

MEMORANDUM

Date:

February 24, 2015

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From:

Thomas Parker, Regulatory Analyst Supervisor, Medicaid Cost Reimbursement

Subject:

Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	<u>Provider</u>	Number of Rate
1.	WOODS OF MANATEE SPRINGS	Number 0 008793-00	Change Notices 3
2.	BENDERSON FAMILY SKILLED NURSING & REHAB CENTER	0 033717-00	1
3.	SOUTH DADE NURSING AND REHABILITATION CENTER	0 054789-00	7
4.	GOLDEN GLADES NURSING AND REHABILITATION CENTER	0 054790-00	6
5.	THE CLUB HEALTH AND REHABILITATION CENTER AT THE VILLAGES	0 072320-00	8
6.	OSPREY POINT NURSING CENTER	0 092678-00	1
7.	THE PALACE AT KENDALL NURSING AND REHAB CENTER	0 203327-00	1
8.	OSPREY POINT NURSING CENTER	0 215597-00	13
9.	LAKE HARRIS HEALTH CENTER	0 228966-00	2
10.	SIGNATURE HEALTHCARE CENTER OF WATERFORD	0 324400-00	1
		Total	43

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

TP/ab Attachments



		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
000879300	20110701	222.53	368.73	222.53	222.53	76876-15	NH13-150L
000879300	20120101	223.95	371.56	223.95	223.95	76876-15	NH13-150L
000879300	20120101	230.99	380.20	230.99	230.99	76876-15	NH13-150L
000879300	20120701	225.73	0.00	225.73	225.73	76876-15	NH13-130L
005371700	20120601	189.92	337.53	189.92	189.92	76876-15	
005478900	20120001	194.35	343.56	194.35	194.35	76876-15	
005478900	20120701	194.33	348.64	194.33	194.33	76876-15	
005478900	20130701	203.63	0.00	203.63	203.63	76876-15	
005478900	20140101	204.68	0.00	203.68	204.68	76876-15	
005478900	20140701	215.59	0.00	215.59	215.59	76876-15	
005478900	20150101	218.17	0.00	218.17	218.17	76876-15	
005479900	20120601	207.68	355.29	207.68	207.68	76876-15	
005479000	20120701	214.74	363.95	214.74	214.74	76876-15	
005479000	20130101	222.09	372.90	222.09	222.09	76876-15	
005479000	20130701	228.22	0.00	228.22	228.22	76876-15	
005479000	20140101	229.60	0.00	229.60	229.60	76876-15	
005479000	20140701	240.29	0.00	240.29	240.29	76876-15	
007232000	20120713	217.41	366.62	217.41	217.41	76876-15	
007232000	20130101	220.02	370.83	220.02	220.02	76876-15	
007232000	20130701	225.39	0.00	225.39	225.39	76876-15	
007232000	20130713	223.37	0.00	223.37	223.37	76876-15	
007232000	20140101	230.36	0.00	230.36	230.36	76876-15	
007232000	20140113	230.36	0.00	230.36	230.36	76876-15	
007232000	20140701	233.57	0.00	233.57	233.57	76876-15	
007232000	20150101	240.75	0.00	240.75	240.75	76876-15	
009267800	20140101	206.67	0.00	206.67	206.67	76876-15	NH09-001L
020332700	20110701	204.97	351.17	204.97	204.97	76876-15	NH11-143C
021559700	20080701	174.54	310.82	174.54	174.54	76876-15	NH09-001L
021559700	20090101	176.18	314.53	176.18	176.18	76876-15	NH09-001L
021559700	20090301	161.41	299.76	161.41	161.41	76876-15	NH09-001L
021559700	20090401	197.33	335.68	197.33	197.33	76876-15	NH09-001L
021559700	20090701	199.42	339.77	199.42	199.42	76876-15	NH09-001L
021559700	20100101	191.43	333.35	191.43	191.43	76876-15	NH09-001L
021559700	20100701	196.60	339.94	196.60	196.60	76876-15	NH09-001L
021559700	20110101	199.51	344.37	199.51	199.51	76876-15	NH09-001L
021559700	20110701	192.27	338.47	192.27	192.27	76876-15	NH09-001L
021559700	20120101	193.54	341.15	193.54	193.54	76876-15	NH09-001L
021559700	20120701	199.56	348.77	199.56	199.56	76876-15	NH09-001L
021559700	20130101	196.31	347.12	196.31	196.31	76876-15	NH09-001L
021559700	20130701	202.12	0.00	202.12	202.12	76876-15	NH09-001L
022896600	20140701	210.24	0.00	210.24	210.24	76876-15	
022896600	20150101	212.17	0.00	212.17	212.17	76876-15	
032440000	20150101	210.08	0.00	210.08	210.08	76876-15	



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Tallahassee, Florida 32308

WOODS OF N			Provider Number:			0 008793-00		
5627 9TH ST	E			Date:		1/8/2015		
WOODS OF MANATEE SPRINGS 5627 9TH ST E BRADENTON, FL 34203 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget			Fiscal Year End	l:	12/31/2010			
			Audit Status:		Field Aud	lited		
Provider Ty	vpe:							
•					Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Sing	le Level			<u>225.59</u>	<u>222.53</u>	7/1/2011	
	Leve	el H: Aids			<u>371.79</u>	<u>368.73</u>	7/1/2011	
Rate	e Type:							
	Interim		X	Prospective				
		Total Interim		x _ 7	Total Prospective			
		Interim Component		7	Total Prospective	with Interim	Component	
Basis:			Cha	inges:				
					mester Change			
			······································	X Field A	udit #NH13-150I	L FYE 12/31/	2010	
X	Unaudited Field audit							
	Desk audit							
	Desk addit	ed cosis						
				\rightarrow				
Distribution					Thomas Parke	r		
Contract Mana	ngement / Fisca	l Agent		Medicaid Cost R	eimbursement Pl	anning and F	inance	
Permanent File	e							
For In	formation Only	1						
No Cha	ange in Rate							
Но	me Office:	Cardinal Resources, LLC						
		16 Norcross Street						
		Roswell, GA 30075						



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WOODS OF MANATEE SPRINGS				Provider Number:		0 008793-00			
5627 9TH ST I	3			Date:	1/8/2015				
BRADENTON	I, FL 34203			Fiscal Year End:		12/31/2010			
				Audit Status:		Field Aud	lited		
Provider Ty	pe:				Current	New	Effective		
Nursing Ho	me Singl	e Level			Rate 227.02	Rate 223.95	<u>Date</u> 1/1/2012		
Level H: Aids					<u>374.63</u>	<u>371.56</u>	1/1/2012		
Rate	Type:								
	Interim	m . 17	X	Prospective	1.D .:				
	***************************************	Total Interim Interim Component			l Prospective	with Interim	Companant		
		Settlement based on cost		1014	i i iospective	with interim	Component		
		Prior Provider Prospective data							
Basis:			Cha	nges:	, cu				
	Budget			Rate Semest	_	L FYE 12/31/	2010		
	— Budget Unaudited c	osts		A TRIGITATION	111111111111111111111111111111111111111	ETTE IZION	2010		
X	Field audite								
100000000000000000000000000000000000000	Desk audite	d costs							
<u>Distribution</u>					ıomas Parke	er			
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance		
Permanent File	;								
For Inf	formation Only								
No Cha	nge in Rate								
Hor	me Office:	Cardinal Resources, LLC 16 Norcross Street Roswell, GA, 30075							



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WOODS OF MANATEE SPRINGS				Provider Number:		0 008793-00			
5627 9TH ST	E			Date:	1/8/2015 12/31/2010				
BRADENTON	N, FL 34203			Fiscal Year End:					
				Audit Status:		Field Auc	lited		
Provider Ty	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	me Sing	le Level			234.11	230.99	7/1/2012		
	Leve	el H: Aids			383.32	380.20	7/1/2012		
Rate	Type:								
	Interim	Total Interim	X		ıl Prospective				
		Interim Component Settlement based on cost Prior Provider Prospective data		Tota	l Prospective	with Interim	Component		
Basis:	Budget			Rate Semes X Field Audit	_	L FYE 12/31/	2010		
X	Unaudited of Field audited Desk audited	ed costs							
Distribution	n:		/	777	homas Parke				
Contract Mana		l Agent		Medicaid Cost Reim			inance		
Permanent File	_			Modella Cost Kom	iour sement 1	anning and 1	минес		
For Int	formation Only								
No Cha	inge in Rate								
Но	me Office:	Cardinal Resources, LLC 16 Norcross Street Roswell, GA 30075							



