

MEMORANDUM

Date:

April 28, 2016

To:

Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations

From:

Lisa Smith, Medicaid Cost Reimbursement Administrator

Subject:

Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	Provider Number	Number of Rate Change Notices
1.	Signature Healthcare of Palm Beach	0 001136-00	14
2.	Golfview Healthcare Center	0 019085-00	1
3.	University Center East	0 041686-00	1
4.	Central Park Healthcare and Rehabilitation Center	0 043856-00	1
5.	Rosewood Health and Rehabilitation Center	0 059869-00	1
6.	Heritage Park Rehabilitation and Healthcare	0 061095-00	1
7.	Palm Garden of Ocala	0 098584-00	6
8.	The Terrace of Kissimmee	0 100487-00	6
9.	The Oaks of Clearwater	0 101391-00	4
10.	The Terrace of St. Cloud	0 102419-00	6
11.	Cross Terrace Rehabilitation Center	0 102791-00	6
12.	Cypress Village	0 122242-00	3
13.	Lake Bennet Health and Rehabilitation	0 135647-00	3
14.	Jackson Memorial Perdue Medical Center	0 203670-00	1
15.	Good Samaritan Society- Kissimmee Village	0 205303-00	1
16.	Westminster Towers	0 208540-00	2
17.	Westminster Woods on Julington Creek	0 212083-00	10
18.	Life Care Center of Hilliard	0 214060-00	1
19.	Haines City Health Care	0 224341-00	1
20.	South Heritage Health & Rehabilitation Center	0 226360-00	6
21.	Wilton Manors Health and Rehabilitation Center	0 227579-00	1
22.	First Coast Health and Rehabilitation Center	0 227838-00	4
23.	Hawthorne Health and Rehab of Ocala	0 253456-00	4
24.	Avalon Healthcare Center	0 261629-00	1
25.	Emerald Health Care Center	0 261637-00	1



		TOTAL:	114
33.	Moosehaven, Inc.	0 326011-00	2
32.	Manorcare Health Services-Carrollwood	0 325678-00	1
31.	Winter Park Care and Rehabilitation Center	0 324515-00	1
30.	Madison Pointe Rehabilitation and Health Center	0 324124-00	1
29.	Westwood Health Care Center	0 316075-00	9
28.	Cypress Village	0 307998-00	12
27.	Titusville Rehabilitation and Nursing Center	0 263974-00	1
26.	Metro West Nursing and Rehab Center	0 263541-00	1

If you have any questions regarding the above contact Lisa Smith 412-4114.

LS/kc

		Single Level	Level H: AIDS	Single Level	Single Level		
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		мсм	Audit
Number 000113600	20090401	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
000113600		200.40	338.75	200.40	200.40	79263-16	NH11-0770
000113600	20090701	209.52 211.92	349.87	209.52	209.52	79263-16	NH11-0770
000113600	20100701	203.61	353.84	211.92	211.92	79263-16	NH11-0770
000113600	20100701	212.08	346.95 356.94	203.61	203.61	79263-16	NH11-0770
000113600	20110701	204.86	351.06	204.86	204.86	79263-16 79263-16	NH11-0770
000113600	20120101	210.06	357.67	210.06	210.06	79263-16	NH11-0770
000113600	20120701	217.29	366.50	217.29	217.29	79263-16	NH11-0770
000113600	20130101	220.90	371.71	220.90	220.90	79263-16	NH11-0770
000113600	20130701	220.71	0.00	220.71	220.71	79263-16	NH11-0770
000113600	20140101	220.71	0.00	220.71	220.71	79263-16	NH11-0770
000113600	20140701	231.48	0.00	231.48	231.48	79263-16	NH11-077C
000113600	20150101	234.77	0.00	234.77	234.77	79263-16	NH11-0770
000113600	20150901	232.82	0.00	232.82	232.82	79263-16	NH11-077C
001908500	20150901	200.16	0.00	200.16	200.16	79263-16	111111111111111111111111111111111111111
004168600	20150901	214.82	0.00	214.82	214.82	79263-16	
004385600	20150901	208.16	0.00	208.16	208.16	79263-16	
005986900	20150901	207.26	0.00	207.26	207.26	79263-16	1
006109500	20150901	206.72	0.00	206.72	206.72	79263-16	
009858400	20131101	218.92	0.00	218.92	218.92	79263-16	
009858400	20140101	218.74	0.00	218.74	218.74	79263-16	
009858400	20140501	221.16	0.00	221.16	221.16	79263-16	
009858400	20140701	232.28	0.00	232.28	232.28	79263-16	
009858400	20150101	231.72	0.00	231.72	231.72	79263-16	
009858400	20150901	231.10	0.00	231.10	231.10	79263-16	
010048700	20131201	190.99	0.00	190.99	190.99	79263-16	
010048700	20140101	193.20	0.00	193.20	193.20	79263-16	
010048700	20140701	200.47	0.00	200.47	200.47	79263-16	
010048700	20150101	201.29	0.00	201.29	201.29	79263-16	
010048700	20150301	205.56	0.00	205.56	205.56	79263-16	
010048700	20150901	203.65	0.00	203.65	203.65	79263-16	
010139100	20140117	192.54	0.00	192.54	192.54	79263-16	
010139100	20140701	199.99	0.00	199.99	199.99	79263-16	
010139100	20150101	205.97	0.00	205.97	205.97	79263-16	
010139100	20150901	203.30	0.00	203.30	203.30	79263-16	
010241900	20131201	187.24	0.00	187.24	187.24	79263-16	
010241900	20140101	188.95	0.00	188.95	188.95	79263-16	
010241900	20140701	197.84	0.00	197.84	197.84	79263-16	
010241900	20150101	199.19	0.00	199.19	199.19	79263-16	
010241900	20150301	203.43	0.00	203.43	203.43	79263-16	
010241900	20150901	201.45	0.00	201.45	201.45	79263-16	
010279100	20131230	233.16	0.00	233.16	233.16	79263-16	
010279100	20140101	233.20	0.00	233.20	233.20	79263-16	
010279100	20140701	245.07	0.00	245.07	245.07	79263-16	
010279100	20140801	249.08	0.00	249.08	249.08	79263-16	
010279100	20150101	254.00	0.00	254.00	254.00	79263-16	
010279100	20150901 20140829	254.72	0.00	254.72	254.72	79263-16	NUI11 OAE
012224200		222.54	0.00	222.54	222.54	79263-16	NH11-045L
012224200	20150101 20150901	223.38	0.00	223.38	223.38	79263-16	NH11-045L
013564700	20150901	236.38	0.00	236.38	223.84	79263-16 79263-16	NH11-045L
013564700	20150701	236.71	0.00	236.71	236.38	79263-16	
013564700	20150901	236.74	0.00	236.74	236.74	79263-16	
020367000	20150901	265.55	0.00	265.55	265.55	79263-16	-
0205307000	20150901	223.39	0.00	223.39	223.39	79263-16	
020854000	20110101	190.89	335.75	190.89	190.89	79263-16	NH13-106C
020854000	20110701	182.32	328.52	182.32	182.32	79263-16	NH13-106C
021208300	20110701	200.05	344.91	200.05	200.05	79263-16	NH13-106C
021208300	20110701	191.12	337.32	191.12	191.12	79263-16	NH13-109C
021208300	20120101	190.00	337.61	190.00	190.00	79263-16	NH13-109C

Provider	Effective Date	Intormediate	Skilled AIDC	Indows add to the		A.C	
	Format	Intermediate I	Skilled AIDS	Intermediate II		MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
021208300	20120701	195.26	344.47	195.26	195.26	79263-16	NH13-1090
021208300	20130101	193.29	344.10	193.29	193.29	79263-16	NH13-1090
021208300	20130701	197.92	0.00	197.92	197.92	79263-16	NH13-1090
021208300	20140101	199.89	0.00	199.89	199.89	79263-16	NH13-109C
021208300	20140701	207.23	0.00	207.23	207.23	79263-16	NH13-1090
021208300	20150101	219.97	0.00	219.97	219.97	79263-16	NH13-1090
021208300	20150901	221.00	0.00	221.00	221.00	79263-16	NH13-1090
021406000	20150901	203.25	0.00	203.25	203.25	79263-16	ļ
022434100	20150901	223.74	0.00	223.74	223.74	79263-16	
022636000	20100701	202.94	346.28	202.94	202.94	79263-16	NH07-106C
022636000	20120101	209.48	357.09	209.48	209.48	79263-16	NH07-106C
022636000	20140101	232.91	0.00	232.91	232.91	79263-16	NH13-2620
022636000	20140701	244.04	0.00	244.04	244.04	79263-16	NH13-2620
022636000	20150101	252.21	0.00	252.21	252.21	79263-16	NH13-262C
022636000	20150901	248.32	0.00	248.32	248.32	79263-16	NH13-262C
022757900	20150901	225.20	0.00	225.20	225.20	79263-16	
022783800	20140101	210.11	0.00	210.11	210.11	79263-16	NH13-263C
022783800	20140701	218.78	0.00	218.78	218.78	79263-16	NH13-263C
022783800	20150101	221.50	0.00	221.50	221.50	79263-16	NH13-263C
022783800	20150901	219.83	0.00	219.83	219.83	79263-16	NH13-263C
025345600	20140101	201.76	0.00	201.76	201.76	79263-16	NH13-266C
025345600	20140701	208.16	0.00	208.16	208.16	79263-16	NH13-266C
025345600	20150101	220.00	0.00	220.00	220.00	79263-16	NH13-266C
025345600	20150901	217.71	0.00	217.71	217.71	79263-16	NH13-266C
026162900	20090701	186.46	326.81	186.46	186.46	79263-16	NH11-041L
026163700	20090701	198.89	339.24	198.89	198.89	79263-16	NH11-040L
026354100	20150901	212.83	0.00	212.83	212.83	79263-16	
026397400	20150901	216.08	0.00	216.08	216.08	79263-16	
030799800	20090401	200.06	338.41	200.06	200.06	79263-16	NH11-045L
030799800	20090701	200.04	340.39	200.04	200.04	79263-16	NH11-045L
030799800	20100101	206.29	348.21	206.29	206.29	79263-16	NH11-045L
030799800	20100701	207.20	350.54	207.20	207.20	79263-16	NH11-045L
030799800	20110101	209.70	354.56	209.70	209.70	79263-16	NH11-045L
030799800	20110701	200.01	346.21	200.01	200.01	79263-16	NH11-045L
030799800	20120101	200.43	348.04	200.43	200.43	79263-16	NH11-045L
030799800	20120701	208.84	358.05	208.84	208.84	79263-16	NH11-045L
030799800	20130101	212.14	362.95	212.14	212.14	79263-16	NH11-045L
030799800	20130701	217.51	0.00	217.51	217.51	79263-16	NH11-045L
030799800	20140101	213.65	0.00	213.65	213.65	79263-16	NH11-045L
030799800	20140701	222.54	0.00	222.54	222.54	79263-16	NH11-045L
031607500	20090701	198.77	339.12	198.77	198.77	79263-16	NH11-002L
031607500	20100101	205.12	347.04	205.12	205.12	79263-16	NH11-002L
031607500	20100701	208.44	351.78	208.44	208.44	79263-16	NH11-002L
031607500	20110101	204.20	349.06	204.20	204.20	79263-16	NH11-002L
031607500	20110701	197.16	343.36	197.16	197.16	79263-16	NH11-002L
031607500	20120101	195.10	342.71	195.10	195.10	79263-16	NH11-002L
031607500	20120701	201.36	350.57	201.36	201.36	79263-16	NH11-002L
031607500	20130101	204.57	355.38	204.57	204.57	79263-16	NH11-002L
031607500	20130701	213.01	0.00	213.01	213.01	79263-16	NH11-002L
032412400	20150901	243.87	0.00	243.87	243.87	79263-16	
032451500	20150901	205.69	0.00	205.69	205.69	79263-16	
032567800	20150901	224.27	0.00	224.27	224.27	79263-16	
032601100	20160101	236.10	0.00	236.10	236.10	79263-16	
032601100	20160701	236.10	0.00	236.10	236.10	79263-16	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH 4405 LAKEWOOD ROAD			Pı	rovider Number:		0 001136-00 11/12/2015		
			D	ate:				
LAKE WORTH, FL 33461		Fi	scal Year End:	9/30/2008				
			A	udit Status:		Unaudi	ted	
Provider Ty	ype:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Ho	ome Sing	gle Level			<u>199.89</u>	200.40	4/1/2009	
	Lev	el H: Aids			338.24	<u>338.75</u>	4/1/2009	
Rate	e Type:							
Interim Total Interim		Total Interim	XI	Prospective X Tot	al Prospective			
		Interim Component Settlement based on cost Prior Provider Prospective data	_	Tot	al Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs		Change	Rate Seme Effects of	ster Change FA & RFA #N for Prior Prov				
<u>Distribution:</u> Contract Management / Fiscal Agent		Lisa Smith Medicaid Cost Reimbursement Planning and Finance						
Permanent File			IVIE	dicaid Cost Reii	iidursemem Fi	amming and r	mance	
For In	formation Only	y			1	. 1-		
No Cha	ange in Rate			0	Aug P	nily		
Но	me Office:	Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299						
6SDP	Report Cale	culated: 11/12/2015 1:29:13 PM Repo	ort Printed :4/4	/2016 ID:		The Committee of the Co		



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Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH 4405 LAKEWOOD ROAD		Provider Number: Date:		0 001136-00		
LAKE WORTH, FL 33401		Audit Status:		Unaudite	ed	
Provider Type: Nursing Home Single I	Level		Current Rate 209.50	New <u>Rate</u> 209.52	Effective <u>Date</u> 7/1/2009	
Level H	[: Aids		349.85	349.87	7/1/2009	
Rate Type:	,				900	
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Prospective X To	tal Prospectiv	e e with Interin	1 Componen	
Basis: Budget X Unaudited co Field audited Desk audited	costs	Y Effects o	ester Change f FA & RFA i 5 for Prior Pro	#NH11-077C ovider #25711	FYE 7	
Distribution:			Lisa Smit		Finance	
Contract Management / Fiscal	Agent	Medicaid Cost Re	eimbursement	rianning and	1 Illance	
Permanent FileFor Information OnlyNo Change in Rate			Aug.	Initi		
Home Office:	Signature Healthcare LLC					



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Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH	Provider Number: 0 001136-00			
4405 LAKEWOOD ROAD	Date: 11/12/2015			
LAKE WORTH, FL 33461	Fiscal Year End: 9/30/2008			
	Audit Status: Unaudited			
Provider Type:				
	Current New Effective Rate Rate Date			
Nursing Home Single Level	<u>211.90</u> <u>211.92</u> <u>1/1/201</u>			
Level H: Aids	<u>353.82</u> <u>353.84</u> <u>1/1/201</u>			
Rate Type:				
Interim	X Prospective			
Total Interim	X Total Prospective			
Interim Component	Total Prospective with Interim Componen			
Settlement based on cost				
Prior Provider Prospective data				
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semester Change X Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117			
Distribution:	Lisa Smith			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance			
Permanent File	1			
For Information OnlyNo Change in Rate	Asa mits			
Home Office: Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299				



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Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH 4405 LAKEWOOD ROAD LAKE WORTH, FL 33461		Provider Numb	er:	0 001136-00 11/12/2015 9/30/2009		
		Date:				
		Fiscal Year End	d:			
		Audit Status:		Unaudi	ted	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	<u>Date</u>	
Nursing Home Sing	gle Level		<u>203.60</u>	203.61	7/1/2010	
Leve	el H: Aids		346.94	346.95	7/1/2010	
Rate Type:						
Interim	9	X Prospective				
	Total Interim		Total Prospective	2		
	Interim Component		Total Prospective	with Interim	Component	
i	Settlement based on cost					
5	Prior Provider Prospective da	ta				
Basis: Budget Unaudited Field audit Desk audit	ted costs	X Effects	mester Change of FA & RFA #1 005 for Prior Prov			
Distribution:			Lisa Smith			
Contract Management / Fiscal Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File			75			
For Information Only	y		din)_ it]		
No Change in Rate			Aisa)	TRACT		
Home Office:	Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299					
16SDP Report Cale	culated: 11/12/2015 1:29:13 PM	Report Printed :4/4/2016 ID	0: 00113609302009	9100120080628	32010094514	



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Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH	Provider Number	r:	0 001136-00 11/12/2015 9/30/2010		
4405 LAKEWOOD ROAD	Date:				
LAKE WORTH, FL 33461	Fiscal Year End:				
	Audit Status:		Unaudit	ed	
Provider Type:		Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		212.06	212.08	1/1/2011	
Level H: Aids		356.92	<u>356.94</u>	1/1/2011	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	COLUMN TO THE PARTY OF THE PART	otal Prospective		Component	
Budget X Unaudited costs Field audited costs Desk audited costs	X Effects of	nester Change of FA & RFA #. 15 for Prior Prov			
Distribution:		Lisa Smith			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File		Í			
For Information OnlyNo Change in Rate		Aug)	nitil		
Home Office: Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299					



