

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

A Rate decrease

Provider Number: 000141800-00

HCR Manor Care Services of Florida, Inc.-Duval County

| Nursing Home Provider Name | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted e Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|-------------------------------------|
| | As Reported | Current | Days | | F |
| West Jacksonville Health and Rehabilitation C | 218171 | 218171 | 734 | ★ \$196.66 | \$144,348.44 |
| Doctors Lake of Orange Park | 223883 | 223883 | 821 | * \$193.86 | \$159,159.06 |
| First Coast Health and Rehabilitation Center | 227838 | 227838 | 26 | * \$196.14 | \$5,099.64 |
| Park Ridge Nursing Center | 228401 | 228401 | 680 | \$188.50 | \$128,180.00 |
| EdgeWood Nursing Center | 254878 | 254878 | 238 | \$202.49 | \$48,192.62 |
| Riverwood Center, LLC | 260673 | 260673 | 101 | \$213.64 | \$21,577.64 |
| Jacksonville Nursing and Rehab | 263494 | 263494 | 183 | \$213.69 | \$39,105.27 |
| Macclenny Nursing and Rehab | 263516 | 263516 | 608 | \$205.77 | \$125,108.16 |
| Regents Park of Jacksonville | 269727 | 269727 | 144 | \$196.05 | \$28,231.20 |
| Cypress Village | 307998 | 307998 | 53 | \$219.22 | \$11,618.66 |
| Consulate Health Care of Jacksonville | 319503 | 319503 | 502 | \$203.43 | \$102,121.86 |
| Heartland Health Care Center-Jacksonville | 325236 | 325236 | 1,400 | ≯ \$186.01 | \$260,413.99 |
| Heartland Health Care Center-Orange Park | 325261 | 325261 | 1,714 | \$203.91 | \$349,501.75 |
| Heartland Health Care Center of South Jackson | 325287 | 325287 | 1,188 | \$206.92 | \$245,820.96 |

Report Produced: 7/2/2013 10:28:23AM Page 1 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 000141800-00

HCR Manor Care Services of Florida, Inc.-Duval County

| | Nursing Home M | ledicaid Number | Total Nursing . Home | 07/01/2013 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|----------------|-----------------|----------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | |
| Total | | | 8,392 | \$1,668,479.25 |

Average Nursing Home Rate (Weighted by days) =1,668,479.25/8,392=198.82 Room and Board Rate 07/01/2013: 198.82 x 95% = 188.88

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 2 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

ANH Rate decrease

Provider Number: 000532400-00

Samaritan Care Hospice of Osceola, LLC-Orange County

| | Nursing Home N | Aedicaid Number | Total Nursing – Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Osceola Health Care Center | 005219 | 005219 | 481 | \$218.88 | \$105,281.28 |
| Oaks Of Kissimmee | 005549 | 005549 | 56 | \$232.63 | \$13,027.28 |
| Lake Bennett Heath and Rehabilitation | 017301 | 017301 | 27 | ★ \$212.62 | \$5,740.74 |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 3 | \$233.24 | \$699.72 |
| Health Central Park | 204811 | 048441 | 5 | \$229.68 | \$1,148.40 |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 6 | \$209.49 | \$1,256.94 |
| Westminster Towers | 208540 | 208540 | 366 | \$196.37 | \$71,871.42 |
| Orlando Health and Rehabilitation Center | 223654 | 223654 | 12 | ★ \$172.12 | \$2,065.44 |
| Avante at Orlando | 223808 | 223808 | 5 | \$236.35 | \$1,181.75 |
| MK of Winter Garden LLC | 225410 | 225410 | 72 | \$231.24 | \$16,649.28 |
| Rio Pinar Health Care | 252450 | 043846 | 257 | \$207.01 | \$53,201.5 7 |
| Rosewood Health and Rehab. Center | 252468 | 059869 | 168 | \$203.85 | \$34,246.80 |
| Southern Oaks Health Care | 253146 | 253146 | 2,214 | ★ \$186.65 | \$413,243.09 |
| The Palms At Park Place | 253421 | 253421 | 87 | \$195.94 | \$17,046.78 |
| PG of Orlando | 257303 | 257303 | 148 | \$198.49 | \$29,376.52 |
| Avante at St. Cloud | 259870 | 259870 | 1,911 | \$221.24 | \$422,789.65 |
| The Parks Healthcare and Rehabilitation Center | 259934 | 043850 | 310 | \$206.98 | \$64,163.80 |
| P | | | , | D 2 6105 | |

Report Produced:

7/2/2013

10:28:23AM

Page 3 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 000532400-00

Samaritan Care Hospice of Osceola, LLC-Orange County

| | · Nursing Home M | Total Nursing Home Medicaid Number Home | | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------|---|-------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Current Name:Parks Healthcare and Rehabilitation | Center | | | | |
| Metrowest Nursing and Rehab | 263541 | 263541 | 297 | \$222.01 | \$65,936.97 |
| Hunter's Creek Nursing and Rehab | 263605 | 263605 | 78 | \$237.34 | \$18,512.52 |
| Conway Lakes Health & Rehabilitation Center | 264512 | 264512 | 13 | \$225.74 | \$2,934.62 |
| Regents Park of Winter Park | 269719 | 269719 | 103 | \$201.55 | \$20,759.65 |
| Keystone Rehab. and Health Center | 317560 | 043839 | 1,240 | * \$194.69 | \$241,415.60 |
| Consulate Health Care of Kissimmee | 319511 | 319511 | 171 | \$199.86 | \$34,176.06 |
| Ocoee Health Care Facility | 324159 | 324159 | 110 | \$226.97 | \$24,966.70 |
| Courtyards of Orlando | 324175 | 324175 | 329 | \$218.83 | \$71,995.07 |
| Winter Park Care and Rehabilitation Center | 324515 | 324515 | 110 | \$208.73 | \$22,960.30 |
| Total | | | 8,57 | 9 | \$1,756,647.95 |

Average Nursing Home Rate (Weighted by days) =1,756,647.95/8,579=204.76 Room and Board Rate 07/01/2013: $204.76 \times 95\% = 194.52$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 4 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| | · Nursing Home N | Aedicaid Number | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Tuit | Computation |
| Osceola Health Care Center | 005219 | 005219 | 113 | \$218.88 | \$24,733.44 |
| Debary Manor | 005372 | 005372 | 112 | \$202.48 | \$22,677.76 |
| Flagler Pines | 005374 | 005374 | 483 | \$218.69 | \$105,627.27 |
| Longwood Health Care Center | 005379 | 005379 | 604 | \$202.73 | \$122,448.92 |
| The Rehabilitation Center of Winter Park | 005380 | 005380 | 2,540 | \$217.07 | \$551,357.82 |
| Carnegie Gardens Nursing Center | 005519 | 005519 | 1,048 | \$217.00 | \$227,416.00 |
| Manor on the Green | 005543 | 005543 | 303 | \$220.20 | \$66,720.60 |
| Oakwood Garden of Deland | 005547 | 005547 | 172 | \$210.00 | \$36,120.00 |
| Oaks Of Kissimmee | 005549 | 005549 | 937 | \$232.63 | \$217,974.31 |
| Lake Bennett Heath and Rehabilitation | 017301 | 017301 | 1,458 | \$212.62 | \$309,999.95 |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 1,521 | \$207.62 | \$315,790.01 |
| Carlton Shores Health and Rehab Center | 022138 | 022138 | 346 | \$244.18 | \$84,486.28 |
| Wuesthoff Progressive Care Center | 028602 | 028602 | 234 | \$216.27 | \$50,607.18 |
| The Health Center Of Windermere | 030479 | 030479 | 541 | \$218.59 | \$118,257.19 |
| The Health Center of Merritt Island | 030491 | 030491 | 3,298 | \$228.76 | \$754,450.46 |
| University Center West | 041685 | 041685 | 944 | \$213.06 | \$201,128.64 |
| University Center East | 041686 | 041686 | 850 | \$203.50 | \$172,975.00 |

Report Produced: 7/2/2013 10:28:23AM Page 5 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| • | Nursing Home Medicald Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | Companion |
| The Gardens at DePugh Nursing Center | 201588 | 201588 | 90 | \$212.38 | \$19,114.20 |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 539 | \$233.24 | \$125,716.36 |
| Center for Health Care of The Alliance Commu | 202789 | 202789 | 62 | \$185.39 | \$11,494.18 |
| Olds Hall Good Samaritan | 204391 | 204391 | 182 | \$230.94 | \$42,031.08 |
| Health Central Park | 204811 | 048441 | 1,432 | \$229.68 | \$328,901.75 |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 1,236 | \$209.49 | \$258,929.65 |
| The Commons at Orlando Lutheran Towers | 205796 | 205796 | 897 | \$200.10 | \$179,489.71 |
| Westminster Towers | 208540 | 208540 | 438 | \$196.37 | \$86,010.06 |
| Courtenay Springs Village | 209325 | 209325 | 1,517 | \$215.66 | \$327,156.23 |
| Bishop's Glen Health Care Center | 209511 | 209511 | 24 | \$236.20 | \$5,668.80 |
| Winter Park Towers | 209848 | 209848 | 1,319 | \$192.14 | \$253,432.66 |
| Life Care Center of Altamonte Springs | 210137 | 210137 | 3,027 | \$210.15 | \$636,124.03 |
| Huntington Place Care & Rehabilitation Center | 211281 | 211281 | 570 | \$184.81 | \$105,341.70 |
| Woodland Terrace | 212636 | 212636 | 314 | \$173.83 | \$54,582.62 |
| Florida Lutheran Retirement Center | 212792 | 212792 | 2 | \$197.97 | \$395.94 |
| West Melbourne Health & Rehabilitation Cente | 217727 | 217727 | 3,218 | \$205.04 | \$659,818.70 |
| Daytona Beach Health and Rehabilitation Cent Report Produced: 7/2/2013 10:28:23AM | 217743 | 217743 | 386 F | \$212.56 Page 6 of 107 | \$82,048.16 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| • | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| Delaney Park Health and Rehabilitation Center | 221589 | 221589 | 238 | \$199.85 | \$47,564.30 |
| Orlando Health and Rehabilitation Center | 223654 | 223654 | 2,646 | \$172.12 | \$455,429.51 |
| Avante at Orlando | 223808 | 223808 | 869 | \$236.35 | \$205,388.16 |
| MK of Winter Garden LLC | 225410 | 225410 | 3,216 | \$231.24 | \$743,667.86 |
| Ocean View Nursing and Rehabilitation Center | 226351 | 226351 | 537 | \$202.44 | \$108,710.28 |
| Rockledge NH, LLC | 227587 | 227587 | 2,269 | \$227.97 | \$517,263.93 |
| Life Care Center of Melbourne | 228338 | 228338 | 620 | \$206.75 | \$128,185.00 |
| Avante at Melbourne | 252018 | 252018 | 302 | \$240.16 | \$72,528.32 |
| Avante at Ormond Beach | 252034 | 252034 | 40 | \$227.00 | \$9,080.00 |
| Deltona Health Care | 252158 | 043868 | 3,284 | \$206.56 | \$678,343.03 |
| Lake Mary Health and Rehab.Center | 252310 | 043871 | 31 | \$207.20 | \$6,423.20 |
| Island Health and Rehab. Center | 252352 | 059866 | 802 | \$192.91 | \$154,713.82 |
| The Palms Rehab. and Healthcare Center | 252395 | 043847 | 3,655 | \$209.87 | \$767,074.83 |
| Current Name:Palms Rehabilitation & Healthcare Cen Grand Oaks Health and Rehab. Center | ter 252409 | 043864 | 105 | \$201.24 | \$21,130.20 |
| Plantation Bay Rehabilitation Center | 252441 | 043853 | 1,106 | \$211.64 | \$234,073.84 |
| Rio Pinar Health Care | 252450 | 043846 | 2,991 | \$207.01 | \$619,166.89 |
| Rosewood Health and Rehab. Center Report Produced: 7/2/2013 10:28:23AM | 252468 | 059869 | 2,056 F | \$203.85 Page 7 of 107 | \$419,115.61 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| | · Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|--------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | Computation |
| | | | | | |
| OAKTREE HEALTHCARE | 252476 | 043843 | 101 | \$208.89 | \$21,097.89 |
| Current Name:Oaktree Healthcare Vista Manor | 252522 | 061109 | 1,786 | \$204.87 | \$365,897.81 |
| Colonial Lakes Health Care | 252557 | 043854 | 1,334 | \$197.40 | \$263,331.59 |
| Southern Oaks Health Care | 253146 | 253146 | 1,328 | \$186.65 | \$247,871.19 |
| The Palms At Park Place | 253421 | 253421 | 408 | \$195.94 | \$79,943.52 |
| PG of Orlando | 257303 | 257303 | 1,386 | \$198.49 | \$275,107.15 |
| Indigo Manor | 258750 | 258750 | 747 | \$225.98 | \$168,807.06 |
| Avante at St. Cloud | 259870 | 259870 | 598 | \$221.24 | \$132,301.52 |
| The Parks Healthcare and Rehabilitation Center | 259934 | 043850 | 991 | \$206.98 | \$205,117.18 |
| Current Name:Parks Healthcare and Rehabilitation Co Bridgeview Center, LLC | 260371 | 260371 | 199 | \$227.77 | \$45,326.23 |
| Coquina Center, LLC | 260649 | 260649 | 45 | \$232.35 | \$10,455.75 |
| Island Lake Center, LLC | 260657 | 260657 | 1,312 | \$227.40 | \$298,348.79 |
| Indian River Center LLC | 260665 | 260665 | 2,017 | \$227.87 | \$459,613.78 |
| Terra Vista Rehabilitation and Health Center | 261611 | 261611 | 1,302 | \$206.91 | \$269,396.82 |
| Atlantic Shores Nursing and Rehab | 263389 | 263389 | 1,457 | \$212.27 | \$309,277.40 |
| Port Orange Nursing and Rehab | 263508 | 263508 | 3 | \$222.42 | \$667.26 |
| Metrowest Nursing and Rehab Report Produced: 7/2/2013 10:28:23AM | 263541 | 263541 | 1,036 F | \$222.01 Page 8 of 107 | \$230,002.35 |

Page 9 of 107



Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| | · Nursing Home N | Total 07/01/2013 Medicaid Number Nursing Nursing Home | | Nursing Home Medicaid Number Nursing | | Weighted Average Rate Computation |
|--|------------------|--|----------------|--------------------------------------|--------------|---|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation | |
| | | | | | | |
| Orange City Nursing and Rehab | 263567 | 263567 | 282 | \$215.66 | \$60,816.12 | |
| Tuskawilla Nursing and Rehab | 263591 | 263591 | 595 | \$216.61 | \$128,882.95 | |
| Hunter's Creek Nursing and Rehab | 263605 | 263605 | 381 | \$237.34 | \$90,426.54 | |
| Healthcare and Rehabilitation Center of Sanfor | 263931 | 263931 | 252 | \$188.90 | \$47,602.80 | |
| Titusville Rehabilitation and Nursing Center | 263974 | 263974 | 1,513 | \$215.97 | \$326,762.61 | |
| Conway Lakes Health & Rehabilitation Center | 264512 | 264512 | 753 | \$225.74 | \$169,982.22 | |
| MELBOURNE TERRACE RESTORATIVE C | 264547 | 264547 | 1,147 | \$231.18 | \$265,163.45 | |
| Majestic Oaks Continuing Care Complex | 269000 | 269000 | 177 | \$202.57 | \$35,854.89 | |
| Regents Park of Winter Park | 269719 | 269719 | 763 | \$201.55 | \$153,782.65 | |
| Ridgecrest Nursing & Rehabilitation Center | 282464 | 282464 | 2,073 | \$216.13 | \$448,037.50 | |
| The Terrace at Daytona Beach | 282553 | 282553 | 531 | \$170.79 | \$90,689.49 | |
| Sandal Wood Nursing Center | 312045 | 312045 | 753 | \$208.78 | \$157,211.34 | |
| Savannah Cove of Maitland | 312550 | 312550 | 621 | \$186.66 | \$115,915.86 | |
| Lutheran Haven Nursing Home | 313718 | 313718 | 221 | \$201.58 | \$44,549.18 | |
| Keystone Rehab. and Health Center | 317560 | 043839 | 1,878 | \$194.69 | \$365,627.82 | |
| Consulate Health Care of Kissimmee | 319511 | 319511 | 492 | \$199.86 | \$98,331.12 | |

Report Produced: 7/2/2013 10:28:23AM



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| | · Nursing Home Medicaid Number | | Total Nursing | 07/01/2013 Nursing Home | _ |
|--|--------------------------------|---------|------------------|----------------------------|---------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| Consulate Health Care Melbourne | 319520 | 319520 | 104 | \$195.49 | \$20,330.96 |
| Consulate Health Care of West Altamonte | 319546 | 319546 | 1,254 | \$202.72 | \$254,210.88 |
| Sunbelt Health & Rehab Center - Apopka, Inc. | 320412 | 320412 | 2,754 | \$205.95 | \$567,186.29 |
| East Orlando Health & Rehab Center, Inc. | 320421 | 320421 | 726 | \$232.25 | \$168,613.50 |
| Adventist Care Centers - Courtland, Inc. | 320439 | 320439 | 1,231 | \$213.13 | \$262,363.04 |
| Florida Living Nursing Center | 320463 | 320463 | 2,467 | \$220.81 | \$544,738.26 |
| Ocoee Health Care Facility | 324159 | 324159 | 3,703 | \$226.97 | \$840,469.91 |
| Signature Healthcare of Ormond | 324442 | 324442 | 55 | \$214.17 | \$11,779.35 |
| Anchor Care & Rehabilitation Center | 324451 | 324451 | 684 | \$198.93 | \$136,068.11 |
| Winter Park Care and Rehabilitation Center | 324515 | 324515 | 845 | \$208.73 | \$176,376.85 |
| ManorCare Nursing and Rehabilitation Center | 325279 | 325279 | 1,858 | \$190.62 | \$354,171.95 |
| Total | | | 99,68 | 7 \$ | 21,065,394.40 |

Average Nursing Home Rate (Weighted by days) =21,065,394.40/99,687=211.32 Room and Board Rate 07/01/2013: $211.32 \times 95\% = 200.75$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 10 of 107



Summary of Log data

Provider Number: 001572800-00

Odyssey Health Care Miami-Dade-Dade County

| | · Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|--------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Flagler Pines | 005374 | 005374 | 627 | \$218.69 | \$137,118.63 |
| Fountainhead Care Center | 005523 | 005523 | 368 | \$208.43 | \$76,702.24 |
| Manor on the Green | 005543 | 005543 | 308 | \$220.20 | \$67,821.60 |
| Avante at Ocala | 005701 | 005701 | 643 | \$214.38 | \$137,846.34 |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 173 | \$207.62 | \$35,918.26 |
| The Health Center of Daytona Beach | 030535 | 030535 | 14 | \$219.46 | \$3,072.44 |
| Unity Health & Rehab Center | 032482 | 032482 | 250 | \$221.41 | \$55,352.50 |
| Plantation Key Nursing Center | 044975 | 044975 | 133 | \$252.87 | \$33,631.71 |
| Floridean Nursing & Rehab | 200425 | 200425 | 37 | \$244.74 | \$9,055.38 |
| Center for Health Care of The Alliance Commu | 202789 | 202789 | 978 | \$185.39 | \$181,311.42 |
| The Palace at Kendall Nursing and Rehab Cent | 203327 | 203327 | 6 | \$229.97 | \$1,379.82 |
| TimberRidge Nursing & Rehab Center | 203335 | 203335 | 226 | \$226.11 | \$51,100.86 |
| Olds Hall Good Samaritan | 204391 | 204391 | 747 | \$230.94 | \$172,512.18 |
| Florida Club Care Center | 207993 | 054790 | 54 | \$232.90 | \$12,576.60 |
| Current Name:Golden Glades Nursing and Rehabil: Claridge House Nursing & Rehabilitation Cente | itation Center 208507 | 208507 | 33 | \$205.19 | \$6,771.27 |
| Bishop's Glen Health Care Center | 209511 | 209511 | 745 | \$236.20 | \$175,969.00 |
| Emory L. Bennett State Veterans' Nursing Hom | 210889 | 210889 | 1,031 | \$232.22 | \$239,418.82 |
| | - 4 | | _ | | |

Report Produced: 7/2/2013 10:28:23AM Page 11 of 107



Summary of Log data

Provider Number: 001572800-00

Odyssey Health Care Miami-Dade-Dade County

| | Nursing Home N | lursing Home Medicaid Number | | Total 07/01/2013 Nursing Nursing Home Home Rate | Weighted Average Rate Computation |
|---|----------------|------------------------------|----------|---|---|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Woodland Terrace | 212636 | 212636 | 189 | \$173.83 | \$32,853.87 |
| Oceanside Extended Care Center | 212733 | 212733 | 844 | \$151.72 | \$128,051.68 |
| Gramercy Park Nursing Center | 214027 | 054789 | 84 | \$204.05 | \$17,140.20 |
| Current Name:South Dade Nursing and Rehabilitation Marion House Health Care Center | 214043 | 048611 | 1,004 | \$236.82 | \$237,767.29 |
| Current Name:Ocala Oaks Rehabilitation Center Ocala Health & Rehabilitation Center | 217395 | 217395 | 274 | \$196.43 | \$53,821.82 |
| Daytona Beach Health and Rehabilitation Cent | 217743 | 217743 | 5 | \$212.56 | \$1,062.80 |
| Regents Park at Aventura | 223239 | 223239 | 155 | \$222.06 | \$34,419.30 |
| Victoria Nursing and Rehabilitation Center | 225177 | 046128 | 7 | \$237.16 | \$1,660.12 |
| Treasure Isle Care Center | 226602 | 226602 | 3 | \$198.57 | \$595.71 |
| Fair Havens Center, LLC | 227226 | 227226 | 1,625 | \$160.52 | \$260,845.01 |
| New Horizon Health & Rehab Center | 227773 | 227773 | 676 | \$241.31 | \$163,125.56 |
| North Beach Nursing & Rehabilitation Center | 228001 | 228001 | 102 | \$257.11 | \$26,225.22 |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 683 | \$241.93 | \$165,238.18 |
| Oakhurst Care & Rehabilitation Center | 251721 | 251721 | 523 | \$201.01 | \$105,128.23 |
| OAKTREE HEALTHCARE | 252476 | 043843 | 111 | \$208.89 | \$23,186.79 |
| Current Name:Oaktree Healthcare Hawthorne Health and Rehab of Ocala | 253456 | 253456 | 1,143 | \$198.77 | \$227,194.11 |
| Arch Plaza Nursing & Rehabilitation Center Report Produced: 7/2/2013 10:28:23AM | 254291 M | 254291 | 124 F | \$250.13 Page 12 of 107 | \$31,016.12 |



