/2019	
			Aud	it Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$267.76</u>	\$254.37	10/1/2021	
Rate Type:						
		X	Prospective			
			•	l Prospective		
				Prospective with Int	terim Component	
				. 1103p2201. 2	willing component	
		ſ	Changes:			
		-	Changes.			
			X Rate	Semester Change		
				Semester Change		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent	_		Rebekah Falk		
Permanent File				Cost Reimbursement Pla	_	
For Informat	· ·			Rebekah	C. D.D.	
No Change i	n Rate		/	reverant 7	FOLK	
	Home Office:	Brookdale				
		111 Westwood Plac	e			
		Brentwood TN 370	27			



PORT CHARLOTTE I	REHABILITATION C	ENTER		Provider Number:		0 319325-00	
25325 RAMPART BO	ULEVARD			Date:		12/22/2021	
PORT CHARLOTTE,	FL 33983			Fiscal Year End:		12/31/2020	
				Audit Sta	ntus:	Unaudited	
Provider Type:							
Trovider Type.			Curre	ent	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$241.</u>	<u>89</u>	<u>\$241.35</u>	<u>10/1/2021</u>	
D / T							
Rate Type:							
		X	Prospective				
			X	Total Pro	ospective		
				Total Pros	spective with Interin	m Component	
			Changes:				
				_			
			X	_Rate Sem	ester Change		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent				Rebekah Falk		
Permanent File			Me		Reimbursement Plann	_	
For Informat				R	bekah fa	Olx	
No Change i	in Rate			100	v y con Cya	$\mathcal{M}$	
	Home Office:	Clear Choice Hea	alth Care				
		709 S. Harbor Cit	ty Blvd. Suite 240				
		Melbourne, FL 32	2901				



ZEPHYR HAVEN HEA	ALTH & REHAB CE	NTER, INC.		Provider Numb	er:	0 320391-00
38250 AVENUE A				Date:		12/22/2021
ZEPHYRHILLS, FL 33	3542			Fiscal Year En	d:	12/31/2018
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$221.5</u>	<u>§</u>	<u>8233.30</u>	<u>10/1/2021</u>
Data Tamas						
Rate Type:						
		X	Prospective			
			X	Total Prospect		
				Total Prospectiv	e with Interin	m Component
			Changes:			
			Changes.			
			X	Rate Semester C	'hange	
			-		munge	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Reb	ekah Falk	
Permanent File			Med	dicaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	ion Only			01.	1.1.6	0.0.
No Change in	n Rate			Mod	kah fa	lk
					-	
	Home Office:	Sunbelt Health Ca	re Centers,Inc.			
		485 N. Keller road				
		Maitland, FL 3275				



ZEPHYRHILLS HEAI	LTH & REHAB CENT	ER, INC.	Provider Number:		0 320404-00	
7350 DAIRY ROAD			Date:		12/22/2021	
ZEPHYRHILLS, FL 33	3540		Fiscal Year End:		12/31/2018	
			Audit	Status:	Unaudited	
Provider Type:						
Hovider Type.			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		<u>\$239.61</u>	<u>\$241.37</u>	<u>10/1/2021</u>	
Rate Type:						
		x Pı	rospective			
			•	Prospective		
				Prospective with Inte	erim Component	
					<u>r</u>	
			Changes:			
			V	<b>C1</b>		
			Rate S	emester Change		
Distribution:						
Contract Management	/ Fiscal Agent	<u> </u>		Rebekah Falk		
Permanent File	1 Isour 1 igent		Medicaid Co	ost Reimbursement Pla	nning and Finance	
For Informat	tion Only				P	
No Change i	•		/	Rebekahf	alk	
				, ,		
	Home Office:	Sunbelt Health Care (	Centers,Inc.			
		485 N. Keller road				
		Maitland FL 32751				



SUNBELT HEALTH	SUNBELT HEALTH & REHAB CENTER - APOPKA, INC. 305 EAST OAK STREET		Provider Number:		0 320412-00	
305 EAST OAK STRE			Date:		12/22/2021	
APOPKA, FL 32703			Fiscal	Year End:	12/31/2018	
			Audit	Status:	Unaudited	
Provider Type:						
rrovider Type:			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$231.71</u>	<u>\$241.43</u>	<u>10/1/2021</u>	
O	S					
Rate Type:						
			Dragnactiva			
		X	Prospective X Total 1	Dragnactiva		
				Prospective	: C	
			1 otal P	rospective with Inter	ım Component	
		[	Changes:			
			omm <b>g</b> vov			
			X Rate Se	emester Change		
			Rate St	emester Change		
Distribution:						
Contract Management	/ Fiscal Agent	L		Rebekah Falk		
Permanent File		•	Medicaid Co	st Reimbursement Plan	ning and Finance	
For Informa	tion Only			0	1	
 No Change :	•			Pebekah fo	elk	
			•			
	Home Office:	Sunbelt Health Care	e Centers, Inc.			
		485 N. Keller road				
		Maitland EL 22751	1			



EAST ORLANDO HE	ALTH & REHAB CE	NTER, INC.		Provider Num	oer:	0 320421-00	
250 SOUTH CHICKA	SAW TRAIL			Date:		12/22/2021	
ORLANDO, FL 32825				Fiscal Year En	d:	12/31/2018	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$257.7</u>	<u>'4</u>	<u>8268.56</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			_	Total Prospect	ive		
				Total Prospective		n Component	
				-		•	
			Change	1			
			Changes:				
			X	Data Camastan (	Thomas a		
				Rate Semester C	nange		
Distribution:							
Contract Management	/ Fiscal Agent			Reb	ekah Falk		
Permanent File			Med	dicaid Cost Reimbu	rsement Planni	ng and Finance	
For Informat	tion Only			$\Omega_{a}$	, , ,	0.4	
No Change i	-			Keber	kah fa	lk	
					J		
	Home Office:	Sunbelt Health Ca	ara Cantara Ina				
	Home Office.						
	Tione Office.	485 N. Keller road	d				



ADVENTIST CARE C	CENTERS - COURTL	AND, INC.		Provider Number:		0 320439-00	
730 COURTLAND ST	REET			Date:		12/22/2021	
ORLANDO, FL 32804				Fiscal Year End:		12/31/2018	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Types			Curre	nt	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
Nursing Home Single Leve			<u>\$229.</u>	20	\$238.82	10/1/2021	
Rate Type:							
		X	Prospective				
			X	_Total Prospec	etive		
				Total Prospect	ive with Interin	m Component	
			Changes:				
			X	Rate Semester	Change		
				<del></del>	8		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Re	ebekah Falk		
Permanent File			Me	edicaid Cost Reimb	oursement Planni	ng and Finance	
For Informat No Change is	-			Robe	kah fa	l k	
140 Change I	n Rate			, 000 0	7 -000 6 700		
	Home Office:	Sunbelt Health Ca	are Centers, Inc.				
		485 N. Keller Roa					
		Maitland, FL 327	51				



FLORIDA LIVING N	URSING CENTER		Provider Number:		0 320463-00	
3355 E. SEMORAN B	LVD.		Date:		12/22/2021 12/31/2018	
APOPKA, FL 32703			Fiscal Y	Year End:		
			Audit S	tatus:	Unaudited	
Provider Type:						
rroviuer Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$239.09</u>	<u>\$249.38</u>	<u>10/1/2021</u>	
Rate Type:						
· · · · · · · · · · · · · · · · · · ·						
		D.				
		X P1	cospective  X Total P	rospective		
				ospective with Interio	m Component	
			10(4) 11	ospective with intern	п Сотронен	
		L	Changes:			
			X Rate Ser	mester Change		
<u>Distribution:</u>		L		D. L. J. E. II.		
Contract Management	/ Fiscal Agent	_	Madigaid Coat	Rebekah Falk	d Dinama	
Permanent File				Reimbursement Planni		
For Information	· ·		<b>/</b>	ebekah fa	Ola	
No Change i	in Rate		/ (	wy w cja		
	Home Office:	Sunbelt Health Care C	Centers, Inc.			
		485 N. Keller road				
		Maitland FL 32751				



LEHIGH ACRES HEALTH & REHABILITATION CENTER			Provider Number:		umber:	0 320978-00	
1550 LEE BOULEVAL	RD			Date:		12/22/2021	
LEHIGH ACRES, FL	33936			Fiscal Year	End:	12/31/2020	
				Audit Statu	s:	Unaudited	
Provider Type:							
Provider Type.			Curre	ent	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$261.</u>	_	\$248.20	10/1/2021	
Titul sing its	~g.v ==-		<del>4</del>	<u> </u>	Ψ <b>=</b> ••••		
Rate Type:							
		X	_Prospective		_		
			X	_Total Prosp			
				Total Prospe	ective with Interi	m Component	
			Changes:				
			Changes.				
			X	Data Samast	an Changa		
				_Rate Semest	er Cnange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent				Rebekah Falk		
Permanent File	Histai Agent		Me		mbursement Plann	ing and Finance	
For Informat	tion Only					=	
No Change i	-			Keb	ekah fa	lk	
				, , ,		-	
	Home Office:	Greystone Healtho	care Management				
		4042 Park Oaks B	slvd, Suite 300				
		Tampa, FL 33610					



CORAL GABLES NU	RSING AND REHAB	ILITATION		Provider Number:		0 323772-00	
7060 S.W. 8TH STREE	ET			Date:		12/22/2021	
MIAMI, FL 33144				Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Curren	t N	ew	Effective	
			Rate		<u>ate</u>	<u>Date</u>	
Nursing Home	Single Level		\$241.33		88.84	10/1/2021	
Rate Type:						-	
	,						
		X	Prospective				
			_	Total Prospective	;		
			-	Total Prospective v		Component	
1			-	1		1	
			CI				
			Changes:				
			X	Rate Semester Cha	***		
				Rate Semester Cha	nge		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebeka	ah Falk		
Permanent File			Med	icaid Cost Reimburser	_		
For Informat				Dal	1. (0)	<b>1</b> .	
No Change i	n Rate			Rebeke	an jax		
	Home Office:	CareStrong					
		10800 Biscayne I	Boulevard				
		Miami FL 33161					



#### **Medicaid Reimbursement Per Diem Rates**

TARPON POINT NURSING AND REHABILITATION CENTER		Provider Number:		er:	0 323781-00	
5157 PARK CLUB DRIV	VE		- -	Date:		12/22/2021
SARASOTA, FL 34235			_	Fiscal Year End	l:	12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Horidei Type.			Current	,	New	Effective
			Rate		Rate_	<u>Date</u>
Nursing Home	Single Level		<u>\$245.29</u>	<u>\$2</u>	233.03	<u>10/1/2021</u>
Rate Type:						
		n				
r		Y P	rospective X	Total Prospectiv	70	
1			-	Total Prospective		m Component
				10tai riospective	Willi IIIICI	т Сотронен
		Г	Changes:			
			X	Rate Semester Ch	nange	
					-	
						1
<b>Distribution:</b>						
Contract Management / F	Fiscal Agent				kah Falk	
Permanent File			Medi	caid Cost Reimburs		
For Informatio No Change in	•			Rebek	rah fa	?lk
					J	
	Home Office:	Pinnacle Health Facil	lities XXIII, L.P.			
		5500 W. Plano Parkw	vay			

Plano, TX 75093



ST. ANDREW'S BAY S REHABILITATION CE		AND		Provider Numb	er:	0 323799-00
2100 JENKS AVENUE				Date:		12/22/2021
PANAMA CITY, FL 324	405			Fiscal Year End:		12/31/2020
,				Audit Status:		Unaudited
Provider Type:			Curren <u>Rate</u>		New Rate	Effective Date
<b>Nursing Home</b>	Single Level		\$222.8		224.80	10/1/2021
Rate Type:						
		X	Prospective	Total Prospective		im Component
Distribution:			Changes:	Rate Semester Cl	hange	
Contract Management / I	Fiscal Agent			Rebe	kah Falk	
Permanent File			Med	licaid Cost Reimbur		
For Information				Rebek	kah fo	elk
	Home Office:	Pinnacle Health F 5500 W. Plano Pa Plano, TX 75093	Tacilities XXIV, L.P.			



HAMPTON COURT N	NURSING CENTER			Provider Nu	mber:	0 324027-00
16100 N.W. 2ND AVE	ENUE			Date:		12/22/2021
MIAMI, FL 33169				Fiscal Year	End:	3/31/2020
				Audit Status	j:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$275.		\$273.03	10/1/2021
C	J					<del></del>
Rate Type:						
			D otivo			
		X	Prospective X	Tr. 4-1 Dungana		
				_Total Prospe		· _,
				_Total Prospec	ctive with Interi	m Component
			Changes:			
			Changes.			
			X	D-4- Compacto	C1	
				_Rate Semeste	r Cnange	
Distribution.						
<b><u>Distribution:</u></b> Contract Management /	/ Fiscal Agent			F	Rebekah Falk	
Permanent File	riscal Agent		Me	edicaid Cost Reim		ing and Finance
For Informat	tion Only					
No Change is				Kely	ekah fa	r l k
140 Change I	iii Rate			1000	J/ -001 C/00	
	Home Office:	No Home Office				



ROYAL CARE OF AV	VON PARK		Provider Number:		0 324213-00	
1281 W. STRATFORI	) ROAD		Date:		12/22/2021	
AVON PARK, FL 338	25		Fiscal	Year End:	12/31/2020	
			—— Audit	Status:	Unaudited	
Provider Type:						
Provider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$212.72	<u>\$223.12</u>	10/1/2021	
	·- <b>&amp;</b>		<u></u>	<u></u>		
Rate Type:						
Nate Type.						
		X	Prospective			
				Prospective		
			10ta1	Prospective with Interi	m Component	
			1 Otal 1	Prospective with inter-	ш Сопронен	
			CI.			
			Changes:			
			Rate S	emester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid Co	ost Reimbursement Plann	ing and Finance	
For Information	tion Only				)	
No Change i	•		1	Rebekah fa	'lk	
			,		-	
	Home Office:	CareStrong				
	Home Office.	_	Daylarand			
		10800 Biscayne I				
		Miami, FL 33161	1			



HERITAGE PARK CA	HERITAGE PARK CARE AND REHABILITATION CENTER		Provider Number:		:0	0 324345-00	
2302 59TH STREET, '	WEST		[	Date:	1	12/22/2021	
BRADENTON, FL 342	209		F	Fiscal Year End:		2/31/2020	
			A	Audit Status:	<u></u>	Jnaudited	
Provider Type:							
Tionaci Type.			Current	Ne	ew	Effective	
			Rate		ate_	<u>Date</u>	
Nursing Home	Single Level		\$219.26		8.46	10/1/2021	
Rate Type:							
Zence - J.P.							
		v	Prospective				
		X	•	Total Prospective			
				otal Prospective w		omnonent	
				our 1105p2211.1	1111 11110-1111 -	siip oii eii c	
		Г	Changes:				
			Changes.				
			x R	Late Semester Chai	1ge		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	-		Rebeka			
Permanent File			Medic	aid Cost Reimbursen	=		
For Informat	•			Rebeko	h Coll	,	
No Change i	in Rate			/ Wy	u Cjaw		
	Home Office:	Signature Healthcar					
		12201 Bluegrass Pa	-				
		Homsville KY 4029	49				