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Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH 4405 LAKEWOOD ROAD			Provider Number:		0 001136-00 11/12/2015		
			Date:				
LAKE WORTH, FL 33461		F	Fiscal Year End: 9/30		9/30/20	0/2010	
		F	Audit Status:		Unaudit	ed	
Provider Type:							
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Single Leve	l			204.84	<u>204.86</u>	7/1/2011	
Level H: Ai	ids			351.04	351.06	7/1/2011	
Rate Type:							
Interim		X	Prospective				
	l Interim			al Prospective	1		
	im Component		Tot	al Prospective	with Interim	Component	
Settl	ement based on cost						
Prior	Provider Prospective data						
Basis: Budget Unaudited costs Field audited costs Desk audited costs		Chan	Rate Seme Effects of	ester Change FA & RFA #1 for Prior Prov			
Distribution:			Lisa Smith				
Contract Management / Fiscal Agent		N	Medicaid Cost Rei	mbursement P	lanning and I	inance	
Permanent File				Ĭ «			
For Information Only			/	dias	nits.		
No Change in Rate			0	Sisa			
	ature Healthcare LLC 1 Bluegrass Parkway						



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Tallahassee, Florida 32308

SIGNATURE HEALTHCAR	Provider Numb	er:	0 001136-00 11/12/2015 9/30/2011		
4405 LAKEWOOD ROAD	Date:				
LAKE WORTH, FL 33461	Fiscal Year En	d:			
		Audit Status:		Unaudi	ted
Provider Type:					
			Current Rate	New Rate	Effective <u>Date</u>
Nursing Home Sing	le Level		210.04	210.06	1/1/2012
Leve	el H: Aids		<u>357.65</u>	357.67	1/1/2012
Rate Type:					
Interim		X Prospective			
	Total Interim		Total Prospective		
	Interim Component		Total Prospective	with Interim	Component
-	Settlement based on cost				
	Prior Provider Prospective data				
Pagia		CI			
Basis:		Changes:			
Budget			mester Change of FA & RFA #1	NH11 077C F	EVE
X Unaudited	costs		00 FA & RFA #1		
Field audit					
Desk audit					
1 2012 2012					
Distribution:			Lisa Smith		
Contract Management / Fisca	Medicaid Cost Reimbursement Planning and Finance				
Permanent File					
For Information Only			dia	· ;+-,	
No Change in Rate			Aisa d	navy	
Home Office:	Signature Healthcare LLC				
	12201 Bluegrass Parkway Louisville, KY 40299	2 2 wholes constitute and a			



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Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH	Provider Number: 0 001136-00
4405 LAKEWOOD ROAD	Date: 11/12/2015
LAKE WORTH, FL 33461	Fiscal Year End: 9/30/2011
	Audit Status: Unaudited
Provider Type: Nursing Home Single Level	Current New Effective Rate Rate Date 217.27 217.29 7/1/2012
Level H: Aids	<u>366.48</u> <u>366.50</u> <u>7/1/2012</u>
Interim Total Interim Interim Compone Settlement based Prior Provider Pr	
Budget X Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semester Change X Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117
Distribution: Contract Management / Fiscal Agent	Lisa Smith Medicaid Cost Reimbursement Planning and Finance
Permanent File	Made Cost Remidusement Financia and Finance
For Information OnlyNo Change in Rate	Assa Inital
Home Office: Signature Healthce 12201 Bluegrass I Louisville, KY 40	
16SDP Report Calculated: 11/12/2015 1:29	M Report Printed :4/4/2016 ID: 001136093020111001201012212011141016



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Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH	Provider Number	er:	0 001136-00 11/12/2015		
4405 LAKEWOOD ROAD	Date:				
LAKE WORTH, FL 33461	Fiscal Year End	:	9/30/20	11	
	Audit Status:		Unaudi	ted	
Provider Type:		Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Single Level		220.88	220.90	1/1/2013	
Level H: Aids		371.69	371.71	1/1/2013	
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	Changes: Rate Sen X Effects of	otal Prospective otal Prospective nester Change of FA & RFA #1 05 for Prior Prov	with Interim	YE	
Distribution:		Lisa Smith			
Contract Management / Fiscal Agent	Medicaid Cost Re	Medicaid Cost Reimbursement Planning and Finance			
Permanent File		1 .			
For Information OnlyNo Change in Rate		Aisa)	hit		
Home Office: Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299				100	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH	Provider Number: 0 001136-00					
4405 LAKEWOOD ROAD	Date: 11/12/2015					
LAKE WORTH, FL 33461	Fiscal Year End: 9/30/2012					
	Audit Status: Unaudited					
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 220.70 220.71 7/1/2013					
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						
Budget X Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semester Change Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117					
Distribution:	Lisa Smith					
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File	A					
For Information OnlyNo Change in Rate	Jusa Smith					
Home Office: Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH	Provider Number:	0 001136-00			
4405 LAKEWOOD ROAD	Date:		11/12/2015		
LAKE WORTH, FL 33461	Fiscal Year End:	Fiscal Year End: 9/30/2012			
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current Rate 220.69	New <u>Rate</u> 220.71	Effective	
Rate Type: Interim Total Interim		Prospective			
Settlement based on cost Prior Provider Prospective data	Total	Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs	Unaudited costs Field audited costs 9/30/2005 for Prior Provider #257				
<u>Distribution:</u> Contract Management / Fiscal Agent	Lisa Smith Medicaid Cost Reimbursement Planning and Finance				
Permanent File					
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Home Office: Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299				and the state of t	
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Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH		Provider Numbe	r:	0 001136-00 11/12/2015		
4405 LAKEWOOD ROAD	Date:					
LAKE WORTH, FL 33461		Fiscal Year End:	End: 9/30/2013			
		Audit Status:		Unaudit	ted	
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 231.47	New <u>Rate</u> 231.48	Effective	
Rate Type:						
		V. Domination				
Interim	Total Interim	X Prospective X T	otal Prospective			
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	Settlement based on cost		otal i rospective	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Component	
	Prior Provider Prospective data					
Basis: Budget X Unaudited Field audi Desk audi	ited costs	Rate Semester Change X Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117				
<u>Distribution:</u> Contract Management / Fisc	eal Agent	Medicaid Cost Ro	Lisa Smith	lanning and I	Finance	
Permanent File		Wedledid Cost K				
For Information On	ly		1) :+!		
No Change in Rate			The I	nuj		
Home Office:	Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
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Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH		Provide	Provider Number:		0 001136-00		
4405 LAKEWOOD ROAD		Date:			11/12/2015		
LAKE WORTH, FL 33461		Fiscal `	Fiscal Year End:		7/31/2014		
		Audit S	Status:		Unaudit	ed	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	le Level			234.75	234.77	1/1/2015	
a							
Rate Type:							
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Prosp	X Total	Prospective Prospective	with Interim	Component	
Basis: Budget X Unaudited Field audit Desk audit	ed costs	Changes: Rate Semester Change X Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117					
				* (
Distribution:	390			Lisa Smith			
Contract Management / Fisca	l Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File				L.			
For Information OnlyNo Change in Rate)isa)	niti		
Home Office:	Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299						
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Tallahassee, Florida 32308

SIGNATURE HEALTHCARE OF PALM BEACH		Provider Number	r:	0 001136-00			
4405 LAKEWOOD ROAD	Date:		11/12/2015				
LAKE WORTH, FL 33461	Fiscal Year End:		7/31/20	14			
		Audit Status:		Unaudit	ted		
Provider Type: Nursing Home Sing	gle Level		Current Rate 232.80	New <u>Rate</u> 232.82	Effective <u>Date</u> 9/1/2015		
Rate Type:							
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		otal Prospective		Component		
Basis: Budget X Unaudited Field audit Desk audit	red costs	Changes: Rate Semester Change Effects of FA & RFA #NH11-077C FYE 9/30/2005 for Prior Provider #257117					
<u>Distribution:</u> Contract Management / Fisca	al Agent	Medicaid Cost Re	Lisa Smith	lanning and F	inance		
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Tallahassee, Florida 32308

GOLFVIEW HEALTHCARE CENTER	Provider Number:		0 019085-00 3/23/2016		
3636 10TH AVE N	Date:				
SAINT PETERSBURG, FL 33713	Fiscal Year End:	7/31/2014			
	Audit Status:		Unaudit	ed	
Provider Type:				*	
		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		200.26	200.16	9/1/2015	
Rate Type:				4.	
Interim	Prospective				
Total Interim	X Total	Prospective			
Interim Component	Total	Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
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Basis:	hanges:				
	Rate Semeste				
Budget	X Retro for 9/2	2015 rate sem	ester to add I	Ratings	
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	D 1				
Distribution:	AN I	isa Smith			
Contract Management / Fiscal Agent	Medicaid Cost Reimb		nning and Fi	nance	
Permanent File					
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No Change in Rate					
Home Office: Signature Healthcare LLC	entroller from National Republic for Communities on the Manager Community (New Yorks, New Yorks, Ne	The same of the sa			
12201 Bluegrass Parkway	¥				
Louisville, KY 40299					
	ed :3/23/2016 ID: 0190		001201312172		



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Tallahassee, Florida 32308

UNIVERSITY CENTER EAST	Provider Numb	er:	0 041686-00 3/23/2016 7/31/2014		
991 E NEW YORK AVE	Date:				
DELAND, FL 32724	Fiscal Year En	d:			
	Audit Status:	-	Unaudit	ted	
Provider Type:		88			
,		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		215.64	214.82	9/1/2015	
Rate Type:					
Aute Type.					
Interim	X Prospective				
Total Interim		Total Prospective			
Interim Component	The state of the s	Total Prospective	with Interim	Component	
Settlement based on cost		р		сотронен	
Prior Provider Prospective data					
Basis:	Changes:				
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Budget		or 9/2015 rate sen	nester to add	Ratings	
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Distribution:	Sh	T: C:41		I B K B C B A 4	
Contract Management / Fiscal Agent	Madianid Cost P	Lisa Smith	1.00		
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Tallahassee, Florida 32308

CENTRAL PARK HEALTHCARE AND REHABILITATION CENTER 702 S KINGS AVE BRANDON, FL 33511-5925		R Provider Number	:	0 043856-00 3/23/2016 12/31/2013		
		Date:	-			
		Fiscal Year End:				
			Audit Status:		Unaudit	ed
Provider Ty	pe:					
	•			Current	New	Effective
				Rate	Rate	Date
Nursing Ho	me Sing	gle Level		208.30	<u>208.16</u>	9/1/2015
Rate	Type:		The second secon			
	Interim	;	X Prospective			
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		Interim Component	То	tal Prospective	with Interim	Component
		Settlement based on cost				
		Prior Provider Prospective data				
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		800 Concourse Parkway South				
		Suite 200				
		Maitland, FL 32751				
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ROSEWOOD HEALTH ANI	ROSEWOOD HEALTH AND REHABILITATION CENTER		der Number:		0 059869-00 3/24/2016		
3920 ROSEWOOD WAY		Date:					
ORLANDO, FL 32808		Fiscal	Year End:		12/31/20)13	
		Audit	Status:		Unaudit	ed	
Provider Type:							
V I				Current	New	Effective	
				Rate	Rate	Date	
Nursing Home Sing	le Level			207.51	<u>207.26</u>	9/1/2015	
Rate Type:							
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Interim		X Pros	pective			and the second s	
	Total Interim		X Tota	l Prospective			
	Interim Component	-	Tota	l Prospective	with Interim	Component	
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Contract Management / Fiscal	Agent	Medica	id Cost Reim	bursement Pl	anning and F	inance	
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	800 Concourse Parkway South						
	Suite 200						
	Maitland, FL 32751						
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Tallahassee, Florida 32308

HERITAGE PARK REHABILITATION AND HEALTHCARE		Provider Number:		0 061095-00		
2826 CLEVELAND AVE		Date:		3/24/2016		
FORT MYERS, FL 33901-6001		Fiscal Year End:	12/31/2013			
		Audit Status:		Unaudit	ed	
Provider Type:						
<i>J</i> 1			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home Sing	gle Level		206.94	206.72	9/1/2015	
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Interim		X Prospective				
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Contract Management / Fisca	ol A cent	0/9/	Lisa Smith			
	ai Agent	Medicaid Cost Reim	ibursement P	lanning and F	inance	
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Home Office:	CMC II, LLC			A 400 CO. C.		
	800 Concourse Parkway South					
	Suite 200					
	Maitland, FL 32751					
3I GOV Penort Cal	culated: 3/24/2016 11:59:20 AM Report P	rinted :3/24/2016 ID: 06	100512312013	1080120120529	2014094814	



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Tallahassee, Florida 32308

PALM GARDEN OF OCALA 2700 SW 34TH ST		Provide	er Number:		0 098584-00 3/22/2016		
		Date:					
OCALA, FL 34474		Fiscal `	Year End:		4/30/2014		
		Audit S	Status:		Unaudi	ted	
Provider Type:							
				Current	New	Effective	
				Rate	Rate	Date	
Nursing Home Sing	gle Level			217.23	218.92	11/1/2013	
Rate Type:							
X Interim		Prosp	ective				
	Total Interim			Prospective			
	Interim Component		Total	Prospective	with Interim	Component	
X	Settlement based on cost						
	Prior Provider Prospective data						
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X Unaudited	costs						
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Desk audi	ted costs						
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Distribution:			The second	Lisa Smith			
Contract Management / Fisca	al Agent	Medicai	d Cost Reiml		anning and F	Sinance	
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For Information Onl	y						
No Change in Rate							
Home Office:	Palm Garden Healthcare Holdings	s, LLC					
	2033 Main Street						
	Suite 300						
	Sarasota, FL 34237						
H39W0 Report Cal	culated: 3/22/2016 12:33:58 PM Repo	ort Printed :4/4/2016	ID: 098	58404302014	110120130722	22015110321	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF OCAL	A	Provider Number:		0 098584	-00	
2700 SW 34TH ST		Date:		3/22/2016		
OCALA, FL 34474		Fiscal Year End:		4/30/20	14	
		Audit Status:		Unaudit	ed	
Provider Type:					D.00	
			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	le Level		220.59	218.74	1/1/2014	
Truising Home Sing	ic Devel		220137	-		
Rate Type:						
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	Prior Provider Prospective data					
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Contract Management / Fisca	al Agent		Lisa Smith	1 ' 1 1		
Permanent File		Medicaid Cost Rein	mbursement P	lanning and F	inance	
For Information Onl	y					
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Home Office:	Palm Garden Healthcare Holdings	s, LLC			1	
	2033 Main Street					
	Suite 300					
	Sarasota, FL 34237					
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Tallahassee, Florida 32308

PALM GARDEN OF OCALA	Provider Number:		0 098584	-00	
2700 SW 34TH ST	Date:		3/22/2016		
OCALA, FL 34474	Fiscal Year End:		4/30/20	14	
	Audit Status:	som sometimes	Unaudit	ed	
Provider Type:					
Trovider Type.		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		220.59	221.16	5/1/2014	
Rate Type:					
V I					
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:	Changes:				
	Rate Semes	ter Change			
Budget	X Cost Settle	ment Using F	YE 4/30/2014	4 C/R	
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Distribution:		Lisa Smith			
Contract Management / Fiscal Agent	Medicaid Cost Rein		lanning and F	inance	
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Home Office: Palm Garden Healthcare Holdings,	LLC			ļ	
2033 Main Street					
Suite 300					
Sarasota, FL 34237 H39W0 Report Calculated: 3/22/2016 12:33:58 PM Report	rt Printed :4/4/2016 ID: 09		110120130722		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PALM GARDEN OF OCAL	A	Provider Number:		0 098584	-00
2700 SW 34TH ST		Date:		3/22/201	16
OCALA, FL 34474		Fiscal Year End:		4/30/20	14
		Audit Status:		Unaudit	ed
Provider Type:					
			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home Sing	le Level		231.07	232.28	7/1/2014
Data Tarra					
Rate Type:		,			
Interim	•	X Prospective			
	Total Interim	Tot	al Prospective		
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Home Office:	Palm Garden Healthcare Holdings,	LLC			
	2033 Main Street				
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Tallahassee, Florida 32308

PALM GARDEN OF OCALA	Provider Number:		0 098584-	-00
2700 SW 34TH ST	Date:	3/22/2016		
OCALA, FL 34474	Fiscal Year End:		4/30/20	
	Audit Status:		Unaudit	ed
Provider Type:		Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Single Level		226.83	231.72	1/1/2015
Rate Type:				
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data		Prospective Prospective	e with Interim	Component
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semest X Cost Settler		FYE 4/30/201	4 C/R
Distribution: Contract Management / Fiscal Agent Permanent FileFor Information OnlyNo Change in Rate	Medicaid Cost Reim	Lisa Smith bursement I		Finance
Home Office: Palm Garden Healthcare Holdings 2033 Main Street Suite 300 Sarasota, FL 34237 H39W0 Report Calculated: 3/22/2016 12:33:58 PM Rep		85840430201	411012013072	222015110321