Summary of Log data

Provider Number: 001572800-00

Odyssey Health Care Miami-Dade-Dade County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| PG of Ocala | 257290 | 257290 | 195 | \$193.41 | \$37,714.95 |
| PG of North Miami | 257494 | 257494 | 140 | \$209.32 | \$29,304.80 |
| Indigo Manor | 258750 | 258750 | 1,288 | \$225.98 | \$291,062.23 |
| Bridgeview Center, LLC | 260371 | 260371 | 79 | \$227.77 | \$17,993.83 |
| Coquina Center, LLC | 260649 | 260649 | 3 | \$232.35 | \$697.05 |
| Port Orange Nursing and Rehab | 263508 | 263508 | 64 | \$222.42 | \$14,234.88 |
| Orange City Nursing and Rehab | 263567 | 263567 | 348 | \$215.66 | \$75,049.68 |
| Hialeah Convalescent Center | 265730 | 265730 | 1,660 | \$194.56 | \$322,969.60 |
| Susanna Wesley Health Center | 268062 | 268062 | 81 | \$242.43 | \$19,636.83 |
| Harmony Health Center | 269107 | 269107 | 841 | \$193.85 | \$163,027.86 |
| Ridgecrest Nursing & Rehabilitation Center | 282464 | 282464 | 392 | \$216.13 | \$84,722.96 |
| Coral Reef Nursing and Rehabilitation Center | 282529 | 282529 | 680 | \$237.97 | \$161,819.60 |
| The Terrace at Daytona Beach | 282553 | 282553 | 268 | \$170.79 | \$45,771.72 |
| Aventura Plaza Rehabilitation and Nursing Cen | 284823 | 284823 | 65 | \$266.81 | \$17,342.65 |
| Hebrew Home of South Beach | 308242 | 308242 | 99 | \$229.15 | \$22,685.85 |
| Ponce Plaza Nursing & Rehab Center | 308251 | 308251 | 85 | \$239.47 | \$20,354.95 |
| South Pointe Plaza Report Produced: 7/2/2013 10:28:23AM | 311308 | 311308 | 476 Բ | \$195.53 Page 13 of 107 | \$93,072.28 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 001572800-00

Odyssey Health Care Miami-Dade-Dade County

| | · Nursing Home M | ledicaid Number | Total Nursing Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation | |
|---|------------------|-----------------|--------------------------|------------------------------------|-------------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | | | |
| Franco Nursing and Rehab | 319554 | 319554 | 3 | \$207.27 | \$621.81 | |
| Hampton Court Nursing Center | 324027 | 324027 | 42 | \$250.71 | \$10,529.82 | |
| Palmetto Rehabilitation and Health Center | 324167 | 324167 | 214 | \$254.21 | \$54,400.94 | |
| Signature HealthCARE Center of Waterford | 324400 | 324400 | 294 | \$197.67 | \$58,114.98 | |
| Signature Healthcare of Brookwood Gardens | 324418 | 324418 | 7 | \$211.14 | \$1,477.98 | |
| Signature Healthcare of Ormond | 324442 | 324442 | 125 | \$214.17 | \$26,771.25 | |
| Total | | | 21,37 | 4 | \$4,476,269.58 | |

Average Nursing Home Rate (Weighted by days) =4,476,269.58/21,374=209.43 Room and Board Rate 07/01/2013: 209.43 x 95% = 198.95

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 14 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 001636100-00

Regency Hospice of NW Florida, Inc. -Escambia County

| | Nursing Home N | Aedicaid Number | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Rosewood Manor | 017223 | 017223 | 462 | \$210.66 | \$97,324.92 |
| Bay Breeze Nursing & Retirement Center | 017225 | 017225 | 4 | \$223.22 | \$892.88 |
| Emerald Coast Center | 212903 | 212903 | 72 | \$190.56 | \$13,720.32 |
| Santa Rosa Health & Rehabilitation Center | 220612 | 220612 | 419 | \$218.98 | \$91,752.62 |
| Pensacola Health Care Facility | 224243 | 224243 | 169 | \$215.46 | \$36,412.74 |
| The Manor At Blue Water Bay | 226041 | 226041 | 55 | \$209.75 | \$11,536.25 |
| Parthenon Healthcare of Ft. Walton | 229237 | 044888 | 147 | \$231.84 | \$34,080.48 |
| Current Name:Fort Walton Rehabilitation Center The Health Center of Pensacola | 229571 | 030487 | 281 | \$219.83 | \$61,772.23 |
| Current Name:The Health Center of Pensacola, Inc. University Hills Health and Rehab. | 252123 | 060993 | 38 | \$213.47 | \$8,111.86 |
| Destin Healthcare and Rehab. Center | 252166 | 061101 | 146 | \$199.15 | \$29,075.90 |
| Current Name:Destin Healthcare and Rehabilitation C Haven of Our Lady of Peace | 258831 | 258831 | 49 | \$219.17 | \$10,739.33 |
| UniHealth Post-Acute Care- Santa Rosa | 259331 | 259331 | 277 | \$191.53 | \$53,053.81 |
| Westwood Health Care Center | 316075 | 316075 | 68 | \$218.02 | \$14,825.36 |
| Chautauqua Rehabilitation & Nursing Center | 324361 | 324361 | 355 | \$202.87 | \$72,018.85 |
| Southern Oaks Rehabilitation and Nursing Cent | 324566 | 324566 | 290 | \$216.89 | \$62,898.10 |

Report Produced: 7/2/2013 10:28:23AM Page 15 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 001636100-00

Regency Hospice of NW Florida, Inc. -Escambia County

| | · Nursing Home M | ledicaid Number | Total Nursing - Home | 07/01/2013 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|------------------|-----------------|----------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | |
| Total | | | 2,832 | \$598,215.65 |

Average Nursing Home Rate (Weighted by days) =598,215.65/2,832=211.23Room and Board Rate 07/01/2013: $211.23 \times 95\% = 200.67$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 16 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 002782200-00

Seasons Hospice and Palliative Care of Southern FL-Dade County

| | · Nursing Home N | g Home Medicaid Number | | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------|------------------------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Berkshire Manor | 005388 | 005388 | 14 | \$237.53 | \$3,325.42 |
| Miami Jewish Health Systems | 200506 | 200506 | 10,799 | \$233.74 | \$2,524,158.32 |
| Pines Nursing Home | 200620 | 200620 | 170 | \$258.57 | \$43,956.90 |
| Perdue Medical Center | 203670 | 203670 | 177 | \$231.64 | \$41,000.28 |
| Claridge House Nursing & Rehabilitation Cente | 208507 | 208507 | 294 | \$205.19 | \$60,325.86 |
| Miami Gardens Care Centre, Inc. | 210617 | 210617 | 56 | \$260.24 | \$14,573.44 |
| Oceanside Extended Care Center | 212733 | 212733 | 87 | \$151.72 | \$13,199.64 |
| Gramercy Park Nursing Center | 214027 | 054789 | 261 | \$204.05 | \$53,257.05 |
| Current Name:South Dade Nursing and Rehabilitati Regents Park at Aventura | 223239 | 223239 | 532 | \$222.06 | \$118,135.92 |
| Pinecrest Convalescent Center | 225754 | 225754 | 3 | \$245.37 | \$736.11 |
| Fair Havens Center, LLC | 227226 | 227226 | 20 | \$160.52 | \$3,210.40 |
| PG of North Miami | 257494 | 257494 | 72 | \$209.32 | \$15,071.04 |
| Sinai Plaza Nursing and Rehabilitation Center | 260771 | 260771 | 4 | \$253.09 | \$1,012.36 |
| Hialeah Convalescent Center | 265730 | 265730 | 188 | \$194.56 | \$36,577.28 |
| Harmony Health Center | 269107 | 269107 | 4 | \$193.85 | \$775.40 |
| West Gables Health Care Center | 282359 | 282359 | 171 | \$235.96 | \$40,349.16 |
| Coral Reef Nursing and Rehabilitation Center | 282529 | 282529 | 502 | \$237.97 | \$119,460.94 |
| | | | | | |

Report Produced:

7/2/2013

10:28:23AM

Page 17 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 002782200-00

Seasons Hospice and Palliative Care of Southern FL-Dade County

| | · Nursing Home N | Nursing Home Medicaid Number | | 07/01/2013 Nursing Hom Rate | Weighted Average Rate Computation | |
|---|------------------|------------------------------|----------------|-----------------------------------|---|--|
| Nursing Home Provider Name | As Reported | Current | . Home Days | | Computation | |
| Hebrew Home of South Beach | 308242 | 308242 | 13 | \$229.15 | \$2,978.95 | |
| Ponce Plaza Nursing & Rehab Center | 308251 | 308251 | 45 | \$239.47 | \$10,776.15 | |
| Watercrest Care Center | 310409 | 310409 | 136 | \$238.26 | \$32,403.36 | |
| South Pointe Plaza | 311308 | 311308 | 8 | \$195.53 | \$1,564.24 | |
| Palmetto Rehabilitation and Health Center | 324167 | 324167 | 965 | \$254.21 | \$245,312.66 | |
| Total | | | 14,52 | 1 | \$3,382,160.88 | |

Average Nursing Home Rate (Weighted by days) =3,382,160.88/14,521=232.92 Room and Board Rate 07/01/2013: 232.92 x 95% = 221.27

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 18 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 003694700-00 Brevard HMA, LLC-Brevard County

| , | Nursing Home N | 1edicaid Number | Total Nursing | 07/01/2013 Nursing Home | Weighted Average Rate Computation |
|---|----------------|-----------------|------------------|----------------------------|---|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| Carnegie Gardens Nursing Center | 005519 | 005519 | 165 | \$217.00 | \$35,805.00 |
| Courtenay Springs Village | 209325 | 209325 | 25 | \$215.66 | \$5,391,50 |
| Huntington Place Care & Rehabilitation Center | 211281 | 211281 | 1,552 | \$184.81 | \$286,825.12 |
| The Health Center of Merritt Island | 226700 | 030491 | 41 | \$228.76 | \$9,379.16 |
| Rockledge NH, LLC | 227587 | 227587 | 1,060 | \$227.97 | \$241,648.20 |
| Life Care Center of Melbourne | 228338 | 228338 | 423 | \$206.75 | \$87,455.25 |
| Avante at Melbourne | 252018 | 252018 | 704 | \$240.16 | \$169,072.64 |
| Island Health and Rehab. Center | 252352 | 059866 | 810 | \$192.91 | \$156,257.10 |
| The Palms Rehab. and Healthcare Center | 252395 | 043847 | 133 | \$209.87 | \$27,912.71 |
| Current Name:Palms Rehabilitation & Healthcare Cer Vista Manor | 252522 | 061109 | 416 | \$204.87 | \$85,225.92 |
| WUESTHOFF PROGRESSIVE CARE CTR | 253472 | 028602 | 2,213 | \$216.27 | \$478,605.52 |
| Current Name: Wuesthoff Progressive Care Center Indian River Center LLC | 260665 | 260665 | 899 | \$227.87 | \$204,855.13 |
| Atlantic Shores Nursing and Rehab | 263389 | 263389 | 736 | \$212.27 | \$156,230.72 |
| Titusville Rehabilitation and Nursing Center | 263974 | 263974 | 162 | \$215.97 | \$34,987.14 |
| MELBOURNE TERRACE RESTORATIVE C | 264547 | 264547 | 1,361 | \$231.18 | \$314,635.97 |
| Life Care Center of Palm Bay | 268186 | 268186 | 83 | \$209.16 | \$17,360.28 |
| Consulate Health Care Melbourne | 319520 | 319520 | 4,860 | \$195.49 | \$950,081.43 |

Report Produced:

7/2/2013

10:28:23AM

Page 19 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 003694700-00 Brevard HMA, LLC-Brevard County

| | · Nursing Home N | · Nursing Home Medicaid Number | | | Weighted me Average Rate Computation |
|-------------------------------------|------------------|--------------------------------|----------------|----------|--|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | |
| Anchor Care & Rehabilitation Center | 324451 | 324451 | 130 | \$198.93 | \$25,860.90 |
| Total | | | 15,77 | 3 / | \$3,287,589.68 |

Average Nursing Home Rate (Weighted by days) =3,287,589.68/15,773=208.43 Room and Board Rate 07/01/2013: $208.43 \times 95\% = 198.01$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 20 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 003815300-00

HCR Manor Care of Florida III, Inc.-Broward County

| , | Nursing Home Medicaid Number | | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| Margate Health Care Center | 017222 | 017222 | 102 | \$230.23 | \$23,483.46 |
| West Broward Rehabilitation and Healthcare | 026536 | 026536 | 481 | \$241.83 | \$116,320.23 |
| John Knox Village Of Florida | 203769 | 203769 | 396 | \$218.59 | \$86,561.64 |
| Riverside Care Center | 207276 | 046758 | 248 | \$239.53 | \$59,403.44 |
| Florida Club Care Center | 207993 | 054790 | 462 | \$232.90 | \$107,599.80 |
| Current Name:Golden Glades Nursing and Rehabilita Miami Gardens Care Centre, Inc. | ation Center 210617 | 210617 | 8 | \$260.24 | \$2,081.92 |
| Tamarac Rehabilitation and Health Center | 213098 | 213098 | 289 | \$233.56 | \$67,498.84 |
| Gramercy Park Nursing Center | 214027 | 054789 | 368 | \$204.05 | \$75,090.40 |
| Current Name:South Dade Nursing and Rehabilitatio Plantation Nursing & Rehab Center | 226017 | 226017 | 158 | \$242.36 | \$38,292.88 |
| Wilton Manors Health and Rehab Center | 227579 | 227579 | 610 | \$236.30 | \$144,143.00 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 723 | \$208.48 | \$150,731.04 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 278 | \$214.78 | \$59,708.84 |
| Life Care Center of Inverrary | 259080 | 259080 | 5 | \$226.06 | \$1,130.30 |
| South Pointe Plaza | 311308 | 311308 | 43 | \$195.53 | \$8,407.79 |
| Hampton Court Nursing Center | 324027 | 324027 | 48 | \$250.71 | \$12,034.08 |
| Heartland Health Care Center-Miami Lakes | 325252 | 325252 | 405 | \$210.68 | \$85,325.40 |
| Heartland Health Care Center-Lauderhill | 325333 | 325333 | 336 | \$204.72 | \$68,785.92 |

Report Produced: 7/2/2013 10:28:23AM Page 21 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 003815300-00

HCR Manor Care of Florida III, Inc.-Broward County

| | · Nursing Home N | Nursing Home Medicaid Number | | 07/01/2013 Nursing Hor Rate | Weighted ne Average Rate Computation |
|--|------------------|------------------------------|----------------|-----------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | - Home Days | | |
| Heartland of Tamarac | 325350 | 325350 | 499 | \$207.12 | \$103,352.88 |
| ManorCare Health Services (Plantation) | 325457 | 325457 | 310 | \$206.62 | \$64,052.20 |
| Total | | | 5,76 | 9 / | \$1,274,004.05 |

Average Nursing Home Rate (Weighted by days) =1,274,004.05/5,769=220.84 Room and Board Rate 07/01/2013: 220.84 x 95% = 209.79

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 22 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 004244800-00

HCR Manor Care Services of FL II, Inc.-Miami-Dade County

| | · Nursing Home N | Nursing Home Medicaid Number | | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--------------------------------------|------------------|------------------------------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | . Home Days | | |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 20 | \$241.93 | \$4,838.60 |
| Heartland Health Care Center-Kendall | 325244 | 325244 | 1,689 | \$212.02 | \$358,101.79 |
| Total | | | 1,70 | 9 / | \$362,940.39 |

Average Nursing Home Rate (Weighted by days) =362,940.39/1,709=212.37Room and Board Rate 07/01/2013: $212.37 \times 95\% = 201.75$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 23 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

* NH Rate decrease

Provider Number: 087000500-00 Hospice of I.R.C.-Indian River County

| . Nursing Home Provider Name | · Nursing Home N | Nursing Home Medicaid Number | | 07/01/2013 Nursing Hom Rate | Weighted e Average Rate Computation |
|-------------------------------------|------------------|------------------------------|----------------|-----------------------------------|---|
| | As Reported | Current | - Home Days | | |
| Florida Baptist Retirement Center | 001416 | 001416 | 5 | \$195.58 | \$977.90 |
| PG of Vero Beach | 257311 | 257311 | 624 | ★ \$186.41 | \$116,319.84 |
| ATLANTIC HEALTHCARE CENTER | 310581 | 310581 | 574 | \$192.16 | \$110,299.84 |
| Consulate Health Care of Vero Beach | 320145 | 320145 | 1,223 | \$196.01 | \$239,720.22 |
| Total | | | 2,42 | 6 / | \$467,317.81 |

Average Nursing Home Rate (Weighted by days) =467,317.81/2,426=192.63Room and Board Rate 07/01/2013: $192.63 \times 95\% = 183.00 \times 183.00 \times 183.00 \times 192.63 \times 192.63$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 24 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087246600-00

Vitas Healthcare Corporation - Dade County-Dade County

| | · Nursing Home Medicaid Numb | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted e Average Rate Computation | |
|--|------------------------------|---------|----------------------------|------------------------------------|---|--|
| Nursing Home Provider Name | As Reported | Current | Days | 1444 | Companion | |
| Berkshire Manor | 005388 | 005388 | 2,822 | \$237.53 | \$670,309.66 | |
| Fountainhead Care Center | 005523 | 005523 | 451 | \$208.43 | \$94,001.93 | |
| Imperial Health Care Center | 030530 | 030530 | 303 | \$234.60 | \$71,083.80 | |
| The Aristocrat | 030552 | 030552 | 1,499 | \$256.81 | \$384,958.19 | |
| Homestead Manor A Palace Community | 046017 | 046017 | 3,237 | \$257.89 | \$834,789.98 | |
| Floridean Nursing & Rehab | 200425 | 200425 | 227 | \$244.74 | \$55,555.98 | |
| Miami Jewish Health Systems | 200506 | 200506 | 15 | \$233.74 | \$3,506.10 | |
| Pines Nursing Home | 200620 | 200620 | 997 | \$258.57 | \$257,794.30 | |
| Villa Maria Nursing & Rehabilitation | 203165 | 203165 | 503 | \$252.45 | \$126,982.35 | |
| The Palace at Kendall Nursing and Rehab Cent | 203327 | 203327 | 5,925 | \$229.97 | \$1,362,572.26 | |
| Perdue Medical Center | 203670 | 203670 | 1,074 | \$231.64 | \$248,781.36 | |
| Jackson Memorial Long Term Care Center | 204161 | 204161 | 2,028 | \$228.68 | \$463,763.03 | |
| Riverside Care Center | 207276 | 046758 | 2,564 | \$239.53 | \$614,154.92 | |
| Florida Club Care Center | 207993 | 054790 | 1,731 | \$232.90 | \$403,149.89 | |
| Current Name:Golden Glades Nursing and Rehabili Claridge House Nursing & Rehabilitation Cente | tation Center 208507 | 208507 | 7,089 | \$205.19 | \$1,454,591.93 | |
| St Anne's Nursing Center | 209473 | 209473 | 366 | \$237.81 | \$87,038.46 | |
| Miami Gardens Care Centre, Inc. | 210617 | 210617 | 367 | \$260.24 | \$95,508.08 | |
| D | | | r | 05.6107 | | |

Report Produced:

7/2/2013

10:28:23AM

Page 25 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087246600-00

Vitas Healthcare Corporation - Dade County-Dade County

| • | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Katt | Compatation |
| Oceanside Extended Care Center | 212733 | 212733 | 35 | \$151.72 | \$5,310.20 |
| Gramercy Park Nursing Center | 214027 | 054789 | 4,357 | \$204.05 | \$889,045.86 |
| Current Name:South Dade Nursing and Rehabilitation MIAMI SHORES NURSING AND REHAB C | 214035 | 214035 | 1,001 | \$254.59 | \$254,844.59 |
| Regents Park at Aventura | 223239 | 223239 | 3,985 | \$222.06 | \$884,909.09 |
| Victoria Nursing and Rehabilitation Center | 225177 | 046128 | 1,772 | \$237.16 | \$420,247.53 |
| Pinecrest Convalescent Center | 225754 | 225754 | 2,117 | \$245.37 | \$519,448.28 |
| Treasure Isle Care Center | 226602 | 226602 | 381 | \$198.57 | \$75,655.17 |
| Fair Havens Center, LLC | 227226 | 227226 | 4,009 | \$160.52 | \$643,524.70 |
| Unity Health & Rehab Center | 227544 | 032482 | 1,322 | \$221.41 | \$292,704.02 |
| North Beach Nursing & Rehabilitation Center | 228001 | 228001 | 1,254 | \$257.11 | \$322,415.92 |
| East Ridge Retirement Village, Inc. | 228788 | 228788 | 979 | \$235.44 | \$230,495.76 |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 7 | \$241.93 | \$1,693.51 |
| Heritage Healthcare and Rehab. Center | 252280 | 043838 | 1,753 | \$222.25 | \$389,604.25 |
| Jackson Plaza Nursing & Rehabilitation Center | 253723 | 253723 | 1,656 | \$248.97 | \$412,294.32 |
| Arch Plaza Nursing & Rehabilitation Center | 254291 | 254291 | 181 | \$250.13 | \$45,273.53 |
| PG of North Miami | 257494 | 257494 | 2,269 | \$209.32 | \$474,947.10 |
| Sinai Plaza Nursing and Rehabilitation Center Report Produced: 7/2/2013 10:28:23AM | 260771 | 260771 | 3,045 F | \$253.09 Page 26 of 107 | \$770,659.04 |



Summary of Log data

Provider Number: 087246600-00

Vitas Healthcare Corporation - Dade County-Dade County

| | Nursing Home Medicaid Number | | · Nursing Home Medicaid Nur | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|-----------------------------|----------------------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 1,440 | Companion | | |
| Hialeah Convalescent Center | 265730 | 265730 | 1,377 | \$194.56 | \$267,909.12 | | |
| Susanna Wesley Health Center | 268062 | 268062 | 801 | \$242.43 | \$194,186.42 | | |
| Harmony Health Center | 269107 | 269107 | 3,323 | \$193.85 | \$644,163.57 | | |
| West Gables Health Care Center | 282359 | 282359 | 1,995 | \$235.96 | \$470,740.21 | | |
| Coral Reef Nursing and Rehabilitation Center | 282529 | 282529 | 9,286 | \$237.97 | \$2,209,789.43 | | |
| Aventura Plaza Rehabilitation and Nursing Cen | 284823 | 284823 | 1,092 | \$266.81 | \$291,356.52 | | |
| Hebrew Home of South Beach | 308242 | 308242 | 4 | \$229.15 | \$916.60 | | |
| Ponce Plaza Nursing & Rehab Center | 308251 | 308251 | 1,271 | \$239.47 | \$304,366.37 | | |
| Watercrest Care Center | 310409 | 310409 | 864 | \$238.26 | \$205,856.64 | | |
| South Pointe Plaza | 311308 | 311308 | 447 | \$195.53 | \$87,401.91 | | |
| Franco Nursing and Rehab | 319554 | 319554 | 2,369 | \$207.27 | \$491,022.64 | | |
| Coral Gables Nursing and Rehabilitation | 323772 | 323772 | 2,740 | \$221.75 | \$607,595.00 | | |
| Hampton Court Nursing Center | 324027 | 324027 | 762 | \$250.71 | \$191,041.03 | | |
| Palmetto Rehabilitation and Health Center | 324167 | 324167 | 140 | \$254.21 | \$35,589.40 | | |
| Signature Healthcare of Brookwood Gardens | 324418 | 324418 | 6,022 | \$211.14 | \$1,271,485.08 | | |
| Heartland Health Care Center-Kendall | 325244 | 325244 | 710 | \$212.02 | \$150,534.20 | | |
| Manor Care @ Lely Palms Report Produced: 7/2/2013 10:28:23AM | 325422 | 325422 | 358 F | \$220.38 Page 27 of 107 | \$78,896.04 | | |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087246600-00