WASHINGTON REHABILITATION & NURSING CENTER		Provider Number:		0 324353-00	
879 USERY ROAD				Date:	12/22/2021
CHIPLEY, FL 32428			F	Fiscal Year End:	12/31/2020
			A	Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$210.00</u>	\$218.29	<u>10/1/2021</u>
Rate Type:					
	<u></u>				
		X	Prospective X 7	5-4-1 Dun	
				Total Prospective  Total Prospective with Interpretation	tarim Component
			1	total i rospective with in	termi Component
			Changes:		
			X R	Rate Semester Change	
Distribution:					
Contract Management	/ Fiscal Agent			Rebekah Falk	4
Permanent File			Medic	aid Cost Reimbursement Pl	· ·
For Informat No Change i	-			Rebekah	falk
	Home Office:	Signature Healthca	nre, LLC		
		12201 Bluegrass P	•		
		Louisville KV 402	299		



CHAUTAUQUA REHABILITATION & NURSING CENTER		Provider Number:		0 32	0 324361-00	
785 SOUTH 2ND STREET		Da	ate:	12	12/22/2021	
DEFUNIAK SPRINGS, FL 32433		Fi	Fiscal Year End:		/31/2020	
		A	ıdit Status:	Uı	naudited	
Provider Type:						
110vider 1yper		Current	Ne	W	Effective	
		Rate	Rat	<u>te</u>	<u>Date</u>	
Nursing Home Single Level		<u>\$214.30</u>	<u>\$223</u>	.29	<u>10/1/2021</u>	
D. C. T.						
Rate Type:						
		ospective				
		X To	otal Prospective			
		To	tal Prospective wi	th Interim Cor	nponent	
		Changes				
		Changes:				
		X Po	te Semester Chang	~~		
		Ka	te semester Chang	ge		
Distribution:						
Contract Management / Fiscal Agent			Rebekah	Falk		
Permanent File		Medica	d Cost Reimbursem	ent Planning and	l Finance	
For Information Only			$O_{1}$	1 / 11		
No Change in Rate			Rebeka	nfalk	-	
				,		
Home Office:	Signature Healthcare,	IIC				
Home Office.	12201 Bluegrass Park					
	Louisville, KY 40299	•				



SIGNATURE HEALT	SIGNATURE HEALTHCARE OF COLLEGE PARK			Provider Number:		0 324370-00	
13755 GOLF CLUB PA	ARKWAY			Date: Fiscal Year End:		12/22/2021 12/31/2020	
FORT MYERS, FL 339	919						
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	t. Ì	New	Effective	
			Rate		Rate	Date	
Nursing Home	Single Level		\$224.3	_	20.60	10/1/2021	
8	ě			_			
Rate Type:							
		**	Drognostivo				
		X	Prospective X	Total Prospectiv	'A		
			-	Total Prospective		n Component	
				Total Prospective	with intern	n Component	
			Changes:				
				l			
			X	Rate Semester Ch	ange		
				•	C		
Distribution:							
Contract Management /	/ Fiscal Agent			Rebel	kah Falk		
Permanent File			Med	icaid Cost Reimburs	ement Planni	ng and Finance	
For Informat	tion Only			001	0	0.0	
No Change i	n Rate			Rebek	an fa	lk	
					,		
	H 0.00	Cianata II 14	II.C				
	Home Office:	Signature Health					
		12201 Bluegrass	-				



SIGNATURE HEALT	HCARE OF GAINES	VILLE	I	Provider Number:	0 324388-00 12/22/2021	
4000 S.W. 20TH AVE	NUE		I	Date:		
GAINESVILLE, FL 32	2607		I	Fiscal Year End:	12/31/2019	
			A	Audit Status:	Unaudited	
Provider Type:						
Tioridei Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$210.05</u>			
Rate Type:						
Nate Type.						
1						
		X	Prospective			
			<del></del>	Total Prospective		
1			7	Total Prospective with	Interim Component	
L						
			Changes:			
			X	Rate Semester Change		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah F		
Permanent File			Medic	caid Cost Reimbursement	_	
For Information	-			Rebekah	Colle	
No Change i	in Rate			/ Wexan	-fall	
	Home Office:	Signature Health	care, LLC			
		12201 Bluegrass	Parkway			
		Louisville KV 40	0299			



SIGNATURE HEALT	IGNATURE HEALTHCARE OF NORTH FLORIDA		Pr	ovider Number:	0 324396-00	
1083 SANDERS AVE	NUE		Da	ite:	12/22/2021	
GRACEVILLE, FL 32	440		Fis	scal Year End:	12/31/2020	
			Αι	ıdit Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$210.90</u>	\$219.75		
	T					
Rate Type:						
		X	Prospective			
		_		tal Prospective		
				tal Prospective with I	nterim Component	
				•	-	
			Changes:			
			Ra	te Semester Change		
D:-4-:h4:						
<b>Distribution:</b> Contract Management	/ Fiscal Agent			Rebekah Fal	lk	
Permanent File	/ Fiscal Agent		Medicai	d Cost Reimbursement I		
For Informat	tion Only				<i>P</i>	
No Change i	-			Rebekah	falk	
-				, , ,	J	
	Home Office:	Signature Health				
		12201 Bluegrass	-			
		Louisville KV 4	0299			



SIGNATURE HEALT	IGNATURE HEALTHCARE CENTER OF WATERFORD			Provider Num	ber:	0 324400-00	
8333 W. OKEECHOBI	EE ROAD		<u></u>	Date:		12/22/2021	
HIALEAH GARDENS	s, FL 33016			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Types			Curre	nt	New	Effective	
			Rate	2	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$209.</u> .	<u>36</u>	<u>\$218.15</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	Total Prospect	tive		
				Total Prospective	ve with Interin	n Component	
			Changes:				
			X	Rate Semester (	Change		
				<del>_</del>			
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				oekah Falk		
Permanent File			Me	edicaid Cost Reimbu			
For Informat No Change is	-			Robe	kah fa	l k	
No Change I	ii Kate			1000	, and C ju		
	Home Office:	Signature Healthca	nre, LLC				
		12201 Bluegrass P					
		Louisville, KY 402	-				



SIGNATURE HEALT	IGNATURE HEALTHCARE OF BROOKWOOD GARDENS			Provider Number: 0 324418-00		
1990 S. CANAL DRIV	Έ			Date:		12/22/2021
HOMESTEAD, FL 330	035			Fiscal Year End:		12/31/2020
				Audit Status:	<u> </u>	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$231.</u>		<u>\$235.12</u>	10/1/2021
Rate Type:						
		X	Prospective			
			X	Total Prospe	ctive	
				Total Prospect	tive with Interio	m Component
		Г	CI.			
			Changes:			
			X	Data Camarata	C1	
				_Rate Semester	r Change	
<b>Distribution:</b>						
Contract Management	Fiscal Agent	L		R	ebekah Falk	
Permanent File	S	<del>-</del>	Me	edicaid Cost Reim	bursement Planni	ing and Finance
For Informat	ion Only			$\Omega_{A}$	100	0.4
No Change i	n Rate			Kebe	kah fa	lk
					,	
	Home Office:	Signatura Haalth	· IIC			
	поше Опісе:	Signature Healthcar 12201 Bluegrass Pa				
		Louisville, KY 4029	-			
		10000 viiio, 1X1 -702.	, ,			



SIGNATURE HEALTHCARE AT THE CO	URTYARD		Provider Number:	0 324426-00
2600 FOREST GLEN TRAIL			Date:	12/22/2021
MARIANNA, FL 32446			Fiscal Year End:	12/31/2020
			Audit Status:	Unaudited
Provider Type:				
Trovider Type.		Curren	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		\$223.47		
Rate Type:				
	v	Prospective		
	X	_	Total Prospective	
			Total Prospective with In	nterim Component
			Total Prospective with h	iteriii Component
		Changes:		
		X	Rate Semester Change	
<b>Distribution:</b>				
Contract Management / Fiscal Agent			Rebekah Fal	k
Permanent File		Med	caid Cost Reimbursement P	lanning and Finance
For Information Only			Rebekah	601
No Change in Rate			Mockan	falk
Home Office:	Signature Healthca	are LLC		
nome office.	12201 Bluegrass P			
	Louisville, KY 402	-		



SIGNATURE HEALTI	GNATURE HEALTHCARE OF ORANGE PARK			Provider Number:		0 324434-00	
2029 PROFESSIONAL	CTR DR			Date:		12/22/2021	
ORANGE PARK, FL 3	2073			Fiscal Year End:		12/31/2019	
				Audit Sta	itus:	Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$216.3	2	<u>\$228.77</u>	10/1/2021	
Rate Type:							
		X	Prospective				
			X	_Total Pro	•		
				_Total Pros	pective with Interior	m Component	
			Changes:				
			Changes.	_			
			X	Rate Seme	ester Change		
Distribution:							
Contract Management /	Fiscal Agent				Rebekah Falk		
Permanent File			Med	dicaid Cost R	Reimbursement Plann	ing and Finance	
For Informat	ion Only			D	la la la	000	
No Change in	n Rate				bekah fa		
	Home Office:	Signature Healtho					
		12201 Bluegrass I	-				



SIGNATURE HEALT	HCARE OF ORMONI	)		Provider Number:		0 324442-00	
103 NORTH CLYDE N	MORRIS BLVD.			Date:	12	/22/2021	
ORMOND BEACH, F	L 32174			Fiscal Year End:		/31/2020	
				Audit Status:	Uı	naudited	
Provider Type:							
Tionaci Type.			Curren	t No	ew	Effective	
			Rate	Ra	ate_	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$217.3		6.48	10/1/2021	
Rate Type:							
Nate Type.							
1		X	Prospective				
1				Total Prospective			
1				Total Prospective w	rith Interim Cor	nponent	
			Changes:				
			X	Rate Semester Char	nge		
				11411 2011	-50		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebeka	h Falk		
Permanent File			Med	icaid Cost Reimbursen	nent Planning and	l Finance	
For Informat	tion Only			Do 1	1 / 11		
No Change i	in Rate			Rebeko	in falk	-	
					,		
	Home Office:	Signature Health	core IIC				
	Home Office.	12201 Bluegrass					
		Louisville KV 4	-				



ANCHOR CARE & REHA	NCHOR CARE & REHABILITATION CENTER			Provider Number:		0 324451-00	
1515 PORT MALABAR BI	LVD, NE			Date:		12/22/2021	
PALM BAY, FL 32905				Fiscal Ye	ear End:	12/31/2019	
				Audit Sta	atus:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>.</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		\$207.0	<u>59</u>	<u>\$216.40</u>	<u>10/1/2021</u>	
D	1						
Rate Type:							
		X	Prospective				
			X	_Total Pro	ospective		
				_Total Pros	spective with Interi	m Component	
			Changes:				
				_			
			X	Rate Sem	ester Change		
<b>Distribution:</b>							
Contract Management / Fisc	cal Agent			1: :1G :1	Rebekah Falk	· 15.	
Permanent File			Me		Reimbursement Plann	_	
For Information C No Change in Ra	-			K	bekah fa	Ok	
No Change in Ka	ic			10	o of son cya		
	Home Office:	Signature Healtho					
		12201 Bluegrass	-				



SIGNATURE HEALT	GNATURE HEALTHCARE OF PORT CHARLOTTE			Provider Number: 0 324477-00				
4033 BEAVER LANE				Date:		12/22/2021		
PORT CHARLOTTE,	FL 33952			Fiscal Year End:		12/31/2020		
				Audit Status:		Unaudited		
Provider Type:								
Trovider Type.			Curre	nt	New	Effective		
			Rate		Rate	<u>Date</u>		
Nursing Home	Single Level		<u>\$236.3</u>	<u>84</u>	<u>8240.37</u>	<u>10/1/2021</u>		
Rate Type:								
		X	Prospective					
			X	_Total Prospect	ive			
				Total Prospectiv	e with Interin	n Component		
1								
				1				
			Changes:					
			v					
			X	_Rate Semester C	Change			
<b>Distribution:</b>								
Contract Management	/ Fiscal Agent			Reb	ekah Falk			
Permanent File	Tigent		Me	dicaid Cost Reimbu	rsement Planni	ng and Finance		
For Informat	tion Only			$O_{a}$	, , ,	0.4		
No Change i	•			Keber	kah fa	lk		
					J			
	0.00	~ * * * * * * * * * * * * * * * * * * *						
	Home Office:	Signature Healtho						
		12201 Bluegrass I	-					
		Louisville, KY 40	)299					



KENILWORTH CARE	ENILWORTH CARE AND REHABILITATION CENTER			Provider Number: 0 324493-00		
3011 KENILWORTH I	BOULEVARD			Date:		12/22/2021
SEBRING, FL 33870				Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$211.0</u>		<u>\$214.67</u>	10/1/2021
Rate Type:						
Rate Type.						
		X	Prospective			
			X	_Total Prospect		
				_Total Prospectiv	ve with Interir	n Component
			Changes:			
			v			
			X	_Rate Semester C	Change	
Distribution:						
Contract Management /	Fiscal Agent		<u>L</u>	Reb	ekah Falk	
Permanent File	1100011190110		Me	dicaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	ion Only					
No Change in	•			Keber	kah fa	lk
					J	
	Home Office:	Signature Healthca	are. LLC			
		12201 Bluegrass P				
		Louisville, KY 402	-			



PENINSULA CARE A	ENINSULA CARE AND REHABILITATION CENTER			Provider Nun	nber:	0 324507-00	
900 BECKETT WAY				Date:		12/22/2021	
TARPON SPRINGS, F	FL 34689			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	ent	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$209.</u>	83	<u>\$214.73</u>	10/1/2021	
Rate Type:							
Kate Type.							
		X	Prospective				
			X	_Total Prospec			
				Total Prospect	ive with Interin	m Component	
			Changes:				
			X	_Rate Semester	Change		
<u>Distribution:</u>							
Contract Management /	Fiscal Agent				ebekah Falk	1.5.	
Permanent File			Me	edicaid Cost Reimb			
For Informat	-			Ribe	kah fa	Olx	
No Change i	n Kate			1000	your Cju		
	Home Office:	Signature Healtho					
		12201 Bluegrass	-				
		Louisville, KY 40	)299				



VINTER PARK CARE AND REHABILITATION CENTER		Pr	ovider Number:	0 32	4515-00	
2970 SCARLETT ROAD		Da	ate:	12/2	12/22/2021	
WINTER PARK, FL 32792		Fi	Fiscal Year End:		31/2019	
		A	ıdit Status:	Una	audited	
Provider Type:						
Trovider Type.		Current	Ne	W	Effective	
		Rate	Ra		Date	
Nursing Home Single Level		<u>\$216.30</u>	\$225		10/1/2021	
-						
Rate Type:						
	X P1	rospective				
	<u>\</u>	-	otal Prospective			
			tal Prospective wi	th Interim Com	nonent	
		10	tai i iospective	ul mornii com	ponent	
		Changes:				
		x	te Semester Chan	ge		
				-		
Distribution:						
Contract Management / Fiscal Agent	_		Rebekal	ı Falk		
Permanent File		Medica	d Cost Reimbursem	ent Planning and	Finance	
For Information Only			Dala	1. 600		
No Change in Rate			Rebeka	njau		
				•		
Home Office:	Signature Healthcare,	LLC				
Home Office.	12201 Bluegrass Park					
	Louisville, KY 40299	-				



