

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date:

June 3, 2013

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From: Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject: Retroactive Nursing Facility Per Diem Rates

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

	Provider Name	<u>Provider</u>	Number of Rate
		<u>Number</u>	Change Notices
1.	Miami Jewish Health Systems	0 200506-00	1
2.	Memorial Manor Nursing Home	0 201006-00	1
3.	Lake Harris Health Center	0 228966-00	8
4.	Gainesville Health Care Center	0 229288-00	1
5.	Pinebrook Care & Rehab Center	0 252662-00	12
6.	Orchard Ridge Care & Rehab Center	0 252689-00	4
7.	Boynton Beach Rehab Center	0 263460-00	4
8.	Macclenny Nursing & Rehab	0 263516-00	18
9.	Cypress Village	0 307998-00	13
10.	MCHS - Delray	0 309761-00	2
11.	MCHS – Ft. Myers	0 310174-00	2
12.	Harbour Health Center	0 319333-00	8
13.	East Orlando Health & Rehab Center, Inc.	0 320421-00	6
14.	Coral Gables Nursing & Rehab	0 323772-00	8
15.	ManorCare Health Services	0 325384-00	14
16.	HCR Manor Care Health Services - Delray	0 325520-00	2
		Total	104

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

TP/dm Attachments



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
	Effective Date							
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			МСМ	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
020050600	20130101	229.15	379.96	229.15	229.15	501.00	73223-13	
020100600	20130101	222.30	373.11	222.30	222.30	494.15	73223-13	
022896600	20090701	191.98	332.33	191.98	191.98	444.95	73223-13	NH11- 107W
022896600	20100101	194.15	336.07	194.15	194.15	449.95	73223-13	NH11- 107W
022896600	20100701	195.01	338.35	195.01	195.01	453.38	73223-13	NH11- 107W
022896600	20110101	199.39	344.25	199.39	199.39	460.50	73223-13	NH11- 107W
022896600	20110701	190.64 192.37	336.84 339.98	190.64 192.37	190.64 192.37	454.17 458.44	73223-13 73223-13	NH11- 107W
022896600	20120701	198.19	347.40	192.37	198.19	467.15	73223-13	NH11- 107W NH11- 107W
022896600	20120701	201.39	352.20	201.39	201.39	473.24	73223-13	NH11- 107W
022928800	20130101	211.27	362.08	211.27	211.27	483.12	73223-13	141111-10744
025266200	20080701	183.11	319.39	183.11	183.11	428.74	73223-13	NH11-114W
025266200	20090101	183.21	321.56	183.21	183.21	432,57	73223-13	NH11-114W
025266200	20090301	167.85	306.20	167.85	167.85	417.21	73223-13	NH11-114W
025266200	20090401	206.10	344.45	206.10	206.10	455,46	73223-13	NH11-114W
025266200	20090701	202.74	343.09	202.74	202.74	455.71	73223-13	NH11-114W
025266200	20100101	204.81	346.73	204.81	204.81	460.61	73223-13	NH11-114W
025266200	20100701	212.56	355.90	212.56	212.56	470.93	73223-13	NH11-114W
025266200	20110101	216.16	361.02	216.16	216.16	477.27	73223-13	NH11-114W
025266200	20110701	208.24	354.44	208.24	208.24	471,77	73223-13	NH11-114W
025266200	20120101	211.49	359.10	211.49	211.49	477.56	73223-13	NH11-114W
025266200	20120701	217.83	367.04	217.83	217.83	486.79	73223-13	NH11-114W
025266200	20130101	220.82	371.63	220.82	220.82	492.67	73223-13	NH11-114W
025268900	20080701	176.84	313.12	176.84	176.84	422.47	73223-13	NH11-111W
025268900	20090101	176.47	314.82	176.47	176.47	425.83	73223-13	NH11-111W
025268900	20090301	161.68	300.03	161.68	161.68	411.04	73223-13	NH11-111W
025268900	20090401	198.39	336.74	198.39	198.39	447.75	73223-13	NH11-111W
026346000	20060701	161.72	288.85	161.72	161.72	390.85	73223-13	NH06-169J
026346000	20070701	189.68	321.62	189.68	189.68	427.48	73223-13	NH06-169J
026346000	20090701	213.29	353.64	213.29	213.29	466.26	73223-13	NH06-169J
026346000	20100101	201.77	343.69	201.77	201.77	457.57	73223-13	NH06-169J
026351600	20060701	161.84	288.97	161.84	161.84	390.97	73223-13	NH06-170J
026351600	20070101	148.55	278.15	148.55	148.55	382.14	73223-13	NH06-170J
026351600	20070201	151.53	281.13	151.53	151.53	385.12	73223-13	NH06-170J
026351600 026351600	20070301 20070701	148.55 166.92	278.15 298.86	148.55 166.92	148.55 166.92	382.14 404.72	73223-13	NH06-170J
026351600	20080101	165.62	299.62	165.62	165.62	407.14	73223-13	NH06-170J NH06-170J
026351600	20080701	167.33	303.61	167.33	167.33	412.96	73223-13	NH06-170J
026351600	20090101	162.47	300.82	162.47	162.47	411.83	73223-13	NH06-170J
026351600	20090301	148.85	287.20	148.85	148.85	398.21	73223-13	NH06-170J
026351600	20090401	185.35	323.70	185.35	185.35	434.71	73223-13	NH06-170J
026351600	20090701	189.62	329.97	189.62	189.62	442.59	73223-13	NH06-170J
026351600	20100101	186.89	328.81	186.89	186.89	442.69	73223-13	NH06-170J
026351600	20100701	192.16	335.50	192.16	192.16	450.53	73223-13	NH06-170J
026351600	20110101	194.31	339.17	194.31	194.31	455.42	73223-13	NH06-170J
026351600	20110701	189.18	335.38	189.18	189.18	452.71	73223-13	NH06-170J
026351600	20120101	190.36	337.97	190.36	190.36	456.43	73223-13	NH06-170J
026351600	20120701	198.76	347.97	198.76	198.76	467.72	73223-13	NH06-170J
026351600	20130101	201.02	351.83	201.02	201.02	472.87	73223-13	NH06-170J
030799800	20080101	185.27	319.27	185.27	185.27	426.79	73223-13	NH11-046L
030799800	20080701	187.23	323.51	187.23	187.23	432.86	73223-13	NH11-046L
030799800	20090101	192.16	330.51	192.16	192.16	441.52	73223-13	NH11-046L
030799800	20090301	176.05	314.40	176.05	176.05	425.41	73223-13	NH11-046L
030799800	20090401	207.54	345.89	207.54	207.54	456.90	73223-13	NH11-046L
030799800	20090701	210.91	351.26	210.91	210.91	463.88	73223-13	NH11-046L
030799800	20100101	208.66	350.58	208.66	208.66	464.46	73223-13	NH11-046L
030799800	20100701	210.59	353.93	210.59	210.59	468.96	73223-13	NH11-046L
030799800	20110101	212.84	357.70	212.84	212.84	473.95	73223-13	NH11-046L
030799800	20110701	202.72	348.92	202.72	202.72	466.25	73223-13	NH11-046L
030799800	20120101	202.91	350.52	202.91	202.91	468.98	73223-13	NH11-046L

		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
Provider Number	Effective Date Format YYYYMMDD	Intermediate (Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	Level U	MCM number	Audit Number
030799800	20120701	211.10	360.31	211.10	211.10	480.06	73223-13	NH11-046L
030799800	20130101	213.83	364.64	213.83	213.83	485.68	73223-13	NH11-046L
030976100	20070101	167.93	297.53	167.93	167.93	401.52	73223-13	NH11-122C
030976100	20070701	178.78	310.72	178.78	178.78	416.58	73223-13	NH11-122C
031017400	20070101	165.49	295.09	165.49	165.49	399.08	73223-13	NH11-125C
031017400	20070701	185.19	317.13	185.19	185.19	422.99	73223-13	NH11-125C
031933300	20090701	192.58	332.93	192.58	192.58	445.55	73223-13	NH11- 106W
031933300	20100101	194.25	336.17	194.25	194.25	450.05	73223-13	NH11- 106W
031933300	20100701	196.10	339.44	196.10	196.10	454.47	73223-13	NH11- 106W
031933300	20110101	206.10	. 350.96	206.10	206.10	467.21	73223-13	NH11- 106W
031933300	20110701	198.99	345.19	198.99	198.99	462.52	73223-13	NH11- 106W
031933300	20120101	200.77	348.38	200,77	200.77	466.84	73223-13	NH11- 106W
031933300	20120701	210.04	359.25	210.04	210.04	479.00	73223-13	NH11- 106W
031933300	20130101	213,42	364.23	213.42	213.42	485.27	73223-13	NH11- 106W
032042100	20100701	224.09	367.43	224.09	224.09	482.46	73223-13	NH11- 011W
032042100	20110101	227.81	372.67	227.81	227.81	488.92	73223-13	NH11- 011W
032042100	20110701	219.40	365.60	219.40	219.40	482.93	73223-13	NH11- 011W
032042100	20120101	220.62	368.23	220.62	220.62	486.69	73223-13	NH11- 011W
032042100	20120701	227.73	376.94	227.73	227.73	496.69	73223-13	NH11- 011W
032042100	20130101	230.50	381.31	230.50	230.50	502.35	73223-13	NH11- 011W
032377200	20071101	192.88	324.82	192.88	192.88	430.68	73223-13	NH11-014C
032377200	20080101	187.90	321.90	187.90	187.90	429.42	73223-13	NH11-014C
032377200	20080501	192.88	326.88	192.88	192.88	434.40	73223-13	NH11-014C
032377200	20080701	195.66	331.94	195.66	195.66	441.29	73223-13	NH11-014C
032377200	20090101	194.70	333.05	194.70	194.70	444.06	73223-13	NH11-014C
032377200	20090301	178.38	316.73	178.38	178.38	427.74	73223-13	NH11-014C
032377200	20090401	220.02	358.37	220.02	220.02	469.38	73223-13	NH11-014C
032377200	20090701	224.52	364.87	224.52	224.52	477.49	73223-13	NH11-014C
032538400	20071220	185.19	317.13	185.19	185.19	422.99	73223-13	NH11-125C
032538400	20080101	180.10	314.10	180.10	180.10	421.62	73223-13	NH11-125C
032538400	20080701	181.69	317.97	181.69	181.69	427.32	73223-13	NH11-125C
032538400	20090101	180.14	318.49	180.14	180.14	429.50	73223-13	NH11-125C
032538400	20090301	165.04	303.39	165.04	165.04	414.40	73223-13	NH11-125C
032538400	20090401	201.73	340.08	201.73	201.73	451.09	73223-13	NH11-125C
032538400	20090701	206.42	346.77	206.42	206.42	459.39	73223-13	NH11-125C
032538400	20100101	204.76	346.68	204.76	204.76	460.56	73223-13	NH11-125C
032538400	20100701	208.02	351.36	208.02	208.02	466.39	73223-13	NH11-125C
032538400	20110101	216.18	361.04	216.18	216.18	477.29	73223-13	NH11-125C
032538400	20110701	207.58	353.78	207.58	207.58	471.11	73223-13	NH11-125C
032538400	20120101	204.44	352.05	204.44	204.44	470.51	73223-13	NH11-125C
032538400	20120701	210.69	359.90	210.69	210.69	479.65	73223-13	NH11-125C
032538400	20130101	203.14	353.95	203.14	203.14	474.99	73223-13	NH11-125C
032552000	20071220	178.78	310.72	178.78	178.78	416.58	73223-13	NH11-122C
032552000	20080701	180.38	316.66	180.38	180.38	426.01	73223-13	NH11-122C