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BENDERSON	I FAMILY SKIL	LED NURSING & REHAB CENT	RSING & REHAB CENTER Provider Number: 0 033717-00			-00			
1959 N HONORE AVE SARASOTA, FL 34235 Provider Type: Nursing Home Single Level				Date:	*****	2/23/20	15		
Provider Type: Nursing Home Single Level Rate Type: Interim X Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data				Fiscal Year End:	-	12/31/2012			
				Audit Status:		Unaudit	æd		
Provider Ty	ype:	•							
,					Current	New	Effective		
					Rate	Rate	<u>Date</u>		
Nursing Ho	ome Single	e Level			<u>245.01</u>	<u>225.73</u>	1/1/2015		
Rate	e Type:								
	Interim	T . I	X	Prospective	1.0				
					l Prospective		C		
	v	*		lota	ii Prospective	with Interim	Component		
	X	······································							
	•	- Filor Flovider Prospective data							
Basis:			Cha	inges:					
				Rate Semes	ter Change				
	Budget		***************************************		_	QA status to	exempt		
X		osts					•		
	Field audited	l costs							
	Desk audited	costs							
				$\overline{}$					
Distribution	<u>n:</u>			\mathcal{I}	homas Parke	ır			
	agement / Fiscal A	Agent		Medicaid Cost Reim			inance		
Permanent File	_			Tribuloura Cost Item.		anning and I	iluli (
For In	formation Only			•					
	ange in Rate								
	ome Office:	No Home Office							
но	mie Office:	NO HOME OTHER							



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SOUTH DADE NURSING AND REHABILITATION CENTER		Provider Number:		0 054789-00			
17475 S DIXIE HWY		Date:	***************************************	2/19/2015			
MIAMI, FL 33157		Fiscal Year End:		12/31/2012			
Provider Type: Nursing Home Single Level Level H: Aids Rate Type: X Interim Total Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs		Audit Status:		Ünaudi	ted		
Provider Type:							
			Current	New	Effective		
			Rate	Rate	<u>Date</u>		
Nursing Home Singl	e Level		<u>195.58</u>	<u>189.92</u>	6/1/2012		
Leve	l H: Aids		<u>343.19</u>	337.53	6/1/2012		
Rate Type:							
X Interim	· · · · · · · · · · · · · · · · · · ·	Prospective					
	Total Interim		l Prospective				
, <u> </u>	Interim Component	Tota	l Prospective	with Interim	Component		
X	Settlement based on cost						
**************************************	Prior Provider Prospective data	•					
Rasis		Changes:					
		Rate Semest	er Change				
Budget		X Cost Settler	nent FYE 12/	31/2012 and	AIDS		
Unaudited co	osts	Interim Effe	ective 7/1/201	3			
Field audited	d costs						
Desk audited	d costs						
Distribution:			omas Parke	r	,		
Contract Management / Fiscal	Agent	Medicaid Cost Reim	bursement Pla	anning and Fi	nance		
Permanent File							
For Information Only							
No Change in Rate							
Home Office:	Adirhu Associates, LLC						
	12221 W Dixie Hwy Miami EL 33161						
•	BARRATH ET SSIMI						



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Tallahassee, Florida 32308

SOUTH DADE NURSING AND REHABILITATION CENTE			Pro	ovider Number:		0 054789-00 2/19/2015		
17475 S DIXI	17475 S DIXIE HWY			te:				
MIAMI, FL 3	33157		Fis	cal Year End:		12/31/20	012	
			Au	dit Status:	-	Unaudi	ted	
Provider T	ype:							
·					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Sing	le Level				<u>194.35</u>	7/1/2012	
	Leve	el H: Aids			<u>349.54</u>	343.56	7/1/2012	
Rate	е Туре:							
X	Interim		Pt	rospective				
		Total Interim			al Prospective			
,		Interim Component		Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Change					
				Rate Semes	-	(21/2012 1		
	Budget Unaudited	anata.	X		ment FYE 12/ fective 7/1/201		AIDS	
	Field audite							
	Desk audite	·						
<u>Distributio</u>	<u>n:</u>			76° T	homas Parke	r		
Contract Mana	gement / Fisca	l Agent	Med	icaid Cost Reim	bursement Pl	anning and Fi	nance	
Permanent File	2							
For Inf	formation Only							
No Cha	ange in Rate							
Но	me Office:	Adirhu Associates, LLC 12221 W Dixie Hwy Miami, FL 33161						



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Tallahassee, Florida 32308

SOUTH DAD	E NURSING .	AND REHABILITATION CENTER		Provider Number:		0 054789	-00
17475 S DIXI	E HWY			Date:		2/19/20	15
MIAMI, FL 3	33157			Fiscal Year End:		12/31/20	012
				Audit Status:		Unaudi	ted
Provider T	vpe:						
	J F				Current	New	Effective
		·			Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	gle Level			<u>200.50</u>	<u>197.83</u>	1/1/2013
	Lev	el H: Aids			<u>351.31</u>	<u>348.64</u>	1/1/2013
Rate	e Type:				•		
<u> </u>							
	Interim		X	Prospective			
		Total Interim		Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
	<u>X</u>	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
Dasis:			Clia	Rate Semest	er Changa		
	Budget				_	31/2012 and	AIDS
	Unaudited	costs			ective 7/1/201		
	Field audit						
	Desk audit						
<u>Distributio</u>	<u>n:</u>		_		omas Parke	r	
Contract Mana	igement / Fisca	l Agent		Medicaid Cost Reim	bursement Pla	anning and Fi	nance
Permanent File	2						
For Int	formation Only						
	ange in Rate						
	me Office:	Adirhu Associates, LLC					
no	me OHIC.	12221 W Dixie Hwy					
		Miami FL 33161					



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SOUTH DADE NURSING AND REHABILITATION CENTER			Provider Number:			0 054789-00		
17475 S DIXI	17475 S DIXIE HWY			Date:		2/19/2015		
MIAMI, FL 3	33157			Fiscal Year End:		12/31/2012		
				Audit Status:		Unaudit	ed	
Provider T	vpe:							
•	~ 1				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	le Level			204.05	203.63	7/1/2013	
Rate	е Туре:							
	Interim		X	Prospective			,	
		Total Interim		To	tal Prospective			
:		Interim Component		To	tal Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
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Basis:			Chai					
	Budget				ester Change ement FYE 12/	31/2012 and	AIDS	
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	Field audite					*		
	Desk audite							
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Distribution	n:				Thomas Parke	r		
	 igement / Fiscal	Agent		Medicaid Cost Reir			nance	
Permanent File	2		-					
For Inf	formation Only							
	inge in Rate							
Ho	me Office:	Adirhu Associates, LLC						
		12221 W Dixie Hwy						
		Miami FI 33161						



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SOUTH DADE NURSING AND REHABILITATION CENTER				Provider Number: 0 054789-					-00	
17475 S DIXI	E HWY			Date:				2/19/2015		
MIAMI, FL 3		Fiscal Year End:			12/31/2012					
				Audit	Status:		400000000000000000000000000000000000000	Unaudi	ted	
Provider Ty	ype:						Cumunt	Mann	Effective	
							Current Rate	New <u>Rate</u>	<u>Date</u>	
Nursing Ho	ome Single	e Level					<u>199.66</u>	<u>204.68</u>	1/1/2014	
Rate	туре:									
	Interim		X	Pros	pective		ű.			
		Total Interim				-	Prospective			
		Interim Component				Total	Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data								
Basis:			Cha	nges:]		Q.			
	Budget			<u> </u>	_		er Change	31/2012 and	AIDC	
	Unaudited co	nete		Δ			ctive 7/1/201		ALDS	
	Field audited									
	Desk audited		:							
)				
<u>Distribution</u>	<u>ı:</u>			7	7/-	/ The	omas Parke	r		
Contract Mana	gement / Fiscal A	Agent		Médica	id Cost	Reimb	ursement Pla	anning and Fi	nance	
Permanent File	:									
For Inf	ormation Only									
	nge in Rate									
Hor	ne Office:	Adirhu Associates, LLC								
		12221 W Dixie Hwy								
		Miami, FL 33161								



