

MEMORANDUM

Date:

April 24th, 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
		<u>Number</u>	Change Notices
1.	BAYA POINTE NURSING AND REHABILITATION	0 092681-00	4
2.	VILLAGE ON THE ISLE	0 210463-00	9
3.	YBOR CITY HEALTHCARE AND REHABILITATION CENTER	0 212164-00	4
4.	BAY CENTER	0 212989-00	4
5.	CRYSTAL RIVER HEALTH & REHABILITATION	0 217263-00	11
	CENTER		
6.	OCALA HEALTH & REHABILITATION CENTER	0 217395-00	11
7.	ST AUGUSTINE HEALTH AND REHABILITATION	0 217735-00	2
ļ	CENTER		
8.	WILTON MANORS HEALTH AND REHAB	0 227579-00	4
9.	THE LODGE HEALTH AND REHABILITATION	0 227773-00	5
	CENTER	i	
10.	JACKSON PLAZA NURSING AND	0 253723-00	5
	REHABILITATION CENTER		
11.	SARASOTA HEALTH AND REHAB CENTER	0 263982-00	1
12.	SUSANNA WESLEY HEALTH CENTER	0 268062-00	2
13.	JACARANDA MANOR	0 281743-00	3
14.	BAYA POINTE NURSING AND REHABILITATION	0 308111-00	13
15.	OCOEE HEALTH CARE FACILITY	0 324159-00	9
		TOTAL:	87

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

TP/ke



		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective Date				_		
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
009268100 009268100	20130801 20140101	214.35 214.65	0.00	214.35 214.65	214.35 214.65	77245-15 77245-15	NH09-092L NH09-092L
009268100	20140101	222.49	0.00	222.49	222.49	77245-15	NH09-092L
009268100	20150101	222.67	0.00	222.67	222.67	77245-15	NH09-092L
021046300	20110101	234.99	379.85	234.99	234.99	77245-15	NH11-102W
021046300	20110701	223.64	369.84	223.64	223.64	77245-15	NH11-102W
021046300	20120101	235.43	383.04	235.43	235.43	77245-15	NH11-102W
021046300	20120701	242.51	391.72	242.51	242.51	77245-15	NH11-102W
021046300	20130101	249.35	400.16	249.35	249.35	77245-15	NH11-102W
021046300	20130701	251.27	0.00	251.27	251.27	77245-15	NH11-102W
021046300	20140101	254.96	0.00	254.96	254.96	77245-15	NH11-102W
021046300	20140701	265.58	0.00	265.58	265.58	77245-15	NH11-102W
021046300	20150101	263.42	0.00	263.42	263.42	77245-15	NH11-102W
021216400	20080701	168.67 170.64	304.95 308.99	168.67 170.64	168.67 170.64	77245-15	NH09-118C
021216400 021216400	20090101 20090301	156.34	294.69	156.34	156.34	77245-15 77245-15	NH09-118C NH09-118C
021216400	20090301	194.76	333.11	194.76	194.76	77245-15	NH09-118C
021298900	20080701	160.06	296.34	160.06	160.06	77245-15	NH09-130C
021298900	20090101	162.43	300.78	162.43	162.43	77245-15	NH09-130C
021298900	20090301	148.81	287.16	148.81	148.81	77245-15	NH09-130C
021298900	20090401	185.87	324.22	185.87	185.87	77245-15	NH09-130C
021726300	20100101	195.68	337.60	195.68	195.68	77245-15	NH11-137G
021726300	20100701	199.37	342.71	199.37	199.37	77245-15	NH11-137G
021726300	20110101	208.74	353.60	208.74	208.74	77245-15	NH11-137G
021726300	20110701	201.39	347.59	201.39	201.39	77245-15	NH11-137G
021726300	20120101	203.54	351.15	203.54	203.54	77245-15	NH11-137G
021726300	20120701	209.64	358.85	209.64	209.64	77245-15	NH11-137G
021726300	20130101	211.93	362.74	211.93	211.93	77245-15	NH11-137G
021726300	20130701	212.56	0.00	212.56	212.56	77245-15	NH11-137G
021726300	20140101	215.26	0.00	215.26	215.26	77245-15	NH11-137G
021726300 021726300	20140701 20150101	213.53 215.81	0.00	213.53 215.81	213.53 215.81	77245-15 77245-15	NH11-137G NH11-137G
021720300	20100101	185.00	326.92	185.00	185.00	77245-15	NH11-137G
021739500	20100701	188.62	331.96	188.62	188.62	77245-15	NH11-135G
021739500	20110101	193.54	338.40	193.54	193.54	77245-15	NH11-135G
021739500	20110701	187.06	333.26	187.06	187.06	77245-15	NH11-135G
021739500	20120101	188.39	336.00	188.39	188.39	77245-15	NH11-135G
021739500	20120701	193.86	343.07	193.86	193.86	77245-15	NH11-135G
021739500	20130101	195.93	346.74	195.93	195.93	77245-15	NH11-135G
021739500	20130701	196.40	0.00	196.40	196.40	77245-15	NH11-135G
021739500	20140101	199.11	0.00	199.11	199.11	77245-15	NH11-135G
021739500	20140701	207.93	0.00	207.93	207.93	77245-15	NH11-135G
021739500	20150101	210.81	0.00	210.81	210.81	77245-15	NH11-135G
021773500	20090701	202.31	342.66	202.31	202.31	77245-15	NH11-133G
021773500	20100101	204.19	346.11	204.19	204.19	77245-15	NH11-133G
022757900	20131201	242.11	0.00	242.11	242.11 238.04	77245-15 77245-15	
022757900 022757900	20140101 20140701	238.04 249.51	0.00	238.04 249.51	238.04	77245-15	
022757900	20150101	254.94	0.00	254.94	254.94	77245-15	
022777300	20080701	181.77	318.05	181.77	181.77	77245-15	NH10-039C
022777300	20090101	180.99	319.34	180.99	180.99	77245-15	NH10-039C
022777300	20090301	165.82	304.17	165.82	165.82	77245-15	NH10-039C
022777300	20090401	204.02	342.37	204.02	204.02	77245-15	NH10-039C
022777300	20090701	208.85	349.20	208.85	208.85	77245-15	NH10-039C
025372300	20080701	190.94	327.22	190.94	190.94	77245-15	NH10-013G
025372300	20090101	191.70	330.05	191.70	191.70	77245-15	NH10-013G
025372300	20090301	175.63	313.98	175.63	175.63	77245-15	NH10-013G
025372300	20090401	215.76	354.11	215.76	215.76	77245-15	NH10-013G
025372300	20090701	219.96	360.31	219.96	219.96	77245-15	NH10-013G
026398200	20080701	181.81	318.09	181.81	181.81	77245-15	NH09-133C

	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
026806200	20110701	222.15	368.35	222.15	222.15	77245-15	NH13-060C
026806200	20120101	223.53	371.14	223.53	223.53	77245-15	NH13-060C
028174300	20080701	151.54	287.82	151.54	151.54	77245-15	DR13-178
028174300	20090701	171.76	312.11	171.76	171.76	77245-15	DR13-179
028174300	20100101	162.93	304.85	162.93	162.93	77245-15	DR13-180
030811100	20080701	179.70	315.98	179.70	179.70	77245-15	NH09-092L
030811100	20090101	179.01	317.36	179.01	179.01	77245-15	NH09-092L
030811100	20090301	164.01	302.36	164.01	164.01	77245-15	NH09-092L
030811100	20090401	201.38	339.73	201.38	201.38	77245-15	NH09-092L
030811100	20090701	187.58	327.93	187.58	187.58	77245-15	NH09-092L
030811100	20100101	194.40	336.32	194.40	194.40	77245-15	NH09-092L
030811100	20100701	197.50	340.84	197.50	197.50	77245-15	NH09-092L
030811100	20110101	200.44	345.30	200.44	200.44	77245-15	NH09-092L
030811100	20110701	192.90	339.10	192.90	192.90	77245-15	NH09-092L
030811100	20120101	194.10	341.71	194.10	194.10	77245-15	NH09-092L
030811100	20120701	205.68	354.89	205.68	205.68	77245-15	NH09-092L
030811100	20130101	208.06	358.87	208.06	208.06	77245-15	NH09-092L
030811100	20130701	218.27	0.00	218.27	218.27	77245-15	NH09-092L
032415900	20080701	182.20	318.48	182.20	182.20	77245-15	NH11-138L
032415900	20090101	183.39	321.74	183.39	183.39	77245-15	NH11-138L
032415900	20090301	168.02	306.37	168.02	168.02	77245-15	NH11-138L
032415900	20090401	207.11	345.46	207.11	207.11	77245-15	NH11-138L
032415900	20090701	210.24	350.59	210.24	210.24	77245-15	NH11-138L
032415900	20100101	211.49	353.41	211.49	211.49	77245-15	NH11-138L
032415900	20110701	214.54	360.74	214.54	214.54	77245-15	NH11-138L
032415900	20120101	216.33	363.94	216.33	216.33	77245-15	NH11-138L
032415900	20120701	222.98	372.19	222.98	222.98	77245-15	NH11-138L



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYA POINTE NURSING	Provider Number:		0 092681-00			
587 SE ERMINE AVE	Date:	2/20/2015				
LAKE CITY, FL 32025	Name of the state	Fiscal Year End:		12/31/2013		
		Audit Status:		Unaudi	ted	
Provider Type:						
			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sin	gle Level		<u>214.03</u>	<u>214.35</u>	8/1/2013	
Rate Type:						
	· · · · · · · · · · · · · · · · · · ·					
X Interim X	Total Interim	Prospective	al Dunamantinia			
	Interim Component		al Prospective al Prospective		Component	
	Settlement based on cost		ii i roopeeii ve	***************************************	component	
***************************************	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semes			_	
X Budget			FA & RFA NI and FA & RF.			
Unaudited Field audi			for prior provi			
Desk audi		•				
				,		
Distribution:			homas Parke			
Contract Management / Fisca	al Agent	Medicaid Cost Reim			nance	
Permanent File		madical cost realis				
For Information Only	y					
No Change in Rate						
Home Office:	CMC II, LLC					
	800 Concourse Parkway South					
	Suite 200					
	Maitland, FL 32751					



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Tallahassee, Florida 32308

BAYA POINTE NURSING	AND REHABILITATION CENTER	Provider Number:		0 092681-00 2/20/2015		
587 SE ERMINE AVE		Date:				
LAKE CITY, FL 32025		Fiscal Year End:		12/31/20	013	
		Audit Status:		Unaudit	ted	
Provider Type:						
1, p			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sin	gle Level		214.32	214.65	1/1/2014	
Rate Type:						
X Interim		Prospective				
X	Total Interim	Total	l Prospective			
	Interim Component	Total	Prospective	with Interim	Component	
	Settlement based on cost		•			
4.	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semest	er Change			
X Budget			_	H09-091L FY	E	
Unaudited	d costs	9/30/2006 a		A NH09-0921	LFYE	
Field audi	ted costs	9/30/2007 10	or prior provi	der 308111		
Desk audi	ted costs					
To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Distribution:		Thomas Parker				
Contract Management / Fisc	al Agent	Medicaid Cost Reimb	oursement Pla	anning and Fi	nance	
Permanent File						
For Information Onl	у					
No Change in Rate						
Home Office:	CMC II, LLC					
	800 Concourse Parkway South					
	Suite 200					
	Maitland FI 32751					



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Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION CENTER	Provider Number:	•	0 092681-00		
587 SE ERMINE AVE	Date:	2/20/2015			
LAKE CITY, FL 32025	Fiscal Year End:	-	12/31/2013		
	Audit Status:		Unaudited		
Provider Type:					
•		Current <u>Rate</u>	New <u>Rate</u>	Effective Date	
Nursing Home Single Level		222.15	222.49	7/1/2014	
Rate Type:					
Tutte 1)per					
X Interim	Prospective				
X Total Interim	Total	Prospective			
Interim Component	Total	Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
	Rate Semeste	er Change			
X Budget	X Effects of F.	A & RFA NI	109-091L FY		
Unaudited costs		nd FA & RF. or prior provi	A NH09-092I dog 308111	LFYE	
Field audited costs	9/30/2007 R	n prior provi	del Josi I i		
Desk audited costs					
	\sim 0				
Distribution:	The The	omas Parke	r		
Contract Management / Fiscal Agent	Medicaid Cost Reimb			nance	
Permanent File					
For Information Only		-			
No Change in Rate					
Home Office: CMC II, LLC					
800 Concourse Parkway South					
Suite 200					
Maitland, FL 32751					



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Tallahassee, Florida 32308

BAYA POINTE NURSING AND R	Provider Number:		0 092681-00			
587 SE ERMINE AVE		Date:		2/20/20	15	
LAKE CITY, FL 32025		Fiscal Year End:	-	12/31/20)13	
		Audit Status:		Unaudi	ted	
Provider Type:						
••			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Lev	/el		<u>222.33</u>	<u>222.67</u>	1/1/2015	
Rate Type:						
X Interim		Prospective				
	al Interim		l Prospective			
Inte	erim Component	Total	l Prospective	with Interim	Component	
Sett	tlement based on cost					
Prio	or Provider Prospective data					
n. i.		- Cl				
Basis:		Changes:	CI.			
X Budget		Rate Semest K Effects of F	_	H09-091L FY	F	
Unaudited costs	*	9/30/2006 a	nd FA & RF.	A NH09-092I		
Field audited costs		9/30/2007 fo	or prior provi	der 308111		
Desk audited costs						
Distribution:		\sim				
Contract Management / Fiscal Agent		Thomas Parker				
Permanent File		Medicaid Cost Reimb	oursement Pla	anning and Fi	nance	
For Information Only						
No Change in Rate						
Home Office: CMC	C II, LLC					
800 (Concourse Parkway South					
Suite	200					
Mait	land, FL 32751					



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Tallahassee, Florida 32308

VILLAGE ON	THE ISLE			Provider Number:		0 210463-00		
910 TAMIAM	I TRAIL SOUT	Н		Date:		3/10/2015		
VENICE, FL	34285			Fiscal Year End:		12/31/2009		
				Audit Status:		Revised Fiel	d Audit	
Provider Ty	ype:							
•	. •				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Singl	e Level			<u>242.37</u>		1/1/2011 1/1/2011	
	Level	H: Aids			387.23			
	X :							
Rate	Туре:							
	Interim		X	Prospective				
	***************************************	Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
:				Rate Semes	ter Change		1	
) 	Budget				-	W FYE 12/31.	/2009	
	Unaudited co	osts					1	
X	Field audited	d costs	!				†	
	Desk audited	d costs	1				!	
1 14 A ARI			í				;	
				\sim		, , ,	1	
Distribution	<u>n:</u>			/7)	nomas Parke	er		
Contract Mana	gement / Fiscal	Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File	•							
For Inf	formation Only							
No Cha	inge in Rate							
Ho	me Office:	No Home Office					• •	



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Tallahassee, Florida 32308

VILLAGE ON	THE ISLE	Provider Number	•	0 210463	-00	
910 TAMIAM	II TRAIL SOUTH	Date:		3/10/20	15	
VENICE, FL	34285	Fiscal Year End:		12/31/20	009	
•		Audit Status:		Revised Fiel	d Audit	
Provider T	vpe:					
	<i>,</i>		Current	New	Effective	
			Rate	Rate	Date	
Nursing Ho	ome Single Level		<u>230.68</u>	223.64	7/1/2011	
	Level H: Aids		<u>376.88</u>	<u>369.84</u>	<u>7/1/2011</u>	
Rate	e Type:	······································				
		77 B				
	_ Interim	X Prospective	al Barra de de			
	Total Interim		tal Prospective		Commonant	
	Interim Component Settlement based on cost	100	tal Prospective	with interim	Component	
	Prior Provider Prospective data					
	Thorriovider Prospective data	7 0 11 PA - 11			*****	
Basis:		Changes:				
			ster Change			
· !	Budget		A #NH11-102'	W FYE 12/31	/2009	
	Unaudited costs				,	
X	Field audited costs	1			;	
	Desk audited costs				:	
					:	
					7.00	
Distribution	n:		Thomas Parke			
	agement / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File		Modicald Cost Reli	iiouiboiiioiit 1 1	and I		
	formation Only					
	•					
No Cha	ange in Rate					
Но	me Office: No Home Office					