Miami Jewish Health	Systems			Provider Number:	0 200506-00
5200 N.E. 2nd Avenu	ie			Date:	5/21/2013
Miami FL 33137	W. W			Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
		Curr		New	Effective
Nursing Home	Single Level	Rat		Rate	Date 1/1/2013
ruising nome	Shigie Level		.04		1/1/2013
	Level H: AIDS	_ 379.	45	379.96	1/1/2013
	Level U: Fragile Under 21	500.	.49	501.00	1/1/2013
	-			***************************************	
					Manager 11 pages 1 manager
Rate Type:					
Interim	•	X Pros	pective		
	Total Interim	·	-	otal Prospective	
	Interim Component			ospective Adjusted	
·	Settlement based on costs	-	To	otal Prospective with	Interim Component
	Prior Provider Prospective data				- Appen
Basis:		Changes:			•
Budget		Lic	ensure F	Rating Change	
X Unaudited	costs			Customary Limitatio	n
Field audite				limitation change	
Field audit	- interim portion	FR	VS Chai	nge	
Desk audite	_	X Ret	ro for 1	/2013 using FYE 6	/30/2012
	- Interim Portion	Rat	e Semes	ter Change	
	- Prospective portion				
Distribution:				Thomas Parker	
_	ement / Fiscal Agent	Medicaio	d Cost R	eimbursement Plani	ning and Finance
Permanent File					
**************************************	nation Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office			***************************************	
	Address and the second				



Memorial Manor Nursing Home				Provider Number:	0 201006-00			
777 S. Douglas Road			Date:	5/21/2013				
Pembroke Pines FL 33	0025			Fiscal Year End:	4/30/2012			
				Audit Status:	Unaudited [3]			
Provider Type:								
			Current	New	Effective			
70.T # ##			Rate	Rate	Date			
Nursing Home	Single Level		222.54		1/1/2013			
	Level H: AIDS		373.35	373.11	1/1/2013			
	Level U: Fragile Under 21		494.39	494.15	1/1/2013			
Rate Type:								
Interim		X	Prospectiv	/e				
T	otal Interim		X	Total Prospective				
Interim Component				Prospective Adjusted				
Se	ettlement based on costs			Total Prospective with	Interim Component			
Pr	rior Provider Prospective data							
Basis:		Changes:			***************************************			
			-					
Budget				e Rating Change	•			
X Unaudited co	i i			d Customary Limitatio	n			
Field audited			Target Rate limitation change					
Desk audited	interim portion	v	FRVS Change					
	Interim Portion	A	X Retro for 1/13 R/S using 4/30/12 C/R Rate Semester Change					
	- Prospective portion			[2] as of 07/14/1989				
Distribution:			7/	Thomas Parker				
Contract Manager	ment / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plant	ning and Finance			
Permanent File			aivaia e e e	r i villio di ovilozi i a i i i	mig wild i manov			
For informa	ation Only							
No Change	in Rate							
Home Office:	Memorial Healthcare System		The second secon					
	James Ziebarth, Dir. Reimburs.							
	3501 Johnson Street			j				
	Hollywood FL 33021							



Lake Harris Health Center				Provider Number:	0 228966-00
701 Lake Port Boulevard			Date:	1/31/2013	
Leesburg FL 34748				Fiscal Year End:	12/31/2008
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level		194.57	<u> 191.98</u> _	7/1/2009
Le	evel H: AIDS		334.92	332.33	7/1/2009
Le	evel U: Fragile Under 21		447.54	444.95	7/1/2009
Interi	Interim m Component ment based on costs	X	P	otal Prospective rospective Adjusted	for New Costs Interim Component
Prior Basis:	Provider Prospective data	Changes:			
Budget Unaudited costs X Field audited co Field audit - int Desk audit - Inte Desk Audit - Pre	erim portion sts	X	Usual and Target Rat FRVS Cha Field Aud Rate Seme	Rating Change Customary Limitation e limitation change ange it NH11- 107W FYI ester Change 2] as of 08/17/1990	
Distribution: Contract Management	nt / Fiscal Agent		6	Thomas Parker	
Permanent File For information No Change in	n Only Rate	Med	licaid Cost	Reimbursement Plani	ning and Finance
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Lake Harris Health Center				Provider Number:	0 228966-00
701 Lake Port Boulevard				Date:	1/31/2013
Leesburg FL 34748				Fiscal Year End:	12/31/2008
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level	TO COLUMN 1	196.76	<u>194.15</u> _	1/1/2010
Le	evel H: AIDS		338.68	336.07	1/1/2010
Le	evel U: Fragile Under 21		452.56	449.95	1/1/2010
Interi Settle	Interim im Component ement based on costs Provider Prospective data	Changes:	,	Total Prospective Prospective Adjusted Total Prospective with	
Unaudited costs X Field audited co Field audit - into Desk audited co Desk audit - Into	erim portion	X	Usual and Target Ra FRVS Ch	d Customary Limitation that is a limitation change	
Desk Audit - Pro	ospective portion			[2] as of 08/17/1990	
<u>Distribution:</u>	4 (T) - 1 A - 4	/	10	Thomas Parker	
Permanent File For information No Change in	n Only	Мес	licaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Lake Harris Health Center				Provider Number:	0 228966-00
701 Lake Port Boulevard				Date:	1/31/2013
Leesburg FL 34748				Fiscal Year End:	12/31/2008
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home Si	ingle Level	_	Current Rate	New Rate 195.01	Effective Date 7/1/2010
S	8				
Le	evel H: AIDS		340.98	338.35	7/1/2010
Le	evel U: Fragile Under 21	_	456.01	453.38	7/1/2010
Interio	erim portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Total Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation I Change	n Interim Component
Desk Audit - Pro	ospective portion			[2] as of 08/17/1990	
<u>Distribution:</u>			フィン	Thomas Parker	
Contract Managemen Permanent File For information No Change in I	n Only	Me	edicaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Lake Harris Health Center		Provider Number:	0 228966-00
701 Lake Port Boulevard		Date:	1/31/2013
Leesburg FL 34748		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 199.40	New Rate 199.39	Effective Date 1/1/2011
Level H: AIDS Level U: Fragile Under 21	344.26 460.51	344.25 460.50	1/1/2011 1/1/2011
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	***************************************	re Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R. FRVS CI X Effects of Rate Sem	-	n 107W FYE 12/31/2008
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214	78	Thomas Parker t Reimbursement Plani	ning and Finance



V7.008.1.2:E9IK7

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

Lake Harris Health C			Provider Number:	0 228966-00	
701 Lake Port Boule			Date:	1/31/2013	
Leesburg FL 34748				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
. 1		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		190.65	190.64	7/1/2011
	Level H: AIDS		336.85	336.84	7/1/2011
	Level U: Fragile Under 21		454.18	454.17	7/1/2011
Rate Type:					
Interim		x	Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	e Rating Change	
X Unaudited	costs			d Customary Limitatio	on
Field audit	ed costs			ate limitation change	
	- interim portion		FRVS C	· ·	
Desk audite	ed costs - Interim Portion	X		f Field Audit NH11- ester Change	107W FYE 12/31/2008
	t - Prospective portion	-		[2] as of 08/17/1990	
Distribution:	•	-	7-/-	Thomas Parker	
Contract Manag	ement / Fiscal Agent	Med	licaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
For inform	nation Only				
No Chang	ge in Rate				
Home Office:	Brookdale Senior Living, Inc.				
	Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Lake Harris Health Center				Provider Number:	0 228966-00	
701 Lake Port Boulevard		Date:		1/31/2013		
Leesburg FL 34748				Fiscal Year End:	12/31/2010	
	,			Audit Status:	Unaudited [3]	
Provider Type: Nursing Home S	ingle Level		Current Rate 192.39	New Rate 192.37	Effective Date 1/1/2012	
Le	evel H: AIDS		340.00	339.98	1/1/2012	
Le	evel U: Fragile Under 21		458.46	458.44	1/1/2012	
Interi Settle	Interim m Component ment based on costs Provider Prospective data	X Changes:	F	otal Prospective Prospective Adjusted Total Prospective with		
Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts	X	Usual and Target Ra FRVS Ch Effects of Rate Seme		on 107W FYE 12/31/2008	
Distribution: Contract Management Permanent File	nt / Fiscal Agent	Med	Dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	
For information No Change in	•					
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214					



La	ake Harris Health Center	r			Provider Number:	0 228966-00
70	1 Lake Port Boulevard				Date:	1/31/2013
Lε	eesburg FL 34748				Fiscal Year End:	12/31/2011
					Audit Status:	Unaudited [3]
	rovider Type:		_	Current Rate	New Rate	Effective Date
N	ursing Home S	Single Level	-	198.20	198.19	7/1/2012
	L	evel H: AIDS		347.41	347.40	7/1/2012
	L	evel U: Fragile Under 21		167.16	467.15	7/1/2012
	Interior Settle	I Interim im Component ement based on costs Provider Prospective data	X Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
	Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int Desk Audit - Pr	terim portion osts	X	Usual an Target R FRVS CE Effects of Rate Sen		on 107W FYE 12/31/2008
	Distribution: Contract Managemer Permanent File For informatio No Change in	n Only	Med	icaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance
	Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Lake Harris Health Center	r			Provider Number:	0 228966-00
701 Lake Port Boulevard				Date:	1/31/2013
Leesburg FL 34748				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level		201.41	201.39	1/1/2013
Le	evel H: AIDS		352.22	352.20	1/1/2013
Le	evel U: Fragile Under 21		473.26	473.24	1/1/2013
Basis: Budget X Unaudited costs Field audit - int Desk audited co Desk audit - Inte	erim portion ests erim portion ests erim Portion ospective portion nt / Fiscal Agent	Changes:	Licensure Usual and Target Ra FRVS Ch Effects on Rate Sem On FRV	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation I Customary Limitation I Customary Limitation	n Interim Component on 107W FYE 12/31/2008
No Change in Home Office:	Rate Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Gainesville Health Care Center				Provider Number:	0 229288-00
1311 SW 16th Street			Date:	4/3/2013	
Gainesville FL 32608		Fiscal Year End		Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	- -	Current Rate 211.23	New Rate 211.27	Effective Date 1/1/2013
	Level H: AIDS		362.04	362.08	1/1/2013
	Level U: Fragile Under 21	,	483.08	483.12	1/1/2013
Basis: Budget X Unaudited co Field audited Field audited Desk audited	d costs interim portion	Changes	Licensur Usual an Target R FRVS C Retro F	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Desk Audit - Distribution:	Prospective portion		On FRV	[2] as of 10/01/1985	
	-	M	dedicaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance
Home Office:	Council on Aging of Florid 1311 SW 16th Street Gainesville FL 32608	a, Inc.			



Medicaid Reimbursement Per Diem Rates

Pinebrook Care & Rel	habilitation Center		Provider Number:	0 252662-00
1240 Pinebrook Road			Date:	4/11/2013
Venice FL 34292			Fiscal Year End:	7/31/2007
			Audit Status:	Field Audited [2]
Provider Type:				
		Current	New	Effective
N T • F T	·	Rate	Rate	Date
Nursing Home	Single Level	183.40	<u> 183.11</u> _	7/1/2008
	Level H: AIDS	319.68	319.39	7/1/2008
	Level U: Fragile Under 21	429.03	428.74	7/1/2008
Rate Type :				
Interim		X Prospective	e	
Т	otal Interim	X7	Total Prospective	
·	nterim Component	***************************************	Prospective Adjusted	
	ettlement based on costs		Total Prospective with	1 Interim Component
P	rior Provider Prospective data			
Basis:	C	hanges:		
Budget		Licensure	Rating Change	
Unaudited c			Customary Limitatio	n
X Field audite	_		te limitation change	
Field audit	- interim portion	FRVS Ch	•	7/21/2007
	Interim Portion		lit NH11-114W FYE ester Change	4 //31/200/
	- Prospective portion		2] as of 01/01/2005	
Distribution:		78	Thomas Parker	The state of the s
_	ment / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent File For informa	ation Only			
	•			
No Change				
Home Office:	Sun Healthcare Group, Inc.	The state of the s		
	Reimbursement Department			
	101 Sun Avenue NE Albuquerque NM 87109			

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Report Calculated: 4/11/2013 Report Printed: 4/11/2013 Book:0 ID:594682526622008070120130411144858