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SOUTH DADE NURSING AND REHABILITATION CENTE				Provider	Number:		0 054789-00		
17475 S DIXII	7475 S DIXIE HWY			Date:			2/19/20	15	
MIAMI, FL 3		Fiscal Y	ear End:		12/31/2012				
				Audit St	atus:		Unaudi	ted	
Provider Ty	vpe:								
	, p					Current	New	Effective	
						Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	le Level				209.46	215.59	7/1/2014	
Rate	Type:								
	Interim		X	Prospec	tive				
		Total Interim			Tota	al Prospective			
		Interim Component		-	Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost		•					
		Prior Provider Prospective data			•				
Basis:	1		Cha	nges:			•		
L					ate Semes	ter Change			
	Budget					ment FYE 12/		AIDS	
	Unaudited (costs		I	nterim Eff	fective 7/1/201	13		
	Field audite	ed costs							
	Desk audite	ed costs							
Distribution	1 *		/	7-		hamaa Daulsa			
Contract Manag		Agent		Madianid		homas Parke bursement Pla		2000	
Permanent File	_			Medicald	Cost Keiii	iouisement Fi	anning and Fi	nance	
For Info	ormation Only								
	nge in Rate								
Hon	ne Office:	Adirhu Associates, LLC							
		12221 W Dixie Hwy							
		Miami, FL 33161							



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SOUTH DADE NURSING AND REHABILITATION CENTER						
17475 S DIXIE HWY	Da	te:		2/19/2015 12/31/2012		
MIAMI, FL 33157	Fis	cal Year End:				
Provider Type: Nursing Home Single Level Rate Type: Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs	Au	dit Status:		Unaudi	ted	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home Single Level			<u>217.16</u>	<u>218.17</u>	1/1/2015	
Data Trunci				×		
Rate Type:						
Interim	X Pr	rospective				
AND THE PROPERTY OF THE PROPER		_	al Prospective			
All the state of t			al Prospective		Component	
		*	•		•	
Prior Provider Prospective data						
Basis:	Change					
Dudont		Rate Semes	iter Change ment FYE 12/	/31/2012 and	AIDC	
	X_		ective 7/1/201		AIDS	
Distribution:		7) _т	homas Parke			
Contract Management / Fiscal Agent	Medi	icaid Cost Reim	···		nance	
Permanent File	14164	iodia cost itom	iouisomem i	anning und 1 s		
For Information Only						
No Change in Rate						
Home Office: Adirhu Associates, LLC						
12221 W Dixie Hwy						
Miami, FL 33161						



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GOLDEN GLA	ADES NURSIN	NG AND REHABILITATION CENT	rer :	Provider Number:		0 054790	0-00
220 SIERRA D	RIVE			Date:		1/6/201	15
MIAMI	, FL 33179			Fiscal Year End:		12/31/20	012
				Audit Status:		Unaudi	ted
Provider Ty	pe:						
•	-				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Sing	le Level			<u>223.54</u>	<u>207.68</u>	6/1/2012
	Leve	l H: Aids			<u>371.15</u>	<u>355.29</u>	6/1/2012
Rate	Type:	7					
	-JF	!					
X	Interim			Prospective			
		Total Interim		Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:	٦		Chan	pes:			
				Rate Semes	ter Change		
	Budget		X		_	E 12/31/201	2 C/R
X	Unaudited c	eosts	4 4 5				
	Field audite	d costs					
	Desk audite	d costs	:				
, v.e.							
				$\rightarrow \sim$			
Distribution	<u>:</u>			//)/ n	omas Parke	r .	
Contract Manag	gement / Fiscal	Agent	M	edicaid Cost Reim	bursement Pla	anning and Fi	nance
Permanent File							
For Info	ormation Only						
No Char	nge in Rate						
Hon	ne Office:	Adirhu Associates, LLC					
	•	12221 W Dixie Hwy					
		Miami, FL 33161					



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Tallahassee, Florida 32308

NTER Pr	ovider Number:		0 054790	0-00
Da	ate:		1/6/201	5
Fi	scal Year End:		12/31/20	012
Au	udit Status:		Unaudi	ted
		Current	New	Effective
		Rate	Rate	<u>Date</u>
		<u>228.70</u>	<u>214.74</u>	7/1/2012
		<u>377.91</u>	<u>363.95</u>	7/1/2012
	•			. •
P	rospective			
	Tota	l Prospective		
_	Tota	l Prospective	with Interim	Component
Change	es:	٠	1 8 9	
		ter Change		
<u> </u>		-	E 12/31/201	2 C/R
4				,
	_			
	\sim	•		
_	/ / / TI	nomas Parkei	r	
Med	licaid Cost Reim	bursement Pla	inning and Fi	nance
				al a
	P P Change	Prospective Prospective Tota Changes: Rate Semes X Cost Settler	Date: Fiscal Year End: Audit Status: Current Rate 228.70 377.91 Prospective Total Prospective	Prospective Prospective Total Prospective with Interim Changes: Rate Semester Change



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GOLDEN GLADES NURSING AND REHABILITATION CENTER			TER	Provider Number:		0 054790)-00
220 SIERRA	DRIVE			Date:		1/6/201	15
MIAMI	, FL 33179			Fiscal Year End:		12/31/20	012
				Audit Status:		Unaudi	ted
Provider T	ype:						
					Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	ome Sing	le Level			<u>228.90</u>	222.09	1/1/2013
	Leve	el H: Aids			<u>379.71</u>	<u>372.90</u>	1/1/2013
Rate	е Туре:	7		•			
	J P						
	Interim		X	Prospective		•	
		Total Interim			l Prospective		
		Interim Component		Total	Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:	\neg		Cha	nges:			•
Dagig.			Chu	Rate Semest	er Change		
	Budget		·		-	YE 12/31/201:	2 C/R
X	Unaudited of	costs			Ü		
	Field audite	d costs					
	Desk audite	d costs					
-							
				\sim			
Distribution	<u>1:</u>			/ /) Th	omas Parke	r	
Contract Mana	igement / Fiscal	Agent	-	Medicaid Cost Reimb	oursement Pla	anning and Fi	nance
Permanent File	;						
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Adirhu Associates, LLC					
		12221 W Dixie Hwy					
		Miami FI 33161					



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Tallahassee, Florida 32308

GOLDEN GLADES NURSING AND REHABILITATION CENTER	Provider Number:		0 054790)-00	
220 SIERRA DRIVE	Date:		1/6/2015		
MIAMI , FL 33179 .	Fiscal Year End:		12/31/20	012	
	Audit Status:		Unaudi	ted	
Provider Type:					
••		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>232.90</u>	<u>228.22</u>	7/1/2013	
Rate Type:					
·					
Interim X	*	D			
Total Interim		Prospective	with Interim	Commonant	
Interim Component X Settlement based on cost	1 Otal	rrospective	with interim	Component	
Prior Provider Prospective data					
Filor Flovider Flospective data	,				
Basis:	nanges:				
	Rate Semest	er Change			
Budget			YE 12/31/201	2 C/R	
X Unaudited costs		J			
Field audited costs					
Desk audited costs					
Distribution:	Th	omas Parke	r		
Contract Management / Fiscal Agent	Medicaid Cost Reimb			nance	
Permanent File			•		
For Information Only					
No Change in Rate					
Home Office: Adirhu Associates, LLC					
12221 W Dixie Hwy					
Miami, FL 33161					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GOLDEN GL	ADES NURSIN	IG AND REHABILITATION CENTE	ER	Provider Number	:	0 054790	-00
220 SIERRA I	DRIVE			Date:		1/6/201	5
MIAMI	, FL 33179			Fiscal Year End:		12/31/20)12
				Audit Status:		Unaudi	ied
Provider T	ype:						
	-				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	ome Singl	le Level			<u>230.49</u>	<u>229.60</u>	1/1/2014
r							
Rate	е Туре:						
	Interim		X	Prospective			
		Total Interim			tal Prospective		
	***************************************	Interim Component		To	tal Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:	_		Cha	nges:			
Dasis:			Cha		ester Change		
	Budget				ement using F	YE 12/31/201	2 C/R
X	Unaudited c	osts					
	Field audite						
	Desk audited	d costs					
	_	*					
			pro-				
Distribution	<u>n:</u>			/ () 1	Thomas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reir	nbursement Pl	anning and Fi	nance
Permanent File	;						
For Inf	formation Only						
No Cha	inge in Rate						
Но	me Office:	Adirhu Associates, LLC					
		12221 W Dixie Hwy					
		Miami FI 33161					