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Tallahassee, Florida 32308

VILLAGE O	N THE ISLE			Provider Number:		0 210463	-00
910 TAMIAM	MI TRAIL SOUT	H		Date:	3/10/2015 12/31/2010		
VENICE, FL	34285			Fiscal Year End:			
				Audit Status:		Unaudited	
Provider T	`vpe:						
	J.F.				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	ome Single	e Level			235.48	<u>235.43</u>	<u>1/1/2012</u>
	Level	H: Aids			383.09	383.04	1/1/2012
D.	m	,			"		
Kat	е Туре:						
	Interim		X	Prospective			
		Total Interim	***************************************	X Tota	al Prospective		
		Interim Component		Tota	ıl Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective dat	a				
Dagia			Ch			#	,
Basis:			Chi	inges:	Ch		
	Budget		-	Rate Semes Effects of H	ter Change FA & RFA #N	IH11_102W F	EVE
X	Unaudited co	nets	1	12/31/2009		11111-102 11 1	112
	Field audited		: :				
	Desk audited						
			;	- 0			
Distributio	<u>n:</u>			7/ TI	homas Parke	. , , r	•
Contract Mana	agement / Fiscal	Agent	***************************************	Medicaid Cost Reim			inance
Permanent Fil							
For In	nformation Only						
	ange in Rate						
	_						
Но	ome Office:	No Home Office					



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Tallahassee, Florida 32308

VILLAGE ON	THE ISLE			Provider Numb	er:	0 210463-00 3/10/2015		
910 TAMIAM	I TRAIL SOUT	H		Date:				
VENICE, FL	34285		Fiscal Year End:		i:	12/31/2010		
.,				Audit Status:		Unaudited		
Provider Ty	vne:							
	,				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Singl	e Level			242.56	<u>242.51</u>	7/1/2012	
	Level	H: Aids			<u>391.77</u>	<u>391.72</u>	7/1/2012	
	- Ingelia	-						
Rate	Type:							
	Interim		X	Prospective			•	
		Total Interim			Total Prospective			
		Interim Component		-	Total Prospective		Component	
		Settlement based on cost			•		!	
		Prior Provider Prospective data						
Basis:		· · · · · · · · · · · · · · · · · · ·	Cha	nges:			,	
			,		nester Change			
	Budget				of FA & RFA #N	NH11-102W I	YE	
X	Unaudited c			12/31/2	009			
	Field audited	3	1	4			1	
1	Desk audited	d costs	1				!	
A 171 W 2.5				_			1 	
Di-4-db41			•	3				
Distribution				<u> </u>	Thomas Parke			
	igement / Fiscal	Agent		Medicaid Cost R	eimbursement Pl	anning and F	inance	
Permanent File	•							
For Inf	formation Only							
No Cha	inge in Rate							
Hor	me Office:	No Home Office						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VILLAGE ON	THE ISLE			Provider Number:	•	0 210463-00		
910 TAMIAM	II TRAIL SOUT	ГН		Date:	ite: 3/10/2015			
VENICE, FL	34285		Fiscal Year End:		12/31/2011)11	
				Audit Status:	Unaudited		ed	
Provider Ty	ype:							
•	V 1				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Sino	le Level			249.39	249.35	1/1/2013	
1,010116	ine sing	LOVEL			217.52			
	Leve	l H: Aids			<u>400.20</u>	<u>400.16</u>	1/1/2013	
· · · · · · · · · · · · · · · · · · ·								
Rate	e Type:							
	Interim		X	Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Th		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				* · · ·		
Basis:			Cna	nges:				
!	Budget			Rate Semes Effects of I	ter Change FA & RFA #N	JH11-102W F	YE	
X	— Budget Unaudited of	costs		12/31/2009		VIIII-102 W I	112	
	Field audite							
	Desk audite	ed costs					-	
Distribution	n•			70				
	u. agement / Fiscal	Agent	***************************************		homas Parke			
Permanent File	_	rigoni		Medicaid Cost Reim	ibursement Pl	anning and Fi	nance	
	formation Only							
No Cha	ange in Rate							
Ho	me Office	No Home Office						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VILLAGE ON	THE ISLE			Provider Number:		0 210463-00 3/10/2015		
910 TAMIAM	I TRAIL SOU	TH		Date:				
910 TAMIAMI TRAIL SOUTH VENICE, FL 34285				Fiscal Year End:		12/31/20)12	
				Audit Status:		Unaudit	ied	
Provider Ty	vpe:							
•					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	le Level			<u>251.31</u>	<u>251.27</u>	7/1/2013	
Rate	Type:			•				
Nacc	у турс.	-						
	Interim		Х	Prospective				
	_	Total Interim		[*]	al Prospective			
		Interim Component			al Prospective		Component	
	***************************************	Settlement based on cost		i	1		1	
		Prior Provider Prospective data						
	/////////// / / / / / / / / / / / / /	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · ·				
Basis:			Cha	inges:		** /		
<u> </u>			. !		ster Change			
	Budget		,		FA & RFA #N	√H11-102W I	YE	
Х	Unaudited	costs		12/31/2009	9		;	
	Field audit	ed costs					:	
-	Desk audit	ed costs					*	
-			,				:	
				\sim				
Distribution	1:		_		homas Parke			
Contract Mana		l Agent		Medicaid Cost Rein			inance	
Permanent File	_			Wedicald Cost Rein	noursement i	anning and 1	Hance	
	formation Only	,						
	•							
No Cha	inge in Rate							
Ho	me Office:	No Home Office					,	



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Tallahassee, Florida 32308

Provider Type: Current New Effective Rate Date Nursing Home Single Level X Prospective Total Interim Component Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change X Unaudited costs Desk 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 Home Office: No Home Office No Home Of	VILLAGE ON	THE ISLE			Provider Number:		0 210463-00		
Provider Type: Current New Effective Rate Date Nursing Home Single Level 255,00 254,96 1/1/2014	910 TAMIAMI TRAIL SOUTH				Date:	W			
Provider Type: Rate Nursing N					Fiscal Year End:			012	
Rate Type: Interim X Prospective Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Desk audited Costs Permanent File For Information Only No Change in Rate Current Rate New Effective Date Rate Type: X Prospective X Total Prospective with Interim Component Total Prospective with Interim Component A Total Prospective with Interim Component Effects of FA & RFA #NH11-102W FYE 12/31/2009 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					Audit Status:		Unaudit	ted	
Rate Type: Interim X Prospective Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Desk audited Costs Permanent File For Information Only No Change in Rate Current Rate New Effective Date Rate Type: X Prospective X Total Prospective with Interim Component Total Prospective with Interim Component A Total Prospective with Interim Component Effects of FA & RFA #NH11-102W FYE 12/31/2009 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Provider Ty	ype:							
Rate Type: Interim	•	, .							
Interim	Nursing Ho	me Single	e Level			255.00	<u>254.96</u>	1/1/2014	
Interim									
Interim									
Interim									
Interim	D.4	T	· ·						
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis:	Rate	e Type:							
Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Permanent File For Information Only No Change in Rate Total Prospective with Interim Component Total Prospective with Interim Co		Interim		X	Prospective				
Settlement based on cost Prior Provider Prospective data Prior Provider Prospective data			Total Interim		X Tota	l Prospective			
Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Changes: Rate Semester Change X Effects of FA & RFA #NH11-102W FYE 12/31/2009 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate			Interim Component		Tota	l Prospective	with Interim	Component	
Basis: Changes: Rate Semester Change			Settlement based on cost						
Rate Semester Change X Effects of FA & RFA #NH11-102W FYE 12/31/2009 Field audited costs Desk audited costs Desk audited costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate			Prior Provider Prospective data						
Rate Semester Change X Effects of FA & RFA #NH11-102W FYE 12/31/2009 Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Rate Semester Change X Effects of FA & RFA #NH11-102W FYE 12/31/2009 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Basis:	7		Cha	nges:	and all the second of the seco			
X Unaudited costs Field audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate 12/31/2009 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		······································		:		ter Change			
Field audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Budget					л н 11-102W I	YE	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Distribution: Thomas Parker Medicaid Cost Reimbursement Planning and Finance	X	Unaudited co	osts		12/31/2009				
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Field audited	l costs						
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate		Desk audited	l costs					į	
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate									
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate									
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	<u>Distribution</u>	<u>1:</u>		•		homas Parke	r		
Permanent FileFor Information OnlyNo Change in Rate	Contract Mana	gement / Fiscal	Agent					nance	
No Change in Rate	Permanent File	;					⊕		
No Change in Rate	For Int	formation Only							
		-							
		_	No Home Office						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

VILLAGE ON	/ILLAGE ON THE ISLE					0 210463-00		
910 TAMIAM	0 TAMIAMI TRAIL SOUTH					3/10/20	15	
VENICE, FL	34285			Fiscal Year End:		12/31/20)12	
				Audit Status:		Unaudit	ed	
Provider T	vpe:							
	V F				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Single	e Level			<u> 265.63</u>	<u>265.58</u>	<u>7/1/2014</u>	
Pate	e Type:	–						
Rati	c Type.							
	Interim		X	Prospective				
	Total Interim				1 Prospective			
		Interim Component		-	_	with Interim	Component	
		Settlement based on cost		-				
		Prior Provider Prospective data						
				NW 10 Marie / A				
Basis:			Cha	nges:		*		
				Rate Semes	ter Change			
	Budget				_	NH11-102W F	YE	
X	Unaudited co	osts		12/31/2009				
	Field audited	l costs						
	Desk audited	l costs	1					
	····							
			,	\sim \sim				
Distribution	n·							
	agement / Fiscal .	Δgent	***		nomas Parke			
	_	Agont		Medicaid Cost Reim	bursement Pi	anning and Fi	nance	
Permanent File								
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	No Home Office						



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Tallahassee, Florida 32308

VILLAGE ON	N THE ISLE			Provider Number:		0 210463-00			
910 TAMIAMI TRAIL SOUTH				Date:	3/10/2015				
Provider Type: Nursing Home Single Level Rate Type: Interim Total Interim Interim Component Settlement based on cost				Fiscal Year End:		12/31/20)13		
	***************************************			Audit Status:		Unaudit	ted		
Provider T	vpe:								
	<i>y</i>				Current	New	Effective		
			Rate Rate D 263.47 263.42 1/1/ X Prospective X Total Prospective with Interim Compo						
Nursing Ho	ome Single	e Level			<u>263.47</u>	<u>263.42</u>	<u>1/1/2015</u>		
Rate	e Tyne:	7							
11411	c 1 ype.	J					:		
	rovider Type: ursing Home Single Level Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs istribution: ontract Management / Fiscal Agent rmanent File For Information Only		X Prospective						
					l Prospective		:		
		Interim Component		Tota	l Prospective	with Interim	Component		
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:					
			-	Rate Semes	_				
				Effects of F 12/31/2009		NH11-102W I	YE		
X				12.01.2009					
							:		
	Desk andred	COSIS	, i				:		
, ,									
Distuibantia			~						
					iomas Parke				
		Agent		Medicaid Cost Reim	bursement Pl	anning and Fi	inance		
For In	formation Only								
No Cha	ange in Rate								
Но	ome Office:	No Home Office							



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Tallahassee, Florida 32308

YBOR CITY HEALTHCARE AND REHABILITATION CENTER 1709 TALIAFERRO AVE TAMPA, FL 33602			ER Pro	ovider Number:		0 212164-00			
			Da	ite:		3/2/2015			
			Fis	scal Year End:	***	7/31/20	07		
			Αι	ıdit Status:		Revised Fiel	d Audit		
Provider T	vpe:								
•	V 1 · ·				Current	New	Effective		
					Rate	Rate	<u>Date</u>		
Nursing Ho	ome Sing	gle Level			<u>169.73</u>	<u>168.67</u>	7/1/2008		
	Leve	el H: Aids			<u>306.01</u>	<u>304.95</u>	7/1/2008		
Rate	e Type:								
	Interim		X Pı	rospective					
	•••	Total Interim		_	al Prospective				
		Interim Component	- *************************************	Tota	ıl Prospective	with Interim	Component		
		Settlement based on cost Prior Provider Prospective data							
	**						* ***		
Basis:			Change	s:					
,				Rate Semes	-				
	Budget		<u> </u>	FA & RFA	NH09-118C	FYE 7/31/20	07		
	Unaudited								
X	Field audite								
, , , , , , , , , , , , , , , , , , , ,	Desk audite	ed costs							
÷									
Distribution	<u>ı:</u>				omas Parke	r			
Contract Manag	gement / Fiscal	Agent	Med	icaid Cost Reim			nance		
Permanent File	:					Ü			
For Inf	ormation Only								
	nge in Rate								
Hor	ne Office:	Summit Care II, Inc							
		2123 Centre Pointe Blvd.							
		Tallahassee, FL 32308							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

YBOR CITY	YBOR CITY HEALTHCARE AND REHABILITATION CENTER Provider N						0 212164	1-00
1709 TALIAFERRO AVE TAMPA, FL 33602				Date:			3/2/201	5
				Fiscal Year End:			7/31/20	07 .
				Audit	Status:		Revised Fiel	d Audit
Provider T	ype:							
						Current	New	Effective
						Rate	Rate	<u>Date</u>
Nursing Ho	ome Sin	gle Level				<u>171.67</u>	<u>170.64</u>	1/1/2009
	Lev	el H: Aids				310.02	308.99	<u>1/1/2009</u>
Rat	е Туре:							
·	_ Interim		X	Pros _]	pective			
		Total Interim				al Prospective		
		Interim Component			Tot	al Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Char	10061	1			
Dasis.			Chai	iges.	J Rate Seme	ster Change		
	Budget		<u> </u>	ζ	_	NH09-118C	FYE 7/31/200	07
	Unaudited	costs	:	-				
X	Field audit	ted costs						
	Desk audit	red costs						
4					α			
<u>Distribution</u>	<u>n:</u>)-	7 / т	homas Parke	r r	
Contract Mana	agement / Fisca	al Agent	N	/ledical	<u> </u>	nbursement Pla		nance
Permanent File	€							
For In	formation Only	7						
No Cha	ange in Rate							
Но	me Office:	Summit Care II, Inc						
		2123 Centre Pointe Blvd.						
		Tallahassee, FL 32308						



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Tallahassee, Florida 32308

YBOR CITY HEALTHCARE AND REHABILITATION CENTER 1709 TALIAFERRO AVE			Pro	ovider Number:	•	0 212164-00 3/2/2015		
			Da	te:				
TAMPA, FL 33602				cal Year End:	7/31/2007		07	
			Au	dit Status:		Revised Fiel	d Audit	
Provider T	ype:							
	V I				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	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 Unaudited costs X Field audited costs Desk audited costs		,		<u>157.28</u>	<u>156.34</u>	3/1/2009	
	Lev	vel H: Aids			<u>295.63</u>	<u>294.69</u>	3/1/2009	
Rate	е Туре:							
								
	Interim	_	X Pr	ospective				
					l Prospective		_	
				Tota	l Prospective	with Interim	Component	
		Prior Provider Prospective data						
Racic			Changes]				
Dasis.			Changes	Rate Semest	er Change		:	
	Budget		<u> </u>		_	FYE 7/31/200	07	
		costs						
X								
		•						
				$\sqrt{}$				
Distribution	<u>n:</u>		11	() / _{Th}	omas Parke	r		
Contract Mana	agement / Fisca	al Agent	Medi	caid Cost Reimb			nance	
Permanent File	e					Ü		
For In	formation Only	y						
No Cha	ange in Rate							
Но	me Office:	Summit Care II, Inc					•	
		2123 Centre Pointe Blvd.						
		Tallahassee, FL 32308						



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Tallahassee, Florida 32308

YBOR CITY HEALTHCARE AND REHABILITATION CENTER			Provid	ler Number:		0 212164-00		
1709 TALIAI	FERRO AVE		Date:		•	3/2/20	15	
TAMPA, FL	33602		Fiscal	Year End:	***************************************	7/31/20	07	
			Audit	Status:		Revised Fiel	d Audit	
Provider T	vpe:				, , , , , , , , , , , , , , , , , , , 			
	JF				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	gle Level			<u>195.85</u>	<u>194.76</u>	4/1/2009	
	Leve	el H: Aids			<u>334.20</u>	333.11	4/1/2009	
		· 						
Rat	е Туре:							
	Interim		X Prosp	ective				
		Total Interim	-	X Tota	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
			<u></u>					
Basis:		Ĺ	Changes:	D . 0	CI.			
	Dandana			Rate Semest	_	EVE 7/21/20	07	
	Budget Unaudited		X	ra & Kra	NA09-116C	FYE 7/31/20	J	
X	Field audite						•	
	Desk audite						•	
·····	Desk addite							
Distribution	<u>n:</u>			ブ /m	omas Parkei	r	•	
Contract Mana	agement / Fiscal	Agent –	Medicaio			nning and Fi	nance	
Permanent File	e			- 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Summit Care II, Inc						
		2123 Centre Pointe Blvd.						
		Tallahassee, FL 32308						