Vitas Healthcare Corporation - Dade County-Dade County

| | · Nursing Home | Nursing Home Medicaid Number | | 07/01/2013 Nursing Home Rate | Weighted ne Average Rate Computation |
|---|----------------|------------------------------|---------------------|------------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | - Home Days | 11110 | |
| ManorCare Nursing and Rehabilitation Center | 325449 | 325449 | 686 | \$201.52 | \$138,242.72 |
| Total | | | ⁷ 95,568 | . | \$21,502,707.96 |

Average Nursing Home Rate (Weighted by days) =21,502,707.96/95,568=225.00Room and Board Rate 07/01/2013: $225.00 \times 95\% = 213.75$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 28 of 107



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087255500-00 St. Francis Hospice-Brevard County

| Nursing Home Medicaid Number | | Nursing Home Medicaid Number | Total Nursing Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|------------------------------|---|---|---|---|---|
| As Reported | Current | Days | | | |
| 005519 | 005519 | 186 | \$217.00 | \$40,362.00 | |
| 030491 | 030491 | 374 | \$228.76 | \$85,556.24 | |
| 209325 | 209325 | 366 | \$215.66 | \$78,931.56 | |
| 211281 | 211281 | 533 | \$184.81 | \$98,503.73 | |
| 217727 | 217727 | 186 | \$205.04 | \$38,137.44 | |
| 227587 | 227587 | 809 | \$227.97 | \$184,427.73 | |
| 228338 | 228338 | 17 | \$206.75 | \$3,514.75 | |
| 252018 | 252018 | 746 | \$240.16 | \$179,159.36 | |
| 252352 | 059866 | 748 | \$192.91 | \$144,296.68 | |
| 252522 | 061109 | 3,333 | \$204.87 | \$682,831.69 | |
| 260665 | 260665 | 106 | \$227.87 | \$24,154.22 | |
| 263389 | 263389 | 420 | \$212.27 | \$89,153.40 | |
| 263583 | 263583 | 2,331 | \$202.84 | \$472,820.03 | |
| 263974 | 263974 | 719 | \$215.97 | \$155,282.43 | |
| 264547 | 264547 | 201 | \$231.18 | \$46,467.18 | |
| 268186 | 268186 | 11 | \$209.16 | \$2,300.76 | |
| 319520 | 319520 | 181 | \$195.49 | \$35,383.69 | |
| | As Reported 005519 030491 209325 211281 217727 227587 228338 252018 252352 260665 263389 263583 263974 264547 268186 | As Reported Current 005519 005519 030491 030491 209325 209325 211281 211281 217727 217727 227587 227587 228338 228338 252018 252018 252352 059866 252522 061109 260665 260665 263389 263389 263583 263583 263974 263974 264547 264547 268186 268186 | Nursing Home Medicaid Number Nursing Home Days As Reported Current Nursing Home Days 0005519 005519 186 030491 030491 374 209325 209325 366 211281 211281 533 217727 217727 186 227587 227587 809 228338 228338 17 252018 252018 746 252352 059866 748 252522 061109 3,333 260665 260665 106 263389 263389 420 263583 263583 2,331 263974 263974 719 264547 264547 201 268186 268186 11 | Nursing Home Medicaid Number Nursing Home Plays Nursing Home Rate 005519 005519 186 \$217.00 030491 030491 374 \$228.76 209325 209325 366 \$215.66 211281 211281 533 \$184.81 217727 217727 186 \$205.04 227587 227587 809 \$227.97 228338 228338 17 \$206.75 252018 252018 746 \$240.16 252352 059866 748 \$192.91 252522 061109 3,333 \$204.87 260665 260665 106 \$227.87 263389 263389 420 \$212.27 263583 263583 2,331 \$202.84 263974 263974 719 \$215.97 264547 264547 201 \$231.18 268186 268186 11 \$209.16 | |

Report Produced:

7/2/2013

10:28:23AM



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087255500-00 St. Francis Hospice-Brevard County

| | | Nursing Home N | Medicaid Number | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|-------------------------------------|--|----------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | | As Reported | Current | Days | | |
| Anchor Care & Rehabilitation Center | | 324451 | 324451 | 248 | \$198.93 | \$49,334.64 |
| Total | | | | √ 11.51 5 | | \$2.410.617.54 |

Average Nursing Home Rate (Weighted by days) =2,410,617.54/11,515=209.35 Room and Board Rate 07/01/2013: 209.35 x 95% = 198.88 /

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 30 of 107



Summary of Log data

Provider Number: 087256300-00

Hospice of the Comforter-Seminole County

| | · Nursing Home Medicaid Numbe | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted ne Average Rate Computation | |
|---|-------------------------------|---------|----------------------------|------------------------------------|--|--|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation | |
| Osceola Health Care Center | 005219 | 005219 | 133 | \$218.88 | \$29,111.04 | |
| Longwood Health Care Center | 005379 | 005379 | 834 | \$202.73 | \$169,076.82 | |
| The Rehabilitation Center of Winter Park | 005380 | 005380 | 881 | \$217.07 | \$191,238.68 | |
| Lake Bennett Heath and Rehabilitation | 017301 | 017301 | 524 | \$212.62 | \$111,412.88 | |
| The Gardens at DePugh Nursing Center | 201588 | 201588 | 262 | \$212.38 | \$55,643.56 | |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 391 | \$233.24 | \$91,196.84 | |
| Health Central Park | 204811 | 048441 | 1,961 | \$229.68 | \$450,402.47 | |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 440 | \$209.49 | \$92,175.60 | |
| The Commons at Orlando Lutheran Towers | 205796 . | 205796 | 703 | \$200.10 | \$140,670.30 | |
| Westminster Towers | 208540 | 208540 | 1,311 | \$196.37 | \$257,441.06 | |
| Winter Park Towers | 209848 | 209848 | 2,215 | \$192.14 | \$425,590.10 | |
| Life Care Center of Altamonte Springs | 210137 | 210137 | 710 | \$210.15 | \$149,206.50 | |
| Life Care Center Of Orlando | 213403 | 213403 | 1,365 | \$205.17 | \$280,057.05 | |
| Orlando Health and Rehabilitation Center | 223654 | 223654 | 868 | \$172.12 | \$149,400.16 | |
| Avante at Orlando | 223808 | 223808 | 181 | \$236.35 | \$42,779.35 | |
| MK of Winter Garden LLC | 225410 | 225410 | 548 | \$231.24 | \$126,719.52 | |
| The Healthcare Center Of Windermere | 228877 | 030479 | 322 | \$218.59 | \$70,385.98 | |
| | | | | | | |

Report Produced: 7/2/2013 10:28:23AM Page 31 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087256300-00

Hospice of the Comforter-Seminole County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Katt | Computation |
| Current Name:The Health Center Of Windermere Lake Mary Health and Rehab.Center | 252310 | 043871 | 97 | \$207.20 | \$20,098.40 |
| Plantation Bay Rehabilitation Center | 252441 | 043853 | 75 | \$211.64 | \$15,873.00 |
| Rio Pinar Health Care | 252450 | 043846 | 710 | \$207.01 | \$146,977.10 |
| Rosewood Health and Rehab. Center | 252468 | 059869 | 277 | \$203.85 | \$56,466.45 |
| Colonial Lakes Health Care | 252557 | 043854 | 1,119 | \$197.40 | \$220,890.59 |
| Southern Oaks Health Care | 253146 | 253146 | 383 | \$186.65 | \$71,486.95 |
| The Palms At Park Place | 253421 | 253421 | 271 | \$195.94 | \$53,099.74 |
| PG of Orlando | 257303 | 257303 | 589 | \$198.49 | \$116,910.61 |
| Avante at St. Cloud | 259870 | 259870 | 89 | \$221.24 | \$19,690.36 |
| The Parks Healthcare and Rehabilitation Center | 259934 | 043850 | 353 | \$206.98 | \$73,063.94 |
| Current Name:Parks Healthcare and Rehabilitation Co Island Lake Center, LLC | 260657 | 260657 | 880 | \$227.40 | \$200,111.99 |
| Terra Vista Rehabilitation and Health Center | 261611 | 261611 | 103 | \$206.91 | \$21,311.73 |
| Metrowest Nursing and Rehab | 263541 | 263541 | 190 | \$222.01 | \$42,181.90 |
| Tuskawilla Nursing and Rehab | 263591 | 263591 | 3 | \$216.61 | \$649.83 |
| Hunter's Creek Nursing and Rehab | 263605 | 263605 | 665 | \$237.34 | \$157,831.10 |
| Healthcare and Rehabilitation Center of Sanfor | 263931 | 263931 | 5 | \$188.90 | \$944.50 |
| Conway Lakes Health & Rehabilitation Center Report Produced: 7/2/2013 10:28:23AM | 264512 | 264512 | 994 F | \$225.74 Page 32 of 107 | \$224,385.57 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087256300-00

Hospice of the Comforter-Seminole County

| | Nursing Home N | Nursing Home Medicaid Number | | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|------------------------------|----------------|------------------------------------|-----------------------------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Mile | |
| Regents Park of Winter Park | 269719 | 269719 | 1,410 | \$201.55 | \$284,185.50 |
| Savannah Cove of Maitland | 312550 | 312550 | 224 | \$186.66 | \$41,811.84 |
| Lutheran Haven Nursing Home | 313718 | 313718 | 217 | \$201.58 | \$43,742.86 |
| Keystone Rehab. and Health Center | 317560 | 043839 | 712 | \$194.69 | \$138,619.28 |
| Consulate Health Care of West Altamonte | 319546 | 319546 | 640 | \$202.72 | \$129,740.80 |
| Sunbelt Health & Rehab Center - Apopka, Inc. | 320412 | 320412 | 655 | \$205.95 | \$134,897.25 |
| East Orlando Health & Rehab Center, Inc. | 320421 | 320421 | 6 | \$232.25 | \$1,393.50 |
| Adventist Care Centers - Courtland, Inc. | 320439 | 320439 | 634 | \$213.13 | \$135,124.42 |
| Florida Living Nursing Center | 320463 | 320463 | 2,305 | \$220.81 | \$508,967.04 |
| Ocoee Health Care Facility | 324159 | 324159 | 569 | \$226.97 | \$129,145.93 |
| Winter Park Care and Rehabilitation Center | 324515 | 324515 | 106 | \$208.73 | \$22,125.38 |
| ManorCare Nursing and Rehabilitation Center | 325279 | 325279 | 83 | \$190.62 | \$15,821.46 |
| Total | | | 28,01 | 3 | \$5,860,056.93 |

Average Nursing Home Rate (Weighted by days) =5,860,056.93/28,013=209.19 Room and Board Rate 07/01/2013: 209.19 x 95% = 198.73

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 33 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087407800-00

Community Hospice of Northeast-Duval County

| | · Nursing Home Medicaid Number | | Total Nursing Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|--------------------------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 11410 | Computation |
| Signature HealthCARE of Jacksonville | 019284 | 019284 | 131 | \$196.53 | \$25,745.43 |
| San Marco Terrace Rehab and care | 022293 | 022293 | 1,104 | \$210.64 | \$232,546.56 |
| Clyde E. Lassen State Veterans' Nursing Home | 032049 | 032049 | 154 | \$226.93 | \$34,947.22 |
| All Saints Catholic Nursing Home & R.C. Inc. | 200735 | 200735 | 4,754 | \$220.47 | \$1,048,114.39 |
| River Garden Hebrew Home | 200859 | 200859 | 72 | \$238.93 | \$17,202.96 |
| Avante at Jacksonville Beach | 200913 | 200913 | 231 | \$224.32 | \$51,817.92 |
| SAMANTHA R. WILSON AT BAYVIEW | 202606 | 202606 | 2,102 | \$227.28 | \$477,742.56 |
| TAYLOR HOME FOR THE AGED, INC. | 204536 | 204536 | 512 | \$189.71 | \$97,131.52 |
| St. Catherine Laboure Manor | 205150 | 205150 | 5,341 | \$221.55 | \$1,183,298.57 |
| TAYLOR CARE CENTER, INC. | 207446 | 207446 | 5,144 | \$228.45 | \$1,175,146.78 |
| The Ponce Therapy Care Center | 207799 | 207799 | 80 | \$234.63 | \$18,770.40 |
| Westminster Woods on Julington Creek | 212083 | 212083 | 2,394 | \$197.97 | \$473,940.18 |
| Life Care Center at Wells Crossing | 213161 | 213161 | 1,640 | \$199.39 | \$326,999.60 |
| Life Care Center of Hilliard | 214060 | 214060 | 3,354 | \$195.80 | \$656,713.21 |
| St. Augustine Health & Rehabilitation Center | 217735 | 217735 | 520 | \$221.95 | \$115,414.00 |
| West Jacksonville Health and Rehabilitation C | 218171 | 218171 | 1,978 | \$196.66 | \$388,993.49 |
| MK of Fernandina Beach LLC | 225274 | 225274 | 1,878 | \$213.30 | \$400,577.41 |
| | | | | | |

Report Produced:

7/2/2013

10:28:23AM

Page 34 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087407800-00

Community Hospice of Northeast-Duval County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kutt | Computation |
| Cathedral Gerontology Center | 226068 | 226068 | 2,315 | \$224.83 | \$520,481.45 |
| First Coast Health and Rehabilitation Center | 227838 | 227838 | 1,906 | \$196.14 | \$373,842.84 |
| Park Ridge Nursing Center | 228401 | 228401 | 2,767 | \$188.50 | \$521,579.50 |
| San Jose Health and Rehabilitation Center | 252051 | 061102 | 1,836 | \$200.88 | \$368,815.69 |
| Governor's Creek Health and Rehab. | 252387 | 043875 | 984 | \$207.38 | \$204,061.92 |
| Harts Harbor Health Care Center | 252417 | 043865 | 2,623 | \$169.18 | \$443,759.12 |
| EdgeWood Nursing Center | 254878 | 254878 | 1,512 | \$202.49 | \$306,164.89 |
| Lakeside Nursing & Rehabilitation Center | 256757 | 256757 | 1,618 | \$203.01 | \$328,470.17 |
| PG of Jacksonville | 257273 | 257273 | 3,475 | \$194.54 | \$676,026.48 |
| Riverwood Center, LLC | 260673 | 260673 | 1,414 | \$213.64 | \$302,086.96 |
| Jacksonville Nursing and Rehab | 263494 | 263494 | 2,176 | \$213.69 | \$464,989.45 |
| Macclenny Nursing and Rehab | 263516 | 263516 | 3,497 | \$205.77 | \$719,577.70 |
| Moultrie Creek Nursing and Rehab | 263559 | 263559 | 746 | \$208.48 | \$155,526.08 |
| Summer Brook Health Care Center | 265721 | 059783 | 1,519 | \$193.71 | \$294,245.50 |
| Southpoint Terrace | 266281 | 266281 | 3,084 | \$175.06 | \$539,885.03 |
| Lanier Manor | 268003 | 268003 | 2,910 | \$205.29 | \$597,393.88 |
| Regents Park of Jacksonville Report Produced: 7/2/2013 10:28:23AM | 269727 | 269727 | 3,123 P | \$196.05 Page 35 of 107 | \$612,264.16 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087407800-00

Community Hospice of Northeast-Duval County

| | Nursing Home N | Aedicaid Number | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|----------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Tuit | |
| Life Care Center of Jacksonville | 283193 | 283193 | 1,328 | \$220.92 | \$293,381.76 |
| Life Care Center of Orange Park | 284289 | 284289 | 3,652 | \$185.19 | \$676,313.89 |
| The Terrace at Fleming Island | 284785 | 284785 | 2,616 | \$173.69 | \$454,373.05 |
| Cypress Village | 307998 | 307998 | 2,646 | \$219.22 | \$580,056.12 |
| Southlake Nursing and Rehabilitation Center | 312371 | 312371 | 1,137 | \$228.73 | \$260,066.01 |
| Atrium Healthcare Center | 319376 | 319376 | 1,403 | \$209.36 | \$293,732.08 |
| Consulate Health Care of Jacksonville | 319503 | 319503 | 866 | \$203.43 | \$176,170.37 |
| Consulate Health Care of Orange Park | 319538 | 319538 | 1,520 | \$199.88 | \$303,817.61 |
| Signature Healthcare of Orange Park | 324434 | 324434 | 779 | \$201.06 | \$156,625.74 |
| Heartland Health Care Center-Jacksonville | 325236 | 325236 | 1,168 | \$186.01 | \$217,259.67 |
| Heartland Health Care Center-Orange Park | 325261 | 325261 | 635 | \$203.91 | \$129,482.85 |
| Heartland Health Care Center of South Jackson | 325287 | 325287 | 1,887 | \$206.92 | \$390,458.04 |
| Moosehaven, Inc. | 326011 | 326011 | 2,783 | \$214.83 | \$597,871.90 |

Report Produced: 7/2/2013 10:28:23AM Page 36 of 107

087407800 - 2013/07



Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087407800-00

Community Hospice of Northeast-Duval County

| . Nursing Home Provider Name | · Nursing Home M | ledicaid Number | Total Nursing Home | 07/01/2013 Weighted Nursing Home Average Rate Rate Computation |
|------------------------------|------------------|-----------------|--------------------------|--|
| | As Reported | Current | Days | |
| Total | | | 91,314 | \$18,683,882.09 |

Average Nursing Home Rate (Weighted by days) =18,683,882.09/91,314=204.61 Room and Board Rate 07/01/2013: $204.61 \times 95\% = 194.38$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 37 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087514700-00

Hospice of Martin & St. Lucie-Martin County

| | Nursing Home Medicaid Number | | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted ne Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | Kutt | Computation |
| Salerno Bay Manor | 006483 | 006483 | 1,974 | \$223.03 | \$440,261.22 |
| Parkway Health & Rehab | 030490 | 030490 | 4,046 | \$233.62 | \$945,226.50 |
| Hobe Sound Geriatric Village, Inc. | 201545 | 201545 | 3,852 | \$221.63 | \$853,718.78 |
| Water's Edge Extended Care | 213152 | 213152 | 110 | \$261.37 | \$28,750.70 |
| Stuart Nursing & Restorative Care Center | 225991 | 225991 | 3,677 | \$221.94 | \$816,073.39 |
| Martin Nursing and Restorative Care Center | 226033 | 226033 | 4,062 | \$230.30 | \$935,478.61 |
| Palm City Nursing and Rehab | 263621 | 263621 | 2,156 | \$220.41 | \$475,203.97 |
| Total | | | √19 , 87 | 7 | \$4,494,713.17 |

Average Nursing Home Rate (Weighted by days) =4,494,713.17/19,877=226.13 Room and Board Rate 07/01/2013: 226.13 x 95% = 214.82 \checkmark

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 38 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087515500-00

Hernando-Pasco Hospice, Inc.-Pasco County

| | Nursing Home Medicaid Number | Total Nursing | 07/01/2013 Nursing Home | | |
|--|------------------------------|------------------|----------------------------|----------|--------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Trinity Regional Rehab Center | 003521 | 003521 | 97 | \$209.16 | \$20,288.52 |
| Heritage Park | 005850 | 005850 | 549 | \$211.78 | \$116,267.22 |
| Southern Pines Healthcare Center | 019282 | 019282 | 760 | \$183.00 | \$139,080.00 |
| Bayonet Point Health & Rehabilitation Center | 030546 | 030546 | 702 | \$227.29 | \$159,557.58 |
| Avante at Inverness | 203220 | 203220 | 1,503 | \$219.46 | \$329,848.39 |
| Woodland Terrace | 212636 | 212636 | 463 | \$173.83 | \$80,483.29 |
| Baldomero Lopez State Veterans' Nursing Hom | 214914 | 214914 | 2,925 | \$225.77 | \$660,377.26 |
| Bear Creek Nursing Center | 228567 | 228567 | 237 | \$192.18 | \$45,546.66 |
| Royal Oak Nursing Center | 228575 | 228575 | 1,097 | \$205.92 | \$225,894.24 |
| Heather Hill Nursing Home | 228591 | 228591 | 1,121 | \$206.50 | \$231,486.50 |
| Woodland Terrace of Citrus County | 228711 | 228711 | 366 | \$169.63 | \$62,084.58 |
| Cypress Cove Care Center | 228940 | 228940 | 447 | \$198.08 | \$88,541.76 |
| Brooksville Healthcare Center | 228958 | 228958 | 2 | \$199.08 | \$398.16 |
| Heron Pointe Health and Rehab. | 252174 | 043832 | 2,137 | \$196.46 | \$419,835.03 |
| Spring Hill Health and Rehab. Center | 252492 | 059877 | 830 | \$204.98 | \$170,133.40 |
| Orchard Ridge Care & Rehabilitation Center | 252689 | 252689 | 1,086 | \$213.68 | \$232,056.47 |
| Citrus Health and Rehabilitation Center | 257419 | 257419 | 1 | \$223.95 | \$223.95 |
| | | | | | |

Report Produced: 7/2/2013 10:28:23AM Page 39 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087515500-00

Hernando-Pasco Hospice, Inc.-Pasco County

| | Nursing Home Medicaid Number | | Total Nursing | 07/01/2013 Nursing Home | |
|---|------------------------------|---------|------------------|----------------------------|----------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| Arbor Trail Rehab and Skilled Nursing Center | 263478 | 263478 | 169 | \$199.93 | \$33,788.17 |
| Evergreen Woods Health and Rehabilitation Ce | 263893 | 263893 | 594 | \$201.98 | \$119,976.12 |
| Windsor Woods Rehabilitation and Healthcare (| 263991 | 263991 | 615 | \$195.27 | \$120,091.05 |
| Consulate Health Care of Bayonet Point | 319651 | 319651 | 847 | \$199.06 | \$168,603.82 |
| Consulate Health Care Of New Port Richey | 319970 | 319970 | 791 | \$187.61 | \$148,399.51 |
| Zephyr Haven Health & Rehab Center, Inc. | 320391 | 320391 | 2,054 | \$201.88 | \$414,661.53 |
| Zephyrhills Health & Rehab Center, Inc. | 320404 | 320404 | 1,762 | \$201.86 | \$355,677.32 |
| Madison Pointe Rehabilitation & Health Center | 324124 | 324124 | 979 | \$231.36 | \$226,501.44 |
| Heartland of Brooksville | 325295 | 325295 | 536 | \$194.38 | \$104,187.68 |
| Heartland of Zephyrills | 325708 | 325708 | 6 | \$197.69 | \$1,186.14 |
| Total | | | ~22,67 | 6 | \$4,675,175.79 |

Average Nursing Home Rate (Weighted by days) =4,675,175.79/22,676=206.17Room and Board Rate 07/01/2013: $206.17 \times 95\% = 195.86$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 40 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087516300-00