Pinebrook Care & Reha	bilitation Center			Provider Number:	0 252662-00	
1240 Pinebrook Road				Date:	4/11/2013	
Venice FL 34292				Fiscal Year End:	7/31/2007	
				Audit Status:	Field Audited [2]	
Provider Type:						
••			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level	***************************************	186.08		1/1/2009	
	Level H: AIDS		324.43	321.56	1/1/2009	
	Level U: Fragile Under 21		435.44	432.57	1/1/2009	
Into	tal Interim erim Component tlement based on costs or Provider Prospective data	X		re Total Prospective Prospective Adjusted Total Prospective with		
Basis:		Changes:				
Desk audited Desk audit - In	costs nterim portion		Usual and Target Ra FRVS CI Field Au Rate Sem	e Rating Change d Customary Limitation the limitation change nange dit NH11-114W FYE lester Change [2] as of 01/01/2005		
Distribution:			20			
Contract Managem Permanent File For informate No Change i	ion Only	Med	O licaid Cost	Thomas Parker Reimbursement Plans	ning and Finance	
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109	and fire all a security fraction		:		



Pinebrook Care & Rehabil	litation Center			Provider Number:	0 252662-00
1240 Pinebrook Road				Date:	4/11/2013
Venice FL 34292				Fiscal Year End:	7/31/2007
				Audit Status:	Field Audited [2]
Provider Type:	imalo I aval		Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level	Approx	170.48	<u> 167.85</u> _	3/1/2009
Le	evel H: AIDS	-	308.83	306.20	3/1/2009
Le	evel U: Fragile Under 21		419.84	417.21	3/1/2009
Rate Type:					
	Interim m Component	<u> </u>		ve Total Prospective Prospective Adjusted (for New Costs
	ment based on costs Provider Prospective data			Total Prospective with	n Interim Component
Basis:		Changes:			
Budget Unaudited costs X Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts erim Portion	X	Usual and Target R FRVS CI Field Au Rate Sen	e Rating Change d Customary Limitation ate limitation change hange dit NH11-114W FYE nester Change [2] as of 01/01/2005	
Distribution:			7	Thomas Parker	4 Salaman - Managar - Mana
Contract Managemen Permanent File For information No Change in I	ı Only	Med	licaid Cos	t Reimbursement Planz	ning and Finance
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Pinebrook Care & Rehabilitation Center				Provider Number:	0 252662-00
1240 Pinebrook Road		 _ Date:		4/11/2013	
Venice FL 34292				Fiscal Year End:	7/31/2007
				Audit Status:	Field Audited [2]
Provider Type:				Audit Status.	ricia Addited [2]
Trovider Type.			Current	New	Effective
			Rate	Rate	Date
Nursing Home S	ingle Level		209.14		4/1/2009
Le	evel H: AIDS		347.49	344.45	4/1/2009
Le	evel U: Fragile Under 21	-	458.50	455.46	4/1/2009
Rate Type:					
Interim		X	Prospective	e	
Total	Interim			Total Prospective	
· —	m Component			Prospective Adjusted:	
	ment based on costs			Total Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:			
D 1			Liconouro	Rating Change	
Budget Unaudited costs				Rating Change Customary Limitatio	n
X Field audited co	sts			ite limitation change	11
Field audit - inte	İ		FRVS Ch	-	
Desk audited cos	-	X	Field Au	dit NH11-114W FYE	7/31/2007
Desk audit - Inte				ester Change	
Desk Audit - Pro	espective portion		On FRV	[2] as of 01/01/2005	
Distribution:				Thomas Parker	
Contract Management	t / Fiscal Agent	Med	dicaid Cost	Reimbursement Plant	ning and Finance
Permanent File					
For information	•				
No Change in I	Rate				
Home Office:	Sun Healthcare Group, Inc.	The second secon		1	
	Reimbursement Department				
	101 Sun Avenue NE			!	
	Albuquerque NM 87109				



Pinebrook Care & Rehabilitation Center				Provider Number:	0 252662-00
1240 Pinebrook Road			Date: 4/1		4/11/2013
Venice FL 34292				Fiscal Year End:	7/31/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		202.80	202.74	7/1/2009
	Level H: AIDS		343.15	343.09	7/1/2009
	Level U: Fragile Under 21		455.77	455.71	7/1/2009
Rate Type:		V	D	<u> </u>	
Interim	otal Interim	X	Prospectiv X	Total Prospective	
	iterim Component			Prospective Adjusted:	for New Costs
	ettlement based on costs		-	Total Prospective with	
	rior Provider Prospective data			•	•
Basis:		Changes:			
Budget X Unaudited co			Usual and	e Rating Change d Customary Limitatio ate limitation change nange	n
Desk audited Desk audit -		X	Rate Sem	f FA NH11-114W FY tester Change [2] as of 01/01/2005	Æ 7/31/07
Distribution:			75	Thomas Parker	
Contract Manager Permanent File For informa	ment / Fiscal Agent	Med	licaid Cost	Reimbursement Plant	ning and Finance
No Change	in Rate				
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Pinebrook Care & Rehabilitation Center				Provider Number:	0 252662-00		
1240 Pinebrook Road		 Date:		4/11/2013			
Venice FL 34292				Fiscal Year End:	7/31/2008		
				Audit Status:	Unaudited [3]		
Provider Type:				radit sawas,	Onadated [5]		
- J.			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		204.87		1/1/2010		
	Level H: AIDS		346.79	346.73	1/1/2010		
	Level U: Fragile Under 21		460.67	460.61	1/1/2010		
Rate Type :	A CONTRACTOR A CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE P						
Interim	P. 4. 1 ¥ . 4 '	X	Prospective				
i	Total Interim nterim Component	Total Prospective Prospective Adjusted for New Costs					
	ettlement based on costs			Total Prospective with			
	rior Provider Prospective data						
Basis:	1	Changes:					
Budget X Unaudited c			Usual and	Rating Change Customary Limitatio	n		
Field audite	- interim portion	1	FRVS Ch	te limitation change			
Desk audite Desk audit -		X	Effects of Rate Sem	FA NH11-114W FY ester Change 2] as of 01/01/2005	Æ 7/31/07		
Distribution:			7-1	Thomas Parker			
Permanent File For inform		Med	licaid Cost	Reimbursement Plant	ning and Finance		
No Change	e in Rate						
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109						



Pinebrook Care & Re			Provider Number:	0 252662-00			
1240 Pinebrook Road	1	Date:			4/11/2013		
Venice FL 34292				Fiscal Year End:	7/31/2009		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Name of The same	Circula I and	*******	Rate	Rate	Date		
Nursing Home	Single Level		212.63	212.56	7/1/2010		
	Level H: AIDS		355.97	355.90	7/1/2010		
	Level U: Fragile Under 21		471.00	470.93	7/1/2010		
Data Tyma e							
Rate Type :		X	Prospectiv	<i>'</i>			
***************************************	Total Interim		_	Total Prospective			
	Interim Component	Prospective Adjusted for New Costs					
***************************************	Settlement based on costs		***********	Total Prospective with			
I	Prior Provider Prospective data						
Basis:	1	Changes:	The second secon		***************************************		
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Budget	1			Rating Change			
X Unaudited		***************************************		I Customary Limitation te limitation change	on		
	- interim portion		FRVS CI	~			
Desk audite	- · · · · · · · · · · · · · · · · · · ·	X	Effects o	f FA NH11-114W FY	ζE 7/31/07		
	- Interim Portion			ester Change			
	- Prospective portion		On FRV	[2] as of 01/01/2005			
Distribution:			0	Thomas Parker			
-	ement / Fiscal Agent	Med	licaid Cost	Reimbursement Plans	ning and Finance		
Permanent File	antina Oute						
	nation Only						
No Chang	e in Kate						
Home Office:	Sun Healthcare Group, Inc.						
	Reimbursement Department						
	101 Sun Avenue NE Albuquerque NM 87109						
	Atouquerque 14M 8/103						



Pinebrook Care & Rel	habilitation Center			Provider Number:	0 252662-00
1240 Pinebrook Road		Date:		4/11/2013	
Venice FL 34292	-			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	Simula Laval		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		216.22		1/1/2011
	Level H: AIDS		361.08	361.02	1/1/2011
	Level U: Fragile Under 21	****	477.33	477.27	1/1/2011
I	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		re Total Prospective Prospective Adjusted to Total Prospective with	
Basis:		Changes:	- 4		
Desk audite Desk audit -	ed costs - interim portion	X	Usual and Target R: FRVS CI Effects o Rate Sem	e Rating Change If Customary Limitation In the limitation change In the limitation change If FA NH11-114W FY Interest Change In the limitation cha	
Distribution:			2/	Thomas Parker	Andrew Congress of the Congres
Contract Manage Permanent File For inform No Change	•	Med	dicaid Cost	Reimbursement Plann	ning and Finance
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109	mentende to a common tent to a men	manner (vogales manner mile) (v.a.)		



Pinebrook Care & Rehabilitation Center				Provider Number:	0 252662-00
1240 Pinebrook Road		Date: 4		4/11/2013	
Venice FL 34292				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	Onaudica [3]
rovider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		208.30		7/1/2011
	Level H: AIDS		354.50	354.44	7/1/2011
	Level U: Fragile Under 21		471.83	471.77	7/1/2011
Rate Type:	11100000000	- 11	annone patrick.	The second secon	WEST
Interim		<u> </u>	Prospective	e	
	Total Interim			Total Prospective	0.77
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Fotal Prospective with	i interim Component
r r	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
Budget X Unaudited of	costs			Customary Limitatio	n
Field audite				ite limitation change	11
Field audit	- interim portion		FRVS Ch		
Desk audite	1	X		f FA NH11-114W FY	YE 7/31/07
	- Interim Portion			ester Change	
	- Prospective portion	A	On FRV	[2] as of 01/01/2005	111007 1900 17
Distribution:			アムノ	Thomas Parker	
-	ement / Fiscal Agent	Med	dicaid Cost	Reimbursement Plant	ning and Finance
Permanent File					
For inform	,				
No Change	e in Rate				
Home Office:	Sun Healthcare Group, Inc.		Tomas and a com-		
	Reimbursement Department 101 Sun Avenue NE			1	
	Albuquerque NM 87109				



Pinebrook Care & Rel	Pinebrook Care & Rehabilitation Center			Provider Number:	0 252662-00
1240 Pinebrook Road			Date: 4/11/		4/11/2013
Venice FL 34292				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
••			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	-	211.55	211.49	1/1/2012
	Level H: AIDS		359.16	359.10	1/1/2012
	Level U: Fragile Under 21		477.62	477.56	1/1/2012
Rate Type :		to the second se	, <u>, , , , , , , , , , , , , , , , , , </u>		
Interim		<u> </u>	Prospectiv		
	otal Interim		-	Total Prospective	C N C
	nterim Component ettlement based on costs			Prospective Adjusted to Total Prospective with	
	rior Provider Prospective data			Total Trospective with	i internir Component
Basis:		Changes	1		
Dasis.		Changes:			
Budget	ļ [Licensure	Rating Change	
X Unaudited co	osts		-	d Customary Limitation	n
Field audited	d costs			ate limitation change	
Maria de la companya	interim portion		FRVS C	nange	
Desk audited		X		f FA NH11-114W FY	E 7/31/07
	Interim Portion - Prospective portion			ester Change [2] as of 01/01/2005	
Distribution:	110spective political		56	Thomas Parker	
Contract Manager	ment / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ning and Finance
Permanent File					
For informa	*				
No Change	in Rate				
Home Office:	Sun Healthcare Group, Inc.				
	Reimbursement Department			İ	
	101 Sun Avenue NE				
	Albuquerque NM 87109			:	



Pinebrook Care & Rel	nebrook Care & Rehabilitation Center Provider Number: 0 25			0 252662-00		
1240 Pinebrook Road		Date: 4/11/20			4/11/2013	
Venice FL 34292				Fiscal Year End:	7/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:				That States		
•		•	Current	New	Effective	
		S	Rate	Rate	Date	
Nursing Home	Single Level	Accompanies	217.89	<u>217.83</u> _	7/1/2012	
	Level H: AIDS		367.10	367.04	7/1/2012	
	Level U: Fragile Under 21		486.85	486.79	7/1/2012	
		10000 - 10000000 PT - 1000000 PT - 1000000 PT - 10000000 PT - 10000000 PT - 10000000 PT - 100000000 PT - 100000000 PT - 1000000000 PT - 10000000000 PT - 100000000000000000000000000000000000				
Rate Type:						
Interim		X	Prospectiv	e		
Т	Total Interim		<u>X</u>	Total Prospective		
Interim Component		Prospective Adjusted for New Costs				
- S	ettlement based on costs			Total Prospective with	Interim Component	
P	rior Provider Prospective data					
Basis:		Changes:			1	
			•			
Budget	ĺ		Licensure	Rating Change		
X Unaudited o	1	Usual and Customary Limitation				
Field audite	ed costs			ate limitation change		
	- interim portion		FRVS Ch	•		
Desk audite		X Effects of FA NH11-114W FYE 7/31/07				
	Interim Portion			ester Change [2] as of 01/01/2005		
Distribution:	- Prospective portion		Olitky)		
	ement / Fiscal Agent		70 <u> </u>	Thomas Parker		
Permanent File	anent / Fiscai Agent	Med	licaid Cost	Reimbursement Plant	ning and Finance	
	ation Only					
For inform	•				·	
No Change	e in Rate					
Home Office:	Sun Healthcare Group, Inc.					
	Reimbursement Department			1		
	101 Sun Avenue NE			i		
	Albuquerque NM 87109			i		