MCADS

Report Calculated: 1/6/2015 3:21:59 PM

Report Printed: 1/6/2015 ID: 054790123120120601201210282014132025



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Tallahassee, Florida 32308

GOLDEN GL	ADES NURSIN	G AND REHABILITATION CENT	ER	Provider Numbe	er:	0 054790)-00
220 SIERRA	DRIVE			Date:		1/6/201	ī 5
MIAMI	,FL 33 <u>179</u>			Fiscal Year End	•	12/31/20)12
				Audit Status:		Unaudit	ted
Provider T	vpe:						
•					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Single	e Level			239.40	<u>240.29</u>	7/1/2014
		× .					
		•					
Date	. T	7.					
Rate	e Type:						
	Interim		X	Prospective			
		Total Interim			otal Prospective		
		Interim Component			otal Prospective	with Interim	Component
	X	Settlement based on cost			•		-
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	5.1.1		,		ester Change	ZE 10/21/201	1 C/D
X	Budget Unaudited co	sata	,	X Cost Sett	tlement using FY	E 12/31/201.	2 C/R
Λ	Field audited						
	Desk audited						
				\sim			
Distribution	1:		,		Thomas Parke		
	— igement / Fiscal A	Agent		Medicaid Cost Re			nance
Permanent File							
	formation Only						
	inge in Rate						
	-						
Ho	me Office:	Adirhu Associates, LLC					
		12221 W Dixie Hwy					
		Miami, FL 33161					



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Tallahassee, Florida 32308

THE CLUB HEALTH AND REHAB CENTER AT THE VILLAGES			SES Provi	der Number:		0 072320	0-00
16529 SE 86TH BELLE MEADE CIRCLE THE VILLAGES, FL 32162-5885 Date: Fiscal Year					1/15/20	15	
THE VILLAC	GES, FL 32162-	-5885	Fiscal	Year End:	•	Rate Rate Date 201.89 217.41 7/13/20 351.10 366.62 7/13/20	
			Audit	Status:		Unaudi	ted
Provider T	vpe:						
	, ,				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	ome Sing	le Level			<u>201.89</u>	217.41	7/13/2012
	Leve	el H: Aids			<u>351.10</u>	366.62	7/13/2012
							•
Rate	е Туре:						
X	Interim		Prosi	pective			,
	_	Total Interim		_	l Prospective		
		Interim Component			_		Component
	X	Settlement based on cost					-
		Prior Provider Prospective data					;
Basis:			Changes	7		*	
Dasis:			Changes:	Data Samaa	tan Chamaa		
	Budget		X	_	-	ZE 12/31/201	3 C/R
X	Unaudited o	costs	1		nom using r	(B 12/D1/201	3 0/10
	Field audite		•				
	Desk audite						1
-							
				\sim			
<u>Distributio</u>	<u>n:</u>		7	\prec	iomas Parke	r	
	gement / Fiscal	Agent	Medica	id Cost Reim			inance
Permanent File	:					B	
For Inf	formation Only						
	inge in Rate						
Но	me Office:	Greystone Healthcare Managemen	t, LLC				
		4042 Park Oaks Blvd, Suite 300					
		Tampa, FL 33610					



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Tallahassee, Florida 32308

THE CLUB HEALTH AND RI	EHAB CENTER AT THE VILLAGES	Provider Number:		0 072320	-00
16529 SE 86TH BELLE MEAI	DE CIRCLE	Date:		1/15/20	15
THE VILLAGES, FL 32162-58	885	Fiscal Year End:		12/31/20)13
		Audit Status:		Unaudit	ed
Provider Type:					
••			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home Single	Level		<u>204.79</u>	<u>220.02</u>	<u>1/1/2013</u>
Level	H: Aids		<u>355.60</u>	<u>370.83</u>	<u>1/1/2013</u>
				•	
					-
Rate Type:	7				
	_				
X Interim		Prospective			
	Total Interim	Tota	l Prospective		1
	Interim Component	Tota	l Prospective	with Interim	Component
X	_ Settlement based on cost				,
· · · · · · · · · · · · · · · · · · ·	Prior Provider Prospective data				3
Pagia					٠.
Basis:	CI	nanges: Rate Semest	or Change		;
Budget	<u> </u>		-	YE 12/31/2013	3 C/R
X Unaudited co	sts ·	cost senter	nem using i	. 12,31,201.	J C/IC
Field audited					
Desk audited					
		\sim			
Distribution:	•	The Th	omas Parke	r	
Contract Management / Fiscal A	gent	Medicaid Cost Reim			nance
Permanent File		1110010010			
For Information Only					
No Change in Rate					•
Home Office:	Greystone Healthcare Management, LLC				
	4042 Park Oaks Blvd, Suite 300				
	Tampa, FL 33610				



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Tallahassee, Florida 32308

THE CLUB I	HEALTH AND I	REHAB CENTER AT THE VILLAGE	ES Provi	der Number:		0 072320)-00
16529 SE 867	TH BELLE MEA	ADE CIRCLE	Date:			1/15/20	15
THE VILLA	GES, FL 32162-	5885	Fiscal	Year End:		12/31/20)13
			Audit	Status:		Unaudit	ted
Provider T	'vpe:						
	* 1				Current	New	Effective
					<u>Rate</u>	Rate	<u>Date</u>
Nursing Ho	ome Singl	le Level			<u>210.07</u>	<u>225.39</u>	<u>7/1/2013</u>
Dot							
Kat	е Туре:						
X	Interim		Pros	pective			
	111011111	Total Interim	1 105	-	l Prospective		
	•	Interim Component	************		_	with Interim	Component
	X	Settlement based on cost			•		•
		Prior Provider Prospective data					
-			· ·	,		* *	-
Basis:			Changes:	J			
				Rate Semes	-	TE 10/01/001	2 C D
	Budget		X	. Cost Settler	nent using F	TE 12/31/201:	3 C/R
X	Unaudited c Field audited		:				
	Desk audited						
	Desk addited	·					
Distributio	r) •		-	\ \\\			
	agement / Fiscal	Agent			iomas Parke		
Permanent File		rigent	Medica	ia Cost Reim	bursement Pla	anning and Fi	nance
	formation Only						
No Cha	ange in Rate						
Но	me Office:	Greystone Healthcare Management,	LLC				
		4042 Park Oaks Blvd, Suite 300					
		Tampa, FL 33610					



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Tallahassee, Florida 32308

THE CLUB H	EALTH AND R	EHAB CENTER AT THE VILLAGI	ES Provide	r Number:		0 072320	0-00
16529 SE 86T	H BELLE MEA	DE CIRCLE	Date:			1/15/20	15
THE VILLAG	GES, FL 32162-5	5885	Fiscal Y	ear End:		12/31/2	013
			Audit S	tatus:		Unaudi	ted
Provider T	vpe:						
					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Single	e Level			210.07	223.37	7/13/2013
	-						
Dota	Turna	-1					
Kate	e Type:						
X	Interim		Prospe	ctive			
	-	Total Interim			l Prospective		
		Interim Component			l Prospective		Component
	X	Settlement based on cost	***************************************		-		-
		Prior Provider Prospective data					
Basis:			Changes:				
	* 1			Rate Semest	-	7D 13/11/301	2.C/D
v	Budget		<u>X</u>	Cost Settler	nent using FY	(E 12/31/201	3 C/R
X	Unaudited co Field audited		4				:
	Desk audited		• :				
	Desk audited	. 0036	•				
				\circ			
<u>Distribution</u>	n•						
	igement / Fiscal A	Agent	Madienid		omas Parke		<u> </u>
Permanent File		igom	Medicaid	Cost Keim	bursement Pla	anning and F	inance
	formation Only						
No Cha	inge in Rate						
Но	me Office:	Greystone Healthcare Management,	LLC				
		4042 Park Oaks Blvd, Suite 300					
		Tampa, FL 33610					