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Tallahassee, Florida 32308

BAY CENTER				Provider Number:	0 212989-00			
1336 ST ANDREWS BLVD				Date:		3/24/20	15	
PANAMA CIT	ΓY, FL 32405		Fiscal Year End: 8/31/2007					
				Audit Status:		Revised Fiel	d Audit	
Provider Ty	vpe:				,			
					Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	Level			<u>162.79</u>	<u>160.06</u>	7/1/2008	
	Level 1	H: Aids			<u>299.07</u>	296.34	7/1/2008	
Rate	Type:	7						
		1						
	Interim	m . 17	<u>X</u>	Prospective				
		Total Interim			l Prospective		a	
		Interim Component Settlement based on cost		1012	I Prospective	with Interim	Component	
		Prior Provider Prospective data						
		Thoi i fortuel i fospective data						
Basis:			Cha	nges:				
				Rate Semes	ter Change			
	Budget				_	FYE 8/31/200	07	
	Unaudited cos	ets						
Х	Field audited o	costs						
	Desk audited of	costs						
<u>Distribution</u>					10mas Parke			
	gement / Fiscal A	gent		Medicaid Cost Reim	bursement Pla	anning and Fi	nance	
Permanent File								
For Info	ormation Only							
No Char	nge in Rate							
Цоп	ne Office:	No Home Office						



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Tallahassee, Florida 32308

BAY CENTER	R			Provider Number: 0 212989-00				
1336 ST AND	REWS BLVD		Date: 3/24/2015				15	
PANAMA CI	TY, FL 32405			Fiscal Year End:		8/31/20	07	
				Audit Status:		Revised Fiel	d Audit	
Provider T	ype:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Single	Level			<u>165.21</u>	162.43	1/1/2009	
	Level 1	H: Aids			<u>303.56</u>	<u>300.78</u>	1/1/2009	
Rate	e Type:]						
	Interim	Total Interim	X	Prospective X Tota	al Prospective			
		Interim Component Settlement based on cost Prior Provider Prospective data		Tota	al Prospective	with Interim	Component	
Basis:		-		nges: Rate Semes	_			
	Budget			X FA & RFA	NH09-130C	FYE 8/31/20	07	
***	Unaudited cos							
Х	Desk audited							
Distribution					homas Parke			
	agement / Fiscal A	gent		Medicaid Cost Reim	ibursement Pl	anning and Fi	nance	
Permanent File								
	formation Only							
No Cha	ange in Rate							
Ho	me Office:	No Home Office						



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Tallahassee, Florida 32308

BAY CENTE	R			Provider Number:	0 212989-00		
1336 ST AND	REWS BLVD				3/24/20		
PANAMA CITY, FL 32405 Provider Type:				Fiscal Year End:		8/31/20	07
				Audit Status:		Revised Fiel	d Audit
Provider T	ype:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	ome Singl	e Level			<u>151.36</u>	148.81	<u>3/1/2009</u>
	Level	H: Aids			<u>289.71</u>	<u>287.16</u>	3/1/2009
Rate	е Туре:						
	Interim	Total Interim	<u>X</u>	Prospective X Tota	l Prospective		
		Interim Component Settlement based on cost Prior Provider Prospective data		Tota	l Prospective	with Interim	Component
Basis:	Budget		Cha	Rate Semes FA & RFA		FYE 8/31/20	
	Unaudited c	osts		<u>***</u>			
X	Field audited Desk audited						
Distribution	<u>n:</u>		_	7 TI	nomas Parke	r	
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and Fi	inance
Permanent File	e						
For In	formation Only						
No Cha	ange in Rate						
Ц	ma Offica:	No Home Office					



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Tallahassee, Florida 32308

BAY CENTE	BAY CENTER			Provider Number:		0 212989-00		
1336 ST ANDREWS BLVD				Date:		3/24/20	15	
PANAMA CI	TY, FL 32405			Fiscal Year End:		8/31/20	07	
				Audit Status:		Revised Fiel	d Audit	
Provider T	vpe:							
770,1001	3 F				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Single	e Level			<u>188.81</u>	<u>185.87</u>	4/1/2009	
	Level	H: Aids			<u>327.16</u>	324.22	<u>4/1/2009</u>	
Rate	е Туре:	7						
	<u> </u>							
	Interim		X	Prospective				
		Total Interim			al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:	de Cher			
	Budget		·	Rate Semes	•	FYE 8/31/20	07	
	Unaudited co	nete	**************************************	A TAURIA	111107-1500	1 112 0/31/20	07	
X	Field audited							
	Desk audited							
<u>Distribution</u>	<u>n:</u>			76	homas Parke	er		
Contract Mana	agement / Fiscal A	Agent	***************************************	Medicaid Cost Rein	abursement Pl	anning and F	inance	
Permanent File	e							
For In	formation Only							
No Cha	ange in Rate							
Ша	ma Offica:	No Home Office						



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Tallahassee, Florida 32308

CRYSTAL RIVER HEALTH & RI	EHABILITATION CENTER		Provider Number:		0 217263	-00		
CRYSTAL RIVER HEALTH & REHABILITATION CENTER 136 NORTHEAST 12TH AVENUE CRYSTAL RIVER, FL 34429			Date:		1/16/2015			
CRYSTAL RIVER, FL 34429	· · · · · · · · · · · · · · · · · · ·		Fiscal Year End:		6/30/20	09		
			Audit Status:		Revised Fiel	d Audit		
Provider Type:								
· -				Current	New	Effective		
		ei.		Rate	Rate	<u>Date</u>		
Nursing Home Single Le	vel			<u>196.54</u>	<u>195.68</u>	<u>1/1/2010</u>		
Level H:	Aids			<u>338.46</u>	337.60	<u>1/1/2010</u>		
Rate Type:								
Interim		X	Prospective					
To	tal Interim	***************************************	X Total	l Prospective				
Int	erim Component		Total	Prospective	with Interim	Component		
Se	ttlement based on cost							
Pri	or Provider Prospective data							
Basis:		Cha	nges:					
Basis:		Спа	Rate Semest	or Changa				
Budget		,			FYE 6/30/20	009		
Unaudited costs					311 <u>2</u> 0/30/20			
X Field audited cost	S							
Desk audited cost								
Distribution:		,		omas Parke	r			
Contract Management / Fiscal Agent	t		Medicaid Cost Reimb			nance		
Permanent File		•	violated Cost Itemit	oursement i k	and I	nance		
For Information Only								
No Change in Rate								
Home Office: NH	S Management							
931	Fairfax Park							
Tue	caloosa AT 35406							



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Tallahassee, Florida 32308

CRYSTAL R	IVER HEALTI	# & REHABILITATION CENTER	R Provider Number: 0 217263-		-00		
136 NORTHE	EAST 12TH AV	/ENUE		Date:	•	1/16/20	15
CRYSTAL R	IVER, FL 3442	29		Fiscal Year End:		6/30/20	09
	-			Audit Status:		Revised Fiel	d Audit
Provider T	vpe:						
	V K				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level			<u>200.24</u>	<u>199.37</u>	<u>7/1/2010</u>
	Leve	el H: Aids			343.58	342.71	7/1/2010
Rate	е Туре:						
	Interim		X	Prospective			
^		Total Interim			al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:		•	Cha	nges:			
				Rate Semes	ter Change		
	Budget			Y FA & RFA	.#NH11-1370	G FYE 6/30/2	009
	Unaudited						
X	Field audite						
	Desk audite	ed costs					
<u>Distributio</u>	<u>1:</u>			7 7 TI	homas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim	bursement Pla	anning and Fi	nance
Permanent File	:						
For Inf	formation Only						
No Cha	inge in Rate						
Но	me Office:	NHS Management					
		931 Fairfax Park					
		Tuecaloosa AI 35406					



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Tallahassee, Florida 32308

CRYSTAL R	IVER HEALTH	& REHABILITATION CENTER		Provid	der Nu	mber:		0 217263	-00
136 NORTHEAST 12TH AVENUE			Date: Fiscal Year End:				1/16/2015		
CRYSTAL RI	CRYSTAL RIVER, FL 34429			Fiscal	Year]	End:		6/30/20	10
				Audit	Status	:		Unaudit	ed
Provider T	ype:								
•	<i>.</i> 1						Current	New	Effective
							Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level					<u>208.81</u>	<u>208.74</u>	<u>1/1/2011</u>
	Leve	el H: Aids					<u>353.67</u>	<u>353.60</u>	<u>1/1/2011</u>
Rate	е Туре:	\neg							
	_Interim		X		ective				
		Total Interim			X		l Prospective		
		Interim Component				- Tota	l Prospective	with Interim	Component
		Settlement based on cost							
	-	Prior Provider Prospective data							
Basis:	\neg		Chai	ngės:]				
					Rate	Semest	er Change		
	Budget			<u>K</u>			A & RFA #N	H11-137G F	YE
X	Unaudited c	eosts			6/30/	2009			
	Field audite								
	Desk audite	d costs							
						$\overline{}$			
<u>Distribution</u>	<u>1:</u>			7	X-	/ Th	omas Parkei	r	
Contract Mana	gement / Fiscal	Agent		Medicai	d Cost			nning and Fi	nance
Permanent File	;			,					
For Inf	formation Only								
No Cha	inge in Rate								
Hor	me Office:	NHS Management							
		931 Fairfax Park							
		Tuscaloosa, AL 35406							



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Tallahassee, Florida 32308

CRYSTAL RI	VER HEALTH	& REHABILITATION CENTER		Provider Number:		0 217263	-00
136 NORTHEAST 12TH AVENUE		ENUE		Date:	1/16/20	6/2015	
CRYSTAL RI	CRYSTAL RIVER, FL 34429			Fiscal Year End:		10	
				Audit Status:		Unaudit	ed
Provider Ty	ype:						
·	-				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Sing	le Level			<u>201.45</u>	201.39	<u>7/1/2011</u>
	Leve	l H: Aids			<u>347.65</u>	<u>347.59</u>	7/1/2011
			·				
Rate	Туре:						
	_Interim		X	Prospective			
		Total Interim		X Total	l Prospective		
		Interim Component		Total	l Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data					
Basis:			Cha	nges:			
	Dec la es			Rate Semest	-	TH11-137G F	VE
X	Budget Unaudited of	rosts		Effects of F 6/30/2009	A & KIA #N	m11-13/G r	112
	Field audite						
	Desk audite	d costs					
Distribution	<u>ı:</u>		(76 Th	omas Parke	r	
Contract Manag	gement / Fiscal	Agent		Medicaid Cost Reiml	oursement Pla	unning and Fi	nance
Permanent File							
For Inf	ormation Only						
No Cha	nge in Rate						
Hor	me Office:	NHS Management 931 Fairfax Park Typesloose AL 35406					



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Tallahassee, Florida 32308

CRYSTAL R	IVER HEALTH	& REHABILITATION CENTER		Provider Numl	ber:	,	0 217263	-00
136 NORTHE	EAST 12TH AVI	ENUE		Date:			1/16/20	15
136 NORTHEAST 12TH AVENUE CRYSTAL RIVER, FL 34429				Fiscal Year En	nd:		6/30/20	11
				Audit Status:		Unaudited		red
Provider T	vpe:							
					C	urrent	New	Effective
						Rate	<u>Rate</u>	Date
Nursing Ho	ome Singl	e Level			<u>2</u>	<u>03.60</u>	<u>203.54</u>	<u>1/1/2012</u>
	Level	H: Aids			<u>3:</u>	51.21	<u>351.15</u>	1/1/2012
Rate	е Туре:							
	Interim		·X	Prospective				
•		Total Interim		X	Total Pro	spective		
		Interim Component			Total Pro	spective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Chan	nae:	·			
D#313.			Chan		mester C	'hange		
	Budget		<u>X</u>			_	H11-137G F	YE
X	Unaudited co	osts		6/30/20				
	Field audited	i costs						
	Desk audited	l costs						
			_	— 2)			
<u>Distribution</u>	<u>n:</u>		•		Thom	as Parke	-	
Contract Mana	gement / Fiscal	Agent	N	Medicaid Cost R				nance
Permanent File	•						<i>6</i>	
For In	formation Only							
No Cha	inge in Rate							
Ho	me Office:	NHS Management						
		931 Fairfax Park						
		Tuscaloosa, AL 35406						



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CRYSTAL R	IVER HEALTH	H & REHABILITATION CENTER		Provider Number:		0 217263	3-00
136 NORTHE	36 NORTHEAST 12TH AVENUE			Date:	1/16/20	1/16/2015	
CRYSTAL R	CRYSTAL RIVER, FL 34429			Fiscal Year End:	6/30/20	11	
				Audit Status:		Unaudi	ted
Provider T	ype:						
					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level			<u>209.70</u>	<u>209.64</u>	7/1/2012
	Leve	el H: Aids			<u>358.91</u>	<u>358.85</u>	7/1/2012
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					
Basis:			Cha	nges:			4
				Rate Semest	er Change		
	Budget			Effects of F	-	IH11-137G F	YE
X	Unaudited of	costs		6/30/2009			
	Field audite						
	Desk audite	ed costs					
<u>Distributio</u>	1 :		/		omas Parke	r	
Contract Mana	gement / Fiscal	Agent]	Medicaid Cost Reiml	oursement Pla	anning and Fi	nance
Permanent File	;						
For Int	formation Only						
No Cha	nge in Rate						
Hor	me Office:	NHS Management					
		931 Fairfax Park					
		Tuscalonea AI 35406					

Report Printed: 1/16/2015 ID: 217263063020110701201010312011113557



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Tallahassee, Florida 32308

CRYSTAL RIVER HEALTH	& REHABILITATION CENTER		Provider Number:		0 217263	-00
136 NORTHEAST 12TH AVENUE			Date:	1/16/20	/2015	
CRYSTAL RIVER, FL 34429			Fiscal Year End:	6/30/20	11	
			Audit Status:		Unaudi	ted
Provider Type:						
• •				Current	New	Effective
				<u>Rate</u>	Rate	<u>Date</u>
Nursing Home Singl	e Level			<u>211.99</u>	<u>211.93</u>	<u>1/1/2013</u>
Leve	l H: Aids			362.80	<u>362.74</u>	1/1/2013
Rate Type:		٠				
Interim		X	Prospective			
	Total Interim		X Tota	Prospective		
	Interim Component		Total	Prospective	with Interim	Component
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Cha	nges:		-	
		L	Rate Semest	er Change		
Budget		***************************************		A & RFA #N	IH11-13 7 G F	YE
X Unaudited c	osts		6/30/2009			
Field audited						
Desk audited	d costs				•	
Distribution:			7 Th	omas Parke	r_	
Contract Management / Fiscal	Agent	•	Medicaid Cost Reiml	oursement Pla	anning and Fi	nance
Permanent File						
For Information Only						
No Change in Rate						
Home Office:	NHS Management 931 Fairfax Park Tuscaloga Al. 35406					



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Tallahassee, Florida 32308

CRYSTAL R	IVER HEALTH	& REHABILITATION CENTER		Provi	der Nur	nber:		0 217263	-00		
136 NORTHE	NORTHEAST 12TH AVENUE			Date:				1/16/2015			
CRYSTAL R	IVER, FL 34429	9		Fisca	l Year E	ind:		6/30/20	12		
				Audit	Status:			Unaudit	ted		
Provider T	ype:										
							Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	ome Singl	e Level					212.62	212.56	7/1/2013		
Rate	e Type:	7									
	e Type.										
	Interim		X	Pros	pective						
		Total Interim	•		X	Total	Prospective				
		Interim Component				Total	Prospective	with Interim	Component		
		Settlement based on cost Prior Provider Prospective data									
Basis:			Cha	nges:	7	*					
<u> </u>			\		Rate S	emest	er Change				
	Budget		***	X			A & RFA #N	H11-137G F	YE		
X	Unaudited co	osts			6/30/2	2009					
	Field audited										
	Desk audited	d costs									
			,	一	 /	0					
<u>Distribution</u>					0	Th	omas Parke	r			
	igement / Fiscal	Agent		Medica	id Cost	Reimb	ursement Pla	anning and Fi	nance		
Permanent File	2										
For Int	formation Only										
No Cha	ange in Rate										
Но	me Office:	NHS Management									
	•	931 Fairfax Park									
		Tuscaloosa AT 35406									