Pinebrook Care & Rehabilitation Center				Provider Number:	0 252662-00	
1240 Pinebrook Road	1			Date:	4/11/2013	
Venice FL 34292				Fiscal Year End:	7/31/2011	
Provider Type: Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data Basis: BudgetX Unaudited costsField audit - interim portionDesk audit - Interim PortionDesk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent			Audit Status:	Unaudited [3]		
Provider Type:						
••		ı	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		220.88	220.82	1/1/2013	
	Level H: AIDS		371.69	371.63	1/1/2013	
	Level U: Fragile Under 21	-	492.73	492.67	1/1/2013	
Rate Type :						
Interim		<u> </u>	Prospectiv	re		
		X Total Prospective				
		Prospective Adjusted for New Costs Total Prospective with Interim Component				
				1 otal Prospective with	Interim Component	
	-nor Frovider Frospective data					
Basis:		Changes:]			
Rudget		1	Licensur	e Rating Change		
	costs			d Customary Limitatio	n	
Field audite	ed costs	Target Rate limitation change				
			FRVS CI	nange		
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	X Effects of FA NH11-114W FYE 7/31/07				
				lester Change [2] as of 01/01/2005		
			2/)			
	ement / Fiscal Agent		0	Thomas Parker		
Permanent File		Med	dicaid Cost	Reimbursement Plant	ning and Finance	
	nation Only					
No Chang	e in Rate					
Home Office:	Sun Healthcare Group, Inc.		-			
nome Onice:	Reimbursement Department			i		
	101 Sun Avenue NE			: :		
	Albuquerque NM 87109					
	1					



Orchard Ridge Care & Rehabilitation Center				Provider Number:	0 252689-00
4927 Voorhees Road				Date:	4/12/2013
New Port Richey FL 3465	53			Fiscal Year End:	7/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	***************************************	184.10	176.84	7/1/2008
L	evel H: AIDS	<u>;</u>	320.38	313.12	7/1/2008
L	evel U: Fragile Under 21		429.73	422.47	7/1/2008
Inter Settle	erim portion	Changes:	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Ite limitation change	n Interim Component
Desk Audit - Pr	ospective portion				
Contract Management Permanent File For informatio No Change in	n Only	Med	licaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Orchard Ridge Care & Reha	abilitation Center	Provider Number: 0 25268		0 252689-00		
4927 Voorhees Road				Date:	4/12/2013	
New Port Richey FL 34653				Fiscal Year End:	7/31/2007	
				Audit Status:	Field Audited [2]	
Provider Type:						
• •		(Current	New	Effective	
.			Rate	Rate	Date	
Nursing Home Sin	ngle Level		183.80	<u> 176.47</u> _	1/1/2009	
Lev	vel H: AIDS		322.15	314.82	1/1/2009	
Lev	vel U: Fragile Under 21	_	433.16	425.83	1/1/2009	
Rate Type:						
Interim		X	Prospectiv	e		
Total Interim		X Total Prospective				
	Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
	nent based on costs			Total Prospective with	Interim Component	
Prior P	rovider Prospective data					
Basis:		Changes:				
			т :	. D. din . Channe		
Budget		Licensure Rating Change				
Unaudited costs X Field audited cos	te	Usual and Customary Limitation Target Rate limitation change				
Field audit - inter		FRVS Change				
Desk audited cost		X Field Audit NH11-111W FYE 7/31/2007				
Desk audit - Inter	im Portion			ester Change		
Desk Audit - Pros	spective portion			<u> </u>		
<u>Distribution:</u>			T/	Thomas Parker		
Contract Management	/ Fiscal Agent	Med	licaid Cost	Reimbursement Plans	ning and Finance	
Permanent File						
For information	-					
No Change in R	ate					
Home Office:	Sun Healthcare Group, Inc.					
	Reimbursement Department					
	101 Sun Avenue NE					
	Albuquerque NM 87109					



Orchard Ridge Care & Re	ehabilitation Center	nabilitation Center Provider Number: 0 2526			0 252689-00
4927 Voorhees Road		Date: 4/12/2013			4/12/2013
New Port Richey FL 346	53			Fiscal Year End:	7/31/2007
				Audit Status:	Field Audited [2]
Provider Type:				· · · · · · · · · · · · · · · · · · ·	
• • • · · · · · · · · · · · · · · · · ·			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		168.39	161.68	3/1/2009
I	evel H: AIDS		306.74	300.03	3/1/2009
. Т	evel U: Fragile Under 21		417.75	411.04	3/1/2009
	ıl Interim	x	***	Total Prospective	S. N. Coots
	rim Component			Prospective Adjusted	
	ement based on costs r Provider Prospective data			Fotal Prospective with	i Interim Component
	Triovidei riospective data	T	I		
Basis:		Changes:			
Budget Unaudited cost X Field audited c Field audit - in Desk audited c Desk audit - In Desk Audit - P	osts terim portion osts	X	Usual and Target Ra FRVS Ch	Rating Change I Customary Limitation te limitation change tange thit NH11-111W FYE ester Change	
Distribution:			7~{	Thomas Parker	
Contract Manageme	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plan	ning and Finance
Permanent File	0.1				,
For information	•				
No Change in	Rate				
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109	A			



Orchard Ridge Care & R	ehabilitation Center	Provider Number: 0 2526		0 252689-00	
4927 Voorhees Road			Date: 4/12/2013		4/12/2013
New Port Richey FL 346	53			Fiscal Year End: 7/31/2007 Audit Status: Field Audited [2] New Effective Rate Date 198.39 4/1/2009	
Provider Type:				radit Status.	
		(Current	New	Effective
			Rate	Rate	
Nursing Home	Single Level		206.15		4/1/2009
I	Level H: AIDS	:	344.50	336.74	4/1/2009
I	Level U: Fragile Under 21		455.51	447.75	4/1/2009
Inter Settl	eosts	Changes:	Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective with Read Prospective with Read Prospective with Read Prospective with Read Prospective with Read Prospective Adjusted Read Prospective Adjusted Read Prospective Adjusted Read Prospective Adjusted Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Prospective Read Pr	n Interim Component
Desk audited control Desk audit - In	osts	X		dit NH11-111W FYE ester Change	2 7/31/2007
Distribution:			7-10	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plan	ning and Finance
Permanent File	on Out				
For information	•				
No Change in	rate				
Home Office:	Sun Healthcare Group, Inc. Reimbursement Department 101 Sun Avenue NE Albuquerque NM 87109				



Boynton Beach Rehabilita	ation Center			Provider Number:	0 263460-00		
9600 Lawrence Road		-		Date:	4/8/2013		
Boynton Beach FL 33436		_		Fiscal Year End:	6/30/2004		
				Audit Status:	Revised Field Audit [5]		
Provider Type:							
			Current	New	Effective		
Minimus - III C	9 - I I	_	Rate	Rate	Date		
Nursing Home S	Single Level		162.30	161.72	7/1/2006		
L	evel H: AIDS	_	289.43	288.85	7/1/2006		
L	evel U: Fragile Under 21	-	391.43	390.85	7/1/2006		
Rate Type :							
			The second second				
Interim	Interim	X	Prospectiv	Total Prospective			
Total Interim Interim Component			Prospective Adjusted for New Costs				
X Settlement based on costs			***************************************	Total Prospective with			
	Provider Prospective data			•	•		
Basis:		Changes					
Budget			Licensure	e Rating Change	· 		
Unaudited costs			-	d Customary Limitatio	n		
X Field audited co			Target Rate limitation change				
Field audit - inte	erim portion		FRVS Ch	nange			
Desk audited co		X					
Desk audit - Inte	erim Portion ospective portion		Rate Semester Change On FRV [2] as of 07/01/1998				
Distribution:	ospective portion						
Contract Managemen	t / Fiscal Agent		0	Thomas Parker			
Permanent File	c / 1 isodi 1 igoni	Me	dicaid Cost	Reimbursement Plann	ning and Finance		
For information	ı Onlv						
No Change in 1	•						
Home Office:	Southern HealthCare Manag	gement, LLC					
nome onice.	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328						



Boynton Beach Reha	bilitation Center			Provider Number:	0 263460-00		
9600 Lawrence Road				Date:	4/8/2013		
Boynton Beach FL 3	3436	<u>-</u>		Date: 4/8/2013 Fiscal Year End: Audit Status: Unaudited [3] New Rate Date Date Date 189.68 7/1/2007 321.62 7/1/2007 427.48 7/1/2007 321.62 7/1/2007 427.48 7/1/2007			
				,			
Provider Type:							
			Current				
Norman II am a	Circula I and		Rate				
Nursing Home	Single Level		189.69		7/1/2007		
	Level H: AIDS		321.63	321.62	7/1/2007		
	Level U: Fragile Under 21	_	427.49	427.48	7/1/2007		
Rate Type :				,			
Interim		X	Prospectiv	ve			
	Total Interim		X Total Prospective				
	Interim Component						
8	Settlement based on costs			Total Prospective with	Interim Component		
I	Prior Provider Prospective data						
Basis:		Changes:					
<u> </u>			_	•			
Budget			Licensure	e Rating Change	•		
X Unaudited	costs		Usual and	d Customary Limitatio	n		
Field audit	ed costs		Target Ra	ate limitation change			
Field audit	- interim portion		FRVS Cl	nange			
Desk audite	!	X	_	f FA & RFA #NH06-	169J FYE 6/30/04		
	- Interim Portion			ester Change			
	- Prospective portion		On FRV	[2] as of 07/01/1998			
<u>Distribution:</u>		•		Thomas Parker			
_	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ning and Finance		
Permanent File							
	aation Only						
No Chang	e in Rate						
Home Office:	Southern HealthCare Manag	gement, LLC					
Home Office.	R. Mark Cronquist	- *					
	5887 Glenridge Drive, Suite	150					
	Atlanta GA 30328						



Boynton Beach Rehabilitat	ion Center			Provider Number:	0 263460-00	
9600 Lawrence Road				Date:	4/8/2013	
Boynton Beach FL 33436				Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type:				Tradit Status.		
V .			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home Si	ngle Level		213.28		7/1/2009	
Lev	vel H: AIDS		353.63	353.64	7/1/2009	
Lev	vel U: Fragile Under 21	_	466.25	466.26	7/1/2009	
Rate Type :						
Interim		X	Prospective	2		
Total I	Interim		<u>X</u> 7	Total Prospective		
Interin	n Component	Prospective Adjusted for New Costs				
	nent based on costs			Total Prospective with	Interim Component	
Prior P	rovider Prospective data					
Basis:		Changes:				
			Licomouno	Dating Change		
Budget X Unaudited costs				Rating Change	_	
Field audited costs	ts	Usual and Customary Limitation Target Rate limitation change				
Field audit - inter			FRVS Ch			
Desk audited cost	•	X				
Desk audit - Inter	§			ester Change		
Desk Audit - Pros	spective portion		On FRV [2] as of 07/01/1998		
Distribution:				Thomas Parker		
Contract Management	/ Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance	
Permanent File				•	-	
For information	-					
No Change in R	ate					
Home Office:	Southern HealthCare Manager	nent, LLC				
	R. Mark Cronquist					
	5887 Glenridge Drive, Suite 15	0				
	Atlanta GA 30328					
	·					



