

MEMORANDUM

Date:

October 27, 2015

To:

Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations

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.

	Provider Name	Provider Number	Number of Rate Change Notices
1.	Braden River Care Center	0 005021-00	12
2.	Lake Placid Health and Rehabilitation Center	0 006339-00	10
3.	Braden River Rehabilitation Center, LLC	0 073324-00	6
4.	Bon Secours Maria Manor Nursing Care Center	0 200107-00	2
5.	Avante at Inverness	0 203220-00	2
6.	Mease Continuing Care	0 204072-00	3
7.	Life Care Center of Altamonte Springs	0 210137-00	3
8.	Life Care Center of Citrus County	0 211532-00	3
9.	Plaza West	0 211885-00	16
10.	Life Care Center at Wells Crossing	0 213161-00	3
11.	Life Care Center of Port Saint Lucie	0 217824-00	3
12.	Doctors Lake of Orange Park	0 223883-00	3
13.	South Tampa Health and Rehabilitation Center	0 224910-00	3
14.	Life Care Center of Melbourne	0 228338-00	8
15.	Avante at Melbourne, Inc.	0 252018-00	2
16.	Life Care Center of New Port Richey	0 259357-00	3
17.	Life Care Center of Estero	0 265381-00	3
18.	Life Care Center of Palm Bay	0 268186-00	8
19.	Life Care Center of Jacksonville	0 283193-00	3
20.	Life Care Center of Orange Park	0 284289-00	3



21.	South Pointe Plaza Rehabilitation and Nursing Center	0 311308-00	16
22.	Life Care Center of Pensacola	0 315664-00	2
		TOTAL:	117

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

TP/kj

		Single Level	Level H: AIDS	Single Level	Single Level		
Provider	Effective Date Format	Intermediate I	Skilled AIDS	Intermediate II		мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
000502100	20081101	173.34	309.62	173.34	173.34	78205-15	NH07-059
000502100	20090101	169.93	308.28	169.93	169.93	78205-15	NH07-059
000502100	20090301	155.69	294.04	155.69	155.69	78205-15	NH07-059
000502100	20090401	192.38	330.73	192.38	192.38	78205-15	NH07-059.
000502100	20090501	194.80	333.15	194.80	194.80	78205-15	NH07-059
000502100	20090701	203.55	343.90	203.55	203.55	78205-15	NH07-059
000502100	20100101	205.68	347.60	205.68	205.68	78205-15	NH07-059
000502100	20100701	209.15	352.49	209.15	209.15	78205-15	NH07-059
000502100	20110101	191.99	336.85	191.99	191.99	78205-15	NH07-059
000502100	20110701	190.09	336.29	190.09	190.09	78205-15	NH07-059
000502100	20120101	191.27	338.88	191.27	191.27	78205-15	NH07-059
000502100	20120701	196.75	345.96	196.75	196.75	78205-15	NH07-059
000633900	20081204	175.65	311.93	175.65	175.65	78205-15	NH12-0450
000633900	20090101	171.68	310.03	171.68	171.68	78205-15	NH12-0450
000633900	20090301	157.29	295.64	157.29	157.29	78205-15	NH12-0450
000633900	20090401	193.80	332.15	193.80	193.80	78205-15	NH12-0450
000633900	20090401	205.20	345.55	205.20	205.20	78205-15	NH12-0450
000633900	20100101	205.20	349.07	205.20	205.20	78205-15	NH12-0450
000633900	20100701	210.29					
000633900	20110101		353.63 357.66	210.29	210.29	78205-15	NH12-0450
		212.80	-	212.80	212.80	78205-15	NH12-0450
000633900	20110701	205.28	351.48	205.28	205.28	78205-15	NH12-0450
000633900	20151001	244.31	0.00	244.31	244.31	78205-15	
007332400	20130101	216.66	367.47	216.66	216.66	78205-15	NH07-059
007332400	20130701	224.83	0.00	224.83	224.83	78205-15	NH07-059
007332400	20140101	225.46	0.00	225.46	225.46	78205-15	NH07-059
007332400	20140701	235.95	0.00	235.95	235.95	78205-15	NH07-059
007332400	20150101	239.90	0.00	239.90	239.90	78205-15	NH07-059
007332400	20150901	239.12	0.00	239.12	239.12	78205-15	NH07-059J
012225000	20140829	204.46	0.00	204.46	204.46		
012225000	20150101	206.47	0.00	206.47	206.47		
012225000	20150901	206.59	0.00	206.59	206.59		
014146600	20150316	215.21	0.00	215.21	215.21		
014146600	20150901	207.66	0.00	207.66	207.66		
020010700	20120701	219.25	368.46	219.25	219.25	78205-15	NH13-001W
020010700	20130101	222.44	373.25	222.44	222.44	78205-15	NH13-001W
020322000	20120101	204.55	352.16	204.55	204.55	78205-15	NH13-037C
020322000	20120701	210.77	359.98	210.77	210.77	78205-15	NH13-0370
020407200	20110101	216.54	361.40	216.54	216.54	78205-15	NH13-018W
020407200	20110701	207.01	353.21	207.01	207.01	78205-15	NH13-018W
020407200	20120101	209.42	357.03	209.42	209.42	78205-15	NH13-018W
021013700	20120101	200.09	347.70	200.09	200.09	78205-15	NH13-062C
021013700	20120701	205.69	354.90	205.69	205.69	78205-15	NH13-062C
021013700	20130101	207.98	358.79	207.98	207.98	78205-15	NH13-0620
021153200	20120101	200.45	348.06	200.45	200.45	78205-15	NH13-063C
021153200	20120701	206.37	355.58	206.37	206.37	78205-15	NH13-063C
021153200	20130101	209.38	360.19	209.38	209.38	78205-15	NH13-063C
021188500	20090101	181.02	319.37	181.02	181.02	78205-15	NH10-017L
021188500	20090301	165.84	304.19	165.84	165.84	78205-15	NH10-017L
021188500	20090401	195.76	334.11	195.76	195.76	78205-15	NH10-017L
021188500	20090701	199.94	340.29	199.94	199.94	78205-15	NH10-017L
021188500	20100101	201.28	343.20	201.28	201.28	78205-15	NH10-017L
021188500	20100701	202.69	346.03	202.69	202.69	78205-15	NH10-017L
021188500	20110101	201.99	346.85	201.99	201.99	78205-15	NH10-017L
021188500	20110701	195.70	341.90	195.70	195.70	78205-15	NH10-017L
021188500	20120101	198.07					
021188500	20120701	000000000000000000000000000000000000000	345.68	198.07	198.07	78205-15	NH10-017L
021188500		205.51	354.72	205.51	205.51	78205-15	NH10-017L
	20130101	209.30	360.11	209.30	209.30	78205-15	NH10-017L
021100500		71507	0.00	215.02	215.02	78205-15	NH10-017L
021188500 021188500	20130701	215.26	0.00	215.26	215.26	78205-15	NH10-017L

Provider	Effective Date Format	Intermediate I	Skilled AIDS	Intermediate II		МСМ	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
021188500	20150101	225.59	0.00	225.59	225.59	78205-15	NH10-017L
021188500	20150901	226.27	0.00	226.27	226.27	78205-15	NH10-017L
021316100	20120101	193.66	341.27	193.66	193.66	78205-15	NH13-0640
021316100	20120701	199.57	348.78	199.57	199.57	78205-15	NH13-0640
021316100	20130101	202.45	353.26	202.45	202.45	78205-15	NH13-0640
021782400	20120101	210.96	358.57	210.96	210.96	78205-15	NH13-067C
021782400	20120701	217.24	366.45	217.24	217.24	78205-15	NH13-067C
021782400	20130101	220.45	371.26	220.45	220.45	78205-15	NH13-067C
022388300	20120101	200.25	347.86	200.25	200.25	78205-15	NH13-1670
022388300	20120701	206.28	355.49	206.28	206.28	78205-15	NH13-1670
022388300	20130101	208.57	359.38	208.57	208.57	78205-15	NH13-1670
022491000	20120101	201.14	348.75	201.14	200.37	78205-15	
022491000	20120701	207.47	356.68				NH13-1690
022491000	20130101	210.27		207.47	207.47	78205-15	NH13-1690
022833800	20120101	198.46	361.08	210.27	210.27	78205-15	NH13-1690
022833800			346.07	198.46	198.46	78205-15	NH13-0710
	20120701	204.56	353.77	204.56	204.56	78205-15	NH13-0710
022833800	20130101	201.70	352.51	201.70	201.70	78205-15	NH13-071C
022833800	20130701	206.84	0.00	206.84	206.84	78205-15	NH13-071C
022833800	20140101	203.28	0.00	203.28	203.28	78205-15	NH13-071C
022833800	20140701	213.41	0.00	213.41	213.41	78205-15	NH13-071C
022833800	20150101	217.10	0.00	217.10	217.10	78205-15	NH13-071C
022833800	20150901	216.87	0.00	216.87	216.87	78205-15	NH13-071C
025201800	20120101	226.16	373.77	226.16	226.16	78205-15	NH13-041C
025201800	20120701	233.17	382.38	233.17	233.17	78205-15	NH13-041C
025935700	20120101	200.56	348.17	200.56	200.56	78205-15	NH13-073C
025935700	20120701	206.41	355.62	206.41	206.41	78205-15	NH13-073C
025935700	20130101	209.43	360.24	209.43	209.43	78205-15	NH13-073C
026538100	20120101	212.76	360.37	212.76	212.76	78205-15	NH13-074C
026538100	20120701	218.03	367.24	218.03	218.03	78205-15	NH13-074C
026538100	20150901	241.21	0.00	241.21	241.21	78205-15	NH13-074C
026818600	20120101	199.05	346.66	199.05	199.05	78205-15	NH13-076C
026818600	20120701	204.61	353.82	204.61	204.61	78205-15	NH13-076C
026818600	20130101	204.45	355.26	204.45	204.45	78205-15	NH13-076C
026818600	20130701	209.19	0.00	209.19	209.19	78205-15	NH13-076C
026818600	20140101	207.48	0.00	207.48	207.48	78205-15	NH13-076C
026818600	20140701	217.15	0.00	217.15	217.15	78205-15	NH13-076C
026818600	20150101	220.28	0.00	220.28	220.28	78205-15	NH13-076C
026818600	20150901	217.89	0.00	217.89	217.89	78205-15	NH13-076C
028319300	20120101	210.52	358.13	210.52	210.52	78205-15	NH13-077C
028319300	20120701	216.30	365.51	216.30	216.30	78205-15	NH13-077C
028319300	20130101	217.81	368.62	217.81	217.81	78205-15	NH13-077C
028428900	20120101	175.98	323.59	175.98	175.98	78205-15	NH13-0776
028428900	20120701	181.02	330.23	181.02	181.02	78205-15	NH13-078C
028428900	20130101	183.07	333.88	183.07	183.07	78205-15	NH13-078C
031130800	20090101	185.70	324.05	185.70	185.70	78205-15	
031130800	20090301	170.14	308.49	170.14	170.14		NH10-046G
031130800	20090301	202.32	340.67	202.32		78205-15	NH10-046G
031130800	20090701	202.32			202.32	78205-15	NH10-046G
031130800			344.76	204.41	204.41	78205-15	NH10-046G
	20100101	217.56	359.48	217.56	217.56	78205-15	NH10-046G
031130800	20100701	221.10	364.44	221.10	221.10	78205-15	NH10-046G
	20110101	224.06	368.92	224.06	224.06	78205-15	NH10-046G
031130800	20110701	212.96	359.16	212.96	212.96	78205-15	NH10-046G
031130800	20120101	199.49	347.10	199.49	199.49	78205-15	NH10-046G
031130800	20120701	204.52	353.73	204.52	204.52	78205-15	NH10-046G
031130800	20130101	207.51	358.32	207.51	207.51	78205-15	NH10-046G
031130800	20130701	196.70	0.00	196.70	196.70	78205-15	NH10-046G
031130800	20140101	198.07	0.00	198.07	198.07	78205-15	NH10-046G
031130800	20140701	203.07	0.00	203.07	203.07	78205-15	NH10-046G
031130800	20150101	205.70	0.00	205.70	205.70	78205-15	NH10-046G
031130800	20150901	195.66	0.00	195.66	195.66	78205-15	NH10-046G
031566400	20120101	209.30	356.91	209.30	209.30	78205-15	NH13-080C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
031566400	20120701	215.15	364.36	215.15	215.15	78205-15	NH13-080C



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

2010 MANATEE AVE E		Provider Number	er:	8/12/2015			
		Date:	5				
BRADENTON,	FL 34208-1560)	Fiscal Year End	:	4/30/2009		
			Audit Status:	(Unaudi	ted	
Provider Typ	oe:						
				Current	New	Effective	
				Rate	Rate	Date	
Nursing Hon	ne Single	Level		173.25	173.34	11/1/2008	
	Level l	H: Aids		309.53	309.62	11/1/2008	
Rate '	Туре:	7					
X	Interim		Prospective				
		Total Interim	Т	otal Prospective			
		Interim Component	Т	otal Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
				nester Change			
	_ Budget			of FA & RFA N 004 for prior pro			
X	Unaudited cos		00/01/20	704 for prior pro	71del 1/20000	. 6	
	Field audited						
-	_ Desk audited	COSIS					
Distribution:		gent	28	Thomas Parko			
	ement / Fiscal A	igen	Medicaid Cost Re	eimbursement P	anning and F	inance	
Permanent File							
	rmation Only						
No Chan	ige in Rate						
Hom	ne Office:	No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRADEN RIV	'ER CARE CENTER	Provider Number:		0 005021-00	
2010 MANAT	EE AVE E	Date:	8/12/2015		15
BRADENTON	J, FL 34208-1560	Fiscal Year End:	-	4/30/20	09
		Audit Status:	hall-statement of the statement of the s	Unaudit	ted
Provider Ty	vne:				
2.07.401 2,	, , , , , , , , , , , , , , , , , , , ,		Current	New	Effective
			Rate	Rate	Date
Nursing Ho	me Single Level		169.85	169,93	1/1/2009
	Level H: Aids		308.20	308.28	1/1/2009
Rate	Type:				
X	Interim	Prospective			
	Total Interim	Total P	rospective		
	Interim Component	Total P	rospective	with Interim	Component
	X Settlement based on cost				
	Prior Provider Prospective data				
Basis:		Changes:			
		Rate Semester	Change		
	Budget	X Effects of FA			
X	Unaudited costs	03/31/2004 fo	r prior pro	vider #26566	/
-	Field audited costs				
	Desk audited costs				
Distribution	<u>1:</u>	Tho	mas Parke	er	
Contract Mana	gement / Fiscal Agent	Medicaid Cost Reimbu			inance
Permanent File	2			<u>.</u>	etemenik 1075560k
For Inf	formation Only				
No Cha	inge in Rate				
Hor	me Office: No Home Office				



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Tallahassee, Florida 32308

BRADEN RIV	ER CARE CENTER	Provider Number:	8/12/2015			
2010 MANAT	EE AVE E	Date:				
BRADENTON, FL 34208-1560		Fiscal Year End:		4/30/2009		
		Audit Status:		Unaudit	ed	
Provider Ty	rpe:					
		(Current	New	Effective	
			Rate	Rate	Date	
Nursing Ho	me Single Level	1	55.61	155.69	3/1/2009	
	Level H: Aids	2	93.96	294.04	3/1/2009	
Dete	T					
Rate	Type:					
X	Interim	Prospective				
	Total Interim	Total Pr	ospective			
	Interim Component	Total Pr	ospective	with Interim	Component	
	X Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
	_	Rate Semester	Change			
	Budget	X Effects of FA	& RFA N	H07-059J FY	E	
X	Unaudited costs	03/31/2004 for	prior pro	vider #26566	7	
	Field audited costs					
***************************************	Desk audited costs					
		_				
Distribution	<u>1:</u>	Thon	nas Parke	er		
Contract Mana	gement / Fiscal Agent	Medicaid Cost Reimbur	sement P	lanning and F	inance	
Permanent File	8					
For Inf	formation Only					
No Cha	ange in Rate					
Ho	me Office: No Home Office					



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Tallahassee, Florida 32308

BRADEN RIV	ER CARE CENT	ΓER	Provider Number:	ber: 0 005021-00			
2010 MANATEE AVE E		Date:	***************************************	8/12/2015			
BRADENTON	, FL 34208-1560)	Fiscal Year End:		4/30/2009		
			Audit Status:		Unaudit	ed	
Provider Ty	pe:						
	•			Current	New	Effective	
				Rate	Rate	Date	
Nursing Ho	me Single	Level		192.29	<u>192.38</u>	4/1/2009	
	Level	H: Aids		330.64	330.73	4/1/2009	
		7					
Rate	Type:						
Х	Interim		Downsti				
	- merm	Total Interim	Prospective	I Prospective			
		Interim Component			with Interim	Component	
	X	Settlement based on cost	1000	ii i iospective	with interim	Component	
	- 71	Prior Provider Prospective data					
	1	-					
Basis:			Changes:				
	_		Rate Semes	ter Change			
	Budget				H07-059J FY		
X	Unaudited co	sts	03/31/2004	for prior pro	vider #26566	7	
	Field audited	costs					
	Desk audited	costs					
			\sim				
Distribution	<u>ı:</u>		/ / TI	homas Parke	er		
Contract Manag	gement / Fiscal A	gent	Medicaid Cost Reim	bursement P	anning and F	inance	
Permanent File					umi		
For Inf	ormation Only						
No Cha	nge in Rate						
		No Homo Office					
Hor	ne Office:	No Home Office					