HEARTLAND HEALTI	EARTLAND HEALTH CARE CENTER-JACKSONVILLE			Provider Num	nber:	0 325236-00
8495 NORMANDY BO	ULEVARD			Date:		12/22/2021
JACKSONVILLE, FL 32	2221			Fiscal Year End:		12/31/2019
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$228.	_	\$223.75	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
			X	Total Prospec	tive	
				Total Prospecti	ve with Interin	n Component
			CI			
			Changes:			
			X	D	CI.	
				_Rate Semester	Change	
<b>Distribution:</b>						
Contract Management / 1	Fiscal Agent			Re	bekah Falk	
Permanent File	8		Me	edicaid Cost Reimb	ursement Planni	ng and Finance
For Information	on Only			$\Omega_{I}$	100	0.0
No Change in	Rate			Kebe	kah fa	lk
					,	
	Home Office:	HCR ManorCare S	Services LLC			
	Tiomo Office.	333 North Summit				
		Toledo, OH 43604				



HEARTLAND HEALTH CAR	EARTLAND HEALTH CARE CENTER-ORANGE PARK			Provider Numb	er:	0 325261-00	
570 WELLS ROAD				Date:		12/22/2021	
ORANGE PARK, FL 32073				Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	Date	
Nursing Home Si	ingle Level	gle Level			222.18	10/1/2021	
8	8						
Rate Type:							
			_				
		X	Prospective				
			X	_Total Prospecti			
				_Total Prospective	e with Interio	n Component	
			Changes:				
			Changes.	_			
			X	Data Camaratan C	1		
				_Rate Semester C	hange		
D:-4-:14:							
Distribution:	A 4			Reh	ekah Falk		
Contract Management / Fiscal A Permanent File	Agent		Me	dicaid Cost Reimbur		ng and Finance	
For Information Only	.,					_	
No Change in Rate	y			Reber	Lah Lo	lk	
No Change in Rate				1000	an Cja		
Но	ome Office:	HCR ManorCare	Services, LLC				
		333 North Summ					
		Toledo, OH 4360					



3648 UNIVERSITY BLVD. S.  JACKSONVILLE, FL 32216  Provider Type:	Date: Fiscal Ye Audit Sta		0 325287-00 12/22/2021 12/31/2019 Unaudited
JACKSONVILLE, FL 32216	Audit St		
Provider Type:		atus:	
Provider Type:	Current		
	Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level	\$223.61	\$223.91	<u>Date</u> 10/1/2021
Rate Type:			
V.A.			
x Prospect	X Total Pro	ospective spective with Inter	rim Component
Distribution:	x Rate Sem	ester Change	
Contract Management / Fiscal Agent		Rebekah Falk	
Permanent File	Medicaid Cost l	Reimbursement Plani	ning and Finance
For Information Only No Change in Rate	R	bekah fa	elk
Home Office: HCR ManorCare Services, L 333 North Summit Street Toledo, OH 43604	LC		



HEARTLAND HEALT	ΓΗ CARE CENTER-	BOYNTON BEACH	Provider Number: 0 325309-00			0 325309-00
3600 OLD BOYNTON	N ROAD		<u></u>	Date:		12/22/2021
BOYNTON BEACH, I	FL 33436			Fiscal Year Er	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$217.	_	<u>\$220.21</u>	<u>10/1/2021</u>
Rate Type:						
		v E	Prospective			
		XF	X	Total Prospect	tive	
				Total Prospective		m Component
					ve with intern	in component
			Changes:			
			X	_Rate Semester (	Change	
D' / 'I /'						
<u>Distribution:</u>	/ Figgal A gant	L		Rel	bekah Falk	
Contract Management / Permanent File	riscai Ageni	_	Me	dicaid Cost Reimbu		ing and Finance
For Informat	tion Only					
No Change i	•			Kebe	kah fa	lk
					J	
	II 0.00	HCD M				
	Home Office:	HCR ManorCare Set 333 North Summit S				
		Toledo, OH 43604	ucei			
		101cu0, Off 43004				



HEARTLAND HEALT	H CARE CENTER-F	T. MYERS		Provider Num	ber:	0 325325-00	
1600 MATTHEW DRIV	VE			Date:		12/22/2021	
FORT MYERS, FL 339	07			Fiscal Year Er	nd:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$228.8</u>	<u>84</u>	\$234.30	<u>10/1/2021</u>	
D . T							
Rate Type:							
		X	Prospective				
			X	_Total Prospect	tive		
				Total Prospectiv	ve with Interin	n Component	
			Ch				
			Changes:				
			X	Rate Semester (	Thomas		
				_ Kate Semester (	Inange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rel	oekah Falk		
Permanent File			Me	dicaid Cost Reimbu	ırsement Planni	ng and Finance	
For Informati	on Only			$\mathcal{O}_{I}$	1.1.6	0.0.	
No Change in	Rate			Twe	kah fa	lk	
					•		
	Home Office:	HCR ManorCare	Services, LLC				
		333 North Summi					
		Toledo, OH 4360					



HEARTLAND HEALTH CARE CENTER-PROSPERITY OAKS				Provider Number: 0 325341-00		
11375 PROSPERITY I	FARMS RD.			Date:		12/22/2021
PALM BEACH GARD	DENS, FL 33410		<u> </u>	Fiscal Year Er	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Tioridei Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<b>\$232.</b> 1		\$224.63	10/1/2021
-	_					
	1					
Rate Type:						
		v I	Prospective			
		XI	X	Total Prospect	ive	
				Total Prospective		m Component
1				_ 10tai i 105peeti	ve with inter	III Component
1						
			Changes:			
				_		
			X	Rate Semester C	Change	
				<del>-</del>	-	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent	_		Rel	oekah Falk	
Permanent File			Me	dicaid Cost Reimbu		_
For Informat	tion Only			D	1. 1.	7 
No Change i	in Rate			Keve	kah fa	UK.
					,	
	H Off	TIOD M. C. C.	· · · · · · · · · · · · · · · · · · ·			
	Home Office:	HCR ManorCare Se				
		333 North Summit S	Street			
		Toledo, OH 43604				



MANOR CARE OF BO	OCA RATON FL, LLO	C	Pr	ovider Number:	0 325368-00
375 N.W. 51ST STREE	Т		Da	nte:	12/22/2021
BOCA RATON, FL 334	431		Fis	scal Year End:	12/31/2020
			Au	ıdit Status:	Unaudited
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		<u>\$216.59</u>	<u>\$225.68</u>	<del></del>
Rate Type:					
		X	Prospective		
				otal Prospective	
			To	tal Prospective with I	nterim Component
			Changes:		
			X Pa	te Semester Change	
				te Semester Change	
<b>Distribution:</b>					
Contract Management /	Fiscal Agent		-	Rebekah Fa	lk
Permanent File			Medicai	d Cost Reimbursement	Planning and Finance
For Informati No Change in	-			Rebekah	falk
				, 0.00	
	Home Office:	HCR ManorCare	Services, LLC		
		333 North Summ			
		Toledo, OH 4360	)4		



MANOR CARE OF BO	ANOR CARE OF BOYNTON BEACH FL, LLC			Provider Number: 0 325376-00				
3001 S. CONGRESS A	VE.			Date:		12/22/2021		
BOYNTON BEACH, I	FL 33426			Fiscal Year En	d:	12/31/2019		
				Audit Status:		Unaudited		
Provider Type:								
Trovider Type.			Currer	nt	New	Effective		
			Rate		Rate	<u>Date</u>		
Nursing Home	Single Level		<u>\$229.5</u>	<u>\$5</u>	<u>8232.12</u>	<u>10/1/2021</u>		
Rate Type:								
		X	Prospective					
			Y	Total Prospecti	ive			
				Total Prospectiv		n Component		
				- •		•		
				1				
			Changes:					
			X	Rate Semester C	Change			
Distribution:				Dah	ekah Falk			
Contract Management	/ Fiscal Agent		Med	dicaid Cost Reimbur		ng and Finance		
Permanent File	dia no Ondra		Wick					
For Informat No Change i	-			Reber	Lah Lo	lk		
No change i	III Kate			1000	-un Cjac	, o, c		
	Home Office:	HCR ManorCare	Services, LLC					
		333 North Summ	it Street					
		Toledo, OH 4360	)4					



MANORCARE HEALTH SE	ERVICES			Provider Num	ber:	0 325384-00	
13881 EAGLE RIDGE DRIV	Έ			Date:		12/22/2021	
FORT MYERS, FL 33912				Fiscal Year En	ıd:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curren	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$214.5</u>	3	§223.53	10/1/2021	
Rate Type:							
		X	Prospective				
			_	Total Prospect	ive		
				Total Prospectiv		n Component	
						•	
			Changes:				
			X	Rate Semester C	Change		
Distribution:							
Contract Management / Fiscal	l Agent				ekah Falk	177	
Permanent File			Med	licaid Cost Reimbu			
For Information Or	-			Roha	kah fa	Oli	
No Change in Rate				rwa	Car ( fac		
I	Home Office:	HCR ManorCare	Services, LLC				
		333 North Summi					
		Toledo, OH 43604					



MANOR CARE @ LEL	Y PALMS			Provider Num	ber:	0 325422-00	
6135 RATTLESNAKE I	HAMMOCK ROAD			Date:		12/22/2021	
NAPLES, FL 34113				Fiscal Year E	nd:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$231.6</u>	<u> </u>	\$221.13	<u>10/1/2021</u>	
Rate Type:							
1							
		X	Prospective				
			X	_Total Prospec	tive		
				_Total Prospecti	ve with Interin	n Component	
			Changes:				
			X	<b>D</b> . G	C1		
				_Rate Semester (	Change		
<b>Distribution:</b>							
Contract Management / H	Fiscal Agent		L	Re	bekah Falk		
Permanent File			Me	dicaid Cost Reimb	ırsement Planni	ng and Finance	
For Information	on Only			$\Omega_{a}$	, , ,	0.4	
No Change in	-			Kebe	kah fa	lk	
					J		
	Home Office:	HCR ManorCare					
		333 North Summ					
		Toledo, OH 4360	14				



MANOR CARE NURSING AND REHABIL	LITATION CENTER	Pro	vider Number:	0 325449-00
3601 LAKEWOOD BOULEVARD		Date	e:	12/22/2021
NAPLES, FL 34112		Fisc	al Year End:	12/31/2020
		Aud	it Status:	Unaudited
Provider Type:				
110vide: 1,pe.		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		<u>\$241.34</u>	<u>\$234.88</u>	10/1/2021
Rate Type:				
Ratt Type.				
	X Pros	spective		
	_		al Prospective	
	_	Tota	l Prospective with I	nterim Component
	(	Changes:		
		Changes.		
		X Rate	Semester Change	
	_	Kan	Semester Change	
Distribution:				
Contract Management / Fiscal Agent			Rebekah Fa	lk
Permanent File		Medicaid	Cost Reimbursement l	Planning and Finance
For Information Only				
No Change in Rate			Rebekah	falk
				ı
Home Office:	HCR ManorCare Service	es IIC		
Home office.	333 North Summit Stree			
	Toledo, OH 43604			



MANORCARE HEAL	TH SERVICES-SARA	ASOTA		Provider Nur	nber:	0 325465-00	
5511 SWIFT ROAD				Date:		12/22/2021	
SARASOTA, FL 3423	1			Fiscal Year E	nd:	12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>2</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$219.9</u>	94_	<u>\$220.69</u>	<u>10/1/2021</u>	
Rate Type:							
			Duo ano activo				
		X	_Prospective X	Total Prospec	otiva		
				_ Total Prospect		m Component	
				_ Total Trospect	ive with intern	ii Component	
			Changes:				
			v				
			X	Rate Semester	Change		
Distribution:							
Contract Management /	Fiscal Agent			Re	ebekah Falk		
Permanent File			Me	edicaid Cost Reimb	oursement Planni	ng and Finance	
For Informat	ion Only			$\Omega_{I}$	, , ,	0.1	
No Change in	n Rate			Kebe	kah fa	lk	
					,		
	Home Office:	HCR ManorCare	Services, LLC				
		333 North Summi	it Street				
		Toledo, OH 4360	4				



MANOR CARE HEAL	TH SERVICES			Provider Num	ber:	0 325473-00
1450 EAST VENICE A	VENUE		<u> </u>	Date:		12/22/2021
VENICE, FL 34292				Fiscal Year Er	nd:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
Hovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		\$221.7		\$220.03	10/1/2021
_	_					
Rate Type:						
		X	Prospective			
			_ r rospective x	Total Prospect	tive	
				Total Prospective		m Comnonent
				_ 10tai i 10speeti	VC WITH HITCH	ш сопропен
			Changes:			
				_		
			X	Rate Semester (	Change	
				_		
<b>Distribution:</b>						
Contract Management /	Fiscal Agent				bekah Falk	
Permanent File			Me	dicaid Cost Reimbu	ırsement Planni	ing and Finance
For Informati	on Only			D.	1.1.	n n.
No Change in	Rate			Twe	kah fa	lk
					-	
	Home Office:	HCR ManorCare	Samiaca II.C			
	Home Office.	333 North Summi				
		Toledo, OH 4360				
		101640, 011 4300	4			



MANORCARE HEAL	MANORCARE HEALTH SERVICES-WEST PALM BEACH			Provider Number: 0 325481-00			
2300 VILLAGE BLVD	)			Date:		12/22/2021	
WEST PALM BEACH	I, FL 33409			Fiscal Year	End:	12/31/2020	
				Audit Status	s:	Unaudited	
Provider Type:							
Trovider Type.			Curre	ent	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$227.</u>	_	\$235.84	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	Total Prospe	ective		
				_	ctive with Interir	n Component	
				_ •		•	
		[	Changes				
			Changes:				
			X	Rate Semeste	er Change		
				_ Rate Semeste	a Change		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	<u></u>		ŀ	Rebekah Falk		
Permanent File	-	-	Me	edicaid Cost Rein	nbursement Planni	ng and Finance	
For Informat	tion Only			$\mathcal{D}_{I}$	1.1.6	0.0.	
No Change i	n Rate			TW	ekah fa	lk	
	Home Office:	HCR ManorCare So	ervices, LLC				
		333 North Summit	Street				
		Toledo, OH 43604					



IEARTLAND HEALTH CARE CENTER-NORTH SARASOTA				Provider Nur	nber:	0 325490-00	
3250 12TH STREET			<u> </u>	Date:		12/22/2021	
SARASOTA, FL 3423	7		<u></u>	Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Provider Type.			Curre	nt.	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$241. <i>:</i>	_	\$243.47		
- · · · · · · · · · · · · · · · · · · ·	·- <b>B</b>						
Rate Type:							
		v I	Prospective				
		XI	rrospective X	Total Prospe	ativa		
						Component	
				Total Prospect	ive with interi	m Component	
1							
			Changes:				
			<u> </u>				
			X	Rate Semester	Change		
					· · · · · · · · · · · · · · · · · · ·		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	_		R	ebekah Falk		
Permanent File	-	_	Me	edicaid Cost Reimb	oursement Plann	ing and Finance	
For Informat	tion Only			$\Omega_{0}$	, , (	7	
No Change i	n Rate			Kebl	kah fa	LK.	
					J		
	Home Office:	HCR ManorCare Se					
		333 North Summit S	Street				
		Toledo, OH 43604					