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Tallahassee, Florida 32308

CRYSTAL RI	VER HEALT	H & REHABILITATION CENTER		Provider Numbe	r:	0 217263	J-00	
136 NORTHE	6 NORTHEAST 12TH AVENUE RYSTAL RIVER, FL 34429			Date:		1/16/2015		
CRYSTAL RI	VER, FL 344	129		Fiscal Year End:	-	6/30/20	12	
				Audit Status:		Unaudi	ted	
Provider T	ype:							
					Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Sin	gle Level			<u>215.33</u>	<u>215.26</u>	1/1/2014	
Rate	Туре:	·		•				
	Interim		X	Prospective				
		Total Interim			otal Prospective			
		Interim Component		To	otal Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data						
Basis:			Cha	nges:			*	
				***************************************	ester Change			
	Budget			Effects of 6/30/2009	f FA & RFA #N 9	H11-137G F	YE	
X	Unaudited Field audit			<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>				
	Desk audi							
				\sim)			
Distribution	<u>ı:</u>				Thomas Parke	r		
Contract Mana	gement / Fisca	al Agent		Medicaid Cost Rei			nance	
Permanent File	:					•		
For Inf	ormation Only	,						
No Cha	nge in Rate							
Hot	me Office:	NHS Management						
		931 Fairfax Park						
		Tuscaloosa AI 35406						



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Tallahassee, Florida 32308

CRYSTAL RI	IVER HEALTH	& REHABILITATION CENTER		Provider Number: 0 217263-00			3-00
136 NORTHEAST 12TH AVENUE			Date:	1/16/20	15		
CRYSTAL RI	IVER, FL 3442	29		Fiscal Year End:		6/30/20	13
				Audit Status:		Unaudi	ted
Provider T	vpe:				V-L		
•	~ .				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level			213.59	<u>213.53</u>	7/1/2014
				•			
Rate	e Type:						
1000	урс.						
	Interim		X	Prospective			
		Total Interim		X Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
				. , .			
Basis:			Cha	nges:	· en		
	Budget			Rate Semes	ster Change FA & RFA #N	IU11 127C E	VE
X	Unaudited	costs	4	Effects of 6/30/2009	TA & KIA #P	M11-15/U F	I E
71	Field audite						
	Desk audite						
				\sim			
Distribution	<u>n:</u>				homas Parke	r	
Contract Mana		Agent	1	Medicaid Cost Reim			nance
Permanent File	- >		•				120034
For Inf	formation Only						
	inge in Rate						
	me Office:	NHS Management					
пол	ine Office.	931 Fairfax Park					
		Tuscaloosa AL 35406					



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Tallahassee, Florida 32308

CRYSTAL R	IVER HEALTH	& REHABILITATION CENTER		Provi	der Nu	mber:		0 217263	3-00	
CRYSTAL RIVER HEALTH & REHABILITATION CENT 136 NORTHEAST 12TH AVENUE		ENUE		Date: Fiscal Year End:				1/16/2015		
CRYSTAL R	IVER, FL 34429)		Fiscal	6/30/20	14				
				Audit	Status			Unaudi	ted	
Provider T	vpe:									
	<i>J</i>						Current	New	Effective	
							Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level					<u>215.88</u>	<u>215.81</u>	<u>1/1/2015</u>	
Rat	e Type:									
1111	с турс.									
•	Interim		X	Pros	pective					
		Total Interim			X	Total	l Prospective			
		Interim Component				Total	Prospective	with Interim	Component	
		Settlement based on cost								
		Prior Provider Prospective data								
Davis			Char		1					
Basis:			Chai	nges:] 	~				
	Budget				_		er Change	П11-137G F	VF	
X	Unaudited co	nete		`	6/30/		AαKIAπi	11111-13701	I.L.	
<u></u>	Field audited			-						
	Desk audited									
					. /					
<u>Distributio</u>	n:		_	1	7)-	ノ _{Th}	omas Parke	r	•	
	agement / Fiscal	Agent		Medica	id Cost			anning and Fi	nance	
Permanent File	_		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000					
	formation Only									
	ange in Rate									
	_	NW10.14								
Но	me Office:	NHS Management								
		931 Fairfax Park								
		Tuscaloosa, AL 35406								



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Tallahassee, Florida 32308

OCALA HEA	LTH & REHAB	ILITATION CENTER		Provider Number	;	0 217395	-00
1201 SE 24TH	I RD			Date:		1/21/20	15
OCALA, FL	34471			Fiscal Year End:		6/30/20	09
				Audit Status:		Revised Fiel	d Audit
Provider Ty	ype:						
·					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Single	e Level			<u>185.60</u>	<u>185.00</u>	<u>1/1/2010</u>
	Level	H: Aids			<u>327.52</u>	<u>326.92</u>	<u>1/1/2010</u>
Rate	e Type:						
	Interim		X	Prospective			
		_ Total Interim		X Tot	tal Prospective		
		Interim Component		Tot	tal Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
Dasis.			Cita		ster Change		
	Budget				A #NH11-1350	G FYE 6/30/2	009
	Unaudited co	osts	-				
X	Field audited	costs					
	Desk audited	costs					
				\bigcirc			
Distribution	<u>n:</u>				Thomas Parke	r	
Contract Mana	ngement / Fiscal A	Agent	-	Medicaid Cost Rein			nance
Permanent File	2					J	
For In	formation Only						
	ange in Rate						
Но	me Office:	NHS Management					
		931 Fairfax Park					
		Tuscaloosa, AL 35406					



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Tallahassee, Florida 32308

OCALA HEA	LTH & REHAB	BILITATION CENTER		Provider Number:		0 217395	-00		
OCALA HEALTH & REHABILITATION CENTER 1201 SE 24TH RD			Date: 1/21/2015						
OCALA, FL	34471			Fiscal Year End:	6/30/2009				
				Audit Status:		Revised Fiel	d Audit		
Provider Ty	ype:								
·	•				Current	New	Effective		
					<u>Rate</u>	Rate	<u>Date</u>		
Nursing Ho	ome Singl	e Level			189.23	<u>188.62</u>	<u>7/1/2010</u>		
	Level	l H: Aids			332.57	<u>331.96</u>	7/1/2010		
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:			Cha	nges:					
				Rate Semes	ter Change				
	Budget				_	G FYE 6/30/2	009		
	Unaudited c	osts							
X	Field audited								
	Desk audited	d costs							
Distribution	n:				homas Parke	i P			
	ngement / Fiscal	Agent		Medicaid Cost Reim			inance		
Permanent File	ę					Ü			
For Int	formation Only								
No Cha	ange in Rate								
Но	me Office:	NHS Management					•		
		931 Fairfax Park							
		Tuscaloosa, AL 35406							



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Tallahassee, Florida 32308

OCALA HEA	LTH & REHA	BILITATION CENTER		Provider Number:		0 217395	-00
OCALA HEALTH & REHABILITATION CENTER 1201 SE 24TH RD				Date:	1/21/2015		
OCALA, FL 34471				Fiscal Year End:		6/30/20	10
				Audit Status:		Unaudi	ted
Provider T	ype:						
	· ·				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	gle Level			<u>193.42</u>	<u>193.54</u>	<u>1/1/2011</u>
	Leve	el H: Aids			338.28	338.40	1/1/2011
Rate	e Type:						
	Interim		X	Prospective			
		Total Interim	***************************************	_ *	ıl Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	***************************************			Rate Semes	ter Change		
	Budget				FA & RFA #N	NH11-135G F	YE
X	Unaudited			6/30/2009			
	Field audit						
	Desk audit	ed costs					
				~ 2			5
Distributio	<u>n:</u>		,	() TI	homas Parke	r	
Contract Mana	agement / Fisca	l Agent		Medicaid Cost Reim			inance
Permanent File	e					Ü	
For In	formation Only	1					
No Cha	ange in Rate						
Но	ome Office:	NHS Management					
		931 Fairfax Park					
		Tuscaloosa, AL 35406					



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Tallahassee, Florida 32308

OCALA HEA		Provider Nu	ımber:		0 217395-00 1/21/2015			
1201 SE 24TH RD OCALA, FL 34471				Date:				
				Fiscal Year End:			6/30/2010	
				Audit Status	s:	····	Unaudi	ted
Provider T	ype:							
	-					Current	New	Effective
						<u>Rate</u>	Rate	<u>Date</u>
Nursing Ho	ome Sing	de Level				<u>186.94</u>	<u>187.06</u>	<u>7/1/2011</u>
	Leve	el H: Aids				333.14	<u>333.26</u>	7/1/2011
Rate	е Туре:							
	Interim		X	Prospectiv	e			
	_	Total Interim	***********	- ` _X		l Prospective		
		Interim Component			Tota	l Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Chai	nges:				
					Semest	ter Change		
	Budget					'A & RFA #N	IH11-135G F	YE
X	Unaudited			6/30)/2009			
·	Field audit							
	Desk audite	ed costs						
				7/	2			
Distributio				10		iomas Parke		
	agement / Fisca	1 Agent	I	Medicaid Co	st Reim	bursement Pl	anning and F	inance
Permanent Fil								
	formation Only	,						
No Ch	ange in Rate							
Но	ome Office:	NHS Management						
		931 Fairfax Park						
		Tuscaloosa, AL 35406						



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Tallahassee, Florida 32308

OCALA HEALTH & REHABIL	ITATION CENTER		Provider Number:		0 217395	-00
1201 SE 24TH RD OCALA, FL 34471			Date:	1/21/2015 6/30/2011		
OCALA, FL 34471		Fiscal Year End:		11		
			Audit Status:		Unaudi	ted
Provider Type:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single	Level			188.27	188.39	<u>Date</u> 1/1/2012
Level F	I: Aids			335.88	336.00	1/1/2012
	1					
Rate Type:						
Interim Basis:	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Cha		l Prospective I Prospective	with Interim	Component
Budget X Unaudited cost Field audited c Desk audited c	osts	***************************************	Rate Semest Effects of F 6/30/2009	_	NH11-135G F	YE
Distribution: Contract Management / Fiscal Ag	gent		Medicaid Cost Reim	iomas Parke bursement Pl		inance
For Information Only						
No Change in Rate						
9	NHS Management 931 Fairfax Park Fuscaloosa, A.L. 35406					



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Tallahassee, Florida 32308

OCALA HEA	LTH & REHAE	BILITATION CENTER		Provider Number:		0 217395	-00
OCALA HEALTH & REHABILITATION CENTER 1201 SE 24TH RD OCALA, FL 34471 Provider Type: Nursing Home Single Level Level H: Aids				Date:		1/21/20	15
OCALA, FL 3	34471			6/30/20	11		
				Audit Status:		Unaudit	ted
Provider Ty	ype:						
·	-				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Singl	le Level			<u>193.74</u>	<u>193.86</u>	<u>7/1/2012</u>
	Leve	l H: Aids			<u>342.95</u>	<u>343.07</u>	7/1/2012
							•
Rate	e Type:						
	Interim		X	Prospective			
		Total Interim			l Prospective		
		Interim Component			=	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	\neg		Cha	nges:			
D43131			Circ	Rate Semes	ter Change		
	Budget			X Effects of F	_	NH11-135G F	YE
X	Unaudited of	costs		6/30/2009			
	Field audite						
	Desk audite	d costs					
				\sim			
Distribution	<u>1:</u>		-		homas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and Fi	inance
Permanent File	•						
For Inf	formation Only						
No Cha	inge in Rate						
Но	me Office:	NHS Management					
		931 Fairfax Park					
		Tuscaloosa AI 35406					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OCALA HEA	LTH & REHAB	BILITATION CENTER	Provider Number:		0 217395-00		
OCALA HEALTH & REHABILITATION CENTER 1201 SE 24TH RD				Date:	1/21/2015		
OCALA, FL 34471				Fiscal Year End:		6/30/20	11
				Audit Status:		Unaudi	ted
Provider T	ype:						
·	v I				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	ome Singl	e Level			<u>195.81</u>	<u>195.93</u>	1/1/2013
	Level	H: Aids			346.62	<u>346.74</u>	1/1/2013
Rate	е Туре:						
	Interim		X	Prospective			
		Total Interim			al Prospective		
		Interim Component		***************************************	Il Prospective		Component
	*******	Settlement based on cost			-		
		Prior Provider Prospective data					
Basis:			Cha	nges:			
			<u> </u>	Rate Semes	ter Change		
	Budget				FA & RFA #N	NH11-135G F	YE
X	Unaudited c	osts		6/30/2009			
	Field audited						
	Desk audited	d costs					
Distribution	n:		~		homas Parke		
	agement / Fiscal	Agent		Medicaid Cost Reim		····	inanca
Permanent File	_			Medicald Cost Relli	ioursement i	ammig and I	mance
For In	formation Only						
	ange in Rate						
Но	ome Office:	NHS Management 931 Fairfax Park					
		Tuscaloosa, AL 35406					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OCALA HEA		Provid	der Nun	nber:		0 217395	5-00			
1201 SE 24TH RD				Date:	Date:			1/21/2015		
OCALA, FL 34471				Fiscal Year End:		6/30/2012				
				Audit	Status:			Unaudit	ted	
Provider Ty	ype:									
·	•						Current	New	Effective	
							Rate	Rate	<u>Date</u>	
Nursing Ho	me Single	e Level					<u>196.27</u>	<u>196.40</u>	7/1/2013	
Date	Type:	٦								
Nace	rype.									
	Interim		X	Pros	pective					
	-	Total Interim			X	Total	Prospective			
		Interim Component		-	***************************************	Total	Prospective	with Interim	Component	
		Settlement based on cost								
		Prior Provider Prospective data								
	_				ר					
Basis:			Cha	nges:	ا _		C.			
	Budget			X	•		er Change	IH11-135G F	VE	
X	Unaudited co	nete		<u> </u>	6/30/2		Α & ΚΙ Α πι	1111-155G F	1 L	
	Field audited									
	Desk audited									
						7				
Distribution	1 <u>:</u>		•		7/	Th.	omas Parke	r		
	gement / Fiscal	Agent		Medica	id Cost			anning and Fi	inance	
Permanent File	;					101111				
For Inf	formation Only									
	inge in Rate									
Hor	me Office:	NHS Management								
		931 Fairfax Park								
		Tuscaloosa, AL 35406								



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Tallahassee, Florida 32308

OCALA HEAL	TH & REHABI	ILITATION CENTER		Provider	r Nun	nber:		0 217395	-00	
OCALA HEALTH & REHABILITATION CENTER 1201 SE 24TH RD OCALA, FL 34471			Date:				1/21/2015			
				Fiscal Y				6/30/2013		
				Audit St	atus:			Unaudi	ied	
Provider Ty	pe:									
	-						Current	New	Effective	
		•					Rate	Rate	<u>Date</u>	
Nursing Hon	ne Single	Level					<u>198.98</u>	<u>199.11</u>	1/1/2014	
Rate	Туре:	7								
	- , po-									
	Interim		X	Prospe	ctive					
		Total Interim		x		Total	Prospective			
		Interim Component				Total	Prospective	with Interim	Component	
		Settlement based on cost								
		Prior Provider Prospective data								
Basis:	7		Cha	2001						
Dasis.			Спа	nges:	oto S	lamast	er Change			
	Budget						_	īН11-135G F	YE	
X	Unaudited co	osts	***************************************		5/30/2					
	Field audited	costs								
	Desk audited	costs								
			_	_	~	2				
<u>Distribution</u>	<u>•</u>		•	1	0	Th	omas Parke	r		
Contract Manag	gement / Fiscal A	Agent		Medicaid	Cost	Reiml	oursement Pl	anning and F	inance	
Permanent File										
For Info	rmation Only									
No Chan	ige in Rate									
Hom	ne Office:	NHS Management								
2.011.		931 Fairfax Park								
		Tuscaloosa, AL 35406								