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Tallahassee, Florida 32308

BRADEN RIV	RADEN RIVER CARE CENTER Provider Number: 0 00502			0 005021	-00		
2010 MANATEE AVE E			Date:		8/12/2015		
BRADENTON, FL 34208-1560			Fiscal Year End:	4/30/2009			
			Audit Status:		Unaudit	ed	
Provider Ty	rpe:						
				Current	New	Effective	
				Rate	Rate	Date	
Nursing Ho	me Single Level			194.72	194.80	5/1/2009	
	Level H: Aids			333.07	333.15	5/1/2009	
Rate	Type:						
	Interim	X	Prospective				
	Total Interim		Tota	l Prospective			
	Interim Component		Tota	l Prospective	with Interim	Component	
	X Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Cha	inges:				
			Rate Semes		*****	and the second	
X	Budget				H07-059J FY vider #26566		
X	Unaudited costs Field audited costs			11			
	Desk audited costs						
	Desk addred costs						
Distribution				homas Parke			
	gement / Fiscal Agent		Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent File							
For Inf	formation Only						
No Cha	inge in Rate						
Но	me Office: No Home Office						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRADEN RIVER CARE CENTER	Provider Number	er Number: 0 005021-00			
2010 MANATEE AVE E	Date:		8/12/2015 4/30/2009		
BRADENTON, FL 34208-1560	Fiscal Year End:				
	Audit Status:	-	Unaudi	ted	
Provider Type:			**************************************		
110.1101		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		203.46	203.55	7/1/2009	
Y 1 W		242.01	242.00	# /4 /5000	
Level H: Aids		343.81	343.90	7/1/2009	
Rate Type:					
Interim	X Prospective				
Total Interim		otal Prospective			
Interim Component	To	otal Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
		ester Change			
Budget		f FA & RFA N	H07-059J FY	Έ	
X Unaudited costs	03/31/20	04 for prior pro	vider #26566	7	
Field audited costs					
Desk audited costs					
	7				
Distribution:		Thomas Park	er		
Contract Management / Fiscal Agent	Medicaid Cost Re			inance	
Permanent File	and the second s				
For Information Only					
No Change in Rate					
Home Office: No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRADEN RIVER CARE CENTER	Provider Number:		0 005021-00 8/12/2015		
2010 MANATEE AVE E	Date:				
BRADENTON, FL 34208-1560	Fiscal Year End:	4/30/2009			
	Audit Status:		Unaudit	ed	
Provider Type:					
V 3		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		205.59	205.68	1/1/2010	
Level H: Aids		347.51	347.60	1/1/2010	
Rate Type:					
N	V D				
Interim Total Interim	X Prospective	I Decompostino			
Interim Component	all the ball of the same of th	l Prospective	with Interim	Component	
X Settlement based on cost	100	ii i iospective	with interim	Component	
Prior Provider Prospective data					
and the second of the second o					
Basis:	Changes:				
	Rate Semes				
Budget			H07-059J FY		
X Unaudited costs	03/31/2004	ioi prioi pro	vider #26566	/	
Field audited costs					
Desk audited costs					
Distribution:		homas Parke	er		
Contract Management / Fiscal Agent	Medicaid Cost Rein			inance	
Permanent File			Marie de la companya		
For Information Only					
No Change in Rate					
Home Office: No Home Office					
TO HOME					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRADEN RIVER CARE CENTER	Provider Number:		0 005021	-00
2010 MANATEE AVE E	Date:	8/12/2015		5
BRADENTON, FL 34208-1560	Fiscal Year End:		4/30/200	09
	Audit Status:	***************************************	Unaudit	ed
Provider Type:				
V 1.	Cu	rrent	New	Effective
	<u>R</u>	ate	Rate	Date
Nursing Home Single Level	20	9.07	209.15	7/1/2010
Level H: Aids	35	2 41	252.40	7/1/2010
Level H. Alus	33	2.41	352.49	7/1/2010
Rate Type:				
Interim	X Prospective	7****		
Total Interim	Total Pros	8		C
Interim Component X Settlement based on cost	Total Pros	pective	with Interim	Component
Prior Provider Prospective data				
Basis:	Changes:			
	Rate Semester Cl			
Budget	Effects of FA &			
X Unaudited costs	03/31/2004 for p	nor pro	Widel #20300.	/
Field audited costs				
Desk audited costs				
Distribution:	Thomas	- Daul		
Contract Management / Fiscal Agent	Medicaid Cost Reimburse	s Parke		nance
Permanent File	Medicald Cost Reliibuise	mem 1	iaining and Fi	nanec
For Information Only				
No Change in Rate				
Home Office: No Home Office				
none once. No none once				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRADEN RIVER CARE CENTER	Provider Numb	er:	0 005021	-00	
2010 MANATEE AVE E	Date: 8/12/2015			15	
BRADENTON, FL 34208-1560	Fiscal Year En	d:	4/30/2010		
	Audit Status:		Unaudit	ed	
Provider Type:					
1, por		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		<u>191.90</u>	191.99	1/1/2011	
Level H: Aids		336.76	336.85	1/1/2011	
Rate Type:					
Interim	X Prospective				
Total Interim	Biomission Control Con	Total Prospective			
Interim Component	The second secon	Total Prospective		Component	
Settlement based on cost		. otar i roopeeti v			
Prior Provider Prospective data					
Basis:	Changes:				
	Rate Se	mester Change			
Budget		of FA & RFA N			
X Unaudited costs	03/31/2	2004 for prior pro	vider #26566	1	
Field audited costs					
Desk audited costs					
Distribution:	- 10	Thomas Park	er		
Contract Management / Fiscal Agent	Medicaid Cost F	Reimbursement P	lanning and F	inance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: No Home Office					
Home office, Ho Home office					



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Tallahassee, Florida 32308

BRADEN RIVER C	ARE CENT	EK		Provider Number:		0 005021	-00	
2010 MANATEE AV	2010 MANATEE AVE E			Date:		8/12/2015		
BRADENTON, FL 34208-1560			Fiscal Year End:		12/31/20)10		
				Audit Status:		Unaudit	ed	
Provider Type:						F1		
- 10.1001 - 3.pot					Current	New	Effective	
					Rate	Rate	Date	
Nursing Home	Single	Level			190.00	190.09	7/1/2011	
	Level F	I: Aids			336.20	336.29	7/1/2011	
Rate Typ	e:							
Inter	im		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			
Bu	idget			X Effects of F	A & RFA N	H07-059J FY		
X Ur	naudited cos	ts		03/31/2004	for prior pro	vider #26566	7	
Fic	eld audited o	costs						
Do	esk audited o	costs						
Distribution:			6	77) TI	homas Parke	er		
Contract Managemen	nt / Fiscal A	gent		Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent File								
For Informat	ion Only							
No Change in								
Home Of	fice:	No Home Office						



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Tallahassee, Florida 32308

BRADEN RIV	PER CARE CENTER	Provider Nun	nber:	0 005021	-00
2010 MANAT	EE AVE E	Date: 8/12/2015		15	
BRADENTON, FL 34208-1560		Fiscal Year E	nd:	12/31/20	010
		Audit Status:		Unaudi	ted
Provider Ty	vpe:		· · · · · · · · · · · · · · · · · · ·		
V	, 1		Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Ho	ome Single Level		191.19	191.27	1/1/2012
	Level H: Aids		338.80	338.88	1/1/2012
Rate	e Type:				
	7,500				
	Interim	X Prospective			
	Total Interim	X	Total Prospective		
	Interim Component		Total Prospective	with Interim	Component
	Settlement based on cost				
	Prior Provider Prospective data				
Basis:		Changes:			
		Rate S	Semester Change		
	Budget		ts of FA & RFA N		
X	Unaudited costs	03/31/	/2004 for prior pro	vider #26566	/
	Field audited costs				
	Desk audited costs				
Distribution		76) Thomas Parko	er	
Contract Mana	ngement / Fiscal Agent	Medicaid Cost	Reimbursement Pl	lanning and F	inance
Permanent File	2				
For Inf	formation Only				
No Cha	ange in Rate				
Но	me Office: No Home Office				



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Tallahassee, Florida 32308

BRADEN RIV	ER CARE CEN	TER		Provider Number:		0 005021	-00
2010 MANAT	2010 MANATEE AVE E		Date:		8/12/2015		
BRADENTON, FL 34208-1560		Fiscal Year End:	Management of the Control of the Con	12/31/20	010		
				Audit Status:		Unaudit	ed
Provider T	ype:						
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Single	Level			196.67	196.75	7/1/2012
	Level	H: Aids			345.88	345.96	7/1/2012
Rate	туре:						
	_ Interim		X	Prospective			
	-	_ Total Interim		The second secon	1 Prospective		
		Interim Component		Tota	1 Prospective	with Interim	Component
	-	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
				Rate Semes	ter Change		
	Budget					H07-059J FY	E
X	Unaudited co	osts		03/31/2004	for prior pro	vider #26566	7
	Field audited	costs					
	Desk audited	costs					
Distribution	n:		(78	homas Parke	78.	
Contract Mana	ngement / Fiscal /	Agent	-	Medicaid Cost Reim			inance
Permanent File						und 1	
	formation Only						
	ange in Rate						
	me Office:	No Home Office					
по	me Office.	No Home Office					



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Tallahassee, Florida 32308

LAKE PLACID HEALTH AND REHABILITATION CENTER	Provider Number: 0 006339-00
125 TOMOKA BLVD S	Date: 7/13/2015
LAKE PLACID, FL 33852-8123	Fiscal Year End: 6/30/2009
	Audit Status: Revised Field Audit
Provider Type:	
Nursing Home Single Level	Current New Effective Rate Rate Date 175.87 175.65 12/4/2008
Level H: Aids	<u>312.15</u> <u>311.93</u> <u>12/4/2008</u>
Rate Type:	
X Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data	Prospective Total Prospective Total Prospective with Interim Component
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semester Change X FA & RFA #NH12-045C FYE 06/30/2009
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only	Thomas Parker Medicaid Cost Reimbursement Planning and Finance
No Change in Rate	
Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400 Pensacola, FL 32502	



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Tallahassee, Florida 32308

		D REHABILITATION CENTER	Provider Number:		0 006339-00	
125 TOMOKA BLVD S		Date:		7/13/2015		
LAKE PLACID,	FL 33852-8	123	Fiscal Year End:		6/30/20	09
			Audit Status:		Revised Fiel	d Audit
Provider Typ	e:					
Nursing Hom	a Singl	e Level		Current Rate	New Rate	Effective Date
Nursing Hom	ie singi	e Pesel		171.89	<u>171.68</u>	1/1/2009
Level H: Aids				310.24	310.03	1/1/2009
		•				
Rate T	Гуре:					
X	nterim	Total Interim	Prospective			
-		Interim Component		l Prospective		C .
-	X	Settlement based on cost	1012	ll Prospective	with interim	Component
-		Prior Provider Prospective data				
		-				
Basis:	J		Changes:	ter Change		
	Budget			#NH12-0450	C FYE 06/30/2	2009
	Unaudited co	osts				
X	Field audited	costs				
	Desk audited	costs				
Distribution:				homas Parke		
Contract Manage	ment / Fiscal A	Agent	Medicaid Cost Reim			nance
Permanent File			Wedledid Cost Reilli	oursement i	aming and 11	Halice
For Information	mation Only					
No Chang	e in Rate					
Home	Office:	Gulf Coast Healthcare, LLC				
		40 South Palafox Place				
		Suite 400				
		Pensacola, FL 32502				



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Tallahassee, Florida 32308

LAKE PLACI	D HEALTH A	ND REHABILITATION CENTER		Provider Number:		0 006339	0-00
125 TOMOKA	BLVDS			Date:	7/13/2015		15
LAKE PLACE	D, FL 33852-	8123		Fiscal Year End:		6/30/20	
				Audit Status:	-	Revised Fiel	d Audit
Provider Ty	pe:				-		
Nursing Ho		gle Level			Current Rate 157.48	New <u>Rate</u> 157.29	Effective Date 3/1/2009
					137.40	1 States	3/1/2009
	Leve	el H: Aids			295.83	295.64	3/1/2009
Rate	Type:						
X	Interim			Prospective			
		Total Interim		Tota	l Prospective		
	Control of the Contro	Interim Component		Tota	l Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Chan				
Da313.			Chan		Cl		
	Budget		X	Rate Semest		FYE 06/30/2	2000
	Unaudited	costs		TACKIA	#INITI2=043C	1 1 E 00/30/2	1009
X	Field audite						
-	— Desk audite						
Distribution	:			7//			
Contract Manag		Agent			omas Parke		
Permanent File	, , , , , , , , , , , , , , , , , , , ,	. Tigoth	N.	ledicaid Cost Reiml	oursement Pla	unning and Fi	nance
	ormation Only						
	•						
	nge in Rate						
Hon	ne Office:	Gulf Coast Healthcare, LLC					
		40 South Palafox Place					
		Suite 400					
		Pensacola, FL 32502					



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Tallahassee, Florida 32308

LAKE PLACID HEALTH.	AND REHABILITATION CENTER	Provider Number		0 006339-00		
125 TOMOKA BLVD S		Date:		7/13/2015		
LAKE PLACID, FL 33852-8123		Fiscal Year End:		6/30/20		
		Audit Status:		Revised Fiel		
Provider Type:			-	1101100011101	- Indit	
	gle Level		Current Rate 194,03	New <u>Rate</u> 193.80	Effective Date 4/1/2009	
Lev	vel H: Aids		332.38	332.15	4/1/2009	
Rate Type:						
X Interim		Prospective				
	Total Interim		al Prospective			
	Interim Component		al Prospective		Component	
X	Settlement based on cost				component	
NAME OF THE OWNER OWNER OF THE OWNER OWNE	Prior Provider Prospective data					
Basis: Budget		Changes: Rate Semes FA & RFA	ster Change .#NH12-0450	C FYE 06/30/2	2009	
Unaudited X Field audit						
Desk audit						
Distribution: Contract Management / Fisca Permanent File For Information Only No Change in Rate	ıl Agent	Medicaid Cost Rein	homas Parke ibursement Pla		nance	
Home Office:	Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400 Pensacola, FL 32502					



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Tallahassee, Florida 32308

LAKE PLACID HEALTH AND REHABILITATION C	ENTER Provider Number:		0 006339	9-00
125 TOMOKA BLVD S	Date:	7/13/2015		
LAKE PLACID, FL 33852-8123	Fiscal Year End:		6/30/20	
	Audit Status:	-	Revised Fiel	
Provider Type:		-	- Auto-Alexandra - Control	
Nursing Home Single Level		Current Rate 205.43	New <u>Rate</u> 205.20	Effective Date 7/1/2009
Level H: Aids		345.78	<u>345.55</u>	7/1/2009
Rate Type:				
Interim Total Interim Interim Component X Settlement based on cos Prior Provider Prospecti Basis: Budget Unaudited costs X Field audited costs Desk audited costs	Total F Total F Total F Rate Semester	· Change	e with Interim C FYE 06/30/2	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Gulf Coast Healthcare, L 40 South Palafox Place	Medicaid Cost Reimbu	mas Parko		nance
Suite 400 Pensacola, FL 32502				



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Tallahassee, Florida 32308

	LTH AND REHABILITATION CENTER	Provider Num	ber:	0 006339-00		
125 TOMOKA BLVD S		Date:		7/13/20	15	
LAKE PLACID, FL 3	3852-8123	Fiscal Year En	nd:	6/30/20	009	
		Audit Status:		Revised Fiel	ld Audit	
Provider Type:						
Nursing Home	Single Level		Current Rate	New Rate	Effective Date	
Nursing frome	Single Level		207.38	207.15	1/1/2010	
	Level H: Aids		349.30	349.07	1/1/2010	
Rate Type:						
Interin		X Prospective				
	Total Interim		Total Prospective			
	Interim Component		Total Prospective	with Interim	Component	
	X Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:	Cl			
Budg	zet		mester Change RFA #NH12-0450	FVE 06/30/	2009	
	idited costs		C 11 // WIII 2-0-45 C	J I I E 00/30/.	2009	
X Field	audited costs					
Desk	audited costs					
Distribution:		7	Thomas Parke			
Contract Management /	Fiscal Agent	Medicaid Cost R			nanca	
Permanent File		Wilder Cost IC	emoursement in	anning and 11	nance	
For Information	Only					
No Change in R	ate					
Home Office	e: Gulf Coast Healthcare, LLC					
	40 South Palafox Place					
	Suite 400					
	Pensacola, FL 32502					



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Tallahassee, Florida 32308

LAKE PLACID HEALTH AND REHABILITATION CENTER	Provider Number:		0 006339	0-00
125 TOMOKA BLVD S	Date:	7/13/2015		
LAKE PLACID, FL 33852-8123	Fiscal Year End:		6/30/20	
	Audit Status:	***************************************	Revised Fiel	
Provider Type:		-		
Nursing Home Single Level		Rate 10.51	New <u>Rate</u> 210.29	Effective Date 7/1/2010
Level H: Aids	3	53.85	353.63	7/1/2010
¥				
Rate Type:				
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data	X Prospective Total Pro		e with Interim	Component
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semester C X FA & RFA #NI	_	C FYE 06/30/2	. 2009
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Thom: Medicaid Cost Reimburs	as Parke		nance
Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400 Pensacola, FL 32502				



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Tallahassee, Florida 32308

	AND REHABILITATION CENTER	Provider	Number:		0 006339	9-00
125 TOMOKA BLVD S		Date:			7/13/20	
LAKE PLACID, FL 33852	-8123	Fiscal Ye	ear End:		6/30/20	109
		Audit Sta	atus:		Revised Fiel	d Audit
Provider Type:						
Nursing Home Sin	gle Level			Current Rate 213.03	New <u>Rate</u> 212.80	Effective <u>Date</u> 1/1/2011
					Annual Mandard	
Lev	vel H: Aids			357.89	357.66	1/1/2011
Rate Type:						
Interim		X Prospect	tive			
	Total Interim	Troopeet		rospective		
	Interim Component	-			with Interim	Component
X	Settlement based on cost			1		
	Prior Provider Prospective data					
Basis:		Changes:				
		Ra	ite Semester	Change		
Budget		X F/	4 & RFA #N	NH12-045C	FYE 06/30/2	2009
Unaudited						
X Field audit						
Desk audit	ted costs					
			\bigcirc			
Distribution:		- 17	Thor	nas Parkei		
Contract Management / Fisca	al Agent	Medicaid			unning and Fir	nanaa
Permanent File		areareara C	osi Reimou	isement i i	mining and 1 ii	nance
For Information Only	/					
No Change in Rate						
Home Office:	Gulf Coast Healthcare, LLC					
	40 South Palafox Place					
	Suite 400					
	Pensacola, FL 32502					



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Tallahassee, Florida 32308

LAKE PLACID HEALTH AND REHABILITATION CENTER	Provider Number:		0 006339	0-00
125 TOMOKA BLVD S	Date:	-	7/13/20	15
LAKE PLACID, FL 33852-8123	Fiscal Year End:		6/30/20	09
	Audit Status:		Revised Fiel	d Audit
Provider Type:				
Nursing Home Single Level		Current <u>Rate</u> 205.50	New <u>Rate</u> 205.28	Effective Date 7/1/2011
Level H: Aids		351.70	351.48	7/1/2011
Rate Type:				
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data	Total 1	Prospective Prospective	with Interim	Component
Budget Unaudited costs X Field audited costs Desk audited costs	Rate Semester X FA & RFA #		C FYE 06/30/2	2009
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reimbu	mas Parkei irsement Pla		nance
Home Office: Gulf Coast Healthcare, LLC 40 South Palafox Place Suite 400 Pensacola, FL 32502				



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Tallahassee, Florida 32308

LAKE PLACID HEALTH A	ND REHABILITATION CENTER	Provide	er Number:		0 006339	0-00
125 TOMOKA BLVD S		Date:		*))	10/14/20)15
LAKE PLACID, FL 33852-8	3123	Fiscal	Year End:		6/30/20	14
		Audit S	Status:		Unaudi	ted
Provider Type:				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Sing	de Level			236.54	244.31	10/1/2015
Rate Type:						
Interim		X Prosp	ective			
- Interim	Total Interim			Prospective		
1	Interim Component	-			with Interim	Component
	Settlement based on cost			- 2000 - April 19 - Paril 19 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 2		
	Prior Provider Prospective data					
			1			
Basis:		Changes:		GI.		
Dudest		X	Rate Semest	er Change d Effective 1	0/1/2015	
Budget X Unaudited	enete		IKK Grante	i Effective i	0/1/2013	
Field audit						
Desk audit						
Distribution:		1	\prec	Dl-		
Contract Management / Fisca	al Agent	Madian	id Cost Reiml	omas Parke		Ginance
Permanent File		Medical	id Cost Reilli	bursement F	iaiiiiiig and i	mance
For Information Only	J.					
No Change in Rate	'					
	Culf Coast Harltham II C					11 200 1 11 3
Home Office:	Gulf Coast Healthcare, LLC 40 South Palafox Place					
	Suite 400					
	Pensacola, FL 32502					