MANORCARE HEALTH SERVICES (DELRAY BEACH)			Provider Number:			0 325520-00	
16200 JOG ROAD				Date:		12/22/2021	
DELRAY BEACH, FL	33446			Fiscal Yea		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	ent	New	Effective	
		<u>R</u>		<u>e</u>	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$207.</u>	<u>71</u>	\$216.42	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	Total Pro	ospective		
				Total Pro	spective with Interi	m Component	
			Changes:				
			Changes.				
			X	Rate Sem	ester Change		
				_ Rate Selli	ester Change		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent				Rebekah Falk		
Permanent File			Me	edicaid Cost	Reimbursement Plann	ing and Finance	
For Informat	tion Only			1		) . <i>() ()</i> .	
No Change i	n Rate			10	bekah fa		
	Home Office:	HCR ManorCare	Services, LLC				
		333 North Summ	it Street				
		Toledo, OH 4360	)4				



MANOR-CARE HEAL	TH SERVICES-DUN	EDIN		Provider Nu	ımber:	0 325686-00	
870 PATRICIA AVENU	JE			Date:		12/22/2021	
DUNEDIN, FL 34698				Fiscal Year End:		12/31/2020	
				Audit Status	s:	Unaudited	
Provider Type:							
Trovider Type.			Curre	ent	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$221.</u>	<del></del>	<u>\$230.83</u>	10/1/2021	
S	S						
Rate Type:							
		X	Prospective				
			rospective X	Total Prosp	ective		
				_	ctive with Interin	n Component	
						n component	
			Changes:				
			X	_Rate Semeste	er Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				Rebekah Falk	no and Einemen	
Permanent File			IVIE		nbursement Planni		
For Information	•			Rik	ekah fa	Olx	
No Change in	i Kate			100	Man Cya		
	Home Office:	HCR ManorCare	Services, LLC				
		333 North Summi					
		Toledo, OH 4360	4				



PALM HARBOR, FL 34684  Provider Type:  Current New Effective Rate Rate Date  Nursing Home Single Level  X Prospective X Total Prospective with Interim Component  Changes:  X Rate Semester Change  Distribution:  Contract Management / Fiscal Agent  Radit Status: Unaudited  12/31/2020  Longitical Status: Unaudited  Provider Type:  Current New Effective Rate Rate Date  A Total Prospective Total Prospective with Interim Component  Rebekah Falk	ANORCARE HEALTH SERVICES-PALM HARBOR			Provider Number:		ıber:	0 325694-00	
Provider Type:    Current New Effective Rate Rate Date Single Level \$205.70 \$214.33 \$10/1/202 \$\$	2851 TAMPA ROAD				Date:		12/22/2021	
Provider Type:    Current   New   Effective	PALM HARBOR, FL 34684				Fiscal Year End:		12/31/2020	
Rate Type:    X   Prospective   X   Total Prospective with Interim Component    Changes:   X   Rate Semester Change					Audit Status:		Unaudited	
Current New Effective Rate Rate Date  Nursing Home Single Level \$205.70 \$214.33 10/1/202  Rate Type:    X	Provider Type							
Rate Type:    X   Prospective   X   Total Prospective with Interim Component    Changes:   X   Rate Semester Change	Trovider Type.			Curre	nt	New	Effective	
Rate Type:    X   Prospective   X   Total Prospective with Interim Component    Changes:   X   Rate Semester Change								
X Prospective X Total Prospective Total Prospective with Interim Component  Changes:  X Rate Semester Change  Distribution: Contract Management / Fiscal Agent Permanent File  Medicaid Cost Reimbursement Planning and Finance	Nursing Home Sing	le Level					10/1/2021	
X Prospective X Total Prospective Total Prospective with Interim Component  Changes:  X Rate Semester Change  Distribution: Contract Management / Fiscal Agent Permanent File  Medicaid Cost Reimbursement Planning and Finance					<del></del>		<del></del>	
X Prospective X Total Prospective Total Prospective with Interim Component  Changes:  X Rate Semester Change  Distribution: Contract Management / Fiscal Agent Permanent File  Medicaid Cost Reimbursement Planning and Finance								
X Prospective X Total Prospective Total Prospective with Interim Component  Changes:  X Rate Semester Change  Distribution: Contract Management / Fiscal Agent Permanent File  Medicaid Cost Reimbursement Planning and Finance								
Total Prospective Total Prospective with Interim Component  Changes:  X Rate Semester Change  Eventual Prospective with Interim Component  Total Prospective with Interim Component  Rebess  Medicaid Cost Reimbursement Planning and Finance	Rate Type:							
Total Prospective Total Prospective with Interim Component  Changes:  X Rate Semester Change  Eventual Prospective with Interim Component  Total Prospective with Interim Component  Rebess  Medicaid Cost Reimbursement Planning and Finance								
Total Prospective Total Prospective with Interim Component  Changes:  X Rate Semester Change  Eventual Prospective with Interim Component  Total Prospective with Interim Component  Rebess  Medicaid Cost Reimbursement Planning and Finance			v	Prospective				
Total Prospective with Interim Component  Changes:  X Rate Semester Change  Distribution: Contract Management / Fiscal Agent Permanent File  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance			A	_	Total Prospec	tive		
Changes:  X Rate Semester Change  Contract Management / Fiscal Agent  Permanent File  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance					_		n Component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  Rate Semester Change  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance					_ 101411105peet1	ve with intern	n component	
Distribution:  Contract Management / Fiscal Agent  Permanent File  Rate Semester Change  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance								
Distribution:  Contract Management / Fiscal Agent  Permanent File  Rate Semester Change  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance								
Distribution:  Contract Management / Fiscal Agent  Permanent File  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance				Changes:				
Distribution:  Contract Management / Fiscal Agent  Permanent File  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance								
Contract Management / Fiscal Agent  Permanent File  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance				X	Rate Semester	Change		
Contract Management / Fiscal Agent  Permanent File  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance								
Contract Management / Fiscal Agent  Permanent File  Rebekah Falk  Medicaid Cost Reimbursement Planning and Finance								
Permanent File Medicaid Cost Reimbursement Planning and Finance	<b>Distribution:</b>							
	Contract Management / Fiscal Age	ent						
For Information OnlyNo Change in Rate  Rubekah fall	Permanent File			Me				
No Change in Rate  / WCRON fall					Dolo	Lake Co	01.	
	No Change in Rate				Mue	Rantfa	la	
Home Office: HCR ManorCare Services, LLC	Home	e Office:	R ManorCare S	Services, LLC				
333 North Summit Street	1101114							
Toledo, OH 43604								



HEARTLAND OF ZEI	EARTLAND OF ZEPHYRHILLS			Provider Number:		0 325708-00	
38220 HENRY DRIVE	3			Date:		12/22/2021	
ZEPHYRHILLS, FL 33	3540			Fiscal Year End:		12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$208.</u>		<u>\$217.17</u>	10/1/2021	
D / T							
Rate Type:							
		X	Prospective				
			X	_Total Prospec	etive		
				_Total Prospect	ive with Interir	m Component	
			Changes:				
			Changes.				
			X	Rate Semester	Change		
			-	_ Rate Semester	Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Re	bekah Falk		
Permanent File			Me	edicaid Cost Reimb	ursement Planni	ng and Finance	
For Informat	ion Only			$\mathcal{O}_{I}$	1.1.6	0.0.	
No Change is	n Rate			Mede	kah fa	la	
	Home Office:	HCR ManorCare	Services, LLC				
		333 North Summi					
		Toledo, OH 4360					



MOOSEHAVEN, INC				Provider Number:	0 326011-00
1701 PARK AVENUE	,			Date:	12/22/2021
ORANGE PARK, FL 3	32073			Fiscal Year End:	4/30/2020
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	t New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$237.41</u>	<u>\$231.21</u>	10/1/2021
Rate Type:					
		X	Prospective		
			X	Total Prospective	
				Total Prospective with In	nterim Component
			Changes:		
			X	Rate Semester Change	
D: / 'I /'					
<b>Distribution:</b> Contract Management	/ Fiscal Agent			Rebekah Fal	k
Permanent File			Med	icaid Cost Reimbursement P	Planning and Finance
For Informat	•			Rebekah	Colle
No Change i	n Rate			rwerarc	face
	Home Office:	No Home Office			



MARTIN NURSING A	ARTIN NURSING AND REHABILITATION			Provider Number:		1 000022-00
6001 S.E. TOWER ROA	AD			Date:		12/22/2021
STUART, FL 34997				Fiscal Year End:		12/31/2020
				Audit Sta	tus:	Unaudited
Provider Type:						
Trovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$245.</u>		\$233.46	10/1/2021
D						
Rate Type:						
		X	Prospective			
			X	_Total Pro	spective	
				_Total Pros	pective with Inter	m Component
			Changes:			
			X	Rate Seme	ester Change	
				<del>_</del>	-	
<u>Distribution:</u>						
Contract Management /	Fiscal Agent				Rebekah Falk	
Permanent File			Me		eimbursement Planr	_
For Informati	· · · · · · · · · · · · · · · · · · ·			Pa	bekah fa	$\rho \rho \mu$
No Change in	1 Rate				vereus Ga	
	Home Office:	Royal Meridian				
		3777 Royal Palm	Ave			
		Miami FL 33140				



CRYSTAL HEALTH A	AND REHAB			Provider Number	er:	1 002711-00
48 HIGH POINT ROA	D			Date:		12/22/2021
TAVERNIER, FL 3307	70			Fiscal Year End	l:	7/31/2020
				Audit Status:		Unaudited
Provider Type:						
Trovider Type.			Currer	nt	New	Effective
			Rate		Rate	Date
Nursing Home	Single Level		<u>\$260.2</u>	<u>4</u> <u>\$2</u>	258.89	<u>10/1/2021</u>
Rate Type:						
	-	X	Prospective			
			X	Total Prospectiv		
				Total Prospective	with Interim	Component
			Changes:			
			Changes.	J		
			X	Rate Semester Ch	าลทธะ	
				- Rate Semester 5.	idiige	
<b>Distribution:</b>						
Contract Management /	Fiscal Agent			Rebe	kah Falk	
Permanent File			Med	licaid Cost Reimburs		
For Informat				D. h. l	tah fal	) <i>(</i> ,
No Change is	n Rate			Mock	can face	
	Home Office:	No Home Office				



NORTHDALE REHABILITATION CENT	ER	P <sub>1</sub>	ovider Number	:1	002777-00	
3030 W.BEARSS AVENUE		D	Date:		12/22/2021	
TAMPA, FL 33618		Fi	scal Year End:	1	2/31/2019	
		A	udit Status:	J	Jnaudited	
Provider Type:						
Trovider Type:		Current	N	ew	Effective	
		Rate	<u>R</u> :	<u>ate</u>	<u>Date</u>	
Nursing Home Single Level		<u>\$237.48</u>	<u>\$24</u>	6.64	<u>10/1/2021</u>	
Data Tuma						
Rate Type:						
	X	Prospective				
			otal Prospective			
		To	otal Prospective w	ith Interim Co	omponent	
	Į	Changes:				
		Changes.				
		X R	ite Semester Chai	nge		
			ite Bemester Char	ige		
<b>Distribution:</b>						
Contract Management / Fiscal Agent	•		Rebeka	h Falk		
Permanent File		Medica	id Cost Reimburser	nent Planning ar	nd Finance	
For Information Only			011	1 600		
No Change in Rate			Rebeko	in fall		
				,		
Home Office:	Southern Healthcar	re Mangement, LLC				
Tione office.	5887 Glenridge Dri					
	Atlanta, GA 30328					



ARKVIEW REHABILITATION CENTER AT WINTER PARK			Provider Number:		1 002787-00
2075 LOCH LOMONI	D DRIVE		Da	te:	12/22/2021
WINTER PARK, FL 3	2792		Fis	scal Year End:	12/31/2020
			Αι	ıdit Status:	Unaudited
Provider Type:					
Tionaci Type.			Current	New	Effective
			Rate	Rate	
<b>Nursing Home</b>	Single Level		<u>\$219.41</u>	\$228.6	
P. (. T	T				
Rate Type:					
			rospective		
			XTc	tal Prospective	
			To	tal Prospective with	Interim Component
			Changes:		_
		<u> </u>	Changes.		
			X Ra	te Semester Change	
			1344	te semester Change	
<b>Distribution:</b>					
Contract Management	/ Fiscal Agent			Rebekah F	alk
Permanent File			Medicai		t Planning and Finance
For Informat	tion Only			100.1.0	C. N.A.
No Change i	n Rate			Rebekah	falk
					,
	Home Office:	Southern Healthcare	Mangement, LLC		
		5887 Glenridge Drive	_		
		Atlanta GA 30328			



NSPIRE HEALTHCA	SPIRE HEALTHCARE LAUDERHILL		Provider Number:		ber:	1 002969-00	
2599 N.W. 55TH AVE	ENUE			Date:		12/22/2021	
LAUDERHILL, FL 33	313		<u> </u>	Fiscal Year En	ıd:	3/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Tiovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$205.2		\$213.89	10/1/2021	
S	S						
Rate Type:							
			D .4i				
		X	_Prospective X	T-4-1 Dungar and			
				_Total Prospect		- ·	
				_Total Prospectiv	e with Interin	n Component	
1							
			Changes:	<u> </u>			
			- Change	_			
			X	Rate Semester C	Thange		
			-	_ Nate Semester C	mange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Reb	ekah Falk		
Permanent File	, 11 11 11 11 11 11 11 11 11 11 11 11 11		Me	dicaid Cost Reimbu	rsement Planni	ng and Finance	
For Informat	tion Only						
No Change i	•			Keber	kah fa	lk	
				•	1		
	Home Office:	Nspire Health Car	·e				
		333 North Summit	t Street				
		Toledo, OH 43604	4				



NSPIRE HEALTHCAI	SPIRE HEALTHCARE MIAMI LAKES		Provider Number:		per:	1 002974-00	
5725 N.W. 186TH STR	REET			Date:		12/22/2021	
HIALEAH, FL 33015				Fiscal Year En	d:	3/31/2020	
			_	Audit Status:		Unaudited	
Provider Type:							
Hovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$235.4		§237.28	10/1/2021	
S				_			
Rate Type:							
			D .4i				
		X	_Prospective X	T-4-1 Dungmont			
				_ Total Prospect			
				Total Prospectiv	e with Interin	n Component	
1							
			Changes:	<del></del>			
			- Chungest				
			X	Rate Semester C	Thange		
			-	_ Rate Semester C	mange		
<b>Distribution:</b>							
Contract Management /	/ Fiscal Agent			Reb	ekah Falk		
Permanent File	1 100		Me	edicaid Cost Reimbu	rsement Planni	ng and Finance	
For Informat	tion Only						
No Change is				Keber	kah fa	lk	
				,	- 1		
	Home Office:	Nspire Health Car	re				
		333 North Summit	t Street				
		Toledo, OH 43604	4				



NSPIRE HEALTHCAF	RE TAMARAC			Provider Numb	ber:	1 002982-00
5901 N.W. 79TH AVE	ENUE			Date:		12/22/2021
TAMARAC, FL 33321	<u> </u>		<u> </u>	Fiscal Year En	ıd:	3/31/2020
				Audit Status:		Unaudited
Provider Type:						
Hovider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$246.3</u>		§256.65	10/1/2021
C	<u> </u>					<del></del>
Rate Type:						
		X	Prospective			
			X	Total Prospect	ive	
				Total Prospectiv		n Component
				_ * 1		O 0 F
r						
			Changes:			
			X	_Rate Semester C	Change	
<b>Distribution:</b>				Dak	Ind. Falls	
Contract Management /	/ Fiscal Agent		Me		ekah Falk	ng and Finance
Permanent File	0.1		1410	edicaid Cost Reimbu		
For Informat	-			Rober	kah fa	Oh
No Change in	in Rate			1000	Con Cylin	
	Home Office:	Nspire Health Care	·e			<del></del>
		333 North Summit	t Street			
		Toledo, OH 43604	4			