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Tallahassee, Florida 32308

OCALA HEA	LTH & REHA	BILITATION CENTER		Provider Number:		0 217395	6-00		
1201 SE 24TH RD OCALA, FL 34471				Date:	***************************************	1/21/2015			
				Fiscal Year End:		6/30/2013			
				Audit Status:		Unaudi	ted		
Provider T	vpe:								
	/ L				Current	New	Effective		
					Rate	Rate	Date		
Nursing Ho	me Sing	le Level			<u>207.80</u>	207.93	<u>7/1/2014</u>		
Rate	e Type:					*			
<u></u>	Interim		X	Prospective					
		Total Interim			al Prospective				
	***************************************	Interim Component		Tota	al Prospective	with Interim	Component		
		Settlement based on cost							
		Prior Provider Prospective data							
D!-			Cha						
Basis:			Cna	inges:	. (1				
	Dudget				ster Change FA & RFA #N	ЛИ11 125G F	·VE		
X	Budget Unaudited			Effects of 6/30/2009	ra & Kra #r	1 DCC1-11IN	IE		
	Field audited								
	Desk audite								
	LJESK audite	ed costs							
Distuibantio				7					
Distribution		1.4			homas Parke	-			
	igement / Fisca	1 Agent		Medicaid Cost Rein	nbursement Pl	anning and Fi	inance		
Permanent File	e								
For In	formation Only								
No Cha	ange in Rate								
Цо	me Office:	NHS Management							
110	IIIO OIIIOO,	931 Fairfax Park							
		Tuecaloosa AI 35406							



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Tallahassee, Florida 32308

OCALA HEALTH & REHABILITATION CENTER 1201 SE 24TH RD OCALA, FL 34471			Provider Number	er:	0 217395-00				
				Date:	•	1/21/2015			
				Fiscal Year End	:	6/30/2013			
				Audit Status:		Unaudi	ted		
Provider Ty	pe:				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	me Single	Level			<u>210.68</u>	210.81	1/1/2015		
Rate	Туре:								
	_Interim		X	Prospective					
		Total Interim			otal Prospective				
		Interim Component		T	otal Prospective	with Interim	Component		
	***************************************	Settlement based on cost Prior Provider Prospective data							
Basis:			Cha	nges:	ot.				
	Budget				nester Change of FA & RFA #N	JH11-135G F	VF		
X	— Unaudited co	osts		6/30/200		1111 1330 1	1 L		
	Field audited								
	Desk audited	costs							
Distribution			-	70	Thomas Parke	r			
Contract Manag	gement / Fiscal A	Agent		Medicaid Cost Re	eimbursement Pl	anning and F	inance		
Permanent File									
For Infe	ormation Only								
No Char	nge in Rate								
Hor	ne Office:	NHS Management 931 Fairfax Park Tuscaloosa, AL 35406							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Date: 3/20/2015	ST. AUGUSTINE HEALTH & REHABILITATION CENTER				ovider Number:		0 217735	-00	
Audit Status: Revised Field Audit Provider Type: Current New Effective Rate Date Date				D	ate:				
Provider Type: Current New Effective Date				Fi	scal Year End:		6/30/2008		
Nursing Home Single Level 204.47 202.31 7/1/2009 Level H: Aids 344.82 342.66 7/1/2009 Rate Type: Interim				A	udit Status:		Revised Fiel	d Audit	
Nursing Home Single Level 204.47 202.31 7/1/2009 Level H: Aids 344.82 342.66 7/1/2009 Rate Type: Interim	Provider T	vpe:							
Nursing Home Single Level Level H: Aids 204.47 202.31 7/1/2009 Rate Type: Interim Total Interim Total Interim Total Interim Total Prospective Interim Component Settlement based on cost Prior Provider Prospective data Prior Provider Prospective data Rate Semester Change Rate Semester Change Total Prospective with Interim Component Rate Semester Change Total Prospective with Interim Component False Semester Change Rate Semester Change Thomas Parker Medicaid Cost Reimbursement Planning and Finance	•					Current	New	Effective	
Rate Type: Interim Total Interim Interim Total Prospective Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Desk audited costs Total Prospective with Interim Component Rate Semester Change X FA & RFA #NH11-133G FYE 6/30/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance						Rate	Rate	<u>Date</u>	
Rate Type: Interim Total Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change Rate Semester Change Yer FA & RFA #NH11-133G FYE 6/30/2008 Unaudited costs Tield audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Nursing Ho	ome Single	e Level			<u>204.47</u>	202.31	7/1/2009	
Interim		Level	H: Aids			344.82	342.66	7/1/2009	
Interim X Prospective Total Interim X Total Prospective Interim Component Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change X FA & RFA #NH11-133G FYE 6/30/2008 Unaudited costs Desk audited costs Desk audited costs Desk audited costs Medicaid Cost Reimbursement Planning and Finance									
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis:	Rate	е Туре:			· .				
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis:		Interim		Y P	Prospective				
Interim Component Settlement based on cost Prior Provider Prospective data Basis:			Total Interim		=	al Prospective			
Basis: Changes: Rate Semester Change Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Desk audited costs Medicaid Cost Reimbursement Planning and Finance	il de la companya de			_		-		Component	
Basis: Rate Semester Change Rate Semester Change Y FA & RFA #NH11-133G FYE 6/30/2008 Unaudited costs A Field audited costs Desk audited costs Desk audited costs Thomas Parker Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance			Settlement based on cost	_					
Budget X FA & RFA #NH11-133G FYE 6/30/2008 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Thomas Parker Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance			Prior Provider Prospective data						
Budget X FA & RFA #NH11-133G FYE 6/30/2008 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Thomas Parker Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	Racic			Change	es:		,		
Budget Unaudited costs X Field audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent X FA & RFA #NH11-133G FYE 6/30/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	174515.			Change		ter Change		:	
Unaudited costs X Field audited costs Desk audited costs Desk audited costs Thomas Parker Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	1	Budget		X		-	G FYE 6/30/2	008	
Desk audited costs Distribution: Contract Management / Fiscal Agent Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Unaudited co	osts	,	····				
Distribution: Contract Management / Fiscal Agent Thomas Parker Medicaid Cost Reimbursement Planning and Finance	X	Field audited	costs	1				1	
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance		Desk audited	costs	*					
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance			a v						
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	Distribution	n•			~2-				
			4 oent						
			rgont	Med	licaid Cost Reim	ibursement Pi	anning and Fi	nance	
For Information Only									
No Change in Rate		-							
		-	ATTON						
Home Office: NHS Management	Ho	me Office:	=						
931 Fairfax Park Tuscaloosa, AL 35406									



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Tallahassee, Florida 32308

ST. AUGUSTINE HEALTH & REHABILITATION CENTER	Provider Number:		0 217735	5-00	
51 SUNRISE BLVD	Date:		3/20/2015		
SAINT AUGUSTINE, FL 32084	Fiscal Year End:		6/30/20	08	
	Audit Status:		Revised Fiel	d Audit	
Provider Type:					
		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		206.54	<u>204.19</u>	1/1/2010	
Level H: Aids		<u>348.46</u>	<u>346.11</u>	<u>1/1/2010</u>	
Rate Type:					
Interim	X Prospective				
Total Interim		l Prospective			
Interim Component	***************************************	=	with Interim	Component	
Settlement based on cost		•	ű.	-	
Prior Provider Prospective data					
Basis:	Changes:				
Dudana	Rate Semest		T EXTE CIONIO	000	
Budget Unaudited costs	X FA & RFA	#NH11-1330	G FYE 6/30/20	008	
X Field audited costs					
Desk audited costs					
Dosk dadied costs					
Distribution:	The The	omas Parke	r		
Contract Management / Fiscal Agent	Medicaid Cost Reim	oursement Pla	anning and Fi	nance	
Permanent File			-		
For Information Only					
No Change in Rate					
Home Office: NHS Management 931 Fairfax Park Tuscaloosa, AL 35406					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WILTON MA	NORS HEALTH	H AND REHAB		Provider Number	:	0 227579	9-00	
2675 N ANDR	EWS AVE			Date:	***************************************	2/16/2015 12/31/2011		
WILTON MAI	NORS, FL 3331	1	***************************************	Fiscal Year End:				
				Audit Status:		Unaudi	ted	
Provider Ty	ype:							
•	•				Current	New	Effective	
				•	Rate	Rate	<u>Date</u>	
Nursing Ho	me Single	e Level			<u>237.41</u>	<u>242.11</u>	12/1/2013	
Rate	Type:							
	Interim		х	Prospective				
	-	Total Interim			tal Prospective			
		Interim Component			tal Prospective		Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:		·	Cha	nges:				
(··············		•		ster Change			
	Budget				Satisfied. Switch	hed to FRVS	effective	
	Unaudited co	osts		12/1/2013	•			
	Field audited	l costs						
	Desk audited	Costs						
				\bigcirc				
Distribution	<u>1:</u>			7/	Thomas Parke	r		
Contract Mana	gement / Fiscal A	Agent		Medicaid Cost Rein			inance	
Permanent File	;					Ü		
For Inf	formation Only							
No Cha	inge in Rate							
Ног	me Office:	Greystone Healthcare Managemen	nt, LLC					
		4042 Park Oaks Blvd, Suite 300						
		Tampa FL 33610						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WILTON MA	NORS HEALTH	AND REHAB		Provider Number:		0 227579	-00
2675 N ANDR	REWS AVE			Date:	2/16/2015 12/31/2012		
WILTON MA	NORS, FL 3331	1		Fiscal Year End:			
				Audit Status:		Unaudit	ed
Provider Ty Nursing Ho	-	Level			Current <u>Rate</u> 233.21	New <u>Rate</u> 238.04	Effective <u>Date</u> 1/1/2014
J	J						
Rate	Туре:]					
	Interim	Total Interim Interim Component Settlement based on cost	X		il Prospective	with Interim	Component
Basis:	Budget Unaudited co Field audited Desk audited	costs		Rate Semes Payback Sa 12/1/2013.	_	hed to FRVS	effective
Permanent File	ngement / Fiscal A	Agent		TI Medicaid Cost Reim	homas Parke bursement Pl		nance
	me Office:	Greystone Healthcare Managemen 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	t, LLC				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WILTON MANORS HEALTH AND REHAB		Provider Number:	0 227579-00				
2675 N ANDR	REWS AVE		Date:		2/16/2015		
WILTON MA	NORS, FL 3331	1		Fiscal Year End:	12/31/2)13
				Audit Status:		Unaudit	ed
Provider Ty Nursing Ho		Level			Current <u>Rate</u> 244.18	New <u>Rate</u> 249.51	Effective <u>Date</u> 7/1/2014
Rate	туре:						
	Interim	_ Total Interim Interim Component	X		l Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data			.		,
Basis:	Budget			Rate Semest Payback Sa	_	hed to FRVS	effective
X	Unaudited co Field audited Desk audited	costs		12/1/2013.			
Distribution) TI	omas Parke	r	
	igement / Fiscal A	Agent		Medicaid Cost Reim	bursement Pl	anning and Fi	nance
Permanent File							
For Inf	formation Only						
No Cha	inge in Rate						
Но	me Office:	Greystone Healthcare Managemer 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	nt, LLC				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WILTON MAI	NORS HEALTH	I AND REHAB		Provider Numb	per:	0 227579	0-00	
2675 N ANDR	EWS AVE			Date:		2/16/2015		
WILTON MAI	NORS, FL 3331	1		Fiscal Year En	d:	12/31/2013		
				Audit Status:		Unaudi	ted	
Provider Ty					Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Single	e Level			<u>249.57</u>	<u>254.94</u>	1/1/2015	
Rate	Туре:							
	Interim		X	Prospective				
		Total Interim		X	Total Prospective			
		Interim Component		*	Total Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data						
Basis:			Cha	nges:				
	Dudost				mester Change k Satisfied. Switch	shed to EDVS	affactiva	
X	Budget Unaudited co	nete		Paybac 12/1/20		neu to r K v 3	cifective	
	Field audited							
	Desk audited							
<u>Distribution</u>	<u>1:</u>			70	Thomas Parke	er		
Contract Mana	gement / Fiscal A	Agent	*****	Medicaid Cost R	Reimbursement Pl	anning and F	inance	
Permanent File	;							
For Inf	formation Only							
No Cha	inge in Rate							
Hor	me Office:	Greystone Healthcare Managemer 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	nt, LLC					



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Tallahassee, Florida 32308

THE LODGE	HEALTH ANI	REHABILITATION CENTER		Provider Number:		0 227773	-00
635 SE 17TH	STREET			Date:		1/7/201	.5
OCALA, FL	34471			Fiscal Year End:		12/31/20	007
				Audit Status:		Revised Fiel	d Audit
Provider T	ype:				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level			<u>183.81</u>	<u>181.77</u>	7/1/2008
	Leve	el H: Aids			320.09	<u>318.05</u>	7/1/2008
							-
Rate	e Type:						
	Interim		x	Prospective			
		Total Interim		-	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:	•		
				Rate Semest	•		
	Budget		<u></u>	X FA & RFA	#NH10-0390	C FYE 12/31/	2007
<u> x</u>	Unaudited of Field audited						
	Desk audite						
	············						
Distributio	<u>n:</u>		-	7A 11	homas Parke	r	
	 agement / Fiscal	Agent		Medicaid Cost Reim			inance
Permanent File	e						
For In	formation Only						
No Ch	ange in Rate						
Но	ome Office:	Greystone Healthcare Managemen	nt, LLC				
		4042 Park Oaks Blvd, Suite 300	,				
		Tampa, FL 33610					



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE LODGE	HEALTH AND	REHABILITATION CENTER		Provider Number:		0 227773	-00
635 SE 17TH	STREET			Date:		1/7/201	5
OCALA, FL	34471		Fiscal Year End	Fiscal Year End:		12/31/2007	
				Audit Status:		Revised Fiel	d Audit
Provider Ty	ype:						
•					Current	New	Effective
					<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Ho	me Singl	e Level			<u>182.64</u>	<u>180.99</u>	<u>1/1/2009</u>
	Leve	l H: Aids			<u>320.99</u>	319.34	1/1/2009
Rate	e Type:						
	Interim		X	Prospective			
		Total Interim			al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
					ster Change		
	Budget			X FA & RFA	#NH10-0390	C FYE 12/31/	2007
37	Unaudited c						
X	Field audited						
	Desk audite	d costs					
Distribution	<u>n:</u>			78 T	homas Parke	p•	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rein			inance
Permanent File	;						
For Inf	formation Only						
	inge in Rate						
Ho	me Office:	Greystone Healthcare Management 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	, LLC				

NSBQH

Report Calculated: 1/7/2015 4:48:20 PM

Report Printed:1/7/2015

ID: 227773123120070101200704012008153938



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Tallahassee, Florida 32308

THE LODGE	HEALTH ANI	REHABILITATION CENTER		Provider Number	r;	0 227773	-00		
635 SE 17TH	STREET			Date:		1/7/201	5		
OCALA, FL	34471			Fiscal Year End:		12/31/2007			
			****	Audit Status:		Revised Fiel	d Audit		
Provider Ty	vpe:								
•					Current	New	Effective		
					Rate	Rate	<u>Date</u>		
Nursing Ho	me Sing	le Level			<u>167.33</u>	<u>165.82</u>	<u>3/1/2009</u>		
	Leve	l H: Aids			305.68	<u>304.17</u>	3/1/2009		
Rate	Type:								
	Interim		X	Prospective					
		Total Interim		XTo	otal Prospective				
		Interim Component		To	otal Prospective	with Interim	Component		
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Chan						
			***************************************		ester Change	~ ~~			
	Budget			FA & RF	'A #NH10-0390	C FYE 12/31/	2007		
X	Unaudited of Field audited								
Λ	Desk audite								
	DCSK addite	a costs							
				\circ					
<u>Distribution</u>	<u>1:</u>			7/	Thomas Parke	r			
Contract Mana	gement / Fiscal	Agent	Ň	Medicaid Cost Rei			nance		
Permanent File	•								
For In	formation Only								
	ange in Rate								
Но	me Office:	Greystone Healthcare Managemen	nt, LLC						
		4042 Park Oaks Blvd, Suite 300							
		Tampa, FL 33610							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE LODGE	HEALTH AND	REHABILITATION CENTER		Provider Number:		0 227773	-00		
635 SE 17TH	STREET			Date:	1/7/2015				
OCALA, FL	34471			Fiscal Year End:		12/31/2007			
				Audit Status:		Revised Fiel	d Audit		
Provider T	ype:								
·	•				Current	New	Effective		
					<u>Rate</u>	<u>Rate</u>	<u>Date</u>		
Nursing Ho	ome Singl	e Level			<u>205.76</u>	<u>204.02</u>	<u>4/1/2009</u>		
	Leve	l H: Aids			<u>344.11</u>	342.37	<u>4/1/2009</u>		
Rate	е Туре:								
	Interim		X	Prospective					
		Total Interim		_	al Prospective				
		Interim Component		Tot	al Prospective	with Interim	Component		
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Chai	nges:					
	D 1 .				ster Change	NEVE 10/21/	2007		
	Budget Unaudited c	oota		<u>x</u> FA & RFA	A #NH10-0390	JFYE 12/31/.	2007		
X	Field audited								
	Desk audite								
<u>Distribution</u>	<u>n:</u>		_		homas Parke	r			
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Rein			nance		
Permanent File	e								
For In	formation Only								
	ange in Rate								
Но	me Office:	Greystone Healthcare Managemer	nt, LLC						
		4042 Park Oaks Blvd, Suite 300							
		Tampa, FL 33610							