Boynton Beach Rehabilitation Cente	r			Provider Number:	0 263460-00	
9600 Lawrence Road Date:			4/8/2013			
Boynton Beach FL 33436			•	Fiscal Year End:	12/31/2008	
•				Audit Status:	Unaudited [3]	
Provider Type:	•					
		(Current	New	Effective	
Name to Till Or N. Y.	•		Rate	Rate	Date	
Nursing Home Single Le	vei		201.76		1/1/2010	
Level H: All	DS		343.68	343.69	1/1/2010	
Level U: Fra	gile Under 21		457.56	457.57	1/1/2010	
Rate Type :						
Interim		X 1	Prospective	:		
Total Interim		,	<u>X</u> 7	Total Prospective		
Interim Compor				Prospective Adjusted		
Settlement based				Total Prospective with	Interim Component	
Prior Provider P	rospective data					
Basis:		Changes:				
			T is an array	Dating Change		
Budget X Unaudited costs		***************************************		Rating Change	n	
Field audited costs		Usual and Customary Limitation Target Rate limitation change				
Field audit - interim portio	en		FRVS Ch	-		
Desk audited costs		X	Effects of	FA & RFA #NH06-	169J FYE 6/30/04	
Desk audit - Interim Portio	1 1			ester Change		
Desk Audit - Prospective p	ortion		On FRV [2] as of 07/01/1998		
<u>Distribution:</u>			7)	Thomas Parker		
Contract Management / Fiscal A	gent	Med	icaid Cost	Reimbursement Plann	ning and Finance	
Permanent File						
For information Only					,	
No Change in Rate						
Home Office: Souther	n HealthCare Manageme	ent, LLC				
R. Mark	Cronquist					
· ·	enridge Drive, Suite 150					
Atlanta (GA 30328					



Medicaid Reimbursement Per Diem Rates

Macclenny Nursing a	nd Rehab			Provider Number:	0 263516-00
755 South 5th Street				Date:	1/17/2013
MacClenny FL 32063				Fiscal Year End:	6/30/2004
	South 5th Street acClenny FL 32063 Fiscal Year Audit Street acClenny FL 32063 Fiscal Year Audit Street Rate New Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rate Rat	Audit Status:	Revised Field Audit [5]		
Provider Type: Nursing Home	Single Level	·	Rate		Effective Date 7/1/2006
	Level H: AIDS	:	290.00	288.97	7/1/2006
	Level U: Fragile Under 21		392.00	390.97	7/1/2006
Basis: Budget Unaudited of X Field audite	enterim Component Settlement based on costs Prior Provider Prospective data costs ed costs	Changes:	Licensur Usual an Target R	d Customary Limitation change	n Interim Component
Desk audite Desk audit	d costs Interim Portion	X	FA & RI Rate Sem	FA NH 06-170J FYE nester Change	6/30/2004
Distribution:			28	Thomas Parker	
Permanent File For inform No Chang	ation Only e in Rate		icaid Cos		ning and Finance
Home Office:					

18



Date. 1/1//2015	Macclenny Nursing and Rehab				Provider Number:	0 263516-00	
Provider Type: Current Rate Rate Rate Date	755 South 5th Street			Date:	1/17/2013		
Provider Type: Current Rate New Rate Date	MacClenny FL 32063	Fiscal Year End: 12/			12/31/2005	1/2005	
Nursing Home Single Level 148.83 148.55 1/1/2007 Level H: AIDS 278.43 278.15 1/1/2007 Level U: Fragile Under 21 382.42 382.14 1/1/2007 Rate Type: Interim X Prospective Interim Omponent Prospective Adjusted for New Costs Total Prospective with Interim Component Prior Provider Prospective data Basis: Changes: Changes:							
Nursing Home Single Level Level H: AIDS Level U: Fragile Under 21 Level U: Fragile Under 21 Rate Type: Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Changes: Usual and Customary Limitation Target Rate limitation change Field audited costs Field audited costs Field audited costs Field audited costs Field audited costs Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Interim Prospective portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Prospective portion Desk audit - Interim Portion Desk audit - Prospective portion Target Rate limitation change Field audited costs Target Rate limitation Field audited costs	Provider Type:				Track Status	<u> </u>	
Level H: AIDS 278.43 278.15 1/1/2007 Level U: Fragile Under 21 382.42 382.14 1/1/2007 Rate Type :	V 1			Current	=	Effective	
Level H: AIDS Level U: Fragile Under 21 Second		~					
Level U: Fragile Under 21 382.42 382.14 1/1/2007	Nursing Home	Single Level		148.83	<u> 148.55</u> _	1/1/2007	
Interim		Level H: AIDS	_	278.43	278.15	1/1/2007	
Interim		Level U: Fragile Under 21	_	382.42	382.14	1/1/2007	
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:			v	Duagnastic			
Interim Component Settlement based on costs Prior Provider Prospective data Basis:		stal Interim					
Basis: Budget X Unaudited costs Field audit- interim portion Desk audit- Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Sastilement based on costs Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA NH 06-170J FYE 6/30/2004 Rate Semester Change On FRV [2] as of 08/27/1990 Thomas Parker Medicaid Cost Reimbursement Planning and Finance			•	***************************************	-	for New Costs	
Budget X Unaudited costs Field audit- interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA NH 06-170J FYE 6/30/2004 Rate Semester Change On FRV [2] as of 08/27/1990 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150		-					
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change VX Effects of FA & RFA NH 06-170J FYE 6/30/2004 Rate Semester Change On FRV [2] as of 08/27/1990 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance						•	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change X Effects of FA & RFA NH 06-170J FYE 6/30/2004 Rate Semester Change On FRV [2] as of 08/27/1990 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Rasis		Changes				
X Unaudited costs	1745151		Changes.	J			
Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valuation Valu	Budget			Licensure	Rating Change		
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150 FRVS Change X Effects of FA & RFA NH 06-170J FYE 6/30/2004 Rate Semester Change On FRV [2] as of 08/27/1990 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		osts		Usual and	d Customary Limitatio	n	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150 X Effects of FA & RFA NH 06-170J FYE 6/30/2004 Rate Semester Change On FRV [2] as of 08/27/1990 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Field audited	l costs		Target Ra	ate limitation change		
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Field audit -	interim portion		FRVS Cl	nange		
Desk Audit - Prospective portion On FRV [2] as of 08/27/1990 Thomas Parker Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150							
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150							
Permanent File For information Only No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150				20			
Permanent FileFor information OnlyNo Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Contract Manager	nent / Fiscal Agent	——————————————————————————————————————	dicaid Cost	Reimbursement Plan	ning and Finance	
No Change in Rate Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150						J	
Home Office: Southern HealthCare Management, LLC R. Mark Cronquist 5887 Glenridge Drive, Suite 150	For informa	tion Only					
R. Mark Cronquist 5887 Glenridge Drive, Suite 150	No Change	in Rate					
R. Mark Cronquist 5887 Glenridge Drive, Suite 150	Home Office	Southern HealthCare Manage	gement, LLC				
5887 Glenridge Drive, Suite 150	Tiome Office.	1			an monorman		
Atlanta GA 30328		5887 Glenridge Drive, Suite	150				
		Atlanta GA 30328					



Macclenny Nursing and Rehab 755 South 5th Street				Provider Number:	0 263516-00		
		Date:	1/17/2013				
MacClenny FL 32063			Fiscal Year End: 12/3		12/31/2005		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Nuncina II ama	Cinale Level		Rate	Rate	Date		
Nursing Home	Single Level	*******	151.82		2/1/2007		
	Level H: AIDS		281.42	281.13	2/1/2007		
	Level U: Fragile Under 21	_	385.41	385.12	2/1/2007		
Rate Type:							
Interim		X	Prospectiv				
	otal Interim		X	Total Prospective			
Interim Component			Prospective Adjusted for New Costs Total Prospective with Interim Component				
	ettlement based on costs rior Provider Prospective data		****	Total Prospective with	i interim Component		
	noi riovidei riospective data						
Basis:		Changes:	_				
Budget			Licensur	e Rating Change			
X Unaudited c	osts		Usual and Customary Limitation				
Field audite		-		ate limitation change	. -		
Field audit -	- interim portion		FRVS C	hange	,		
Desk audited		X		of FA & RFA NH 06-1	170J FYE 6/30/2004		
	Interim Portion		-	nester Change [2] as of 08/27/1990			
Distribution:	- Prospective portion		DI PRV				
	ment / Fiscal Agent		0	Thomas Parker			
Permanent File	ment / Piscai Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance		
For information	ation Only						
No Change	•						
ino Change							
Home Office:	Southern HealthCare Mana	gement, LLC					
	R. Mark Cronquist	150					
	5887 Glenridge Drive, Suite Atlanta GA 30328	: 150					
	Atlanta GA 30326						



Macclenny Nursing and	Rehab			Provider Number:	0 263516-00
755 South 5th Street				Date:	1/17/2013
MacClenny FL 32063				Fiscal Year End:	12/31/2005
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	148.83		3/1/2007
	Level H: AIDS		278.43	278.15	3/1/2007
	Level U: Fragile Under 21		382.42	382.14	3/1/2007
Inte	ral Interim erim Component element based on costs or Provider Prospective data	Changes	Licensur	Total Prospective Prospective Adjusted : Total Prospective with e Rating Change d Customary Limitatio	Interim Component
Field audited Field audit - i	costs nterim portion		Target R	ate limitation change hange	
Desk audited of Desk audit - In Desk Audit - In		<u> </u>	Rate Sen	of FA & RFA NH 06-1 nester Change [2] as of 08/27/1990	170J FYE 6/30/2004
Distribution:			7-B	Thomas Parker	
Contract Managem Permanent FileFor informatiNo Change i	ion Only	M	edicaid Cos	t Reimbursement Plani	ning and Finance
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Macclenny Nursing an	d Rehab			Provider Number:	0 263516-00
755 South 5th Street				Date:	1/17/2013
MacClenny FL 32063	•		Fiscal Year End:		12/31/2006
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 166.96	New Rate 166.92	Effective
- · · · · · · · · · · · · · · · · · · ·	~				7/1/2007
	Level H: AIDS		298.90	298.86	7/1/2007
	Level U: Fragile Under 21		404.76	404.72	7/1/2007
Basis: Budget X Unaudited co		Changes:	Licensure Usual and	Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Desk audited Desk audit -	-	X	Effects o Rate Sem	f FA & RFA NH 06-1 lester Change [2] as of 08/27/1990	170J FYE 6/30/2004
Distribution:			20	Thomas Parker	
Contract Manager Permanent File For informa No Change	•	Med	dicaid Cost	Reimbursement Plani	ning and Finance
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328		149 148 144 144 144 144 144 144 144 144 144 144 144 144 144 14		



Macclenny Nursing ar	nd Rehab			Provider Number:	0 263516-00
755 South 5th Street				Date:	1/17/2013
MacClenny FL 32063				Fiscal Year End:	12/31/2006
				Audit Status:	Unaudited [3]
Provider Type:	G: 1.1 .		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		165.66	<u> 165.62</u> _	1/1/2008
	Level H: AIDS		299.66	_299.62	1/1/2008
	Level U: Fragile Under 21	_	407.18	407.14	1/1/2008
	otal Interim	X]	Fotal Prospective Prospective Adjusted	
	ettlement based on costs rior Provider Prospective data			Total Prospective with	Interim Component
Basis:		Changes:			
Desk audite Desk audit -	d costs - interim portion		Usual and Target Ra FRVS Ch Effects of Rate Semi-	Rating Change Customary Limitation te limitation change ange FA & RFA NH 06-1 ester Change [2] as of 08/27/1990	
Distribution:	. rospouro postos.		7_0	Thomas Parker	
Contract Manage Permanent File For information No Change	•	Med	dicaid Cost	Reimbursement Plant	ning and Finance
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Macclenny Nursing and Rehab				Provider Number:	0 263516-00			
755 South 5th Street	755 South 5th Street			Date:	1/17/2013			
MacClenny FL 32063			Fiscal Year End: 12/3		12/31/2006			
				Audit Status:	Unaudited [3]			
Provider Type:								
			Current	New	Effective			
Name II om o	Cinale Land		Rate	Rate	Date			
Nursing Home	Single Level	•	167.37		7/1/2008			
	Level H: AIDS		303.65	303.61	7/1/2008			
	Level U: Fragile Under 21	_	413.00	412.96	7/1/2008			
Rate Type :			- 44					
Interim		X	Prospectiv	ve .				
	Total Interim		Total Prospective					
Interim Component				Prospective Adjusted				
	settlement based on costs			Total Prospective with	Interim Component			
1 [*]	rior Provider Prospective data							
Basis:		Changes:						
Budget			Licensur	e Ratino Change				
X Unaudited of	costs		Licensure Rating Change Usual and Customary Limitation					
Field audite			Target Rate limitation change					
Field audit	- interim portion		FRVS C	hange				
Desk audite		X		f FA & RFA NH 06-1	170J FYE 6/30/2004			
	- Interim Portion			nester Change				
	- Prospective portion		On FRV	[2] as of 08/27/1990				
Distribution:			75	Thomas Parker				
_	ement / Fiscal Agent	Me	dicaid Cost	t Reimbursement Plani	ning and Finance			
Permanent File	ation Only							
For inform	•							
No Chang	e in Kate			•				
Home Office:	Southern HealthCare Man	agement, LLC						
	R. Mark Cronquist							
	5887 Glenridge Drive, Suit	te 150						
	Atlanta GA 30328							