NSPIRE HEALTHCAR	E PLANTATION		Provi	der Number:	1 002991-00	
6931 W. SUNRISE BO	ULEVARD		Date:		12/22/2021	
PLANTATION, FL 333	313		Fiscal	Year End:	3/31/2020	
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$230.92</u>	<u>\$240.61</u>	<u>10/1/2021</u>	
Rate Type:						
		X	Prospective			
				Prospective		
			<del></del> -	Prospective with Interir	n Component	
				rospective with intern	n component	
			Changes:			
			X Rate S	emester Change		
Distribution:						
Contract Management /	Fiscal Agent			Rebekah Falk		
Permanent File				ost Reimbursement Planni		
For Informati	-		·/	Rebekah fa	00	
No Change in	n Rate			weren ja		
	Home Office:	Nspire Health Car	re			
	1101110 011100.	333 North Summit				
		Toledo, OH 43604				



NSPIRE HEALTHCAI	RE KENDALL		Provider Number:		1 002999-00	
9400 SW 137TH AVE	NUE		D	ate:	12/22/2021	
KENDALL, FL 33186			F	iscal Year End:	3/31/2020	
			Α	udit Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate		
Nursing Home	Single Level		<u>\$226.84</u>	<u>\$236.3</u>		
Rate Type:						
		X	Prospective			
		Λ	_	otal Prospective		
			<del></del> -	otal Prospective with	Interim Component	
				1	1	
			Changes:			
			X P	-+- Carraston Changa		
			N	ate Semester Change		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah F	alk	
Permanent File			Medic	aid Cost Reimbursement	_	
For Informat	tion Only			100.1.0	C. N.A.	
No Change i	n Rate			Rebekah	falk	
					•	
	Home Office:	Nspire Health Care	e			
		333 North Summit				
		Toledo OH 43604	1			



STRATFORD COURT	TRATFORD COURT OF BOCA RATON		Provider Number:		1 004024-00	
6343 VIA DEL SONR	ISA DEL SUR		Da	nte:	12/22/2021	
BOCA RATON, FL 33	3433		Fis	scal Year End:	12/31/2019	
			Au	ıdit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$260.79</u>	<u>\$247.75</u>	<u>10/1/2021</u>	
	<b>. .</b>		<u></u>	<u></u>		
Rate Type:						
		X	Prospective X To	( 1 D		
				otal Prospective		
			To	tal Prospective with In	terim Component	
			Changes:			
			X Ra	te Semester Change		
				te bemester change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk	ζ	
Permanent File	S		Medicai	d Cost Reimbursement Pl	anning and Finance	
For Informa	tion Only					
No Change i				Rebekah;	falk	
				,		
	Home Office:	Sunrise Senior L	_			
		7900 Westpark I				
		McLean, VA 22	102			



WESTMINSTER SAINT	AUGUSTINE	Provid	er Number:	1 008120-00 12/22/2021	
230 TOWERVIEW DRIV	VE	Date:			
SAINT AUGUSTINE, F	L 32092	Fiscal	Fiscal Year End: 8/		
		Audit	Status:	Unaudited	
Provider Type:					
Horider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home	Single Level	<u>\$226.81</u>	<u>\$221.46</u>	<u>10/1/2021</u>	
Rate Type:					
	X	Prospective			
			Prospective		
		Total P	rospective with Inter	im Component	
		Changes:			
		X Rate Se	~•		
		Rate Se	emester Change		
<b>Distribution:</b>					
Contract Management / F	iscal Agent	L	Rebekah Falk		
Permanent File		Medicaid Cos	st Reimbursement Plann	ning and Finance	
For Informatio	n Only				
No Change in		<b>/</b> T	Pebekah fa	elk	
			J		
	H. O.C. N. H. H	N.C.C.			
	Home Office: No Home C	office			



FOUNTAIN INN NUR	SING & REHABILIT	ATION CENTER, INC.	Provider Number:		1 009647-00	
4501 WATERMAN W	AY		Date:		12/22/2021 6/30/2019	
TAVARES, FL 32778			Fiscal	Year End:		
			Audit	Status:	Unaudited	
Provider Type:						
110viuci 15pc.			Current	New	Effective	
			<u>Rate</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$230.46</u>	\$245.19	<u>10/1/2021</u>	
Rate Type:						
		v Prod	spective			
		X Pros	•	Prospective		
		<u></u>	10141	Prospective with Inter	im Component	
		<del></del>	<del>-</del> -	. 100p 2001. 1	mi component	
<u></u>		<u> </u>				
			Changes:			
			V			
		-	X Rate S	Semester Change		
Distribution:						
Contract Management /	Fiscal Agent			Rebekah Falk		
Permanent File	1 10-00 1 181		Medicaid C	ost Reimbursement Plani	ning and Finance	
For Informat	ion Only				1	
No Change in	•		/	Rebekah fa	elk	
				J		
	Home Office:	Court of Handsh Cara Co	· ··· Tug			
	Home Office.	Sunbelt Health Care Ce 485 N. Keller Road	nters, inc.			
		Maitland FL 32751				



SCOTT LAKE HEALT	ΓΗ AND REHABILIT	ATION CENTER	<u></u>	Provider Number:		1 009887-00	
800 E COUNTY ROA	D 540A			Date:		12/22/2021	
LAKELAND, FL 3381	3			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$258.3	9	<u>8251.80</u>	10/1/2021	
D-40 Trimos							
Rate Type:							
		X	Prospective				
			X	_Total Prospect	ive		
				Total Prospectiv	e with Interi	m Component	
1							
			Changes:				
			Changes.				
			X	Rate Semester C	Thange		
				_ Kate Deffication C	Mange		
<b>Distribution:</b>							
Contract Management	Fiscal Agent			Reb	ekah Falk		
Permanent File			Med	dicaid Cost Reimbu	rsement Plann	ing and Finance	
For Informat	ion Only			n.	1.0.	1 	
No Change i	n Rate			Reber	Kan fa	UK.	
					•		
	Home Office:	Summit Care II, Inc	c.				
		2123 Centre Pointe					
		Tallahassee FL 32					



CROSS CARE CENTE	ER		Provider Number:		1 012333-00	
5888 BLANDING BO	ULEVARD			Date:	12/22/2021	
JACKSONVILLE, FL	32244			Fiscal Year End:	6/30/2017	
				Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Curren	t New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$243.98			
Rate Type:						
		X	Prospective	T. (1D. (1)		
				Total Prospective		
				Total Prospective with 1	nterim Component	
			Changes:			
			X	Rate Semester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Fa		
Permanent File			Medi	caid Cost Reimbursement		
For Informat	•			Rebekah	Colh	
No Change i	in Rate			/ Wyar (	June.	
	Home Office:	No Home Office				



PAGE REHABILITAT	TION AND HEALTHCA	ARE CENTER		Provider Number:  Date:		1 013748-00 12/22/2021	
2310 N. AIRPORT RO	AD						
FORT MYERS, FL 339	907			Fiscal Year End	:	12/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
110 (luci 1) per			Curren	it ]	New	Effective	
			Rate	<u>]</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$244.8</u>	9 \$2	41.56	<u>10/1/2021</u>	
Data Typa							
Rate Type:							
		X	Prospective				
			X	Total Prospective			
				Total Prospective	with Interim (	Component	
			Changes:				
			X	Rate Semester Ch	ange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rebel	kah Falk		
Permanent File			Med	licaid Cost Reimburs	_		
For Informat	•			Rebek	10/2 /20	1.	
No Change is	n Rate			Mock	an fall		
					-		
	Home Office:	No Home Office					



LANIER REHABILIT.	ATION CENTER			Provider Numb	oer:	1 015069-00
12740 LANIER ROAD	)			Date:		12/22/2021
JACKSONVILLE, FL	32226			Fiscal Year En	d:	12/31/2020
				Audit Status:		Unaudited
Provider Type:						
			Curren	t	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$225.29</u>	9	<u> </u>	<u>10/1/2021</u>
Rate Type:						
		X	Prospective			
				Total Prospecti	ive	
				Total Prospectiv		n Component
				. 1		1
			Changes:			
			v			
			X	Rate Semester C	Change	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Reb	ekah Falk	
Permanent File	Tiscai rigent		Med	icaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	tion Only					
 No Change i	-			Keber	kah fa	lk
				•	J	
						_
	Home Office:		are Mangement, LLC	•		
		5887 Glenridge D				
		Atlanta, GA 3032	28			



WATER'S EDGE HEA	ALTH AND REHABIL	WATER'S EDGE HEALTH AND REHABILITATION		Provider Number:		1 017621-00	
1500 SOUTHWEST C	CAPRI ST.			Date:		12/22/2021	
PALM CITY, FL 3499	00			Fiscal Year End:		12/31/2019	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Curren	ıt :	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$286.0</u>		271.72	10/1/2021	
	T						
Rate Type:							
		X	Prospective				
			X	Total Prospectiv	/e		
				Total Prospective		m Component	
						1	
<u></u>							
				I			
			Changes:				
			X	- a a			
				Rate Semester Ch	nange		
Distribution:							
Contract Management	/ Fiscal Agent			Rebe	kah Falk		
Permanent File	/ 1 150ar / 150ar		Med	licaid Cost Reimburs	sement Plann	ing and Finance	
For Information	tion Only				, , (	2.2	
No Change i	•			Rebek	rah fa	lk.	
					J		
	77 O.ST	~ "''I' G B	. 510				
	Home Office:	Sandhill Cove Pr	_				
		400 Locust Stree					
		ILIES Moines LA	7U3U9-7334				



LAURELLWOOD CA	RE CENTER			Provider Numb	oer:	1 019603-00	
3127 57TH AVENUE,	NORTH		Date: Fiscal Year End			12/22/2021	
ST. PETERSBURG, FI	L 33714				d:	5/31/2020	
				Audit Status:		Unaudited	
Provider Type:			Curre <u>Rate</u>		New Rate	Effective <u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$217.</u> 4	<u>48</u>	225.43	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective X	_Total Prospect: _Total Prospectiv		m Component	
Distribution:			Changes:	_Rate Semester C	change		
Contract Management /	Fiscal Agent			Reb	ekah Falk		
Permanent File	C		Me	dicaid Cost Reimbu	rsement Plann	ing and Finance	
For Informat No Change in				Reber	kah fa	lk	
	Home Office:	Florida Care Inc 368 New Hempste					



HARBOURWOOD CA	ARE CENTER		Provider Number:		1 019618-00	
2855 GULF TO BAY BLVD, BLDG 31			Date:		12/22/2021	
CLEARWATER, FL 3	3759		Fiscal Y	5/31/2020		
			Audit S	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$217.99</u>	<u>\$232.01</u>	10/1/2021	
Rate Type:						
		X	Prospective			
			- *	rospective		
			<del></del>	ospective with Interir	n Component	
				1	1	
			Classica			
			Changes:			
			X Rate Se	mastar Changa		
			Rate Se	mester Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	C		Medicaid Cos	t Reimbursement Planni	ng and Finance	
For Informat	tion Only			20106	0.1	
No Change i	in Rate		<b>/</b> T	ebekah fa	lk	
				,		
	Home Office:	Florida Care Inc				
	<b>7</b>	368 New Hempste	ad Road			
		New City NY 109				



GATEWAY CARE CE	ENTER			Provider Nu	mber:	1 019625-00	
8600 US HIGHWAY 19 N. PINELLAS PARK, FL 33782			Date:			12/22/2021	
				Fiscal Year	End:	5/31/2020	
				Audit Status	:	Unaudited	
Provider Type:							
			Curre	ent	New	Effective	
			Rate	<u>e</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$208.</u>	<u>58</u>	<u>\$217.33</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	Total Prospe	ective		
					tive with Interin	n Component	
						ar component	
				T			
			Changes:				
			X	_Rate Semeste	r Change		
D: / 'I. /'							
Distribution:	/ <del>T</del>			TD	Rebekah Falk		
Contract Management	/ Fiscal Agent			edicaid Cost Reim		ng and Finance	
Permanent File			1910				
For Informat	· · · · · · · · · · · · · · · · · · ·			Robe	ekah fa	Olx	
No Change i	in Rate			1000	nan Cja		
	Home Office:	Florida Care Inc					
		368 New Hempste	ead Road				
		Now City NV 10					



KENDALL LAKES HEALTH AND REHABILITATION CENTER 5280 SW 157 AVENUE			]	Provider Number: Date:		1 021302-00 12/22/2021	
			]				
MIAMI, FL 33185			I	Fiscal Year End:		2/17/2020	
				Audit Status:		Unaudited	
Duaridan Trmas							
Provider Type:			Current	N	New	Effective	
			Rate		<u>Rate</u>	<u>Date</u>	
Nursing Home Single Le			\$289.81		81.71	<u>10/1/2021</u>	
- · · · · · · · · · · · · · · · · · · ·	<b>g</b>		-				
Rate Type:							
			,-				
		X Pro	ospective	F ( 1 D ) ( )			
		-		Total Prospective		_	
		-	·	Total Prospective	with Interim (	Component	
			Changes:				
		<u> </u>	Chungest				
			X	Rate Semester Cha	ange		
		-	1	Valle belliester ein	ange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	<u> </u>		Rebek	ah Falk		
Permanent File	1 10001 1 25-111		Medio	caid Cost Reimburse	ement Planning	and Finance	
For Informat	tion Only			$\Omega_{i}$	1 / 1	_	
No Change i	-			Rebek	rah fali	K	
				, , ,	- /		
	Home Office:	Greystone Healthcare	Management				
		4042 Park Oaks Blvd,	Suite 300				
		Tampa, FL 33610					



THE PONCE THERAPY CARE CENTER		Provider Number:  Date:  Fiscal Year End:		1 022071-00 12/22/2021 1/31/2019	
1999 OLD MOULTRIE ROAD					
ST. AUGUSTINE, FL 32086					
		Audit S	tatus:	Unaudited	
Provider Type:					
Troited Types		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>\$248.11</u>	<u>\$244.37</u>	<u>10/1/2021</u>	
Rate Type:					
	x Pro	ospective			
		_	rospective		
	_		ospective with Interin	n Component	
	<del>-</del>		•	•	
		Changes:			
		X Rate Ser	. CI		
	_	Rate Sei	mester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Cos	t Reimbursement Planni	ng and Finance	
For Information Only				0.4	
No Change in Rate		/t	ebekah fa	lk	
			,		
Home Office:	Greystone Healthcare I	Managamant			
Home Office.	5409 Maryland Way, S	_			
	Brentwood, TN 37027	50 I			



BARRINGTON TERRACE AT BOYNTON BEACH 1425 S CONGRESS AVE			Provider Number:  Date:		1 023109-00 12/22/2021	
			Audit S	tatus:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$238.95</u>	<u>\$237.85</u>	10/1/2021	
Rate Type:						
		D. (				
		X Prospecti		rospective		
				ospective with Interi	m Component	
			10ta111	ospective with inter-	in Component	
		Chan	ges:			
			X Rate Sei	mester Change		
Distribution:						
Contract Management	Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid Cos	t Reimbursement Planr	ing and Finance	
For InformatNo Change i			R	ebekah fa	elk	
				,		
	Home Office: No Hor	me Office				