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Tallahassee, Florida 32308

	ILITATION CENTER, LLC	Provider Number:		0 073324	-00
2010 MANATEE AVE E		Date:	-	8/12/20	15
BRADENTON, FL 34208-	-1560	Fiscal Year End:		6/30/20	13
		Audit Status:		Unaudi	ted
Provider Type:					
Nursing Home	agla Laval		Current Rate	New Rate	Effective Date
Nursing Home Sin	igle Level		216.57	216.66	1/1/2013
Le	vel H: Aids		367.38	367.47	1/1/2013
Rate Type:					
XInterim		Prospective			
	Total Interim		l Prospective		
	Interim Component	Tota	1 Prospective	with Interim	Component
X	Settlement based on cost Prior Provider Prospective data				
Basis:		Changes:	, for Change		
Budget			'A & RFA NI	H07-0591 FY	F
X Unaudited	d costs	03/31/2004	for prior prov	vider #26566	7
Field aud	ited costs				
Desk aud	ited costs				
Distribution:			omas Parke	r	
Contract Management / Fisc	eal Agent	Medicaid Cost Reim			nance
Permanent File					iidii C
For Information On	ly				
No Change in Rate					
Home Office:	Southern HealthCare Management 5887 Glenridge Drive, Suite 150 Atlanta, GA 30328	, LLC			



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Tallahassee, Florida 32308

BRADEN RIV	ER REHABIL	ITATION CENTER, LLC		Provider Number:		0 073324-00	
2010 MANAT	EE AVE E			Date:		8/12/2015	
BRADENTON	I, FL 34208-15	60		Fiscal Year End:		6/30/20	
				Audit Status:	-	Unaudit	
Provider Ty	pe:				***************************************		
					Current	New	Effective
Nursing Ho	me Singl	e Level			Rate	Rate 224.83	<u>Date</u> 7/1/2013
8	s.	o Liever			224.75	224.03	1/1/2013
Rate	Type:						
	Interim						
	- mem	Total Interim	X	Prospective	1 D		
		Interim Component			1 Prospective	with Interim	Component
	X	Settlement based on cost		1014	11 Tospective	with internal	Component
		Prior Provider Prospective data					
Basis:			Char	nges:			
	Budget			Rate Semes			_
X	Unaudited co	nsts		Effects of F 03/31/2004	for prior prov	H07-059J FYI vider #265667	5
	Field audited						
	Desk audited	l costs					
							
Distribution	<u>:</u>		<	TI TI	iomas Parke	r	
Contract Manag	gement / Fiscal .	Agent	N	Medicaid Cost Reim			nance
Permanent File						<u> </u>	
For Info	ormation Only						
No Char	nge in Rate						
Hon	ne Office:	Southern HealthCare Management	LLC				
		5887 Glenridge Drive, Suite 150					
		Atlanta, GA 30328					



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

		ITATION CENTER, LLC		Provi	ider Numt	oer:		0 073324	-00
2010 MANAT	EE AVE E			Date:				8/12/20	15
BRADENTON	N, FL 34208-15	60		Fisca	l Year En	d:		6/30/20	13
				Audit	t Status:			Unaudit	red
Provider Ty	pe:								
NI							Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Singi	le Level					225.37	225.46	1/1/2014
Rate	Type:								
	Interim		X	Pros	pective				
		Total Interim				Total	Prospective		
		Interim Component				Total	Prospective	with Interim	Component
	X	Settlement based on cost						4	
	(0.00	Prior Provider Prospective data							
Basis:			Cho	nges:	7				
			Clia	nges.	_	maeta	er Change		
	Budget			X	_			H07-059J FYI	E
X	Unaudited c	osts	-	-				vider #26566	
	Field audite	d costs							
	Desk audited	d costs							
			6		\sim				
Distribution	1 .				0-	The	omas Parke	r	
Contract Manag	gement / Fiscal	Agent		Medica	id Cost R			anning and Fi	nance
Permanent File									
For Info	ormation Only								
No Char	nge in Rate								
Hon	ne Office:	Southern HealthCare Management	LLC						
	10,000	5887 Glenridge Drive, Suite 150	, LLC						
		Atlanta, GA 30328							

Report Calculated: 8/12/2015 10:36:42 AM Report Printed: 8/12/2015 ID: 073324063020130101201303102014152651



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRADEN RIV	ER REHABILI	ITATION CENTER, LLC		Provider Number:		0 073324	-00
2010 MANAT	EE AVE E			Date:	8/12/2015		
BRADENTON	I, FL 34208-15	60		Fiscal Year End:	-	6/30/20	
				Audit Status:		Unaudit	ed
Provider Ty	pe:				***************************************	6	
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Singl	e Level			235.87	235.95	7/1/2014
Rate	Type:						
	1	_					
	Interim	Total Later in	X	Prospective			
		Total Interim Interim Component			l Prospective	14.4	14
	X	Settlement based on cost		Iota	1 Prospective	with Interim	Component
		Prior Provider Prospective data					
Basis:			Cha	nges:			
			Chai	Rate Semes	ter Change		
	Budget					H07-059J FYI	E
X	Unaudited co	osts				vider #265667	
	Field audited	l costs					
	Desk audited	Costs					
Distribution	:						
Contract Manag	□ .0	Agent			iomas Parke		
Permanent File			1	Medicaid Cost Reim	bursement Pla	anning and Fi	nance
For Info	ormation Only						
No Char	nge in Rate						
Hon	ne Office:	Southern HealthCare Managemen	t, LLC				
		5887 Glenridge Drive, Suite 150					
		Atlanta, GA 30328					

Report Calculated: 8/12/2015 10:36:42 AM Report Printed: 8/12/2015 1D: 073324063020130101201303102014152651



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BRADEN RIV	ER REHABILI	TATION CENTER, LLC		Provider Number:		0 073324	-00
2010 MANAT	EE AVE E			Date:	-	8/12/20	15
BRADENTON	l, FL 34208-150	60		Fiscal Year End:		6/30/20	13
				Audit Status:		Unaudit	ed
Provider Ty	pe:						
	•				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Single	e Level			239.81	239.90	1/1/2015
Rate	Type:						
	T		.,				
	Interim	Total Interim	X	Prospective	l Dunous ations		
		Interim Component			l Prospective	with Interim	Component
	X	Settlement based on cost		10ta	i i iospective	with interim	Component
		Prior Provider Prospective data		¥			
Basis:			Cha	nges:			
	B 1		£	Rate Semest			
X	Budget					H07-059J FY vider #26566	
	Unaudited confidence of the property of the			03/31/2001	ioi piioi pio	71der // 20000	(n
	Desk audited						
	— Desk addited	COSES					
Distribution	1:		1	77	omas Parke	. No	
Contract Manag	gement / Fiscal .	Agent	***************************************	Medicaid Cost Reim			inance
Permanent File				Wedleard Cost Reim	oursement i	anning and 1	nance
For Info	ormation Only						
No Char	nge in Rate						
Hon	ne Office:	Southern HealthCare Managemen	t, LLC				
		5887 Glenridge Drive, Suite 150					
		Atlanta, GA 30328					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

		ITATION CENTER, LLC		Provider Number:		0 073324	-00
2010 MANATI				Date:		8/12/20	15
BRADENTON	, FL 34208-15	660		Fiscal Year End:		6/30/20	13
				Audit Status:		Unaudit	ted
Provider Ty	pe:						
					Current Rate	New <u>Rate</u>	Effective Date
Nursing Hor	me Singl	le Level			239.03	239.12	9/1/2015
Rate	Type:						
	Interim		X	Prospective			
		Total Interim			Prospective		
	V	Interim Component		Total	Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semest	er Change		
	Budget					H07-059J FY	E
X	Unaudited c	osts		03/31/2004	for prior pro	vider #26566	7
	Field audited						
	Desk audited	d costs					
Distribution	9 <u>8</u>				omas Parke	r	
Contract Manag	ement / Fiscal	Agent	-	Medicaid Cost Reimb			nance
Permanent File					, and an entry	and I I	nance
For Info	rmation Only						
No Chan	ige in Rate						
Hom	ne Office:	Southern HealthCare Management	t, LLC				
		5887 Glenridge Drive, Suite 150					
		Atlanta, GA 30328					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE NURSING CENTER A	AT FREEDOM VILLAGE	Prov	vider Number:		0 122250)-00
6410 21ST AVE W		Date	e:	_	9/23/20	
BRADENTON, FL 34209		Fisc	al Year End:		12/31/20	
		Aud	lit Status:	-	Unaudi	ted
Provider Type:				Current	New	Effective
				Rate	Rate	Date
Nursing Home Sing	gle Level			209.26	204.46	8/29/2014
Rate Type:						
Interim		X Pro	ospective			
	Total Interim		=	l Prospective		
	Interim Component		Tota	l Prospective	with Interim	Component
	Settlement based on cost					
-	Prior Provider Prospective data					
Basis:		Changes	i:			
D. I.			Rate Semes	_		
Budget X Unaudited	aasta	X	RP CHOP/	NRP CHOW	effective 08/	29/2014
Field audit						
Desk audit						
Distribution:			T	homas Parke	er	
Contract Management / Fisca	al Agent	Medi	caid Cost Reim	bursement Pl	anning and F	inance
Permanent File			1	$\overline{}$		
For Information Only	y			0		
No Change in Rate						
Home Office:	Brookdale Senior Living, Inc.					
	111 Westwood Place					
	Suite 400					
	Brentwood, TN 37027					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE NURSING CENTER A	AT FREEDOM VILLAGE		Provider Number:	umber: 0 122250-00		-00
6410 21ST AVE W			Date:	11-11-11-11-11-11-11-11-11-11-11-11-11-	9/23/20	
BRADENTON, FL 34209			Fiscal Year End:		12/31/20)13
			Audit Status:		Unaudit	ed
Provider Type:						
				Current	New	Effective
				Current New Rate Rate 211.28 206.47 Thomas Parker mbursement Planning and Final	<u>Date</u>	
Nursing Home Sing	gle Level			<u>211.28</u>	206.47	<u>1/1/2015</u>
Rate Type:						
Kate 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:			
				ter Change		
Budget					effective 08/2	29/2014
X Unaudited						
Field audit						
Desk audit	red costs					
Distribution:			T	homas Parke	r	
Contract Management / Fisca	al Agent				anning and Fi	nance
Permanent File		_	20			
For Information Only	y			0		
No Change in Rate						
Home Office:	Brookdale Senior Living, Inc.					
	111 Westwood Place					
	Suite 400					
	Brentwood, TN 37027					



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER A	AT FREEDOM VILLAGE	I	Provider Number:		0 122250	-00
6410 21ST AVE W		I	Date:		9/23/20	15
BRADENTON, FL 34209		I	Fiscal Year End:		12/31/20)13
		I	Audit Status:		Unaudit	ed
Provider Type:						
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Sing	gle Level			211.34	206.59	9/1/2015
Rate Type:						
Rate Type.						
Interim		X	Prospective			
	Total Interim			l Prospective		
	Interim Component	,			with Interim	Component
	Settlement based on cost			1		F
	Prior Provider Prospective data					
Basis:		Chang	ges:			
D 1			Rate Semest	(77)		
Budget X Unaudited		X	RP CHOP/1	NRP CHOW	effective 08/2	29/2014
X Unaudited Field audit						
Desk audit						
Desk addit	icu costs					
Distribution:						
Contract Management / Fisca	al Agent			omas Parke		
Permanent File			edicaid Cost Reim		anning and Fi	nance
For Information Only	J.		20.	\sim	1	
No Change in Rate	7			OF	<	
Home Office:	Brookdale Senior Living, Inc.					
	111 Westwood Place					
	Suite 400					
	Brentwood, TN 37027					

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LANIER TER	NNIER TERRACE Provider Numb		er Number: 0 141466-00			
12740 LANIER ROAD JACKSONVILLE, FL 32226-1704		Date:	 	10/14/2015 12/31/2015		
		Fiscal Year End:	,			
		Audit Status:		Unaudi	ted	
Provider Ty	ype:		Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Ho	me Single Level		216.17	215.21	3/16/2015	
Rate	e Type:					
X	Interim	Prospective				
	X Total Interim		otal Prospective			
	Interim Component	AND THE RESIDENCE OF THE PERSON OF THE PERSO	otal Prospective		Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
		The state of the s	ester Change			
X	Budget	X NRP CH	OP effective 03	3/16/2015		
X	Unaudited costs					
	Field audited costs Desk audited costs					
	Desk audited costs					
Distribution	<u>1:</u>		Thomas Parke	er		
Contract Mana	gement / Fiscal Agent	Medicaid Cost Re			inance	
Permanent File		-11				
For Inf	formation Only	20	7	0		
No Cha	ange in Rate					
Но	me Office: No Home Office					

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LANIER TERRACE		Provider Number:	10/14/2015		
12740 LANIER ROAD		Date:			
JACKSONVILLE, FL 32226-	-1704	Fiscal Year End:	Fiscal Year End: 12/31/2015		
		Audit Status:		Unaudit	ted
Provider Type: Nursing Home Singl	e Level		Current Rate 212.47	New <u>Rate</u> 207.66	Effective <u>Date</u> 9/1/2015
Rate Type:					
		Dragmagtiva			
XInterim X	Total Interim	Prospective	al Prospective	<u>.</u>	
	Interim Component			with Interim	Component
	Settlement based on cost		ai i iospective	with mtermi	component
	Prior Provider Prospective data				
Basis:		Changes:			
		Rate Seme	ster Change		
X Budget		X NRP CHO	OP effective 0	3/16/2015	
X Unaudited	costs				
Field audite	ed costs				
Desk audite	ed costs				
Distribution:			Thomas Park	er	
Contract Management / Fiscal	Agent	Medicaid Cost Rei	mbursement F	lanning and F	Finance
Permanent File		-11)	
For Information Only			7	0	
No Change in Rate					
Home Office:	No Homo Office				
Home Office:	No Home Office				

Report Calculated: 10/14/2015 10:29:01 AM Report Printed: 10/30/2015 ID:



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

	S MARIA MANOR NURSING CARE CENTER Provider Number: 0 2001			0 200107	07-00		
10300 4TH ST N			Date:		8/17/2015		
SAINT PETE	RSBURG, FL	33716		Fiscal Year End:		8/31/20	11
				Audit Status:	-	Field Au	dited
Provider T	ype:						
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Sing	le Level			222.64	219.25	7/1/2012
	Leve	el H: Aids			371.85	368.46	7/1/2012
· ·							
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		XTotal	Prospective		
		Interim Component		Total	Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data					
Basis:			Chai	nges:			
	Budget		***************************************	Rate Semeste			
	Unaudited c	rosts		Field Audit	#NH13-001V	V FYE 8/31/2	011
X	Field audite						
	Desk audite						
<u>Distribution</u>			-	7 Th	omas Parker		
Contract Manag	gement / Fiscal	Agent	N	Medicaid Cost Reimb			nanca
Permanent File				cost remo	arsement I la	unning and Fri	lance
For Info	ormation Only						
No Char	nge in Rate						
Hon	ne Office:	Bon Secours Health System. Inc 1505 Marriottsville Road Marriottsville, MD 21104-1399					



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BON SECOURS MARIA MANOR NURSING CARE CEN	Provider Number: 0 200107-00
10300 4TH ST N	Date: 8/17/2015
SAINT PETERSBURG, FL 33716	Fiscal Year End: 8/31/2011
	Audit Status: Field Audited
Provider Type:	
	Current New Effective Rate Rate Date
Nursing Home Single Level	<u>224.86</u> <u>222.44</u> <u>1/1/2013</u>
Level H: Aids	<u>375.67</u> <u>373.25</u> <u>1/1/2013</u>
Rate Type:	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Total Prospective with Interim Component
Settlement based on cost	
Prior Provider Prospective	data
Basis:	Changes:
	Rate Semester Change
Budget	X Field Audit #NH13-001W FYE 8/31/2011
Unaudited costs	
X Field audited costs	
Desk audited costs	
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	medicale cost removations managed and managed
For Information Only	
No Change in Rate	
Home Office: Bon Secours Health System	, Inc
1505 Marriottsville Road	
Marriottsville, MD 21104-	1399

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

AVANTE AT INVERNESS 304 S CITRUS AVE			Provider Number:		0 203220-00		
		Date:		8/25/2015			
INVERNESS,	FL 34452			Fiscal Year End:		5/31/20	11
				Audit Status:		Field Aud	lited
Provider Ty	pe:						
	P				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Single	e Level			204.94	204.55	1/1/2012
	Level	H: Aids			<u>352.55</u>	352.16	1/1/2012
	The second secon						
Rate	Type:						
	Interim		X	Prospective			
	•	Total Interim			al Prospective		
		Interim Component		-	l Prospective		Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semes	_		
	Budget			X Field Audi	t #NH13-0370	C FYE 5/31/2	011
	_ Unaudited co						
X	 Field audited 						
	Desk audited	l costs					
Distribution	<u>:</u>			70° T	homas Parke	r	
Contract Manag	gement / Fiscal	Agent	-	Medicaid Cost Rein			inance
Permanent File						C	
For Infe	ormation Only						
No Cha	nge in Rate						
Hor	ne Office:	Avante Group, Inc. 4000 Hollywood Blvd, Suite 540-N Hollywood, FL 33021-6744	J				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

AVANTE AT INVERNESS 304 S CITRUS AVE		Provider Number:	7-	0 203220-00			
			Date:	8/25/2015 5/31/2011			
INVERNESS, FL 34452							Fiscal Year End:
				Audit Status:		Field Aud	lited
Provider Ty	pe:						
					Current	New	Effective
					Rate	Rate	Date
Nursing Hor	ne Single	Level			211.16	210.77	7/1/2012
	Level	H: Aids			360.37	359.98	7/1/2012
Rate	Type:]					
	Interim	_	X	Prospective			
		Total Interim			al Prospective		
		Interim Component		Tot	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
Dasis.					ster Change		
	Budget				it #NH13-037	C FYE 5/31/2	2011
	Unaudited co	sts	Arthur Collect				
X	Field audited	costs					
	Desk audited	costs					
				2			
Distribution	<u>1:</u>			/() 1	homas Park	er	
Contract Mana	gement / Fiscal A	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File							
For Inf	formation Only						
No Cha	nge in Rate						
Ног	me Office:	Avante Group, Inc.					
2		4000 Hollywood Blvd, Suite 540-N	1				
		Hollywood, FL 33021-6744					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