Macclenny Nursing and	Rehab			Provider Number:	0 263516-00	
755 South 5th Street				Date:	1/17/2013	
MacClenny FL 32063	,		Fiscal Year End:		12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	_	Current Rate 162.51	New Rate 162.47	Effective	
	Level H: AIDS		300.86	300.82	1/1/2009	
	Level U: Fragile Under 21		411.87	411.83	1/1/2009	
Into	tal Interim erim Component tlement based on costs or Provider Prospective data	X		e Total Prospective Prospective Adjusted : Total Prospective with		
Desk audited Desk audit - I	costs	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o Rate Sem	e Rating Change Id Customary Limitation Interpretation change Interpretation change Interpretation change Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Interpretation Inter		
Distribution: Contract Managem	ent / Fiscal Agent	Me	dicaid Cost	Thomas Parker Reimbursement Plani	ning and Finance	
Permanent File For informat No Change i	•	ivie	arcaid Cost	. Achidui schicht Fiah	and I mance	
Home Office:	Southern HealthCare Manag R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Macclenny Nursing and	Rehab			Provider Number:	0 263516-00	
755 South 5th Street				Date:	1/17/2013	
MacClenny FL 32063				Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	- -	Current Rate 148.89	New Rate 148.85	Effective Date 3/1/2009	
I	Level H: AIDS		287.24	287.20	3/1/2009	
I	Level U: Fragile Under 21		398.25	398.21	3/1/2009	
Basis: Budget X Unaudited cost Field audited c Field audit - in	costs atterim portion	Changes	Licensure Usual and Target Ra FRVS Ch	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Ite limitation change ange	n Interim Component	
Desk audited c Desk audit - In Desk Audit - P		<u>X</u>	Rate Sem	FA & RFA NH 06- ester Change 2] as of 08/27/1990	170J FYE 6/30/2004	
Distribution: Contract Manageme Permanent File For information No Change in	on Only		edicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	•				



Macclenny Nursing a	nd Rehab			Provider Number:	0 263516-00	
755 South 5th Street		•		Date:	1/17/2013	
MacClenny FL 32063	3			Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	-	Current Rate 185.39	New Rate 185.35	Effective Date 4/1/2009	
runsing monit	Single Devel	-	165.57		4/1/2007	
	Level H: AIDS		323.74	323.70	4/1/2009	
	Level U: Fragile Under 21		434.75	434.71	4/1/2009	
Rate Type:						
Interim		X	Prospectiv	e		
	Total Interim		<u>X</u>	Total Prospective		
I	nterim Component			Prospective Adjusted	for New Costs	
S	Settlement based on costs			Total Prospective with	1 Interim Component	
F	Prior Provider Prospective data					
Basis:		Change	38			
ъ 1.			Licencure	e Rating Change		
Budget X Unaudited	a a sta	-		d Customary Limitation		
Field audite				ate limitation change)(1	
***************************************	- interim portion		FRVS C	_		
Desk audite	-	- X	_	f FA & RFA NH 06-1	1701 FVF 6/30/2004	
	- Interim Portion			ester Change	1700 1 11 0/20/2004	
Desk Audit	- Prospective portion			[2] as of 08/27/1990		
Distribution:	•		76	Thomas Parker		
_	ement / Fiscal Agent		ledicaid Cost	Reimbursement Plan	ning and Finance	
Permanent File					-	
For inform	nation Only					
No Chang	e in Rate					
Home Office:	Southern HealthCare Mana	gement, LLC				
Home Office.	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	-				



Macclenny Nursing	and Rehab			Provider Number:	0 263516-00
755 South 5th Street	755 South 5th Street Date:		1/17/2013		
MacClenny FL 3206	3	_	Fiscal Year End: 12/31/2		12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N.	C: 1 * 1	_	Rate	Rate	Date
Nursing Home	Single Level	-	189.66		7/1/2009
	Level H: AIDS		330.01	329.97	7/1/2009
	Level U: Fragile Under 21		442.63	442.59	7/1/2009
Data Truncal					
Rate Type:					
Interim		X	Prospectiv		
	Total Interim		<u>X</u>	Total Prospective	Com Marco Cometa
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	Settlement based on costs Prior Provider Prospective data		***************************************	Total Prospective will	i internii Component
	Frior Frovider Frospective data				
Basis:		Changes:			
5 .1			Liaanaum	e Rating Change	
Budget X Unaudited	costs		-	e Rating Change d Customary Limitatio	un.
Field audi			_	ate limitation change	MI .
	t - interim portion		FRVS C		
Desk audi	-	X	-	of FA & RFA NH 06-1	170J FYE 6/30/2004
	t - Interim Portion		_	nester Change	
Desk Aud	it - Prospective portion		On FRV	[2] as of 08/27/1990	
Distribution:	•		アイト	Thomas Parker	
Contract Manag	gement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For inform	mation Only				
No Chan	ge in Rate				
Home Office:	Southern HealthCare Mana	agement, LLC	·		
Trong Office.	R. Mark Cronquist				
	5887 Glenridge Drive, Suit	e 150			
	Atlanta GA 30328			17.7	
	I I			1	



Macclenny Nursing and Re	hab			Provider Number:	0 263516-00
755 South 5th Street				Date:	1/17/2013
MacClenny FL 32063					12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level	**********	urrent Rate	New Rate 186.89	Effective Date 1/1/2010
	vel H: AIDS vel U: Fragile Under 21	Marie .	28.85	328.81 442.69	1/1/2010 1/1/2010
Interin Settlen Prior F Basis:	Interim In Component Inent based on costs Provider Prospective data	Changes:		Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited cos Field audit - inter Desk audited cos Desk audit - Inter Desk Audit - Pros	rim portion ts rim Portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	e Rating Change If Customary Limitation Ite limitation change Ite ange If FA & RFA NH 06-1 Ite Change Ite as of 08/27/1990	
Distribution: Contract Management Permanent File For information No Change in R Home Office:	Only	ement, LLC	caid Cost	Thomas Parker Reimbursement Plann	ning and Finance



Macclenny Nursing and Rehab 755 South 5th Street				Provider Number:	0 263516-00
				Date:	1/17/2013
MacClenny FL 32063				Fiscal Year End:	12/31/2009
			,	Audit Status:	Unaudited [3]
Provider Type:					
• •			Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level	_	192.20	192.16	7/1/2010
Le	evel H: AIDS		335.54	335.50	7/1/2010
Le	evel U: Fragile Under 21	_	450.57	450.53	7/1/2010
Interio	erim portion sts rim Portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects of	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation I Change	n Interim Component
Distribution: Contract Management Permanent File For information No Change in H Home Office:	n Only Rate Southern HealthCare Manage		dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance
	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328	150			



Macclenny Nursing and R	tehab			Provider Number:	0 263516-00	
755 South 5th Street		-		Date:	1/17/2013	
MacClenny FL 32063	Fiscal Year End:			12/31/2009		
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home S	ingle Level	_	Current Rate 194.35	New Rate 194.31	Effective Date 1/1/2011	
-		-				
L	evel H: AIDS		339.21	339.17	1/1/2011	
L	evel U: Fragile Under 21		455.46	455.42	1/1/2011	
Inter Settle Prior	I Interim im Component ement based on costs Provider Prospective data	X		e Total Prospective Prospective Adjusted : Total Prospective with		
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audit - Int Desk Audit - Pr	erim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o	e Rating Change I Customary Limitation ate limitation change nange I FA & RFA NH 06-1 ester Change [2] as of 08/27/1990		
Distribution: Contract Management Permanent File For informatio No Change in	n Only	Me	dicaid Cost	Thomas Parker Reimbursement Plant	ning and Finance	
Home Office:	Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328					



Macclenny Nursing ar	nd Rehab			Provider Number:	0 263516-00
755 South 5th Street		-		Date:	1/17/2013
MacClenny FL 32063		.		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	Cincola I musi	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	*******	189.22	<u> 189.18</u> _	7/1/2011
	Level H: AIDS		335.42	335.38	7/1/2011
	Level U: Fragile Under 21	_	452.75	452.71	7/1/2011
Rate Type :					
Interim		<u> </u>	Prospectiv	e	
	otal Interim			Total Prospective	
	nterim Component		-	Prospective Adjusted	
	ettlement based on costs		***************************************	Total Prospective with	Interim Component
P	rior Provider Prospective data				
Basis:		Changes:			
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Budget X Unaudited of	rosts			d Customary Limitatio	ın
Field audite				ate limitation change	M.
	- interim portion		FRVS C		
Desk audite	-	X		f FA & RFA NH 06-1	170J FYE 6/30/2004
	Interim Portion			ester Change	
Desk Audit	- Prospective portion		On FRV	[2] as of 08/27/1990	
<u>Distribution:</u>			フィノ	Thomas Parker	
Contract Manage	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File		1110	aidaid Cobi		and and a many
For inform	ation Only				
No Change	e in Rate				
Home Office:	Southern HealthCare Mana	gement, LLC			
Home Office.	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Macclenny Nursing and Rehab				Provider Number:	0 263516-00		
755 South 5th Street	Date.			1/17/2013			
MacClenny FL 32063		Fiscal Year End:		12/31/2010			
				Audit Status:	Unaudited [3]		
Provider Type:							
••			Current	New	Effective		
.	~		Rate	Rate	Date		
Nursing Home	Single Level	,	190.40		1/1/2012		
	Level H: AIDS		338.01	337.97	1/1/2012		
	Level U: Fragile Under 21	-	456.47	456.43	1/1/2012		
Rate Type:							
Interim		X	Prospectiv	ve .			
	otal Interim		***************************************	Total Prospective			
	terim Component	Prospective Adjusted for New Costs					
	ttlement based on costs			Total Prospective with	Interim Component		
Pr	ior Provider Prospective data						
Basis:		Changes	<u>:</u>				
n 1 .			Liconour	o Pating Change			
Budget X Unaudited co	acts:			e Rating Change	ın.		
Field audited			Usual and Customary Limitation Target Rate limitation change				
	interim portion		FRVS CI	-			
Desk audited	- 1	X	_	f FA & RFA NH 06-1	170J FYE 6/30/2004		
Desk audit -	Interim Portion		Rate Semester Change				
Desk Audit -	Prospective portion		On FRV	[2] as of 08/27/1990			
Distribution:			フカラ	Thomas Parker			
_	nent / Fiscal Agent	Me	edicaid Cost	t Reimbursement Plani	ning and Finance		
Permanent File							
For informa	tion Only						
No Change	in Rate						
Home Office:	Southern HealthCare Mana	gement, LLC					
Trome Office.	R. Mark Cronquist	-					
	5887 Glenridge Drive, Suite	150					
	Atlanta GA 30328						



Macclenny Nursing and	Rehab			Provider Number:	0 263516-00
755 South 5th Street			Date:	1/17/2013	
MacClenny FL 32063				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		198.80	198.76	7/1/2012
	Level H: AIDS	<u>.</u>	348.01	347.97	7/1/2012
	Level U: Fragile Under 21	_	467.76	467.72	7/1/2012
Inte	al Interim erim Component element based on costs or Provider Prospective data	Changes:	Licensure	Total Prospective Prospective Adjusted to Total Prospective with	n Interim Component
X Unaudited cos Field audited Field audit - in	costs			d Customary Limitation ate limitation change nange	n
Desk audited of Desk audit - In Desk Audit - In		<u> </u>	Rate Sem	f FA & RFA NH 06-1 tester Change [2] as of 08/27/1990	170J FYE 6/30/2004
Distribution:			2/	Thomas Parker	
Contract Managemers Permanent File For informati No Change in	on Only	Med	licaid Cost	Reimbursement Plann	ning and Finance
Home Office:	R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328				