THE PALMS OF SEBRING				Provider Number:	1 023546-00	
725 S. PINE STREET				Date:	12/22/2021	
SEBRING, FL 33870				Fiscal Year End:	6/30/2020	
			1	Audit Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$217.30</u>	\$226.42	10/1/2021	
Data Tarra						
Rate Type:						
		X	Prospective			
			X	Total Prospective		
				Total Prospective with I	nterim Component	
			Changes:			
			Changes.			
			X	Rate Semester Change		
				tant semester enange		
Distribution:						
Contract Management / F	iscal Agent			Rebekah Fal	lk	
Permanent File			Medie	caid Cost Reimbursement I	_	
For Informatio	n Only			Rebekah	600	
No Change in	Rate			Mockan	falk	
	Home Office:	No Home Office				



PRUITTHEALTH - PANAMA CITY 3212 JENKS AVENUE				Provider Number:_	1 023745-00
			Date:		12/22/2021
PANAMA CITY, FL 3	32405		<u></u>	Fiscal Year End: _	6/30/2020
				Audit Status:	Unaudited
Provider Type:					
Trovider Type.			Curren	t Nev	w Effective
			Rate	Rate	<u>e</u> <u>Date</u>
Nursing Home	Single Level		<u>\$267.9</u>	<u>\$251.</u>	<u>10/1/2021</u>
Data Tamas					
Rate Type:					
		X	Prospective		
			X	Total Prospective	
				Total Prospective wit	th Interim Component
			Changes:		
			X	Rate Semester Chang	ge
Distribution:	/T: 1 A			Rebekah	Falk
Contract Management A	/ Fiscal Agent		Med		ent Planning and Finance
For Informat	tion Only				
No Change i	•			Rebekal	hfalk
<del>_</del>					- ]
	Home Office:	No Home Office			
	nome Office:	no nome Office			
		,			



AVENTURA REHAB AND NURSING CENTER 1800 N.E. 168TH STREET				Provider Number: Date:		1 030069-00 12/22/2021	
NORTH MIAMI BEA	CH, FL 33162			Fiscal Year End	l:	1/31/2020	
				Audit Status:		Unaudited	
Provider Type:							
Tioriuci Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$282.5		282.54	10/1/2021	
-	-						
	Т					_	
Rate Type:							
		X	Prospective				
1		<del></del>	X	Total Prospectiv	ve		
				Total Prospective		m Component	
				- ^		•	
				T			
			Changes:				
			X	Rate Semester Ch	nange		
TO 1 19 11 11 11							
<u>Distribution:</u>	/Eireal Acoust			Rebe	ekah Falk		
Contract Management . Permanent File	/ Fiscai Agein		Me	dicaid Cost Reimburs		ing and Finance	
For Information	tion Only					_	
No Change i	•			Rebek	'ah ta	elk	
1.0 0	III Ruic			1000			
	Home Office:	Florida Care Inc					
		368 New Hempste					
		New City NY 109	956				



## **Medicaid Reimbursement Per Diem Rates**

GRACE HEALTHCARE OF LAKE	WALES	Provid	ler Number:	1 030145-00 12/22/2021 12/31/2019	
730 N. SCENIC HIGHWAY		Date:			
LAKE WALES, FL 33853		Fiscal	Year End:		
		Audit	Status:	Unaudited	
Provider Type:					
Hovinci Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single	Level	<u>\$228.81</u>	<u>\$234.15</u>	10/1/2021	
D ( T					
Rate Type:					
	X	Prospective			
		XTotal l	Prospective		
		Total P	Prospective with Inter	rim Component	
		Changes:			
		X Rate So	emester Change		
<b>Distribution:</b>					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Co	st Reimbursement Plan	ning and Finance	
For Information Only				$\bigcap_{n \in \mathbb{N}} A_n$	
No Change in Rate		<b>/</b> /	Rebekah fa	elk	
			,		
Home C	Office: LAKE WA	ALES HEALTHCARE LLC			
Tionic	801 Broad				

Chattanooga, TN 37402



HARMONY HEALTH CENTER		F	Provider Number	:10	31622-00
9820 N. KENDALL DRIVE	Date:		12	12/22/2021	
MIAMI, FL 33176		F	Siscal Year End:	7/	16/2020
		A	Audit Status:	U	naudited
Provider Type:					
110videl Typev		Current	N	ew	Effective
		Rate	<u>R</u>	<u>ate</u>	<u>Date</u>
Nursing Home Single Lo	evel	<u>\$237.66</u>	<u>\$21</u>	7.95	<u>10/1/2021</u>
D ( T					
Rate Type:					
	X	Prospective			
		X	Total Prospective	<b>;</b>	
		Т	otal Prospective v	with Interim Cor	nponent
		Characa			
		Changes:			
		X	lata Camaatan Cha	naa	
			Rate Semester Cha	nge	
Distribution:					
Contract Management / Fiscal Agent			Rebek	ah Falk	
Permanent File		Medic	aid Cost Reimburse	ment Planning and	l Finance
For Information Only			$O_{I}$	0 / 00	
No Change in Rate			KebeRe	ah falk	-
				,	
Home Off	ice: Ventura Services				
Home on	2901 Stirling Rd #	200			
	Hollywood, FL 33				



ADVENTHEALTH C	ARE CENTER CELEI	BRATION	Provider Number:		1 032432-00	
1290 CELEBRATION BOULEVARD			Date:		12/22/2021	
KISSIMMEE, FL 3474	KISSIMMEE, FL 34747		Fiscal	Year End:	8/31/2020	
			Audit	Status:	Unaudited	
Provider Type:						
- J. P. J.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$246.93</u>	<u>\$251.26</u>	10/1/2021	
Rate Type:						
		P	rospective			
				Prospective		
			Total P	rospective with Interi	m Component	
			Changes:			
			X Rate Se	mester Change		
Distribution:						
Contract Management	/ Fiscal Agent	_	W.F. 110	Rebekah Falk	· IP	
Permanent File				st Reimbursement Plann	_	
For Informa	•		·/r	Pebekah fa	, 0	
No Change	in Rate		/ (	en cya	$\mathcal{M}$	
	Home Office:	Sunbelt Health Care	Centers, Inc.			
		485 N. Keller road				
		Maitland FL 32751				



VIERA DEL MAR HEALTH AND REHABILITATION CENTER			Provider Number:		1 032910-00	
2355 VIDINA DRIVE			Date:		12/22/2021 4/8/2020	
VIERA, FL 32940			Fisca	l Year End:		
			Audit	Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$259.88	<u>\$259.15</u>	10/1/2021	
Rate Type:						
J.F.						
		X Pro	ospective			
		_		Prospective		
		-	Total	Prospective with Inter	im Component	
			Changes:			
			<u></u>			
			X Rate S	Semester Change		
<b>Distribution:</b>						
Contract Management	Fiscal Agent			Rebekah Falk		
Permanent File				ost Reimbursement Plani	_	
For Informat	•		•	Rebekah fa	1 0	
No Change i	n Rate			(Wekan fa		
	Home Office:	Gulf Coast Health Care	e			
		2 North Palafox Street				
		Pensacola FL 32502				



ADDINGTON PLACE	DDINGTON PLACE AT WELLINGTON GREEN		Provi	der Number:	1 034242-00	
10330 DEVONSHIRE	BLVD		Date:		12/22/2021 4/30/2012	
WELLINGTON, FL 33	3414		Fiscal	Year End:		
			Audit	Status:	Unaudited	
Provider Type:						
Trovince Types			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$273.83</u>	<u>\$277.88</u>	10/1/2021	
Rate Type:						
		**	Daggagativa			
		X	Prospective X Total	Duognostivo		
				Prospective		
			1 Otal 1	Prospective with Inter	ım Component	
			Changes:			
			Onunges.			
			X Rate S	emester Change		
			Kaic S	emesiei Change		
Distribution:						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File	/ Fiscal Agent		Medicaid Co	ost Reimbursement Plani	ning and Finance	
For Information	tion Only				_	
No Change i	•		/	Rebekah fo	olk	
110 Onding:	III Ruic		,	0000,000	300 -	
	Home Office:	Palm Health Part	tners			
		2979 PGA Boule	evard			
		Palm Beach Gard				



FAIR HAVENS CENTER		Prov	vider Number:	1 036022-00	
201 CURTISS PARKWAY		_ Date	<u></u>	9/23/2020	
MIAMI SPRINGS, FL 33166		Fisc	al Year End:		
		Aud	it Status:	Unaudited	
Provider Type:					
110vider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Leve	el	<u>\$236.58</u>	<u>\$216.85</u>	<u>10/1/2021</u>	
Rate Type:					
	v D	rospective			
	P	-	al Prospective		
			l Prospective with In	tarim Component	
		10ta	i Frospective with in	teriii Component	
		Changes:			
		X Rate	Semester Change		
			S		
<b>Distribution:</b>					
Contract Management / Fiscal Agent			Rebekah Fall	K	
Permanent File		Medicaid	Cost Reimbursement Pl	anning and Finance	
For Information Only			0,10	C 11	
No Change in Rate			Rebekah:	falk	
			,		
Home Office					
	2901 Stirling Rd #20				



HAINES CITY REHA	IAINES CITY REHABILITATION AND NURSING CENTER			Provider Number:		1 036390-00	
409 SOUTH 10TH ST	REET			Date:		12/22/2021 1/31/2020	
HAINES CITY, FL 33	844			Fiscal Y	ear End:		
				Audit S	tatus:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt.	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$244.3		\$232.16	<u>10/1/2021</u>	
0	8						
Rate Type:							
			Duognostivo				
		X	Prospective X	Total Dr	rospective		
				_	ospective with Interi	m Component	
				_ 10ta1110	ospective with interi	in Component	
			Changes:				
				_			
			X	Rate Sen	nester Change		
Distribution:							
Contract Management	/ Fiscal Agent	-			Rebekah Falk		
Permanent File			Me	dicaid Cost	Reimbursement Plann	ing and Finance	
For Informa	tion Only				21.1.1.	) . <i>() ()</i> .	
No Change i	in Rate			10	ebekah fa		
					•		
	Home Office:	Citadel Consulting	Group IIC				
	Home Office.	1000 Gates Avenue	•				
		Prooldyn NV 1122					



NORTH PORT REHA	BILITATION AND N	URSING CENTER	Provider Number:		r:	1 036398-00	
6940 PAN AMERICA	N DRIVE		_ I	Date:		12/22/2021 1/31/2020	
NORTH PORT, FL 34	287		_ F	iscal Year End:	: <u></u>		
			A	Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Current	N	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$250.12		50.12	10/1/2021	
Rate Type:							
		X Pr	rospective				
			X	Total Prospective	e		
			Т	Total Prospective	with Interim	Component	
1							
L							
			Changes:				
			5				
			X F	Rate Semester Cha	ange		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent	<del>-</del>			ah Falk		
Permanent File			Medic	aid Cost Reimburse	_		
For Informat	-			Rebek	ala Call	00,	
No Change i	n Rate			Iwa	an yax		
	Home Office:	Citadel Consulting G	roup, LLC				
		1000 Gates Avenue					
		Brooklyn NY 11221					



WINTER GARDEN R	WINTER GARDEN REHABILITATION AND NURSING			Provider Number:		1 036404-00	
12751 WEST COLON	IAL DRIVE			Date:		12/22/2021 1/31/2020	
WINTER GARDEN, F	FL 34787			Fiscal Year E	nd:		
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$247.8		\$235.41	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	_Total Prospec	tive		
				_Total Prospecti	ve with Interi	m Component	
			Changes:				
			X	Rate Semester	Change		
Distribution							
<b>Distribution:</b> Contract Management	/ Fiscal Agent			Re	bekah Falk		
Permanent File	Tiscal Agent		Me	dicaid Cost Reimb		ing and Finance	
For Informat	tion Only			$\Omega$ .	, , (	)	
No Change i	-			Kebe	kah fa	rlk	
					. ]		
	Home Office:	Citadel Consulting	g Group, LLC				
	<b>3</b>	1000 Gates Avenu					
		Drooklyn NV 11					



FERNANDINA BEACH I CENTER	REHABILITATIO1	N AND NURSING		Provider N	umber:	1 036415-00	
1625 LIME STREET				Date:		12/22/2021	
FERNANDINA BEACH,	FL 32034			Fiscal Year End:		1/31/2021	
				Audit Statu	-	Unaudited	
Provider Type:			Curre		New	Effective	
			Rate	<del>-</del> '	Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$231.</u>	42	<u>\$239.99</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective X	_ Total Prosp _ Total Prospe	pective ective with Inter	im Component	
Distribution:			Changes:	_Rate Semest	ter Change		
Contract Management / Fig	scal Agent				Rebekah Falk		
Permanent File	C		Me	edicaid Cost Rei	mbursement Plan	ning and Finance	
For Information No Change in R				Reb	bekah fo	elk	
	Home Office:	Citadel Consulting	ue				
		Brooklyn, NY 112	221				



TIMBERRIDGE NUR	SING AND REHABILI	TATION CENTER	Provi	der Number:	1 037353-00	
9848 S.W. 110TH STR	EET		Date:		12/22/2021	
OCALA, FL 34481			Fiscal	l Year End:	12/31/2018	
			Audit	t Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$240.30</u>	<u>\$238.56</u>	10/1/2021	
_	_					
Rate Type:						
		X	Prospective			
		Λ	•	Prospective		
			1041	Prospective with Inter	im Comnonent	
			10001	1105peenve wim imer	штестропет	
			Changes:			
			-			
			X Rate S	Semester Change		
				_		
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rebekah Falk		
Permanent File			Medicaid C	ost Reimbursement Plan	ning and Finance	
For Informat	tion Only			Da 1. 0. 1	7 11	
No Change i	n Rate			Rebekah fo	elk	
				,		
	0.00	0.00				
	Home Office:	No Home Office				



PRUITTHEALTH - FL	LEMING ISLAND	RUITTHEALTH - FLEMING ISLAND		Provider Number:		1 038712-00	
2040 TOWN CENTER	BLVD			Date:		12/22/2021	
FLEMING ISLAND, F	TL 32003			Fiscal Year End:		6/30/2020	
				Audit Status	s:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<b>\$244.</b> 1		<u>\$248.98</u>	10/1/2021	
D / T							
Rate Type:							
	_	X	Prospective				
			X	_Total Prosp	ective		
				_Total Prospe	ctive with Interi	m Component	
			Changes:				
			Changes.	_			
			X	Rate Semeste	er Change		
				_ Kaic Schiesi	of Change		
<b>Distribution:</b>							
Contract Management	Fiscal Agent			]	Rebekah Falk		
Permanent File			Me	dicaid Cost Reir	nbursement Plann	ing and Finance	
For Informat	ion Only			$\mathcal{D}_{I}$	1.0.	1 - <i>() ()</i>	
No Change i	n Rate			Two	ekah fa	UK.	
					·		
	Home Office: N	o Home Office					