NSBQH Report Calculated: 1/7/2015 4:48:20 PM

Report Printed: 1/7/2015

ID: 227773123120070101200704012008153938



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE LODGE	HEALTH AND	REHABILITATION CENTER		Provider Numb	er:	0 227773	-00
635 SE 17TH	STREET			Date:	***************************************	1/7/201	5
OCALA, FL	34471			Fiscal Year End	d:	12/31/20	007
THE LODGE HEALTH AND REHABILITATION CENTER 635 SE 17TH STREET OCALA, FL 34471 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective dat Basis:		Audit Status:		Revised Fiel	d Audit		
Provider T	ype:						
,	· 1				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Singl	le Level			<u>210.97</u>	<u>208.85</u>	7/1/2009
	Leve	l H: Aids			351.32	349.20	7/1/2009
Rate	e Type:						
	Interim		X	Prospective			
		Total Interim		X7	Total Prospective		
		Interim Component		1	Total Prospective	with Interim	Component
		Settlement based on cost					
	***************************************	Prior Provider Prospective data					
Basis:			Chan	ges:			
					nester Change		
	Budget		X	FA & R	FA #NH10-0390	C FYE 12/31/	2007
	Unaudited o						
X	Field audite Desk audite						
	Desk audite	u cosis					
Distributio	n:			25	Thomas Parke	.g.*	
	agement / Fiscal	Agent		Jedicaid Cost R	eimbursement Pl		inance
Permanent File	-	·	.,	realeana cost ix	cimoui scrioni i i	anning and r	inance
For In	formation Only						
No Cha	ange in Rate						
Но	ome Office:	Greystone Healthcare Managemen	nt, LLC				
		4042 Park Oaks Blvd, Suite 300					
		Tampa, FL 33610					

NSBQH

Report Calculated: 1/7/2015 4:48:20 PM

Report Printed: 1/7/2015

ID: 227773123120070101200704012008153938



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Tallahassee, Florida 32308

JACKSON PLAZA N	URSING & REHABILITATION CEN	NTER Pro	vider Number:		0 253723	-00
1861 NW 8TH AVEN	UE	Dat	e:		2/20/20	15
MIAMI , FL	33136	Fis	cal Year End:		2/29/20	08
		Au	dit Status:		Revised Fiel	d Audit
Provider Type:						
VI				Current	New	Effective
Provider Type: Nursing Home Single Level Level H: Aids Rate Type:			Rate	Rate	<u>Date</u>	
Nursing Home	Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective da Basis: Budget Unaudited costs X Field audited costs		<u>191.20</u>	190.94	7/1/2008	
	Level H: Aids			327.48	327.22	7/1/2008
				·		~
Rate Type:						
Interin	n	X Pr	ospective			
			=	l Prospective		
	Interim Component		Tota	l Prospective	with Interim	Component
	Settlement based on cost					
	Prior Provider Prospective of	lata				
Basis:		Change	s:			
			Rate Semes	ter Change		
		X	FA & RFA	#NH10-0130	G FYE 2/29/2	008
Desk	audited costs					
Distribution:				homas Parke	er	
Contract Management	/ Fiscal Agent	Med	icaid Cost Reim	bursement Pl	anning and F	inance
Permanent File						
For Information	n Only					
No Change in R	Rate					
Home Offic	•					



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Tallahassee, Florida 32308

JACKSON PL	AZA NURSIN	G & REHABILITATION CENTER	Provider Number:		0 253723	-00	
1861 NW 8TH	I AVENUE		Date:	2/20/2015			
MIAMI	, FL 33136		Fiscal Year End:		2/29/2008		
			Audit Status:		Revised Fiel	d Audit	
Provider Ty	vpe:						
•				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level		<u>191.96</u>	<u>191.70</u>	1/1/2009	
	Leve	l H: Aids		330.31	330.05	1/1/2009	
Rate	е Туре:						
	Interim		X Prospective				
		Total Interim	X Tota	l Prospective			
		Interim Component	Tota	l Prospective	with Interim	Component	
		Settlement based on cost	-				
		Prior Provider Prospective data					
Basis:	\neg		Thomass				
Dasis.			Rate Semes	ter Change			
	Budget			_	G FYE 2/29/2	008	
	Unaudited c	eosts —					
X	Field audite	d costs			*		
	Desk audite	d costs					
<u>Distribution</u>	<u>n:</u>			homas Parke	r		
Contract Mana	ngement / Fiscal	Agent	Medicaid Cost Reim			inance	
Permanent File	e				•		
For Int	formation Only						
No Cha	ange in Rate						
Но	me Office:	Hebrew Home Management Services 1800 NE 168th Street, Suite 200					
		Miami Beach FL 33162					



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Tallahassee, Florida 32308

JACKSON PI	LAZA NURSIN	NG & REHABILITATION CENTER		Provider Number:		0 253723	5-00
1861 NW 8TI	H AVENUE			Date:		2/20/20	15
MIAMI	, FL 33136			Fiscal Year End:		2/29/20	08
				Audit Status:		Revised Fiel	d Audit
Provider T	ype:						
					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	gle Level			<u>175.87</u>	<u>175.63</u>	<u>3/1/2009</u>
	Leve	el H: Aids			<u>314.22</u>	<u>313.98</u>	3/1/2009
Rat	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					
Basis:			Cha	inges:			
				Rate Semes	_		
	Budget			X FA & RFA	#NH10-0130	G FYE 2/29/2	008
	Unaudited						
X	Field audit Desk audit						
	Desk additi	eu cosis					
			_				
<u>Distributio</u>				<i>//)′</i> TI	homas Parke	er	
	agement / Fisca	l Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent Fil							
For In	formation Only	1					
No Ch	ange in Rate						
Но	ome Office:	Hebrew Home Management Servi	ces				
		1800 NE 168th Street, Suite 200					
		Miami Beach, FL 33162					



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Tallahassee, Florida 32308

JACKSON PL	AZA NURSIN	G & REHABILITATION CENTER		Provider Number:		0 253723-00		
1861 NW 8TF	I AVENUE			Date:		2/20/20	2/20/2015	
MIAMI	, FL 33136			Fiscal Year End:		2/29/20	08	
				Audit Status:		Revised Fiel	d Audit	
Provider T	vpe:							
	V P				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	le Level			216.04	<u>215.76</u>	4/1/2009	
	Leve	l H: Aids			<u>354.39</u>	354.11	4/1/2009	
Rate	е Туре:							
	Interim		X	Prospective				
		Total Interim	11		l Prospective			
		Interim Component			-	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
	T 1			Rate Semes		C EVE 2/20/2	000	
	Budget Unaudited of	2004		Y FA & RFA	#NH10-0130	G FYE 2/29/2	008	
X	Field audite							
71	Desk audite							
								
			_	\sim \sim				
<u>Distributio</u>				/ <i>()</i> ti	nomas Parke	r		
	agement / Fiscal	Agent	,	Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File	e	•						
For In	formation Only							
No Ch	ange in Rate							
Не	ome Office:	Hebrew Home Management Service	es					
		1800 NE 168th Street, Suite 200						
		Miami Beach, FL 33162						



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Tallahassee, Florida 32308

JACKSON PLAZA NURSING & REHABILITATION CENTER			Provider Number:		0 253723	-00		
1861 NW 8TH	I AVENUE	·		Date:		2/20/20	2/20/2015	
MIAMI	,FL 33136			Fiscal Year End:		2/29/2008		
				Audit Status:		Revised Fiel	d Audit	
Provider Ty	ype:							
•	• •				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level			<u>220.52</u>	<u>219.96</u>	7/1/2009	
	Level	l H: Aids			<u>360.87</u>	360.31	7/1/2009	
Rate	е Туре:							
	Interim		Х	Prospective				
		Total Interim			al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
				Rate Semes	-			
****	Budget		4	X FA & RFA	4NH10-0130	G FYE 2/29/2	008	
- V	— Unaudited c Field audited							
X	Desk audited							
	Desk addited	u costs						
Distribution	n:			787	homas Parke	·r		
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Rein			inance	
Permanent File	e						•	
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Hebrew Home Management Service	es					
		1800 NE 168th Street, Suite 200						
		Miami Beach, FL 33162						



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Tallahassee, Florida 32308

SARASOTA	HEALTH AND	REHABILITATION CENTER		Provider Number:		0 263982	2-00
1524 EAST A	VENUE SOUTH	I		Date:		3/24/20	15
SARASOTA,	FL 34239			Fiscal Year End:		3/31/20	07
				Audit Status:		Revised Fiel	d Audit
Provider T	vpe:						
,	V 1				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	ome Single	e Level			<u>182.69</u>	<u>181.81</u>	7/1/2008
	Level	H: Aids			318.97	<u>318.09</u>	7/1/2008
Rate	e Type:						
	Interim		X	Prospective			
	_	Total Interim	***************************************	X Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	· ·		Cha	nges:			
				Rate Semest	er Change		
	Budget	•		X FA & RFA	NH09-133C	FYE 03/31/20	007
	Unaudited co	ests .					
X	Field audited	costs					
	Desk audited	costs					
3		,					
				$-\Omega$			
Distribution	<u>1:</u>			Th	omas Parke	r	
Contract Mana	gement / Fiscal A	Agent]	Medicaid Cost Reimb	oursement Pla	anning and Fi	nance
Permanent File	•						
For Inf	formation Only						
No Cha	nge in Rate						
	me Office:	No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SUSANNA W	/ESLEY HEALTH CENTER	Provider Number	er:	0 268062	2-00	
5300 W 16TH	AVENUE	Date:	***************************************	1/14/2015		
HIALEAH, FI	L 33012	Fiscal Year End	:	12/31/2	010	
		Audit Status:		Field Au	dited	
Provider Ty	vpe:					
	V P		Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Ho	ome Single Level		<u>222.27</u>	<u>222.15</u>	7/1/2011	
	Level H: Aids		<u>368.47</u>	<u>368.35</u>	7/1/2011	
Rate	e Type:					
	Interim	X Prospective				
, , , , , , , , , , , , , , , , , , , ,	Total Interim		otal Prospective			
i	Interim Component	To	otal Prospective	with Interim	Component	
:	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
			ester Change		:	
	Budget	X Field Au	dit #NH13-0600	C FYE 12/31/	2010	
	Unaudited costs					
X	Field audited costs	•				
	Desk audited costs					
Distribution	<u>ı:</u>		Thomas Parke	r		
Contract Mana	gement / Fiscal Agent	Medicaid Cost Re			nance	
Permanent File	•			.		
For Inf	formation Only					
No Cha	inge in Rate					
Ho	me Office: No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SUSANNA W	ESLEY HEALT	TH CENTER		Provider Number:		0 268062	00	
5300 W 16TH	AVENUE			Date: 1/14/2015				
HIALEAH, FL	33012			Fiscal Year End:	12/31/2010)10	
				Audit Status:		Field Aud	lited	
Provider Ty	/pe:							
•	1				Current	New	Effective	
					Rate	<u>Rate</u>	<u>Date</u>	
Nursing Ho	me Single	e Level			<u>223.65</u>	<u>223.53</u>	1/1/2012	
	Level	H: Aids			<u>371.26</u>	<u>371.14</u>	<u>1/1/2012</u>	
Rate	Type:	7			·			
		_	37					
	_Interim	Total Interim	X	Prospective				
		Interim Component			Prospective	with Interim	Component	
		Settlement based on cost		10tai	riospective	with internit	Component	
		Prior Provider Prospective data						
	-							
Basis:			Char	iges:				
	······································			Rate Semest	er Change			
	Budget			Field Audit	#NH13-060C	C FYE 12/31/2	2010	
	Unaudited co	osts						
X	Field audited							
	Desk audited	costs						
				_ 0				
Distribution	<u>:</u>			Th	omas Parkei	•		
Contract Manag	gement / Fiscal A	Agent	N	Medicaid Cost Reimb			nance	
Permanent File						ū		
For Info	ormation Only							
No Char	nge in Rate							
Hon	ne Office:	No Home Office						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	A MANOR			Provider Number:		0 281743-00 1/8/2015		
4250 66TH S	ΓN			Date:	-			
SAINT PETE	RSBURG, FL	33709		Fiscal Year End:		12/31/20	006	
				Audit Status:	***************************************	Desk Auc	lited	
Provider T	ype:							
•					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	de Level			<u>152.47</u>	<u>151.54</u>	<u>7/1/2008</u>	
	Leve	el H: Aids			<u>288.75</u>	287.82	7/1/2008	
Rate	e Type:							
	_Interim		X	Prospective				
		Total Interim			1 Prospective			
	***************************************	Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Chan	IGES.				
D4313.			Ciran	Rate Semest	ter Change			
	Budget		X		#DR13-1781	FYE 12/31/20	006	
	Unaudited of	costs						
***	Field audite	ed costs						
X	Desk audite	ed costs						
			_	\sim \sim				
Distribution	<u>n:</u>			Th.	omas Parkei	r		
Contract Mana	gement / Fiscal	Agent	N	Medicaid Cost Reiml	bursement Pla	inning and Fi	nance	
Permanent File	;							
For Inf	formation Only							
No Cha	inge in Rate							
Hor	me Office:	Grace Healthcare, Inc						
		7201 Shallowford Rd, STE 200						
		Chattanooga, TN 37421						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA MANOR			Pr	ovider Number:		0 281743-00		
4250 66TH S	ΓΝ		Da	ate:		1/8/201	.5	
SAINT PETE	RSBURG, FL 3	33709	Fi	scal Year End:		12/31/20	007	
			Aı	adit Status:	-	Desk Aud	lited	
Provider T	ype:							
,	V 1				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level			<u>172.78</u>	<u>171.76</u>	<u>7/1/2009</u>	
	Leve	l H: Aids			313.13	312.11	7/1/2009	
Rate	е Туре:							
	Interim		X P	rospective				
		Total Interim		-	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:		•	Change	s:				
				Rate Semes	ster Change			
	Budget		X_	Desk Audi	t #DR13-179 I	FYE 12/31/20	007	
	Unaudited c							
	Field audited							
X	Desk audited	i costs						
				- 0				
<u>Distribution</u>	<u>1:</u>				homas Parkei	•		
Contract Mana	gement / Fiscal	Agent	Med	icaid Cost Reim	bursement Pla	nning and Fi	nance	
Permanent File	:							
For Inf	Formation Only							
No Cha	nge in Rate							
Hor	me Office:	Grace Healthcare, Inc						
		7201 Shallowford Rd, STE 200	•					
		Chattanooga, TN 37421						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	A MANOR			Provider Number	:	0 281743-00 1/8/2015		
4250 66TH ST	ΓΝ			Date:				
SAINT PETE	RSBURG, FL	33709		Fiscal Year End:		12/31/20	008	
				Audit Status:		Desk Au	lited	
Provider T	vne:							
110,140, 1	JPC				Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	ome Sing	gle Level			<u>163.76</u>	162.93	<u>1/1/2010</u>	
	Leve	el H: Aids			305.68	<u>304.85</u>	1/1/2010	
Rate	е Туре:							
	Interim		X	Prospective				
		Total Interim		-	al Prospective			
	***	Interim Component			al Prospective	with Interim	Component	
		Settlement based on cost			•		•	
		Prior Provider Prospective data						
				·				
Basis:			Chan	ges:				
					ster Change			
	Budget		X	Desk Audi	it #DR13-180 I	FYE 12/31/20	08	
	Unaudited							
	Field audite							
X	Desk audite	ed costs						
Distribution	<u>1:</u>			7/2 T	homas Parkei	•		
Contract Mana	gement / Fiscal	Agent	M	ledicaid Cost Rein			nance	
Permanent File	•							
For Inf	formation Only							
	inge in Rate							
Ho	me Office:	Grace Healthcare, Inc						
		7201 Shallowford Rd, STE 200						
		Chattanooga, TN 37421						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION		Provider Number	::	0 308111-00		
587 SE ERMINE AVE		Date:		2/20/2015 9/30/2007		
LAKE CITY, FL 32025		Fiscal Year End:				
·		Audit Status:		Revised Fiel	d Audit	
Provider Type:			Current	New	Effective	
			<u>Rate</u>	Rate	<u>Date</u>	
Nursing Home Sin	gle Level		<u>180.22</u>	<u>179.70</u>	7/1/2008	
Lev	rel H: Aids		<u>316.50</u>	<u>315.98</u>	7/1/2008	
Rate Type:						
Interim	77 . 1.7	Y Prospective	(1 D			
	Total Interim Interim Component		tal Prospective tal Prospective		Component	
	Settlement based on cost	10	iai Prospective	with interim	Component	
	Prior Provider Prospective data					
Basis:		Changes:				
			ster Change			
Budget		FA & RF.	A NH09-092L	FYE 9/30/200	07	
Unaudited	•					
X Field audit						
Desk audit	ed costs					
Distribution:		78	Thomas Parke	r		
Contract Management / Fisca	l Agent	Medicaid Cost Reir	nbursement Pl	anning and Fi	nance	
Permanent File						
For Information Only	1					
No Change in Rate						
Home Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL 32034					