	ONTINUING CARE Provider Number: 0.2		0 204072	204072-00			
910 NEW YORK AVE DUNEDIN, FL 34698-6600		Date: Fiscal Year End:			8/24/2015 7/31/2010		
			Audit Status:	-	Field Au		
Provider Ty	vpe:			-			
				Current	New	Effective	
Ni	C' I I I			Rate	Rate	Date	
Nursing Ho	me Single Level			217.43	216.54	1/1/2011	
	Level H: Aids			362.29	361.40	1/1/2011	
D .							
Rate	Type:						
	Interim	X	Prospective				
	Total Interim	0	X Total	Prospective			
	Interim Component		Total	Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Cha	nges:				
	Budget		Rate Semeste				
	Unaudited costs		X Field Audit	#NH13-018\	V FYE 7/31/2	.010	
X	Field audited costs						
	Desk audited costs						
Distribution	s <u>•</u>		The	omas Parkei	r		
Contract Manag	gement / Fiscal Agent		Medicaid Cost Reimb			nance	
Permanent File							
For Info	ormation Only						
No Chan	nge in Rate						
Hom	ne Office: No Home Office						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MEASE CONTINUING CARE	Provider Number:	Provider Number: 0 204072		-00	
910 NEW YORK AVE	Date:		115		
DUNEDIN, FL 34698-6600	Fiscal Year End:	***************************************	7/31/2010		
	Audit Status:		Field Au	dited	
Provider Type:					
Nursing Home Single Level		Current Rate 207.84	New <u>Rate</u> 207.01	Effective <u>Date</u> <u>7/1/2011</u>	
Level H: Aids		354.04	353.21	7/1/2011	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs	Changes:	er Change	with Interim W FYE 7/31/2		
X Field audited costs Desk audited costs					
Distribution:	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: No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MEASE CONTINUING CARE	Provider Num	ber:	0 204072	2-00
910 NEW YORK AVE	Date:			
DUNEDIN, FL 34698-6600	Fiscal Year Er	nd:	7/31/20	
	Audit Status:	-	Field Au	dited
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home Single Level		210.49	209.42	1/1/2012
Level H: Aids		358.10	357.03	1/1/2012
Rate Type:				
Interim	X Prospective			
Total Interim		Total Prospective		
Interim Component	Minds and the second se	Total Prospective	with Interim	Component
Settlement based on cost	The second secon		······	component
Prior Provider Prospective data				
Basis:	Changes:	CI.		
Budget		mester Change udit #NH13-018V	V EVE 7/21/2	010
Unaudited costs		udit //11/11/5-0/10 v	VIIL 1/31/2	.010
X Field audited costs				
Desk audited costs				
Distribution:	70-	Thomas Parker		
Contract Management / Fiscal Agent	Medicaid Cost R	eimbursement Pla	nning and Fin	nance
Permanent File				
For Information Only				
No Change in Rate				
Home Office: No Home Office				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF ALTAMONTE SPRINGS	Provider Number: 0 210137-00
989 ORIENTA AVE	Date: 9/3/2015
ALTAMONTE SPRINGS, FL 32701	Fiscal Year End: 7/31/2011
	Audit Status: Field Audited
Provider Type:	
	Current New Effecti <u>Rate</u> <u>Rate</u> <u>Date</u>
Nursing Home Single Level	<u>200.28</u> <u>200.09</u> <u>1/1/20</u>
Level H: Aids	<u>347.89</u> <u>347.70</u> <u>1/1/20</u>
Rate Type:	
Interim	X Prospective
Total Interim	XTotal Prospective
Interim Component Settlement based on cost	Total Prospective with Interim Compone
Prior Provider Prospective data	
Basis:	Changes:
	Rate Semester Change
Budget	X Field Audit #NH13-062C FYE 7/31/2011
Unaudited costs	
X Field audited costs	
Desk audited costs	
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	would control to the first that the first to
For Information Only	
No Change in Rate	
Home Office: Life Care Centers Of America	
3570 NW Keith Street	
Cleveland, TN 37312	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF ALTAMONTE SPRINGS				Provider Number:		0 210137-00		
989 ORIENTA AVE ALTAMONTE SPRINGS, FL 32701			Date:	9/3/2015				
		Fiscal Year End	Fiscal Year End:	7/31/2011		11		
Annual Control of the				Audit Status:		Field Aud	lited	
Provider Ty	ne:							
	p				Current	New	Effective	
					Rate	Rate	Date	
Nursing Hor	me Single	Level			205.89	205.69	7/1/2012	
	Level	H: Aids			355.10	354.90	7/1/2012	
Rate	Type:							
	Interim		Х	Prospective				
	_ interim	Total Interim		numper	al Prospective	i		
		Interim Component			al Prospective		Component	
		Settlement based on cost					,	
		Prior Provider Prospective data						
Basis:			Cha	inges:				
					ster Change			
	Budget			X Field Aud	it #NH13-062	C FYE 7/31/2	2011	
	Unaudited co							
X	Field audited							
	Desk audited	l costs						
Distribution	1:		<	70.	Thomas Park	er		
	gement / Fiscal	Agent	-	Medicaid Cost Rei			inance	
Permanent File								
For Inf	formation Only							
No Cha	ange in Rate							
Но	me Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF ALTAMONTE SPRINGS 989 ORIENTA AVE ALTAMONTE SPRINGS, FL 32701			Provider Number:		0 210137-00		
		Date:			9/3/201	5	
			Fiscal Year End:		7/31/2011		
			Audit Status:		Field Aud	lited	
Provider Type:							
Tiovider Type.				Current Rate	New Rate	Effective Date	
Nursing Home Single I	ovol			208.18	207.98	1/1/2013	
Nursing nome Single	Level			200.10			
Level H	I: Aids			358.99	358.79	1/1/2013	
Rate 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	inges:				
Dudost			Rate Semes	t #NH13-062	C FYF 7/31/2	2011	
Budget Unaudited cos	te		A TICIO Audi	(// 1111 / 002	C 1 1 L // D 1/ 1		
X Field audited cos							
Desk audited of							
Distribution:		<		homas Park	er		
Contract Management / Fiscal A	gent	-	Medicaid Cost Rein			inance	
Permanent File	-						
For Information Only							
No Change in Rate							
	Life Care Centers Of America						
	3570 NW Keith Street						
	Cleveland, TN 37312						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF CITE	RUS COUNTY		Provider Number	er:	0 211532-00		
3325 W JERWAYNE LN			Date:	3	9/9/2015		
LECANTO, FL 34461			Fiscal Year End	, and the state of	7/31/20	11	
			Audit Status:		Field Aud	lited	
Provider Type:							
Nursing Home Single	Level			Current Rate 201.20	New <u>Rate</u> 200.45	Effective Date 1/1/2012	
The state of the s				201.20	200.45	1/1/2012	
Level I	H: Aids			348.81	348.06	1/1/2012	
	2						
Rate Type:							
Interim		X	Prospective				
	Total Interim		X T	otal Prospective			
Name of the American	Interim Component		T	otal Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Cha	nges:				
Dudant			The state of the s	nester Change	LEVE 5/21/2	0.1.1	
Budget Unaudited cos	te		X Field Au	dit #NH13-0630	FYE //31/2	011	
X Field audited of							
Desk audited of							
Distribution:		/	20				
Contract Management / Fiscal A	gent		10	Thomas Parke			
Permanent File	gem		Medicaid Cost Re	imbursement Pl	anning and Fi	nance	
For Information Only							
No Change in Rate							
	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE C	ENTER OF CIT	RUS COUNTY		Provider Number:		0 211532	-00
3325 W JERW	AYNE LN			Date:		9/9/2015	
LECANTO, FI	34461			Fiscal Year End:		7/31/20	11
				Audit Status:		Field Aug	lited
Provider Ty	pe:						
		- Y I			Current Rate	New Rate	Effective Date
Nursing Ho	me Single	e Level			207.14	206.37	7/1/2012
	Level	H: Aids			356.35	355.58	7/1/2012
Pata	Type:						
Nate	Type.						
	Interim		X	Prospective			
	-	Total Interim			I Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost		20			
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	D1		***************************************	Rate Semest		C EVE 2/31/3	.011
	Budget Unaudited co	xete		X Field Audit	#NH13-0630	CFYE 1/31/2	.011
X	Field audited						
	Desk audited						
-	- Sear date to	1000					
Distribution	1:		(iomas Parke	er	
Contract Mana	gement / Fiscal /	Agent	-	Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File							
For Inf	ormation Only						
No Cha	nge in Rate						
Ног	me Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312					



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Tallahassee, Florida 32308

LIFE CARE C	ENTER OF CIT	RUS COUNTY		Provider Number		0 211532	-00
3325 W JERW	AYNE LN	ALL		Date:		9/9/201	5
LECANTO, FL	34461			Fiscal Year End:	-	7/31/20	11
		301 301 301		Audit Status:		Field Auc	lited
Provider Ty	pe:						
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Single	e Level			210.15	209.38	1/1/2013
	Level	H: Aids			360.96	360.19	1/1/2013
Rate	Type:						
	Interim		X	Prospective			
		Total Interim			tal Prospective		
	ANTONIO PER	Interim Component		То	tal Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data					
Basis:			Cha	nges:			
	Dudgat				ester Change it #NH13-063	C EVE 7/31/2	0011
	Budget Unaudited co	nete		X Field Aud	III #INII 13-003	C F I E 1/31/2	.011
X	Field audited						
	Desk audited						
				~ 0			
Distribution	1:			10.	Thomas Parke	er	
Contract Mana	gement / Fiscal	Agent	-	Medicaid Cost Rei	mbursement Pl	lanning and F	inance
Permanent File							
For Inf	Formation Only						
No Cha	nge in Rate						
Ног	me Office:	Life Care Centers Of America 3570 NW Keith Street					
		Cleveland, TN 37312					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

TLAZA WEST	Provider Number:		0.21100	5.00
912 AMERICAN EAGLE BLVD	Date:	-	0 21188	
SUN CITY CENTER, FL 33573	Fiscal Year End:		10/20/2	
	Audit Status:		12/31/2	
Provider Type:	Addit Status:	-	Revised Fie	ld Audit
Nursing Home Single Level		Current <u>Rate</u> 186.70	New <u>Rate</u> 181.02	Effective <u>Date</u> 1/1/2009
Level H: Aids		325.05	319.37	1/1/2009
Rate Type:				
Interim Total Interim Interim Compo Settlement bas Prior Provider	ntTotal	Prospective Prospective	e with Interim	Component
Basis: Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semeste X FA & RFA #		- FYE 12/31/2	2007
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reimbu	mas Parkei irsement Pla		ance
Home Office: Brookdale Senior 111 Westwood P Suite 400 Brentwood, TN				



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Tallahassee, Florida 32308

Nursing Home Single Level 171.05 Level H: Aids 309.40 Rate Type: Interim			
Provider Type: Nursing Home Single Level 171.05 Level H: Aids 309.40 Rate Type: Interim	0 21188		
Provider Type: Nursing Home Single Level 171.05 Level H: Aids 309.40 Rate Type: Interim Total Interim	The second secon	10/20/2015	
Nursing Home Single Level 171.05 Level H: Aids 309.40 Rate Type: Interim Total Interim	12/31/2		
Nursing Home Single Level 171.05 Level H: Aids 309.40 Rate Type: Interim Total Interim	Revised Fie	Id Audit	
Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change Rate Semester Change FA & RFA #NH10-017L FYE Prior Provider Prospective data Total Prospective with Changes: Rate Semester Change FA & RFA #NH10-017L FYE Medicaid Cost Reimbursement Planning Prior Information Only No Change in Rate Home Office: Brookdale Senior Living, Inc. HII Westwood Place	New <u>Rate</u> 165.84	Effectiv Date 3/1/200	
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change X FA & RFA #NH10-017L FYE Unaudited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Pistribution: Ontract Management / Fiscal Agent Pror Information Only No Change in Rate Home Office: Brookdale Senior Living, Inc. 111 Westwood Place	304.19	3/1/200	
Unaudited costs X Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent ermanent File For Information Only No Change in Rate Home Office: Brookdale Senior Living, Inc. 111 Westwood Place	th Interim (Component	
ontract Management / Fiscal Agent ermanent File For Information Only No Change in Rate Home Office: Brookdale Senior Living, Inc. 111 Westwood Place	YE 12/31/20	907	
For Information OnlyNo Change in Rate Home Office: Brookdale Senior Living, Inc. 111 Westwood Place	ng and Fina	nnce	
No Change in Rate Home Office: Brookdale Senior Living, Inc. 111 Westwood Place		**************************************	
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place			
Stille 700			
Brentwood, TN 37027			



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Tallahassee, Florida 32308

PLAZA WEST	Provider Number:		0 211885	. 00	
912 AMERICAN EAGLE BLVD	Date:			20/2015	
SUN CITY CENTER, FL 33573	Fiscal Year End:		12/31/20		
	Audit Status:		Revised Fiel		
Provider Type:			icviscu i ici	a Audit	
Nursing Home Single Level	<u> </u>	urrent Rate 01.77	New <u>Rate</u> 195.76	Effective Date 4/1/2009	
Level H: Aids	<u>34</u>	10.12	334.11	4/1/2009	
Rate Type:	V. Decree				
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Prospective X Total Pros Total Pros		vith Interim (Component	
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Semester Ch X FA & RFA #NH1		FYE 12/31/20	007	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Thomas Medicaid Cost Reimbursen		ning and Fin	ance	
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027					



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Tallahassee, Florida 32308

PLAZA WEST			Provider Number	/34**		0.211004	. 00
912 AMERICAN EAGLE E	BLVD		Date:	CI.	-	0 211885	
SUN CITY CENTER, FL 3	3573		Fiscal Year End	l:		12/31/20	
			Audit Status:		-	Revised Fiel	
Provider Type:							a / I con
Nursing Home Sin	gle Level			Ī	Rate	New <u>Rate</u> 199.94	Effective Date 7/1/2009
Lev	el H; Aids			34	16.87	340.29	7/1/2009
Rate Type:							
Interim		X	Prospective				
	Total Interim			otal Pro	spective		
	Interim Component		To	otal Pro	spective	with Interim	Component
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Chai	nges:				
Budget			Rate Sem				
Unaudited	rosts		FA & RF	A #NH	10-017L	FYE 12/31/2	:007
X Field audite							
Desk audite	ed costs						
Distribution: Contract Management / Fiscal Permanent File For Information Only No Change in Rate			Medicaid Cost Rei		s Parker ment Pla		nance
Home Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027						



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Tallahassee, Florida 32308

PLAZA WEST	Provider Number:		A 211005	: 00
912 AMERICAN EAGLE BLVD	Date:	0 211885-00		
SUN CITY CENTER, FL 33573	Fiscal Year End:	-	12/31/20	
D 11 m	Audit Status:		Unaudi	
Provider Type:		rrent	New	Effective
Nursing Home Single Level		ate 1.78	Rate 201.28	<u>Date</u> 1/1/2010
Level H: Aids	<u>34.</u>	3.70	343.20	1/1/2010
Rate Type:				
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective dat			with Interim (Component
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semester Changes: X Effects of FA & F12/31/2007		EH10-017L FY	Æ
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only	Thomas Medicaid Cost Reimbursen			ance
Mo Change in Rate Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027				



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Tallahassee, Florida 32308

PLAZA WEST	Provider Number:		0 21188:	5-00	
912 AMERICAN EAGLE BLVD	Date:	-	10/20/2015		
SUN CITY CENTER, FL 33573	Fiscal Year End:	-	12/31/2	-	
	Audit Status:		Unaudi		
Provider Type:					
Nursing Home Single Level		Current Rate 203.18	New <u>Rate</u> 202.69	Effective <u>Date</u> 7/1/2010	
Level H: Aids		346.52	346.03	7/1/2010	
Rate Type:	X Prospective				
Total InterimInterim Component Settlement based on cost	X Tota	l Prospective l Prospective	with Interim	Component	
Basis: Budget X Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semest X Effects of F. 12/31/2007		IH10-017L F	YE	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	The Medicaid Cost Reimb	omas Parkei bursement Pla		nance	
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027					



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Tallahassee, Florida 32308

PLAZA WEST		Provider Number:		0 211885	5-00
912 AMERICAN EAGLE E		Date:			
SUN CITY CENTER, FL 3	33573	Fiscal Year End:		12/31/20	
		Audit Status:	-	Unaudi	
Provider Type:					
Nursing Home Sin	gle Level		Current Rate	New Rate	Effective Date
Truising Home Sin	gie Level		202.50	201.99	1/1/2011
Lev	vel H: Aids		347.36	346.85	1/1/2011
Rate Type:					
Interim		X Prospective			
	Total Interim		1 Prospective		
	Interim Component		l Prospective		Component
	Settlement based on cost				component
	Prior Provider Prospective data				
Basis:		Changes:			
		Rate Semes			
Budget			A & RFA #N	H10-017L F	YE
X Unaudited		12/31/2007			
Field audit					
Desk audit	led costs				
Distribution:			D 1		
Contract Management / Fisca	al Agent		omas Parke		
Permanent File		Medicald Cost Reim	oursement i i	illining and Fi	nance
For Information Only	<i>V</i>				
No Change in Rate					
Home Office:	Brookdale Senior Living, Inc.				
	111 Westwood Place				
	Suite 400				
	Brentwood, TN 37027				



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Tallahassee, Florida 32308

PLAZA WEST	Provider Numbe		0.21100	5.00	
912 AMERICAN EAGLE BLVD	Date:	1.	0 211885-00		
SUN CITY CENTER, FL 33573	Fiscal Year End:		12/31/2		
	Audit Status:	-	Unaudi		
Provider Type:		.)	011414	100	
Nursing Home Single Level		Current <u>Rate</u> 196.17	New <u>Rate</u> 195.70	Effective <u>Date</u> 7/1/2011	
Level H: Aids		342.37	341.90	7/1/2011	
Rate Type:					
	mponent To based on cost der Prospective data Changes: Rate Seme	ester Change	with Interim		
Desk audited costs Distribution:		`homas Parke	r		
Contract Management / Fiscal Agent	Medicaid Cost Reir			nance	
Permanent File			-		
For Information Only					
No Change in Rate					
Home Office: Brookdale Se 111 Westwo Suite 400 Brentwood,					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PLAZA WEST		Provide	r Number:		0 211885	5-00
912 AMERICAN EAGLE				10/20/2015		
SUN CITY CENTER, FL	33573	Fiscal Y	ear End:	-	12/31/20	010
		Audit S	tatus:		Unaudi	ted
Provider Type:						A11
				Current Rate	New Rate	Effective Date
Nursing Home Sir	ngle Level			198.54	198.07	1/1/2012
Le	vel H: Aids			346.15	345.68	1/1/2012
Rate Type:						
Interim		X Prospec	ativa			
	Total Interim	X Prospec		Prospective		
When the control of t	Interim Component				with Interim	Component
	Settlement based on cost			riospective	with interim	Component
	Prior Provider Prospective data					
Basis:		Changes:				
			late Semeste			
X Budget Unaudited				A & RFA #N	H10-017L F	YE
		,	2/31/2007			
Field aud Desk aud						
Desk aud	ned costs					
Distribution:		1				
	1.4) The	omas Parke	r	
Contract Management / Fisc	al Agent	Medicaid	Cost Reimb	ursement Pla	anning and Fi	nance
Permanent File						
For Information Onl	у					
No Change in Rate						
Home Office:	Brookdale Senior Living, Inc.					
	111 Westwood Place					
	Suite 400					
	Brentwood, TN 37027					