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Tallahassee, Florida 32308

PALM GARDEN OF OCALA	Provider Number:		0 098584	-00
2700 SW 34TH ST	Date:		3/22/2016	
OCALA, FL 34474	Fiscal Year End:		4/30/20	14
	Audit Status:		Unaudit	ed
Provider Type:				
- VF		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		220.35	<u>231.10</u>	9/1/2015
Poto Typos				
Rate Type:				
Interim	X Prospective			
Total Interim		al Prospective	6	
Interim Component		0.70	with Interim	Component
X Settlement based on cost				1
Prior Provider Prospective data				
Basis:	Changes			
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<u>Distribution:</u>		Lisa Smith		
Contract Management / Fiscal Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File		10		
For Information Only				
No Change in Rate				
Home Office: Palm Garden Healthcare Holdings	, LLC			
2033 Main Street				
Suite 300				
Sarasota, FL 34237				
	ort Printed :4/4/2016 ID: 09	858404302014	1110120130722	22015110321



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE OF KISSIMMEE	Provider Number	r:	0 100487	7-00
221 PARK PLACE BLVD	Date:		4/14/20	16
KISSIMMEE, FL 34741	Fiscal Year End:		2/28/20)15
	Audit Status:		Unaudi	ted
Provider Type:				
		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		201.25	190.99	12/1/2013
Rate Type:				
X Interim	Prospective			permit is consumer
Total Interim		otal Prospective		_
Interim Component	10	otal Prospective	with Interim	Component
X Settlement based on cost	data			
Prior Provider Prospective	uata			
Basis:	Channe			
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Budget		ester Change lement using F	VE 2/28/2014	5
X Unaudited costs	Cost Bett	iement using i	1 L 2/20/201.	
Field audited costs				
Desk audited costs				
Distribution:		T1 0 10		
Contract Management / Fiscal Agent	Medicaid Cost Rei	Lisa Smith	lamming and T	Zimamaa
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enc.				
Home Office: SMJ Enterprises, LLC				
480 Fentress Blvd. Suite H				
Daytona Beach, FL 32114				
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE OF	KISSIMMEE	Provider Number:		0 100487	-00
221 PARK PLACE B	LVD	Date:		4/14/20	16
KISSIMMEE, FL 34	741	Fiscal Year End:		2/28/20	15
		Audit Status:		Unaudit	ted
Provider Type:					
			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home	Single Level		203.14	193.20	1/1/2014
Rate Type	e:				
X Interi	im	Prospective			
	Total Interim		l Prospective		
	Interim Component	The state of the s		with Interim	Component
	X Settlement based on cost				
	Prior Provider Prospective dat	ta			
	2 2 10				
Basis:		Changes:			
		Rate Semest	er Change		
Bu	dget			YE 2/28/2015	;
X Un	audited costs				
	ld audited costs				
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Distribution:		de	Lisa Smith		
Contract Managemen	t / Fiscal Agent	Medicaid Cost Reim		lanning and F	inance
Permanent File					
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Home Off	1				
	480 Fentress Blvd. Suite H				
	Daytona Beach, FL 32114				
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QPUCR

Report Calculated: 4/14/2016 8:24:47 AM

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 TERRACE OF KISSIMMEE		Provider Number:		0 100487-00			
221 PARK PLA	ACE BLVD		Date:		4/14/2016		
KISSIMMEE,	FL 34741		Fiscal Year End:		2/28/20	15	
			Audit Status:		Unaudit	ed	
Provider Ty Nursing Ho		le Level		Current <u>Rate</u> 209.70	New <u>Rate</u> 200.47	Effective	
Rate	Туре:						
Basis:	Budget Unaudited Field audite Desk audite	ed costs	Changes:	al Prospective al Prospective ster Change ement using F	with Interim		
Permanent FileFor InNo Cha	agement / Fisca	SMJ Enterprises, LLC	Medicaid Cost Rein	Lisa Smith	lanning and F	inance	
		480 Fentress Blvd. Suite H Daytona Beach, FL 32114					

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Tallahassee, Florida 32308

THE TERRACE OF KISS	SIMMEE	Provider Number:		0 100487	-00
221 PARK PLACE BLVI)	Date:		4/14/20	16
KISSIMMEE, FL 34741		Fiscal Year End:		2/28/20	15
		Audit Status:		Unaudit	ed
Provider Type:					
110/1001 1/pot			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home S	ingle Level		209.27	201.29	<u>1/1/2015</u>
Rate Type:					
X Interim		Prospective			
	Total Interim		al Prospective	•	
-	Interim Component	Tota	al Prospective	with Interim	Component
X	Settlement based on cost				
	Prior Provider Prospective data	4			
	144 AL 40 00 00 40 00.				
Basis:		Changes:			
		Rate Semes	ster Change		
Budge	t	X Cost Settle	ment using F	YE 2/28/201:	5
X Unaud	ited costs				
	udited costs				
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		Λ.			
Distribution:			Lisa Smith		
Contract Management / F	Fiscal Agent	Medicaid Cost Rein	nbursement F	lanning and I	Finance
Permanent File					
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Home Office	: SMJ Enterprises, LLC				
	480 Fentress Blvd. Suite H				
	Daytona Beach, FL 32114				
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Tallahassee, Florida 32308

Provider Number:		0 100487-00 4/14/2016		
Date:				
Fiscal Year End:		2/28/2015		
Audit Status:		Unaudit	ed	
w	Current	New	Effective	
			Date	
	<u>209.27</u>	<u>205.56</u>	3/1/2015	
X Prospective				
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Tota	al Prospective	with Interim	Component	
Changes:				
	ster Change			
X Cost Settle	ment using F	YE 2/28/201:	5	
	Lisa Smith			
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inted:4/14/2016 ID: 10	004870228201	512012013010	82016104721	
	Date: Fiscal Year End: Audit Status: X Prospective Tota Tota Tota Changes: Rate Semes X Cost Settle	Date: Fiscal Year End: Audit Status: Current Rate 209.27 X Prospective Total Prospective	Date: 4/14/20 Fiscal Year End: 2/28/20 Audit Status: Unaudit Current New Rate Rate 209.27 205.56 X Prospective Total Prospective with Interim Changes: Rate Semester Change X Cost Settlement using FYE 2/28/201: Lisa Smith Medicaid Cost Reimbursement Planning and Interior Interi	



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Tallahassee, Florida 32308

THE TERRACE OF KISSIMMEE	Provider Number:		0 100487	-00
221 PARK PLACE BLVD	Date:	-	4/14/20	16
KISSIMMEE, FL 34741	Fiscal Year End:		2/28/20	15
	Audit Status:		Unaudit	ed
Provider Type:				
		Current	New	Effective
No. 1 - Was Circle Van 1		Rate	Rate	Date
Nursing Home Single Level		202.72	203.65	9/1/2015
Rate Type:				
Interim	X Prospective			
Total Interim		Prospective		
Interim Component	Total	Prospective	with Interim	Component
X Settlement based on cost				
Prior Provider Prospective data				
Posice	CI			
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Contract Management / Fiscal Agent		Lisa Smith		
Permanent File	Medicaid Cost Reim	oursement P	lanning and F	inance
For Information Only				
No Change in Rate				
Home Office: SMJ Enterprises, LLC				
480 Fentress Blvd. Suite H				
Daytona Beach, FL 32114				3
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Tallahassee, Florida 32308

THE OAKS OF CLEARWATER	Provider Number:		0 101391	-00
420 BAY AVE	Date:		4/6/20	
CLEARWATER, FL 33756	Fiscal Year End:	(C)	12/31/2	014
	Audit Status:		Unaudi	ted
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		211.82	192.54	1/17/2014
Rate Type:				
X Interim	Prospective			
Total Interim		l Prospective		
Interim Component	Total	l Prospective	with Interim	Component
X Settlement based on cost				
Prior Provider Prospective data				
n				
Basis:	Changes:			
D. J	Rate Semest			
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Distribution:		Lisa Smith		
Contract Management / Fiscal Agent	Medicaid Cost Reiml	oursement Pl	anning and F	inance
Permanent File				
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5801 Ulmerton Road				
Suite 200				!
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE OAKS OF C	CLEARWAT	LEARWATER Provider Number: 0 1013		0 101391			
420 BAY AVE		Date:	-	4/6/2016			
CLEARWATER, FL 33756		Fiscal	Year End:		12/31/2014		
		Audit	Status:		Unaudit	ed	
Provider Type	e:						
					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Home	e Singl	le Level			220.63	199.99	7/1/2014
·							
Rate T	ype:						
X Ir	nterim		Prosp	pective			
-		Total Interim	-		l Prospective		2
	37	Interim Component		Tota	al Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
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Basis:	J		Changes:	J			
	D14			Rate Semes	_		
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	Field audite						
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	Desk audite	d costs					
Di-4-21				LD			
Distribution:					Lisa Smith		
Contract Manager	nent / Fiscal	Agent	Medica	id Cost Reim	bursement Pl	anning and Fi	inance
Permanent File							
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Home	Office:	TJM Properties	The section of the section of the	of a contract of			
		5801 Ulmerton Road					
		Suite 200					
		Clearwater, FL 33760					



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Tallahassee, Florida 32308

THE OAKS OF CLEARWATER	Provider Number:		0 101391	-00		
420 BAY AVE	Date:	4/6/2016				
CLEARWATER, FL 33756	Fiscal Year End:		12/31/2014			
	Audit Status:		ed			
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home Single Level		220.32	205.97	1/1/2015		
Rate Type:						
Interim	X Prospective					
Total Interim	Total	Prospective				
Interim Component	Total	Prospective	with Interim	Component		
X Settlement based on cost						
Prior Provider Prospective data						
Budget	Changes: Rate Semeste X Cost Settlem		/31/2014			
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Field audited costs						
Desk audited costs						
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Contract Management / Fiscal Agent		Lisa Smith	. 15			
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Home Office: TJM Properties				District N		
5801 Ulmerton Road Suite 200	8					



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Tallahassee, Florida 32308

THE OAKS OF CLEARWA	TER	Provid	er Number:		0 101391-00			
420 BAY AVE					4/6/2016			
CLEARWATER, FL 33756		Fiscal	Year End:		12/31/2014			
		Audit S	Status:		Unaudit	ed		
Provider Type:								
				Current	New	Effective		
Nuncing Home Sine	alo I aval			Rate	Rate	<u>Date</u>		
Nursing Home Sing	gle Level			<u>213.25</u>	203.30	9/1/2015		
Rate Type:								
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Interim	Total Interim	X Prosp	ective	D				
	Interim Component			Prospective	with Interim	Component		
X	Settlement based on cost	-	10141	riospective	with internit	Component		
	Prior Provider Prospective data							
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Budget		X		nent FYE 12	31/2014			
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Field audit	ted costs							
Desk audit	ted costs							
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Contract Management / Fisca	al Agent	Medicai	d Cost Reiml		anning and F	inance		
Permanent File								
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No Change in Rate								
Home Office:	TJM Properties		-500 =		Beet of the C			
	5801 Ulmerton Road							
	Suite 200							
	Clearwater, FL 33760							



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Tallahassee, Florida 32308

THE TERRACE OF ST. CLOUD	Provider Number:		0 102419-00 4/20/2016		
3855 OLD CANOE CREEK ROAD	Date:				
SAINT CLOUD, FL 34769	Fiscal Year End:		2/28/20)15	
	Audit Status:		Unaudi	ted	
Provider Type:					
		Current	New	Effective	
		Rate	Rate	<u>Date</u>	
Nursing Home Single Level		205.72	187.24	12/1/2013	
Rate Type:					
X Interim	Prospective				
Total Interim		al Prospective	:		
Interim Component	Tot	al Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
	Rate Seme	ster Change			
Budget	X Cost Settle	ement using F	YE 2/28/2015	5	
X Unaudited costs					
Field audited costs Desk audited costs					
Desk audited costs					
Distribution:	00				
Contract Management / Fiscal Agent		Lisa Smith			
Permanent File	Medicaid Cost Rein	nbursement P	lanning and F	inance	
For Information Only					
No Change in Rate					
Home Office: SMJ Enterprises, LLC 480 Fentress Blvd. Suite H					
Daytona Beach, FL 32114					
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Tallahassee, Florida 32308

THE TERRA	ACE OF ST. CLO	OUD		Provider Number:	9272	0 102419	-00	
3855 OLD C	CANOE CREEK	ROAD		Date:	4/20/2016			
SAINT CLC	UD, FL 34769			Fiscal Year End:		2/28/2015		
				Audit Status:		Unaudit	ted	
Provider 7	Гуре:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing H	Iome Sing	gle Level			207.90	188.95	1/1/2014	
					OK.			
9								
Ra	te Type:							
X	Interim			Prospective				
	-	Total Interim			al Prospective			
	-	Interim Component		Total	al Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective d	ata					
Basis:			Ch	anges:				
	D 1		•		ster Change	VE 2/20/2017	-	
- V	Budget			X Cost Settle	ement using F	YE 2/28/2013)	
X	Unaudited Field audit							
-	Desk audit							
	Desk audi	icu cosis						
TS 1 11 11	•			0				
Distributi			-	9	Lisa Smith			
	anagement / Fisca	al Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
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]	Home Office:	SMJ Enterprises, LLC						
		480 Fentress Blvd. Suite H						
	2.	Daytona Beach, FL 32114						
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

THE TERRACE OF	ST. CLOU	JD .		Provider Nu	ımber:		0 102419	-00
3855 OLD CANOE CREEK ROAD			Date:		4/20/2016			
SAINT CLOUD, FL	34769			Fiscal Year	End:		2/28/20	15
				Audit Status	s:		Unaudit	ed
Provider Type: Nursing Home	Single	Level				Current Rate 216.99	New <u>Rate</u> 197.84	Effective <u>Date</u> 7/1/2014
Rate Typ	e:	7						
		_		D				
X Inter	ım	Total Interim		Prospectiv		l Prospective		
		Interim Component			_	-	with Interim	Component
·	X	Settlement based on cost				i i rospective	with interim	Component
		Prior Provider Prospective de	ata					
Basis:			Cha	nges:				
Datas			Спа		Semest	ter Change		
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	naudited co	osts						
Fie	eld audited	costs						
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Distribution:				\prec	a.	T ! - C - '41		
Contract Managemen	nt / Fiscal .	Agent		Madianid Co	1)	Lisa Smith	lamina and E	inanaa
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Home Of	fice:	SMJ Enterprises, LLC 480 Fentress Blvd. Suite H						
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Tallahassee, Florida 32308

THE TERRACE OF ST. CLOUD	Provider Number:	-	0 102419-00		
3855 OLD CANOE CREEK ROAD	Date:	4/20/2016			
SAINT CLOUD, FL 34769	Fiscal Year End:		2/28/20	15	
	Audit Status:		Unaudit	ted	
Provider Type:		Current Rate	New <u>Rate</u>	Effective Date	
Nursing Home Single Level		216.72	199.19	1/1/2015	
Single Level		210.72	177.17	1/1/2015	
Rate Type:					
X Interim	Prospective				
Total Interim		Prospective			
Interim Component	Total	Prospective	with Interim	Component	
X Settlement based on cost					
Prior Provider Prospective dat	a				
Basis:	Changes:				
	Rate Semeste	er Change			
Budget	X Cost Settlem	ent using F	YE 2/28/2015		
X Unaudited costs					
Field audited costs					
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D1 (1) (1)	A ()				
Distribution:		isa Smith			
Contract Management / Fiscal Agent	Medicaid Cost Reimb	ursement Pl	anning and F	inance	
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Home Office: SMJ Enterprises, LLC					
480 Fentress Blvd. Suite H	£				
Daytona Beach, FL 32114					
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

THE TERRACE OF ST. C	CLOUD		Provider Number	er:	0 102419	-00
3855 OLD CANOE CREEK ROAD		Date:		4/20/2016		
SAINT CLOUD, FL 3476	59		Fiscal Year End	:	2/28/20	15
			Audit Status:		Unaudit	ed
Provider Type:				Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level			<u>216.72</u>	203.43	3/1/2015
Rate Type:						
Interim		X	Prospective			
	Total Interim			Total Prospective		
-	Interim Component		7	Total Prospective	with Interim	Component
X	Settlement based on cost					
	Prior Provider Prospective dat	a				
Field au	ted costs adited costs			mester Change ttlement using F	YE 2/28/2015	5
Distribution:			d)	Lisa Smith		
Contract Management / Fi	iscal Agent		Medicaid Cost R	eimbursement P	lanning and F	inance
Permanent File						
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No Change in Rate						
Home Office:	SMJ Enterprises, LLC 480 Fentress Blvd. Suite H Daytona Beach, FL 32114					
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Tallahassee, Florida 32308