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Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION		Provider Number:		0 308111-00				
587 SE ERMI	NE AVE			Date:		2/20/2015		
LAKE CITY,	FL 32025			Fiscal Year End:		9/30/20	/2007	
				Audit Status:		Revised Fiel	d Audit	
Provider T	ype:							
		•			Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Sing	le Level			<u>180.08</u>	<u>179.01</u>	<u>1/1/2009</u>	
	Leve	el H: Aids			318.43	<u>317.36</u>	1/1/2009	
Rate	Туре:							
	Interim	•	X	Prospective				
		Total Interim			al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:	7		Cha	nges:				
	J			Rate Semes	ster Change			
	Budget				NH09-092L	FYE 9/30/200	07	
	Unaudited c	eosts						
X	Field audite							
	Desk audite	d costs						
Distribution	<u>ı:</u>			78 TI	homas Parke	r		
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim			nance	
Permanent File								
For Inf	ormation Only	•						
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

BAYA POIN	TE NURSING .	AND REHABILITATION		Provider Number:		0 308111-00		
587 SE ERMI	NE AVE	***************************************	*	Date:	2/20/2015 9/30/2007			
LAKE CITY,	FL 32025			Fiscal Year End:				
				Audit Status:		Revised Fiel	d Audit	
Provider T	ype:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Sing	de Level			<u>164.98</u>	164.01	3/1/2009	
	Leve	el H: Aids			303.33	<u>302.36</u>	3/1/2009	
Rate	e Type:							
	Interim	Total Interim Interim Component	X		Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data		Total	rrospective	with memi	Component	
Basis:			Cha	nges: Rate Semest	er Change			
	Budget			X FA & RFA	NH09-092L	FYE 9/30/200)7	
X	Unaudited of Field audited of Desk audite	ed costs						
<u>Distributio</u>	n:			7 Th	omas Parke	•		
Contract Mana	igement / Fiscal	Agent		Medicaid Cost Reimb	oursement Pla	inning and Fi	nance	
Permanent File)							
For Inf	formation Only							
No Cha	inge in Rate							
Ho	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201						



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Tallahassee, Florida 32308

BAYA POINT	TE NURSING A	AND REHABILITATION		Provider Number:		0 308111	-00	
587 SE ERMI	NE AVE			Date:		2/20/2015		
LAKE CITY,	FL 32025			Fiscal Year End:		9/30/20	07	
				Audit Status:		Revised Fiel	d Audit	
Provider Ty	vpe:							
•	v 1				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Sing	le Level			<u>202,47</u>	<u>201.38</u>	4/1/2009	
	Leve	el H: Aids			340.82	339.73	4/1/2009	
Rate	е Туре:					·		
	Interim		X	Prospective				
	_ interim	Total Interim		-	l Prospective			
	·	Interim Component			•	with Interim	Component	
		Settlement based on cost		**	4		·	
		Prior Provider Prospective data				d.		
Basis:			Cha	nges:			•	
	_			Rate Semest	_			
	Budget			X FA & RFA	NH09-092L	FYE 9/30/20	07	
V	Unaudited o							
X	Field audite Desk audite							
Distribution	<u>1:</u>		<		iomas Parke	r		
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim			nance	
Permanent File	;			*		C		
For Inf	formation Only							
	inge in Rate							
Ног	me Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Formanding Roach, Ft. 32034						



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Tallahassee, Florida 32308

BAYA POIN	ΓΕ NURSING A	ND REHABILITATION		Provi	der Nun	nber:		0 308111	-00		
587 SE ERMI	NE AVE			Date:				2/20/2015			
LAKE CITY,	FL 32025			Fisca	l Year E	nd:	-	9/30/20	08		
				Audit	t Status:			Field Aud	dited		
Provider T	vpe:										
	,						Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	ome Singl	e Level					<u>186.90</u>	<u>187.58</u>	7/1/2009		
	Level	H: Aids					<u>327.25</u>	327.93	7/1/2009		
		_					·				
Rate	е Туре:								,		
	Interim		X	Pros	pective						
		Total Interim		_ 1103	X	Total	Prospective				
		Interim Component				•	_	with Interim	Component		
		Settlement based on cost				•					
		Prior Provider Prospective data									
Basis:			Cha	nges:]						
					-		r Change				
	Budget			<u> </u>				109-091L FY A NH09-092I			
7.7	Unaudited co		*		9/30/2		ura & Krz	N1107-0721	21 1 L		
X	Pield audited Desk audited										
	Desk addrec	COSTS									
<u>Distributior</u>	ı.		,) 					
	s. gement / Fiscal .	A gent		/	<u>()</u>		mas Parke				
Permanent File		(Agont	ľ	viedica	ia Cost i	Reimoi	irsement Pia	inning and Fi	nance		
For Inf	ormation Only										
	nge in Rate										
Hon	me Office:	Health Care Managers, Inc									
		2380 Sadler Road Suite 201									
		Fernandina Beach, FL 32034									



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Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION		AND REHABILITATION		Provider Number:		0 308111-00			
587 SE ERMINE AVE LAKE CITY, FL 32025				Date:		2/20/2015			
LAKE CITY, F	L 32025			Fiscal Year End:	, .	9/30/20	09		
				Audit Status:		Unaudi	ted		
Provider Ty	pe:				Current	New	Effective		
					Rate	Rate	<u>Date</u>		
Nursing Hor	ne Sing	le Level			<u>193.76</u>	<u>194.40</u>	<u>1/1/2010</u>		
	Leve	el H: Aids			335.68	336.32	1/1/2010		
Rate	Туре:								
***************************************	Interim	Total Interim	<u>X</u>	Prospective X Tota	l Prospective				
•		Interim Component			-	with Interim	Component		
		Settlement based on cost			·				
		Prior Provider Prospective data							
Basis:			Cha	nges:					
				Rate Semest	_				
***	Budget					109-091L FY A NH09-0921			
X	_ Unaudited of Field audite			9/30/2007					
.,,,	_ Desk audite								
Distribution :			_	7-10	.				
Contract Manag		Agent		Medicaid Cost Reiml	omas Parke		nance		
Permanent File			1	viedicaid Cost Refini	oursement F12	mining and ri	Hance		
	rmation Only								
	ge in Rate								
Hom	e Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201	·						



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Tallahassee, Florida 32308

BAYA POINTE NURSING	G AND REHABILITATION	Provider Number:		0 308111	1-00	
587 SE ERMINE AVE		Date:		2/20/20	15	
LAKE CITY, FL 32025		Fiscal Year End:	9/30/		:009	
		Audit Status:	***************************************	Unaudi	ted	
Provider Type:						
			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sin	ngle Level		<u>196.86</u>	<u>197.50</u>	<u>7/1/2010</u>	
Le	vel H: Aids		340.20	340.84	7/1/2010	
Rate Type:				,		
Interim		X Prospective				
	Total Interim	"	I Prospective			
	Interim Component	Tota	l Prospective	with Interim	Component	
	Settlement based on cost Prior Provider Prospective data					
Basis:		Changas				
Dasis.	l	Changes: Rate Semes	ter Change			
Budget			A & RFA NE	109-091L FY	E	
X Unaudite	d costs	9/30/2006 a	and FA & RF	A NH09-092	L FYE	
Field aud	ited costs	9/30/2007				
Desk aud	ited costs					
Distribution:			omas Parke	r		
Contract Management / Fisc	cal Agent	Medicaid Cost Reim	bursement Pla	anning and Fi	inance	
Permanent File						
For Information On	ly					
No Change in Rate						
Home Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201					



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Tallahassee, Florida 32308

BAYA POINTE	BAYA POINTE NURSING AND REHABILITATION			Provider Number:	0 308111-00 2/20/2015				
587 SE ERMINE AVE LAKE CITY, FL 32025				Date:					
				Fiscal Year End:		9/30/20	10		
				Audit Status:		2/20/2015 9/30/2010 Unaudited ent New Effe Rate Day 79 200.44 1/1/2 65 345.30 1/1/2 ective extive with Interim Composition age FA NH09-091L FYE & RFA NH09-092L FYE			
Provider Typ	e:				Current		Effective		
Nursing Hom	e Singl	e Level			Rate 199.79		<u>Date</u> 1/1/2011		
	Level	H: Aids			<u>344.65</u>	345.30	1/1/2011		
Rate T	ype:						***		
I	nterim	Total Interim	X		l Prospective				
- 		Interim Component Settlement based on cost Prior Provider Prospective data		Total	l Prospective	with Interim	Component		
Basis:	Pudant			Rate Semest	-	100 0011 EV	E		
X	Budget Unaudited co Field audited Desk audited	l costs							
Distribution:					omas Parke	r			
Contract Manager	ment / Fiscal	Agent	1				nance		
Permanent File									
For Inform	nation Only								
No Change	e in Rate								
Home	Office:	Health Care Managers, Inc 2380 Sadler Road Suite 201 Fernandina Beach, FL 32034							



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Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION					ider Nun	nber:		0 308111-00			
587 SE ERM	587 SE ERMINE AVE							2/20/20	15		
LAKE CITY,		Fisca	l Year E	nd:		9/30/20	10				
				Audit	t Status:			Unaudi	ted		
Provider T	ype:										
							Current	New	Effective		
							Rate	Rate	<u>Date</u>		
Nursing He	ome Singl	e Level					<u>192.29</u>	<u>192,90</u>	<u>7/1/2011</u>		
	Level	l H: Aids					<u>338.49</u>	339.10	7/1/2011		
Rate	e Type:	\neg									
	- туро.										
	Interim		X	Pros	pective						
		Total Interim		-	X	Total	Prospective				
		Interim Component				Total	Prospective	with Interim	Component		
		Settlement based on cost									
		Prior Provider Prospective data									
Basis:			Cha	nges:	7						
			<u> </u>	8	ر Rate S	emeste	er Change				
	Budget			<u> </u>				109-091L FY			
X	Unaudited co				9/30/2 9/30/2		id FA & RFA	A NH09-092I	FYE		
	Field audited										
	Desk audited	l costs									
				_	_)					
Distribution	<u>n:</u>				7/	/ The	mas Parkei	•			
Contract Mana	igement / Fiscal	Agent		- Medica	id Cost I			nning and Fi	nance		
Permanent File											
For In	formation Only										
No Cha	ange in Rate										
Но	me Office:	Health Care Managers, Inc	٠								
		2380 Sadler Road Suite 201									
		Fernandina Beach, FL 32034									



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Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION					Provider Number: 0 308111-00						
587 SE ERMINE AVE				Date:			2/20/2015				
LAKE CITY,	FL 32025		Fiscal Year End:			9/30/20	10				
				Audit	Status:			Unaudi	ted		
Provider T	ype:										
	••						Current	New	Effective		
N	C:	J. Y1					Rate	Rate	<u>Date</u>		
Nursing Ho	ome Sing	de Level					<u>193.49</u>	<u>194.10</u>	<u>1/1/2012</u>		
	Leve	el H: Aids					341.10	341.71	1/1/2012		
Rate	e Type:										
	Interim		v	D	4:						
	_ menn	Total Interim	X		ective X	Total	Prospective				
	-	Interim Component				-	-	with Interim	Component		
		Settlement based on cost				•	,		F .		
		Prior Provider Prospective data									
Basis:	\neg		Cha	nges:]						
			L		Rate S	emest	er Change				
	Budget			X				109-091L FY			
X	Unaudited	costs			9/30/2 9/30/2		nd FA & RF	4 NH09-092I	LFYE		
	Field audite										
	Desk audite	ed costs									
<u>Distributio</u>	<u>n:</u>		_	7	5) Th	omas Parkei				
Contract Mana		Agent :		Medicai	d Cost			inning and Fi	nance		
Permanent File	2										
For Inf	formation Only										
	inge in Rate		k								
Hor	me Office:	Health Care Managers, Inc									
		2380 Sadler Road Suite 201									
		Fernandina Beach, FL 32034									



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Tallahassee, Florida 32308

Nursing Home Single Level 205.06 205.68 7/1/2013 Level H: Aids 354.27 354.89 7/1/2013 Rate Type: Interim Total Interim	BAYA POINTE NURSING AND REHABILITATION				Provider Number:		0 308111	-00
Provider Type: Current New Effective Rate Date					Date:		2/20/20	15
Provider Type: Nursing Home Single Level 205.06 205.68 7/1/2015 Level H: Aids 354.27 354.89 7/1/2015 Rate Type: Interim Total Interim X Total Prospective with Interim Component Interim Component Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change X Effects of FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-091L FYE 9/30/2007 Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201	LAKE CITY,	FL 32025			Fiscal Year End:		12/31/20	011
Nursing Home Single Level 205.06 205.68 7/1/2012 Level H: Aids 354.27 354.89 7/1/2012 Rate Type: Interim					Audit Status:		Unaudi	ted
Nursing Home Single Level 205.06 205.68 7/1/2012 Level H: Aids 354.27 354.89 7/1/2012 Rate Type: Interim	Provider T	vpe:						
Rate Type: Interim	•							Effective <u>Date</u>
Rate Type: Interim Total Interim Total Interim Total Prospective Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Effects of FA & RFA NH09-091L FYE Y Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk audited Costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201	Nursing Ho	ome Sing	gle Level			<u>205.06</u>	<u>205.68</u>	7/1/2012
Interim Total Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Rate Semester Change Rate Semester Change Rate Semester Change Yelffects of FA & RFA NH09-091L FYE Yelfa undited costs Pield audited costs Desk audited costs Desk audited costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance		Lev	el H: Aids			<u>354.27</u>	354.89	7/1/2012
Interim Total Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Rate Semester Change Rate Semester Change Rate Semester Change Yelffects of FA & RFA NH09-091L FYE Yelfa undited costs Pield audited costs Desk audited costs Desk audited costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance								
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis:	Rate	e Type:						
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis:		Interim		X	Prospective			
Settlement based on cost Prior Provider Prospective data Basis:	***************************************		Total Interim		_	l Prospective		
Basis: Budget Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201	*		Interim Component		Total	Prospective	with Interim	Component
Basis: Budget Budget X Effects of FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007 Field audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201			Settlement based on cost					
Rate Semester Change Budget X Effects of FA & RFA NH09-091L FYE 9/30/2006 and FA & RFA NH09-092L FYE 9/30/2007 Field audited costs Desk audited costs Desk audited costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201			Prior Provider Prospective data					•
Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201	Basis:	\neg		Char	iges:			
X Unaudited costs Field audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201					Rate Semest	er Change		
Permanent File For Information OnlyNo Change in Rate Home Office: Health Care Managers, Inc2380 Sadler Road Suite 201		Budget						
Field audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201	X					nd FA & KF	A NHU9-U921	J F Y E
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201								
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201		Desk audit	ed costs					
Permanent File For Information OnlyNo Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201	Distribution	ı <u>:</u>				omas Parke	r	
Permanent File For Information Only No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201	Contract Mana	gement / Fisca	l Agent	N				nance
No Change in Rate Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201	Permanent File	:					Ü	
Home Office: Health Care Managers, Inc 2380 Sadler Road Suite 201	For Inf	formation Only	,					
2380 Sadler Road Suite 201	No Cha	nge in Rate						
Formandina Reach El 22034	Ног	me Office:	-					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITA	ΓΙΟΝ	Provider Number:		0 308111-00			
587 SE ERMINE AVE		Date:	-	2/20/2015			
LAKE CITY, FL 32025		Fiscal Year End:		12/31/2011			
		Audit Status:	***************************************	Unaudi	ted		
Provider Type:							
-			Current	New	Effective		
			Rate	Rate	<u>Date</u>		
Nursing Home Single Level			<u>207.43</u>	<u>208.06</u>	1/1/2013		
Level H: Aids			358.24	<u>358.87</u>	1/1/2013		
Rate Type:							
Interim	X	Prospective					
Total Interim		X Total	l Prospective				
Interim Compone	ent	Total	l Prospective	with Interim	Component		
Settlement based	on cost						
Prior Provider Pro	ospective data						
Basis:	Char	nges:					
		Rate Semest	er Change				
Budget				H09-091L FY A NH09-092I			
X Unaudited costs		9/30/2000 a 9/30/2007	IIU FA & KF	A 111109-0921	TIL		
Field audited costs Desk audited costs							
Book addited costs	·						
Distribution:	,	7/2					
Contract Management / Fiscal Agent			omas Parke				
Permanent File	N	Medicaid Cost Reimb	oursement Pla	anning and Fi	nance		
For Information Only							
No Change in Rate							
-							
Home Office: Health Care Manag	-						
2380 Sadler Road							