Macclenny Nursing and Rehab 755 South 5th Street				Provider Number:	0 263516-00
				Date:	1/17/2013
MacClenny FL 32063		•		Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home Si	ngle Level		Current Rate 201.06	New Rate 201.02	Effective Date 1/1/2013
Le	vel H: AIDS		351.87	351.83	1/1/2013
Le	vel U: Fragile Under 21		472.91	472.87	1/1/2013
Interin Settlen Prior F	Interim n Component nent based on costs Provider Prospective data			e Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:		Changes:	Usual and Target Ra FRVS Ch Effects o Rate Sem On FRV	FFA & RFA NH 06-1 ester Change [2] as of 08/27/1990 Thomas Parker	170J FYE 6/30/2004
Contract Management Permanent FileFor informationNo Change in R Home Office:	Only	gement, LLC	licaid Cost	Reimbursement Plans	ning and Finance



Cypress Village				Provider Number:	0 307998-00			
	4600 Middleton Park, Circle East			Date:	1/23/2013			
Jacksonville FL 3222	4			Fiscal Year End:	12/31/2006			
				Audit Status:	Field Audited [2]			
Provider Type:								
			Current	New	Effective			
	a		Rate	Rate	Date			
Nursing Home	Single Level	<u></u>	189.95		1/1/2008			
	Level H: AIDS		323.95	319.27	1/1/2008			
	Level U: Fragile Under 21		431.47	426.79	1/1/2008			
	Ü							
Rate Type:		•						
Interim		X	Prospectiv	7P				
	Total Interim		-	Total Prospective				
Interim Component			***************************************	Prospective Adjusted	for New Costs			
	Settlement based on costs		Total Prospective with Interim Component					
	Prior Provider Prospective data			1	•			
Basis:	•	Changes:						
Dasis.		Changes.	J					
Budget			Licensur	e Rating Change				
Unaudited	costs	Usual and Customary Limitation						
X Field audite	ed costs		Target Rate limitation change					
Field audit	- interim portion		FRVS C	hange				
Desk audite		X	-	dit NH11-046L FYE	12/31/2006			
	- Interim Portion			nester Change				
	- Prospective portion		On FRV	[2] as of 10/14/1991				
<u>Distribution:</u>		`/	10	Thomas Parker				
_	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plant	ning and Finance			
Permanent File								
	nation Only							
No Chang	e in Rate							
Home Office:	Brookdale Senior Living, Inc.							
Troine Office,	Russ Bellora							
	6737 W Washington Street							
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Cypress Village				Provider Number:	0 307998-00	
4600 Middleton Park, Circle East				Date:	1/23/2013	
Jacksonville FL 3222	Jacksonville FL 32224			Fiscal Year End:	12/31/2006	
				Audit Status:	Field Audited [2]	
Provider Type:	Single Level	***************************************	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		<u>191.99</u>		7/1/2008	
	Level H: AIDS		328.27	323.51	7/1/2008	
	Level U: Fragile Under 21	_	437.62	432.86	7/1/2008	
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with		
Basis:		Changes:	Licensum	e Rating Change		
Unaudited X Field audit			Usual and	d Customary Limitation than the limitation change	on	
	ed costs - Interim Portion t - Prospective portion	<u>X</u>	Rate Sen	dit NH11-046L FYE nester Change [2] as of 10/14/1991	12/31/2006	
Distribution:			7	Thomas Parker		
Permanent File	gement / Fiscal Agent mation Only ge in Rate	Med	licaid Cos	t Reimbursement Planı	ning and Finance	
Home Office:	Brookdale Senior Living, Ind Russ Bellora 6737 W Washington Street Milwaukee WI 53214	: .				



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park, Circle East				Date:	1/23/2013
Jacksonville FL 32224				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type:		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		192.18	192.16	1/1/2009
	Level H: AIDS		330.53	330.51	1/1/2009
	Level U: Fragile Under 21		441.54	441.52	1/1/2009
Int Set	etal Interim terim Component ttlement based on costs for Provider Prospective data	X Changes:]	e Fotal Prospective Prospective Adjusted : Fotal Prospective with	F .
X Unaudited co Field audited			Usual and	l Customary Limitation te limitation change	n
Desk audited Desk audit - I	-	X	Rate Sem	Field Audit NH11-0 ester Change [2] as of 10/14/1991	046L FYE 12/31/06
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Contract Managem Permanent File For informat No Change	tion Only	Med	dicaid Cost	Reimbursement Plani	ning and Finance
Home Office:	Brookdate Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Cypress Village				Provider Number:	0 307998-00	
4600 Middleton Park,	ton Park, Circle East Dat		Date:	1/23/2013		
Jacksonville FL 3222	4			Fiscal Year End:	12/31/2007	
				Audit Status:	Unaudited [3]	
Provider Type:						
		(Current	New	Effective	
Nursing Home	Single Level	-	Rate 176.07	Rate	Date 3/1/2009	
nursing Home	Single Level		1/0.0/	<u> 176.05</u> _	3/1/2009	
	Level H: AIDS	_	314.42	314.40	3/1/2009	
	Level U: Fragile Under 21	_	425.43	425.41	3/1/2009	

Rate Type :						
Interim	n . 1 v !	X	Prospectiv			
	Total Interim Interim Component			Total Prospective Prospective Adjusted	for Naw Costs	
	Settlement based on costs			Total Prospective with		
	Prior Provider Prospective data			Total Trospoditio Wila	i interim Component	
Basis:	A	Changes:				
Dasis.		Changes:	J			
Budget			Licensur	e Rating Change		
X Unaudited	costs			d Customary Limitatio	n	
Field audite	ed costs	Target Rate limitation change				
***************************************	- interim portion	FRVS Change				
Desk audite	ed costs - Interim Portion	X Effects of Field Audit NH11-046L FYE 12/31/06 Rate Semester Change				
	- Prospective portion			[2] as of 10/14/1991		
<u>Distribution:</u>			B	Thomas Parker		
Contract Manage	ement / Fiscal Agent	Med	dicaid Cos	Reimbursement Plani	ning and Finance	
Permanent File					g	
***************************************	nation Only					
No Chang	e in Rate					
Home Office:	Brookdale Senior Living, Inc.	1000				
	Russ Bellora					
	6737 W Washington Street					
	Milwaukee WI 53214					



Cypress Village				Provider Number:	0 307998-00		
	Middleton Park, Circle East			Date:	1/23/2013		
Jacksonville FL 3222	4			Fiscal Year End:	12/31/2007		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
Numeiu a II ama	Cimalo I and		Rate	Rate	Date		
Nursing Home	Single Level	-	207.56		4/1/2009		
	Level H: AIDS		345.91	345.89	4/1/2009		
	Level U: Fragile Under 21		456.92	456.90	4/1/2009		
Rate Type :			***************************************				
Interim		X	Prospectiv	⁄e			
7	Total Interim		<u>x</u>	Total Prospective			
Interim Component		Prospective Adjusted for New Costs					
***************************************	Settlement based on costs		***************************************	Total Prospective with	Interim Component		
F	Prior Provider Prospective data						
Basis:		Changes	3:				
Budget			Licensure	e Rating Change			
X Unaudited	costs		_	d Customary Limitatio	an		
Field audite		Target Rate limitation change					
Field audit	- interim portion		FRVS C	hange			
Desk audite	1	X		f Field Audit NH11-0	046L FYE 12/31/06		
	- Interim Portion			ester Change			
	- Prospective portion		On FRV	[2] as of 10/14/1991	777777777777777777777777777777777777777		
Distribution:			76	Thomas Parker			
	ement / Fiscal Agent	M	ledicaid Cost	t Reimbursement Plan	ning and Finance		
Permanent File							
	nation Only						
No Chang	e in Rate						
Home Office:	Brookdale Senior Living, Inc.			y			
	Russ Bellora						
	6737 W Washington Street						
	Milwaukee WI 53214						



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park,			Date:	1/23/2013	
Jacksonville FL 3222	4			Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	***********	Current Rate 210.93	New Rate 210.91	Effective Date 7/1/2009
	Level H: AIDS		351.28	351.26	7/1/2009
	Level U: Fragile Under 21		463.90	463.88	7/1/2009
Basis: Budget X Unaudited of Field audited	ed costs	Changes:	Licensure Usual and Target R	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component
Desk audite Desk audit	- interim portion ed costs - Interim Portion - Prospective portion	FRVS Change X Effects of Field Audit NH11-046L FYE 12/31/06 Rate Semester Change On FRV [2] as of 10/14/1991			946L FYE 12/31/06
Distribution:			7/	Thomas Parker	
Permanent File	ement / Fiscal Agent nation Only e in Rate	Med	licaid Cost	t Reimbursement Plani	ning and Finance
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214		***************************************		



Cypress Village				Provider Number:	0 307998-00	
4600 Middleton Park, Circle East			Da		e: 1/23/2013	
Jacksonville FL 32224				Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home S	lingle Level		208.68	208.66	1/1/2010	
L	evel H: AIDS	-	350.60	350.58	1/1/2010	
Le	evel U: Fragile Under 21		464.48	464.46	1/1/2010	
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk Audit - Pro Distribution: Contract Management Permanent File For information No Change in	erim portion ests erim portion ests erim Portion ospective portion at / Fiscal Agent on Only	Changes:	Licensure Usual and Target Ra FRVS CI Effects o Rate Sem On FRV	Total Prospective Prospective Adjusted to Total Prospective with Retail Prospective with the Rating Change and Customary Limitation change	Interim Component on 046L FYE 12/31/06	
Home Office:	Russ Bellora 6737 W Washington Street Milwaukee WI 53214					



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park, Cir			Date:	1/23/2013	
Jacksonville FL 32224	· · · · · · · · · · · · · · · · · · ·			Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 210.61	New Rate 210.59	Effective Date 7/1/2010
·	evel H: AIDS		353.95	353.93	7/1/2010
L	evel U: Fragile Under 21		468.98	468.96	7/1/2010
Inter Settle	l Interim im Component ement based on costs Provider Prospective data	X Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion		X	Usual and Target Ra FRVS Ch Effects of Rate Sem	e Rating Change I Customary Limitation ate limitation change nange f Field Audit NH11-0 ester Change [2] as of 10/14/1991	
Distribution: Contract Management Permanent File For information No Change in	on Only	Med	26 dicaid Cost	Thomas Parker Reimbursement Plant	ning and Finance
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Cypress Village			Provider Number:	0 307998-00		
4600 Middleton Park, Circle East			Date:	1/23/2013		
Jacksonville FL 32224			Fiscal Year End:	12/31/2009		
			Audit Status:	Unaudited [3]		
Provider Type:						
• •		Current	New	Effective		
	******	Rate	Rate	Date		
Nursing Home Single Level		212.86		1/1/2011		
Level H: AIDS		357.72	357.70	1/1/2011		
Level U: Fragile Under 21	_ _	473.97	473.95	1/1/2011		
Rate Type:		·				
Interim	X	Prospectiv	re			
Total Interim	***************************************		Total Prospective			
Interim Component		Prospective Adjusted for New Costs				
Settlement based on costs			Total Prospective with	1 Interim Component		
Prior Provider Prospective data						
Basis:	Changes:			- William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William William Will		
		Y :	Dation Change			
Budget X Unaudited costs		•	e Rating Change d Customary Limitatio			
Field audited costs			u Customary Emmatic ate limitation change	Ш		
Field audit - interim portion		FRVS CI	-			
Desk audited costs	X	Effects o	f Field Audit NH11-(046L FYE 12/31/06		
Desk audit - Interim Portion		-	nester Change			
Desk Audit - Prospective portion		On FRV	[2] as of 10/14/1991			
<u>Distribution:</u>		75	Thomas Parker			
Contract Management / Fiscal Agent	Me	dicaid Cost	t Reimbursement Plan	ning and Finance		
Permanent File						
For information Only						
No Change in Rate						
Home Office: Brookdale Senior Livin	g, Inc.					
Russ Bellora						
6737 W Washington Str	eet					
Milwaukee WI 53214			THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER			