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Tallahassee, Florida 32308

THE CLUB HEALTH AND REHAB CENTER AT THE VILLAGES		GES	Provider Number: 0 072320-0)-00		
16529 SE 86T	TH BELLE MEA	ADE CIRCLE		Date:		1/15/2015		
THE VILLAC	GES, FL 32162-	5885		Fiscal Year End	*	12/31/2013		
				Audit Status:		Unaudi	ted	
Provider T	ype:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	le Level			<u>215.98</u>	<u>230.36</u>	1/1/2014	
,								
Rate	e Type:							
	с турс.							
	Interim		X	Prospective				
1		Total Interim		T	otal Prospective			
i r		Interim Component		· To	otal Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Docies			Cha			:	V. V.	
Basis:			Cha	nges:	ester Change			
	Budget				tlement using FY	E 12/31/201	3 C/R	
X	Unaudited c	osts		4.				
	Field audited	d costs						
	Desk audited	d costs	ī					
			;	Ω				
Distribution	<u>n:</u>			10	Thomas Parke	r		
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Re	imbursement Pla	anning and Fi	nance	
Permanent File	e							
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Greystone Healthcare Managemen	t LLC					
110	and Othion.	4042 Park Oaks Blvd, Suite 300	.,	,				
		Tampa, FL 33610						



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Tallahassee, Florida 32308

THE CLUB H	EALTH AND	REHAB CENTER AT THE VILLA	GES	Provi	der Nur	nber:		0 072320	0-00
16529 SE 86T	529 SE 86TH BELLE MEADE CIRCLE HE VILLAGES, FL 32162-5885			· · · · · · · · · · · · · · · · · · ·)15
THE VILLAG	ES, FL 32162-	-5885		Fiscal	al Year End:		12/3		013
				Audit	Status:			Unaudi	ted
Provider Ty	vpe:								
•	V K						Current	New	Effective
							Rate	Rate	<u>Date</u>
Nursing Ho	me Sing	le Level					<u>215.98</u>	<u>230.36</u>	1/13/2014
Rate	Type:								
	Interim		X	Pros	pective				
	***************************************	Total Interim				_	Prospective		
		Interim Component				_Total	Prospective	with Interim	Component
	X	Settlement based on cost							
		Prior Provider Prospective data		,					
Basis:	_		Cha	nges:	1				
					Rate S	Semest	er Change		
	Budget			X				E 12/31/201	3 C/R
X	Unaudited o	eosts	ŧ						
	Field audite	d costs	į.						
	Desk audite	d costs							
<u>Distribution</u>	<u>ı:</u>			77	イー) Th	omas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medica	id Cost	Reiml	oursement Pla	anning and F	inance
Permanent File	:								
For Inf	ormation Only								
No Cha	nge in Rate								
Hor	ne Office:	Greystone Healthcare Managemen	it, LLC						
		4042 Park Oaks Blvd, Suite 300	•						
		Tampa, FL 33610							
		• *							



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Tallahassee, Florida 32308

THE CLUB H	EALTH AND R	EHAB CENTER AT THE VILLA	GES	Provide	er Number	**	0 072320	-00		
16529 SE 86T	9 SE 86TH BELLE MEADE CIRCLE			Date:			1/15/2015			
THE VILLAC	SES, FL 32162-	5885		Fiscal Y	Year End:		12/31/20)13		
	Rate Type: Interim Total Interim Interim Component X Settlement based on cost				status:		Unaudit	ed		
Provider T	vpe:									
	V K					Current	New	Effective		
						Rate	Rate	<u>Date</u>		
Nursing Ho	ome Single	e Level				<u>217.64</u>	<u>233.57</u>	7/1/2014		
•										
Rate	e Type:		e p							
,								į		
	_ Interim		<u>X</u>	Prospe						
-						tal Prospective		C		
	v			****		tal Prospective	with interim	Component		
		Prior Provider Prospective data						:		
· -		Thorridge Prospective data		-						
Basis:			Chan	iges:						
			1		Rate Seme	ester Change				
	Budget		X	<u> </u>	Cost Settl	ement using FY	E 12/31/201	3 C/R		
X	Unaudited co		8					,		
	Field audited		,					į		
	Desk audited	l costs	;					:		
T				7				}		
Distribution				<u> </u>		Thomas Parke				
	igement / Fiscal.	Agent	N	A edicaid	l Cost Rei	mbursement Pla	inning and Fi	nance		
Permanent File										
	formation Only									
No Cha	inge in Rate									
Но	me Office:	Greystone Healthcare Managemen	nt, LLC							
		4042 Park Oaks Blvd, Suite 300								
		Tampa, FL 33610								



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Tallahassee, Florida 32308

THE CLUB H	HE CLUB HEALTH AND REHAB CENTER AT THE VILLAGES 5529 SE 86TH BELLE MEADE CIRCLE			Provider	Numb	0 072320	0 072320-00		
16529 SE 86TF							1/15/2015		
THE VILLAGI	ES, FL 32162-5	5885		Fiscal Ye	ar End	l:	12/31/20	013	
				Audit Sta	itus:		Unaudit	ted	
Provider Ty	/pe:								
	F					Current	New	Effective	
						Rate	Rate	<u>Date</u>	
Nursing Ho	me Single	e Level				<u>241.77</u>	<u>240.75</u>	<u>1/1/2015</u>	
		_							
Rate	Type:		•						
		_							
	Interim		X	Prospec	tive				
		Total Interim				otal Prospective			
		Interim Component			T	otal Prospective	with Interim	Component	
	X	Settlement based on cost							
		Prior Provider Prospective data							
	¬ ·								
Basis:			Cna	nges:					
	Dadas					nester Change tlement using FY	ZE 12/21/201	2 C/D	
X	Budget Unaudited co	agta	:	<u>x</u>	osi sei	tiement using F	IE 12/31/201	3 C/K	
A	Field audited		1						
	Desk audited								
	Desk addited	10013	:					:	
					\sim				
Distribution				\nearrow)				
<u>Distribution</u>				<u> </u>		Thomas Parke			
Contract Manag	_	Agent		Medicaid (Cost Re	eimbursement Pla	anning and Fi	nance	
Permanent File									
For Info	ormation Only								
No Char	nge in Rate								
Ноп	ne Office:	Greystone Healthcare Managemen	nt LLC						
11011	iic Office.	4042 Park Oaks Blvd, Suite 300	,						
		Tampa, FL 33610							



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Tallahassee, Florida 32308

OSPREY POR	NT NURSING	CENTER]	Provider Number:		0 092678	3-00
1104 NORTH	104 NORTH MAIN STREET]	Date:		2/4/201	.5
BUSHNELL	, FL 335	513		Fiscal Year End:		12/31/20	013
	SPREY POINT NURSING CENTER 104 NORTH MAIN STREET 105 IUSHNELL , FL 33513 Provider Type: Rate Type:			Audit Status:		Unaudit	ted
Provider Ty					<u> </u>		
	A NORTH MAIN STREET SHNELL , FL 33513 ovider Type: Traing Home Single Level Rate Type: X Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: X Budget Unaudited costs Field audited costs Field audited costs			Current	New	Effective	
				<u>Rate</u>	Rate	<u>Date</u>	
Nursing Ho	Rate Type: X Interim X Total Interim Interim Component Settlement based on cost				<u>206.66</u>	<u>206.67</u>	<u>1/1/2014</u>
Doto	Т						
Rate	: Type:						
X	Interim			Prospective			
		Total Interim		-	l Prospective		
					•	with Interim	Component
			•	······································	•		•
		Prior Provider Prospective data					
Basis:			Chang	ges:			
				Rate Semest	_		
X	<u> </u>		X			1H09-001L F vider #215597	
				12/31/2007	tor prior pro	videl #21559	
· · · · · · · · · · · · · · · · · · ·							
	Desk audite	ed costs					
Distribution							
		A			omas Parke		
	_	Agent	M	edicaid Cost Reim	bursement Pla	anning and Fi	nance
For Inf	ormation Only						
No Cha	nge in Rate						
Hor	ne Office:	CMC II, LLC					
		800 Concourse Parkway South					
		Suite 200					
		Maitland FL 32751					