THE TERRACE OF ST. CLOUD	Provider	Number:		0 102419	-00
3855 OLD CANOE CREEK ROAD			4/20/2016		
SAINT CLOUD, FL 34769	Fiscal Y	ear End:		2/28/20	15
	Audit St	atus:		Unaudit	ted
Provider Type:			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home Single Level			209.68	<u>201.45</u>	9/1/2015
Rate Type:					
Interim	X Prospec	etive			
Total Interim			Prospective		
Interim Component		Total	Prospective	with Interim	Component
X Settlement based on cost	10 miles 10				
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		ate Semest	er Change		
Budget				YE 2/28/2015	;
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Home Office: SMJ Enterprises, LLC					
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Daytona Beach, FL 32114					
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Tallahassee, Florida 32308

CROSS TERRACE REHABILITATION CENTER 1351 SAN CHRISTOPHER DR		Provider Number	r:	0 102791-00		
		Date:		3/17/2016		
DUNEDIN, FL 34698		Fiscal Year End:		7/31/20	014	
		Audit Status:		Unaudi	ted	
Provider Type: Nursing Home Single I	Level		Current <u>Rate</u> 232.74	New <u>Rate</u> 233.16	Effective	
Rate Type:						
X Interim		Prospective				
	Total Interim		otal Prospective			
	Interim Component	To	otal Prospective	with Interin	Component	
	Settlement based on cost Prior Provider Prospective data					
Basis: Budget Unaudited cost Field audited cost Desk audited cost	osts		ester Change lement FYE 7/3	31/2014		
Distribution: Contract Management / Fiscal Ag	gent	Medicaid Cost Re	Lisa Smith	lonning and l	Zinanaa	
Permanent File		Medicald Cost Re	imbursement P	ianning and i	rmance	
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Tallahassee, Florida 32308

CROSS TERRACE REHABILITATION CENTER	Provider Number: 0 10279	0 102791-00 3/17/2016		
1351 SAN CHRISTOPHER DR	Date: 3/17/20			
DUNEDIN, FL 34698	Fiscal Year End: 7/31/20	014		
	Audit Status: Unaud	ited		
Provider Type:	Current New Rate Rate	Effective Date		
Nursing Home Single Level	233.27 233.20	1/1/2014		
Rate Type: X Interim	Prospective			
Total Interim	Total Prospective Total Prospective with Interin	n Component		
Interim Component	-	ii Component		
X Settlement based on cos				
Prior Provider Prospect	ve data			
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semester Change Cost Settlement FYE 7/31/2014			
Distribution:	Lisa Smith	u.		
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and	Finance		
Permanent File	1			
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Home Office: No Home Office	The second control of			
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Tallahassee, Florida 32308

CROSS TERRACE REHAB	EHABILITATION CENTER Provider Number:		0 102791-00			
1351 SAN CHRISTOPHER DR		Date:		3/17/2016		
DUNEDIN, FL 34698		Fiscal	Year End:		7/31/20	14
		Audit	Status:		Unaudit	ed
Provider Type: Nursing Home Sing	gle Level			Current Rate 244.42	New <u>Rate</u> 245.07	Effective <u>Date</u> 7/1/2014
Rate Type:	Tatal Interior	Pros	pective	1 Prograntice		
	Total Interim Interim Component	:		l Prospective	with Interim	Component
X	Settlement based on cost Prior Provider Prospective data			. 2 100p		
Basis:		Changes:	J			
Budget			Rate Semes	ter Change ment FYE 7/3	21/2014	
X Unaudited	costs	X	Cost Settle	ment fie //.	51/2014	
Field audit						
Desk audi						
Distribution:				Lisa Smith		
Contract Management / Fisc	al Agent	Medica	id Cost Reim	bursement P	lanning and F	inance
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Tallahassee, Florida 32308

CROSS TERRACE REHABILITATION CENTER	Provider Number:	0 102791	0 102791-00		
1351 SAN CHRISTOPHER DR	Date:		3/17/2016		
DUNEDIN, FL 34698	Fiscal Year End:	7/31/2014			
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 244.42	New <u>Rate</u> 249.08	Effective <u>Date</u> 8/1/2014	
Rate Type:					
Interim X	Prospective				
Total Interim	Tota	l Prospective	1		
Interim Component	Tota	l Prospective	with Interim	Component	
X Settlement based on cost					
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Contract Management / Fiscal Agent	Medicaid Cost Reim		lanning and F	inance	
Permanent File					
For Information OnlyNo Change in Rate		Sisa)	nith		
Home Office: No Home Office 2PMFZ. Report Calculated: 3/17/2016 9:22:24 AM Report Printe	d:3/17/2016 ID: 10		1123020131203		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CROSS TERRACE REHA	ABILITATION CENTER		Provider Number	:	0 102791-00		
1351 SAN CHRISTOPHER DR			Date:		3/17/2016		
DUNEDIN, FL 34698	NEDIN, FL 34698		Fiscal Year End:		7/31/20	14	
			Audit Status:		Unaudit	ed	
Provider Type:				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Si	ingle Level			246.79	<u>254.00</u>	1/1/2015	
Rate Type:				<u> </u>			
Interim	Total Interim	X	Prospective	otal Prospective			
-	Interim Component			otal Prospective		Component	
X	Settlement based on cost			T			
	Prior Provider Prospective data						
Field au	ted costs adited costs adited costs			ester Change lement FYE 7/3	31/2014		
Distribution:				Lisa Smith			
Contract Management / F	iscal Agent		Medicaid Cost Re	imbursement Pl	anning and F	inance	
Permanent File				λ .			
For Information C			0	Sisa)	niti		
Home Office:	No Home Office						
2PMFZ Report	Calculated: 3/17/2016 9:22:24 AM Rep	ort Printed	1:3/17/2016 ID:	10279107312014	123020131203	32015124037	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CROSS TERRACE REHABILITATION CENTER	Provider Number:		0 102791	-00
1351 SAN CHRISTOPHER DR	Date:			16
DUNEDIN, FL 34698	Fiscal Year End:			14
	Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level		Current Rate 241.70	New <u>Rate</u> 254.72	Effective
Rate Type:				
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data		al Prospective		Component
Budget X Unaudited costs Field audited costs Desk audited costs		ester Change ement FYE 7/	31/2014	
Distribution:		Lisa Smith		-
Contract Management / Fiscal Agent	Medicaid Cost Rei	mbursement I	Planning and	Finance
Permanent File		J).	
For Information OnlyNo Change in Rate	0	Sisa	mit	
Home Office: No Home Office				
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CYPRESS VILLAGE 4600 MIDDLETON PARK CIR E JACKSONVILLE, FL 32224		Provid	er Number:		0 122242-00		
		Date:			10/22/2015		
		Fiscal	Year End:		12/31/20	012	
			Audit S	Status:		Unaudi	ted
Provider Type:					Current Rate	New <u>Rate</u>	Effective Date
Nursing Home Sing	gle Level				<u>222.55</u>	<u>222.54</u>	8/29/2014
Rate Type:							
Trace Type.							
Interim		X	Prosp	ective			
Montestand	Total Interim				al Prospective		
	Interim Component			Tota	al Prospective	with Interim	Component
	Settlement based on cost						
· ·	Prior Provider Prospective data						
Basis:		Cha	nges:	Rate Semes	ster Change		
Budget X Unaudited			X		FA & RFA #N 5 for Prior Pro		
Field audi Desk audi							
Desk audi	ted costs						
Distribution:					Lisa Smith		
Contract Management / Fisc	al Agent		Medicaid Cost Reimbursement Planning and Finance				
Permanent File					22	Ü	
For Information Onl	y				1	·-+-	
No Change in Rate					Sisa)	nu	
Home Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027						
22MJB Report Cal	The second section is a second second section of the second second second sections in the second section section section sections.	ort Printed	:4/4/201	6 ID: 30	799812312012	01012012102	22013144959



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CYPRESS VILLAGE		Provid	der Number:		0 122242-00		
4600 MIDDLETON PARK CIR E JACKSONVILLE, FL 32224					10/22/2015		
			Year End:		12/31/20)13	
		Audit Status: Unaudited			ed		
Provider Type:	lo I ovol			Current Rate	New <u>Rate</u> 223.38	Effective Date 1/1/2015	
Nursing Home Sing	le Level			223.40	223.30	1/1/2015	
Rate Type:							
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Pros		al Prospective		Component ,	
Basis: Budget Unaudited Field audit Desk audit	Changes:		ster Change FA & RFA #1 5 for Prior Pro				
Distribution:			Lisa Smith				
Contract Management / Fisca	l Agent	Medica	Medicaid Cost Reimbursement Planning and Finance				
Permanent File				1 .			
For Information OnlyNo Change in Rate			0	Sisa I	niti		
Home Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027						
22MIB Report Cald	culated: 10/22/2015 8:16:33 AM Reno	ort Printed :4/4/20	16 ID: 30	799812312013	301012013102	72014085432	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CYPRESS VILLAGE		Provider Number:	Provider Number:		
4600 MIDDLETON PARK C	Date:		10/22/20)15	
JACKSONVILLE, FL 32224	Fiscal Year End:		12/31/20)13	
		Audit Status:		Unaudit	ted
Provider Type: Nursing Home Single Level			Current <u>Rate</u> 223.86	New <u>Rate</u> 223.84	Effective <u>Date</u> 9/1/2015
Rate Type:					
Rate Type.					
Basis: Budget Unaudited Field audit Desk audit	costs	Changes: Rate Seme	Total Prospective Total Prospective with Intering hanges: Rate Semester Change		
Distribution:	t.v		Lisa Smith		
Contract Management / Fisca	al Agent	Medicaid Cost Rei	mbursement P	lanning and I	Finance
Permanent File			λ :		
For Information Only	y	0	Sua)	nity	
Home Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027				
22MJB Report Cal	culated: 10/22/2015 8:16:33 AM Report F	Printed: 4/4/2016 ID: 3	3079981231201	301012013102	72014085432



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKE BENNETT HEALTH AND REHABILITATION	Provider Number	:	0 135647-00 4/12/2016			
1091 KELTON AVE	Date:					
OCOEE, FL 34761	Fiscal Year End:	6/30/2015				
	Audit Status:		Unaudit	ed		
Provider Type:						
		Current	New	Effective		
		Rate	Rate	<u>Date</u>		
Nursing Home Single Level		<u>246.20</u>	<u>236.38</u>	<u>1/1/2015</u>		
Rate Type:						
X Interim	Prospective					
Total Interim		tal Prospective				
Interim Component	A	tal Prospective		Component		
X Settlement based on cost				o o mp o m o m		
Prior Provider Prospective data						
Basis:	Changes:					
	Rate Seme	ester Change				
Budget	X Cost Settl	ement FYE 6/3	30/2015			
X Unaudited costs						
Field audited costs						
Desk audited costs						
The same of the sa	1					
Distribution:		Lisa Smith				
Contract Management / Fiscal Agent	Medicaid Cost Rei	mbursement P	lanning and F	inance		
Permanent File						
For Information Only						
No Change in Rate						
Home Office: No Home Office						
				11		
E59AP Report Calculated: 4/12/2016 10:56:30 AM Repo	rt Printed :4/12/2016 ID: 1	3564706302015	010120150122	2016171715		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LAKE BENNETT HEALTH AT	ND REHABILITATION	Provider Number:		0 135647	-00
1091 KELTON AVE	Date:		4/12/2016		
OCOEE, FL 34761	Fiscal Year End:		6/30/20	15	
		Audit Status:		Unaudit	ed
Provider Type:					
			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home Single	Level		<u>246.20</u>	236.71	7/1/2015
Rate Type:					
Interim		X Prospective			
	Total Interim		al Prospective		
X	Interim Component Settlement based on cost	lot	al Prospective	with Interim	Component
	Prior Provider Prospective data				
	Thor Frovider Prospective data				
Basis:		Changes:			
	, L		ster Change		
Budget	i F		ement FYE 6/3	30/2015	
X Unaudited cos	ts				
Field audited of	costs				
Desk audited of	costs				
Distribution:			Lisa Smith		
Contract Management / Fiscal A	gent -	Medicaid Cost Rein		anning and Fi	nance
Permanent File		Tribulation Cost Teeling	ioursement i	ummig und 11	nance
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No Change in Rate					
Home Office:	No Home Office				
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E59AP Report Calculat	red: 4/12/2016 10:56:30 AM Report P	Printed:4/12/2016 ID: 13	564706302015	0101201501222	2016171715



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

OCOEE, FL 34761 Provider Type: Nursing Home Single Level	Date: Fiscal Year End: Audit Status:	Current Rate 239.44	4/12/20 6/30/20 Unaudit New Rate 236.74	15
Provider Type: Nursing Home Single Level		Rate	Unaudit New <u>Rate</u>	Effective Date
Nursing Home Single Level	Audit Status:	Rate	New Rate	Effective <u>Date</u>
Nursing Home Single Level		Rate	Rate	Date
		Rate	Rate	Date
		239.44	236.74	9/1/2015
				*
Rate Type:				
Rate Type.				
Interim	X Prospective			
Total Interim	Tot	al Prospective		
Interim Component	Tot	al Prospective	with Interim	Component
X Settlement based on cost				
Prior Provider Prospective data				
Basis:	Changes:			
D. J		ster Change	20/2015	
Budget X Unaudited costs	X Cost Settle	ement FYE 6/3	30/2015	
Field audited costs				
Desk audited costs				
2 000				
Distribution:	SI			
Contract Management / Fiscal Agent	19	Lisa Smith		
Permanent File	Medical Cost Rein	nbursement Pl	lanning and F	inance
For Information Only				
No Change in Rate				
Home Office: No Home Office				Ì