Hospice of Palm Beach County-Palm Beach County

| | Nursing Home Medicaid Number | | Total Nursing Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Signature HealthCARE of Palm Beach | 001136 | 001136 | 2,126 | \$220.70 | \$469,208.19 |
| The Crossings | 001291 | 028100 | 715 | \$262.56 | \$187,730.40 |
| Boynton Health Care Center | 005814 | 005814 | 3,568 | \$238.62 | \$851,396.14 |
| Royal Manor | 006489 | 006489 | 1,414 | \$234.80 | \$332,007.20 |
| Courtyard Gardens Rehabilitation Center | 010082 | 010082 | 1,725 | \$222.33 | \$383,519.25 |
| Heartland of Boca Raton FL,LLC | 011997 | 011997 | 3 | \$219.26 | \$657.78 |
| Whitehall Boca Raton | 016016 | 071884 | 14 | \$233.22 | \$3,265.08 |
| West Broward Rehabilitation and Healthcare | 026536 | 026536 | 175 | \$241.83 | \$42,320.25 |
| Glades Health Care Center | 203203 | 203203 | 812 | \$235.56 | \$191,274.72 |
| Avante at Lake Worth | 203238 | 203238 | 1,188 | \$250.84 | \$297,997.92 |
| Regents Park Of Boca Raton | 204170 | 204170 | 3,537 | \$249.04 | \$880,854.46 |
| American Finnish Nursing Home | 205460 | 205460 | 853 | \$238.95 | \$203,824.35 |
| Health Center at Abbey Delray | 205745 | 205745 | 659 | \$240.89 | \$158,746.51 |
| Lourdes-Noreen McKeen Residence | 205923 | 205923 | 386 | \$255.04 | \$98,445.44 |
| Saint Andrews Estates North | 206521 | 206521 | 733 | \$231.90 | \$169,982.70 |
| The Waterford | 206610 | 206610 | 400 | \$251.41 | \$100,564.00 |
| Abbey Delray South | 206865 | 206865 | 470 | \$257.78 | \$121,156.60 |
| | | | | | |

Report Produced: 7/2/2013 10:28:23AM Page 41 of 107



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087516300-00

Hospice of Palm Beach County-Palm Beach County

| • | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 14111 | Computation |
| Joseph L. Morse Geriatric Center, Inc | 207381 | 207381 | 2,707 | \$232.85 | \$630,324.97 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 39 | \$240.03 | \$9,361.17 |
| Lakeside Health Center | 207683 | 207683 | 1,081 | \$224.52 | \$242,706.12 |
| Jupiter Medical Center Pavilion, Inc. | 208485 | 208485 | 1,871 | \$230.16 | \$430,629.37 |
| Covenant Village Center Center | 210188 | 210188 | 199 | \$239.37 | \$47,634.63 |
| Avante at Boca Raton | 210676 | 210676 | 158 | \$246.29 | \$38,913.82 |
| Stratford Court at Boca Pointe | 211010 | 211010 | 229 | \$238.54 | \$54,625.66 |
| Edward J Healey Rehabilitation and Nursing C | 212032 | 212032 | 68 | \$235.43 | \$16,009.24 |
| The Fountains Nursing Home | 212393 | 212393 | 1,868 | \$216.50 | \$404,422.00 |
| Tamarac Rehabilitation and Health Center | 213098 | 213098 | 1 | \$233.56 | \$233.56 |
| Harbour's Edge | 216399 | 216399 | 27 | \$254.14 | \$6,861.78 |
| Plantation Nursing & Rehab Center | 226017 | 226017 | 99 | \$242.36 | \$23,993.64 |
| The Gardens Court | 228320 | 228320 | 1,046 | \$238.02 | \$248,968.92 |
| Lake View Care Center at Delray | 229610 | 229610 | 620 | \$222.73 | \$138,092.60 |
| Menorah House | 229628 | 229628 | 626 | \$224.50 | \$140,537.00 |
| Hillcrest Nursing and Rehabilitation Center | 252531 | 047795 | 26 | \$209.64 | \$5,450.64 |
| Renaissance Health and Rehabilitation Report Produced: 7/2/2013 10:28:23AM | 252549 | 047787 | 784 F | \$238.37 Page 42 of 107 | \$186,882.08 |



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087516300-00

Hospice of Palm Beach County-Palm Beach County

| • | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rute | Computation |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 114 | \$214.78 | \$24,484.92 |
| PG of West Palm Beach | 257257 | 257257 | 3,925 | \$191.08 | \$749,989.01 |
| Hamlin Place | 259586 | 259586 | 2,626 | \$253.17 | \$664,824.42 |
| Coral Bay Healthcare and Rehabilitation | 259918 | 043851 | 3,534 | \$215.78 | \$762,566.52 |
| Wood Lake Nursing & Rehabilitation Center | 261599 | 047788 | 2,419 | \$230.43 | \$557,410.15 |
| Boynton Beach Rehabilitation Center | 263460 | 263460 | 4,472 | \$221.51 | \$990,592.70 |
| Medicana Nursing and Rehab | 263524 | 263524 | 996 | \$209.86 | \$209,020.56 |
| Boulevard Rehabilitation Center | 263613 | 263613 | 6,508 | \$204.45 | \$1,330,560.58 |
| Boca Raton Rehabilitation Center | 263842 | 263842 | 141 | \$201.68 | \$28,436.88 |
| Rehabilitation Center of The Palm Beaches | 263915 | 263915 | 858 | \$213.44 | \$183,131.52 |
| Oasis Health and Rehabilitation Center | 266124 | 266124 | 586 | \$229.99 | \$134,774.14 |
| Savannah Cove of the Palm Beaches | 312312 | 312312 | 170 | \$239.03 | \$40,635.10 |
| Darcy Hall of Life Care | 317349 | 317349 | 2,097 | \$219.67 | \$460,647.99 |
| Consulate Health Care of West Palm Beach | 320153 | 320153 | 592 | \$209.93 | \$124,278.56 |
| Ft. Lauderdale Health & Rehab Center | 321303 | 321303 | 2 | \$233.78 | \$467.56 |
| Terraces of Lake Worth Rehab and Health Cent | 325031 | 325031 | 1,174 | \$251.63 | \$295,413.63 |
| North Lake Rehabilitation and Health Center Report Produced: 7/2/2013 10:28:23AM | 325163 | 325163 | 1,012 F | \$255.32 Page 43 of 107 | \$258,383.85 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087516300-00

Hospice of Palm Beach County-Palm Beach County

| | · Nursing Home M | Nursing Home Medicaid Number | | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|--|------------------------------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Nate | Computation |
| Heartland Health Care Center-Boynton Beach | 325309 | 325309 | 2,715 | \$193.44 | \$525,189.61 |
| Heartland Health Care Center-Lauderhill | 325333 | 325333 | 151 | \$204.72 | \$30,912.72 |
| Heartland Health Care Center-Prosperity Oaks | 325341 | 325341 | 1,428 | \$200.09 | \$285,728.51 |
| ManorCare Health Services (Boca Raton) | 325368 | 325368 | 1,985 | \$200.11 | \$397,218.35 |
| ManorCare Health Services-Boynton Beach | 325376 | 325376 | 3,947 | \$211.79 | \$835,935.10 |
| ManorCare Health Services-West Palm Beach | 325481 | 325481 | 2,554 | \$205.64 | \$525,204.56 |
| ManorCare Health Services (Delray Beach) | 325520 | 325520 | 1,865 | \$197.50 | \$368,337.50 |
| Total | ALL CONTRACTOR OF THE CONTRACT | P | 76,09 | 8 | \$16,902,742.59 |

Average Nursing Home Rate (Weighted by days) =16,902,742.59/76,098=222.12 Room and Board Rate 07/01/2013: 222.12 x 95% = 211.01

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 44 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087517100-00

Covenant Hospice, Inc-Escambia County

| | Nursing Home Medicaid Number | | Total Nursing | g Nursing Home | |
|---|------------------------------|---------|------------------|----------------|----------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| Brynwood Center | 005381 | 005381 | 2,407 | \$206.34 | \$496,660.37 |
| Nursing Pavilion at Chipola Retirement Center | 005383 | 005383 | 488 | \$212.97 | \$103,929.36 |
| Glencove Nursing Pavilion | 005384 | 005384 | 3,408 | \$224.75 | \$765,948.00 |
| Panama City Nursing Center | 005385 | 005385 | 3,003 | \$207.54 | \$623,242.60 |
| Riverchase Care Center | 005386 | 005386 | 573 | \$209.58 | \$120,089.34 |
| St. James Health And Rehabilitation Center | 015613 | 015613 | 2 | \$207.41 | \$414.82 |
| Bayside Manor | 017221 | 017221 | 769 | \$207.36 | \$159,459.84 |
| Bay Breeze Nursing & Retirement Center | 017225 | 017225 | 1,062 | \$223.22 | \$237,059.64 |
| Silvercrest Manor | 017230 | 017230 | 939 | \$216.39 | \$203,190.21 |
| Specialty Center of Pensacola | 017236 | 017236 | 2,215 | \$221.84 | \$491,375.59 |
| Grand Boulevard Health & Rehab. Center | 017242 | 017242 | 1,335 | \$238.88 | \$318,904.81 |
| Blountstown Health and Rehabilitation Center | 022987 | 022987 | 1,859 | \$218.55 | \$406,284.46 |
| The Health Center of Pensacola, Inc. | 030487 | 030487 | 6,492 | \$219.83 | \$1,427,136.37 |
| Seven Hills Health & Rehab Center | 033175 | 033175 | 3,101 | \$229.09 | \$710,408.08 |
| Cross Landings Health and Rehab | 042138 | 042138 | 294 | \$244.44 | \$71,865.36 |
| Crosswinds Health and Rehab | 042140 | 042140 | 114 | \$243.44 | \$27,752.16 |
| Crestview Rehabilitation Center | 044886 | 044886 | 2,750 | \$225.69 | \$620,647.51 |

Report Produced: 7/2/2013 10:28:23AM Page 45 of 107



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087517100-00

Covenant Hospice, Inc-Escambia County

| | Nursing Home Medicaid Number | | Nursing Home Medicaid Numb | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------------|----------------------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | Computation | | |
| Fort Walton Rehabilitation Center | 044888 | 044888 | 1,006 | \$231.84 | \$233,231.04 | | |
| River Valley Rehabilitation Center | 044889 | 044889 | 1,751 | \$227.75 | \$398,790.25 | | |
| MIRACLE HILL NURSING AND REHABILI | 202941 | 202941 | 1,003 | \$211.19 | \$211,823.57 | | |
| Marianna Health & Rehabilitation | 203475 | 203475 | 2,665 | \$209.35 | \$557,917.77 | | |
| Lisenby on Lake Caroline | 203980 | 203980 | 1,480 | \$170.01 | \$251,614.79 | | |
| Baptist Manor | 208809 | 208809 | 3,551 | \$212.11 | \$753,202.61 | | |
| Azalea Trace | 210374 | 210374 | 805 | \$215.87 | \$173,775.35 | | |
| Emerald Coast Center | 212903 | 212903 | 1,092 | \$190.56 | \$208,091.52 | | |
| Bay Center | 212989 | 212989 | 393 | \$189.76 | \$74,575.68 | | |
| Madison Nursing Center | 213462 | 213462 | 40 | \$232.67 | \$9,306.80 | | |
| Century Care Center. | 220604 | 220604 | 2,778 | \$229.85 | \$638,523.32 | | |
| Santa Rosa Health & Rehabilitation Center | 220612 | 220612 | 792 | \$218.98 | \$173,432.16 | | |
| Sandy Ridge Care Center | 220621 | 220621 | 14 | \$234.54 | \$3,283.56 | | |
| Pensacola Health Care Facility | 224243 | 224243 | 1,408 | \$215.46 | \$303,367.69 | | |
| The Manor At Blue Water Bay | 226041 | 226041 | 442 | \$209.75 | \$92,709.50 | | |
| University Hills Health and Rehab. | 252123 | 060993 | 4,373 | \$213.47 | \$933,504.32 | | |
| Destin Healthcare and Rehab. Center Report Produced: 7/2/2013 10:28:23AM | 252166 | 061101 | 1,960 F | \$199.15 Page 46 of 107 | \$390,333.99 | | |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087517100-00

Covenant Hospice, Inc-Escambia County

| • | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Katt | Computation |
| Current Name:Destin Healthcare and Rehabilitation Co Emerald Shores Health and Rehab. | enter 252191 | 060972 | 1,766 | \$212.54 | \$375,345.63 |
| Sea Breeze Health Care | 252247 | 059874 | 3,387 | \$187.70 | \$635,739.89 |
| Heritage Healthcare Center | 252298 | 043833 | 3,962 | \$191.27 | \$757,811.76 |
| Shoal Creek Rehabilitation Center | 252379 | 059852 | 1,428 | \$180.84 | \$258,239.51 |
| Marshall Health and Rehab. Center | 252425 | 043878 | 1,035 | \$184.62 | \$191,081.69 |
| Rosewood Health and Rehab. Center | 252468 | 059869 | 5,320 | \$203.85 | \$1,084,482.03 |
| Southern Oaks Health Care | 253146 | 253146 | 2,283 | \$186.65 | \$426,121.94 |
| EDEN SPRINGS NURSING & REHABILITA | 253707 | 253707 | 107 | \$227.93 | \$24,388.51 |
| Haven of Our Lady of Peace | 258831 | 258831 | 427 | \$219.17 | \$93,585.59 |
| UniHealth Post-Acute Care- Santa Rosa | 259331 | 259331 | 5,472 | \$191.53 | \$1,048,052.15 |
| Bonifay Nursing and Rehab | 263443 | 263443 | 754 | \$193.41 | \$145,831.14 |
| Clifford Chester Sims State Veterans' Nursing H | 264491 | 264491 | 1,920 | \$228.65 | \$439,007.99 |
| Life Care Center of Pensacola | 315664 | 315664 | 576 | \$218.71 | \$125,976.96 |
| Westwood Health Care Center | 316075 | 316075 | 484 | \$218.02 | \$105,521.68 |
| Community Health and Rehab Center | 318779 | 318779 | 4,683 | \$206.31 | \$966,149.72 |
| Consulate Health Care of Pensacola | 319686 | 319686 | 1,231 | \$197.56 | \$243,196.36 |
| Consulate Health Care of Tallahassee Report Produced: 7/2/2013 10:28:23AM | 319716 | 319716 | 563 P | \$195.31 age 47 of 107 | \$109,959.53 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087517100-00

Covenant Hospice, Inc-Escambia County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation | |
|---|------------------------------|---------|----------------------------|------------------------------------|---|--|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation | |
| St. Andrew's Bay Skilled Nursing and Rehabili | 323799 | 323799 | 322 | \$217.09 | \$69,902.98 | |
| Washington Rehabilitation & Nursing Center | 324353 | 324353 | 1,168 | \$205.02 | \$239,463.36 | |
| Chautauqua Rehabilitation & Nursing Center | 324361 | 324361 | 293 | \$202.87 | \$59,440.91 | |
| Signature Healthcare of North Florida | 324396 | 324396 | 3,432 | \$195.81 | \$672,019.91 | |
| Signature Healthcare at the Courtyard | 324426 | 324426 | 971 | \$202.23 | \$196,365.33 | |
| The Bridge at Bay St. Joe | 324485 | 324485 | 463 | \$189.95 | \$87,946.85 | |
| Total | | | / 98,411 | | 520,547,483.84 | |

Average Nursing Home Rate (Weighted by days) =20,547,483.84/98,411=208.79Room and Board Rate $07/01/2013: 208.79 \times 95\% = 198.35$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 48 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087519800-00

North Central Florida Hospice-Alachua County

| · Nursing Home | | Iedicaid Number | Total Nursing - Home | Nursing Nursing Home | Weighted Average Rate Computation |
|---|-------------|-----------------|----------------------------|----------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| Surrey Place Care Center | 001135 | 001135 | 802 | \$218.41 | \$175,164.82 |
| Suwannee Health Care Center | 005387 | 005387 | 386 | \$211.12 | \$81,492.32 |
| Oakwood Garden of Deland | 005547 | 005547 | 143 | \$210.00 | \$30,030.00 |
| Palatka Health Care Center | 005811 | 005811 | 3,337 | \$223.49 | \$745,786.15 |
| Windsor Manor | 006340 | 006340 | 3,161 | \$204.82 | \$647,436.04 |
| Signature HealthCARE of Jacksonville | 019284 | 019284 | 108 | \$196.53 | \$21,225.24 |
| San Marco Terrace Rehab and care | 022293 | 022293 | 971 | \$210.64 | \$204,531.44 |
| The Health Center of Lake City | 030527 | 030527 | 639 | \$217.17 | \$138,771.63 |
| Clyde E. Lassen State Veterans' Nursing Home | 032049 | 032049 | 292 | \$226.93 | \$66,263.56 |
| All Saints Catholic Nursing Home & R.C. Inc. | 200735 | 200735 | 95 | \$220.47 | \$20,944.65 |
| SAMANTHA R. WILSON AT BAYVIEW | 202606 | 202606 | 279 | \$227.28 | \$63,411.12 |
| Center for Health Care of The Alliance Commu | 202789 | 202789 | 426 | \$185.39 | \$78,976.14 |
| Tri-County Nursing Home | 204625 | 204625 | 3,408 | \$199.16 | \$678,737.29 |
| Suwannee Valley Nursing Center | 206300 | 206300 | 930 | \$232.52 | \$216,243.60 |
| Woodland Terrace | 212636 | 212636 | 401 | \$173.83 | \$69,705.83 |
| St. Augustine Health & Rehabilitation Center | 217735 | 217735 | 548 | \$221.95 | \$121,628.60 |
| West Jacksonville Health and Rehabilitation C | 218171 | 218171 | 94 | \$196.66 | \$18,486.04 |
| Report Produced: 7/2/2013 10:28:23AM | I | | 1 | Page 49 of 107 | |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087519800-00

North Central Florida Hospice-Alachua County

| | Nursing Home M | edicaid Number | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Doctors Lake of Orange Park | 223883 | 223883 | 2,643 | \$193.86 | \$512,371.98 |
| Cathedral Gerontology Center | 226068 | 226068 | 1,330 | \$224.83 | \$299,023.90 |
| The Oaks NH, LLC | 227765 | 227765 | 843 | \$229.48 | \$193,451.64 |
| First Coast Health and Rehabilitation Center | 227838 | 227838 | 89 | \$196.14 | \$17,456.46 |
| Ayers Health & Rehab Center | 227871 | 227871 | 2,556 | \$192.77 | \$492,720.13 |
| Gainesville Health Care Center | 229288 | 229288 | 2,311 | \$216.20 | \$499,638.19 |
| Bradford Terrace, LLC | 251739 | 251739 | 3,145 | \$166.48 | \$523,579.59 |
| San Jose Health and Rehabilitation Center | 252051 | 061102 | 5 | \$200.88 | \$1,004.40 |
| North Florida Rehab. and Specialty Care | 252361 | 043880 | 1,877 | \$199.79 | \$375,005.82 |
| OAKTREE HEALTHCARE | 252476 | 043843 | 163 | \$208.89 | \$34,049.07 |
| Current Name:Oaktree Healthcare Woodlands Care Center of Alachua County | 255572 | 255572 | 1,549 | \$166.97 | \$258,636.53 |
| PG of Gainesville | 257265 | 257265 | 3,201 | \$186.18 | \$595,962.16 |
| PG of Jacksonville | 257273 | 257273 | 17 | \$194.54 | \$3,307.18 |
| Indigo Manor | 258750 | 258750 | 117 | \$225.98 | \$26,439.66 |
| Riverwood Center, LLC | 260673 | 260673 | 5 | \$213.64 | \$1,068.20 |
| Avalon Health Care Center | 261629 | 261629 | 1,210 | \$196.03 | \$237,196.30 |
| Jacksonville Nursing and Rehab Report Produced: 7/2/2013 10:28:23AM | 263494 | 263494 | 45 F | \$213.69 Page 50 of 107 | \$9,616.05 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087519800-00

North Central Florida Hospice-Alachua County

| | · Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|--------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 11111 | Companion |
| Macclenny Nursing and Rehab | 263516 | 263516 | 39 | \$205.77 | \$8,025.03 |
| Moultrie Creek Nursing and Rehab | 263559 | 263559 | 701 | \$208.48 | \$146,144.48 |
| Lafayette Healthcare Center | 264482 | 264482 | 1,874 | \$185.09 | \$346,858.65 |
| Southpoint Terrace | 266281 | 266281 | 10 | \$175.06 | \$1,750.60 |
| The Terrace at Daytona Beach | 282553 | 282553 | 125 | \$170.79 | \$21,348.75 |
| The Terrace at Fleming Island | 284785 | 284785 | 3,238 | \$173.69 | \$562,408.23 |
| Baya Pointe Nursing and Rehabilitation | 308111 | 308111 | 1,135 | \$217.82 | \$247,225.71 |
| Sandal Wood Nursing Center | 312045 | 312045 | 86 | \$208.78 | \$17,955.08 |
| LakeWood Nursing Center | 312142 | 312142 | 931 | \$205.00 | \$190,855.00 |
| Cross City Rehabilitation and Health Center | 312151 | 312151 | 1,684 | \$196.97 | \$331,697.48 |
| CrestWood Nursing Center | 312274 | 312274 | 1,559 | \$187.03 | \$291,579.77 |
| Southlake Nursing and Rehabilitation Center | 312371 | 312371 | 4,337 | \$228.73 | \$992,001.99 |
| Parklands Rehabilitation and Nursing Center | 317578 | 317578 | 2,011 | \$233.09 | \$468,743.98 |
| Williston Rehabilitation and Nursing Center | 317586 | 317586 | 1,621 | \$236.30 | \$383,042.30 |
| Atrium Healthcare Center | 319376 | 319376 | 756 | \$209.36 | \$158,276.16 |
| Consulate Health Care of Jacksonville | 319503 | 319503 | 265 | \$203.43 | \$53,908.95 |
| Signature HealthCARE of Gainesville Report Produced: 7/2/2013 10:28:23AM | 324388 | 324388 | 966 P | \$199.31 age 51 of 107 | \$192,533.46 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087519800-00

North Central Florida Hospice-Alachua County

| Nursing Home Provider Name | · Nursing Home M | edicaid Number | Total Nursing - Home | 07/01/2013 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|------------------|----------------|----------------------------|--|
| | As Reported | Current | Days | |
| | | | | |
| Total | | | 58,464 | \$11,873,717.35 |

Average Nursing Home Rate (Weighted by days) =11.873,717.35/58,464=203.09Room and Board Rate $07/01/2013: 203.09 \times 95\% = 192.94$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 52 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087520100-00

Hospice of Marion County-Marion County

| | · Nursing Home Medicaid Number | | Total Nursing | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|--------------------------------|---------|---------------------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| Avante at Ocala | 005701 | 005701 | 671 | \$214.38 | \$143,848.98 |
| TimberRidge Nursing & Rehab Center | 203335 | 203335 | 573 | \$226.11 | \$129,561.03 |
| Marion House Health Care Center | 214043 | 048611 | 2,342 | \$236.82 | \$554,632.46 |
| Current Name:Ocala Oaks Rehabilitation Center Ocala Health & Rehabilitation Center | 217395 | 217395 | 2,035 | \$196.43 | \$399,735.04 |
| New Horizon Health & Rehab Center | 227773 | 227773 | 562 | \$241.31 | \$135,616.22 |
| Oakhurst Care & Rehabilitation Center | 251721 | 251721 | 330 | \$201.01 | \$66,333.30 |
| Hawthorne Health and Rehab of Ocala | 253456 | 253456 | 1,394 | \$198.77 | \$277,085.39 |
| PG of Ocala | 257290 | 257290 | 344 | \$193.41 | \$66,533.04 |
| Life Care Center of Ocala | 266108 | 266108 | 858 | \$220.00 | \$188,760.00 |
| Total | | | · · · · · · · · · · · · · · · · · · · | 9 | \$1,962,105.45 |