BNNX0

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE PALACE	HE PALACE AT KENDALL NURSING AND REHAB CENTER 1215 SW 84TH STREET		ર	Provider Number:		0 203327	-00
11215 SW 84T	5 SW 84TH STREET MI, FL 33173			Date:		1/12/20	15
MIAMI, FL 3	3173			Fiscal Year End:		7/31/20	10
				Audit Status:		Revised Fiel	d Audit
Provider Ty	ype:						
v	•				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Singl	e Level			<u>211.46</u>	204.97	<u>7/1/2011</u>
	Level	H: Aids			<u>357.66</u>	<u>351.17</u>	7/1/2011
Rate	Туре:						
	Interim		X	Prospective			
		Total Interim			ıl Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
			L	Rate Semes	ter Change		
	Budget			X FA & RFA	#NH11-1430	C FYE 7/31/2	010
	Unaudited c	osts					
X	Field audited						
	Desk audited	d costs					
<u>Distribution</u>	<u>1:</u>		~~~		homas Parke	er	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim	ıbursement Pl	anning and F	inance
Permanent File	;						
For Inf	formation Only						
	ange in Rate						
Но	me Office:	Professional Care I, Inc. 10850 SW 113th Place			·		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OSPREY PO	DSPREY POINT NURSING CENTER 104 NORTH MAIN STREET BUSHNELL , FL 33513			Provider Nun	aber:		0 215597-00 2/4/2015		
1104 NORTH				Date:		44-4			
BUSHNELL	, FL 33	513		Fiscal Year E	nd:		12/31/20	007	
				Audit Status:			Revised Fiel	d Audit	
Provider T	ype:								
	• •				_	Current	New	Effective	
						Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sin	gle Level				<u>176.43</u>	<u>174.54</u>	7/1/2008	
	Lev	rel H: Aids			,	312.71	310.82	7/1/2008	
Rate	e Type:		••				• •		
	Interim		Х	Prospective					
		Total Interim		X	Total	Prospective			
		Interim Component			Total	Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data							
Basis:	1		Cha	nges:					
					emest	er Change			
	Budget			X FA &	RFA:	#NH09-001I	FYE 12/31/2	2007	
	Unaudited		:	•					
X	Field audit								
	Desk audit	ted costs							
					`				
<u>Distribution</u>	<u>n:</u>			7/	/ Th	omas Parke	r		
Contract Mana	agement / Fisca	al Agent		Medicaid Cost	Reimb	oursement Pl	anning and Fi	nance	
Permanent File	e								
For In	formation Only	y							
No Cha	ange in Rate								
Но	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL, 32034							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OSPREY POI	INT NURSING	CENTER		Provider Number:		0 215597	-00	
1104 NORTH	MAIN STREE	T		Date:		2/4/2015		
BUSHNELL	, FL 335	13		Fiscal Year End:		12/31/20	007	
	Provider Type: Mursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Component Settlement based on cost Prior Provider Prospective Basis: Budget Unaudited costs			Audit Status:		Revised Field Audi		
Provider T	vpe:							
,	. I				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	le Level			<u>176.86</u>	<u>176.18</u>	1/1/2009	
	Leve	l H: Aids			315.21	314.53	1/1/2009	
								
Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective dat Basis: Budget						*		
	Interim		x	Prospective				
Total Interim Interim Component		Total Interim		X Tota	al Prospective			
			Tota	al Prospective	with Interim	Component		
		Settlement based on cost						
		Prior Provider Prospective data						
Pacies			Cha	nges:		-		
Dasis.			Cita	Rate Semes	ter Change			
1	Budget				#NH09-0011	FYE 12/31/2	2007	
-		costs						
X	Field audite	d costs						
	Desk audite	d costs						
<u>Distribution</u>	<u>n:</u>				homas Parke	r		
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Reim			nance	
Permanent File	e					J		
For Inf	formation Only							
	ange in Rate							
Но	me Office:	Health Care Managers, Inc						
		2380 Sadler Road Suite 201						
		Fernandina Beach, FL 32034						



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Tallahassee, Florida 32308

OSPREY POI	NT NURSING	CENTER		Provider Number:		0 215597	'- 00
1104 NORTH	104 NORTH MAIN STREET			Date:		2/4/201	.5
BUSHNELL	, FL 335	13		Fiscal Year End:		12/31/20	007
				Audit Status:		Revised Fiel	d Audit
Provider T	Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate						
	V 1				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Singl	le Level			<u>162.04</u>	<u>161.41</u>	3/1/2009
	Leve	l H: Aids			300.39	<u>299.76</u>	3/1/2009
		·					
Rate	e Type:						
	Interim		X	Prospective			
	•	Total Interim		– X Tota	al Prospective		
		Interim Component		Tota	ıl Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Char		. CI		
	Dudget :			Rate Semes	ter Cnange . #NH09-001I	EVE 12/31/2	2007
		nete	<u></u>	TAKKAA	. #141109-0011	1 1 1 1 1 1 1 2 / J 1 / 2	2007
X							
					×		
-	·············						
Distribution	n:			7/2 T	homas Parke	r	
		Agent		Medicaid Cost Reim			nance
Permanent File	•		,	Tourouta Cost Itomi	iodisement i n	ummig and i i	nance
For Int	formation Only						
No Cha	inge in Rate						
Но	me Office:	Health Care Managers, Inc					
		2380 Sadler Road Suite 201					
		Fernandina Beach, FL 32034					



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Tallahassee, Florida 32308

OSPREY POI	NT NURSING	G CENTER		Provider Number:		0 215597	7-00	
1104 NORTH	04 NORTH MAIN STREET JSHNELL , FL 33513			Date:	***************************************	2/4/2015		
BUSHNELL	, FL 33	513		Fiscal Year End:	***************************************	12/31/20	007	
				Audit Status:		Revised Field Audit		
Provider Ty	ype:				Current	New	Effective	
Nuncina Ua	ma Sin	ala Laval			<u>Rate</u>	Rate 197.33	<u>Date</u> 4/1/2009	
Nursing Ho	me Sin	gle Level			<u>198.07</u>	197.55	4/1/2009	
	Lev	el H: Aids			336.42	335.68	4/1/2009	
Rate	Туре:							
	Interim		X	Prospective				
		Total Interim			al Prospective			
		Interim Component		Total	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Davies]	•	Cha					
Basis:			Cha	Rate Semes	ster Change			
ı	Budget				#NH09-0011	FYE 12/31/	2007	
	Unaudited	costs						
X	Field audi	ted costs						
	Desk audi	ted costs						
				7				
<u>Distribution</u>				/ () T	homas Parke	r		
Contract Manag	gement / Fisca	al Agent		Medicaid Cost Rein	nbursement Pl	anning and Fi	nance	
Permanent File								
For Infe	ormation Only	y						
No Char	nge in Rate							
Hon	ne Office:	Health Care Managers, Inc						
		2380 Sadler Road Suite 201						
		Fernandina Beach, FL 32034						