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACKSON MEMORIAL PERDUE MEDICAL CENTER	Provider Numbe	r:	0 203670-00			
19590 OLD CUTLER ROAD	Date:		3/22/2016			
CUTLER RIDGE, FL 33157	Fiscal Year End: 9/30/2014			14		
	Audit Status:	<u> </u>	Unaudit	ted		
Provider Type:						
		Current	New	Effective		
		Rate	Rate	Date		
Nursing Home Single Level		<u>265.73</u>	<u>265.55</u>	9/1/2015		
Rate Type:						
Interim	X Prospective					
Total Interim		otal Prospective				
Interim Component	T	otal Prospective	with Interim	Component		
Settlement based on cost						
Prior Provider Prospective data						
Basis:	Changes:	C.				
Budget		nester Change r 9/15 rate seme	ester to add Ra	ating Days		
X Unaudited costs	X Kello lo	1 9/13 Tate Sellie	Ster to add Re	illig Days		
Field audited costs						
Desk audited costs						
NAMES AND ADDRESS OF THE PARTY						
Distribution:	H	Lisa Smith				
Contract Management / Fiscal Agent	Medicaid Cost Re		lanning and F	inance		
Permanent File	Medicald Cost Re	inioursement I	maning and I	manoc		
For Information Only						
No Change in Rate						
Home Office: No Home Office	* The second second of the second sec		CONTRACTOR OF THE STATE OF THE	1-100e ((No. 45) (78-100 (74-)		
FILII Report Calculated: 3/22/2016 2:57:57 PM Rep	ort Printed :3/22/2016 ID:	20367009302014				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GOOD SAMARITAN SOCI	ETY-KISSIMMEE VILLAGE	P	rovider Number:		0 205303	-00	
1500 SOUTHGATE DRIVE			ate:		3/23/2016		
KISSIMMEE, FL 34746			iscal Year End:		7/31/20	14	
		Α	udit Status:	×	Unaudit	ed	
Provider Type:							
				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Sing	gle Level			223.58	223.39	9/1/2015	
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:		Chang	es:				
			Rate Semes	ster Change			
Budget		X	Retro for 9	/15 rate seme	ster to add Ra	ting Days	
X Unaudited	costs						
Field audit						12 mm	
Desk audit	ted costs					1	
Distribution:			Al				
Contract Management / Fisca	al Agent	M	edicaid Cost Rein	Lisa Smith	lanning and F	inance	
Permanent File			odicara Cost Rom	ioursement i	ammig und 1	munoo	
For Information Only	y						
No Change in Rate							
Home Office:	Evangelical Lutheran Good Samari	tan					
	4800 West 57th Street						
8	Sioux Falls, SD 57117	and a series of an approximate to series and	and the second s		Makerinaning of Millionness States of States (MACA MILLY STATES)		
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINSTER TOW	ERS	Provider Number		0 208540-00			
70 WEST LUCERNE C	Date:		3/16/2016				
ORLANDO, FL 32801				3/31/20	10		
		Audit Status:	=======================================	Field Aud	lited		
Provider Type:							
Nursing Home	Single Level	<u>Rate</u> <u>Rate</u>			Effective <u>Date</u> 1/1/2011		
	Level H: Aids		335.82	<u>335.75</u>	1/1/2011		
Rate Type:							
Interim		X Prospective					
	Total Interim		tal Prospective				
	Interim Component	То	tal Prospective	with Interim	Component		
	Settlement based on cost	1.5					
	Prior Provider Prospective	data					
X Field	dited costs audited costs audited costs		ester Change lit #NH13-106	C FYE 3/31/2	2010		
Distribution:	Timel Arms		Lisa Smith				
Contract Management /	Fiscal Agent	Medicaid Cost Rei	mbursement P	lanning and F	Finance		
Permanent File			<i>l</i> 1				
For Information	(40)		Aisa J	mith			
Home Offic	e: Westminster Services 80 West Lucerne Circle Orlando, FL 32801						
2ZMZT Repo	ort Calculated: 3/16/2016 4:54:51 PM	Report Printed :3/16/2016 ID: 2	20854003312010	004012009082	72010174635		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINSTER TOWERS		Provider Number:		0 208540	-00	
70 WEST LUCERNE CIRCLE		Date:		3/16/2016		
ORLANDO, FL 32801		Fiscal Year End:		3/31/20	10	
		Audit Status:		Field Aud	ited	
Provider Type: Nursing Home Single	e Level		Current Rate 182.39	New <u>Rate</u> 182.32	Effective	
	H: Aids		328.59	328.52	7/1/2011	
Rate Type:						
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	To	tal Prospective		Component	
Basis: Budget Unaudited X Field audite Desk audite	ed costs		ester Change dit #NH13-106	SC FYE 3/31/	2010	
Distribution: Contract Management / Fisca	l Agent	Medicaid Cost Re	Lisa Smith		Finance	
Permanent File		Wedlead Cost Re	iniour some in			
For Information Only	/		Sisa	mith		
Home Office:	Westminster Services 80 West Lucerne Circle Orlando, FL 32801					
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINSTER WOODS O	ON JULINGTON CREEK	Provider Numbe	r:	0 212083	-00
25 STATE ROAD 13		Date:		3/31/20	16
JACKSONVILLE, FL 32259	9	Fiscal Year End:		3/31/20	10
		Audit Status:		Field Aud	lited
Provider Type:					
JI			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home Sing	gle Level		200.28	200.05	1/1/2011
Leve	el H: Aids		345.14	344.91	1/1/2011
Rate Type:					
•	_	V. D			
Interim	Total Interim	X Prospective X To	otal Prospective		
	Interim Component		otal Prospective		Component
	Settlement based on cost		otai i rospective	with merini	Component
V	Prior Provider Prospective data				
) a 3 est 10					
Basis:		Changes:			
			nester Change		
Budget		X Field Au	dit #NH13-109	C FYE 03/31	/2010
Unaudited	costs				
X Field audit	ted costs				
Desk audit	ted costs				
		10			
Distribution:		H	Lisa Smith		
Contract Management / Fisca	al Agent	Medicaid Cost Re	eimbursement P	lanning and F	inance
Permanent File					
For Information Only	у				
No Change in Rate					
Home Office:	Westminster Services				
	80 West Lucerne Circle				
	Orlando, FL 32801				
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINSTER WOODS O	N JULINGTON CREEK	Provider Number:		0 212083-00	
25 STATE ROAD 13		Date:		3/31/20	16
JACKSONVILLE, FL 32259		Fiscal Year End:		3/31/20	10
		Audit Status:		Field Aud	lited
Provider Type:					
JP			Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Sing	le Level		191.33	<u>191.12</u>	7/1/2011
Leve	el H: Aids		337.53	337.32	7/1/2011
Rate Type:					
Interim		X Prospective			
Interim	Total Interim		al Prospective		
	Interim Component			with Interim	Component
	Settlement based on cost				
	Prior Provider Prospective data				
Basis:		Changes:			
	1	Rate Seme	ster Change		
Budget		X Field Audi	t #NH13-109	C FYE 03/31	/2010
Unaudited	costs				
X Field audit	ed costs				
Desk audit	ed costs				
Distribution:			Lisa Smith		
Contract Management / Fisca	d Agent	Medicaid Cost Rein	nbursement P	lanning and F	Finance
Permanent File					
For Information Only	1				
No Change in Rate					
Home Office:	Westminster Services				
	80 West Lucerne Circle				İ
	Orlando, FL 32801				
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINSTER WOODS ON JULINGTON CREEK	Provider Number:		0 212083	-00	
25 STATE ROAD 13	Date:		3/31/2016		
JACKSONVILLE, FL 32259	Fiscal Year End:		3/31/20	11	
	Audit Status:		Unaudit	ed	
Provider Type:		8.2.			
		Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Single Level		<u>190.05</u>	<u>190.00</u>	1/1/2012	
Level H: Aids		337.66	337.61	1/1/2012	
Rate Type:					
Interim	X Prospective				
Total Interim		l Prospective			
Interim Component		- 6	with Interim	Component	
Settlement based on cost				1	
Prior Provider Prospective data					
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semes X Effects of F 03/31/2010	Field Audit #1	NH13-109C F	ΥE	
Distribution:	de)	Lisa Smith			
Contract Management / Fiscal Agent	Medicard Cost Reim	bursement P	lanning and F	inance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: Westminster Services 80 West Lucerne Circle Orlando, FL 32801	nted:3/31/2016 ID: 21/		040120100907		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINSTER WOO	ODS ON JULINGTON CREEK	Provider Number	er:	0 212083	-00	
25 STATE ROAD 13		Date:		3/31/2016		
JACKSONVILLE, FL	32259	Fiscal Year End	l:	3/31/20	11	
		Audit Status:		Unaudi	ted	
Provider Type:						
			Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home	Single Level		195.31	<u>195.26</u>	7/1/2012	
	Level H: Aids		344.52	344.47	7/1/2012	
Rate Type:						
Interin	n	X Prospective				
	Total Interim	X	Total Prospective	;		
	Interim Component	7	Total Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective	data				
Basis:		Changes:				
			mester Change		ì	
Bud		X Effects 03/31/2	of Field Audit #	NH13-109C I	FYE	
	udited costs d audited costs	03/31/2	010			
	a audited costs					
Desi	X audica costs					
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Distribution:		a	Lisa Smith			
Contract Management	/ Fiscal Agent	Medicaid Cost R	eimbursement P	lanning and I	inance	
Permanent File						
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No Change in I	Rate					
Home Office	ce: Westminster Services					
	80 West Lucerne Circle					
	Orlando, FL 32801	The second control of the last second control of				
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

25 STATE ROAD 13				-00
	Date:		3/31/20	16
JACKSONVILLE, FL 32259	Fiscal Year End:		3/31/20	12
	Audit Status:		Unaudit	ed
Provider Type:				
		Current Rate	New <u>Rate</u>	Effective Date
Nursing Home Single Level		193.34	<u>193.29</u>	1/1/2013
Level H: Aids		344.15	344.10	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:	Changes:			
	Rate Semes	ter Change		
Budget		Field Audit #1	NH13-109C F	YE
X Unaudited costs	03/31/2010	ĺ		
Field audited costs				
Desk audited costs				
Distribution:		T. C. W.		
Contract Management / Fiscal Agent	Medicaid Cost Rein	Lisa Smith	lanning and E	inanaa
Permanent File	Medicaid Cost Rein	ibursement P	ianning and r	mance
For Information Only				
No Change in Rate				
Home Office: Westminster Services 80 West Lucerne Circle Orlando, FL 32801 UQ95L Report Calculated: 3/31/2016 12:25:39 PM Report Pr				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINSTER WOODS O	N JULINGTON CREEK	Provider Number	er:	0 212083	-00
25 STATE ROAD 13		Date:		3/31/20	16
JACKSONVILLE, FL 32259)	Fiscal Year End	:	3/31/20	12
		Audit Status:	1 	Unaudit	ted
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	<u>Date</u>
Nursing Home Sing	le Level		<u>197.97</u>	<u>197.92</u>	7/1/2013
Rate Type:					
Interim		X Prospective	Catal Day on a stire		
	Total Interim Interim Component		Total Prospective Total Prospective		Component
	Settlement based on cost		otal Flospective	with interim	Component
	Prior Provider Prospective data				
	Thorriovider riospective data				
Basis:		Changes:			
D4313.			nester Change		
Budget			of Field Audit #1	NH13-109C F	FYE
X Unaudited	costs	03/31/2			
Field audite	ed costs				
Desk audit	ed costs				
1 22 22 2	alian a di				
Distribution:		H	Lisa Smith		
Contract Management / Fisca	l Agent	Medicaid Cost R		lanning and F	Sinance
Permanent File		Wiedicald Cost N	emioursement i	and i	manec
For Information Only	7				
No Change in Rate					
Home Office:	Westminster Services				
	80 West Lucerne Circle				
	Orlando, FL 32801				
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINSTER WOODS O	N JULINGTON CREEK	Provider Number	:	0 212083	-00
25 STATE ROAD 13		Date:		3/31/201	16
JACKSONVILLE, FL 32259		Fiscal Year End:		3/31/20	13
		Audit Status:		Unaudit	ed
Provider Type:					
110 vider 1, per			Current	New	Effective
*			Rate	Rate	<u>Date</u>
Nursing Home Sing	le Level		<u>199.94</u>	<u>199.89</u>	1/1/2014
Rate Type:					
Interim		X Prospective			
memm	Total Interim		tal Prospective	,	
	Interim Component		tal Prospective		Component
	Settlement based on cost				
	Prior Provider Prospective data				
	•				
Basis:		Changes:			
			ester Change		
Budget		X Effects of	f Field Audit #	NH13-109C F	YE
X Unaudited	costs	03/31/20	10		
Field audit	ed costs				
Desk audit	ed costs				
		11			
Distribution:		20	Lisa Smith		
Contract Management / Fisca	l Agent	Medicaid Cost Rei	imbursement P	lanning and F	inance
Permanent File					
For Information Only	/				
No Change in Rate					
Home Office:	Westminster Services				
(a)	80 West Lucerne Circle				
	Orlando, FL 32801				
UO951 Report Calc	culated: 3/31/2016 12:25:39 PM Repor	t Printed :3/31/2016 ID: 2	2120830331201	3040120121015	52013093424



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINSTER WOODS OF	N JULINGTON CREEK		Provider Number:		0 212083-	-00
25 STATE ROAD 13			Date:		3/31/201	6
JACKSONVILLE, FL 32259			Fiscal Year End:		3/31/20	13
			Audit Status:		Unaudit	ed
Provider Type:				Current	New	Effective
N II C' I	n Yanan I			Rate	Rate	<u>Date</u> 7/1/2014
Nursing Home Singl	e Level			<u>207.29</u>	<u>207.23</u>	//1/2014
Rate Type:	7					
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:			
			Rate Semes	_		
Budget	s	-	Effects of 1 03/31/2010	Field Audit #N	NH13-109C F	YE
X Unaudited of			05/51/2010	6		
Field audite Desk audite						
Desk addite	ed costs					
Distribution:)_0			
Contract Management / Fiscal	Agent	% <u></u>	70	Lisa Smith		
Permanent File	rigent		Medicaid Cost Rein	ibursement Pl	anning and F	inance
For Information Only						
No Change in Rate						
Home Office:	Westminster Services					
	80 West Lucerne Circle					
	Orlando, FL 32801					
LIO05I Panort Calcu	ulated: 3/31/2016 12:25:30 PM Ren	ort Printed	1.3/31/2016 ID: 21	208202212012	040120121015	2013093424



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINSTER WOODS C	ON JULINGTON CREEK	P	rovider Number:		0 212083	-00	
25 STATE ROAD 13		D	ate:		3/31/2016		
JACKSONVILLE, FL 32259)	F	iscal Year End:		3/31/20	14	
		Α	udit Status:		Unaudit	ed	
Provider Type:						Ecc .	
				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Sing	le Level			220.02	219.97	1/1/2015	
	ie Bever						
D . 4 . T	\neg						
Rate Type:							
Interim		X	Prospective				
interim	Total Interim		1.5	al Prospective			
-	Interim Component				with Interim	Component	
	Settlement based on cost	-		r		1	
	Prior Provider Prospective data						
1	•						
Basis:		Chang	es:				
		0110118		ster Change			
Budget		X			NH13-109C F	YE	
X Unaudited	costs		03/31/2010)			
Field audit	ted costs						
Desk audit	ed costs						
						a and a second s	
Distribution:			1	Lisa Smith			
Contract Management / Fisca	al Agent	M	edicaid Cost Rein		lanning and F	inance	
Permanent File		111	odiodia Cost itom	104100111011111			
For Information Only	y						
No Change in Rate							
Home Office:	Westminster Services						
	80 West Lucerne Circle					1	
	Orlando, FL 32801						
UQ95L Report Cal	culated: 3/31/2016 12:25:39 PM Report	Printed :3/	/31/2016 ID: 21	208303312014	1040120131026	52014140903	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

WESTMINSTER WOODS ON JULINGTON CREEK	Provider Number:		0 212083	-00	
25 STATE ROAD 13	Date:		3/31/2016		
JACKSONVILLE, FL 32259	Fiscal Year End:		3/31/20	14	
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current Rate 221.05	New <u>Rate</u> 221.00	Effective <u>Date</u> 9/1/2015	
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					
	Rate Semes		NH13-109C I	EVE	
Budget X Unaudited costs	X Effects of 03/31/2010		NH13-109C 1	TL	
Y Unaudited costs Field audited costs					
Desk audited costs					
Desk addred costs					
Distribution:					
Contract Management / Fiscal Agent		Lisa Smith	Namina and I	Zinonoo	
Permanent File	Medicaid Cost Rein	nbursement F	lanning and i	rinance	
For Information Only					
No Change in Rate					
Home Office: Westminster Services 80 West Lucerne Circle Orlando, FL 32801	inted:3/31/2016 ID: 2		404012013102		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF HILLIARD	Provider Number:		0 214060	-00	
3756 W THIRD ST	Date:		3/24/2016		
HILLIARD, FL 32046	Fiscal Year End:		7/31/20	14	
	Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 203.39	New <u>Rate</u> 203.25	Effective <u>Date</u> 9/1/2015	
Rate Type:					
Interim	X Prospective				
Total Interim		l Prospective			
Interim Component	Tota	l Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:	2.2			
P. 1-4	Rate Semes	-	11 D	D	
Budget X Unaudited costs	X Retro for 9	/15 rate seme	ster to add Ra	iting Days	
Field audited costs					
Desk audited costs					
Desk audited costs					
Distribution:	*	Lisa Smith			
Contract Management / Fiscal Agent	Medicaid Cost Reim		lanning and F	inance	
Permanent File	il market 1/10 district of the control of the contr				
For Information Only					
No Change in Rate					
Home Office: Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312 Report Calculated: 3/24/2016 12:20:42 PM Report I	Printed: 3/24/2016 ID: 21		080120131019		



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Tallahassee, Florida 32308

HAINES CITY HEALTH CARE	Provider Number:		0 224341-00			
409 S 10TH ST	Date:		3/24/2016			
HAINES CITY, FL 33845-1476	Fiscal Year End:		11/30/2014			
	Audit Status:		Unaudit	ed		
Provider Type:						
V 1		Current	New	Effective		
		Rate	Rate	<u>Date</u>		
Nursing Home Single Level		223.98	223.74	9/1/2015		
Rate Type:						
Interim	X Prospective					
Total Interim	the state of the s	al Prospective				
Interim Component	Total	al Prospective	with Interim	Component		
Settlement based on cost						
Prior Provider Prospective data						
Basis:	Changes:					
P. 1		ster Change		·		
Budget	X Retro for 9	0/15 rate seme	ster to add Ra	iting Days		
X Unaudited costs Field audited costs						
Desk audited costs		11				
Desk addited costs						
Distribution of the second of	1					
Distribution:	019	Lisa Smith				
Contract Management / Fiscal Agent	Medicaid Cost Rein	nbursement Pl	anning and F	inance		
Permanent File						
For Information Only						
No Change in Rate						
Home Office: M-K Management, LLC						
1181 Vickery Lane, Suite 200						
Cordova, TN 38016-0633						
	rinted :3/24/2016 ID: 22	2434111302014	120120130324	12015110623		