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Tallahassec, Florida 32308

PLAZA WEST	Provider Numbe	r:	0 211885-00 10/20/2015			
912 AMERICAN EAGL	Date:					
SUN CITY CENTER, F	L 33573	Fiscal Year End:	Year End: 12/31/2011			
		Audit Status:		Unaudited		
Provider Type:						
Current Rate				New Rate	Effective <u>Date</u>	
Nursing Home 5	Single Level		205.99	205.51	7/1/2012	
I	Level H: Aids		355.20	354.72	7/1/2012	
Rate Type:						
Interim		X Prospective				
	Total Interim		otal Prospective			
64000000000000000000000000000000000000	Interim Component Settlement based on cost	To	otal Prospective	with Interim	Component	
***	Prior Provider Prospective data					
	Thorride Hospetive data					
Basis:		Changes:				
D 1		MARKET THE PARTY OF THE PARTY O	ester Change			
X Budge Unaud	t ited costs	X Effects o 12/31/20	f FA & RFA #1 07	NH10-017L F	YE	
	udited costs					
	audited costs					
)			
Distribution:			/ Thomas Parko			
Contract Management / F	Fiscal Agent	Medicaid Cost Re			inango	
Permanent File		Wedicald Cost Re	illioursement i	ammig and I	mance	
For Information (Only					
No Change in Rat	te					
Home Office:	Brookdale Senior Living, Inc.					
	111 Westwood Place					
	Suite 400					
	Brentwood, TN 37027					



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Tallahassee, Florida 32308

PLAZA WEST 912 AMERICAN EAGLE BLVD				Provider Number:		0 211885-00		
				Date:		10/20/2015		
SUN CITY CENTI	ER, FL 335	73		Fiscal Year End:		12/31/2011		
				Audit Status:	-	Unaudited		
Provider Type:					-			
Nursing Home		e Level			Current Rate 209.79	New <u>Rate</u> 209.30	Effective Date 1/1/2013	
8					209.19	207.50	1/1/2013	
	Level	H: Aids			360,60	360.11	1/1/2013	
Rate Ty	pe:							
Inte	erim		37					
1110	-11111	Total Interim	X	Prospective X Total	l Prospective			
***************************************		Interim Component				with Interim	Component	
-		Settlement based on cost		100	i i rospective	with fineith	Component	
		Prior Provider Prospective data						
Basis:			Cha	nges:				
			Cita	Rate Semest	er Change			
В	udget					H10-017L F	YE	
X U	naudited co	osts	8	12/31/2007				
F	ield audited	costs						
D	esk audited	costs						
Distribution:				2				
Contract Manageme	ent / Fiscal A	Agent	-		omas Parke			
Permanent File		-5		Medicaid Cost Reimb	oursement Pla	anning and Fi	nance	
For Informa	tion Only							
No Change i								
Home O	ffice:	Brookdale Senior Living, Inc.						
		111 Westwood Place						
		Suite 400						
		Brentwood, TN 37027						



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Tallahassee, Florida 32308

912 AMERICAN EAGLE BLVD			Provider Number:		0 211885-00 10/20/2015		
			Date:	-			
SUN CITY CENTER, FL 335	573		Fiscal Year End:	B-1070-00-00-00-00-00-00-00-00-00-00-00-00-	12/31/2011		
			Audit Status:		Unaudited		
Provider Type:							
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Singl	e Level			215.51	215.02	7/1/2013	
Rate Type:							
Interim	Total InterimInterim ComponentSettlement based on cost	X		Prospective Prospective	with Interim	Component	
Basis: Budget X Unaudited of Field audited Desk audited	1 costs		Rate Semest Effects of F 12/31/2007		!H10-017L F`	YE	
Distribution: Contract Management / Fiscal Permanent File For Information Only No Change in Rate	Agent		The Medicaid Cost Reimb	omas Parke oursement Pla		nance	
Home Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027						



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Tallahassee, Florida 32308

PLAZA WEST	Provider Number: 0 211885-00	0 211885-00		
912 AMERICAN EAGLE BLVD	Date: 10/20/2015			
SUN CITY CENTER, FL 33573	Fiscal Year End: 12/31/2012			
	Audit Status: Unaudited	Unaudited		
Provider Type: Nursing Home Single Level	Rate Rate	ffective Date 1/2014		
Rate Type:				
Total Interim Interim Component Settlement based on cost	X Prospective X Total Prospective Total Prospective with Interim Company	ponent		
Basis: Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semester Change Effects of FA & RFA #NH10-017L FYE 12/31/2007			
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Thomas Parker Medicaid Cost Reimbursement Planning and Finance	:e		
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027				



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Tallahassee, Florida 32308

PLAZA WEST	Provider Number:		0 211885-00				
912 AMERICAN EAGLE BLVD	Date: 10/20/2015						
SUN CITY CENTER, FL 33573		Fiscal Year End:	/ear End: 12/31/2012				
		Audit Status:		Unaudited			
Provider Type: Nursing Home Single Level			Current Rate 223.95	New <u>Rate</u> 223.45	Effective		
Rate Type:							
Interim	X						
Total Interim			l Prospective				
Interim Component		Tota	l Prospective	with Interim	Component		
Settlement based on cost							
Prior Provider Prospective data							
Budget X Unaudited costs Field audited costs Desk audited costs	Cha	Rate Semes X Effects of F 12/31/2007	A & RFA #1	NH10-017L F	ΥE		
Distribution: Contract Management / Fiscal Agent Permanent FileFor Information Only		Medicaid Cost Reim	homas Park e bursement P		inance		
No Change in Rate							
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PLAZA WEST		Provider Number: 0 211885-00				
912 AMERICAN EAGLE BLVD		Date:	te: 10/20/2015			
SUN CITY CENTER, FL 33573		Fiscal Year End:	12/31/2013			
		Audit Status:		Unaudit	ed	
Provider Type:			Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Single Level			226.09	225.59	1/1/2015	
Rate Type:						
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X		l Prospective I Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs	udited costs d audited costs					
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		Medicaid Cost Rein	homas Park abursement P		Pinance	
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027						



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Tallahassee, Florida 32308

PLAZA WEST		Provider Number: 0 211885-00				
912 AMERICAN EAGLE BLVD		Date: 10/20/2015				
SUN CITY CENTER, FL 33573		Fiscal Year End:	End: 12/31/2013			
		Audit Status:	-	Unaudit	ed	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Single Level			226.77	226.27	9/1/2015	
Rate Type:						
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X		Prospective Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs		Rate Semest Effects of F 12/31/2007		NH10-017L F	YE	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate		The Medicaid Cost Reimit	omas Parke oursement Pl		inance	
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER AT WELLS CROSSING 355 CROSSING BLVD			Provider Number:		0 213161-00			
			Date:		9/9/2015			
ORANGE PAR	RK, FL 32073			Fiscal Year End:		7/31/2011		
				Audit Status:		Field Audited		
Provider Ty	rpe:					•		
	1				Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	e Level			194.53	193.66	1/1/2012	
Level H: Aids					342.14	341.27	1/1/2012	
Rate	Type:							
	Interim		X	Prospective				
	_	Total Interim		X Tota	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Davis			Cha					
Basis:			Cna	Rate Semes	tar Changa			
	Budget				#NH13-0640	C FYE 7/31/2	011	
	Unaudited c	osts		7	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
X	Field audited							
	— Desk audited	d costs						
D' ('1 - 1'				2				
Distribution		A 10000000	7-	2 () TI	homas Parke	r		
Contract Manag		Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File								
	ormation Only							
No Cha	nge in Rate							
Hor	ne Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland TN 37312						



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Tallahassee, Florida 32308

LIFE CARE CENTER AT WELLS CROSSING			Provider Number:		0 213161-00			
355 CROSSING BLVD			Date: 9/9/2015			5		
ORANGE PAR	K, FL 32073			Fiscal Year End:	7/31/2011		11	
				Audit Status:		Field Audited		
Provider Ty	ne:							
11011401 13	P				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Hor	me Single	e Level			200.46	199.57	7/1/2012	
	Level	H: Aids			349.67	348.78	7/1/2012	
Rate	Type:							
			77					
	_ Interim	T - 11	X	Prospective X Tota	l Prospective			
		Total Interim				with Interim	Component	
		Interim Component Settlement based on cost			ii i rospective	With Interim	Component	
		Prior Provider Prospective data						
		- Thor Flovider Flospective data						
Basis:			Cha	nges:				
				Rate Semes	ter Change			
	Budget			X Field Audi	t #NH13-064	C FYE 7/31/2	2011	
	Unaudited c	osts						
X	Field audited	d costs						
	Desk audited	d costs						
Distribution	••				l Deale			
		Accest			homas Park			
	gement / Fiscal	Agent		Medicaid Cost Rein	ibursement P	lanning and r	mance	
Permanent File								
For Inf	formation Only							
No Cha	inge in Rate							
Но	me Office:	Life Care Centers Of America 3570 NW Keith Street						
		Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE CENTER AT WELLS CROSSING 355 CROSSING BLVD		Provider Number:		0 213161-00				
			Date:		9/9/2015			
ORANGE PAR	RK, FL 32073			Fiscal Year End:		7/31/2011		
				Audit Status:		Field Audited		
Provider Ty	ne:							
110/1001 13	P				Current	New	Effective	
	e e				Rate	Rate	Date	
Nursing Home Single Level					203.36	202.45	1/1/2013	
Level H: Aids					354.17	353.26	1/1/2013	
Rate	Type:]						
	Interim		Х	Prospective				
		Total Interim			al Prospective			
		Interim Component		Tot	al Prospective	with Interim	Component	
	-	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
					ster Change			
	Budget		***************************************	X Field Aud	it #NH13-064	C FYE 7/31/2	2011	
	Unaudited co							
X	Field audited							
	Desk audited	costs						
				20				
Distribution				/ () 1	homas Park	er		
Contract Mana	gement / Fiscal /	Agent		Medicaid Cost Reit	nbursement P	lanning and F	inance	
Permanent File	2							
For Inf	formation Only							
No Cha	ange in Rate							
Но	me Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE CENTER OF PORT SAINT LUCIE 3720 SE JENNINGS RD		Provider Number	er:	0 217824-00 9/11/2015				
			Date:					
PORT ST LUC	TE, FL 34952-	7701		Fiscal Year End	*	7/31/20	11	
				Audit Status:		Field Audited		
Provider Ty	pe:							
					Current	New	Effective	
					Rate	Rate	Date	
Nursing Home Single Level					211.82	210.96	1/1/2012	
Level H: Aids					359.43	358.57	1/1/2012	
	PE	7						
Rate	Type:							
	Interim		X	Prospective				
		Total Interim			otal Prospective			
		Interim Component			otal Prospective		Component	
		Settlement based on cost					,	
		Prior Provider Prospective data						
Basis:			Cha	nges:				
2545351			Cita		nester Change			
	Budget		-		dit #NH13-0670	C FYE 7/31/2	011	
	Unaudited co	osts						
X	Field audited	d costs						
	Desk audited	l costs						
Distribution			_	20				
		A		10	Thomas Parke			
Contract Manag	5//	Agent		Medicaid Cost Re	eimbursement Pl	anning and F	inance	
	ormation Only							
No Cha	nge in Rate							
Hor	ne Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE CENTER OF PORT SAINT LUCIE 3720 SE JENNINGS RD				Provider Number:		0 217824-00		
			Date:		9/11/2015			
PORT ST LUC	TE, FL 34952-	7701		Fiscal Year End:	***************************************	7/31/20	11	
				Audit Status:		Field Audited		
Provider Ty	ne				-		-	
Trovider Ty	pe.				Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	e Level			218.13	217.24	7/1/2012	
Level H: Aids					367.34	366.45	7/1/2012	
					307.34	300.43	7/1/2012	
Rate	Type:							
71110	13pc.							
	Interim		X	Prospective				
	-	Total Interim		X Tota	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
-	_							
Basis:			Cha	inges:	200			
	Budget		wante		ster Change t #NH13-0670	C EVE 7/31/3	011	
	Unaudited co	nete	18 1	A Field Audi	I #NH13-007	C F I E 1/31/2	.011	
X	Field audited							
	Desk audited							
	and and							
Distribution	1:		/)-/-/ T	homas Parke			
	gement / Fiscal	Agent	-	Medicaid Cost Rein			inance	
Permanent File				Medicard Cost Iveni	indiscincin i	anning and I	mance	
	ormation Only							
	nge in Rate							
Hot	ne Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE CENTER OF PORT SAINT LUCIE	Provider Number:	70000000000000000000000000000000000000	0 217824	-00
3720 SE JENNINGS RD	Date:		9/11/20	15
PORT ST LUCIE, FL 34952-7701	Fiscal Year End:		7/31/20	11
	Audit Status:		Field Aud	lited
Provider Type:				
		Current Rate	New Rate	Effective <u>Date</u>
Nursing Home Single Level		221.34	220.45	1/1/2013
Level H: Aids		372.15	<u>371.26</u>	1/1/2013
Rate Type:	*			
Interim	X Prospective			
Total Interim	X Total P	rospective	e	
Interim Componen	-	rospective	e with Interim	Component
Settlement based of Prior Provider Prov				
Basis:	Changes:			
Budget	Rate Semester	-	C EVE 7/21/2	011
Unaudited costs	X Field Audit #1	NH13-00/	CFYE 7/31/2	011
X Field audited costs				
Desk audited costs				
Distribution:	Thou	mas Park	er	
Contract Management / Fiscal Agent	Medicaid Cost Reimbu	rsement P	lanning and F	inance
Permanent File				
For Information Only				
No Change in Rate				
Home Office: Life Care Centers C 3570 NW Keith Str				
Cleveland, TN 373	12			



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Tallahassee, Florida 32308

DOCTORS LAKE OF ORANGE PARK				Provider Number:		0 223883-00		
833 KINGSLE	YAVE			Date:		9/15/2015		
ORANGE PAR	RK, FL 32073			Fiscal Year End:		9/30/20		
				Audit Status:		Field Aud	lited	
Provider Ty	pe:							
,					Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	Level			202.61	200.25	1/1/2012	
	Level	H: Aids			350.22	347.86	1/1/2012	
Rate	Type:							
	Interim		Х	Prospective				
	_	Total Interim			tal Prospective			
		Interim Component		Tot	tal Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
					ester Change			
	Budget				lit #NH13-167	G FYE 9/30/2	2011	
	Unaudited co	osts						
X	Field audited	l costs						
()	Desk audited	l costs						
				\sim 0				
Distribution	1:			17	Thomas Park	er		
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rei	mbursement P	lanning and F	inance	
Permanent File								
For Inf	formation Only							
No Cha	inge in Rate							
Но	me Office:	SV / Home Office, Inc.						
		4178 Malbeth Ct						
		Winston-Salem, NC 27104						



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Tallahassee, Florida 32308

DOCTORS LA	DOCTORS LAKE OF ORANGE PARK			Provider Number:		0 223883-00		
833 KINGSLE	Y AVE			Date:	9/15/2015			
ORANGE PAR	K, FL 32073			Fiscal Year End:	8	9/30/20	11	
				Audit Status:		Field Auc	lited	
Provider Ty	pe:				8			
11011001 13	P				Current Rate	New Rate	Effective Date	
Nursing Ho	me Single	e Level			209.25	206.28	7/1/2012	
	Level	H: Aids			358.46	355.49	7/1/2012	
Rate	Type:							
	Interim		X	Prospective				
		_ Total Interim		X Tota	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
				Rate Semes				
	Budget			X Field Audit	t #NH13-167	G FYE 9/30/2	2011	
-	Unaudited co							
X	Field audited							
	Desk audited	1 costs						
Distribution	1:) P T	homas Parko	er		
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File								
For Inf	formation Only							
No Cha	inge in Rate							
Ног	me Office:	SV / Home Office, Inc. 4178 Malbeth Ct Winston-Salem, NC, 27104						



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Tallahassee, Florida 32308

DOCTORS LA	KE OF ORANG	E PARK		Provider Number:		0 223883	-00	
833 KINGSLE	Y AVE			Date:		9/15/2015		
ORANGE PAR	K, FL 32073			Fiscal Year End:		9/30/20	11	
				Audit Status:		Field Aud	ited	
Provider Ty	ne:							
110vides 13	pr.				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Hor	me Single	Level			212.10	208.57	1/1/2013	
	Level	H: Aids			362.91	359.38	1/1/2013	
Rate	Type:							
	Interim		X	Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
				Rate Semes	ter Change			
	Budget		-			G FYE 9/30/2	2011	
	Unaudited co	sts						
X	Field audited	costs						
	Desk audited	costs						
Distribution				7-0				
		Arant		/ //	homas Parke			
Permanent File	gement / Fiscal /	vgem		Medicaid Cost Reim	ibursement P	lanning and F	inance	
	ormation Only							
No Cha	nge in Rate							
Ног	me Office:	SV / Home Office, Inc.						
		4178 Malbeth Ct						
		Winston-Salem, NC 27104						



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Tallahassee, Florida 32308

SOUTH TAMPA HEALTH AND REHABILITATION CE	NTER Provider Number: 0 224910	0-00
4610 S MANHATTAN AVE	Date: 9/14/20	015
TAMPA, FL 33611	Fiscal Year End: 6/30/20	011
	Audit Status: Field Aud	dited
Provider Type:		
••	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	<u>202.81</u> <u>201.14</u>	1/1/2012
Level H: Aids	<u>350.42</u> <u>348.75</u>	1/1/2012
Rate Type:		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Total Prospective with Interim	Component
Settlement based on cost		• 0000000
Prior Provider Prospective	data	
Basis:	Changes:	
Budget	Rate Semester Change Field Audit NH13-169G FYE 06/30/2	0011
Unaudited costs	A FICIU AUGIC WITTS-1090 F TE 00/30/2	.011
X Field audited costs		
Desk audited costs		
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Fi	inance
Permanent File		
For Information Only		
No Change in Rate		
Home Office: No Home Office		



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Tallahassee, Florida 32308

SOUTH TAMPA HEALTH AND REHABILITATION CENTER			Provider Number:		0 224910	-00	
4610 S MANHATTAN AVE			Date: 9/14/2015				
TAMPA, FL 33611			Fiscal Year End:		6/30/20	11	
			Audit Status:	***************************************	Field Aud	ited	
Provider Type:							
Trovider Type.				Current	New	Effective	
				Rate	Rate	Date	
Nursing Home Single Lo	evel			209.18	207.47	7/1/2012	
Level H:	Aids			358.39	356.68	7/1/2012	
Rate Type:							
Rate Type.							
Interim		X	Prospective				
	otal Interim			al Prospective			
	nterim Component		Total	al Prospective	with Interim	Component	
S	ettlement based on cost						
P	rior Provider Prospective data						
Basis:		Cha	nges:	C.I			
				ster Change it NH13-1690	EVE 06/20/2	011	
Budget			X Field Aud	ICN 113-109C	F1E 00/30/2	.011	
Unaudited costs							
X Field audited co							
Desk audited co	SIS						
Distribution:		/	787	homas Park	er		
Contract Management / Fiscal Ago	ent	V	Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File							
For Information Only							
No Change in Rate							
	o Home Office						
nome office.	o Home Office						



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Tallahassee, Florida 32308

SOUTH TAMPA HEALTH AND REHABILITATION CENTER		er Number:		0 224910	-00
4610 S MANHATTAN AVE	Date:			9/14/20	15
TAMPA, FL 33611	Fiscal	Year End:	-	6/30/20	11
	Audit	Status:	-	Field Auc	lited
Provider Type:			170000000000000000000000000000000000000		
Trovider Type.			Current	New	Effective
			Rate	Rate	Date
Nursing Home Single Level			212.00	210.27	1/1/2013
Level H: Aids			362.81	361.08	1/1/2013
Rate Type:					
Interim	X Prost	pective			
Total Interim		X Tota	al Prospective	;	
Interim Component		Total	al Prospective	with Interim	Component
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
		_	ster Change		
Budget	X	Field Aud	it NH13-169C	3 FYE 06/30/.	2011
Unaudited costs					
X Field audited costs					
Desk audited costs					
Distribution:		/ / 1	homas Park	er	
Contract Management / Fiscal Agent	Medica	aid Cost Rein	nbursement P	lanning and F	Finance
Permanent File					
For Information Only					
No Change in Rate					
Home Office: No Home Office					