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Tallahassee, Florida 32308

OSPREY POR	DSPREY POINT NURSING CENTER 104 NORTH MAIN STREET			Provider Number:		0 215597-00		
1104 NORTH				Date:		2/4/2015		
BUSHNELL	, FL 33	513 .		Fiscal Year End:		12/31/20	007	
				Audit Status:		Revised Fiel	d Audit	
Provider Ty	vpe:							
•	•				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	gle Level			201.53	<u>199.42</u>	<u>7/1/2009</u>	
	Lev	el H: Aids			341.88	<u>339.77</u>	<u>7/1/2009</u>	
			^					
Rate	Туре:							
	Interim		X	Prospective				
	***	Total Interim	-		al Prospective			
	Total Interim Interim Component Settlement based on cost			Tota	al Prospective	with Interim	Component	
		Prior Provider Prospective data						
Basis:	<u> </u>		Cha	nges:				
240151					ster Change			
	Budget				#NH09-0011	L FYE 12/31/2	2007	
	 Unaudited	costs						
X	Field audit	ted costs		•				
	Desk audit	ted costs						
Distribution	<u>ı:</u>		-		homas Parke	er		
Contract Mana	gement / Fisca	al Agent	*****	Medicaid Cost Rein			nance	
Permanent File	:					•		
For Inf	ormation Only	y						
No Cha	nge in Rate							
Hor	ne Office:	Health Care Managers, Inc						
		2380 Sadler Road Suite 201						
		Fernandina Beach, FL 32034						



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Tallahassee, Florida 32308

OSPREY POI	NT NURSING	CENTER		Provider Number	er:	0 215597	'-00	
1104 NORTH	104 NORTH MAIN STREET BUSHNELL , FL 33513			Date:		2/4/2015		
BUSHNELL	, FL 3351	13		Fiscal Year End	:	12/31/20	008	
	rovider Type: ursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Stribution: Intract Management / Fiscal Agent			Audit Status:		Unaudi	ted	
Provider T	ype:			•				
					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Singl	e Level			<u>192.16</u>	<u>191.43</u>	<u>1/1/2010</u>	
	Level	l H: Aids			334.08	<u>333.35</u>	<u>1/1/2010</u>	
Rate	e Type:							
	Interim		X	Prospective				
	Total Interim Interim Component			-	otal Prospective			
				To	otal Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Rasis			Chan	iges.				
			-	<u> </u>	nester Change			
	Budget		X	Effects o	f FA & RFA #N	H09-001L F	YE	
X	Unaudited co	osts		12/31/20	07			
	Field audited	l costs						
	Desk audited	l costs						
<u>Distributio</u>	<u>n:</u>		_	700	Thomas Parke	r		
Contract Mana	gement / Fiscal A	Agent	N	Medicaid Cost Re	imbursement Pla	anning and Fi	nance	
Permanent File	•							
For Inf	formation Only							
No Cha	inge in Rate							
Но	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL 32034						



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Tallahassee, Florida 32308

OSPREY POI	NT NURSING	CENTER		Provider Number:		0 215597	'-00	
1104 NORTH	MAIN STREE	Τ		Date:		2/4/2015		
BUSHNELL	, FL 335	13		Fiscal Year End:		12/31/20)09	
				Audit Status:	******	Unaudi	ted	
Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective da Basis: Budget X Unaudited costs Field audited costs Desk audited costs					***************************************			
	/ F * *				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	le Level			<u>197.33</u>	<u>196.60</u>	7/1/2010	
	Leve	l H: Aids			<u>340.67</u>	339,94	7/1/2010	
Rate	е Туре:							
	Interim		X	Prospective				
		Total Interim		-	l Prospective			
	***************************************	Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Rasis			Cha	nges:		•		
D#3131			Circ	Rate Semest	ter Change			
	Budget				_	H09-001L F	YE	
X	Unaudited c	osts		12/31/2007				
	Field audite	d costs						
	Desk audite	d costs						
Distribution	n:	•	_		iomas Parke	r		
Contract Mana	igement / Fiscal	Agent]	Medicaid Cost Reim			nance	
Permanent File	.					-		
For Inf	formation Only							
	inge in Rate							
Ног	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201						



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Tallahassee, Florida 32308

OSPREY POINT NURSING CENTER 1104 NORTH MAIN STREET				Provid	ler Numbe	r:	0 215597-00		
				Date:			2/4/2015		
BUSHNELL , FL 33513		513		Fiscal	Year End:		12/31/20	009	
				Audit	Status:		Unaudi	ted	
Provider T	ype:								
					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	ome Sing	gle Level				<u>200.25</u>	<u>199.51</u>	1/1/2011	
Level H: Aids						345.11	344.37	1/1/2011	
Rate	e Type:								
	Interim		X	Prosp	ective				
		Total Interim			X To	tal Prospective			
		Interim Component			To	tal Prospective	with Interim	Component	
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:]				
2,743,231				11500.	Rate Seme	ester Change			
	Budget			X		FA & RFA #N	H09-001L F	YE	
X	Unaudited	costs			12/31/200)7			
	Field audite	ed costs							
	Desk audite	ed costs		*					
					_				
Distribution	<u>1:</u>		/	7	5).	Thomas Parke	•		
Contract Mana	gement / Fisca	l Agent	••••	Medicai		mbursement Pla		nance	
Permanent File	:						J		
For Inf	formation Only								
	inge in Rate								
Ho	me Office:	Health Care Managers, Inc							
	×	2380 Sadler Road Suite 201							
		Fernandina Beach, FL 32034							



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OSPREY POINT NURSING CENTER 1104 NORTH MAIN STREET				Provider Number	:	0 215597-00 2/4/2015		
				Date:				
BUSHNELL	, FL 335	13		Fiscal Year End:		12/31/20	009	
				Audit Status:		Unaudi	naudited	
Provider T	vpe:							
	J1				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Home Single Level Level H: Aids					<u>192.96</u>	<u>192.27</u>	7/1/2011	
					<u>339.16</u>	338.47	7/1/2011	
Rate	е Туре:							
	Interim		x	Prospective				
		Total Interim		_	tal Prospective		•	
		Interim Component			tal Prospective	with Interim	Component	
	·	Settlement based on cost		***				
		Prior Provider Prospective data						
Basis:			Char	nges:				
				······································	ster Change			
	Budget				FA & RFA #N	H09-001L F	YE	
X	Unaudited c	osts		12/31/200	7			
	Field audite							
-nnwn++++++	Desk audited	d costs						
			_	20			•	
Distribution				/ <u>/</u> / 1	homas Parke	r		
	agement / Fiscal	Agent	N	Medicaid Cost Reir	nbursement Pla	anning and Fi	nance	
Permanent File	e							
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Health Care Managers, Inc						
		2380 Sadler Road Suite 201						
		Fernandina Beach, FL 32034						

Report Printed: 2/4/2015



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Tallahassee, Florida 32308

OSPREY POINT NURSING CENTER 1104 NORTH MAIN STREET BUSHNELL , FL 33513			Provider Number	er:	0 215597-00						
			Date:		2/4/2015						
		Fiscal Year End:	l:	12/31/20	010						
			Audit Status:		Unaudi	lited					
Provider Ty	/pe:										
•	-				Current	New	Effective				
Nursing Home Single Level Level H: Aids					Rate	Rate	<u>Date</u>				
					<u>194.24</u>	<u>193.54</u>	1/1/2012				
					<u>341.85</u>	<u>341.15</u>	1/1/2012				
Rate	Туре:										
	Interim		X	Prospective							
Total Interim				otal Prospective							
		Interim Component		Total Prospective with Interim Componen							
		Settlement based on cost									
		Prior Provider Prospective data									
Basis:	_	·	Cha	nges:							
Dasis.			Cha		nester Change						
	Budget				of FA & RFA #N	H09-001L F	YE				
X	Unaudited co	osts		12/31/20	007						
	Field audited	d costs									
	Desk audited	d costs									
<u>Distribution</u>	ı <u>:</u>		/	7D	Thomas Parker	r					
Contract Manag	gement / Fiscal .	Agent		Medicaid Cost Re	imbursement Pla	nning and Fi	nance				
Permanent File						-					
For Info	ormation Only										
No Cha	nge in Rate					•					
Hor	ne Office:	Health Care Managers, Inc									
		2380 Sadler Road Suite 201									
		Fernandina Beach, FL, 32034									