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Tallahassee, Florida 32308

SOUTH HERITAGE HEAL	TH & REHABILITATION CENTER	Provider Number:		0 226360	-00	
718 LAKEVIEW AVE S Date				4/6/2016		
SAINT PETERSBURG, FL	33705	05 Fiscal Year End: 6/30/2009			09	
		Audit Status:	***************************************	Unaudit	ed	
Provider Type:						
V I			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home Sing	le Level		202.32	202.94	7/1/2010	
Leve	el H: Aids		345.66	346.28	7/1/2010	
Rate Type:						
Interim		X Prospective				
	Total Interim		al Prospective			
	Interim Component		953	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
		Rate Semes	ster Change			
Budget	1-			NH07-106C F	YE	
X Unaudited		12/31/2005)			
Field audit	1 1					
Desk audit	ed costs					
		A A				
Distribution:	y as	76	Lisa Smith		1884	
Contract Management / Fisca	ll Agent	Medicaid Cost Rein	bursement Pl	anning and F	inance	
Permanent File						
For Information Only						
No Change in Rate						
Home Office:	No Home Office					
KO937. Report Calc	culated: 4/6/2016 1:35:13 PM Report P	-i1.4/6/201/ ID 22	626006202000	070120000217	2010110929	
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SOUTH HERITAGE HEALTH & REHABILITATION CENTER	R	Provider Number:	0 226360-00		
718 LAKEVIEW AVE S		Date:	4/6/2016		
SAINT PETERSBURG, FL 33705		Fiscal Year End: 6/30/2011		11	
		Audit Status:	1/2	Unaudit	ted
Provider Type:			257.00		
			Current	New	Effective
			Rate	Rate	Date
Nursing Home Single Level			209.21	209.48	1/1/2012
Level H: Aids			356.82	357.09	1/1/2012
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:					
Dasis:	Char	iges:			
Dudget		Rate Semest			
Budget X Unaudited costs		Effects of F 12/31/2005	A & RFA #N	IH07-106C F	YE
Field audited costs		12/31/2003			
Desk audited costs					
Desk addited costs					
Distributions		D)			
Distribution:			Lisa Smith		
Contract Management / Fiscal Agent	1	Medicaid Cost Reiml	oursement Pla	anning and Fi	nance
Permanent File					
For Information Only					
No Change in Rate					
Home Office: No Home Office					0.1372
No Home Office					
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CO93Z Report Calculated: 4/6/2016 1:35:13 PM Report	ort Printed :4	4/6/2016 ID: 226	360063020110	701201010262	.01113460



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Tallahassee, Florida 32308

SOUTH HERITAGE HEALTH & REHABILITATION CENTER	Provider Number: 0 226360-0			00
718 LAKEVIEW AVE S	Date:	4/6/2016 6/30/2013		
SAINT PETERSBURG, FL 33705	Fiscal Year End:			
	Audit Status:	100	Field Aug	
Provider Type:				
		Current	New	Effective
N		Rate	Rate	Date
Nursing Home Single Level		233.03	232.91	1/1/2014
Rate Type:				
Interim				
Total Interim	X Prospective			
Interim Component		Prospective		
Settlement based on cost	1 otal	Prospective	with Interim	Component
Prior Provider Prospective data				
Basis:	Thomass			
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Budget	Rate Semeste X Field Audit		C FYE 6/30/20	112
Unaudited costs	A Tield Mudit	#1 11 1115-2020	711110/30/20	015
X Field audited costs				
Desk audited costs				
9 40 40				
Distribution:				
Contract Management / Fiscal Agent		isa Smith		
Permanent File	Medicaid Cost Reimb	ursement Pla	inning and Fi	nance
For Information Only				
No Change in Rate				
Home Office: No Home Office				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SOUTH HERITAGE HEAL	TH & REHABILITATION CENTE	ER	Provider Number:		0 226360	-00
718 LAKEVIEW AVE S			Date:	4/6/2016 6/30/2013		
SAINT PETERSBURG, FL			Fiscal Year End:			
			Audit Status:		Field Aud	lited
Provider Type:						
V 2				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Sing	gle Level			245.14	<u>244.04</u>	7/1/2014
Rate Type:						
Interim		v	Description			
Interim	Total Interim	X	Prospective X Tot	al Prospective		
	Interim Component	125		al Prospective		Component
	Settlement based on cost			ar r rospective	***************************************	Component
	Prior Provider Prospective data	a				
Basis:		Chan	ges:			
		1		ster Change		
Budget		X		it #NH13-262	C FYE 6/30/2	2013
Unaudited	costs					
X Field audit						
Desk audit	ted costs					
			A D			
Distribution:			AD	Lisa Smith		
Contract Management / Fisca	al Agent	N	legicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File						
For Information Only	y					
No Change in Rate						
Home Office:	No Home Office					
					3.074034303	
XO93Z Report Cal	culated: 4/6/2016 1:35:13 PM R	eport Printed :4	1/6/2016 ID: 22	2636006302013	070120121021	2013155035



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Tallahassee, Florida 32308

SOUTH HERITAGE HEALT	H & REHABILITATION CENTER		Provider Number:		0 226360-00		
718 LAKEVIEW AVE S			Date:		4/6/2016		
SAINT PETERSBURG, FL 3	3705		Fiscal Year End: 6/30/2014		14		
			Audit Status:		Unaudit	ed	
Provider Type:							
VI				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Singl	e Level			250.65	<u>252.21</u>	1/1/2015	
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						
X 10							
Basis:		Cha	nges:				
			Rate Semes	-			
Budget		1		FA & RFA #i	VH07-106C F	YE	
X Unaudited of		and the same of th	12/31/2005)			
Field audite							
Desk audite	ed costs						
			A 5				
Distribution:			Ald	Lisa Smith			
Contract Management / Fiscal	Agent	•	Medicald Cost Rein	nbursement P	lanning and F	inance	
Permanent File							
For Information Only							
No Change in Rate							
Home Office:	No Home Office						
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						the same	
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Tallahassee, Florida 32308

SOUTH HERITAGE HEALTH & REHABILITATION CENTER	Provider Number:		0 226360-00 4/6/2016			
718 LAKEVIEW AVE S	Date:	-				
SAINT PETERSBURG, FL 33705	L 33705 Fiscal Year End: 6/30/201			14		
	Audit Status:		Unaudit	ed		
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 247.84	New <u>Rate</u> 248.32	Effective <u>Date</u> 9/1/2015		
Rate Type:						
Interim X Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Tota	ll Prospective	with Interim	Component		
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semes X Effects of F 12/31/2005	FA & RFA #I	NH07-106C F	YE		
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Reim	Lisa Smith	lanning and F	inance		
Home Office: No Home Office No Home Office Percet Calculated: 4/6/2016 1:35:13 PM Report Print	ed :4/8/2016 ID: 22	(2/09/2020)	07012012121	22014120709		



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Tallahassee, Florida 32308

WILTON MANORS HEAL	TH & REHABILITATION CENTER	Provider Number:	W	0 227579	-00	
2675 N ANDREWS AVE WILTON MANORS, FL 33311		Date:		3/25/2016 8/31/2014		
		Fiscal Year End:				
		Audit Status:		Unaudit	ed	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Sing	gle Level		<u>255.23</u>	255.20	9/1/2015	
Rate Type:						
nterim	Total Interim	X Prospective X Tota	al Prospective			
	Interim Component	Tota	al Prospective	with Interim	Component	
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes: Rate Semes			·	
Budget X Unaudited	Locato	X Retro for 0	9/15 rate sem	ester to add I	Rating Days	
X Unaudited Field audi						
Desk audi						
to was read the second						
Distribution:		H	Lisa Smith			
Contract Management / Fisc	al Agent -	Medicaid Cost Rein		lanning and F	inance	
Permanent File		1110010010				
For Information Onl	у					
No Change in Rate						
Home Office:	Greystone Healthcare Management, L 4042 Park Oaks Blvd, Suite 300 Tampa, FL 33610	LC		18 July 18 18 18 18 18 18 18 18 18 18 18 18 18		
JEPWH Report Cal	lculated: 3/25/2016 4:21:53 PM Report Pr	rinted :3/25/2016 ID: 22	757908312014	101012014111	72014114309	



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Tallahassee, Florida 32308

FIRST COAST HEALTH & REHABILITATION CENTER	Provider Number:		0 227838	-00
7723 JASPER AVENUE	Date:	Date: 4/8/2016		
JACKSONVILLE, FL 32211	Fiscal Year End: 6/30/2013			13
	Audit Status:		Field Aud	lited
Provider Type:				
110vider 1, per		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		210.07	210.11	1/1/2014
Rate Type:				
Interim	X Prospective	_		
Total Interim		Prospective		^
Interim Component	Total	Prospective	with Interim	Component
Settlement based on cost				
Prior Provider Prospective data				
Basis:	Changes:			
	Rate Semeste	_		
Budget	X Field Audit #	#NH13-2630	C FYE 6/30/2	.013
Unaudited costs				
X Field audited costs				
Desk audited costs				
Distribution:	A I	isa Smith		
Contract Management / Fiscal Agent	Medicaid Cost Reimb		anning and F	inance
Permanent File			J	
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No Change in Rate				
Home Office: No Home Office				
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	ort Printed :4/8/2016 ID: 2278			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

FIRST COAST HEALTH & I	REHABILITATION CENTER		Provider Number:		0 227838	-00
7723 JASPER AVENUE		Date:	4/8/2016			
JACKSONVILLE, FL 32211		Fiscal Year End: 6/30/20			13	
			Audit Status:		Field Aud	ited
Provider Type:						
••				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Sing	le Level			218.74	<u>218.78</u>	<u>7/1/2014</u>
Rate Type:						
Interim		X	_ Prospective			
	Total Interim			l Prospective		
-	Interim Component		Tota	l Prospective	with Interim	Component
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-	Filoi Flovidei Flospective data					
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Budget					C FYE 6/30/2	013
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X Field audite	ed costs					
Desk audite	ed costs					
Distribution:			L D	Lisa Smith		
Contract Management / Fiscal	Agent	-	Medicaid Cost Reim		anning and F	inance
Permanent File			Wiedledia Cost Reini	oursement 1	anning and 1	
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No Change in Rate						
Home Office:	No Homo Office					
nome Office:	No Home Office					
ZYSZ3 Report Calci	ulated: 4/8/2016 2:38:14 PM Ren	ort Printed	·4/8/2016 ID: 227	83806302013	070120121021	2013150214



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

FIRST COAST HEALTH & REHABILITATION CENTER	Provider Number:		0 227838-	
723 JASPER AVENUE	Date:		4/8/2016	
ACKSONVILLE, FL 32211	Fiscal Year End:		6/30/2013	
Next of the second of the seco	Audit Status:	0	Field Aud	ited
Provider Type:		Current Rate	New <u>Rate</u>	Effective Date
Nursing Home Single Level		221.47	<u>221.50</u>	<u>1/1/2015</u>
Rate Type:				
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Prospective X Tot Tot	al Prospectival Prospectiv	e e with Interim	n Componen
Budget Unaudited costs X Field audited costs Desk audited costs	Changes: Rate Seme X Field Aud	ester Change lit #NH13-26	3C FYE 6/30/	/2013
Distribution:	Medicaid Cost Re	Lisa Smit		Finance
Contract Management / Fiscal Agent	Medicald Cost Re	iiiioui sciiioiit		
Permanent File				
For Information Only				
No Change in Rate				
Home Office: No Home Office				
ZYSZ3 Report Calculated: 4/8/2016 2:38:14 PM Rep	ort Printed :4/8/2016 ID:	2272220722	0130701201210	02120131502



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

FIRST COAST HEALTH & REHABILITATION CENTER	Provider Number:		0 227838-00			
7723 JASPER AVENUE	Date:		4/8/2016			
JACKSONVILLE, FL 32211	Fiscal Year End:	Fiscal Year End: 12/3		31/2014		
	Audit Status:		Unaudit	ed		
Provider Type:						
		Current	New	Effective		
		Rate	Rate	<u>Date</u>		
Nursing Home Single Level		219.77	219.83	<u>9/1/2015</u>		
Rate Type:						
	W D					
	X Prospective	l Prospective				
Total Interim Interim Component			with Interim	Component		
Settlement based on cost	100	ii i iospective	with interim	Component		
Prior Provider Prospective data						
Basis:	Changes:					
Dasis.	Rate Semes	ter Change				
Budget		A CONTRACTOR AND A CONT	NH13-263C I	FYE		
X Unaudited costs	6/30/2013					
Field audited costs						
Desk audited costs						
Distribution:	AD	Lisa Smith				
Contract Management / Fiscal Agent	Medicaid Cost Rein		lanning and F	inance		
Permanent File	Wedicard Ogst Rom		8			
For Information Only						
No Change in Rate						
Home Office: No Home Office	1921 2					
nome office. No nome office						
ZYSZ3 Report Calculated: 4/8/2016 2:38:14 PM Report Pr	inted:4/8/2016 ID: 22	783812312014	107012014041	92015113818		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HAW THURNE HEALTH AND REHAB OF OCALA	Provider Number:		0 253456	-00		
4100 SW 33RD AVE	Date:		3/31/2016			
OCALA, FL 34474	Fiscal Year End:		6/30/20	13		
	Audit Status:		Field Aud	ited		
Provider Type:						
		Current	New	Effective		
		Rate	Rate	<u>Date</u>		
Nursing Home Single Level		204.80	201.76	1/1/2014		
Rate Type:						
Interim	X Prospective					
Total Interim	The second secon	l Prospective				
Interim Component	Tota	l Prospective	with Interim	Component		
Settlement based on cost						
Prior Provider Prospective data						
Basis:	Changes:					
	Rate Semes	ter Change				
Budget	X Field Audit	#NH13-2666	C FYE 6/30/2	013		
Unaudited costs						
X Field audited costs						
Desk audited costs						
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Distribution:						
Contract Management / Fiscal Agent	<u> </u>	Lisa Smith				
Permanent File	Medicaid Cost Reim	bursement P	anning and Fi	inance		
For Information Only						
•						
No Change in Rate						
Home Office: No Home Office				ATTENDED		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HAW I HORNE HEALTH AND REHAB OF OCALA	Provider Number:		0 253456	-00
4100 SW 33RD AVE	Date:	-	3/31/20	16
OCALA, FL 34474	Fiscal Year End:		6/30/20	13
	Audit Status:		Field Aud	lited
Provider Type:			***************************************	
		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		211.28	<u>208.16</u>	7/1/2014
Rate Type:				
Interim	X Prospective			
Total Interim		l Prospective		
Interim Component	Tota	l Prospective	with Interim	Component
Settlement based on cost				
Prior Provider Prospective data				
Basis:	Changes:			
	Rate Semes	_		
Budget	X Field Audit	#NH13-266	C FYE 6/30/2	2013
Unaudited costs				
X Field audited costs				
Desk audited costs				
				S 100
Distribution:		Lisa Smith		
Contract Management / Fiscal Agent	Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent File				
For Information Only				
No Change in Rate				
Home Office: No Home Office				



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HAWTHORNE HEALTH AND REHAB OF OCALA	Provider Number:	-	0 253456	-00		
4100 SW 33RD AVE	Date:		3/31/2016			
OCALA, FL 34474	Fiscal Year End:	6/30/2014				
	Audit Status:		Unaudit	ed		
Provider Type:		Current Rate	New Rate	Effective Date		
Nursing Home Single Level		219.96	220.00	1/1/2015		
Rate Type:				A		
Interim X	Prospective					
Total Interim		l Prospective				
Interim Component		-	with Interim	Component		
Settlement based on cost				•		
Prior Provider Prospective data						
]						
Basis: Ch	anges:					
	Rate Semes	27				
Budget	Effects of F 6/30/2013	field Audit #1	NH13-266C F	FYE		
X Unaudited costs	0/30/2013					
Field audited costs						
Desk audited costs						
Distribution:	Al	Lisa Smith				
Contract Management /. Fiscal Agent	Medicaid Cost Reim	bursement P	lanning and F	inance		
Permanent File						
For Information Only						
No Change in Rate						
Home Office: No Home Office						
YUSLW Report Calculated: 3/31/2016 2:45:46 PM Report Printe	ed :3/31/2016 ID: 25	345606302014	1070120131028	82014114622		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HAWTHORNE HEALTH AND REHAB OF OCALA	Provider Number	:	0 253456	-00
4100 SW 33RD AVE	Date:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3/31/201	16
OCALA, FL 34474	Fiscal Year End:		6/30/20	14
	Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 217.67	New <u>Rate</u> 217.71	Effective <u>Date</u> 9/1/2015
Rate Type:				
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		otal Prospective		Component
Budget X Unaudited costs Field audited costs Desk audited costs		nester Change of Field Audit # 3	NH13-266C I	FYE
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Re	Lisa Smith	Planning and I	Finance
Home Office: No Home Office YUSLW Report Calculated: 3/31/2016 2:45:46 PM Report	t Printed :3/31/2016 ID:	2534560630201	407012013102	82014114622