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Tallahassee, Florida 32308

LIFE CARE C	ENTER OF ME	ELBOURNE		Provider Number:		0 228338	-00
606 E SHERID	AN RD			Date:		9/10/20	15
MELBOURNE	, FL 32901			Fiscal Year End:		2/28/20	11
				Audit Status:	-	Field Auc	lited
Provider Ty	pe:						
					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Singl	e Level			198.92	198.46	1/1/2012
	Level	H: Aids			346.53	346.07	1/1/2012
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		X Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
			Circ	Rate Semes	ter Change		
	Budget				NH13-071C	FYE 02/28/2	.011
	Unaudited c	osts					
X	Field audited	d costs					
	Desk audited	d costs					
D				20			
Distribution			***************************************		homas Parke		
Contract Manag		Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File							
	ormation Only						
No Cha	nge in Rate						
Hor	ne Office:	Life Care Centers Of America					
		3570 NW Keith Street					
		Cleveland TN 37312					



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Tallahassee, Florida 32308

LIFE CARE CENTER OF MELBOURNE				Provider Number:		0 228338	-00		
606 E SHERID	AN RD			Date:		9/10/2015			
MELBOURNE	, FL 32901			Fiscal Year End:		2/28/20	11		
				Audit Status:		Field Aud	lited		
Provider Ty	ne.								
110vider 1y	pc.				Current	New	Effective		
					Rate	Rate	<u>Date</u>		
Nursing Ho	me Single	Level			205.03	204.56	7/1/2012		
	Level	H: Aids			354.24	353.77	7/1/2012		
Rate	Type:								
	Interim		X	Prospective					
	- *************************************	Total Interim			al Prospective				
		Interim Component		Total	al Prospective	with Interim	Component		
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:	\neg		Ch	anges:					
Dasis.			Circ	The state of the s	ster Change				
	Budget				it NH13-0710	FYE 02/28/	2011		
1	Unaudited c	osts							
X	Field audited								
	Desk audited	d costs							
Distributio			-	NO.	Thomas Park	ow.			
Distributio	ngement / Fiscal	Agent		Medicaid Cost Rein			Finance		
Permanent Fil		Agent		Medicaid Cost Ken	moursement i	laining and	manec		
	formation Only ange in Rate								
		17.0-0-0-1							
Н	ome Office:	Life Care Centers Of America							
		3570 NW Keith Street Cleveland, TN 37312							
		Cieveiana, IN 3/312							



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Tallahassee, Florida 32308

LIFE CARE CENTER OF MELBOURNE			Provider Nu	mber:		0 228338	-00		
606 E SHERII	DAN RD			Date: 9/10/2015					
MELBOURNI	E, FL 32901			Fiscal Year I	End:		2/29/20	12	
				Audit Status:			Unaudit	ed	
Provider Ty	vpe:								
•	, F					Current Rate	New Rate	Effective <u>Date</u>	
Nursing Ho	ome Single	Level				201.60	201.70	1/1/2013	
	Level	H: Aids				352.41	352.51	1/1/2013	
Rate	e Type:								
	Interim		Х	Prospective					
8-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	_	Total Interim	***************************************	_ X		Prospective			
		Interim Component			_ Total	Prospective	with Interim	Component	
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:					
				Rate	Semest	er Change			
	Budget					ield Audit N	H13-071C FY	ľΕ	
X	Unaudited co			02/28	8/2011				
	Field audited								
	Desk audited	costs							
Distribution				20					
		Vacant		15		omas Parke			
Permanent File	agement / Fiscal /	rgent		Medicaid Cos	t Reiml	oursement Pl	anning and F	inance	
	formation Only								
No Cha	ange in Rate								
Но	me Office:	Life Care Centers Of America							
		3570 NW Keith Street							
		Cleveland, TN 37312							



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Tallahassee, Florida 32308

LIFE CARE CENTER OF MELBOURNE		Provider Number: 0 228338-00						
606 E SHERID	DAN RD			Date: 9/10/2015				
MELBOURNE	E, FL 32901			Fiscal Year End:		2/29/20	12	
				Audit Status:		Unaudit	ed	
Provider Ty Nursing Ho		e Level			Current <u>Rate</u> 206.75	New <u>Rate</u> 206.84	Effective <u>Date</u> 7/1/2013	
Rate	Type:							
	Interim		X	Prospective				
		Total Interim			al Prospective			
		Interim Component Settlement based on cost Prior Provider Prospective data		Tot	al Prospective	with Interim	Component	
Basis:	Budget Unaudited of Field audite Desk audite	rosts d costs	Cha	H13-071C FY	ΥΈ			
	gement / Fiscal	Agent	<	Medicaid Cost Rein	homas Parkonbursement Pl		inance	
Permanent File								
	formation Only							
	inge in Rate							
Но	me Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE C	ENTER OF MI	ELBOURNE		Provider Number	:	0 228338	3-00	
606 E SHERII	DAN RD			Date:		9/10/2015		
MELBOURNE	E, FL 32901			Fiscal Year End:	***************************************	2/28/20	13	
				Audit Status:		Unaudi	ted	
Provider Ty	vpe:							
					Current Rate	New <u>Rate</u>	Effective Date	
Nursing Ho	me Singl	e Level			203.19	203.28	1/1/2014	
Rate	Type:							
	1			- 10				
	- Interim	Total Interim	X	Prospective				
		Interim Component			tal Prospective			
		Settlement based on cost		101	tal Prospective	with Interim	Component	
		Prior Provider Prospective data						
	-	- 110. 110 vider 110 spective data						
Basis:			Cha	nges:				
					ster Change			
	Budget			X Effects of	Field Audit N	H13-071C FY	'E	
X	Unaudited co	osts		02/28/201	1			
	Field audited							
-	Desk audited	costs						
D:+4-:1				2				
Distribution				/) 1	homas Parke	r		
Contract Manag		Agent		Medicaid Cost Rein	mbursement Pl	anning and Fi	nance	
Permanent File								
	ormation Only							
No Char	nge in Rate							
Hon	ne Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE CENTER OF	Provider Nun	iber:	0 228338	3-00		
606 E SHERIDAN RD	Date:	Date: 9/10/2015				
MELBOURNE, FL 32901		Fiscal Year E	nd:	2/28/20)14	
		Audit Status:		Unaudi	ted	
Provider Type:			Current	New	Effective	
Nursing Home Si	ngle Level		Rate 213.32	Rate 213.41	<u>Date</u> 7/1/2014	
Rate Type:						
Interim		X Prospective				
****	Total Interim	X	Total Prospective			
	Interim Component Settlement based on cost	-	Total Prospective	with Interim	Component	
	Prior Provider Prospective data					
Basis:		X Effect	Semester Change ts of Field Audit N	H13-071C F	YE	
	ed costs dited costs dited costs	02/28	/2011			
Distribution: Contract Management / Fis	scal Agent	Made and Good	Thomas Parke			
Permanent File		wiedicaid Cost	Reimbursement Pl	lanning and F	mance	
For Information O	nly					
No Change in Rate		3				
Home Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312					



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Tallahassee, Florida 32308

606 E SHERIDAN RD				Provider Number:		<u>0 228338-00</u> <u>9/10/2015</u>		
				Date:				
MELBOURNE.	FL 32901			Fiscal Year End:		2/28/2014		
				Audit Status:		Unaudit	ed	
Provider Ty	pe:							
•	•				Current Rate	New Rate	Effective Date	
Nursing Hor	me Sing	le Level			217.00	217.10	1/1/2015	
Rate	Type:							
	Interim		X	Prospective				
-		Total Interim			al Prospective			
		Interim Component			al Prospective		Component	
		Settlement based on cost			3000000 0000000			
		Prior Provider Prospective data						
Basis:			Cha	inges:				
2545251			Circ		ster Change			
	Budget		***************************************		Field Audit N	H13-071C FY	Æ	
X	Unaudited	costs		02/28/201	1			
	Field audite	ed costs						
	Desk audite	ed costs						
Distribution				7-1	50 NO. 100 NO.			
Contract Manag		1 Agent	-		homas Parke			
Permanent File	,			Medicaid Cost Rein	noursement P	iamining and r	mance	
For Info	ormation Only							
	nge in Rate							
Hon	ne Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland TN 37312						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF MELBOURNE			Provider Number:		0 228338	-00	
606 E SHERID	AN RD			Date: 9/10/2015			15
MELBOURNE	, FL 32901			Fiscal Year End:	***************************************	2/28/20	14
				Audit Status:		Unaudit	ted
Provider Ty	pe:						
					Current Rate	New	Effective
Nursing Hor	me Singl	e Level			216.77	Rate 216.87	<u>Date</u> 9/1/2015
Rate	Type:						
	Interim		X	Prospective			
		Total Interim			l Prospective		
		Interim Component				with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
	_			Rate Semes	ter Change		
	Budget				ield Audit N	H13-071C FY	E E
X	Unaudited c	osts		02/28/2011			
	Field audited						
	_ Desk audited	d costs					
				\sim \sim			
Distribution	<u>:</u>			TI	iomas Parke	er	
Contract Manag	gement / Fiscal	Agent	***************************************	Medicaid Cost Reim			inance
Permanent File						6	
For Info	ormation Only						
No Char	nge in Rate						
Hon	ne Office:	Life Carc Centers Of America					
		3570 NW Keith Street					
		Cleveland TN 37312					



YWOTX

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT	MELBOURNE	EINC		Provider Number:		0 252018	3-00
	OAK STREET			Date:	te: 8/31/2015		
MELBOURN	E, FL 32901			Fiscal Year End:		5/31/20	11
				Audit Status:		Field Aug	lited
Provider T	ype:						
					Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Ho	me Singl	le Level			227.67	226.16	1/1/2012
	Leve	l H: Aids			375.28	373.77	1/1/2012
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:			Char	iges:			
				Rate Semest	er Change		
	Budget			Field Audit	#NH13-0410	FYE 5/31/20	011
	Unaudited c						
X	Field audited						
	Desk audited	d costs					
Distribution			_	20			
	gement / Fiscal	Agant			omas Parke		
Permanent File		Agent	N	Medicaid Cost Reimb	oursement Pla	anning and Fi	nance
	ormation Only						
	nge in Rate						
	11.00						
Hor	ne Office:	Avante Group, Inc.	-				
		4000 Hollywood Blvd, Suite 540-N	1				

Report Calculated: 8/31/2015 2:27:59 PM Report Printed: 8/31/2015 ID: 252018053120110601201010262011133222



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

AVANTE AT	MELBOURNE	INC	Provider Number: 0 252018-00		-00		
1420 SOUTH	OAK STREET			Date:		8/31/20	15
MELBOURNE	E, FL 32901			Fiscal Year End:	-	5/31/20	11
				Audit Status:		Field Aud	lited
Provider Ty	pe:						
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Single	e Level			234.71	233.17	7/1/2012
	Level	H: Aids			383.92	382.38	7/1/2012
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		X Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Chai	nges:			
				Rate Semes	ster Change		
	Budget		2	Y Field Audi	t #NH13-041C	C FYE 5/31/2	011
	_ Unaudited co						
X	Field audited						
	_ Desk audited	costs					
<u>Distribution</u>	<u>:</u>			70° T	homas Parke	r	
Contract Manag	gement / Fiscal A	Agent	1	Medicaid Cost Rein			nance
Permanent File						0	
For Info	ormation Only						
	nge in Rate						
Hon	ne Office:	Avante Group, Inc. 4000 Hollywood Blvd, Suite 540-N Hollywood, FL. 33021-6744	Ţ				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE C	ENTER OF NE	W PORT RICHEY		Provider Number:		0 259357-00		
7400 TROUBI	LE CREEK ROA	AD		Date:		9/8/201	5	
NEW PORT R	ICHEY, FL 34	653		Fiscal Year End:		8/31/20	11	
				Audit Status:		Field Aug	lited	
Provider Ty	vne:							
	, per				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Ho	me Singl	e Level			201.81	200.56	1/1/2012	
	Leve	H: Aids			349.42	348.17	1/1/2012	
Rate	e Type:							
	Interim		X	Prospective				
		Total Interim	-	X Tota	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	anges:				
And the second s				Rate Semes				
	Budget		-	X Field Audi	t #NH13-073	C FYE 8/31/2	2011	
	Unaudited o							
X	Field audite							
	Desk audite	d costs						
			,	20				
Distributio	and and the				homas Park	AND DESCRIPTION OF THE PERSON NAMED IN		
	agement / Fiscal	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent Fil	e							
For In	formation Only							
No Ch	ange in Rate							
Но	ome Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



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Report Calculated: 9/8/2015 2:23:35 PM

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CI	ENTER OF NE	W PORT RICHEY		Provider Number:		0 259357	-00
7400 TROUBL	E CREEK ROA	AD		Date:		9/8/201	15
NEW PORT R	ICHEY, FL 34	653		Fiscal Year End:		8/31/20	11
				Audit Status:		Field Au	dited
Provider Ty	pe:						
	F				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Single	e Level			207.69	206.41	7/1/2012
	Level	H: Aids			356.90	355.62	7/1/2012
Rate	Type:						
	Interim		X	Prospective			
404	-	Total Interim			al Prospective		
		Interim Component			al Prospective		Component
		Settlement based on cost		-	,		•
		Prior Provider Prospective data					
Basis:			Cha	inges:			
1743134					ster Change		
	Budget		-		t #NH13-073	C FYE 8/31/2	2011
	Unaudited c	osts	***************************************				
X	Field audite	d costs					
	Desk audite	d costs					
TO 1 11 11				2			
Distribution		A			homas Park		
	gement / Fiscal	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File							
	formation Only						
No Cha	inge in Rate						
Но	me Office:	Life Care Centers Of America					
		3570 NW Keith Street					
		Cleveland, TN 37312					

Report Printed: 9/8/2015

ID: 259357083120110901201010032011215306



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF NEW	PORT RICHEY		Provider Number:		0 259357-00 9/8/2015		
7400 TROUBLE CREEK ROAL)		Date:				
NEW PORT RICHEY, FL 3465	3		Fiscal Year End:		8/31/20	11	
			Audit Status:		Field Aud	lited	
Provider Type:							
				Current	New	Effective	
				Rate	Rate	Date	
Nursing Home Single	Level			210.73	209.43	1/1/2013	
Level 1	H: Aids			361.54	360.24	1/1/2013	
	1	×					
Rate Type:	J						
Interim		X	Prospective				
	Total Interim			al Prospective			
****	Interim Component		Management of the Control of the Con	al Prospective		Component	
***************************************	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Cha	inges:				
D4515.		Cire		ster Change			
Budget				it #NH13-073	C FYE 8/31/2	2011	
Unaudited cos	sts						
X Field audited							
Desk audited							
			\sim \sim				
Distribution:		~	17)	homas Park	er		
Contract Management / Fiscal A	agent	***************************************	Medicaid Cost Reir			inance	
Permanent File							
For Information Only							
No Change in Rate							
Home Office:	Life Care Centers Of America						
	3570 NW Keith Street						
	Cleveland, TN 37312						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CI	ENTER OF ES	TERO		Provider Number:		0 265381	-00
3850 WILLIAN	MS ROAD			Date:	***************************************	9/8/201	5
ESTERO, FL 3	33928			Fiscal Year End:		6/30/20	11
				Audit Status:		Field Auc	lited
Provider Ty	pe:						
					Current Rate	New Rate	Effective Date
Nursing Hor	me Singl	e Level			213.24	212.76	1/1/2012
	Level	H: Aids			360.85	360.37	1/1/2012
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		X Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Char	iges:			
				Rate Semes			
	Budget			Field Audi	t #NH13-0740	C FYE 06/30/	2011
V	_ Unaudited c						
X	Field audited Desk audited						
	_ Desk audited	1 costs					
Distribution	•		_	70° T	homas Parke	_	
Contract Manag		Agent		Medicaid Cost Rein			
Permanent File			1,	viculcald Cost Relii	ioursement Fi	anning and F	mance
For Info	ormation Only						
No Char	nge in Rate						
Hon	ne Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312		×			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE C	ENTER OF ES	TERO		Provider Number:		0 265381	-00	
3850 WILLIA	MS ROAD			Date:		9/8/2015		
ESTERO, FL	33928			Fiscal Year End:		6/30/2011		
				Audit Status:		Field Au	dited	
Provider Ty	pe:							
		in I must			Current Rate	New Rate	Effective Date	
Nursing Ho	me Singi	e Level			218.52	218.03	7/1/2012	
	Leve	l H: Aids			367.73	367.24	7/1/2012	
Rate	Type:							
	Interim		X	Prospective	W1-201			
		Total Interim			l Prospective			
		Interim Component Settlement based on cost		lota	l Prospective	with Interim	Component	
		Prior Provider Prospective data						
Basis:			Cha	nges:	ter Change			
	Budget				#NH13-0740	C FYE 06/30/	2011	
	Unaudited c	osts	-					
X	Field audited	d costs						
	Desk audited	d costs						
Distribution					nomas Parke			
Contract Mana		Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File								
	ormation Only							
No Cha	nge in Rate							
Ног	ne Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