Average Nursing Home Rate (Weighted by days) =1,962,105.45/9,109=215.40 Room and Board Rate 07/01/2013: $215.40 \times 95\% = 204.63$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 53 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087522800-00 Hospice of Health First-Brevard County

Anchor Care & Rehabilitation Center

Total 07/01/2013 Weighted Nursing Nursing Home Average Rate Nursing Home Medicaid Number Computation Home Rate Days As Reported Current Nursing Home Provider Name Carnegie Gardens Nursing Center \$21,266.00 212008 005519 98 \$217.00 West Melbourne Health & Rehabilitation Cente 217727 217727 241 \$205.04 \$49,414.64 The Health Center of Merritt Island 226700 030491 246 \$228.76 \$56,274.96 Rockledge NH, LLC 152 \$227.97 227587 227587 \$34,651,44 Life Care Center of Melbourne 228338 228338 5 \$206.75 \$1.033.75 Avante at Melbourne 252018 252018 280 \$240.16 \$67,244.80 Island Health and Rehab. Center 252352 059866 6 \$192.91 \$1,157.46 The Palms Rehab, and Healthcare Center 252395 043847 \$209.87 \$839.48 4 Current Name: Palms Rehabilitation & Healthcare Center Indian River Center LLC 260665 260665 484 \$227.87 \$110,289.08 Atlantic Shores Nursing and Rehab \$212.27 \$130,970.59 263389 263389 617 MELBOURNE TERRACE RESTORATIVE C 264547 264547 172 \$231.18 \$39,762.96 Life Care Center of Palm Bay 268186 268186 62 \$209.16 \$12,967.92 Consulate Health Care Melbourne 319520 319520 355 \$195.49 \$69,398.95

324451

324451

\$198.93

Page 54 of 107

36

\$7,161.48

Report Produced: 7/2/2013 10:28:23AM

087522800 - 2013/07



Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087522800-00 Hospice of Health First-Brevard County

| Nursing Home Provider Name | · Nursing Home Medicaid Number | Nursing Home | Nursing Home Average Rate Rate Computation |
|----------------------------|--------------------------------|---------------|--|
| | As Reported Current | Days | |
| Total | | 2,758 | \$602,433.51 |

Average Nursing Home Rate (Weighted by days) =602,433.51/2,758=218.43Room and Board Rate 07/01/2013: $218.43 \times 95\% = 207.51$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 55 of 107



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087523600-00 Hospice of Volusia-Volusia County

| | Nursing Home N | 1edicaid Number | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|----------------|-----------------|----------------------------|------------------------------------|------------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Debary Manor | 005372 | 005372 | 533 | \$202.48 | \$107,921.84 |
| Flagler Pines | 005374 | 005374 | 110 | \$218.69 | \$24,055.90 |
| Manor on the Green | 005543 | 005543 | 855 | \$220.20 | \$188,271.00 |
| Oakwood Garden of Deland | 005547 | 005547 | 2,384 | \$210.00 | \$500,640.00 |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 506 | \$207.62 | \$105,055.72 |
| Carlton Shores Health and Rehab Center | 022138 | 022138 | 741 | \$244.18 | \$180,937.37 |
| The Health Center of Daytona Beach | 030535 | 030535 | 239 | \$219.46 | \$52,450.94 |
| University Center West | 041685 | 041685 | 6 | \$213.06 | \$1,278.36 |
| University Center East | 041686 | 041686 | 230 | \$203.50 | \$46,805.00 |
| Center for Health Care of The Alliance Commu | 202789 | 202789 | 1,731 | \$185.39 | \$320,910.09 |
| Olds Hall Good Samaritan | 204391 | 204391 | 1,520 | \$230.94 | \$351,028.80 |
| Bishop's Glen Health Care Center | 209511 | 209511 | 1,315 | \$236.20 | \$310,603.00 |
| Emory L. Bennett State Veterans' Nursing Hom | 210889 | 210889 | 24 | \$232.22 | \$5,573.28 |
| Woodland Terrace | 212636 | 212636 | 4,310 | \$173.83 | \$749,207.31 |
| Florida Lutheran Retirement Center | 212792 | 212792 | 1,499 | \$197.97 | \$296,757.03 |
| The Huntington | 213764 | 282553 | 1 | \$170.79 | \$170.79 |
| Current Name:The Terrace at Daytona Beach Daytona Beach Health and Rehabilitation Cent | 217743 | 217743 | 2,046 | \$212.56 | \$434,897.76 |
| D 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | | 56 6107 | |

Report Produced:

7/2/2013

10:28:23AM

Page 56 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087523600-00 Hospice of Volusia-Volusia County

| | · Nursing Home Medicaid Number | | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|--------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Ocean View Nursing and Rehabilitation Center | 226351 | 226351 | 3,400 | \$202.44 | \$688,296.01 |
| Avante at Ormond Beach | 252034 | 252034 | 404 | \$227.00 | \$91,708.00 |
| Deltona Health Care | 252158 | 043868 | 2,395 | \$206.56 | \$494,711.19 |
| Grand Oaks Health and Rehab. Center | 252409 | 043864 | 25 | \$201.24 | \$5,031.00 |
| OAKTREE HEALTHCARE | 252476 | 043843 | 1,347 | \$208.89 | \$281,374.83 |
| Current Name:Oaktree Healthcare Indigo Manor | 258750 | 258750 | 563 | \$225.98 | \$127,226.74 |
| Bridgeview Center, LLC | 260371 | 260371 | 42 | \$227.77 | \$9,566.34 |
| Coquina Center, LLC | 260649 | 260649 | 7 | \$232.35 | \$1,626.45 |
| Port Orange Nursing and Rehab | 263508 | 263508 | 2,450 | \$222.42 | \$544,929.00 |
| Orange City Nursing and Rehab | 263567 | 263567 | 471 | \$215.66 | \$101,575.86 |
| Majestic Oaks Continuing Care Complex | 269000 | 269000 | 174 | \$202.57 | \$35,247.18 |
| Ridgecrest Nursing & Rehabilitation Center | 282464 | 282464 | 850 | \$216.13 | \$183,710.50 |
| The Terrace at Daytona Beach | 282553 | 282553 | 3,273 | \$170.79 | \$558,995.65 |
| Sandal Wood Nursing Center | 312045 | 312045 | 1,893 | \$208.78 | \$395,220.54 |

Report Produced: 7/2/2013 10:28:23AM Page 57 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087523600-00 Hospice of Volusia-Volusia County

| . Nursing Home Provider Name | · Nursing Home Medicaid Nu | Total Nursing Home | 07/01/2013 Weighted Nursing Home Average Rate Rate Computation |
|------------------------------|----------------------------|--------------------|--|
| | As Reported Current | t Days | |
| Total | | √ 35.34 | 4 \$7 195 783 47 |

Average Nursing Home Rate (Weighted by days) =7,195,783.47/35,344=203.59 Room and Board Rate 07/01/2013: 203.59 x 95% = 193.41

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 58 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087524400-00 Big Bend Hospice-Leon County

| | · Nursing Home N | · Nursing Home Medicaid Number | | 07/01/2013 Nursing Home | |
|--|------------------|--------------------------------|----------------|----------------------------|----------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Riverchase Care Center | 005386 | 005386 | 651 | \$209.58 | \$136,436.58 |
| St. James Health And Rehabilitation Center | 015613 | 015613 | 926 | \$207.41 | \$192,061.66 |
| Seven Hills Health & Rehab Center | 033175 | 033175 | 42 | \$229.09 | \$9,621.78 |
| Cross Landings Health and Rehab | 042138 | 042138 | 549 | \$244.44 | \$134,197.56 |
| Westminster Oaks | 200409 | 200409 | 364 | \$192.52 | \$70,077.28 |
| MIRACLE HILL NURSING AND REHABILI | 202941 | 202941 | 361 | \$211.19 | \$76,239.59 |
| Lake Park of Madison | 211923 | 211923 | 352 | \$187.40 | \$65,964.80 |
| Madison Nursing Center | 213462 | 213462 | 166 | \$232.67 | \$38,623.22 |
| Heritage Healthcare Center | 252298 | 043833 | 904 | \$191.27 | \$172,908.08 |
| Marshall Health and Rehab. Center | 252425 | 043878 | 433 | \$184.62 | \$79,940.46 |
| EDEN SPRINGS NURSING & REHABILITA | 253707 | 253707 | 1,733 | \$227.93 | \$395,002.68 |
| Centre Point Health and Rehab Center | 264563 | 264563 | 906 | \$215.73 | \$195,451.38 |
| Total | | | 7,38 | 7 | \$1,566,525.07 |

Average Nursing Home Rate (Weighted by days) =1,566,525.07/7,387=212.07 Room and Board Rate 07/01/2013: $212.07 \times 95\% = 201.46$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 59 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

* NH Rate decrease

Provider Number: 087525200-00

Hospice of the Florida Keys, Inc.-Monroe County

| . Nursing Home Provider Name | Nursing Ho | Nursing Home Medicaid Number | | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|----------------------------------|------------|------------------------------|----------------|------------------------------------|---|
| | As Reporte | ed Current | . Home Days | | |
| Key West Health & Rehabilitation | 024167 | 024167 | 1,339 | * \$236.11 | \$316,151.29 |
| Plantation Key Nursing Center | 044975 | 044975 | 24 | \$252.87 | \$6,068.88 |
| Total | | | / 1,36 | 3 | \$322,220.17 |

Average Nursing Home Rate (Weighted by days) =322,220.17/1,363=236.41 Room and Board Rate 07/01/2013: 236.41 x 95% = 224.58

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 60 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087526100-00

Hospice of Lake and Sumter-Lake County

| | · Nursing Home Medicald Number | | Total Nursing - Home | 07/01/2013 Nursing Home | Weighted Average Rate Computation |
|---|--------------------------------|---------|----------------------------|----------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| The Crossroads | 001306 | 045471 | 119 | \$230.73 | \$27,456.87 |
| Osceola Health Care Center | 005219 | 005219 | 127 | \$218.88 | \$27,797.76 |
| The Rehabilitation Center of Winter Park | 005380 | 005380 | 264 | \$217.07 | \$57,306.48 |
| Lake Eustis Care Center | 005851 | 005851 | 294 | \$222.05 | \$65,282.70 |
| Lake Placid Health Care Center | 006339 | 006339 | 38 | \$207.36 | \$7,879.68 |
| Vienna Square | 023255 | 023255 | 28 | \$238.57 | \$6,679.96 |
| North Campus Rehabilitation and Health Cente | 031880 | 031880 | 492 | \$234.96 | \$115,600.32 |
| Grace Healthcare of Lake Wales | 034504 | 034504 | 1,412 | \$208.38 | \$294,232.57 |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 200 | \$233.24 | \$46,648.00 |
| The Rohr Home | 202533 | 202533 | 123 | \$247.50 | \$30,442.50 |
| Avante at Leesburg | 203122 | 203122 | 1,092 | \$230.89 | \$252,131.88 |
| Health Central Park | 204811 | 048441 | 477 | \$229.68 | \$109,557.36 |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 139 | \$209.49 | \$29,119.11 |
| The Commons at Orlando Lutheran Towers | 205796 | 205796 | 1,349 | \$200.10 | \$269,934.91 |
| AUBURNDALE OAKS HEALTHCARE CEN | 207527 | 207527 | 210 | \$203.42 | \$42,718.20 |
| Westminster Towers | 208540 | 208540 | 2,525 | \$196.37 | \$495,834.24 |
| Winter Park Towers | 209848 | 209848 | 718 | \$192.14 | \$137,956.52 |

Report Produced:

7/2/2013

10:28:23AM

Page 61 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087526100-00

Hospice of Lake and Sumter-Lake County

| • | Nursing Home Medicaid Number | | Total Nursing Home | lursing Nursing Home | Weighted Average Rate Computation |
|---|------------------------------|---------|--------------------------|----------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Natt | Computation |
| The Edgewater at Waterman Village | 210684 | 210684 | 1,824 | \$226.07 | \$412,351.69 |
| Lakeland Hills Center | 212865 | 212865 | 31 | \$187.27 | \$5,805.37 |
| The Groves Center | 212881 | 212881 | 21 | \$180.06 | \$3,781.26 |
| Florida Presbyterian Homes, Inc. | 212971 | 212971 | 15 | \$205.46 | \$3,081.90 |
| Bartow Center | 212997 | 212997 | 7 | \$190.67 | \$1,334.69 |
| Life Care Center Of Orlando | 213403 | 213403 | 342 | \$205.17 | \$70,168.14 |
| Osprey Point Nursing Center | 215597 | 215597 | 648 | \$202.86 | \$131,453.28 |
| Life Care Center of Winter Haven | 219380 | 219380 | 3,384 | \$210.46 | \$712,196.66 |
| Clermont Health and Rehabilitation Center | 221465 | 221465 | 430 | \$198.01 | \$85,144.30 |
| Delaney Park Health and Rehabilitation Center | 221589 | 221589 | 48 | \$199.85 | \$9,592.80 |
| Orlando Health and Rehabilitation Center | 223654 | 223654 | 392 | \$172.12 | \$67,471.04 |
| MK of Haines City LLC | 224341 | 224341 | 352 | \$212.72 | \$74,877.44 |
| MK of Winter Garden LLC | 225410 | 225410 | 345 | \$231.24 | \$79,777.80 |
| Lady Lake Specialty Care Center | 227561 | 032486 | 671 | \$231.91 | \$155,611.61 |
| Winter Haven Health and Rehab Center | 228702 | 228702 | 200 | \$182.74 | \$36,548.00 |
| Lake Harris Health Center | 228966 | 228966 | 137 | \$206.59 | \$28,302.83 |
| Avante at Mt. Dora | 252042 | 252042 | 1,999 | \$219.51 | \$438,800.48 |
| Report Produced: 7/2/2013 10:28:23AM | | | P | Page 62 of 107 | |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087526100-00

Hospice of Lake and Sumter-Lake County

| • | Nursing Home Medicaid Number | | Total Nursing - Home | ing Nursing Home | Weighted ne Average Rate Computation | |
|--|------------------------------|---------|----------------------------|----------------------------|--|--|
| Nursing Home Provider Name | As Reported | Current | Days | | Computation | |
| Wedgewood Healthcare Center | 252328 | 043867 | 74 | \$213.15 | \$15,773.10 | |
| Plantation Bay Rehabilitation Center | 252441 | 043853 | 3 | \$211.64 | \$634.92 | |
| Rio Pinar Health Care | 252450 | 043846 | 82 | \$207.01 | \$16,974.82 | |
| Rosewood Health and Rehab. Center | 252468 | 059869 | 4 | \$203.85 | \$815.40 | |
| Colonial Lakes Health Care | 252557 | 043854 | 305 | \$197.40 | \$60,207.00 | |
| Palms of Sebring | 252671 | 252671 | 64 | \$196.69 | \$12,588.16 | |
| Leesburg Health & Rehab | 252956 | 072048 | 571 | \$228.90 | \$130,701.90 | |
| Current Name:South Campus Rehabilitation & Nursin Southern Oaks Health Care | ng Center 253146 | 253146 | 363 | \$186.65 | \$67,753.95 | |
| The Palms At Park Place | 253421 | 253421 | 6 | \$195.94 | \$1,175.64 | |
| PG of Winter Haven | 257320 | 257320 | 568 | \$185.58 | \$105,409.44 | |
| Lakeview Terrace Skilled Nursing Facility | 259225 | 259225 | 39 | \$217.66 | \$8,488.74 | |
| The Parks Healthcare and Rehabilitation Center | 259934 | 043850 | 82 | \$206.98 | \$16,972.36 | |
| Current Name:Parks Healthcare and Rehabilitation Co Ruleme Center, LLC | enter 260452 | 260452 | 1,222 | \$215.73 | \$263,622.05 | |
| Highlands Lake Center, LLC | 260576 | 260576 | 9 | \$225.37 | \$2,028.33 | |
| Hunter's Creek Nursing and Rehab | 263605 | 263605 | 3 | \$237.34 | \$712.02 | |
| The Oaks at Avon Park | 263966 | 263966 | 56 | \$202.68 | \$11,350.08 | |
| Conway Lakes Health & Rehabilitation Center Report Produced: 7/2/2013 10:28:23AM | 264512 | 264512 | 135 F | \$225.74 Page 63 of 107 | \$30,474.90 | |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087526100-00

Hospice of Lake and Sumter-Lake County

| | Nursing Home Medicaid Number | | Total Nursing | 07/01/2013 Nursing Hor Rate | Weighted me Average Rate Computation |
|---|------------------------------|---------|------------------|-----------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Kate | Сотрисасион |
| Valencia Hills Health and Rehabilitation Center | 265560 | 265560 | 424 | \$190.19 | \$80,640.56 |
| Keystone Rehab. and Health Center | 317560 | 043839 | 320 | \$194.69 | \$62,300.80 |
| Consulate Health Care of Kissimmee | 319511 | 319511 | 131 | \$199.86 | \$26,181.66 |
| Consulate Health Care of Lake Parker | 319678 | 319678 | 531 | \$202.80 | \$107,686.80 |
| Ocoee Health Care Facility | 324159 | 324159 | 182 | \$226.97 | \$41,308.54 |
| Kenilworth Care and Rehabilitation Center | 324493 | 324493 | 117 | \$189.14 | \$22,129.38 |
| Arbor Village Nursing Center | 325040 | 325040 | 496 | \$218.19 | \$108,222.24 |
| Total | | | / 26,24 | 0 | \$5,527,031.15 |

Average Nursing Home Rate (Weighted by days) =5,527,031.15/26,240=210.63Room and Board Rate 07/01/2013: $210.63 \times 95\% = 200.10$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 64 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087527900-00

Tidewell Hospice & Palliative Care-Sarasota County

| | · Nursing Home Medicaid Number | | Total Nursing Home | ursing Nursing Home | Weighted Average Rate Computation |
|---|--------------------------------|---------|--------------------------|---------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Nutt | Computation |
| Village Place Health and Rehab Center | 002400 | 002400 | 1,769 | \$247.37 | \$437,597.52 |
| Heartland of Sarasota FL,LLC | 010453 | 010453 | 339 | \$223.28 | \$75,691.92 |
| Bay Village of Sarasota | 018777 | 018777 | 420 | \$242.03 | \$101,652.60 |
| Benderson Family Skilled Nuring & Rehab Cen | 033717 | 033717 | 219 | \$249.59 | \$54,660.21 |
| Crossbreeze Care Center | 046233 | 046233 | 1,040 | \$234.02 | \$243,380.80 |
| JH FLOYD SUNSHINE MANOR, INC. | 202681 | 046233 | 166 | \$234.02 | \$38,847.32 |
| Current Name:Crossbreeze Care Center Pines of Sarasota | 202703 | 202703 | 2,131 | \$257.20 | \$548,093.23 |
| SUNNYSIDE NURSING HOME | 202711 | 202711 | 1 | \$266.26 | \$266.26 |
| Westminster Asbury Towers | 203815 | 203815 | 4,337 | \$202.12 | \$876,594.42 |
| Westminster Asbury Manor | 209422 | 209422 | 1,279 | \$208.41 | \$266,556.39 |
| Village on the Isle | 210463 | 210463 | 794 | \$251.31 | \$199,540.14 |
| Harborchase of Venice | 213322 | 213322 | 349 | \$216.82 | \$75,670.18 |
| Life Care Center of Sarasota | 223786 | 223786 | 239 | \$231.64 | \$55,361.96 |
| MK of North Port LLC | 225053 | 225053 | 3,775 | \$230.30 | \$869,382.51 |
| Charlotte Harbor Health Care | 226327 | 030540 | 4,657 | \$236.74 | \$1,102,498.21 |
| Current Name:Charlotte Harbor Healthcare Greenbriar Rehab & Nursing Center | 227625 | 227625 | 764 | \$240.02 | \$183,375.28 |
| The Inn at Sarasota Bay Club | 228621 | 228621 | 269 | \$256.63 | \$69,033.47 |

Report Produced: 7/2/2013 10:28:23AM Page 65 of 107



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087527900-00

Tidewell Hospice & Palliative Care-Sarasota County

| • | Nursing Home Medicaid Number | | Total Nursing Home | ng Nursing Home | Weighted Average Rate Computation |
|---|------------------------------|---------|--------------------------|---------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Katt | Computation |
| Bradenton Health Care | 252069 | 043859 | 1,410 | \$218.78 | \$308,479.80 |
| Magnolia Health and Rehab. Center | 252182 | 043877 | 1,289 | \$213.82 | \$275,613.99 |
| Current Name:Magnolia Health and Rehabilitation Cer Englewood Healthcare & Rehab. Center | 252204 | 059855 | 2,266 | \$195.50 | \$443,003.00 |
| Heritage Health Care Center | 252271 | 043835 | 1,556 | \$215.80 | \$335,784.80 |
| Pinebrook Care & Rehabilitation Center | 252662 | 252662 | 586 | \$214.59 | \$125,749.74 |
| Springwood Care & Rehabilitation Center | 253014 | 253014 | 3,589 | \$200.92 | \$721,101.87 |
| Surrey Place Convalescent Center of Bradenton | 256277 | 256277 | 2,437 | \$234.72 | \$572,012.64 |
| Heritage Park Care and Rehabilitation Center | 258814 | 324345 | 25 | \$204.77 | \$5,119.25 |
| Beneva Lakes Healthcare and Rehabilitation Ce | 259896 | 043857 | 2,884 | \$212.88 | \$613,945.93 |
| Riverfront Nursing and Rehab Center | 259942 | 259942 | 1,109 | \$223.28 | \$247,617.52 |
| Sarasota Memorial Nursing & Rehabilitation F | 260355 | 260355 | 1,137 | \$217.99 | \$247,854.64 |
| Riviera Palms Rehabilitation Center | 263451 | 263451 | 1,541 | \$215.01 | \$331,330.40 |
| Casa Mora Rehabilitation and Extended Care | 263885 | 263885 | 2,659 | \$209.80 | \$557,858.21 |
| Sarasota Health and Rehabilitation Center | 263982 | 263982 | 789 | \$202.66 | \$159,898.74 |
| Braden River Care Center | 265667 | 073324 | 2,816 | \$222.96 | \$627,855.38 |
| Current Name:Braden River Rehabilitation Center, LL The Springs at Lake Pointe Woods | C 268780 | 268780 | 1,050 | \$234.84 | \$246,582.00 |
| Cypress Gardens at Palmer Ranch Report Produced: 7/2/2013 10:28:23AM | 269328 | 319244 | 27 P | \$250.28 age 66 of 107 | \$6,757.56 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087527900-00