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OSPREY POINT NURSING CENTER 1104 NORTH MAIN STREET BUSHNELL , FL 33513			Provider Number:		0 215597-00			
			Date:		2/4/2015 12/31/2010 Unaudited			
		13	Fiscal Year End:					
				Audit Status:				
Provider T	ype:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Home Single Level Level H: Aids					<u>200.28</u>	<u>199.56</u>	7/1/2012	
					<u>349.49</u>	348.77	7/1/2012	
Rate	e Type:							
L								
	Interim		X	Prospective				
		Total Interim			l Prospective		Commonant	
		Interim Component Settlement based on cost		1 Ota	i Prospective	with Interim	Component	
*		Prior Provider Prospective data						
Basis:			Chang	ges:				
				Rate Semest	ter Change			
	Budget		X	Effects of F	A & RFA #N	MO9-001L F	YE	
X	Unaudited c	osts		12/31/2007				
	Field audited							
	Desk audited	d costs						
Distribution	<u>n:</u>		,—		iomas Parke	r		
Contract Mana	ngement / Fiscal	Agent	M	edicaid Cost Reim			nance	
Permanent File	e					J		
For Inf	formation Only							
No Cha	ange in Rate							
Но	me Office:	Health Care Managers, Inc						
		2380 Sadler Road Suite 201						
		Fernandina Beach, FL 32034						



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Tallahassee, Florida 32308

OSPREY POINT NURSING CENTER 1104 NORTH MAIN STREET		Pro	vider Number:		0 215597-00 2/4/2015			
		Dat	e:					
BUSHNELL	, FL 3351	3	Fiscal Year End:			12/31/2011		
		Aud	dit Status:		Unaudi	ted		
Provider T	ype:							
	-				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Home Single Level					<u>197.03</u>	<u>196.31</u>	1/1/2013	
	Level	H: Aids			347.84	347.12	1/1/2013	
Rate	e Type:	٦						
	Interim		X Pr	ospective				
	**************************************	Total Interim		·····	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:	<u> </u>		Changes					
174313.			Change	Rate Semes	ter Change			
	Budget		X		FA & RFA #N	H09-001L F	YE	
Х	Unaudited co	osts		12/31/2007	1			
	Field audited	costs						
	Desk audited	costs						
Distribution	n:				homas Parke	_		
	gement / Fiscal /	Agent	Medi	caid Cost Reim			inance	
Permanent File			Wicai	caid Cost itemi	oursement i	mining and 1 i	nance	
For Inf	formation Only							
	inge in Rate							
Hor	me Office:	Health Care Managers, Inc						
		2380 Sadler Road Suite 201						
		Fernandina Beach, FL 32034						



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Tallahassee, Florida 32308

OSPREY POINT NURSING CENTER 1104 NORTH MAIN STREET				Provi	der Nu	mber:		0 215597-00		
			Date:			2/4/2015				
BUSHNELL	, FL 335	513	Fiscal Year End:		-	12/31/2012				
				Audit	Status:			Unaudit	ted	
Provider Ty	ype:									
·	•						Current	New	Effective	
							Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	de Level					<u>202.86</u>	202.12	<u>7/1/2013</u>	
D-4-	Т	<u> </u>								
Kate	Type:									
•	Interim		X	Pros	pective					
	-	Total Interim			X		Prospective			
	•	Interim Component		***************************************	-1-	_	=	with Interim	Component	
		Settlement based on cost				-			1	
		Prior Provider Prospective data								
		-			_					
Basis:			Cha	nges:]					
					_		er Change			
	Budget			<u>X</u>			A & RFA #N	H09-001L F	YE	
X	Unaudited				12/31	/2007				
	Field audite									
	Desk audite	ed costs								
					_					
					_/-					
Distribution					<u> </u>	The	omas Parke	r		
Contract Manag		l Agent		Medica	id Cost	Reimb	ursement Pla	anning and Fi	nance	
Permanent File										
For Infe	ormation Only									
No Char	nge in Rate									
Hor	ne Office:	Health Care Managers, Inc								
1104.		2380 Sadler Road Suite 201								
		Fernandina Beach, FL 32034								



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Tallahassee, Florida 32308

LAKE HARRIS HEALTH CENTER 701 LAKE PORT BLVD				Provi	der Nur	nber:		0 228966-00		
			Date:			2/16/2015				
LEESBURG,	FL 34748		Fiscal Year End: Audit Status:		End:	12/31		2012		
					Status:			Unaudi	ted	
Provider T	ype:						Current Rate	New <u>Rate</u>	Effective	
Nursing Ho	ıma Sinal	le Level					209.27	210.24	<u>Date</u> 7/1/2014	
nursing m	me singi	ic Tevel					<u> 209.27</u>	210.24	7/1/2014	
# P = 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		·							,	
Rate	e Type:									
	Interim		X	Pros	pective					
		Total Interim			X	Total	Prospective			
		Interim Component				Total	Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data								
Basis:			Char	iges:]		¥			
					-		er Change			
	Budget			Κ	Retro	for 7/1	4 to correct	Mortgage		
X	Unaudited c									
	Field audited Desk audited									
,	Desk audited	u costs								
			,			2 .				
<u>Distribution</u>				/ ()_	The	omas Parke	r		
	gement / Fiscal	Agent	N	Medica	id Cost	Reimb	ursement Pla	anning and Fi	nance	
Permanent File										
	formation Only									
No Cha	inge in Rate									
Ho	me Office:	Brookdale Senior Living, Inc.								
		111 Westwood Place, Ste. 400								
		Brentwood, TN 37027							,	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

701 LAKE PORT BLVD			I	Provider Nur	mber:		0 228966-00 2/16/2015		
			I	Date:					
LEESBURG, FL	34748		F	iscal Year E	End:		12/31/2013		
			A	Audit Status:			Unaudi	ted	
Provider Typ	e:								
••						Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Hom	e Singl	e Level				213.45	<u>212.17</u>	1/1/2015	
Rate T	ype:								
ː I	nterim	_	X	Prospective					
		Total Interim		X		Prospective			
_		Interim Component	_		Total :	Prospective	with Interim	Component	
· -		Settlement based on cost Prior Provider Prospective data							
Basis:	1		Chang	es:				¥	
	,				Semeste	r Change			
	Budget		<u> </u>	Retro	for 1/1	5 using FYE	2 12/31/2013	C/R	
X	Unaudited co	osts							
	Field audited	d costs							
	Desk audited	d costs							
Distribution:				7	Tho	mas Parkei	r .		
Contract Manage	ment / Fiscal	Agent	Me	edicaid Cost	Reimbi	ırsement Pla	nning and Fi	nance	
Permanent File									
For Infor	mation Only								
No Chang	e in Rate								
Home	Office:	Brookdale Senior Living, Inc.							
		111 Westwood Place, Ste. 400							
		Brentwood, TN 37027							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SIGNATURE HEALTHCARE CENTER OF WATERFORD		Provid	der Nu	mber:		0 324400-00			
8333 W OKEECHOBEE ROAD		Date:			2/13/2015				
HIALEAH GARDENS , FL 33016		Fiscal	Year I	End:	7/31/2013				
		Audit Status:				Unaudi	ted		
Provider Type:					Current	New	Effective		
Nursing Home Single Level					Rate	<u>Rate</u> 210.08	<u>Date</u> 1/1/2015		
Nursing Home Single Level					<u>227.53</u>	<u> 210.08</u>	1/1/2015		
	٠								
Rate Type:		4.6 ·							
Kate Type.									
Interim	X	Prosp	ective						
Total Interim			X	Total	Prospective				
Interim Component				Total	Prospective	with Interim	Component		
Settlement based on cost									
Prior Provider Prospective da	ta						J		
Basis:	Char	iges:]		v. •				
			J Rate S	Semest	er Change				
Budget	<u> </u>	(*		for 1/15 R/S				
X Unaudited costs									
Field audited costs							; :		
Desk audited costs	• *						:		
				_					
Distribution:		7	5/	<i>)</i> Th	omas Parke	, . r			
Contract Management / Fiscal Agent	N	/ledicai	d Cost		******	anning and Fi	nance		
Permanent File									
For Information Only									
No Change in Rate									
Home Office: Signature Healthcare LLC									
12201 Bluegrass Parkway									
Louisville, KY 40299									