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

AVALON HEALTHCARE C	CENTER	I	Provider Nu	mber:		0 261629	-00
1270 SW MAIN BLVD			Date:			3/31/20	16
LAKE CITY, FL 32025	I	Fiscal Year End:			12/31/20	007	
		I	Audit Status	:	-	Revised Fiel	d Audit
Provider Type:					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Home Sing	de Level				<u>188.18</u>	<u>186.46</u>	7/1/2009
Leve	el H: Aids				328.53	326.81	7/1/2009
					r		
Rate Type:						4 VIII A	
Interim		X	Prospective	:			
	Total Interim		X	_	l Prospective		
	Interim Component			_ Total	l Prospective	with Interim	Component
	Settlement based on cost						
10 10	Prior Provider Prospective data						
Basis:		Chan	Rate		er Change		
Budget Unaudited	conts	X	FA	& RFA	#NH11-0411	L FYE 12/31/	/2007
X Field audit							
Desk audit							
book and the							
Distribution:					Lisa Smith		
Contract Management / Fisca	al Agent	N	ledicaid Co	st Reim	bursement P	lanning and F	inance
Permanent File					1		
For Information Only	y			,9	Rian	nit!	
No Change in Rate				[]*	psa J		
Home Office:	Walton Road Mgmt LLC						
	3599 W Lake Mary Blvd						
	Ste 1-E						
	Lake Mary, FL 32746						
U2RZA Report Cal	culated: 3/31/2016 4:30:21 PM Rej	port Printed :4	1/11/2016	ID: 26	162912312007	701012007042	92008133710



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

EMERALD HEALTH CARE	CENTER		Provider Number: 0 261637-00				
1655 SE WALTON ROAD	SE WALTON ROAD		Date:		3/31/20	16	
PORT SAINT LUCIE, FL 34	952		Fiscal Year End:		12/31/20		
			Audit Status:		Revised Fiel	d Audit	
Provider Type:							
-J1				Current	New	Effective	
				Rate	Rate	<u>Date</u>	
Nursing Home Single	le Level			<u>199.78</u>	<u>198.89</u>	7/1/2009	
Leve	l H: Aids			340.13	339.24	7/1/2009	
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	nges:				
			Rate Semes	ster Change			
Budget			X FA & RFA	#NH11-040	L FYE 12/31	/2007	
Unaudited	costs						
X Field audit	ed costs					i	
Desk audit	ed costs						
		1					
Distribution:				Lisa Smith			
Contract Management / Fisca	al Agent		Medicaid Cost Rein	nbursement F	lanning and l	Finance	
Permanent File				T .	4		
For Information Only	Y			Lin	mit.		
No Change in Rate				Sisa)			
Home Office:	Walton Road Mgmt LLC					******	
	3599 W Lake Mary Blvd						
	Ste 1-E					; i	
	Lake Mary, FL 32746						
NR1BD Report Cal-	Land to the second control of the second con	ort Printe	1:4/11/2016 ID: 20	616371231200	701012007042	92008111441	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

METRO WEST N	JURSING AND	REHAB CENTER		Provider Nu	mber:		0 263541	-00
5900 WESTGAT				Date:			3/25/2016	
ORLANDO, FL	32835			Fiscal Year	End:		12/31/20	113
				Audit Status	:		Unaudit	ed
Provider Type Nursing Home		Level				Current Rate 213.01	New <u>Rate</u> 212.83	Effective <u>Date</u> 9/1/2015
Rate T	'ype:							
I	nterim		X	Prospectiv	e			
		Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		X	and the same of th	1 Prospective 1 Prospective	with Interim	Component
Basis:]		Chai			ter Change		
	Budget			X Rat	ings Da	ys Retro for t	he 9/2015 Ra	nte Semester
X	Unaudited cos							
	Field audited							
	_Desk audited	costs		10	, a			
Distribution:				AC .	/	Lisa Smith		
Contract Manage	ement / Fiscal A	gent		Medicalded	st Rein	bursement P	lanning and I	Finance
Permanent File								
For Info	rmation Only							
No Chan	ge in Rate							
Hom	e Office:	Southern HealthCare Managemen 5887 Glenridge Drive, Suite 150 Atlanta, GA 30328			~~~			
E33777	Donort Calcula	tod: 3/25/2016 11:10:05 AM Ren	ort Printed	-3/25/2016	ID: 26	354112312013	01012013072	32014145227



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

TITUSVILLE	REHABILITA	TION AND NURSING CENTER		Provid	ler Numb	er:		0 263974	-00
1705 JESS PA	RRISH CT			Date:				3/24/20	16
TITUSVILLE,	FL 32796			Fiscal	Year End	d:		12/31/20)13
				Audit	Status:			Unaudit	ed
Provider Ty						Ī	irrent Rate	New Rate	Effective Date
Nursing Ho	me Sing	le Level				21	6.46	<u>216.08</u>	9/1/2015
Rate	Type:								
	Interim		X	_ `	pective				
		Total Interim				Total Pro	57.5	1.1 T . 1	C .
		Interim Component				Total Pro	spective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data							
		- Filor Flovider Flospective data							
Basis:			Char	nges:	Pata Sa	mester C	hange		
	Budget			× ×	-		- T	he 9/2015 Ra	te Semester
X	Unaudited	costs	0			2			
	Field audit	ed costs							
	Desk audit	ed costs							
Distuibation					A		,		
Distribution Contract Mana		l Agent		M - 1'	99		Smith	anning and F	ünen ee
Permanent File				viedica	na Cost R	Cennours	emem P	anning and r	mance
For In	formation Only	· · · · · · · · · · · · · · · · · · ·							
No Cha	ange in Rate								
Но	me Office:	No Home Office							
6RM4C	Report Calc	mlated: 3/24/2016 11:51:25 AM Reno	ort Printed	3/24/20)16 ID): 263974	12312013	010120130823	32014123107



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date: 10/22/2015	
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2007
	Audit Status:	Field Audited
Provider Type:	Curi <u>Ra</u>	te Rate Date
Nursing Home Single Level	<u>200</u>	<u>.08</u> <u>200.06</u> <u>4/1/2009</u>
Level H: Aids	338	338.41 4/1/2009
Rate Type:		
Interim	X Prospective	
Total Interim	X Total Pros	pective
Interim Component	Total Pros	pective with Interim Component
Settlement based on cost		
Prior Provider Prospective data		
Budget Unaudited costs	Changes: Rate Semester Ch Effects of FA & 12/31/2005	nange RFA #NH11-045L FYE
X Field audited costs Desk audited costs		
Desk addited costs		
Distribution:	Lisa	Smith
Contract Management / Fiscal Agent	Medicaid Cost Reimburse	ment Planning and Finance
Permanent File	1	*
For Information Only	di	a Christal
No Change in Rate	() Alex	Shith
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027 22MJB Report Calculated: 10/22/2015 8:16:33 AM Report P	rinted:4/4/2016 ID: 3079981	23120070101200710272008093859

Report Calculated: 10/22/2015 8:16:33 AM

22MJB



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE		Provider Number	r:	0 307998-00		
4600 MIDDLETON PARK CIR E		Date:		10/22/20	15	
JACKSONVILLE, FL 3222	4	Fiscal Year End:		12/31/20	007	
		Audit Status:		Field Aud	lited	
Provider Type: Nursing Home Sin	gle Level		Current <u>Rate</u> 200.05	New <u>Rate</u> 200.04	Effective <u>Date</u> 7/1/2009	
Lev	vel H: Aids		340.40	340.39	7/1/2009	
Rate Type:						
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		otal Prospective		Component	
	d costs ited costs ited costs	the contract of the contract o	nester Change of FA & RFA # 005	NH11-045L l	FYE	
Distribution:			Lisa Smith			
Contract Management / Fis	cal Agent	Medicaid Cost R	eimbursement I	lanning and	Finance	
Permanent FileFor Information OrNo Change in Rate	nly		Aisa)	hiti		
Home Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027					
22MJB Report C	alculated: 10/22/2015 8:16:33 AM Repor	t Printed :4/4/2016 ID	3079981231200	701012007102	272008093859	

Report Printed: 4/4/2016

Report Calculated: 10/22/2015 8:16:33 AM

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CYPRESS VILLAGE		Provider Number: 0 307998-00					
4600 MIDDLETON PARK CIR E					10/22/2015		
JACKSONVILLE, FL 32224		Fiscal Yea	ar End:		12/31/20		
		Audit Stat	us:	·	Unaudit	ted	
Provider Type:				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Single	Level			208.52	206.29	<u>1/1/2010</u>	
Level	H: Aids			350.44	348.21	1/1/2010	
Rate Type:							
Interim		X Prospect	ive				
	Total Interim	X	Tot	al Prospective			
	Interim Component		Tot	al Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data				~		
Budget X Unaudited co Field audited Desk audited	osts I costs	X E		ster Change FA & RFA #1 5	NH11-045L F	FYE	
Distribution							
<u>Distribution:</u> Contract Management / Fiscal	A gent	24 11 114	C D	Lisa Smith	Name and I	Zinanaa	
Permanent File		Medicaid	ost Ken	mbursement P	ranning and i	mance	
For Information Only				1	\ - 1_1		
No Change in Rate			0	Gisa)	mital		
Home Office:	Brookdale Senior Living, Inc.					man and a second	
	111 Westwood Place					•	
	Suite 400 Brentwood, TN 37027						
22MJB Report Calcu		rinted:4/4/2016	ID: 3	079981231200	801012008091	12009174209	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE		Provider Numbe	er:	0 307998	-00		
4600 MIDDLETON PARK C	00 MIDDLETON PARK CIR E			10/22/2015			
JACKSONVILLE, FL 32224		Fiscal Year End	:	12/31/20	800		
		Audit Status:		Unaudit	ed		
Provider Type:			Current Rate	New <u>Rate</u>	Effective <u>Date</u>		
Nursing Home Singl	e Level		210.45	207.20	7/1/2010		
Leve	l H: Aids		353.79	<u>350.54</u>	7/1/2010		
Rate Type:							
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		otal Prospective		Component		
Basis: Budget X Unaudited Field audite Desk audite	ed costs		mester Change of FA & RFA # 005	NH11-045L F	FYE		
Distribution:			Lisa Smith		and see the		
Contract Management / Fisca	l Agent	Medicaid Cost R	eimbursement F	lanning and l	Finance		
Permanent FileFor Information OnlyNo Change in Rate			Asa)	hiti			
Home Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027		207000122122	00101200000	12000174200		
22MJB Report Calc	culated: 10/22/2015 8:16:33 AM Repor	t Printed :4/4/2016 ID	: 3079981231200	801012008091	120091/4209		

Report Printed: 4/4/2016

Report Calculated: 10/22/2015 8:16:33 AM

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CYPRESS VILLAGE		Provider Number:		0 307998-00			
4600 MIDDLETON PARK CIR E		Date:		10/22/2015			
JACKSONVILLE, FL 32224			Fiscal Year End:		12/31/2009		
			Audit Status:		Unaudit	ed	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sing	le Level			212.70	<u>209.70</u>	1/1/2011	
Leve	el H: Aids			<u>357.56</u>	354.56	1/1/2011	
Rate Type:							
Interim		X	Prospective				
	Total Interim			al Prospective	e		
	Interim Component		Tota	al Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data						
Basis: Budget Unaudited Field audit Desk audit	red costs	Cnz			NH11-045L I	FYE	
Distribution:				Lisa Smith	And the Control of th	2 0800	
Contract Management / Fisca	al Agent		Medicaid Cost Rein	nbursement I	Planning and	Finance	
Permanent File				λ			
For Information Onl	y		/	ANA O	mitt		
No Change in Rate				Aug)	V V		
Home Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400						
	Brentwood, TN 37027				The Common of State o		
22MJB Report Cal	culated: 10/22/2015 8:16:33 AM Rep	ort Printe	d:4/4/2016 ID: 3	079981231200	901012009120	082010104814	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CYPRESS VILLAGE	Provider Number: 0 307998-00
4600 MIDDLETON PARK CIR E	Date: 10/22/2015
JACKSONVILLE, FL 32224	Fiscal Year End: 12/31/2009
	Audit Status: Unaudited
Provider Type:	
	Current New Effective Rate Rate Date
Nursing Home Single Level	202.59 200.01 $7/1/2011$
Level H: Aids	<u>348.79</u> <u>346.21</u> <u>7/1/2011</u>
Rate Type:	
Interim Total Interim	X Prospective X Total Prospective
Interim Component	Total Prospective with Interim Component
Settlement based on cost	Total Trospective with Interior compensation
Prior Provider Prospective data	
Basis:	Changes: Rate Semester Change
Budget	X Effects of FA & RFA #NH11-045L FYE 12/31/2005
X Unaudited costs	12/31/2003
Field audited costs	
Desk audited costs	
Distribution:	Lisa Smith
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	. I v .
For Information Only	Ship Shits.
No Change in Rate	Aug Initis
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027	
	rt Printed 4/4/2016 ID: 307998123120090101200912082010104814



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CYPRESS VILLAGE	Provider Nu	mber:	0 307998-00			
4600 MIDDLETON PARK (DDLETON PARK CIR E Date: 10/22/2			10/22/20	2/2015	
JACKSONVILLE, FL 32224	4	Fiscal Year End: 12/31/2010			010	
		Audit Status	:	Unaudit	ted	
Provider Type: Nursing Home Sing	de Level		Current <u>Rate</u> 202.78	New <u>Rate</u> 200.43	Effective <u>Date</u> 1/1/2012	
Nursing Home Sing	ie Level		202.70	200110	21,21,20	
Leve	el H: Aids		350.39	348.04	1/1/2012	
Rate Type:						
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X Prospective	Total Prospective Total Prospective		Component	
Basis: Budget X Unaudited Field audit Desk audit	ted costs	X Effe	Semester Change ects of FA & RFA #1 1/2005	NH11-045L F	FYE	
Distribution:			Lisa Smith			
Contract Management / Fisca	al Agent	Medicaid Co	st Reimbursement P	lanning and I	Finance	
Permanent File			1			
For Information Onl	y		(Aisa)	hitil		
Home Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027					
22MJB Report Cal	culated: 10/22/2015 8:16:33 AM Report	Printed :4/4/2016	ID: 30799812312010	001012010102	62011163810	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CYPRESS VILLA	AGE		F	Provider Number:		0 307998	-00		
4600 MIDDLETO	600 MIDDLETON PARK CIR E			Date:		10/22/2015			
JACKSONVILLE	, FL 32224		F	Fiscal Year End: 12/31/2011)11		
			F	Audit Status:		Unaudit	ed		
Provider Type	:				Current Rate	New Rate	Effective <u>Date</u>		
Nursing Home	Single	e Level			210.96	208.84	7/1/2012		
	Level	H: Aids			360.17	<u>358.05</u>	7/1/2012		
Rate T	ype:								
In	nterim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X		al Prospective al Prospective		Component		
Basis:	Budget Unaudited of Field audite Desk audite	d costs	Chan	Rate Seme	ster Change FA & RFA #1 5	NH11-045L I	FYE		
Distribution:			l		Lisa Smith	SK (1)			
Contract Manager	ment / Fiscal	Agent	N	Aedicaid Cost Rei	mbursement P	lanning and l	Finance		
Permanent FileFor Information No Change	mation Only ge in Rate			0	Sisa)	hiti			
Home	e Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027							
22МЈВ	Report Calc	ulated: 10/22/2015 8:16:33 AM Rep	port Printed :	4/4/2016 ID: 3	079981231201	101012011042	62012152233		



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CYPRESS VILLAGE 4600 MIDDLETON PARK CIR E		Provider Nu	umber:	0 307998-00				
		Date:		10/22/2015				
JACKSONVILLE,	FL 32224		Fiscal Year	End:	12/31/2011			
			Audit Statu	s:		Unaudit	ed	
Provider Type:					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Home	Single	e Level			213.69	212.14	<u>1/1/2013</u>	
	Level	H: Aids			364.50	<u>362.95</u>	1/1/2013	
Rate Ty	pe:		5					
Total			X Prospectiv	170				
Int	terim	Total Interim	X		Prospective			
-		Interim Component			17	with Interim	Component	
		Settlement based on cost			z respective		1	
-		Prior Provider Prospective data						
_								
X	Budget Unaudited c Field audited Desk audited	d costs	X Eff		er Change A & RFA #	NH11-045L F	FYE	
Distributions								
Distribution: Contract Managen	nent / Fiscal	Agent	Madigaid C		Lisa Smith	lanning and I	Finance	
Permanent File			Medicald	ost Kenni	oursement i	ianining and i	mance	
	nation Only e in Rate			1) say	niti		
Home	Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027						
22MJB	Report Calcu	alated: 10/22/2015 8:16:33 AM Re	eport Printed:4/4/2016	ID: 307	9981231201	101012011042	62012152233	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CYPRESS VILLAGE	Provider Number: 0 307998-00	
4600 MIDDLETON PARK CIR E	Date: 10/22/2015	
JACKSONVILLE, FL 32224	Fiscal Year End: 12/31/2011	
	Audit Status: Unaudited	
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 219.08 217.51 7/1/2013	
Rate Type:		
Interim	X Prospective	
Total Interim	Total Prospective	
Interim Component	Total Prospective with Interim Component	
Settlement based on cost		
Prior Provider Prospective data		
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semester Change Effects of FA & RFA #NH11-045L FYE 12/31/2005	
Distribution:	Lisa Smith	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance	
Permanent File		
For Information OnlyNo Change in Rate	Aisa Smith	
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027		
22MJB Report Calculated: 10/22/2015 8:16:33 AM Report	t Printed: 4/4/2016 ID: 307998123120110101201104262012152233	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