Tidewell Hospice & Palliative Care-Sarasota County

| | Nursing Home Medicaid Number | | Total Nursing Home | rsing Nursing Home | Weighted Average Rate Computation |
|--|------------------------------|---------|--------------------------|--------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Natt | Computation |
| Current Name:Palmer Ranch Healthcare and Rehabilit | ation | | | | |
| Douglas Jacobson State Veterans Nursing Hom | 269492 | 269492 | 3,320 | \$229.67 | \$762,504.39 |
| Sunset Lake Health & Rehab Center | 308501 | 032551 | 2,764 | \$243.08 | \$671,873.13 |
| MCHS Venice | 309788 | 325473 | 1,783 | \$224.56 | \$400,390.48 |
| Current Name:ManorCare Health Services | | | | | |
| Kensington Manor | 309923 | 325490 | 92 | \$200.73 | \$18,467.16 |
| Current Name:Heartland Health Care Center-North Sa MCHS - Sarasota | rasota 310832 | 325465 | 3,318 | \$202.66 | \$672,425.89 |
| Current Name:ManorCare Health Services-Sarasota Life Care Center of Punta Gorda | 311685 | 311685 | 2,065 | \$235.77 | \$486,865.06 |
| | | | | | |
| Desoto Health & Rehab | 316229 | 316229 | 880 | \$252.32 | \$222,041.61 |
| Manatee Springs Care & Rehabilitation | 316610 | 008793 | 342 | \$231.42 | \$79,145.64 |
| Current Name: Woods of Manatee Springs Harmony Healthcare & Rehabilitation Center | 317136 | | 182 | \$226.35 | \$41,195.70 |
| The Nursing Center at Freedom Village | 317195 | 317195 | 891 | \$201.75 | \$179,759.25 |
| Port Charlotte Rehabilitation Center | 319325 | 319325 | 413 | \$231.61 | \$95,654.93 |
| Harbour Health Center | 319333 | 319333 | 3,983 | \$218.93 | \$871,998.16 |
| Consulate Health Care of Port Charlotte | 320129 | 320129 | 1,278 | \$208.68 | \$266,693.03 |
| Consulate Health Care of Sarasota | 320137 | 320137 | 457 | \$223.92 | \$102,331.44 |
| Tarpon Point Nursing and Rehabilitation Cente | 323781 | 323781 | 3,985 | \$236.08 | \$940,778.81 |
| Signature Healthcare of Port Charlotte | 324477 | 324477 | 9 | \$215.15 | \$1,936.35 |

Report Produced: 7/2/2013 10:28:23AM Page 67 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087527900-00

Tidewell Hospice & Palliative Care-Sarasota County

| | Nursing Home M | Iedicaid Number | Total Nursing - Home | Nursing Home Average Rate Rate Computation |
|----------------------------|----------------|-----------------|----------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | |
| Total | | | / 75,480 | \$16,838,828.92 |

Average Nursing Home Rate (Weighted by days) =16,838,828.92/75,480=223.09Room and Board Rate 07/01/2013: $223.09 \times 95\% = 211.94$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 68 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087528700-00

Hospice of the Treasure Coast-St Lucie County

| | Nursing Home Medicaid Number | | Total Nursing | 07/01/2013 Nursing Home | |
|--|------------------------------|---------|------------------|----------------------------|----------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Brighton Gardens of Port St. Lucie | 210781 | 059404 | 741 | \$240.48 | \$178,195.68 |
| Current Name:The Gardens of Port St. Lucie LAUREL POINTE HEALTH AND REHABIL | 211516 | 211516 | 1,238 | \$202.01 | \$250,088.37 |
| Life Care Center of Port St. Lucie | 217824 | 217824 | 1,285 | \$223.67 | \$287,415.95 |
| Port St. Lucie Nursing & Restorative Care Cents | 226009 | 226009 | 4,499 | \$225.23 | \$1,013,309.75 |
| Fort Pierce Health Care | 252239 | 043861 | 1,072 | \$217.72 | \$233,395.84 |
| PG of Port St Lucie | 257249 | 257249 | 3,196 | \$194.59 | \$621,909.63 |
| Emerald Healthcare Center | 261637 | 261637 | 959 | \$212.40 | \$203,691.59 |
| Tiffany Hall Nursing and Rehab | 263532 | 263532 | 1,596 | \$215.19 | \$343,443.24 |
| Abbiejean Russell Care Center | 268755 | 268755 | 1,677 | \$231.41 | \$388,074.58 |
| Total | | | / 16,26 | 3 | \$3,519,524.63 |

Average Nursing Home Rate (Weighted by days) =3,519,524.63/16,263=216.41 Room and Board Rate 07/01/2013: 216.41 x 95% = 205.59

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 69 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087529500-00 Hospice by the Sea-Palm Beach County

| | · Nursing Home Medicaid Number | | Total Nursing Home | | Weighted e Average Rate Computation |
|--|--------------------------------|---------|--------------------------|----------|---|
| Nursing Home Provider Name | As Reported | Current | Days | ALMAN | Companion |
| Signature HealthCARE of Palm Beach | 001136 | 001136 | 263 | \$220.70 | \$58,044.10 |
| The Crossings | 001291 | 028100 | 2 | \$262.56 | \$525.12 |
| Boynton Health Care Center | 005814 | 005814 | 4 | \$238.62 | \$954.48 |
| Royal Manor | 006489 | 006489 | 374 | \$234.80 | \$87,815.20 |
| The Park Summit at Coral Springs | 018066 | 018066 | 125 | \$220.05 | \$27,506.25 |
| West Broward Rehabilitation and Healthcare | 026536 | 026536 | 719 | \$241.83 | \$173,875.77 |
| Health Center of Coconut Creek | 030537 | 030537 | 39 | \$243.97 | \$9,514.83 |
| John Knox Village Of Florida | 203769 | 203769 | 223 | \$218.59 | \$48,745.57 |
| Regents Park Of Boca Raton | 204170 | 204170 | 1,382 | \$249.04 | \$344,173.27 |
| American Finnish Nursing Home | 205460 | 205460 | 23 | \$238.95 | \$5,495.85 |
| Health Center at Abbey Delray | 205745 | 205745 | 282 | \$240.89 | \$67,930.98 |
| Saint Andrews Estates North | 206521 | 206521 | 41 | \$231.90 | \$9,507.90 |
| Abbey Delray South | 206865 | 206865 | 152 | \$257.78 | \$39,182.56 |
| Joseph L. Morse Geriatric Center, Inc | 207381 | 207381 | 1,749 | \$232.85 | \$407,254.66 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 1,158 | \$240.03 | \$277,954.74 |
| Avante at Boca Raton | 210676 | 210676 | 1,132 | \$246.29 | \$278,800.27 |
| Stratford Court at Boca Pointe | 211010 | 211010 | 449 | \$238.54 | \$107,104.46 |

Report Produced: 7/2/2013 10:28:23AM Page 70 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087529500-00 Hospice by the Sea-Palm Beach County

| | Nursing Home Medicaid Number | | Total Nursing Home | ing Nursing Home | Weighted e Average Rate Computation |
|---|------------------------------|---------|--------------------------|------------------|-------------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| The Fountains Nursing Home | 212393 | 212393 | 2,503 | \$216.50 | \$541,899.50 |
| Tamarac Rehabilitation and Health Center | 213098 | 213098 | 597 | \$233.56 | \$139,435.32 |
| Springtree Rehab & Health Center, LLC | 225631 | 225631 | 81 | \$218.81 | \$17,723.61 |
| Plantation Nursing & Rehab Center | 226017 | 226017 | 60 | \$242.36 | \$14,541.60 |
| Broward Nursing and Rehab Center | 226335 | 226335 | 186 | \$224.87 | \$41,825.82 |
| Wilton Manors Health and Rehab Center | 227579 | 227579 | 1,425 | \$236.30 | \$336,727.50 |
| Lake View Care Center at Delray | 229610 | 229610 | 60 | \$222.73 | \$13,363.80 |
| Menorah House | 229628 | 229628 | 383 | \$224.50 | \$85,983.50 |
| Alexander Nininger State Veterans' Nursing Ho | 229849 | 229849 | 1,141 | \$232.68 | \$265,487.87 |
| SeaView Nursing and Rehab. Center | 252433 | 061107 | 769 | \$207.53 | \$159,590.57 |
| Hillcrest Nursing and Rehabilitation Center | 252531 | 047795 | 2,791 | \$209.64 | \$585,105.24 |
| Renaissance Health and Rehabilitation | 252549 | 047787 | 177 | \$238.37 | \$42,191.49 |
| Forum at Deer Creek | 253481 | 253481 | 160 | \$249.81 | \$39,969.60 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 732 | \$208.48 | \$152,607.36 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 136 | \$214.78 | \$29,210.08 |
| PG of West Palm Beach | 257257 | 257257 | 4 | \$191.08 | \$764.32 |
| Life Care Center of Inverrary | 259080 | 259080 | 1,927 | \$226.06 | \$435,617.62 |
| Report Produced: 7/2/2013 10:28:23AM | | | F | Page 71 of 107 | |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087529500-00 Hospice by the Sea-Palm Beach County

| • | Nursing Home Medicaid Number | | Total Nursing . Home | rsing Nursing Home | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|---------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Hamlin Place | 259586 | 259586 | 123 | \$253.17 | \$31,139.91 |
| Wood Lake Nursing & Rehabilitation Center | 261599 | 047788 | 354 | \$230.43 | \$81,572.22 |
| Golfcrest Healthcare Center | 262064 | 019287 | 230 | \$199.18 | \$45,811.40 |
| Boynton Beach Rehabilitation Center | 263460 | 263460 | 868 | \$221.51 | \$192,270.68 |
| Medicana Nursing and Rehab | 263524 | 263524 | 654 | \$209.86 | \$137,248.44 |
| Boulevard Rehabilitation Center | 263613 | 263613 | 371 | \$204.45 | \$75,850.95 |
| Boca Raton Rehabilitation Center | 263842 | 263842 | 957 | \$201.68 | \$193,007.75 |
| Deerfield Beach Health and Rehabilitation Cen | 263851 | 263851 | 332 | \$214.45 | \$71,197.40 |
| Pompano Health and Rehabilitation Center | 263923 | 263923 | 154 | \$209.36 | \$32,241.44 |
| Oasis Health and Rehabilitation Center | 266124 | 266124 | 275 | \$229.99 | \$63,247.25 |
| Regents Park of Sunrise | 269697 | 269697 | 342 | \$208.50 | \$71,307.00 |
| Hollywood Hills Rehabilitation Center, LLC | 313424 | 313424 | 168 | \$223.77 | \$37,593.36 |
| The Court at Palm-Aire | 318795 | 318795 | 517 | \$237.63 | \$122,854.71 |
| Ft. Lauderdale Health & Rehab Center | 321303 | 321303 | 37 | \$233.78 | \$8,649.86 |
| The Palms Rehabilitation and Nursing Center | 321532 | 321532 | 95 | \$241.17 | \$22,911.15 |
| Heartland Health Care Center-Boynton Beach | 325309 | 325309 | 183 | \$193.44 | \$35,399.52 |
| Heartland of Tamarac Report Produced: 7/2/2013 10:28:23AM | 325350 | 325350 | 693 P | \$207.12 age 72 of 107 | \$143,534.16 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087529500-00 Hospice by the Sea-Palm Beach County

| | · Nursing Home M | Nursing Home Medicaid Number | | 07/01/2013 Nursing Home Rate | Weighted ne Average Rate Computation |
|--|------------------|------------------------------|-------|------------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| ManorCare Health Services (Boca Raton) | 325368 | 325368 | 2,194 | \$200.11 | \$439,041.34 |
| ManorCare Health Services-Boynton Beach | 325376 | 325376 | 541 | \$211.79 | \$114,578.39 |
| ManorCare Health Services (Delray Beach) | 325520 | 325520 | 205 | \$197.50 | \$40,487.50 |
| Total | | | 30,54 | 2 | \$6,806,375.22 |

Average Nursing Home Rate (Weighted by days) =6,806,375.22/30,542=222.85 Room and Board Rate 07/01/2013: 222.85 x 95% = 211.71

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 73 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087532500-00

Hospice of the Florida Suncoast-Pinellas County

| | · Nursing Home M | 1edicaid Number | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 1.000 | Companyon |
| Cross Terrace Rehabilitation Center | 001300 | 028148 | 1,047 | \$218.70 | \$228,978.90 |
| Glen Oaks Health Care Center | 005849 | 005849 | 660 | \$242.43 | \$160,003.80 |
| Golfview Healthcare Center | 019085 | 019085 | 264 | \$211.95 | \$55,954.80 |
| Bon Secours Maria Manor | 200107 | 200107 | 5,116 | \$225.28 | \$1,152,532.47 |
| COMPREHENSIVE HEALTHCARE OF CL | 200956 | 200956 | 2,403 | \$235.62 | \$566,194.85 |
| Westchester Gardens Rehabilitation & Care C | 202011 | 202011 | 730 | \$228.14 | \$166,542.20 |
| Oak Bluffs Health Center | 203823 | 203823 | 972 | \$200.27 | \$194,662.44 |
| Mease Continuing Care | 204072 | 204072 | 2,220 | \$214.40 | \$475,967.99 |
| Morton Plant Rehabilitation Center | 206431 | 206431 | 369 | \$233.30 | \$86,087.70 |
| BERNARD L. SAMSON NURSING CENTER | 208442 | 208442 | 3,334 | \$243.62 | \$812,229.06 |
| Stratford Court at Palm Harbor | 210943 | 059400 | 2,368 | \$245.46 | \$581,249.30 |
| Current Name:Stratford Court of Palm Harbor Sabal Palms Health Care Center | 210951 | 210951 | 2,333 | \$197.51 | \$460,790.82 |
| Suncoast Manor | 212709 | 212709 | 1,489 | \$182.98 | \$272,457.21 |
| Tarpon Bayou Center | 212849 | 212849 | 1,461 | \$199.86 | \$291,995.46 |
| Egret Cove Center | 212890 | 212890 | 2,449 | \$199.95 | \$489,677.54 |
| Clearwater Center | 212911 | 212911 | 173 | \$196.79 | \$34,044.67 |
| Boca Ciega Center | 213004 | 213004 | 1,105 | \$199.59 | \$220,546.95 |
| | | | | | |

Report Produced: 7/2/2013 10:28:23AM Page 74 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087532500-00

Hospice of the Florida Suncoast-Pinellas County

| | Nursing Home M | ledicaid Number | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted ne Average Rate Computation | |
|---|----------------|-----------------|----------------------------|--|--|--|
| Nursing Home Provider Name | As Reported | Current | Days | THE CONTRACT OF THE CONTRACT O | Compatition | |
| South Heritage Health and Rehabiliation Center | 226360 | 226360 | 37 | \$221.03 | \$8,178.11 | |
| Alpine Health and Rehabilitation Center | 227251 | 227251 | 140 | \$225.01 | \$31,501.40 | |
| Apollo Health & Rehab Center | 227633 | 227633 | 1,281 | \$221.72 | \$284,023.32 | |
| North Rehab NH, LLC | 227641 | 227641 | 459 | \$225.65 | \$103,573.35 | |
| Lexington Health & Rehabilitation Center | 227650 | 032553 | 1,380 | \$226.48 | \$312,542.39 | |
| Coquina Key Health Care Center, Inc. | 228362 | 006408 | 756 | \$229.55 | \$173,539.80 | |
| Current Name:Rehabilitation Center of St. Pete Sylvan Health Center | 229164 | 229164 | 2,071 | \$215.73 | \$446,776.82 | |
| Concordia Manor | 251666 | 251666 | 504 | \$195.88 | \$98,723.52 | |
| Countryside Healthcare Center | 252115 | 043872 | 172 | \$205.40 | \$35,328.80 | |
| Current Name:Countryside Rehab and Healthcare Centargo Health Care Center | 252336 | 043876 | 2,429 | \$207.41 | \$503,798.90 | |
| Current Name:Largo Rehab and Spa Edinborough Healthcare Center | 252484 | 061140 | 5,319 | \$220.82 | \$1,174,541.62 | |
| Current Name:Lakeside Oaks Care Center Sunset Point Care & Rehabilitation Center | 253430 | 253430 | 2,759 | \$192.59 | \$531,355.80 | |
| Bay Tree Care & Rehabilitation Center | 253448 | 253448 | 1,216 | \$207.00 | \$251,712.00 | |
| West Bay Care & Rehabilitation Center | 253464 | 253464 | 2,927 | \$200.92 | \$588,092.83 | |
| Wrights Healthcare & Rehabilitation Center | 254762 | 254762 | 255 | \$216.11 | \$55,108.05 | |
| PG of Clearwater | 257460 | 257460 | 3,599 | \$199.72 | \$718,792.28 | |
| PG of Largo Report Produced: 7/2/2013 10:28:23AM | 257478 | 257478 | 2,285 P | \$201.14 Page 75 of 107 | \$459,604.90 | |



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087532500-00

Hospice of the Florida Suncoast-Pinellas County

| | Nursing Home M | edicaid Number | Total Nursing Home | | Weighted Average Rate Computation |
|---|----------------|----------------|--------------------------|---------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 11111 | Compatation |
| PG of Pinellas | 257508 | 257508 | 3,684 | \$201.31 | \$741,626.03 |
| Oak Manor Healthcare and Rehabilitation Cent | 258342 | 258342 | 2,792 | \$204.54 | \$571,075.66 |
| Tierra Pines Center, LLC | 260568 | 260568 | 930 | \$215.36 | \$200,284.80 |
| Alhambra Health & Rehab Center | 261254 | 261254 | 526 | \$229.15 | \$120,532.90 |
| Pinellas Point Nursing and Rehab | 263486 | 263486 | 820 | \$229.01 | \$187,788.20 |
| Bay Pointe Nursing Pavilion | 263834 | 263834 | 440 | \$211.74 | \$93,165.60 |
| Highland Pines Rehabilitation Center | 263907 | 263907 | 1,113 | \$199.87 | \$222,455.30 |
| The Abbey Rehabilitation and Nursing Center | 263958 | 263958 | 665 | \$209.91 | \$139,590.15 |
| Crystal Oaks of Pinellas | 264351 | 014169 | 1,441 | \$230.37 | \$331,963.16 |
| Current Name:Gulf Shore Rehab & Nursing Belleair East Health Care Center | 264521 | 264521 | 2,142 | \$221.94 | \$475,395.49 |
| East Bay Rehabilitation Center | 264539 | 264539 | 1,610 | \$226.88 | \$365,276.81 |
| The Springs At Boca Ciega Bay | 267724 | 267724 | 299 | \$225.84 | \$67,526.16 |
| Jacaranda Manor | 281743 | 281743 | 1,388 | \$170.70 | \$236,931.60 |
| Pasadena Manor | 281891 | | 89 | \$193.41 | \$17,213.49 |
| Palm Terrace of St. Petersburg | 282537 | 282537 | 1,197 | \$238.11 | \$285,017.67 |
| The Allegro at College Harbor | 309800 | 309800 | 1 | \$241.25 | \$241.25 |
| St. Mark Village, Inc. Report Produced: 7/2/2013 10:28:23AM | 310841 | 310841 | 1,915 P | \$220.15 age 76 of 107 | \$421,587.24 |



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087532500-00

Hospice of the Florida Suncoast-Pinellas County

| | Nursing Home Medicaid Number | | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Katt | Computation |
| Eagle Lake Rehab & Care Center | 311065 | 311065 | 933 | \$207.53 | \$193,625.49 |
| Carrington Place of St. Pete | 315524 | 315524 | 1,461 | \$204.86 | \$299,300.46 |
| Laurellwood Nursing Center, Inc. | 316628 | 316628 | 443 | \$192.69 | \$85,361.67 |
| HarbourWood Nursing Center, Inc. | 316636 | 316636 | 2,583 | \$208.03 | \$537,341.49 |
| GraceWood Nursing Center, Inc. | 316644 | 316644 | 539 | \$187.60 | \$101,116.40 |
| Bay Wood Nursing Center, Inc | 316652 | 316652 | 423 | \$178.99 | \$75,712.77 |
| Consulate Health Care of Safety Harbor | 319694 | 319694 | 3,029 | \$206.79 | \$626,366.89 |
| Consulate Health Care of St. Petersburg | 319708 | 319708 | 1,407 | \$209.16 | \$294,288.13 |
| Health & Rehab. Centre at Dolphins View | 320528 | 043863 | 1,090 | \$235.11 | \$256,269.90 |
| Advanced Rehabilitation & Health Center | 324094 | 324094 | 2,776 | \$240.47 | \$667,544.72 |
| Bayside Rehabilitation & Health Center | 324108 | 324108 | 343 | \$261.91 | \$89,835.13 |
| Shore Acres Rehabilitation & Health Center | 324132 | 324132 | 1,399 | \$235.84 | \$329,940.15 |
| Seminole Pavilion Rehabilitation & Nursing Se | 324230 | 324230 | 2,346 | \$207.36 | \$486,466.56 |
| Freedom Square Rehabilitation & Nursing Serv | 324248 | 324248 | 3,613 | \$207.60 | \$750,058.82 |
| Pinellas Park Care and Rehabilitation Center | 324469 | 324469 | 1,007 | \$199.26 | \$200,654.81 |
| Peninsula Care and Rehabilitation Center | 324507 | 324507 | 2,816 | \$206.94 | \$582,743.05 |
| ManorCare Health Services-Dunedin Report Produced: 7/2/2013 10:28:23AM | 325686 | 325686 | 793 F | \$195.74 Page 77 of 107 | \$155,221.82 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087532500-00

Hospice of the Florida Suncoast-Pinellas County

| | · Nursing | Home Medicaid Nun | Total Nursing Home | 07/01/2013 Nursing Home Rate | Weighted ome Average Rate Computation |
|---------------------------------------|-----------|-------------------|--------------------|------------------------------------|---------------------------------------|
| Nursing Home Provider Name | As Rep | orted Current | | | |
| ManorCare Health Services-Palm Harbor | 325694 | 325694 | 3,102 | \$199.60 | \$619,159.22 |
| Total | **** | | | 7 | \$22,855,789.06 |

Average Nursing Home Rate (Weighted by days) =22,855,789.06/107,237=213.13 Room and Board Rate 07/01/2013: 213.13 x 95% = 202.48

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 78 of 107



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087535000-00

Hope Hospice & Palliative Care-Lee County

| Nursing Home Medicaid Number | | | Total Nursing Home | | Weighted Average Rate Computation |
|---|-------------|---------|--------------------------|----------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 11000 | Compression |
| Lake Placid Health Care Center | 006339 | 006339 | 648 | \$207.36 | \$134,369.28 |
| Oakbrook of LaBelle | 006767 | 006767 | 4,255 | \$227.46 | \$967,842.33 |
| Grace Healthcare of Lake Wales | 034504 | 034504 | 292 | \$208.38 | \$60,846.96 |
| Gulf Coast Village Care Center | 201120 | 201120 | 3,451 | \$224.06 | \$773,231.05 |
| The Rohr Home | 202533 | 202533 | 160 | \$247.50 | \$39,600.00 |
| AUBURNDALE OAKS HEALTHCARE CEN | 207527 | 207527 | 877 | \$203.42 | \$178,399.34 |
| HealthPark Care Center | 210587 | 210587 | 3,726 | \$238.21 | \$887,570.49 |
| Hardee Manor Healthcare Center | 211435 | 211435 | 1,179 | \$199.66 | \$235,399.14 |
| Lakeland Hills Center | 212865 | 212865 | 807 | \$187.27 | \$151,126.89 |
| Florida Presbyterian Homes, Inc. | 212971 | 212971 | 366 | \$205.46 | \$75,198.36 |
| Bartow Center | 212997 | 212997 | 21 | \$190.67 | \$4,004.07 |
| Page Rehabilitation and Healthcare Center | 213900 | 213900 | 6,546 | \$241.95 | \$1,583,804.68 |
| Calusa Harbour | 221473 | 059369 | 2,671 | \$244.76 | \$653,753.95 |
| MK of Haines City LLC | 224341 | 224341 | 366 | \$212.72 | \$77,855.52 |
| Shell Point Pavilion | 229202 | 229202 | 2,620 | \$211.39 | \$553,841.80 |
| Coral Trace Health Care | 252107 | 043848 | 3,422 | \$205.90 | \$704,589.78 |
| Evans Health Care | 252212 | 059873 | 9,649 | \$210.55 | \$2,031,596.98 |