REHABILITATION C	ENTER OF LAKE CI	ГҮ, ТНЕ		Provider N	Number:	1 045184-00	
298 SW PROSPERITY	Y PL			Date:		12/22/2021	
LAKE CITY, FL 3202	4			Fiscal Yea	ar End:	7/22/2020	
				Audit Stat	tus:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate	<u>:</u>	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$254.8</u>	83	<u>\$257.25</u>	<u>10/1/2021</u>	
Rate Type:							
			D 47				
		X	Prospective X	Total Dras	an activa		
				_Total Pros	_	m Commonant	
				_ I otai Prosp	pective with Interi	m Component	
			Changes:				
				_			
			X	Rate Seme	ster Change		
Distribution:							
Contract Management	/ Fiscal Agent				Rebekah Falk		
Permanent File			Me		eimbursement Plann		
For Informat	•			D	bekah fa		
No Change i	n Rate			/ W	repartique		
	Home Office:	Gulf Coast Healt	h Care				
		2 North Palafox S					
		Pensacola FL 32					



GOLDEN GLADES NU CENTER	JRSING AND REHA	BILITATION	p	rovider Number:	1 046531-00	
220 SIERRA DRIVE				ate:	12/22/2021	
MIAMI, FL 33179			Fiscal Year End:		11/12/2020	
				udit Status:	Unaudited	
<b>.</b>						
Provider Type:			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		\$260.04	\$239.30		
- · · · · · · · · · · · · · · · · · · ·	<b>g</b>		<u> </u>		· <u> </u>	
Rate Type:						
		X	Prospective			
				otal Prospective		
			· · · · · · · · · · · · · · · · · · ·	otal Prospective with In	nterim Component	
			Changes:			
			X R			
			R	ate Semester Change		
Distribution:						
Contract Management / 1	Fiscal Agent			Rebekah Fall	k	
Permanent File	C		Medica	id Cost Reimbursement P	lanning and Finance	
For Information	on Only					
No Change in	Rate			Rebekah	falk	
				•	,	
	Home Office:	Ventura Services				
		2901 Stirling Rd #	<i>‡</i> 200			
		Hollywood, FL 33				



SOUTH DADE NURS	ING AND REHABILI	TATION CENTER	F	Provider Numbe	er:	1 046541-00	
17475 S DIXIE HWY				Date:		12/22/2021 12/10/2020	
MIAMI, FL 33157			_ F	Fiscal Year End	:		
			A	Audit Status:		Unaudited	
Provider Type:							
110viuci 1,pc.			Current	1	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$260.54</u>		35.48	10/1/2021	
Rate Type:							
		x P	rospective				
			_	Γotal Prospectiv	e		
				Total Prospective		Component	
			Changes:				
		-	Changes.				
			X E	Rate Semester Ch	ange		
			1	cate Semester Ch	ange		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent	_		Rebel	kah Falk		
Permanent File			Medic	caid Cost Reimburs	ement Planning	and Finance	
For Informat	ion Only			011	1 60	1 /	
No Change in	n Rate			Rebek	an fal	K	
					•		
	Home Office:	Ventura Services					
		2901 Stirling Rd #20	0				
		Hollywood FL 3312					



BRIGHTON GARDEN	RIGHTON GARDENS OF TAMPA		Provider Number:		1 046701-00	
16702 N. DALE MAB	RY HWY.		Date	»:	12/22/2021	
TAMPA, FL 33618			Fisc	al Year End:	12/31/2019	
			Aud	it Status:	Unaudited	
Provider Type:						
Trovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$246.62</u>	<u>\$234.29</u>	10/1/2021	
Rate Type:						
		X	Prospective			
				l Prospective		
				l Prospective with Inte	erim Component	
				1		
			Changes:			
			X Rate	Semester Change		
Distribution:				Rebekah Falk		
Contract Management	/ Fiscal Agent		Medicaid (	Cost Reimbursement Plan	nning and Finance	
Permanent File	dia no Ondra				_	
For Information  No Change it	-			Rebekahf	alk	
No Change i	III Kate		•	ou of sourch		
	Home Office:	Sunrise Senior L	iving			
		7900 Westpark I	Drive, STE T900			
		McLean, VA 22	102			



NORTH DADE NURS	SING AND REHABIL	ITATION CENTER	<u> </u>	Provider Numb	ber:	1 047077-00
1255 NE 135TH STRE	ET		<u> </u>	Date:		12/22/2021
NORTH MIAMI, FL 33	3161		<u> </u>	Fiscal Year En	ıd:	1/7/2021
				Audit Status:		Unaudited
Provider Type:						
110viuci Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$239.0	_	\$233.52	10/1/2021
C	S			<del></del>		
Rate Type:						
		x F	Prospective			
			X	Total Prospect	ive	
				Total Prospective		m Component
1					C WILLI 1110111	ii Component
	_	_				
			Changes:			
			X	Rate Semester C	Change	
<b>Distribution:</b>		L				
Contract Management /	Fiscal Agent	<del>-</del>			ekah Falk	
Permanent File			Me	edicaid Cost Reimbu		
For Informat	-			Dela	kah fa	00
No Change in	n Rate			MUU	Kaul fa	la
	Home Office:	Ventura Services				
	Home office.	2901 Stirling Rd #20	00			
		Hollywood, FL 3312				



PARK SUMMIT AT C	ARK SUMMIT AT CORAL SPRINGS		Provider Num	ber:	1 049235-00	
8500 ROYAL PALM I	BOULEVARD			Date:		12/22/2021
CORAL SPRINGS, FL	. 33065		<u> </u>	Fiscal Year En	nd:	12/31/2020
			_	Audit Status:		Unaudited
Provider Type:						
Tiovidei Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		\$246.0		<u>\$244.85</u>	10/1/2021
C	_			_		
Rate Type:						
		V	Prospective			
		X	_Prospective X	Total Prospect	ive	
			<u> </u>	Total Prospectiv		m Component
				_ Total Prospectiv	/e with micin	n Component
1						
			Changes:			
			_	_		
			X	Rate Semester C	Change	
				_	C	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Reb	oekah Falk	
Permanent File			Me	edicaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	tion Only			$\mathcal{D}_{\mathcal{I}}$	1 1 /	0.0
No Change i	in Rate			Keve	kah fa	lk
					,	
	O.C.	2. G. G . I	· · · ·			
	Home Office:	Five Star Senior Li	iving Inc.			
		400 Centre Street Newton, MA 0245	-0			
		INewton, MA 0245	80			



SNF FLA TENANT LI	F FLA TENANT LLC	Provider Number:			1 049264-00	
2701 NORTH COURS	E DRIVE		<u> </u>	Date:		12/22/2021
POMPANO BEACH, I	FL 33069			Fiscal Year En	nd:	12/31/2020
			_	Audit Status:		Unaudited
Provider Type:						
Tiovidei Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$264.3</u>		<u>\$268.86</u>	10/1/2021
C	J			_		<del></del>
Rate Type:						
		v	Prospective			
		X	_Prospective X	Total Prospect	tive	
1			-	Total Prospective		n Component
			-	_ Total Frospectiv	/e with mittin	п Сотронен
			Changes:			
			-	_		
			X	Rate Semester (	Change	
				_	C	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rek	bekah Falk	
Permanent File			Me	edicaid Cost Reimbu	rsement Planni	ng and Finance
For Informat	tion Only			$\mathcal{O}_{\mathcal{A}}$	, , ,	<i>n n</i>
No Change i	in Rate			Kebe	kah fa	lk
					J	
	Home Office:	Five Star Senior Li	iving Inc.			
		400 Centre Street				
		Newton, MA 0245	58			



FORUM AT DEER CF	RUM AT DEER CREEK		Provider Num	ber:	1 049287-00	
3001 DEER CRK CTY	CLB BLVD		<u> </u>	Date:		12/22/2021
DEERFIELD BEACH,	, FL 33442			Fiscal Year En	nd:	12/31/2020
			_	Audit Status:		Unaudited
Provider Type:						
Tiovidei Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<b>\$273.</b>	_	<u>\$267.69</u>	10/1/2021
5	e			<b>—</b>		
Rate Type:						
			D			
		X	Prospective X	T-4-1 Dungan and	··	
				Total Prospect		
			_	Total Prospectiv	ve with Interii	m Component
			Changes:	<u> </u>		
			X	Rate Semester (	<sup>T</sup> hange	
			-	_ Kate Belliester \	Jilange	
<b>Distribution:</b>						
Contract Management	/ Fiscal Agent			Rel	bekah Falk	
Permanent File			Me	edicaid Cost Reimbu	ırsement Planni	ing and Finance
For Informat	tion Only					
No Change i	•			Kebe	kah fa	lk
					J	
	Home Office:	Five Star Senior L	iving Inc.			
		400 Centre Street				
		Newton, MA 0245	58			



ORLANDO HEALTH	CENTER FOR REHABI	LITATION		Provider Nur	nber:	1 049565-00
1300 HEMPEL AVE				Date:		12/22/2021
OCOEE, FL 34761				Fiscal Year E	End:	9/30/2020
				Audit Status:		Unaudited
Provider Type:						
110vider Type.			Curre	nt	New	Effective
			Rate		Rate	<u>Date</u>
Nursing Home	Single Level		<u>\$243.9</u>	<u>99</u>	\$244.89	<u>10/1/2021</u>
D / T						
Rate Type:						
		X	_Prospectivex	_Total Prospec		
				_Total Prospect	ive with Inter	im Component
			Changes:			
				_		
			X	_Rate Semester	Change	
D						
<b><u>Distribution:</u></b> Contract Management /	/ Figural A gent			Re	ebekah Falk	
Permanent File	riscai Agent		Me	dicaid Cost Reimb		ning and Finance
For Informat	ion Only			$O_{a}$	, , , /	7
No Change is	n Rate			Kebe	kah fa	elk
					,	
	Home Office:	No Home Office				
	monte office.	1.0 Home Office				



CENTURY CENTER FO	R REHABILITATI	ON AND HEALING	I	Provider Numbe	er:	1 052140-00
6020 INDUSTRIAL BOU	LEVARD		I	Date:		12/22/2021
CENTURY, FL 32535			I	Fiscal Year End	:	12/31/2020
			I	Audit Status:		Unaudited
Provider Type:						
Tionaci ijpe.			Current	1	New	Effective
			Rate	<u>I</u>	Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>\$240.73</u>		41.53	10/1/2021
Rate Type:	<u> </u>					
Nate Type.						
		X	Prospective			
				Total Prospectiv		
			7	Total Prospective	with Interim	Component
1						
		Г	Changes:			
		-	Changes.			
			Х	Rate Semester Ch	ange	
			<b>*</b>	tate beinester on	ange	
<b>Distribution:</b>						
Contract Management / Fig	scal Agent			Rebel	kah Falk	
Permanent File			Medic	caid Cost Reimburs	ement Planning	g and Finance
For Information	Only			011	1 /	n <i>n</i>
No Change in R	ate			Rebek	an fal	
					,	
	Home Office:	Symmit Care II Inc				
	Home Office:	Summit Care II, Inc 2123 Centre Pointe				
		Tallahassee FL 323				



SANDY RIDGE CENTER FOR REHABILITHEALING	TATION AND	Provide	er Number:	1 052155-00	
5360 GLOVER LANE		 Date:		12/22/2021	
MILTON, FL 32570		Fiscal Y	Year End:	12/31/2020	
		— Audit S	tatus:	Unaudited	
D 41 T					
Provider Type:		Current	New	Effective	
		Rate	Rate		
Nuveing Home Single Level				<u>Date</u>	
Nursing Home Single Level		<u>\$236.36</u>	<u>\$236.96</u>	<u>10/1/2021</u>	
D / T					
Rate Type:					
	X	Prospective			
		Total P	rospective		
		Total Pr	ospective with Inter	rim Component	
		Changes:			
		X Rate Set	mester Change		
		Kate Ser	nester Change		
Distribution:					
Contract Management / Fiscal Agent			Rebekah Falk		
Permanent File		Medicaid Cost	t Reimbursement Plan	ning and Finance	
For Information Only					
No Change in Rate		K	ebekah fo	elk	
Home Office:	Summit Care II, In	ıc.			
Tiome office.	2123 Centre Pointe				
	Tallahassee, FL 32				



SANTA ROSA CENTI	ANTA ROSA CENTER FOR REHABILITATION & HEALING		P	Provider Number:		1 052167-00	
5386 BROAD STREET	Γ		Г	Date:		12/22/2021	
MILTON, FL 32570			F	iscal Year End:	12	2/31/2020	
			A	audit Status:	U	naudited	
Provider Type:							
110viuci 1,pc.			Current	Ne	ew	Effective	
			Rate	Ra		<u>Date</u>	
<b>Nursing Home</b>	Single Level		\$236.15	\$239		10/1/2021	
Rate Type:							
Nate Type.							
		Pr	cospective				
				otal Prospective			
			T	otal Prospective w	ith Interim Co	mponent	
1							
_							
			Changes:				
			. 6				
			X R	ate Semester Char	ge		
					6		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent			Rebeka	h Falk		
Permanent File			Medic	aid Cost Reimbursen	_		
For Informat	ion Only			Rebeka	D. C. D. D.		
No Change is	n Rate			KWKO	njau	~	
	Home Office:	Summit Care II, Inc.					
		2123 Centre Pointe B	lvd.				
		Tallahassee FL 3230					



NORTHBROOK CENTE HEALTH	ER FOR REHABILI	TATION AND		Provider Nu	mber:	1 052176-00
575 LAMAR AVENUE				Date:		12/22/2021
BROOKSVILLE, FL 346	501			Fiscal Year I	 End:	12/31/2020
				Audit Status		Unaudited
~						
<b>Provider Type:</b>			Curre	n+	New	Effective
			Rate		Rate	<u>Date</u>
<b>Nursing Home</b>	Single Level		<u>Kate</u> \$244.5	-	\$245.62	10/1/2021
Nursing rivine	Siligie Level		<u> </u>	<u> </u>	<u> </u>	10/1/2021
Rate Type:						
J.F						
		X	Prospective			
			X	_Total Prospe	ective	
				Total Prospec	tive with Inter	rim Component
				T		
			Changes:			
			X	_Rate Semester	r Change	
<b>Distribution:</b>						
Contract Management / F	iscal Agent				Rebekah Falk	_
Permanent File			Me			ning and Finance
For Information	n Only			$\mathcal{D}_{I}$	1. 0. /	0
No Change in I	Rate			TW	ekah fo	elk
					,	
	Home Office:	Summit Care II, In				
		2123 Centre Point				
		Tollohoggoo El 2	2208			



YBOR CITY CENTER	OR CITY CENTER FOR REHABILITATIONS & HEALING		Pro	vider Number:	1 052186-00	
1709 TALIAFERRO A	VENUE		Da	te:	12/22/2021	
TAMPA, FL 33602			Fis	cal Year End:	12/31/2020	
			Au	dit Status:	Unaudited	
Provider Type:						
Tionaci Type.			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		\$237.66	<u>\$243.49</u>	10/1/2021	
Rate Type:						
		P	rospective			
				al Prospective		
			Tot	al Prospective with In	nterim Component	
r						
		_	Changes:			
			V -			
			Rat	e Semester Change		
<b>Distribution:</b>						
Contract Management /	/ Fiscal Agent	<u> </u>		Rebekah Fal	k	
Permanent File	<b>2 1</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_	Medicaio	Cost Reimbursement P	lanning and Finance	
For Informat	tion Only					
No Change is	n Rate			Rebekah	falk	
					J	
	Home Office:	Summit Care II, Inc				
	Home Office.	2123 Centre Pointe B	Blvd.			
		Tallahassee FL 3230				