4600 MIDDLETON PARK CIR E JACKSONVILLE, FL 32224	Date: Fiscal Year End:		10/22/20	15			
JACKSONVILLE, FL 32224			Date: 10/22/2015				
	Audit Status:		Unaudit	ed			
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 214.58	New <u>Rate</u> 213.65	Effective			
Rate Type:							
Interim	X Prospective	_					
Total Interim		Prospective		Component			
Interim Component	Total	Prospective	with Interim	Component			
Settlement based on cost							
Prior Provider Prospective data							
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semester Change Effects of FA & RFA #NH11-045L FYE 12/31/2005						
Distribution:	I	Lisa Smith		MI media - De			
Contract Management / Fiscal Agent	Medicaid Cost Reimb	Medicaid Cost Reimbursement Planning and Finance					
Permanent File	i	V	3.				
For Information Only	d	WAS D	niti,				
No Change in Rate		pod J					
Home Office: Brookdale Senior Living, Inc.							
111 Westwood Place							
Suite 400							
Brentwood, TN 37027 22MJB Report Calculated: 10/22/2015 8:16:33 AM Report P	Printed :4/4/2016 ID: 307	0001001001	20101201210	222013144959			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

CYPRESS VILLAGE		P	rovider Number:		0 307998-00			
4600 MIDDLETON PARK CIR E JACKSONVILLE, FL 32224			Date:		10/22/20			
			iscal Year End:		12/31/2012			
		A	Audit Status:		Unaudit	ed		
Provider Type: Nursing Home Singl	e Level			Current Rate 222.55	New <u>Rate</u> 222.54	Effective <u>Date</u> 7/1/2014		
Rate Type:	7							
		V	Doggazza					
Interim	Track I Later in a	X	Prospective X To	tal Prospective				
	Total Interim Interim Component			tal Prospective		Component		
	Settlement based on cost							
	Prior Provider Prospective data							
Basis: Budget X Unaudited Field audited Desk audited	ed costs	Chan	Rate Sem	ester Change f FA & RFA # 05	NH11-045L]	FYE		
		İ.						
Distribution:				Lisa Smith				
Contract Management / Fisca	l Agent	1	Medicaid Cost Re	imbursement l	Planning and	Finance		
Permanent File				Å	1			
For Information Only	,		0	Jusa ?	mith			
Home Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027							
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WESTWOOD HEALTH CARE CENT	ΓER		Provider Number:		0 316075	-00	
1001 MAR-WALT DRIVE			Date: 4/7/2016				
FORT WALTON BEACH, FL 32547		Fiscal Year End: 12/31/200			006		
			Audit Status:		Revised Field Audit		
Provider Type:							
				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Leve	l			195.12	198.77	7/1/2009	
Level H: Ai	ds			335.47	339.12	7/1/2009	
Rate Type:							
1							
Interim		X	Prospective				
	Interim		Tota	1 Prospective			
	m Component		Tota	1 Prospective	with Interim	Component	
	ement based on cost						
Prior Prior	Provider Prospective data						
Basis: Budget		Char	Rate Semes	ter Change to RFA NH1	1-002L FYE	12/31/2006	
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Desk audited costs							
Desk addited costs						* Objetito altre min cale on a	
Distribution:			A de la constantina della cons	T			
Contract Management / Fiscal Agent				Lisa Smith	anning and E	inence	
Permanent File		r	Medicaid Cost Reim	bursement Pi	anning and r	inance	
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No Change in Rate							
Home Office: Brook	dale Senior Living, Inc.						
	Vestwood Place						
Suite							
	wood, TN 37027						
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XG4H3

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

WESTWOOD HEALTH CARE CENTER	Provider Number:		0.316075	-00
1001 MAR-WALT DRIVE	Date:		4/7/201	6
FORT WALTON BEACH, FL 32547	Fiscal Year End:		12/31/20	08
	Audit Status:		Unaudit	ed
Provider Type:		€		
Hovider Type.		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		<u>201.90</u>	205.12	1/1/2010
Level H: Aids		343.82	347.04	1/1/2010
Rate Type:				
Rate Type.				
Interim	X Prospective			
Total Interim	X Tota	al Prospective		
Interim Component	Tota	al Prospective	with Interim	Component
Settlement based on cost	2			
Prior Provider Prospective data				
Basis:	Changes:			
	Rate Semes	ster Change		
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X Unaudited costs	12/31/2006	5		
Field audited costs				
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	40	Lisa Smith	17	1.
Contract Management / Fiscal Agent Permanent File	Medicaid Cost Rein	nbursement P	ianning and I	inance
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Home Office: Brookdale Senior Living, Inc.			e u s legendo de	
111 Westwood Place				
Suite 400				
Brentwood, TN 37027		pa .		
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Tallahassee, Florida 32308

WESTWOOD HEALTH CARE CENTER	Provider Number:		0 316075-00		
1001 MAR-WALT DRIVE				Date: 4/7/2016	
FORT WALTON BEACH, FL 32547	Fiscal Year End: 12/31/2008			008	
	Audit Status:		Unaudited		
Provider Type:					
		Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Single Level		205.03	208.44	7/1/2010	
Level H: Aids		348.37	<u>351.78</u>	7/1/2010	
Rate Type:					
Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		l Prospective l Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semes X Effects of 0 12/31/2006	Correction to	RFA NH11-0	002L FYE	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Rein	Lisa Smith	lanning and I	Pinance	
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027			R01012008052		



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Tallahassee, Florida 32308

WESTWOOD HEALTH CARE CENTER	Provider Number:		0 316075	-00	
1001 MAR-WALT DRIVE	Date:		4/7/2016		
FORT WALTON BEACH, FL 32547	Fiscal Year End: 12/31/20			009	
	Audit Status:		Unaudit	ted	
Provider Type: Nursing Home Single Level		Current Rate 200.31	New <u>Rate</u> 204.20	Effective <u>Date</u> 1/1/2011	
Nursing Home Single Level		200.31	201120	2/2/2022	
Level H: Aids		345.17	349.06	1/1/2011	
Rate Type:					
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Budget X Unaudited costs Field audited costs Desk audited costs		ester Change Correction to 6	RFA NH11-0	002L FYE	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Rei	Lisa Smith mbursement P	lanning and F	inance	
Home Office: Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027 XG4H3 Report Calculated: 4/7/2016 9:55:36 AM Report P	rinted: 4/7/2016 ID: 3	1607512312009	001012009081	22010110127	



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Tallahassee, Florida 32308

WESTWOOD HEALTH CARE CENTER	Provider Number:		0 316075	075-00	
1001 MAR-WALT DRIVE	Date:		4/7/2016		
FORT WALTON BEACH, FL 32547	Fiscal Year End:		12/31/20	09	
	Audit Status:		Unaudit	ed	
Provider Type:					
		Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Single Level		193.64	<u>197.16</u>	7/1/2011	
Level H: Aids		339.84	343.36	7/1/2011	
Rate Type:					
Interim	X Prospective				
Total Interim	X Total	l Prospective			
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Settlement based on cost					
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	Rate Semest		RFA NH11-0	0021 FYE	
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Home Office: Brookdale Senior Living, Inc.					
111 Westwood Place					
Suite 400					
Brentwood, TN 37027				1	
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Tallahassee, Florida 32308

WESTWOOD HEALTH CARE CENTER	Provider Number:		0 316075	5-00
1001 MAR-WALT DRIVE	Date:		4/7/201	.6
FORT WALTON BEACH, FL 32547	Fiscal Year End:		12/31/20	010
	Audit Status:		Unaudit	ted
Provider Type:				
		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		<u>191.29</u>	<u>195.10</u>	1/1/2012
Level H: Aids		338.90	342.71	1/1/2012
Rate Type:				
Interim	X Prospective			
Total Interim	X Tota	ıl Prospective		
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	A D			
<u>Distribution:</u>	790	Lisa Smith		
Contract Management / Fiscal Agent	Medicaid Cost Rein	nbursement P	lanning and F	inance
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Home Office: Brookdale Senior Living, Inc.				
111 Westwood Place				
Suite 400				
Brentwood, TN 37027				
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Tallahassee, Florida 32308

Provider Number:	0 316075)75-00		
Date:		4/7/2016		
Fiscal Year End:				
Audit Status:		Unaudit	ed	
	Current Rate 197.40	New <u>Rate</u> 201.36	Effective	
	346.61	350.57	7/1/2012	
	al Prospective			
	(-8)		Component	
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hanges.				
	ester Change			
		RFA NH11-	002L FYE	
	06		1	
de	Lisa Smith			
Medicaid Cost Re	imbursement I	lanning and	Finance	
	Date: Fiscal Year End: Audit Status: Prospective X Tot Tot Changes: Rate Seme X Effects of 12/31/200	Date: Fiscal Year End: Audit Status: Current Rate 197.40 346.61 Changes: Rate Semester Change X Effects of Correction to 12/31/2006 Lisa Smith Medicaid Cost Reimbursement F	Prospective X Total Prospective Total Prospective with Interim Changes: Rate Semester Change Fiscal Year End: 12/31/20 12/31/20 Lonaudit Current New Rate Rate 197.40 201.36 346.61 350.57	



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Tallahassee, Florida 32308

WESTWOOD HEALTH CAI	RE CENTER	Provider Nun	Provider Number: 0 3			
1001 MAR-WALT DRIVE		Date:		4/7/2016		
FORT WALTON BEACH, F.	L 32547	Fiscal Year E	End:	12/31/2011		
		Audit Status:			Unaudit	ed
Provider Type:						
Trovider Type.			(Current	New	Effective
				Rate	Rate	Date
Nursing Home Sing	le Level		2	200.89	204.57	1/1/2013
Leve	el H: Aids		3	351.70	355.38	1/1/2013
Rate Type:						
Interim		X Prospective				
Internit	Total Interim	X		rospective		
	Interim Component		-	5.0	with Interim	Component
	Settlement based on cost		_			
	Prior Provider Prospective data					
- 2 - 2222 11 11 11 11 11 11	14 T 1 H 1 T					
Basis:		Changes:				
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Budget				rection to	RFA NH11-0	002L FYE
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Field audit	ed costs					
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						and the second
Distribution:			A L	isa Smith		
Contract Management / Fisca	al Agent	Medicaid Cos			lanning and F	inance
Permanent File		2720				
For Information Only	y					
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

WESTWOOD HEALTH CARE CENTER	Provider Number:	Provider Number: 0 316075-00				
1001 MAR-WALT DRIVE	Date:	4/28/2016				
FORT WALTON BEACH, FL 32547	Fiscal Year End:	12/31/2012				
	Audit Status:		Unaudit	ted		
Provider Type:						
•		Current	New	Effective		
		Rate	Rate	<u>Date</u>		
Nursing Home Single Level		208.78	<u>213.01</u>	7/1/2013		
Rate Type:						
Interim	X Prospective					
Total Interim	X Total	Prospective				
Interim Component	Total	Prospective	with Interim	Component		
Settlement based on cost						
Prior Provider Prospectiv	re data					
Basis:	Changes:					
5.1	Rate Semeste	-				
Budget X Unaudited costs	X Effects of C 12/31/2006	orrection to	RFA NH11-0	002L FYE		
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Distribution:	0 0			55 DBS -		
Contract Management / Fiscal Agent		Lisa Smith				
	Medicaid Cost Reimb	oursement Pl	lanning and F	inance		
Permanent File						
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No Change in Rate						
Home Office: Brookdale Senior Living,	Inc.					
111 Westwood Place						
Suite 400						
Brentwood, TN 37027						
HD27W Report Calculated: 4/28/2016 8:27:37 AM	Report Printed :4/28/2016 ID: 3160	07512312012	010120120428	2013154123		



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Tallahassee, Florida 32308

MADISON POINTE REHABILITATION & HEALTH CENTER	Provider Number:		0 324124	-00		
6020 INDIANA AVE	Date:		3/24/2016 2/28/2014			
NEW PORT RICHEY, FL 34653-3214	Fiscal Year End:					
	Audit Status:		Unaudit	ed		
Provider Type:						
		Current	New	Effective		
		Rate	Rate	<u>Date</u>		
Nursing Home Single Level		<u>243.90</u>	243.87	9/1/2015		
Rate Type:	9 B 9					
Interim	X Prospective	l Dus au a aticus				
Total Interim		al Prospective al Prospective		Component		
Interim Component	1012	ii Piospective	with memi	Component		
Settlement based on cost						
Prior Provider Prospective data						
Basis:	Changes:	61				
		ster Change	agtor to Add	Dating Dave		
Budget	X Retro for 9	/15 Rate Sem	lester to Aud	Railing Days		
X Unaudited costs						
Field audited costs	*					
Desk audited costs						
<u>Distribution:</u>	79	Lisa Smith				
Contract Management / Fiscal Agent	Medicaid Cost Rein	nbursement P	lanning and I	inance		
Permanent File						
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No Change in Rate	•					
Home Office: Hallmark Accounting		A series and part on the series of the serie				
368 New Hempstead Road #309						
New City, NY 10956						
PCVYF Report Calculated: 3/24/2016 9:10:58 AM Report	Printed:3/24/2016 ID: 32	2412402282014	403012013042	52014131000		



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Tallahassee, Florida 32308

WINTER PARK CARE AND REHABILITATION CENTER	Provider Number:		0 324515	-00
2970 SCARLETT RD	Date:		3/22/201	16
WINTER PARK, FL 32792	Fiscal Year End:	ar End: 7/31/2014		14
	Audit Status:		Unaudit	ed
Provider Type:		Current Rate	New Rate	Effective <u>Date</u>
Nursing Home Single Level		205.84	205.69	9/1/2015
Rate Type:				
Budget	X Tota Tota Thanges:	ster Change	with Interim	
X Unaudited costs Field audited costs Desk audited costs				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	Medicaid Cost Rein	Lisa Smith		Finance
Home Office: Signature Healthcare LLC 12201 Bluegrass Parkway Louisville, KY 40299 98IWQ Report Calculated: 3/22/2016 1:56:40 PM Report Pri	inted:3/22/2016 ID: 32	245150731201	410012013121	72014133401



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Tallahassee, Florida 32308

MANORCARE HEALTH SI	ERVICES-CARROLLWOOD	Provider Number	:	0 325678	-00		
3030 BEARSS AVE		Date:		3/28/2016			
TAMPA, FL 33618		Fiscal Year End:	5/31/2014				
		Audit Status:		Unaudit	ed		
Provider Type: Nursing Home Sing	gle Level		Current Rate 224.33	New <u>Rate</u> 224.27	Effective <u>Date</u> 9/1/2015		
Rate Type:							
		Mac Fel. (Milde Pring					
Interim	m . 17	X Prospective					
	Total Interim Interim Component		tal Prospective tal Prospective		Component		
	Settlement based on cost						
	Prior Provider Prospective data						
Basis: Budget X Unaudited Field audit Desk audit	ed costs		ester Change 09/15 rate sem	ester to add F	Cating Days		
Distribution:		A)	Lisa Smith				
Contract Management / Fisca	al Agent	Medicaid Cost Rei		lanning and F	inance		
Permanent File		Michella Cost Rei	ourbonnent 1	and I	11101100		
For Information Only	Y						
No Change in Rate							
Home Office:	HCR Manor Care 333 North Summit Street				The second secon		
	Toledo, OH 43604						
SLSSI Report Cale	culated: 3/28/2016 9:52:57 AM Repo	ort Printed :3/28/2016 ID: 3	2567805312014	060120130825	2014102712		



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Tallahassee, Florida 32308

MOOSEHAVEN, INC.		Provider Number	:	0 326011	-00
1701 PARK AVENUE		Date:	4/1/2016		6
ORANGE PARK, FL 32	2073	Fiscal Year End:		4/30/20	14
7		Audit Status:		Unaudit	ed
Provider Type: Nursing Home	Single Level		Current <u>Rate</u> 236.31	New <u>Rate</u> 236.10	Effective <u>Date</u> 1/1/2016
Rate Type:	A STATE OF THE PROPERTY OF THE				2000
Interim		X Prospective			
	Total Interim		otal Prospective	2	
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	Settlement based on cost				
	Prior Provider Prospective	data			
Basis:		Changes:	(C)		
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	lited costs		Weighted Prop		
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MOOSEHAVEN, INC.		Provider N	umber:	0 326011	-00
1701 PARK AVENUE		Date:		4/1/2016 4/30/2014	
ORANGE PARK, FL 32073		Fiscal Year	End:		
		Audit Statu	s:	Unaudit	ed
Provider Type:			Current <u>Rate</u>	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home Sing	le Level		236.31	236.10	7/1/2016
3					
Rate Type:					
	_				
Interim	Total Interior	X Prospectiv	ve Total Prospectiv	a	
	Total Interim Interim Component		Total Prospectiv		Component
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Dean dudi	19 19 19 19 19 19 19 19 19 19 19 19 19 1				
Distribution:		A	Lisa Smith		
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