Report Produced: 7/2/2013 10:28:23AM Page 79 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087535000-00

Hope Hospice & Palliative Care-Lee County

| • | Nursing Home Medicaid Number | | | 07/01/2013 Nursing Home Rate | Weighted ne Average Rate Computation | |
|--|------------------------------|---------|----------------|------------------------------------|--|--|
| Nursing Home Provider Name | As Reported | Current | - Home Days | | Computation | |
| Heritage Park Rehab. and Healthcare | 252344 | 061095 | 3,679 | \$212.93 | \$783,369.44 | |
| Palms of Sebring | 252671 | 252671 | 476 | \$196.69 | \$93,624.44 | |
| Rehabilitation and Healthcare Center of Cape C | 263869 | 263869 | 2,225 | \$205.15 | \$456,458.74 | |
| The Oaks at Avon Park | 263966 | 263966 | 440 | \$202.68 | \$89,179.20 | |
| Winkler Court | 264008 | 264008 | 3,062 | \$208.05 | \$637,049.11 | |
| Life Care Center of Estero | 265381 | 265381 | 2,010 | \$227.41 | \$457,094.11 | |
| Valencia Hills Health and Rehabilitation Center | 265560 | 265560 | 5,946 | \$190.19 | \$1,130,869.75 | |
| Palm Terrace of Clewiston | 282618 | 282618 | 4,145 | \$211.81 | \$877,952.44 | |
| Citrus Gardens of Fort Myers | 318787 | 318787 | 3,326 | \$190.27 | \$632,838.03 | |
| Consulate Health Care of Lakeland | 319953 | 319953 | 5 | \$185.24 | \$926.20 | |
| Consulate Health Care of North Ft. Myers | 320111 | 320111 | 1,377 | \$189.04 | \$260,308.07 | |
| Lehigh Acres Health & Rehabilitation Center | 320978 | 320978 | 6,345 | \$249.84 | \$1,585,234.78 | |
| Royal Care of Avon Park | 324213 | 324213 | 265 | \$198.12 | \$52,501.80 | |
| Signature HealthCARE of College Park | 324370 | 324370 | 3,894 | \$210.87 | \$821,127.76 | |
| Kenilworth Care and Rehabilitation Center | 324493 | 324493 | 2,673 | \$189.14 | \$505,571.22 | |
| Heartland Health Care Center-Ft. Myers | 325325 | 325325 | 3,297 | \$190.97 | \$629,628.09 | |
| ManorCare Health Services Report Produced: 7/2/2013 10:28:23AM | 325384 | 325384 | 4,914 P | \$208.28 age 80 of 107 | \$1,023,487.91 | |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087535000-00

Hope Hospice & Palliative Care-Lee County

| | Nursing Home M | ledicaid Number | Total Nursing . Home | 07/01/2013 Weighted Nursing Home Average Rate Rate Computatio | te |
|----------------------------|----------------|-----------------|----------------------------|---|-------|
| Nursing Home Provider Name | As Reported | Current | Days | • | • |
| | | | | | |
| Total | | | | \$19,150,251.71 | I |

Average Nursing Home Rate (Weighted by days) =19,150,251.71/89,135=214.85 Room and Board Rate 07/01/2013: 214.85 x 95% = 204.10 /

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 81 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087536800-00 Hospice of Citrus County-Citrus County

| | · Nursing Home Medicaid Number | | | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|--------------------------------|---------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | 1100 | Companion |
| Suwannee Health Care Center | 005387 | 005387 | 94 | \$211.12 | \$19,845.28 |
| Palatka Health Care Center | 005811 | 005811 | 1,094 | \$223.49 | \$244,498.07 |
| Avante at Inverness | 203220 | 203220 | 2,707 | \$219.46 | \$594,078.24 |
| Tri-County Nursing Home | 204625 | 204625 | 1,241 | \$199.16 | \$247,157.56 |
| Suwannee Valley Nursing Center | 206300 | 206300 | 214 | \$232.52 | \$49,759.28 |
| Life Care Center of Citrus County | 211532 | 211532 | 3,103 | \$208.90 | \$648,216.68 |
| Crystal River Health & Rehabilitation Center | 217263 | 217263 | 2,390 | \$212.59 | \$508,090.09 |
| The Health Center of Lake City | 226173 | 030527 | 319 | \$217.17 | \$69,277.23 |
| The Oaks NH, LLC | 227765 | 227765 | 12 | \$229.48 | \$2,753.76 |
| Woodland Terrace of Citrus County | 228711 | 228711 | 7,463 | \$169.63 | \$1,265,948.73 |
| Cypress Cove Care Center | 228940 | 228940 | 1,840 | \$198.08 | \$364,467.20 |
| Gainesville Health Care Center | 229288 | 229288 | 2,760 | \$216.20 | \$596,711.99 |
| Bradford Terrace, LLC | 251739 | 251739 | 166 | \$166.48 | \$27,635.68 |
| Health Center at Brentwood | 252263 | 043874 | 8,521 | \$204.15 | \$1,739,562.10 |
| North Florida Rehab. and Specialty Care | 252361 | 043880 | 1,749 | \$199.79 | \$349,432.70 |
| Woodlands Care Center of Alachua County | 255572 | 255572 | 1,150 | \$166.97 | \$192,015.50 |
| Diamond Ridge Health & Rehabilitation Center | 256269 | 256269 | 1,254 | \$215.74 | \$270,537.97 |

Report Produced: 7/2/2013 10:28:23AM Page 82 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087536800-00 Hospice of Citrus County-Citrus County

| Nursing Home Provider Name | · Nursing Home N | · Nursing Home Medicaid Number | | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------|---------------------------------------|----------------|------------------------------------|---|
| | As Reported | Current | . Home Days | | Computation |
| Avalon Health Care Center | 261629 | 261629 | 12 | \$196.03 | \$2,352.36 |
| Arbor Trail Rehab and Skilled Nursing Center | 263478 | 263478 | 5,078 | \$199.93 | \$1,015,244.50 |
| LakeWood Nursing Center | 312142 | 312142 | 735 | \$205.00 | \$150,675.00 |
| CrestWood Nursing Center | 312274 | 312274 | 2 | \$187.03 | \$374.06 |
| Williston Rehabilitation and Nursing Center | 317586 | 317586 | 2,155 | \$236.30 | \$509,226.51 |
| Signature HealthCARE of Gainesville | 324388 | 324388 | 3 | \$199.31 | \$597.93 |
| Total | | · · · · · · · · · · · · · · · · · · · | < 44.06 | 2 | \$8,868,458.42 |

Average Nursing Home Rate (Weighted by days) =8,868,458.42/44,062=201.27 Room and Board Rate 07/01/2013: 201.27 x 95% = 191.21

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 83 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

* NH Rate decrease

Provider Number: 087537600-00 Avow Hospice-Collier County

| | · Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted e Average Rate Computation |
|--|---|---------|----------------------------|------------------------------------|-------------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Imperial Health Care Center | 030530 | 030530 | 682 | \$234.60 | \$159,997.20 |
| The Aristocrat | 030552 | 030552 | 208 | \$256.81 | \$53,416.48 |
| Heritage Healthcare and Rehab. Center | 252280 | 043838 | 25 | \$222.25 | \$5,556.25 |
| Lakeside Pavillion Care & Rehabilitation Cente | 256846 | 256846 | 1,757 | ★ \$201.72 | \$354,422.04 |
| HarborChase of Naples | 268585 | 268585 | 697 | \$228.42 | \$159,208.74 |
| Manor Care @ Lely Palms | 325422 | 325422 | 375 | \$220.38 | \$82,642.50 |
| ManorCare Nursing and Rehabilitation Center | 325449 | 325449 | 865 | \$201.52 | \$174,314.80 |
| Total | *************************************** | | 4,60 | 9 | \$989,558.02 |

Average Nursing Home Rate (Weighted by days) =989,558.02/4,609=214.70 Room and Board Rate 07/01/2013: $214.70 \times 95\% = 203.97$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 84 of 107

Page 85 of 107



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087569400-00 Catholic Hospice-Dade County

| • | Nursing Home Medicaid Number | | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | Companion |
| Floridean Nursing & Rehab | 200425 | 200425 | 16 | \$244.74 | \$3,915.84 |
| Miami Jewish Health Systems | 200506 | 200506 | 95 | \$233.74 | \$22,205.30 |
| Villa Maria Nursing & Rehabilitation | 203165 | 203165 | 2,846 | \$252.45 | \$718,472.69 |
| The Palace at Kendall Nursing and Rehab Cent | 203327 | 203327 | 178 | \$229.97 | \$40,934.66 |
| Perdue Medical Center | 203670 | 203670 | 69 | \$231.64 | \$15,983.16 |
| St John's Nursing Home | 205800 | 205800 | 2,460 | \$243.96 | \$600,141.62 |
| Riverside Care Center | 207276 | 046758 | 3,258 | \$239.53 | \$780,388.74 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 416 | \$240.03 | \$99,852.48 |
| Florida Club Care Center | 207993 | 054790 | 19 | \$232.90 | \$4,425.10 |
| Current Name:Golden Glades Nursing and Rehabilitation Claridge House Nursing & Rehabilitation Cente | on Center 208507 | 208507 | 250 | \$205.19 | \$51,297.50 |
| St Anne's Nursing Center | 209473 | 209473 | 7,909 | \$237.81 | \$1,880,839.27 |
| Covenant Village Center Center | 210188 | 210188 | 48 | \$239.37 | \$11,489.76 |
| Miami Gardens Care Centre, Inc. | 210617 | 210617 | 11 | \$260.24 | \$2,862.64 |
| Heartland of Kendall | 211591 | 325244 | 212 | \$212.02 | \$44,948.24 |
| Current Name:Heartland Health Care Center-Kendall Homestead Manor | 212121 | 046017 | 767 | \$257.89 | \$197,801.64 |
| Current Name:Homestead Manor A Palace Community Gramercy Park Nursing Center | 214027 | 054789 | 263 | \$204.05 | \$53,665.15 |
| Current Name:South Dade Nursing and Rehabilitation Regents Park at Aventura | Center 223239 | 223239 | 101 | \$222.06 | \$22,428.06 |

Report Produced: 7/2/2013 10:28:23 AM



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087569400-00 Catholic Hospice-Dade County

| | Nursing Home I | Medicaid Number | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|--------------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Katt | Computation |
| Victoria Nursing and Rehabilitation Center | 225177 | 046128 | 1,252 | \$237.16 | \$296,924.32 |
| Pinecrest Convalescent Center | 225754 | 225754 | 17 | \$245.37 | \$4,171.29 |
| Fair Havens Center, LLC | 227226 | 227226 | 474 | \$160.52 | \$76,086.48 |
| Wilton Manors Health and Rehab Center | 227579 | 227579 | 1 | \$236.30 | \$236.30 |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 74 | \$241.93 | \$17,902.82 |
| Jackson Plaza Nursing & Rehabilitation Center | 253723 | 253723 | 152 | \$248.97 | \$37,843.44 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 47 | \$208.48 | \$9,798.56 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 4 | \$214.78 | \$859.12 |
| PG of North Miami | 257494 | 257494 | 371 | \$209.32 | \$77,657.72 |
| West Broward Group, LLC | 258822 | 026536 | 4 | \$241.83 | \$967.32 |
| Current Name:West Broward Rehabilitation and Hea Life Care Center of Inverrary | althcare 259080 | 259080 | 333 | \$226.06 | \$75,277.98 |
| Deerfield Beach Health and Rehabilitation Cen | 263851 | 263851 | 28 | \$214.45 | \$6,004.60 |
| Hialeah Convalescent Center | 265730 | 265730 | 352 | \$194.56 | \$68,485.12 |
| Harmony Health Center | 269107 | 269107 | 154 | \$193.85 | \$29,852.90 |
| Hebrew Home of South Beach | 308242 | 308242 | 138 | \$229.15 | \$31,622.70 |
| Ponce Plaza Nursing & Rehab Center | 308251 | 308251 | 410 | \$239.47 | \$98,182.70 |
| Palmetto Rehabilitation and Health Center | 309125 | 324167 | 54 | \$254.21 | \$13,727.34 |
| Report Produced: 7/2/2013 10:28:23AN | 1 | | F | Page 86 of 107 | |



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087569400-00 Catholic Hospice-Dade County

| | Nursing Home N | Nursing Home Medicaid Number | | 07/01/2013 Nursing Home Rate | Weighted ne Average Rate Computation |
|---|----------------|------------------------------|---------------|------------------------------------|--------------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | | • |
| South Pointe Plaza | 311308 | 311308 | 199 | \$195.53 | \$38,910.47 |
| Signature Healthcare of Brookwood Gardens | 324418 | 324418 | 646 | \$211.14 | \$136,396.44 |
| Total | | | /23,62 | 8 | \$5,572,559.47 |

Average Nursing Home Rate (Weighted by days) =5,572,559.47/23,628=235.85 Room and Board Rate 07/01/2013: 235.85 x 95% = 224.05

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 87 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087570800-00

Gulfside Regional Hospice-Pasco County

| | · Nursing Home N | Aedicaid Number | Total Nursing . Home | ursing Nursing Home | Weighted Average Rate Computation |
|---|------------------|-----------------|----------------------------|---------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Maic | Computation |
| Trinity Regional Rehab Center | 003521 | 003521 | 1,092 | \$209.16 | \$228,402.72 |
| Heritage Park | 005850 | 005850 | 258 | \$211.78 | \$54,639.24 |
| Southern Pines Healthcare Center | 019282 | 019282 | 778 | \$183.00 | \$142,374.00 |
| Bayonet Point Health & Rehabilitation Center | 030546 | 030546 | 1,041 | \$227.29 | \$236,608.88 |
| Bear Creek Nursing Center | 228567 | 228567 | 841 | \$192.18 | \$161,623.37 |
| Royal Oak Nursing Center | 228575 | 228575 | 17 | \$205.92 | \$3,500.64 |
| Heather Hill Nursing Home | 228591 | 228591 | 594 | \$206.50 | \$122,661.00 |
| Orchard Ridge Care & Rehabilitation Center | 252689 | 252689 | 210 | \$213.68 | \$44,872.80 |
| Windsor Woods Rehabilitation and Healthcare (| 263991 | 263991 | 391 | \$195.27 | \$76,350.57 |
| Consulate Health Care of Bayonet Point | 319651 | 319651 | 126 | \$199.06 | \$25,081.56 |
| Consulate Health Care Of New Port Richey | 319970 | 319970 | 175 | \$187.61 | \$32,831.75 |
| Zephyr Haven Health & Rehab Center, Inc. | 320391 | 320391 | 886 | \$201.88 | \$178,865.68 |
| Zephyrhills Health & Rehab Center, Inc. | 320404 | 320404 | 67 | \$201.86 | \$13,524.62 |
| Madison Pointe Rehabilitation & Health Center | 324124 | 324124 | 1,332 | \$231.36 | \$308,171.52 |
| Heartland of Zephyrills | 325708 | 325708 | 325 | \$197.69 | \$64,249.25 |

Report Produced: 7/2/2013 10:28:23AM Page 88 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087570800-00

Gulfside Regional Hospice-Pasco County

| | · Nursing Home M | ledicaid Number | Total Nursing . Home Days | 07/01/2013 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|------------------|-----------------|------------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | | |
| Total | | | 8,133 | \$1,693,757.62 |

Average Nursing Home Rate (Weighted by days) =1,693,757.62/8,133=208.26 Room and Board Rate 07/01/2013: $208.26 \times 95\% = 197.84$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 89 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150000700-00

Hospice of Gold Coast-Broward County

| | · Nursing Home N | · Nursing Home Medicaid Number | | 07/01/2013 Nursing Hon Rate | Weighted Average Rate Computation |
|--|------------------|--------------------------------|----------------|-----------------------------------|-----------------------------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | | |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 2 | \$240.03 | \$480.06 |
| Broward Nursing and Rehab Center | 226335 | 226335 | 49 | \$224.87 | \$11,018.63 |
| Wilton Manors Health and Rehab Center | 227579 | 227579 | 107 | \$236.30 | \$25,284.10 |
| SeaView Nursing and Rehab. Center | 252433 | 061107 | 156 | \$207.53 | \$32,374.68 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 681 | \$208.48 | \$141,974.88 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 770 | \$214.78 | \$165,380.60 |
| Total | | | 1,76 | 5 | \$376,512.95 |

Average Nursing Home Rate (Weighted by days) =376,512.95/1,765=213.32 Room and Board Rate 07/01/2013: $213.32 \times 95\% = 202.66$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 90 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150001500-00 Hospice Care of South Fl.-Dade County

| | Nursing Home N | Nursing Home Medicaid Number | | 07/01/2013 Nursing Home Rate | Weighted e Average Rate Computation |
|---------------------------------|----------------|------------------------------|----------------|------------------------------------|-------------------------------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | _ ***** | |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 41 | \$241.93 | \$9,919.13 |
| Total | | | | 1 | \$9,919.13 |

Average Nursing Home Rate (Weighted by days) =9,919.13/41=241.93 Room and Board Rate 07/01/2013: 241.93 x 95% = 229.83

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership,

Report Produced: 7/2/2013 10:28:23AM Page 91 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150003100-00

Florida Hospital Hospice Care-Volusia County

| | · Nursing Home N | ursing Home Medicaid Number | | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation | |
|--|------------------|-----------------------------|----------------|------------------------------------|-------------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Ratt | Companion | |
| Flagler Pines | 005374 | 005374 | 422 | \$218.69 | \$92,287.18 | |
| The Rehabilitation Center of Winter Park | 005380 | 005380 | 415 | \$217.07 | \$90,084.05 | |
| Manor on the Green | 005543 | 005543 | 120 | \$220.20 | \$26,424.00 | |
| Oaks Of Kissimmee | 005549 | 005549 | 105 | \$232.63 | \$24,426.15 | |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 207 | \$207.62 | \$42,977.34 | |
| Carlton Shores Health and Rehab Center | 022138 | 022138 | 198 | \$244.18 | \$48,347.64 | |
| The Health Center of Daytona Beach | 030535 | 030535 | 128 | \$219.46 | \$28,090.88 | |
| Center for Health Care of The Alliance Commu | 202789 | 202789 | 7 | \$185.39 | \$1,297.73 | |
| Olds Hall Good Samaritan | 204391 | 204391 | 82 | \$230.94 | \$18,937.08 | |
| Bishop's Glen Health Care Center | 209511 | 209511 | 147 | \$236.20 | \$34,721.40 | |
| Emory L. Bennett State Veterans' Nursing Hom | 210889 | 210889 | 585 | \$232.22 | \$135,848.70 | |
| Woodland Terrace | 212636 | 212636 | 30 | \$173.83 | \$5,214.90 | |
| Daytona Beach Health and Rehabilitation Cent | 217743 | 217743 | 281 | \$212.56 | \$59,729.36 | |
| Orlando Health and Rehabilitation Center | 223654 | 223654 | 56 | \$172.12 | \$9,638.72 | |
| Avante at Orlando | 223808 | 223808 | 72 | \$236.35 | \$17,017.20 | |
| Avante at Ormond Beach | 252034 | 252034 | 1,157 | \$227.00 | \$262,639.00 | |
| Deltona Health Care | 252158 | 043868 | 6 | \$206.56 | \$1,239.36 | |
| | | | | | | |

Report Produced: 7/2/2013 10:28:23AM Page 92 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150003100-00

Florida Hospital Hospice Care-Volusia County

| | · Nursing Home M | Aedicaid Number | Total Nursing Home | 07/01/2013 Nursing Hon Rate | Weighted ne Average Rate Computation |
|--|---------------------|-----------------|--------------------------|-----------------------------------|--|
| Nursing Home Provider Name | As Reported Current | | Days | Rate | Computation |
| Grand Oaks Health and Rehab. Center | 252409 | 043864 | 329 | \$201.24 | \$66,207.96 |
| Rio Pinar Health Care | 252450 | 043846 | 7 | \$207.01 | \$1,449.07 |
| OAKTREE HEALTHCARE | 252476 | 043843 | 17 | \$208.89 | \$3,551.13 |
| Current Name:Oaktree Healthcare The Palms At Park Place | 253421 | 253421 | 3 | \$195.94 | \$587.82 |
| PG of Orlando | 257303 | 257303 | 27 | \$198.49 | \$5,359.23 |
| Indigo Manor | 258750 | 258750 | 488 | \$225.98 | \$110,278.24 |
| Coquina Center, LLC | 260649 | 260649 | 148 | \$232.35 | \$34,387.80 |
| Terra Vista Rehabilitation and Health Center | 261611 | 261611 | 50 | \$206.91 | \$10,345.50 |
| Hunter's Creek Nursing and Rehab | 263605 | 263605 | 6 | \$237.34 | \$1,424.04 |
| East Orlando Health & Rehab Center, Inc. | 320421 | 320421 | 100 | \$232.25 | \$23,225.00 |
| Total | | | 5,19 | 3 | \$1,155,736.48 |

Average Nursing Home Rate (Weighted by days) =1,155,736.48/5,193=222.56 Room and Board Rate 07/01/2013: 222.56 x 95% = 211.43

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 93 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150009100-00 Hospice of Emerald Coast-Bay County

| | Nursing Home M | Total Nursing Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation | |
|---|----------------|--------------------------|------------------------------------|---|--------------|
| Nursing Home Provider Name | As Reported | Current | Days | Rute | Computation |
| Nursing Pavilion at Chipola Retirement Center | 005383 | 005383 | 23 | \$212.97 | \$4,898.31 |
| Panama City Nursing Center | 005385 | 005385 | 395 | \$207.54 | \$81,978.30 |
| Bayside Manor | 017221 | 017221 | 1,651 | \$207.36 | \$342,351.36 |
| Rosewood Manor | 017223 | 017223 | 339 | \$210.66 | \$71,413.74 |
| Bay Breeze Nursing & Retirement Center | 017225 | 017225 | 216 | \$223.22 | \$48,215.52 |
| Silvercrest Manor | 017230 | 017230 | 263 | \$216.39 | \$56,910.57 |
| Specialty Center of Pensacola | 017236 | 017236 | 354 | \$221.84 | \$78,531.36 |
| Grand Boulevard Health & Rehab. Center | 017242 | 017242 | 337 | \$238.88 | \$80,502.56 |
| Blountstown Health and Rehabilitation Center | 022987 | 022987 | 573 | \$218.55 | \$125,229.15 |
| The Health Center of Pensacola, Inc. | 030487 | 030487 | 298 | \$219.83 | \$65,509.34 |
| Crestview Rehabilitation Center | 044886 | 044886 | 797 | \$225.69 | \$179,874.93 |
| Fort Walton Rehabilitation Center | 044888 | 044888 | 433 | \$231.84 | \$100,386.72 |
| Marianna Health & Rehabilitation | 203475 | 203475 | 699 | \$209.35 | \$146,335.65 |
| Baptist Manor | 208809 | 208809 | 467 | \$212.11 | \$99,055.37 |
| Emerald Coast Center | 212903 | 212903 | 64 | \$190.56 | \$12,195.84 |
| Bay Center | 212989 | 212989 | 1,277 | \$189.76 | \$242,323.51 |
| Century Care Center. | 220604 | 220604 | 153 | \$229.85 | \$35,167.05 |