NAME AND ADDRESS OF TAXABLE PARTY.	CENTER OF E	STERO		Provider Number:		0 265381	-00
3850 WILLIA				Date:	-	9/8/201	
ESTERO, FL	33928			Fiscal Year End:		6/30/20	114
				Audit Status:		Unaudi	ted
Provider T	ype:						
Numeina II	G:	L. V			Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	ome Sing	le Level			241.20	241.21	9/1/2015
Rate	e Type:						
	Interim		X	Prospective			
		Total Interim		X Tota	l Prospective		
		Interim Component		Tota	Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data					
Basis:			Char	nges:			
	Davidson			Rate Semest	_		
X	Budget Unaudited of	rosts		Effects of F 06/30/2011	ield Audit #N	H13-074C F	YE
	Field audite						
	Desk audite						
Distribution				7 P Th	omas Parkei		
	gement / Fiscal	Agent	N	Aedicaid Cost Reimb			nance
Permanent File							idirec
For Inf	ormation Only						
No Cha	nge in Rate						
Ног	ne Office:	Life Care Centers Of America 3570 NW Keith Street					
		Cleveland, TN 37312					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE C	ENTER OF PA	LM BAY		Provider Number:		0 268186	-00
175 VILLA NU	JEVA AVE			Date:		9/14/20	15
PALM BAY, F	FL 32907			Fiscal Year End:		12/31/20	010
				Audit Status:		Field Aug	lited
Provider Ty	ne:						
J	I				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Sing	le Level			199.19	199.05	1/1/2012
	Leve	l H: Aids			346.80	346.66	1/1/2012
Rate	Type:						
	Interim		X	Prospective			
	_	Total Interim		X Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
			Chi	Rate Semes	ter Change		
	Budget				#NH13-0760	C FYE 12/31/	2010
	Unaudited of	costs					
X	Field audite	d costs					
	Desk audite	d costs					
Distribution				20			
Contract Mana		Agent			homas Parke		
Permanent File		gent		Medicaid Cost Reim	ibursement PI	anning and F	inance
For Inf	ormation Only						
	nge in Rate						
Hor	ne Office:	Life Care Centers Of America					
-101		3570 NW Keith Street					
		Cleveland, TN 37312					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CI	ENTER OF PA	LM BAY		Provider Number:	7/12	0 268186	-00
175 VILLA NU	JEVA AVE			Date:	9/14/2015		15
PALM BAY, F	L 32907			Fiscal Year End:		12/31/20	010
				Audit Status:		Field Aud	lited
Provider Ty	ne:						
	Per				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Singl	e Level			204.75	204.61	7/1/2012
	Leve	l H: Aids			353.96	353.82	7/1/2012
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		X Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
Dasis:			CII	Rate Semes	ster Change		
	Budget				t #NH13-076	C FYE 12/31	/2010
	Unaudited	costs					
X	Field audito	ed costs					
	Desk audite	ed costs					
Distribution	n •		(h)	Thomas Doub	4) mr	
	ngement / Fisca	I Agent	Medicaid Cost Reimbursement Planning and Finan			Finance	
Permanent File				Wiedleard Cost Ken	nour sement	idiliii g diid i	
For In	formation Only	,					
	ange in Rate						
Но	me Office:	Life Care Centers Of America					
		3570 NW Keith Street					
		Cleveland, TN 37312					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CE	ENTER OF PAL	M BAY		Provider N	lumber:		0 268186	-00
175 VILLA NU	IEVA AVE			Date: 9/14/201			5	
PALM BAY, F	L 32907			Fiscal Yea	r End:	Name of the Control o	12/31/20	11
				Audit Stat	us:		Unaudit	ed
Provider Ty	ne.							
110vider 1y	pc.					Current Rate	New Rate	Effective <u>Date</u>
Nursing Hor	ne Single	Level				204.42	204.45	1/1/2013
	Level	H: Aids				355.23	355.26	1/1/2013
Rate	Type:							
	Interim		X	Prospect	ive			
		Total Interim		X	Tota	al Prospective		
		Interim Component			Tota	al Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data						
Basis:			Cha			ster Change		
	Budget		-	1 10	ffects of 1 2/31/2010		NH13-076C I	FYE
X	Unaudited co			1 2	73172010			
	Field audited							
	Desk audited	costs						
Distribution	1:		•	2	\mathcal{I}	homas Park	er	
Contract Mana	gement / Fiscal A	Agent		Medicaid (Cost Rein	nbursement P	lanning and F	inance
Permanent File								
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CI	ENTER OF PA	LM BAY		Provider Number:		0 268186	-00
175 VILLA NU	JEVA AVE			Date:		9/14/20	15
PALM BAY, F	L 32907			Fiscal Year End:		12/31/20)11
				Audit Status:		Unaudit	ed
Provider Ty	ne:						
i i o vider i j	pe.				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Singl	e Level			209.16	209.19	7/1/2013
-							
Rate	Type:						
	Interim		X	Prospective			
	- 1111011111	Total Interim		-	al Prospective		
		Interim Component			al Prospective		Component
		Settlement based on cost			•		
		Prior Provider Prospective data					
Basis:			Cha	inges:			
					ster Change	COLUMN COMPOSITOR	
	Budget			X Effects of 12/31/201	Field Audit #	NH13-076C1	·YE
X	Unaudited			12/31/201			
	Field audite						
	Desk audite	ed costs					
Di di di				7/			
Distribution		I A come			homas Park		
	agement / Fisca	Agent		Medicaid Cost Rein	nbursement P	lanning and l	inance
Permanent File							
For In	formation Only						
No Cha	ange in Rate						
Но	ome Office:	Life Care Centers Of America					
		3570 NW Keith Street					
		Cleveland, TN 37312					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF PAL	М ВАҮ		Provider Number:		0 268186-	-00
175 VILLA NUEVA AVE			Date: 9/14/2015			15
PALM BAY, FL 32907			Fiscal Year End:		12/31/20	12
			Audit Status:		Unaudit	ed
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single	Level			207.45	207.48	1/1/2014
Rate Type:						
Interim		X	Prospective			
	Total Interim			al Prospective		
	Interim Component		Tot	al Prospective	with Interim	Component
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Cha	F-00 C	ster Change Field Audit #	NH13.076C I	FVF
Budget			12/31/201		M113-070C 1	I L
X Unaudited c						
Desk audited						
Desk didner	0.000					
Distribution:		(20	Thomas Park	er	
Contract Management / Fiscal	Agent		Medicaid Cost Rei	mbursement F	Planning and I	Finance
Permanent File						
For Information Only						
No Change in Rate						
Home Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CE	ENTER OF PAL	LM BAY		Provider Number:		0 268186-	-00
175 VILLA NU	JEVA AVE			Date:9/14.			.5
PALM BAY, F	L 32907			Fiscal Year End:		12/31/20	13
				Audit Status:		Unaudit	ed
Provider Ty	pe:				Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Single	e Level			217.12	217.15	7/1/2014
Rate	Type:						
	Interim		X	Prospective			
		Total Interim			al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
	P0000000000000000000000000000000000000	Settlement based on cost Prior Provider Prospective data					
Basis:	Budget		Cha		ster Change Field Audit#	NH13-076C I	FYE
X	Unaudited c			12/31/201	U		
	Field audite Desk audite						
	Desk addite	d Costs					
Distribution	<u>n:</u>		_		Thomas Park		
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Rei	nbursement I	Planning and I	Finance
Permanent File	e						
For In	formation Only						
No Ch	ange in Rate						
Нс	ome Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF PALM BAY		Provider Number:		0 268186	-00
175 VILLA NUEVA AVE		Date:		9/14/201	15
PALM BAY, FL 32907		Fiscal Year End:		12/31/20	013
		Audit Status:		Unaudit	ed
Provider Type:					
Trovider Type.			Current	New	Effective
			Rate	Rate	Date
Nursing Home Single Level			220.25	220.28	1/1/2015
Rate Type:					
Interim	X	Prospective			
Total Interim		X Tota	l Prospective		
Interim Component		Tota	l Prospective	with Interim	Component
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Cha	nges:			
		Rate Semes			78.73
Budget		Effects of F 12/31/2010		NH13-076C F	YE
Unaudited costs		12/51/2010			
Field audited costs					
Desk audited costs					
	<	7			
Distribution:		JO TI	homas Parke	er	
Contract Management / Fiscal Agent		Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent File					
For Information Only					
No Change in Rate					
Home Office: Life Care Centers Of America					
3570 NW Keith Street					
Cleveland, TN 37312					
Cievelalia, 118 3/312					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CE	ENTER OF PAL	M BAY		Provider Number:		0 268186-	00
175 VILLA NU				Date:		9/14/201	5
PALM BAY, FI				Fiscal Year End:		12/31/20	13
				Audit Status:		Unaudit	ed
Provider Ty	850				Current Rate	New <u>Rate</u> 217.89	Effective Date 9/1/2015
Nursing Hor	ne Single	Level			217.86	217.09	7/1/2015
Rate	Type:						
	Interim		X	Prospective			
		Total Interim Interim Component		The second secon	al Prospective al Prospective		Component
		Settlement based on cost Prior Provider Prospective data					
Basis:	Budget Unaudited c Field audite Desk audite	d costs	Ch		ster Change Field Audit # 0	NH13-076C	FYE
Distributio	<u>n:</u>		/	/ / /	Thomas Park		
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Rei	mbursement I	Planning and	Finance
Permanent Fil	e						
For In	formation Only						
No Ch	ange in Rate						
Н	ome Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF JACKSONVILLE	Provider Number:	0 283193-00
4813 LENOIR AVENUE	Date:	9/14/2015
JACKSONVILLE, FL 32216	Fiscal Year End:	6/30/2011
	Audit Status:	Field Audited
Provider Type:		
		urrent New Effective Rate Rate Date
Nursing Home Single Level	2	10.55 210.52 1/1/2012
Level H: Aids	<u>35</u>	58.16 358.13 1/1/2012
Rate Type:		
National Control of the Control of t		
Interim	X Prospective	
Total Interim	X Total Pro	
Interim Component Settlement based on cost	Total Pro	espective with Interim Component
Prior Provider Prospective data		
Thoi Hovider Hospetive data		
Basis:	Changes:	
	Rate Semester C	hange
Budget	X Field Audit #NI	H13-077C FYE 06/30/2011
Unaudited costs		
X Field audited costs		
Desk audited costs		
Distribution:	Thom	as Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimburs	ement Planning and Finance
Permanent File		
For Information Only		
No Change in Rate		
Home Office: Life Care Centers Of America		
3570 NW Keith Street		
Cleveland, TN 37312		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF JACKSONVILLE			Provider Number:		0 283193	-00			
4813 LENOIR	AVENUE			Date:	***************************************	9/14/20	15		
JACKSONVIL	LE, FL 32216			Fiscal Year End:	-	6/30/20	11		
				Audit Status:		Field Aud	dited		
Provider Ty	pe:				-				
					Current Rate	New Rate	Effective <u>Date</u>		
Nursing Ho	me Singl	e Level			216.33	216.30	7/1/2012		
	Leve	H: Aids			365.54	365.51	7/1/2012		
Rate	Type:								
	Interim		X	Prospective					
		Total Interim		X Tota	l Prospective				
		Interim Component		Tota	l Prospective	with Interim	Component		
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:					
			-	Rate Semest					
	Budget			X Field Audit	#NH13-0770	FYE 06/30/	2011		
X	_ Unaudited c								
Λ	 Field audited Desk audited 								
	_ Desk addited	1 COSES							
Distribution	<u>.</u>			777	omos Parka				
Contract Manag	gement / Fiscal	Agent		Medicaid Cost Reimbursement Planning and Finance					
Permanent File				wiedicald Cost Kellin	oursement ra	anning and Fi	nance		
For Info	ormation Only								
No Char	nge in Rate								
Hon	ne Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312							



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Tallahassee, Florida 32308

LIFE CARE C	ENTER OF JAC	KSONVILLE		Provider Number:		0 283193	-00
4813 LENOIR	AVENUE			Date:	()	9/14/20	15
JACKSONVIL	LE, FL 32216			Fiscal Year End:		6/30/20	11
				Audit Status:		Field Aud	lited
Provider Ty	ne:						
	,				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Single	Level			217.84	217.81	1/1/2013
	Level	H: Aids			368.65	368.62	1/1/2013
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	inges:			
				Rate Semes	ter Change		
	Budget					C FYE 06/30.	/2011
	Unaudited co	sts					
X	Field audited	costs					
	Desk audited	costs					
Distribution	1:				hamas Doub	2.85	
	gement / Fiscal /	Agent			homas Park		Yanan i
Permanent File		rgent		Medicaid Cost Reim	ibursement P	ianning and r	mance
For Int	formation Only						
	ange in Rate						
Но	me Office:	Life Care Centers Of America 3570 NW Keith Street					
		Cleveland, TN 37312					



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CE	ENTER OF ORA	FORANGE PARK Provider Number: 0 284289-00			-00		
2145 KINGSLE	EY AVE			Date:		9/15/20	15
ORANGE PAR	K, FL 32073			Fiscal Year End:		7/31/20	11
				Audit Status:		Field Aud	lited
Provider Ty	ne:						
11011401 19	Per				Current Rate	New Rate	Effective <u>Date</u>
Nursing Hor	ne Single	e Level			176.26	175.98	1/1/2012
	Level	H: Aids			323.87	323.59	1/1/2012
Rate	Type:						
			V	Durantakina			
***	Interim	Total Interim	X	Prospective X To	tal Prospective		
		Interim Component		THE RESERVE OF THE PERSON NAMED IN	tal Prospective		Component
		Settlement based on cost					
		Prior Provider Prospective data					
р.			Cha				
Basis:			Cha	nges:	ester Change		
	Budget				lit #NH13-078	C FYE 07/31	/2011
	Unaudited co	osts	***************************************				
X	Field audited						
	Desk audited	d costs					
	manheman						
				$-\bigcirc$			
Distribution	1:			75	Thomas Park	er	
Contract Mana	gement / Fiscal	Agent	-	Medicaid Cost Rei	mbursement P	lanning and F	inance
Permanent File							
For Inf	formation Only						
No Cha	inge in Rate						
Но	me Office:	Life Care Centers Of America					
		3570 NW Keith Street					
		Cleveland, TN 37312					

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Tallahassee, Florida 32308

LIFE CARE CI	ENTER OF OR	ANGE PARK		Provider Number:		0 284289	-00
2145 KINGSLI	EY AVE			Date:		9/15/201	15
ORANGE PAR	RK, FL 32073			Fiscal Year End:		7/31/20	11
				Audit Status:		Field Aud	lited
Provider Ty	ne:						
I TOVICE I Y	pe.				Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Singl	e Level			181.31	181.02	7/1/2012
	Leve	l H: Aids			330.52	330.23	7/1/2012
Rate	Type:						
	Interim		X	Prospective			
	-	Total Interim		X Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Ch	anges:			
Dasis.					ster Change		
	Budget					C FYE 07/31	/2011
	Unaudited	costs					
X	Field audite	ed costs					
	Desk audito	ed costs					
D1 . II . I			<	2			
Distributio					homas Park		
	agement / Fisca	l Agent		Medicaid Cost Rein	nbursement P	lanning and I	inance
Permanent Fil							
For In	formation Only	/					
No Ch	ange in Rate						
Но	ome Office:	Life Care Centers Of America					
		3570 NW Keith Street					
		Cleveland, TN 37312					



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Tallahassee, Florida 32308

LIFE CARE CE	NTER OF ORA	NGE PARK		Provider Numbe	r:	0 284289-	-00
2145 KINGSLEY AVE ORANGE PARK, FL 32073				Date:		9/15/201	5
				Fiscal Year End:		7/31/20	11
				Audit Status:		Field Aud	ited
Provider Typ	3.6*						
riovider Tyl	je.				Current Rate	New Rate	Effective <u>Date</u>
Nursing Hon	ne Single	Level			183.36	183.07	1/1/2013
	Level l	H: Aids			334.17	333.88	1/1/2013
Rate	Type:]					
	Interim		X	Prospective			
	_	Total Interim		XT	otal Prospective		
		Interim Component		7	otal Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
					mester Change udit #NH13-078	C EVE 07/21	/2011
	Budget			X Field A	udit #INH13-078	CFIEU//31	/2011
	Unaudited co						
X	Field audited						
	Desk audited	costs					
					7		
Distribution	1:			70	Thomas Park		
Contract Mana	gement / Fiscal	\gent		Medicaid Cost R	Reimbursement P	lanning and	Finance
Permanent File	2						
For In:	formation Only						
No Cha	ange in Rate						
Но	me Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312					



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Tallahassee, Florida 32308

CENTER	E PLAZA REI	HABILITATION AND NURSING		Provider Number:		0.311308	3-00
42 COLLINS A	VENILE			Date:		ective ective with Interim Compo	15
MIAMI BEACH		139		Fiscal Year End:		7/31/20	08
				Audit Status:		Unaudi	ted
Provider Typ	e:						
					Current Rate		Effective <u>Date</u>
Nursing Hom	ie Single	e Level			184.55	185.70	1/1/2009
	Level	H: Aids			322.90	324.05	1/1/2009
Rate 7	ype:						
I	nterim		X	Prospective			
		Total Interim		_	Prospective		
_	200	Interim Component		Total	Prospective	with Interim	Component
_		Settlement based on cost					
_		Prior Provider Prospective data					
Basis:			Chai	nges:			
				Rate Semest	er Change		
	Budget			Effects of F.	A & RFA NI	H10-046G FY	E.
X	Unaudited co			07/31/2007			
	Field audited						
	Desk audited	costs					
Distribution:			-	2			
Contract Manage	ment / Fiscal A	Agent			omas Parke		
Permanent File			P	Medicaid Cost Reimb	oursement Pla	anning and Fi	nance
For Infor	mation Only						
No Chang	e in Rate						
Home	Office:	Hebrew Home Management Service 1800 NE 168th Street, Suite 200 Miami Beach, FL 33162	ces				



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

	ΓΕ PLAZA REF	IABILITATION AND NURSING		Provider Number:	-	0 311308	-00	
CENTER				Date:		7/14/20	15	
42 COLLINS A				Fiscal Year End:		7/31/2008		
MIAMI BEACI	H , FL 331	39		Audit Status:		Unaudit	ed	
Provider Ty	pe:				-			
J.	F				Current	New	Effective	
					Rate	Rate	Date	
Nursing Hor	me Single	Level			169.08	170.14	3/1/2009	
	Level	H: Aids			307.43	308.49	3/1/2009	
Pata	Type:	7						
Nate	турс.							
	Interim		X	Prospective				
		Total Interim		PERSONAL PROPERTY AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PER	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
	-	Prior Provider Prospective data						
Basis:			Cha					
Dasis.			Clia	nges:	ster Change			
	Budget				FA & RFA N	H10-046G FY	Æ	
X	Unaudited co	osts		07/31/200				
Service Control of the Control of th	Field audited	costs						
	Desk audited	costs						
	_							
Distribution	<u>ı:</u>			T	homas Parke	er		
Contract Manag	gement / Fiscal	Agent		Medicaid Cost Rein	nbursement P	anning and F	inance	
Permanent File								
For Infe	ormation Only							
No Cha	nge in Rate							
Hor	ne Office:	Hebrew Home Management Servi	ces					
		1800 NE 168th Street, Suite 200						
		Miami Beach, FL 33162						

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Report Printed: 7/14/2015 ID: 311308073120080801200710222008152044



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Tallahassee, Florida 32308

	NIE PLAZA KI	CHABILITATION AND NURSING		Provider Number:		0 311308	8-00
	AVENUE			Date:		7/14/20	15
	ENTER 2 COLLINS AVENUE IIAMI BEACH , FL 33139 Trovider Type: Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs istribution: ontract Management / Fiscal Agent rmanent File For Information Only No Change in Rate Home Office: Hebrew Home Management Servi 1800 NE 168th Street, Suite 200		Fiscal Year End:		7/31/20	008	
		,137		Audit Status:		Unaudi	ted
Provider T	ype:						
					Current	New	Effective
N II.	C:				Rate	Rate	<u>Date</u>
Nursing Ho	ome Sing	le Level			201.10	202.32	4/1/2009
	Leve	l H: Aids			339.45	340.67	4/1/2009
Rate	e Type:						
	Interim		X	Prospective			
		Total Interim		-	1 Prospective		
		Interim Component		The second secon	1 Prospective	with Interim	Component
		Settlement based on cost					,
		Prior Provider Prospective data					
Basis:			Chai	nges:			
				Rate Semes	ter Change		
	Budget			The state of the s	A & RFA NI	H10-046G FY	'E
X	Unaudited c	osts		07/31/2007			
	Field audite	d costs					
	Desk audited	d costs					
Distribution				2			
		A			omas Parke		
		Agent	ì	Medicaid Cost Reim	bursement Pla	anning and Fi	nance
	51						
No Cha	inge in Rate						
Но	me Office:	Hebrew Home Management Service	es				
		Miami Reach El 33162					