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Tallahassee, Florida 32308

BAYA POINTE NURSING AND REHABILITATION		Provid	der Nu		0 308111-00		
587 SE ERMINE AVE		Date:				2/20/20	15
LAKE CITY, FL 32025		Fiscal Year End:			12/31/2	012	
		Audit	Status:			Unaudi	ted
Provider Type:							
••					Current	New	Effective
					Rate	Rate	Date
Nursing Home Single Level					<u>217.82</u>	<u>218.27</u>	7/1/2013
				-			
		•					
Rate Type:							
Interim	X	Prosp	ective				
Total Interim			X	Total	Prospective		
Interim Component				Total	Prospective	with Interim	Component
Settlement based on cost							
Prior Provider Prospective data							
Basis:	Cha	nges:)				
			I Rate S	Semeste	er Change		
Budget		<u> </u>	Effec	ts of FA	& RFA NI	109-091L FY	
X Unaudited costs					id FA & RFA	A NH09-0921	L FYE
Field audited costs			9/30/2	2007			
Desk audited costs							
			_	\neg			
	-		\times	/			
Distribution:			<u> </u>	The	mas Parke	r	
Contract Management / Fiscal Agent	. 1	Medicai	d Cost	Reimb	ursement Pla	inning and Fi	nance
Permanent File							
For Information Only							
No Change in Rate							
Home Office: Health Care Managers, Inc							
2380 Sadler Road Suite 201							
Fernandina Beach, FL 32034							



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Tallahassee, Florida 32308

OCOEE HEA	LTH CARE FAC	CILITY	Provider Number:	Provider Number: 0 324159-00					
1556 MAGUI	RE RD		Date: 0 324139-0						
OCOEE, FL 3	34761		Fiscal Year End:	800					
			Audit Status:		Revised Fiel	d Audit			
Provider Ty	vpe:								
	, F			Current	New	Effective			
				Rate	<u>Rate</u>	<u>Date</u>			
Nursing Ho	me Single	Level		<u>183.49</u>	182.20	7/1/2008			
	Level	H: Aids		319.77	318.48	7/1/2008			
Rate	Type:	٦							
	у турс.					;			
X	Interim	_	Prospective						
		Total Interim	Tota	al Prospective					
		Interim Component	Tota	al Prospective	with Interim	Component			
	X	_ Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Changes:		• •				
			Rate Semes	ter Change					
	Budget			#NH11-138L	FYE 12/31/2	2008			
	Unaudited co	sts	· ·			;			
X	Field audited	costs							
	Desk audited	costs							
						;			
Distribution	<u>ı:</u>			homas Parke	.				
	_ gement / Fiscal A	gent	Medicaid Cost Reim			nance			
Permanent File	_	-							
	ormation Only								
	nge in Rate				-				
	ne Office:	No Home Office							



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Tallahassee, Florida 32308

OCOEE HEA	LTH CARE FAC	CILITY		Provider :	Provider Number: 0 324159-0				
OCOEE HEALTH CARE FACILITY 1556 MAGUIRE RD				Date:		***************************************	2/10/20	15	
OCOEE, FL 34761 Fiscal Year End:							12/31/20	008	
				Audit Sta	tus:		Revised Fiel	d Audit	
Provider T	ype:								
						Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Single	e Level				<u>184.80</u>	<u>183.39</u>	<u>1/1/2009</u>	
	Level	H: Aids				<u>323.15</u>	<u>321.74</u>	1/1/2009	
Rate	е Туре:							×	
	T		**	ъ.	•				
	_Interim	Total Interim	<u>X</u>	Prospect		1 D			
:		Interim Component				l Prospective	with Interim	Component	
,	X	Settlement based on cost				i i iospective	with interim	Component	
		Prior Provider Prospective data							
Basis:			Cha	nges:					
			1		te Semest	er Change			
	Budget			X FA	& RFA	#NH11-138L	FYE 12/31/2	2008	
	Unaudited co	sts	•						
X	Field audited	costs						3	
	Desk audited	costs							
					1				
Distribution	<u>n:</u>) _{Th}	omas Parke	r		
Contract Mana	igement / Fiscal A	Agent	<u> </u>	Medicaid C			nning and Fi	nance	
Permanent File	•		_	1					
	formation Only								
	inge in Rate								
	_								
Ho	me Office:	No Home Office							



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Tallahassee, Florida 32308

OCOEE HEA	LTH CARE FAC	CILITY		Provider Number: 0 324159-00					
1556 MAGUI	RE RD			Date:		2/10/20	15		
OCOEE, FL	34761			Fiscal Year Er	nd:	12/31/20	008		
				Audit Status:		Revised Fiel	d Audit		
Provider T	vpe:								
	V 1				Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Ho	ome Single	Level			<u>169.31</u>	168.02	<u>3/1/2009</u>		
	Level	H: Aids			<u>307.66</u>	<u>306.37</u>	3/1/2009		
Rate	е Туре:	7							
	- Tun	_							
	Interim		X	Prospective					
ı		Total Interim			Total Prospective				
		Interim Component			Total Prospective	with Interim	Component		
	X	Settlement based on cost							
		Prior Provider Prospective data							
Basis:	<u> </u>		Char	iges:		· 4			
					mester Change				
	Budget		<u>></u>		RFA #NH11-138	L FYE 12/31/2	2008		
	Unaudited co	sts							
X	Field audited	costs							
	Desk audited	costs							
			:						
					7				
Distribution	<u>1:</u>		•		Thomas Parke	er			
Contract Mana	gement / Fiscal A	gent	N	Medicaid Cost R	Reimbursement Pl		nance		
Permanent File	;					-			
For Inf	formation Only	•							
	inge in Rate								
	me Office:	No Home Office							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Nursing Home Single Level 208.59 207.11 4/1/2	COEE HEALTH CARE FAC	ILITY		Provider Number: 0 324159-00				
Audit Status: Revised Field Audit Provider Type: Current New Efference Rate Rate Dis	1556 MAGUIRE RD			Date:		2/10/2015		
Provider Type: Current New Effer Rate Distribution:	COEE, FL 34761			Fiscal Year End:		12/31/20	008	
Nursing Home Single Level 208.59 207.11 4/1/2 Level H: Aids 346.94 345.46 4/1/2 Rate Type: Interim X Prospective Total Prospective with Interim Component Prior Provider Prospective data Basis:				Audit Status:		Revised Fiel	d Audit	
Nursing Home Single Level 208.59 207.11 4/1/2 Level H: Aids 346.94 345.46 4/1/2 Rate Type: Interim X Prospective Total Prospective with Interim Component Prior Provider Prospective data Basis:	rovider Type:							
Nursing Home Single Level Level H: Aids 346.94 Autority Aids Rate Type: Interim Total Interim Total Interim Interim Total Prospective Interim Total Prospective with Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change Rate Semester Change FA & RFA #NH11-138L FYE 12/31/2008 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Desk audited Costs Medicaid Cost Reimbursement Planning and Finance					Current	New	Effective	
Rate Type: Interim Total Interim Interim Total Prospective Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change Rate Semester Change Y Fa & RFA #NH11-138L FYE 12/31/2008 Unaudited costs X Field audited costs Desk audited costs Desk audited costs Desk audited Costs Medicaid Cost Reimbursement Planning and Finance							<u>Date</u>	
Rate Type: Interim Total Interim Total Prospective Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change Rate Semester Change Y FA & RFA #NH11-138L FYE 12/31/2008 Unaudited costs Total Prospective with Interim Component A Settlement based on cost Prior Provider Prospective data Thomas Parker Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	ursing Home Single	Level			<u>208.59</u>	<u>207.11</u>	4/1/2009	
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Interim X Prospective Total Interim Total Prospective Interim Component Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Distribution: Changes: Rate Semester Change X FA & RFA #NH11-138L FYE 12/31/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance								
Interim X Prospective Total Interim Total Prospective Interim Component Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Distribution: Changes: Rate Semester Change X FA & RFA #NH11-138L FYE 12/31/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance								
Total Interim Total Prospective Interim Component X Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change Rate Semester Change Y FA & RFA #NH11-138L FYE 12/31/2008 Unaudited costs Thomas Parker Contract Management / Fiscal Agent Total Prospective with Interim Component Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Rate Type:]						
Total Interim Total Prospective Interim Component X Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change Rate Semester Change Y FA & RFA #NH11-138L FYE 12/31/2008 Unaudited costs Y Field audited costs Desk audited costs Desk audited costs Desk audited Costs Distribution: Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	Interim		X	Prospective				
Basis: Changes: Rate Semester Change Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Desk audited Costs Medicaid Cost Reimbursement Planning and Finance		Total Interim		-	Prospective			
Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Changes: Rate Semester Change X FA & RFA #NH11-138L FYE 12/31/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Interim Component		Tota	Prospective	with Interim	Component	
Basis: Changes: Rate Semester Change Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Changes: Rate Semester Change X FA & RFA #NH11-138L FYE 12/31/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	X	Settlement based on cost						
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Desk audited costs Distribution: Contract Management / Fiscal Agent Thomas Parker Medicaid Cost Reimbursement Planning and Finance			t 3 *					
Distribution: Contract Management / Fiscal Agent Thomas Parker Medicaid Cost Reimbursement Planning and Finance								
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Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	istribution:		• /		omas Parke	r		
-	Contract Management / Fiscal Agent						nance	
	rmanent File					_		
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No Change in Rate	-							
Home Office: No Home Office	Home Office:	No Home Office						



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Tallahassee, Florida 32308

OCOEE HEA	LTH CARE FA	CILITY	Provider Number: 0 324159-00			0-00		
1556 MAGUIRE RD			Date:			2/10/2015		
OCOEE, FL	34761			Fiscal Year End:		12/31/20	008	
	•			Audit Status:		Revised Fiel	d Audit	
Provider T	vpe:							
	J 1				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	ome Singl	e Level			<u>211.63</u>	<u>210.24</u>	<u>7/1/2009</u>	
Level H: Aids			<u>351.98</u>	<u>350.59</u>	7/1/2009			
Rate	е Туре:							
		_						
	Interim		<u>X</u>	Prospective				
		Total Interim		-	al Prospective		:	
		Interim Component		Tota	l Prospective	with Interim	Component	
	<u> </u>	Settlement based on cost					;	
		Prior Provider Prospective data						
Basis:	\neg		Char	ugos.				
Dasis.			Chan	Rate Semes	tar Changa			
	Budget		<u> </u>		#NH11-138I	FVE 12/31/2	2008	
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	Desk audited							
Distribution	n•		-	フイノ …	D. 1			
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Fire								
Permanent File	_		N	dedicaid Cost Reim	bursement Pi	anning and Fi	nance	
	formation Only							
No Cha	inge in Rate							
Шо	ma Offica:	No Home Office						



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Tallahassee, Florida 32308

OCOEE HEALTH CARE FACILITY		Provider Number:		0 324159-00				
1556 MAGUI	RE RD			Date:		2/10/2015		
OCOEE, FL 3	34761			Fiscal Year End:		12/31/20	008	
				Audit Status:	-	Revised Fiel	d Audit	
Provider Ty	ype:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	me Singl	le Level			212.81	211.49	1/1/2010	
	Leve	l H: Aids			<u>354.73</u>	353.41	<u>1/1/2010</u>	
Rate	Туре:					*		
	_Interim		X	Prospective				
		Total Interim			l Prospective			
•		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data						
Basis:			Cha	nges:		A4		
				Rate Semest	-	. ESE 10/01/	3000	
	Budget			X FA & RFA	#NH11-138.	L FYE 12/31/	2008	
X	Unaudited c Field audited							
	Desk audited		•				į	
				- 0				
Distribution	ı:		<		iomas Parke	or		
	gement / Fiscal	Agent	1	Medicaid Cost Reim			nance	
Permanent File	_		•					
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	nge in Rate							
	ne Office	No Home Office	,					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OCOEE HEALTH CARE FACILITY	Provider Number: 0 324159-00			
1556 MAGUIRE RD	Date:	2/10/2015 12/31/2010		
OCOEE, FL 34761	Fiscal Year End:			
	Audit Status:		Unaudi	ted
Provider Type:				
		Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		<u>214.77</u>	<u>214.54</u>	7/1/2011
Level H: Aids		360.97	<u>360.74</u>	7/1/2011
Rate Type:				
Interim	X Prospective			
Total Interim		l Prospective		
Interim Component	Tota	l Prospective	with Interim	Component
Settlement based on cost				
Prior Provider Prospective data				
Basis:	Changes:			
	Rate Semest	_		
Budget	X Effects of F 12/31/2008	A & RFA #N	H11-138L F	YE
X Unaudited costs	12/31/2000			
Field audited costs				
Desk audited costs	E E			
Distribution:		omas Parke	r	
Contract Management / Fiscal Agent	Medicaid Cost Reim			nance
Permanent File			-	
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No Change in Rate				
Home Office: No Home Office			•	



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Tallahassee, Florida 32308

OCOEE HEALTH CA	Provider Num	ber:	<u>0 324159-00</u> <u>2/10/2015</u>			
1556 MAGUIRE RD	Date:					
OCOEE, FL 34761		Fiscal Year En	nd:	12/31/2010		
		Audit Status:		Unaudi	ted	
Provider Type:		•				
31			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home	Single Level		<u>216.55</u>	<u>216.33</u>	1/1/2012	
	Level H: Aids	·	<u>364.16</u>	363.94	1/1/2012	
Rate Type	:					
Interir	n	X Prospective				
	Total Interim	*	Total Prospective			
	Interim Component		Total Prospective		Component	
	Settlement based on cost	-	-		-	
	Prior Provider Prospective d	ata				
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Basis:		Changes:				
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X Bud	get udited costs	X Effects 12/31/2	of FA & RFA #N 2008	NH11-138L F	Y E	
	d audited costs				4	
	c audited costs	:				
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Distribution:			/ Thomas Parke			
Contract Management	/ Fiscal Agent	Medicaid Cost R			nance	
Permanent File		Wiedledid Cost R	emilioursement i	ammig and t	manec	
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No Change in F						
Home Office	e. No Home Office					



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Tallahassee, Florida 32308

OCOEE HEA	LTH CARE FACILITY	Provider Number:	rovider Number: 0 324159-00			
1556 MAGUI	RE RD	Date:				Date: 2/10/2015
OCOEE, FL	34761	Fiscal Year End:	-	12/31/2	010	
		Audit Status:		Unaudi	ted	
Provider T	vpe:		-			
	VE		Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Ho	ome Single Level		<u>223,22</u>	<u>222.98</u>	7/1/2012	
	Level H: Aids		372.43	<u>372.19</u>	7/1/2012	
Rate	e Type:				·	
	Interim	X Prospective				
	Total Interim		l Prospective			
	Interim Component		_	with Interim	Component	
	Settlement based on cost		•		•	
	Prior Provider Prospective data					
Basis:		Changes:			-	
-		Rate Semes	-			
	Budget	Effects of F 12/31/2008		H11-138L F	YE	
X	Unaudited costs	12/31/2006				
	Field audited costs				;	
	Desk audited costs					
Distribution	n•		.			
	ngement / Fiscal Agent		iomas Parke			
Permanent File		Medicaid Cost Reim	oursement Pla	inning and Fi	папсе	
	formation Only					
No Cha	ange in Rate					
Ho	me Office: No Home Office	•			•	