Report Produced:

7/2/2013

10:28:23AM

Page 94 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150009100-00 Hospice of Emerald Coast-Bay County

| | Nursing Home Medicaid Number | | Total Nursing Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Santa Rosa Health & Rehabilitation Center | 220612 | 220612 | 415 | \$218.98 | \$90,876.70 |
| Pensacola Health Care Facility | 224243 | 224243 | 308 | \$215.46 | \$66,361.68 |
| University Hills Health and Rehab. | 252123 | 060993 | 209 | \$213.47 | \$44,615.23 |
| Destin Healthcare and Rehab. Center | 252166 | 061101 | 198 | \$199.15 | \$39,431.70 |
| Current Name:Destin Healthcare and Rehabilitation C Emerald Shores Health and Rehab. | enter 252191 | 060972 | 133 | \$212.54 | \$28,267.82 |
| Sea Breeze Health Care | 252247 | 059874 | 911 | \$187.70 | \$170,994.70 |
| UniHealth Post-Acute Care- Santa Rosa | 259331 | 259331 | 125 | \$191.53 | \$23,941.25 |
| Bonifay Nursing and Rehab | 263443 | 263443 | 723 | \$193.41 | \$139,835.43 |
| Westwood Health Care Center | 316075 | 316075 | 63 | \$218.02 | \$13,735.26 |
| Community Health and Rehab Center | 318779 | 318779 | 398 | \$206.31 | \$82,111.38 |
| Consulate Health Care of Pensacola | 319686 | 319686 | 1,285 | \$197.56 | \$253,864.60 |
| St. Andrew's Bay Skilled Nursing and Rehabili | 323799 | 323799 | 2,563 | \$217.09 | \$556,401.66 |
| Washington Rehabilitation & Nursing Center | 324353 | 324353 | 684 | \$205.02 | \$140,233.68 |
| Signature Healthcare of North Florida | 324396 | 324396 | 13 | \$195.81 | \$2,545.53 |
| Signature Healthcare at the Courtyard | 324426 | 324426 | 1,258 | \$202.23 | \$254,405.33 |
| Southern Oaks Rehabilitation and Nursing Cent | 324566 | 324566 | 1,669 | \$216.89 | \$361,989.41 |

Report Produced: 7/2/2013 10:28:23AM Page 95 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150009100-00 Hospice of Emerald Coast-Bay County

| Nursing Home Provider Name | · Nursing Home M | ledicaid Number | Total Nursing Home Days | 07/01/2013 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|------------------|-----------------|-------------------------|--|
| | As Reported | Current | | |
| Total | | | 19,294 | \$4,040,490.65 |

Average Nursing Home Rate (Weighted by days) =4,040,490.65/19,294=209.42 Room and Board Rate 07/01/2013: 209.42 x 95% = 198.95

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 96 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150013900-00

Vitas Healthcare Corp of Florida - Congress Ave-Palm Beach County

| | · Nursing Home Medicaid Number | | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|--------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Signature HealthCARE of Palm Beach | 001136 | 001136 | 831 | \$220.70 | \$183,401.70 |
| The Crossings | 001291 | 028100 | 98 | \$262.56 | \$25,730.88 |
| Boynton Health Care Center | 005814 | 005814 | 128 | \$238.62 | \$30,543.36 |
| Royal Manor | 006489 | 006489 | 2,434 | \$234.80 | \$571,503.21 |
| Courtyard Gardens Rehabilitation Center | 010082 | 010082 | 2,839 | \$222.33 | \$631,194.88 |
| Margate Health Care Center | 017222 | 017222 | 5,938 | \$230.23 | \$1,367,105.71 |
| The Park Summit at Coral Springs | 018066 | 018066 | 931 | \$220.05 | \$204,866.55 |
| Golfcrest Healthcare Center | 019287 | 019287 | 2,136 | \$199.18 | \$425,448.46 |
| West Broward Rehabilitation and Healthcare | 026536 | 026536 | 2,161 | \$241.83 | \$522,594.63 |
| Cross Pointe Care Center | 028133 | 028133 | 46 | \$244.00 | \$11,224.00 |
| Health Center of Coconut Creek | 030537 | 030537 | 1,759 | \$243.97 | \$429,143.23 |
| Glades Health Care Center | 203203 | 203203 | 708 | \$235.56 | \$166,776.48 |
| Avante at Lake Worth | 203238 | 203238 | 1,461 | \$250.84 | \$366,477.23 |
| John Knox Village Of Florida | 203769 | 203769 | 702 | \$218.59 | \$153,450.18 |
| Regents Park Of Boca Raton | 204170 | 204170 | 166 | \$249.04 | \$41,340.64 |
| American Finnish Nursing Home | 205460 | 205460 | 409 | \$238.95 | \$97,730.55 |
| Lourdes-Noreen McKeen Residence | 205923 | 205923 | 557 | \$255.04 | \$142,057.28 |
| | | | - | | |

Report Produced:

7/2/2013

10:28:23AM

Page 97 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150013900-00

Vitas Healthcare Corp of Florida - Congress Ave-Palm Beach County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Matt | Computation |
| Saint Andrews Estates North | 206521 | 206521 | 192 | \$231.90 | \$44,524.80 |
| The Waterford | 206610 | 206610 | 327 | \$251.41 | \$82,211.07 |
| Abbey Delray South | 206865 | 206865 | 1,033 | \$257.78 | \$266,286.74 |
| Joseph L. Morse Geriatric Center, Inc | 207381 | 207381 | 2,044 | \$232.85 | \$475,945.41 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 6,926 | \$240.03 | \$1,662,447.77 |
| Lakeside Health Center | 207683 | 207683 | 293 | \$224.52 | \$65,784.36 |
| Covenant Village Center Center | 210188 | 210188 | 1,674 | \$239.37 | \$400,705.37 |
| Avante at Boca Raton | 210676 | 210676 | 421 | \$246.29 | \$103,688.09 |
| Stratford Court at Boca Pointe | 211010 | 211010 | 1,877 | \$238.54 | \$447,739.57 |
| The Fountains Nursing Home | 212393 | 212393 | 1,388 | \$216.50 | \$300,502.00 |
| Tamarac Rehabilitation and Health Center | 213098 | 213098 | 2,288 | \$233.56 | \$534,385.27 |
| Springtree Rehab & Health Center, LLC | 225631 | 225631 | 3,144 | \$218.81 | \$687,938.63 |
| Plantation Nursing & Rehab Center | 226017 | 226017 | 373 | \$242.36 | \$90,400.28 |
| Broward Nursing and Rehab Center | 226335 | 226335 | 2,912 | \$224.87 | \$654,821.43 |
| Wilton Manors Health and Rehab Center | 227579 | 227579 | 230 | \$236.30 | \$54,349.00 |
| Lake View Care Center at Delray | 229610 | 229610 | 803 | \$222.73 | \$178,852.19 |
| Menorah House Report Produced: 7/2/2013 10:28:23AM | 229628 | 229628 | 1,423 F | \$224.50 Page 98 of 107 | \$319,463.50 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150013900-00

Vitas Healthcare Corp of Florida - Congress Ave-Palm Beach County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|---|---|
| Nursing Home Provider Name | As Reported | Current | Days | *************************************** | Companion |
| Alexander Nininger State Veterans' Nursing Ho | 229849 | 229849 | 1,850 | \$232.68 | \$430,457.99 |
| Harbor Beach Nursing and Rehab. Center | 252255 | 043873 | 797 | \$224.25 | \$178,727.25 |
| SeaView Nursing and Rehab. Center | 252433 | 061107 | 1,428 | \$207.53 | \$296,352.84 |
| Hillcrest Nursing and Rehabilitation Center | 252531 | 047795 | 2,430 | \$209.64 | \$509,425.20 |
| Renaissance Health and Rehabilitation | 252549 | 047787 | 750 | \$238.37 | \$178,777.50 |
| Forum at Deer Creek | 253481 | 253481 | 3,292 | \$249.81 | \$822,374.51 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 1,582 | \$208.48 | \$329,815.35 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 696 | \$214.78 | \$149,486.88 |
| PG of West Palm Beach | 257257 | 257257 | 6,127 | \$191.08 | \$1,170,747.17 |
| Life Care Center of Inverrary | 259080 | 259080 | 91 | \$226.06 | \$20,571.46 |
| Hamlin Place | 259586 | 259586 | 64 | \$253.17 | \$16,202.88 |
| Coral Bay Healthcare and Rehabilitation | 259918 | 043851 | 473 | \$215.78 | \$102,063.94 |
| Wood Lake Nursing & Rehabilitation Center | 261599 | 047788 | 3,303 | \$230.43 | \$761,110.27 |
| Boynton Beach Rehabilitation Center | 263460 | 263460 | 240 | \$221.51 | \$53,162.40 |
| Medicana Nursing and Rehab | 263524 | 263524 | 1,051 | \$209.86 | \$220,562.86 |
| Boulevard Rehabilitation Center | 263613 | 263613 | 478 | \$204.45 | \$97,727.10 |
| Boca Raton Rehabilitation Center Report Produced: 7/2/2013 10:28:23AM | 263842 | 263842 | 586 F | \$201.68 Page 99 of 107 | \$118,184.48 |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150013900-00

Vitas Healthcare Corp of Florida - Congress Ave-Palm Beach County

| • | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2013 g Nursing Home Rate | Weighted e Average Rate Computation | |
|---|------------------------------|---------|----------------------------|--------------------------------------|---|--|
| Nursing Home Provider Name | As Reported | Current | Days | 111110 | Companion | |
| Deerfield Beach Health and Rehabilitation Cen | 263851 | 263851 | 1,576 | \$214.45 | \$337,973.20 | |
| Rehabilitation Center of The Palm Beaches | 263915 | 263915 | 1,480 | \$213.44 | \$315,891.20 | |
| Pompano Health and Rehabilitation Center | 263923 | 263923 | 653 | \$209.36 | \$136,712.08 | |
| Oasis Health and Rehabilitation Center | 266124 | 266124 | 1,104 | \$229.99 | \$253,908.97 | |
| Regents Park of Sunrise | 269697 | 269697 | 2,367 | \$208.50 | \$493,519.50 | |
| Savannah Cove of the Palm Beaches | 312312 | 312312 | 49 | \$239.03 | \$11,712.47 | |
| Hollywood Hills Rehabilitation Center, LLC | 313424 | 313424 | 3,377 | \$223.77 | \$755,671.30 | |
| Darcy Hall of Life Care | 317349 | 317349 | 3,249 | \$219.67 | \$713,707.82 | |
| The Court at Palm-Aire | 318795 | 318795 | 2,647 | \$237.63 | \$629,006.62 | |
| Consulate Health Care of West Palm Beach | 320153 | 320153 | 1,316 | \$209.93 | \$276,267.87 | |
| Ft. Lauderdale Health & Rehab Center | 321303 | 321303 | 1,483 | \$233.78 | \$346,695.74 | |
| The Palms Rehabilitation and Nursing Center | 321532 | 321532 | 1,895 | \$241.17 | \$457,017.15 | |
| Terraces of Lake Worth Rehab and Health Cent | 325031 | 325031 | 238 | \$251.63 | \$59,887.94 | |
| North Lake Rehabilitation and Health Center | 325163 | 325163 | 272 | \$255.32 | \$69,447.04 | |
| Heartland Health Care Center-Boynton Beach | 325309 | 325309 | 6,699 | \$193.44 | \$1,295,854.58 | |
| Heartland Health Care Center-Lauderhill | 325333 | 325333 | 1,727 | \$204.72 | \$353,551.44 | |
| Heartland Health Care Center-Prosperity Oaks Report Produced: 7/2/2013 10:28:23AM | 325341 | 325341 | 386 F | \$200.09 Page 100 of 107 | \$77,234.74 | |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150013900-00

Vitas Healthcare Corp of Florida - Congress Ave-Palm Beach County

| | · Nursing Home Medicaid Number | | Total Nursing Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation | |
|---|--------------------------------|---------------------|--------------------------|------------------------------------|---|--|
| Nursing Home Provider Name | As Reported | As Reported Current | | Nate | Computation | |
| Heartland of Tamarac | 325350 | 325350 | 3,371 | \$207.12 | \$698,201.50 | |
| ManorCare Health Services (Boca Raton) | 325368 | 325368 | 1,138 | \$200.11 | \$227,725.18 | |
| ManorCare Health Services-Boynton Beach | 325376 | 325376 | 115 | \$211.79 | \$24,355.85 | |
| ManorCare Health Services (Plantation) | 325457 | 325457 | 2,534 | \$206.62 | \$523,575.07 | |
| ManorCare Health Services-West Palm Beach | 325481 | 325481 | 366 | \$205.64 | \$75,264.24 | |
| ManorCare Health Services (Delray Beach) | 325520 | 325520 | 860 | \$197.50 | \$169,850.00 | |
| Total | | | 114,79 2 | 2 \$ | 25,499,416.02 | |

Average Nursing Home Rate (Weighted by days) =25,499,416.02/114,792=222.14 Room and Board Rate 07/01/2013: 222.14 x 95% = 211.03

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 101 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150021000-00

Good Shepherd Hospice, Inc-Polk County

| | · Nursing Home N | 1edicaid Number | Total Nursing Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------|-----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | ime | Computation |
| Vienna Square | 023255 | 023255 | 1,293 | \$238.57 | \$308,471.02 |
| The Rohr Home | 202533 | 202533 | 1,424 | \$247.50 | \$352,440.00 |
| Manor at Carpenter's | 203599 | 203599 | 7 | \$217.41 | \$1,521.87 |
| AUBURNDALE OAKS HEALTHCARE CEN | 207527 | 207527 | 1,444 | \$203.42 | \$293,738.48 |
| Hardee Manor Healthcare Center | 211435 | 211435 | 982 | \$199.66 | \$196,066.12 |
| Lakeland Hills Center | 212865 | 212865 | 295 | \$187.27 | \$55,244.65 |
| The Groves Center | 212881 | 212881 | 1,003 | \$180.06 | \$180,600.18 |
| Florida Presbyterian Homes, Inc. | 212971 | 212971 | 63 | \$205.46 | \$12,943.98 |
| Bartow Center | 212997 | 212997 | 832 | \$190.67 | \$158,637.44 |
| Lake Placid Health Care Center | 214124 | 006339 | 641 | \$207.36 | \$132,917.76 |
| MK of Haines City LLC | 224341 | 224341 | 4,170 | \$212.72 | \$887,042.41 |
| Winter Haven Health and Rehab Center | 228702 | 228702 | 1,503 | \$182.74 | \$274,658.23 |
| Brandywyne Health Care Center | 251399 | 251399 | 1,634 | \$191.54 | \$312,976.35 |
| Wedgewood Healthcare Center | 252328 | 043867 | 282 | \$213.15 | \$60,108.30 |
| Palms of Sebring | 252671 | 252671 | 1,524 | \$196.69 | \$299,755.56 |
| PG of Winter Haven | 257320 | 257320 | 1,226 | \$185.58 | \$227,521.08 |
| Kenilworth Care and Rehabilitation Center | 258261 | 324493 | 359 | \$189.14 | \$67,901.26 |

Report Produced: 7/2/2013 10:28:23AM Page 102 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150021000-00

Good Shepherd Hospice, Inc-Polk County

| • | Nursing Home Medicaid Number | | Total Nursing . Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Nati | Companion |
| Oakbridge Healthcare Center | 259926 | 043841 | 2,597 | \$208.01 | \$540,201.96 |
| Highlands Lake Center, LLC | 260576 | 260576 | 663 | \$225.37 | \$149,420.31 |
| The Oaks at Avon Park | 263966 | 263966 | 531 | \$202.68 | \$107,623.08 |
| Spring Lake Rehabilitation Center | 264571 | 264571 | 1,171 | \$229.42 | \$268,650.82 |
| Valencia Hills Health and Rehabilitation Center | 265560 | 265560 | 5,953 | \$190.19 | \$1,132,201.08 |
| Tandem Health Care of Winter Haven | 265772 | 319724 | 3,479 | \$197.59 | \$687,415.60 |
| Current Name:Consulate Health Care of Winter Haven The Crossroads | 269409 | 045471 | 571 | \$230.73 | \$131,746.83 |
| Palm Terrace of Lakeland | 282626 | 282626 | 5,634 | \$204.78 | \$1,153,730.51 |
| Royal Care of Avon Park | 310590 | 324213 | 5,082 | \$198.12 | \$1,006,845.82 |
| Dove Healthcare at Lake Wales | 319341 | 034504 | 1,640 | \$208.38 | \$341,743.21 |
| Current Name:Grace Healthcare of Lake Wales Consulate Health Care of Lake Parker | 319678 | 319678 | 1,136 | \$202.80 | \$230,380.80 |
| Consulate Health Care of Lakeland | 319953 | 319953 | 797 | \$185.24 | \$147,636.28 |
| Royal Care of Avon Park | 324213 | 324213 | 5 | \$198.12 | \$990.60 |

Report Produced: 7/2/2013 10:28:23AM Page 103 of 107



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150021000-00

Good Shepherd Hospice, Inc-Polk County

| | Nursing Home Medicaid Number | Total Nursing Home | Nursing Home Average Rate Rate Computation |
|----------------------------|------------------------------|--------------------|--|
| Nursing Home Provider Name | As Reported Current | Days | |
| Total | | 47,941 | \$9,721,131.57 |

Average Nursing Home Rate (Weighted by days) =9,721,131.57/47,941=202.77 Room and Board Rate 07/01/2013: 202.77 x 95% = 192.63

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 104 of 107

Page 105 of 107



Report Produced:

7/2/2013

10:28:23AM

Florida Agency for Health Care Administration

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150022800-00

LifePath Hospice, Inc.-Hillsborough County

| · Nursing Home Medicaid Number | | | Total Nursing Home | 07/01/2013 Nursing Home Rate | Weighted Average Rate Computation |
|--|-------------------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rait | Computation |
| The Home Association, Inc | 201154 | 022994 | 434 | \$203.02 | \$88,110.68 |
| Current Name:The Home Association, Inc. Sun Terrace Health Care Center | 209856 | 209856 | 758 | \$223.69 | \$169,557.02 |
| John Knox Village Medical Center | 210285 | 210285 | 1,595 | \$217.72 | \$347,263.40 |
| Plaza West | 211885 | 211885 | 261 | \$215.51 | \$56,248.11 |
| Ybor City Healthcare and Rehabilitation Center | 212164 | 212164 | 765 | \$217.53 | \$166,410.45 |
| Delta Health Care Center of Tampa | 213039 | 005826 | 2,480 | \$195.02 | \$483,649.61 |
| Current Name:Accentia Health & Rehabilitation Center Lakeshore Villas Health Care Center | er of Tampa B 218057 | 218057 | 1,214 | \$201.16 | \$244,208.24 |
| South Tampa Health and Rehabilitation Center | 224910 | 224910 | 3,405 | \$205.26 | \$698,910.28 |
| The Health Center of Plant City | 226343 | 030484 | 641 | \$222.28 | \$142,481.48 |
| Brandon Health and Rehab. Center | 252077 | 043860 | 579 | \$201.31 | \$116,558.49 |
| Current Name:Brandon Health & Rehabilitation Center Fletcher Health and Rehab. Center | 252221 | 043866 | 811 | \$214.71 | \$174,129.82 |
| Habana Health Care Center | 252506 | 043862 | 474 | \$201.28 | \$95,406.72 |
| PG of Sun City | 257516 | 257516 | 1,472 | \$204.41 | \$300,891.53 |
| PG of Tampa | 257524 | 257524 | 2,212 | \$203.96 | \$451,159.53 |
| The Nursing Center at University Village | 259462 | 259462 | 1,491 | \$218.41 | \$325,649.32 |
| Central Park Healthcare and Rehabilitation Cen | 259900 | 043856 | 871 | \$203.19 | \$176,978.49 |
| Fairway Oaks Center, LLC | 260690 | 260690 | 251 | \$231.86 | \$58,196.86 |
| | | | | | |



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150022800-00

LifePath Hospice, Inc.-Hillsborough County

| | Nursing Home Medicaid Number | | Total Nursing | 07/01/2013 Nursing Hom Rate | Weighted e Average Rate Computation |
|--|------------------------------|---------|------------------|-----------------------------------|---------------------------------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Kate | Сотритати |
| Hawthorne Health & Rehab of Brandon | 261670 | 261670 | 3,479 | \$205.96 | \$716,534.86 |
| Bayshore Pointe Nursing and Rehab | 263575 | 263575 | 1,122 | \$210.85 | \$236,573.71 |
| Carrollwood Care Center | 263877 | 263877 | 1,768 | \$195.73 | \$346,050.63 |
| Rehabilitation and Healthcare Center of Tampa | 263940 | 263940 | 1,001 | \$199.24 | \$199,439.25 |
| Whispering Oaks | 266612 | 266612 | 2,084 | \$156.57 | \$326,291.90 |
| Comuunity Care Center | 281913 | 281913 | 1,682 | \$186.90 | \$314,365.79 |
| Brighton Gardens of Tampa | 284793 | 284793 | 1,462 | \$222.72 | \$325,616.64 |
| Excel Rehabilitation & Nursing Center | 309044 | 324116 | 862 | \$235.25 | \$202,785.50 |
| Current Name:Excel Rehabilitation & Health Center Woodbridge Rehabilitation & Health Center | 309052 | 324141 | 3,649 | \$232.93 | \$849,961.54 |
| MCHS - Carrollwood | 319350 | 325678 | 1,615 | \$219.91 | \$355,154.66 |
| Current Name:ManorCare Health Services-Carrollwo Consulate Health Care of Brandon | od 319660 | 319660 | 2,282 | \$204.86 | \$467,490.52 |
| Total | | | 40,72 | 0 | \$8,436,075.03 |

Average Nursing Home Rate (Weighted by days) =8,436,075.03/40,720=207.17Room and Board Rate 07/01/2013: $207.17 \times 95\% = 196.81$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 7/2/2013 10:28:23AM Page 106 of 107

150022800 - 2013/07



Florida Agency for Health Care Administration State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150022800-00

LifePath Hospice, Inc.-Hillsborough County

| | | | Total | 07/01/2013 | Weighted |
|----------------------------|------------------|------------------------------|-------|----------------------|--------------------------|
| | · Nursing Home M | Nursing Home Medicaid Number | | Nursing Home Rate | Average Rate Computation |
| Nursing Home Provider Name | As Reported | Current | Days | | • |

Report Produced: 7/2/2013 10:28:23AM Page 107 of 107