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Tallahassee, Florida 32308

Date: 7/14/2015	SOUTH POINTE PLAZA REI CENTER	HABILITATION AND NURSING		Provider Number:		0 311308	-00
MIAMI BEACH			Date: 7/14/2015 Fiscal Year End: 7/31/2008 Audit Status: Unaudited Current New Rate Rate 203.18 204.41 343.53 344.76 X Prospective Total Prospective with Interim Co Changes: Rate Semester Change X Effects of FA & RFA NH10-046G FYE 07/31/2007 Thomas Parker Medicaid Cost Reimbursement Planning and Final				
Provider Type: Current New Effective Rate Rate Date		139			-		
Nursing Home Single Level 203.18 204.41 7/1/2009 Level H: Aids 343.53 344.76 7/1/2009 Rate Type:				Audit Status:		Unaudit	ted
Rate Type: Interim					Rate	Rate	Date
Interim X Prospective Total Interim X Total Prospective Interim Component Settlement based on cost Prior Provider Prospective data	Nursing Home Single	e Level			203.18	204.41	7/1/2009
Interim X Prospective Total Interim X Total Prospective Interim Component Total Prospective with Interim Component Settlement based on cost Prior Provider Prospective data	Level	H: Aids			343.53	344.76	7/1/2009
Interim X Prospective Total Interim X Total Prospective Interim Component Total Prospective with Interim Component Settlement based on cost Prior Provider Prospective data							
Total Interim X Total Prospective Interim Component Total Prospective with Interim Component Settlement based on cost Prior Provider Prospective data	Rate Type:						
Interim Component Settlement based on cost Prior Provider Prospective data Total Prospective with Interim Component	Interim		X	_			
Settlement based on cost Prior Provider Prospective data							
Prior Provider Prospective data				Tota	al Prospective	with Interim	Component
Rasis							
Rate Semester Change Budget X Effects of FA & RFA NH10-046G FYE				Rate Semes X Effects of I	FA & RFA N	H10-046G F Y	/E
A Granding Costs				0//31/200/			
Desk audited costs							
Desk addred costs	Desk addited	1 costs					
Contract Management / First Asset		Agent		/ /			
Permanent File Medicaid Cost Reimbursement Planning and Finance		Agent		Medicaid Cost Rein	ibursement Pl	anning and F	inance
For Information Only							
No Change in Rate							
		Hobray Homo Managaman C	i				
Home Office: Hebrew Home Management Services 1800 NE 168th Street, Suite 200	nome Office:	170	ices				
Miami Beach, FL 33162							



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTH POIN CENTER	TE PLAZA RE	EHABILITATION AND NURSING		Provider Number:		0 311308	3-00
42 COLLINS A	AVENUE			Date:		7/14/20	15
MIAMI BEAC		3139		Fiscal Year End:		7/31/20	
				Audit Status:		Unaudi	ted
Provider Ty Nursing Ho	me Singl	e Level			Current <u>Rate</u> 216.32	New <u>Rate</u> 217.56	Effective <u>Date</u> 1/1/2010
	Leve	l H: Aids			358.24	359.48	1/1/2010
Pata	Type:						
Rate	Type.						
Basis:	Budget Unaudited co			Tota nges: Rate Semest	A & RFA NI	with Interim	
Distribution Contract Manag Permanent File	ement / Fiscal .			Th Medicaid Cost Reiml	iomas Parke bursement Pla		nance
	ormation Only						
No Chan	ige in Rate						
Horr	ne Office:	Hebrew Home Management Service 1800 NE 168th Street, Suite 200 Miami Beach, FL 33162	es				



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

CENTER	PLAZA RE	HABILITATION AND NURSING		Provider Number:		0 311308	3-00
42 COLLINS AV	ENUE		Date: 7/14/20 Fiscal Year End: 7/31/20 Audit Status: Unaudit Current New Rate Rate 219.86 221.10 363.20 364.44 X Total Prospective Total Prospective with Interim 6 Total Prospective with Interi				15
MIAMI BEACH	, FL 33	139			-		
Provider Type	2:			Audit Status:	-	Rate Rate 219.86 221.10 363.20 364.44 Tospective rospective with Interim C	ted
Nursing Home		e Level			Rate	Rate	Effective Date 7/1/2010
	0				217.00	221.10	77172010
	Level	H: Aids			363.20	364.44	7/1/2010
Rate T	ype:						
In	terim		Х	Prospective			
		Total Interim		-	Prospective		
		Interim Component					Component
		Settlement based on cost					
***************************************		Prior Provider Prospective data					
Basis:			Chai	nges:			
					er Change		
	Budget				A & RFA NI	H10-046G FY	Έ
	Unaudited co			07/31/2007			
	Field audited						
	Desk audited	1 costs					
Distribution:				78			
Contract Managem	nent / Fiscal	Agent					
Permanent File			Г	viedicaid Cost Reimb	oursement Pla	anning and Fi	nance
For Inform	ation Only						
No Change							
Home (Office:	Hebrew Home Management Servi	ces				
		1800 NE 168th Street, Suite 200					
		Miami Beach, FL 33162					



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CENTER	PLAZA RE	HABILITATION AND NURSING		Provider Number		0 311308	3-00
42 COLLINS AV	ENUE			Date:		7/14/20	15
MIAMI BEACH	, FL 33	139		Fiscal Year End:		7/31/20	109
Provider Type	:			Audit Status:		Unaudi	ted
Nursing Home	6' 1				Current Rate	New Rate	Effective <u>Date</u>
nursing mome	Single	e Level			222.81	224.06	1/1/2011
	Level	H: Aids			367.67	368.92	1/1/2011
Rate Ty	pe:						
Int	terim		X	Prospective			
		Total Interim		_	al Prospective		
		Interim Component		-	al Prospective	with Interim	Component
-		Settlement based on cost			1,500		
		Prior Provider Prospective data					
Basis:			Chan	ges:			
					ster Change		
	Budget		X	Effects of	FA & RFA NE	H10-046G FY	E
	Jnaudited co			07/31/200	7		
	ield audited						
1.	Desk audited	costs					
Distribution:				770-			
Contract Manageme	ent / Fiscal A	gent			homas Parker		
Permanent File			IVI	fedicaid Cost Rein	ibursement Pla	nning and Fir	nance
For Informa	ation Only						
No Change i							
Home O		Hebrew Home Management Servic 1800 NE 168th Street, Suite 200 Miami Beach, FL 33162	es				

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTH POINT CENTER	E PLAZA RE	EHABILITATION AND NURSING		Provider Number:		0 311308	3-00
42 COLLINS A	VENUE			Date:		7/14/20	15
MIAMI BEACH		3139		Fiscal Year End:		7/31/20	110
Draviday To-				Audit Status:		Unaudi	ted
Provider Typ Nursing Hom	ne Singl	le Level l H: Aids			Current Rate 211.78	New Rate 212.96 359.16	Effective <u>Date</u> 7/1/2011 7/1/2011
Rate 7	Гуре:						
- - -	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X	Account to the second s	al Prospective	with Interim	Component
Basis:	Budget Unaudited co Field audited Desk audited	l costs	Chan	Rate Semes	A & RFA NE	110-046G FY	E
No Chang	mation Only e in Rate			TI dedicaid Cost Reim	nomas Parkei bursement Pla		nance
Home	Office:	Hebrew Home Management Servic 1800 NE 168th Street, Suite 200 Miami Beach, FL 33162	es				

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Tallahassee, Florida 32308

CENTER	PLAZA REF	IABILITATION AND NURSING		Provider Number:		0 311308	3-00
42 COLLINS AVE	ENUE			Date:	-	7/14/20	115
MIAMI BEACH	, FL 331	39		Fiscal Year End:		7/31/20)11
42 COLLINS AVENUE MIAMI BEACH , FL 33139 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on or			Audit Status:		Unaudi	ted	
Nursing Home	Single	Level			Current Rate 198.31	New <u>Rate</u> 199.49	Effective <u>Date</u> 1/1/2012
	Level H: Aids				345.92	347.10	1/1/2012
Rate Ty	pe:]					
Inte	erim	•	X	Committee of the Commit	Prospective Prospective	with Interim	Component
Box V U	naudited cos	costs	Chan	Rate Semeste		H10-046G FY	Ē .
Distribution: Contract Management Permanent FileFor InformatNo Change in	ion Only	gent	M	The The The The The Tedical Cost Reimbi	omas Parker ursement Pla		nance
Home Of	1	Hebrew Home Management Servic 800 NE 168th Street, Suite 200 Miami Beach, FL 33162	ees				



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Tallahassee, Florida 32308

SOUTH POINTE PLAZA RI CENTER	EHABILITATION AND NURSING		Provider Number:		0 311308	8-00
42 COLLINS AVENUE			Date:		7/14/20	115
MIAMI BEACH , FL 3	3139		Fiscal Year End:		7/31/20)11
Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim			Audit Status:	-	Unaudited	
Nursing Home Sing				Current Rate 203.32 352.53	New <u>Rate</u> 204.52	Effective <u>Date</u> 7/1/2012 7/1/2012
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X		Prospective Prospective	with Interim	Component
Budget X Unaudited or Field audited Desk audited	costs	Chan	Rate Semeste		110-046G FY	Е
Distribution: Contract Management / Fiscal A Permanent File For Information Only No Change in Rate Home Office:			Tho edicaid Cost Reimbu	mas Parker arsement Pla		nance
Home Office:	Hebrew Home Management Service 1800 NE 168th Street, Suite 200 Miami Beach, FL 33162	es				



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Tallahassee, Florida 32308

CENTER	E LAZA KI	EHABILITATION AND NURSING	ì	Provider Number:		0 311308	3-00	
42 COLLINS A	COLLINS AVENUE AMI BEACH , FL 33139 ovider Type: trising Home Single Level Level H: Aids Rate Type: Interim Total Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Tribution: tract Management / Fiscal Agent nament File For Information Only No Change in Rate Home Office: Hebrew Home Management Server		Date:	-	7/14/20	15		
MIAMI BEACH			Fiscal Year End:		7/31/20)11		
Provider Typ	pe:			Audit Status:		Unaudited		
Nursing Hon	ne Sing	le Level			Current <u>Rate</u> 206.30	New <u>Rate</u> 207.51	Effective Date 1/1/2013	
	Leve	l H: Aids			357.11	358.32	1/1/2013	
Pata 1	Fynor							
Rate	ype:							
Basis:	Budget Unaudited c	Interim Component Settlement based on cost Prior Provider Prospective data	Chan	Total ges: Rate Semeste	er Change	with Interim		
	-							
Distribution: Contract Manager Permanent File	ment / Fiscal	Agent		The dedicaid Cost Reimb	omas Parker ursement Pla		nance	
	mation Only							
		Hebrew Home Management Service 1800 NE 168th Street, Suite 200 Miami Beach, El. 33163	ces					



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Tallahassee, Florida 32308

CENTER	Provider Nun	iber:		0 311308-00					
42 COLLINS AV	VENILIE			. Date:			7/14/2015 7/31/2012		
MIAMI BEACH		3139		. Fiscal Year E	nd:				
		1137		Audit Status:			Unaudi	ted	
Provider Typ	e:								
						Current Rate	New Rate	Effective <u>Date</u>	
Nursing Hom	ie Singl	le Level				195.47	196.70	7/1/2013	
Rate T	Гуре:								
1	nterim		X	Prospective					
-		Total Interim		X	Total I	rospective			
_		Interim Component			Total I	Prospective	with Interim	Component	
_		Settlement based on cost							
_		Prior Provider Prospective data							
Basis:			Cha	nges:					
			-	Rate So	emester	Change			
	Budget					& RFA NE	H10-046G FY	Έ	
X	Unaudited c			07/31/	2007				
	Field audited								
	Desk audited	d costs							
Distribution:			<	70	Tho	mas Parke	M*		
Contract Manager	ment / Fiscal	Agent		Medicaid Cost I				nanca	
Permanent File				. Tedicula Cost i	· Cimou	a sement 1 h	anning and 11	nance	
For Information	mation Only								
No Chang	e in Rate								
Home	Office:	Hebrew Home Management Service	ces						
		1800 NE 168th Street, Suite 200							
		Miami Beach, FL 33162							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CENTER	Provider Number:		0 311308-00					
42 COLLINS AVENUE			Date:		7/14/2015			
MIAMI BEACH , FL 3	3139		Fiscal Year End:		7/31/2012			
Provider Type:			Audit Status:	-	Unaudi	ted		
N	le Level			Current <u>Rate</u> 196.83	New <u>Rate</u> 198.07	Effective <u>Date</u> 1/1/2014		
Data T								
Rate Type:								
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X	and the second s	Prospective Prospective	with Interim (Component		
Basis: Budget X Unaudited control Field audited Desk audited	d costs	Chan	Rate Semeste		110-046G FYI	E		
Distribution: Contract Management / Fiscal A Permanent File For Information Only No Change in Rate	Agent	M	Tho edicaid Cost Reimbu	mas Parker irsement Plai		ance		
Home Office:	Hebrew Home Management Service 1800 NE 168th Street, Suite 200 Miami Beach, FL 33162	S						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA REHABILITATION AND NURSING CENTER				Provider Number		0 311308-00		
42 COLLINS A	AVENUE		-	Date:		7/14/2015		
MIAMI BEAC		3139		Fiscal Year End:				
				Audit Status:		Unaudi	led	
Provider Ty Nursing Ho	-	le Level			Current <u>Rate</u> 201.79	New <u>Rate</u> 203.07	Effective <u>Date</u> 7/1/2014	
	ii							
Rate	Type:							
	Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X		al Prospective	with Interim	Component	
Basis:	Budget Unaudited c Field audited Desk audited	d costs	Char	Rate Semes	ster Change FA & RFA NF	H10-046G FY	Ē	
No Chan				T Medicaid Cost Rein	homas Parke ibursement Pla		nance	
nom	ic Omce:	Hebrew Home Management Service 1800 NE 168th Street, Suite 200 Miami Beach, FL 33162	ces					

NPAOK

Report Calculated: 7/14/2015 4:25:34 PM

Report Printed: 7/14/2015 ID: 311308073120130801201210212013144637



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Tallahassee, Florida 32308

CENTER	SOUTH POINTE PLAZA REHABILITATION AND NURSING					nber:		0 311308-00			
42 COLLINS AVE	CAULIC			Date:				7/14/2015			
MIAMI BEACH		20		Fiscal Year End:		End:		7/31/20	13		
WIAMI BEACH	, FL 331	39		Audit	Status:			7/14/2015 7/31/2013 Unaudited It New Effect Rate Date 2 205.70 1/1/20			
Provider Type											
							Current	New	Effective		
							Rate	Rate	Date		
Nursing Home	Single	Level					204.42	205.70	1/1/2015		
Rate Ty	mo:	7									
Rate 1 y	pe.										
Int	erim		Х	Pros	pective						
		Total Interim			X	Total	Prospective				
		Interim Component				NOP .			Component		
-		Settlement based on cost				-	-		· · · · · · · · · · · · · · · · · · ·		
		Prior Provider Prospective data									
		-			_						
Basis:			Cha	nges:							
					_		er Change				
	Budget			X	Effect 07/31		A & RFA NI	H10-046G FY	'E		
	Jnaudited co				07/31	/200/					
	Field audited										
I	Desk audited	costs									
Distribution:				7							
Contract Managem	ont / Figural A	and.		/)_		omas Parke				
Permanent File	ent/Fiscal A	agent]	Medica	id Cost	Reimb	ursement Pla	anning and Fi	nance		
For Inform											
No Change	in Rate										
Home C	Office:	Hebrew Home Management Service	es								
		1800 NE 168th Street, Suite 200									
		Miami Beach, FL 33162									



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Tallahassee, Florida 32308

SOUTH POINTE PLAZA REHABILITATION AND NURSING CENTER				Provider Number:		0 311308-00		
42 COLLINS A	VENILE			Date:	7/14/2015			
MIAMI BEAC		120		Fiscal Year End:		1/31/20	15	
MIAWI BEAC	H , FL 33	139		Audit Status:		Unaudit	ed	
Provider Ty	pe:							
					Current Rate	New Rate	Effective <u>Date</u>	
Nursing Ho	me Single	e Level			194.40	195.66	9/1/2015	
Data	Type:							
Rate	Type.							
	Interim		X	Prospective				
	•	Total Interim		_	l Prospective			
		Interim Component				with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
	D 1			Rate Semest				
X	Budget		-	Effects of F 07/31/2007		110-046G FY	'E	
	 Unaudited confidence Field audited 							
	Desk audited							
	_ Desk addited	CUSIS						
Distribution	*			777	iomas Parke			
Contract Manag	gement / Fiscal .	Agent		Medicaid Cost Reim			nanca	
Permanent File				Medicald Cost Refin	oursement i i	anning and t	mance	
For Info	ormation Only							
No Char	nge in Rate							
Hon	ne Office:	Hebrew Home Management Servi 1800 NE 168th Street, Suite 200 Miami Beach, El. 33162	ices					



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Tallahassee, Florida 32308

LIFE CARE CENTER OF PENSACOLA				Provider Number:		0.313004	-00		
3291 EAST OI	LIVE RD			Date: 9/14/2015					
PENSACOLA,	, FL 32514			Fiscal Year End:	12/31/2010				
				Audit Status:		Field Auc	lited		
Provider Ty	ne:								
					Current Rate	New <u>Rate</u>	Effective Date		
Nursing Ho	me Sing	le Level			209.57	209.30	1/1/2012		
	Leve	el H: Aids			357.18	356.91	1/1/2012		
Rate	Type:								
	Interim		X	Prospective					
	- 1111071111	Total Interim			al Prospective				
		Interim Component		Section 1997		with Interim	Component		
	-	Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	inges:					
				Rate Semes	ster Change				
	Budget			X Field Audi	t #NH13-080	C FYE 12/31	/2010		
	Unaudited	costs							
X	Field audit	ed costs							
	Desk audit	ed costs							
Distribution	n:			76) T	homas Park	er			
Contract Mana	ngement / Fisca	d Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance		
Permanent File	e								
For In	formation Only	(
No Cha	ange in Rate								
Но	ome Office:	Life Care Centers Of America							
		3570 NW Keith Street							
		Cleveland, TN 37312							



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Tallahassee, Florida 32308

LIFE CARE CI	ENTER OF PEN	NSACOLA		Provider Number:		0 315664-00 9/14/2015		
3291 EAST OL	.IVE RD			Date:				
PENSACOLA,	FL 32514		Fiscal Year End:		12/31/2010			
				Audit Status:		Field Auc	lited	
Provider Ty	ne:							
- 10 - 100 - 10	p.c.				Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Ho	me Single	e Level			215.43	215.15	7/1/2012	
	Level	H: Aids			364.64	364.36	7/1/2012	
Rate	Type:							
	Interim		X	Prospective				
	-	Total Interim			al Prospective			
		Interim Component		-	al Prospective		Component	
		Settlement based on cost					1	
		Prior Provider Prospective data						
	_	-						
Basis:			Cha	nges:				
	Budget				ster Change t #NH13-080	C EVE 12/31	/2010	
· · · · · · · · · · · · · · · · · · ·	Unaudited co	nete	-	A ricia Audi	II #1 V 11113-080	CTTL 12/51/	2010	
X	Field audited							
	Desk audited							
Distribution	<u>ı:</u>			700	homas Parko	er		
Contract Mana	gement / Fiscal	Agent	-	Medicaid Cost Rein			inance	
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate							
Hor	me Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN, 37312						