DE LUNA HEALTH A	AND REHABILITATI	ON CENTER		Provider Number	r:	1 059598-00	
9310 FOWLER AVE				Date:		12/22/2021	
PENSACOLA, FL 325	14			Fiscal Year End:		2/20/2021	
				Audit Status:		Unaudited	
Provider Type:							
Tionaci Type.			Curren	t N	lew	Effective	
			Rate		<u>late</u>	<u>Date</u>	
Nursing Home	Single Level		\$263.03		51.22	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective	m . in			
				Total Prospective			
				Total Prospective	with Interim	Component	
1							
			Changes				
			Changes:				
			X	Rate Semester Cha	nge		
				Rate Semester Cha	ilige		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent			Rebek	ah Falk		
Permanent File			Med	icaid Cost Reimburse			
For Informat				Rebek	ala Car	00.	
No Change i	n Rate			Nuch	our jan	U	
	Home Office:	Gulf Coast Healtl	h Care				
		2 North Palafox S	Street				
		Pensacola FL 32	502				



DOLPHIN POINTE H	EALTH CARE CENTER			Provider Num	ber:	1 059993-00	
5355 DOLPHIN POIN	T BLVD			Date:		12/22/2021	
JACKSONVILLE, FL	32211			Fiscal Year En	ıd:	4/2/2021	
				Audit Status:		Unaudited	
Provider Type:							
Trovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$264.3</u>	<u>s1</u>	\$258.13	<u>10/1/2021</u>	
Rate Type:							
Rate Type.							
	-	X	Prospective				
			X	_Total Prospect			
				Total Prospective	e with Interi	m Component	
			Changes:				
				_			
			X	Rate Semester C	Change		
<b>Distribution:</b>							
Contract Management /	Fiscal Agent				oekah Falk	' 1E'	
Permanent File			Med	dicaid Cost Reimbu		_	
For Informat				Robe	kah fa	Oli	
No Change is	n Kate			1000	ran Cja		
	Г						
	Home Office:	No Home Office					



THE PRESERVE		Pr	ovider Number:	1 060909-00
14750 HOPE CENTER LOOP		Da	nte:	12/22/2021
FORT MYERS, FL 33912		Fi	scal Year End:	4/20/2021
		Aı	ıdit Status:	Unaudited
Provider Type:				
-JP30		Current	New	Effective
		<u>Rate</u>	Rate	<u>Date</u>
Nursing Home Single Level		<u>\$257.82</u>	<u>\$252.2</u>	<u>10/1/2021</u>
Rate Type:				
VI				
	X	Prospective X To	( 1 D ) (*	
			otal Prospective	Intonias Coma ou out
		10	tai Prospective with	Interim Component
		Changes:		
		Ra	te Semester Change	;
Distribution:			Rebekah F	Falk
Contract Management / Fiscal Agent Permanent File		Medica		t Planning and Finance
For Information Only				
No Change in Rate			Rebekal	I falk
			•	
Home Office:	VOA Las Courts	Health Care Facility, In	0	
nome Office:	7530 Market Place	•	<b>.</b>	
	Eden Prairie, MN			



SWAN CENTER AT C	DAKBRIDGE (THE)			Provider Number:		1 062639-00	
3110 OAKBRIDGE BL	LVD. E.			Date: 12/22/		12/22/2021	
LAKELAND, FL 33803	3			Fiscal Year End: 12/31		12/31/2017	
				Audit Status:		Unaudited	
Provider Type:							
Hovider Type.			Currer	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$214.5</u>	<u>58</u>	\$223.59	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
		-	x	_Total Prospect	ive		
r				Total Prospectiv	e with Interir	m Component	
1			<del></del>	_			
				1			
			Changes:				
			v	~			
			X	_Rate Semester (	Change		
Distribution:							
Contract Management /	Fiscal Agent			Reb	ekah Falk		
Permanent File	1 Isour 1 Igoni		Med	dicaid Cost Reimbu	rsement Planni	ng and Finance	
For Informati	ion Only						
No Change in	-			Keber	kah fa	lk	
					J		
	Home Office:	Consulate Health					
		800 Concourse Pa	-				
		Maitland, FL 327	51				



PRUITTHEALTH - SO	OUTHWOOD	Provide	er Number:	1 064829-00	
2301 BLUFF OAK WA	ΛY	Date:		12/22/2021	
TALLAHASSEE, FL 3	2311	Fiscal `	Fiscal Year End:		
		Audit S	Status:	Unaudited	
Provider Type:					
Tionaci Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home	Single Level	<u>\$269.90</u>	<u>\$262.34</u>	<u>10/1/2021</u>	
Rate Type:					
	X	Prospective			
			Prospective		
			rospective with Inter	im Component	
			e on F	6	
		Changes:			
		Rate Se	mester Change		
<b>Distribution:</b>			D. L. Jrok Folls		
Contract Management	Fiscal Agent	Medicaid Cos	Rebekah Falk	ning and Finance	
Permanent File	. 0.1		et Reimbursement Plan		
For Informat No Change i		·/ <sub>T</sub>	Pebekah fo	o O lx	
No Change i	n Kate	/ (	De Craw Cya		
	Home Office: No Home O	ffice			



CHATHAM GLEN HEAL CENTER	THCARE & REH	ABILITATION		Provider Nun	nber:	1 065544-00	
16605 SE 74TH SOULLIE	RE AVENUE			Date:		12/22/2021	
THE VILLAGES, FL 321	62			Fiscal Year E	nd:	6/3/2021	
				Audit Status:		Unaudited	
Provider Type:							
			Curre		New	Effective	
			Rate		Rate	<u>Date</u>	
<b>Nursing Home</b>	Single Level		<u>\$260.2</u>	<u>24                                    </u>	<u>\$253.77</u>	<u>10/1/2021</u>	
<b>.</b>							
Rate Type:							
		X	Prospective				
			X	_Total Prospec	ctive		
				_Total Prospect	ive with Inter	im Component	
			Changes:				
			Changes.				
			X	Rate Semester	Change		
				_ race semester	Change		
<b>Distribution:</b>							
Contract Management / Fis	cal Agent			Re	ebekah Falk		
Permanent File			Me	dicaid Cost Reimb			
For Information				D. l.	kah fa	1 0	
No Change in Ra	ate			Mul	Kan fa		
	Home Office:	No Home Office					



HARBORCHASE OF 1	NAPLES	Prov	ider Number:	1 070981-00	
7801 AIRPORT PULLI	NG ROAD	Date	:	12/22/2021	
NAPLES, FL 34109		Fisca	al Year End:	12/31/2019	
		Aud	it Status:	Unaudited	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home	Single Level	<u>\$272.05</u>	<u>\$258.45</u>	10/1/2021	
C			<del>-</del>		
Rate Type:					
	v	Prospective			
	X		l Prospective		
			Prospective with Inter	rim Component	
		1000	110spective with fines	ші сопропон	
		Changes:			
		XRate	Semester Change		
<b>Distribution:</b>					
Contract Management /	Fiscal Agent		Rebekah Falk		
Permanent File			Cost Reimbursement Plan		
For Informati			Rebekah fo		
No Change in	n Rate	,	leveran ja	lla	
	Home Office: No Home O	Office			
	Trome office.	, 1110C			



HARBORCHASE OF	VENICE	Provi	der Number:	1 070993-00	
950 PINEBROOK ROA	AD	Date:	Date: 12/22/2		
VENICE, FL 34285		Fisca	l Year End:	12/31/2020	
		Audi	t Status:	Unaudited	
Provider Type:					
110viuci 15pc.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home	Single Level	<u>\$226.18</u>	\$222.29	10/1/2021	
	1				
Rate Type:					
	X	Prospective			
			Prospective		
			Prospective with Inter	rim Component	
		Changes:			
		v			
		X Rate S	Semester Change		
<b>Distribution:</b>					
Contract Management /	Fiscal Agent		Rebekah Falk		
Permanent File	1 isour rigoni	Medicaid C	ost Reimbursement Plan	ning and Finance	
For Informat	ion Only				
No Change in	·	Ž	Rebekah fo	elk	
			. ,		
	Home Office: No Home O	Office			



FOUNTAINS REHAB	BILITATION AT MILI	L COVE	_	Provider Number:		1 075659-00	
9960 REGENCY SQU	ARE BLVD			Date:		12/22/2021	
JACKSONVILLE, FL	32225			Fiscal Year End	d:	2/28/2021	
				Audit Status:		Unaudited	
Provider Type:							
Tibridei Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$225.4	_	239.87	10/1/2021	
-	-						
	1						
Rate Type:							
		X	Prospective				
			_ rospective X	Total Prospecti	ve		
			-	Total Prospective		n Component	
						ii component	
1							
			Changes:				
			X	_Rate Semester C	hange		
<b>Distribution:</b>				Dah	1 - L Talle		
Contract Management	/ Fiscal Agent		Me		ekah Falk	na and Finance	
Permanent File			IVIC	edicaid Cost Reimbur			
For Informat	•			Reber	Lah Lo	Oh	
No Change i	in Rate			1000	Car Cju		
	Home Office:	Brookdale					
		111 Westwood Pla	ace				
		Brentwood, TN 37	7027				



RIVER CITY REHABI	LITATION CENTER			Provider Number:		1 078092-00	
15480 MAX LEGGET	ΓPARKWAY		Date:			12/22/2021	
JACKSONVILLE, FL	32218			Fiscal Year End:		8/19/2021	
				Audit Status	s:	Unaudited	
Provider Type:							
110viuei Typei			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$257.9</u>	<u> 1</u>	<u>\$255.49</u>	<u>10/1/2021</u>	
Rate Type:							
		X	Prospective				
			X	_Total Prospe	ective		
				_Total Prospec	ctive with Interi	m Component	
			Changes:				
			.,,				
			X	_Rate Semeste	r Change		
Distribution:							
Contract Management /	Fiscal Agent			I	Rebekah Falk		
Permanent File	C		Me	dicaid Cost Rein	nbursement Plann	ing and Finance	
For Informati	ion Only			$\mathcal{O}_{I}$	1.0.	1 . <i>() ()</i>	
No Change in	n Rate			Two	ekah fa	UK	
	Home Office: No	o Home Office					



LAKES OF CLERMO	NT HEALTH AND R	EHABILITATION		Provider Number:		1 078570-00	
1775 HOOKS STREET	Γ		<u></u>	Date:		12/22/2021	
CLERMONT, FL 3471	1		<u></u>	Fiscal Year End:		3/12/2021	
				Audit Status	:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$245.</u>	_	\$243.99	10/1/2021	
			<u></u>		·		
Rate Type:							
		V	Prospective				
		X	Prospective X	Total Prospe	ativa		
				_		Commonant	
				_ 1 otal Prospec	tive with Interi	m Component	
		[	Changes:				
			X	Rate Semeste	r Change		
<b>Distribution:</b>							
Contract Management	Fiscal Agent	_		R	Rebekah Falk		
Permanent File	-	-	Me	edicaid Cost Reim	bursement Planni	ing and Finance	
For Informat	ion Only			$\Omega_{0}$	, , ,	Λ Λ	
No Change i	n Rate			Kelo	ekah fa	lk	
					,		
	Home Office:	Greystone Healthca	_				
		4042 Park Oaks Blv	vd, Suite 300				
		Tampa, FL 33610					



ABBIEJEAN RUSSEL	L CARE CENTER LLC	<u>,                                      </u>		Provider N	lumber:	1 081367-00	
700 SOUTH 29TH ST	REET			Date: Fiscal Year End:		12/22/2021 12/31/2019	
FORT PIERCE, FL 34	947						
				Audit Statu	ıs:	Unaudited	
Provider Type:							
Trovider Type.			Curre	nt	New	Effective	
		Single Level		<u> </u>	Rate	<u>Date</u>	
Nursing Home	Single Level			<u>76</u>	<u>\$252.47</u>	10/1/2021	
C	S			<u></u>		<del></del>	
Rate Type:							
			Duognostivo				
		X	Prospective X	Total Pros	naativa		
				_		C	
				_ I otal Prosp	ective with Inter	m Component	
			Changes:				
			8				
			X	Rate Semes	ter Change		
					tor Change		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent				Rebekah Falk		
Permanent File	C		Me	edicaid Cost Rei	imbursement Planr	ing and Finance	
For Informat	tion Only			$\Omega$	/	7	
No Change i				Kel	bekah fa	elk.	
					, j		
	Home Office:	No Home Office					



SIGNATURE HEALTHC REHABILITATION AND				Provider N	umber:	1 082738-00	
1280 HENLEY RD			<del></del>	Date:		12/22/2021	
MIDDLEBURG, FL 3206	58		<del></del>	Fiscal Year End:		10/5/2021	
,				Audit Statu	-	Unaudited	
Provider Type:			Curro Rat		New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home	Single Level		\$251.	<del></del>	\$250.32	10/1/2021	
Data Types							
Rate Type:							
		X	_Prospective X	Total Prosp Total Prospe	pective ective with Inter	im Component	
Distribution:			Changes:	Rate Semest	er Change		
Contract Management / Fis	scal Agent				Rebekah Falk		
Permanent File			M		mbursement Plan		
For Information No Change in R	-			Reb	rekah fo	elk	
	Home Office:	No Home Office					



APOPKA HEALTH &	REHABILITATION	CENTER		Provider Number:		1 085549-00	
2001 ALSTON BAY E	BLVD.			Date:		12/22/2021	
APOPKA, FL 32703				Fiscal Year End:		10/28/2021	
				Audit Sta	itus:	Unaudited	
Provider Type:							
Provider Type.			Curre	ent	New	Effective	
			Rate		Rate	<u>Date</u>	
Nursing Home	Single Level		\$256.	<del>_</del>	\$255.15	<u>10/1/2021</u>	
- · · · · · · · · · · · · · · · · · · ·	·- <b>B</b>				<del> </del>		
Rate Type:							
			Des ser sativo				
		X	Prospective X	Total Dro	antivo		
				_ Total Pro	-	G	
				_ I otai Pros	pective with Interin	n Component	
			Changes:				
			9				
			X	Rate Seme	ester Change		
					g		
<b>Distribution:</b>							
Contract Management	/ Fiscal Agent				Rebekah Falk		
Permanent File	-		Me	edicaid Cost R	Leimbursement Planni	ng and Finance	
For Informat	tion Only					Λ Λ	
No Change i	n Rate			Ke	bekah fa	lk	
					,		
	Home Office:	-	ncare Management				
		4042 Park Oaks I					
		Tampa, FL 33610	)				



SEASIDE HEALTH AND REHABILITATION CENTER  324 WILDER BOULEVARD  DAYTONA BEACH, FL 32114			Provider Number:  Date:  Fiscal Year End:		1 085659-00	
					12/22/2021 12/31/2019	
Provider Type:						
riovider Type.			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>\$241.55</u>	<u>\$229.47</u>	<u>10/1/2021</u>	
Rate Type:						
Kate Type.						
		X	Prospective			
			Total Prospective			
			Total P	rospective with Interin	n Component	
		F	Changes:			
			C			
			X Rate Se	mester Change		
				C		
Distribution:						
Contract Management / Fiscal Agent			Rebekah Falk			
Permanent File			Medicaid Cost Reimbursement Planning and Finance			
For Informat	-			Ola Lala Ca	04	
No Change i	n Rate		<b>/</b> [	Pebekah fa	la	
Home Office: Gulf Coast Heal			Care			
2 North I		2 North Palafox Stro	Palafox Street			
		Pensacola, FL 32502				