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park,	Circle East			Date:	1/23/2013
Jacksonville FL 32224				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:		(Current	New	Effective
		•	Rate	Rate	Date
Nursing Home	Single Level	,	202.74	202.72	7/1/2011
	Level H: AIDS	,	348.94	348.92	7/1/2011
	Level U: Fragile Under 21	-	466.27	466.25	7/1/2011
Ir Se	otal Interim nterim Component ettlement based on costs rior Provider Prospective data	X Changes:		re Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit -	d costs interim portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	e Rating Change d Customary Limitation ate limitation change mange f Field Audit NH11-0 mester Change [2] as of 10/14/1991	
Distribution:			7,50	Thomas Parker	
Contract Manager Permanent File For informa No Change	•	Med	licaid Cost	t Reimbursement Plani	ning and Finance
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park, Circ	le East			Date:	1/23/2013
Jacksonville FL 32224				Fiscal Year End:	12/31/2010
	•			Audit Status:	Unaudited [3]
Provider Type:					
		(Current	New	Effective
N T	, , ,		Rate	Rate	Date
Nursing Home Si	ingle Level		202.93		1/1/2012
Le	vel H: AIDS	ź	350.54	350.52	1/1/2012
Le	vel U: Fragile Under 21		469.00	468.98	1/1/2012
Rate Type :					
Interim		X	Prospectiv	ė	
	Interim		•	Total Prospective	
	m Component			Prospective Adjusted	for New Costs
	ment based on costs		,	Total Prospective with	Interim Component
Prior I	Provider Prospective data				
Basis:		Changes:			
<u></u>			•		
Budget			Licensure	Rating Change	
X Unaudited costs				l Customary Limitatio	n
Field audited cos				te limitation change	
Field audit - inte	-		FRVS Ch	~	
Desk audited cos Desk audit - Inte	1	X		f Field Audit NH11-0 ester Change	146L FYE 12/31/06
Desk Audit - Pro	ı			[2] as of 10/14/1991	
Distribution:			0	Thomas Parker	
Contract Management	t / Fiscal Agent		<u>/</u>		1 77
Permanent File	· ·	Med	icaid Cost	Reimbursement Plan	ning and Finance
For information	Only				
No Change in F	· ·				
Home Office:	Brookdale Senior Living, Inc.				
	Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park, Ci	rcle East			Date:	1/23/2013
Jacksonville FL 32224				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tiddit Status.	
• 1		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		211.12	211.10	7/1/2012
·	Level H: AIDS		360.33	360.31	7/1/2012
I	Level U: Fragile Under 21		480.08	480.06	7/1/2012
Basis: Budget X Unaudited cost Field audited c Field audited c Desk audited c Desk audit - In	osts Iterim portion osts Iterim Portion rospective portion Int / Fiscal Agent On Only Rate	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with Reference Rating Change If Customary Limitation of the limitation change	on O46L FYE 12/31/06
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park, Circle	East			Date:	1/23/2013
Jacksonville FL 32224				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:				Audit Status.	Onaddica [5]
riovider Type.			Current Rate	New Rate	Effective Date
Nursing Home Sing	gle Level		213.85	213.83	1/1/2013
Leve	l H: AIDS		364.66	364.64	1/1/2013
Leve	l U: Fragile Under 21	_	485.70	485.68	1/1/2013
Rate Type :					
Interim	_	X	Prospective		
Total Int	rerim -			otal Prospective	
	Component			rospective Adjusted	
	nt based on costs		T	otal Prospective with	Interim Component
Prior Pro	ovider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited costs				Customary Limitatio	n
Field audited costs			•	e limitation change	
Field audit - interir	n portion .	**	FRVS Cha	· ·	AZT TITUT 40/24/02
Desk audited costs Desk audit - Interin	1 Portion	<u> </u>		Field Audit NH11-0 ster Change	146L FYE 12/31/06
Desk Audit - Prosp				2] as of 10/14/1991	
Distribution:		7	8	Thomas Parker	
Contract Management /	Fiscal Agent	Me	dicaid Cost I	Reimbursement Plani	ning and Finance
Permanent File	mls.				
For information O					
No Change in Rat	e				
Monie Office.	Brookdale Senior Living, Inc.				
	Russ Bellora				
	5737 W Washington Street Milwaukee WI 53214				
l and	MINGUROU WI JJ217				



MCHS- Delray				Provider Number:	0 309761-00	
16200 Jog Road				Date:	4/18/2013	
Delray Beach FL 33446	<u> </u>			Fiscal Year End:	4/30/2006	
				Audit Status:	Field Audited [2]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	. —	166.01	167.93	1/1/2007	
	Level H: AIDS	_	295.61	297.53	1/1/2007	
	Level U: Fragile Under 21	_	399.60	401.52	1/1/2007	
Basis: Budget Unaudited cos X Field audited Field audit - i Desk audited Desk audit - In	costs nterim portion costs nterim Portion Prospective portion ent / Fiscal Agent	Changes: X Me	Licensure Usual and Target R: FRVS CI Field Au Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	Interim Component 4/30/2006	
No Change i Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



MCHS- Delray				Provider Number:	0 309761-00
16200 Jog Road				Date:	4/18/2013
Delray Beach FL 33446				Fiscal Year End:	4/30/2006
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate 178.78	Effective Date 7/1/2007
Transing Monte	Single Level	****	170.04	170.70	7/1/2007
	Level H: AIDS	_	308.78	310.72	7/1/2007
	Level U: Fragile Under 21	-	414.64	416.58	7/1/2007
Basis: Budget Unaudited cos X Field audited of Field audited of Desk audited of	nterim portion	Changes	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management	ent / Fiscal Agent		edicaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance
Permanent File	in Only				
For informati	-				
No Change in					
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



MCHS-Ft. Myers				Provider Number:	0 310174-00
13881 Eagle Ridge D	rive			Date:	4/4/2013
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2006
				Audit Status:	Field Audited [2]
Provider Type:		,	Current	New	Effective
North and Thomas	Charle I and		Rate	Rate	Date
Nursing Home	Single Level	LOUISSON	163.41	165.49	1/1/2007
	Level H: AIDS		293.01	295.09	1/1/2007
	Level U: Fragile Under 21		397.00	399.08	1/1/2007
Rate Type :					
Interim		X	Prospectiv	^z e	
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data	***************************************			
Basis:		Changes:]		
Budget			Licensur	e Rating Change	
Unaudited of	costs	-		d Customary Limitation	on
X Field audite	ed costs			ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite	1	X		dit #NH11-125C FYI	E 5/31/06
	- Interim Portion - Prospective portion			nester Change [2] as of 05/01/2000	
Distribution:	1 Tospective portion		7-//	7	
	ement / Fiscal Agent		10	Thomas Parker	
Permanent File	Smelle / I Iseal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
	nation Only				
No Chang	•				
Home Office:	HCR Manor Care Julie Yoxtheimer				
	333 North Summit Street				
	Toledo OH 43604				



MCHS-Ft. Myers		Provider Number:	0 310174-00
13881 Eagle Ridge Drive		Date:	4/4/2013
Ft. Myers Fl 33912		Fiscal Year End:	5/31/2006
		Audit Status:	Field Audited [2]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	183.09	185.19	7/1/2007
Level H: AIDS	315.03	317.13	7/1/2007
Level U: Fragile Under 21	420.89	422.99	7/1/2007
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	······	ve Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target R. FRVS Cl X Field Au Rate Sem	e Rating Change d Customary Limitation ate limitation change hange dit #NH11-125C FYI nester Change [2] as of 05/01/2000	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	20	Thomas Parker t Reimbursement Plan	ning and Finance
Home Office: HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604			



Harbour Health Cente	er			Provider Number:	0 319333-00
23013 Westchester Bo	oulevard			Date:	4/29/2013
Port Charlotte FL 339	80			Fiscal Year End:	12/31/2008
				Audit Status:	Field Audited [2]
Provider Type:					
• •			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		208.26	192.58	7/1/2009
	Level H: AIDS		348.61	332.93	7/1/2009
	Level U: Fragile Under 21		461.23	445.55	7/1/2009
Rate Type :					
Interim	- 4- 4	<u>X</u>	Prospectiv		
	Total Interim			Total Prospective	for Navy Coats
	nterim Component Settlement based on costs			Prospective Adjusted Total Prospective with	
	rior Provider Prospective data			Total Flospective with	i interim Component
	Tioi Trovidei Trospective data				
Basis:		Changes:]		
Budget			Licensur	e Rating Change	
Unaudited of	costs			d Customary Limitation	on
X Field audite				ate limitation change	,
Field audit	- interim portion		FRVS C	hange	
Desk audite	i i	<u>X</u>		dit NH11-106W FYE	E 12/31/2008
	- Interim Portion			nester Change [2] as of 11/01/2000	
	- Prospective portion		Olltky	[2] as of 11/01/2000	
Distribution:			0	Thomas Parker	
_	ement / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	ation Only				
For inform	•			•	
No Change	e in Kate				
Home Office:	Brookdale Senior Living, Inc.	110000	111111111111111111111111111111111111111		
	Russ Bellora				
	6737 W Washington Street Milwaukee WI 53214				
	11111111111111111111111111111111111111				



Harbour Health Cente	er			Provider Number:	0 319333-00
23013 Westchester Be				Date:	4/29/2013
Port Charlotte FL 339	980			Fiscal Year End:	12/31/2008
				Audit Status:	Field Audited [2]
Provider Type:	Single Level	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		210.57	<u>194.25</u> _	1/1/2010
	Level H: AIDS	-	352.49	336.17	1/1/2010
	Level U: Fragile Under 21	· <u>-</u>	466.37	450.05	1/1/2010
Basis: Budget Unaudited of X Field audite Field audite Desk audite Desk Audite Desk Audite Desk Audite Desk Audite Desk Audite Desk Audite Desk Audite	ed costs - interim portion	Changes: X Me	Licensur Usual an Target R FRVS C Field Au Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	on C 12/31/2008
Permanent File For inform	nation Only				
No Chang	· ·				
Home Office:	Brookdale Senior Living, In Russ Bellora 6737 W Washington Street Milwaukee WI 53214	C.			



Harbour Health Center				Provider Number:	0 319333-00
23013 Westchester Boo	ulevard			Date:	4/29/2013
Port Charlotte FL 3398	30			Fiscal Year End:	12/31/2008
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		211.45	196.10	7/1/2010
	Level H: AIDS	_	354.79	339.44	7/1/2010
	Level U: Fragile Under 21	-	469.82	454.47	7/1/2010
In Se Pr	otal Interim terim Component ettlement based on costs ior Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit -	d costs interim portion	Changes	Licensur Usual an Target R FRVS C Field Au Rate Sen	e Rating Change d Customary Limitation ate limitation change hange dit NH11-106W FYE nester Change [2] as of 11/01/2000	
<u>Distribution:</u>			76	Thomas Parker	
Contract Manager Permanent File For informa No Change	·	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Harbour Health Center				Provider Number:	0 319333-00
23013 Westchester Bou				Date:	4/29/2013
Port Charlotte FL 33980)			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		*******	Rate	Rate	Date
Nursing Home	Single Level		206.16		1/1/2011
	Level H: AIDS		351.02	350.96	1/1/2011
	Level U: Fragile Under 21	_	467.27	467.21	1/1/2011
Basis: Budget X Unaudited cos Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:			76	Thomas Parker	
Contract Managem	ent / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
For informat	•				
No Change i	n Rate				
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Harbour Health Center				Provider Number:	0 319333-00
23013 Westchester Boulev	ard			Date:	4/29/2013
Port Charlotte FL 33980				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level		199.04	<u> 198.99</u> _	7/1/2011
Le	vel H: AIDS	· 	345.24	345.19	7/1/2011
Le	vel U: Fragile Under 21		462.57	462.52	7/1/2011
Interir Settler Prior I Basis: Budget	Interim n Component nent based on costs Provider Prospective data	Changes:	Licensure	Total Prospective Prospective Adjusted Total Prospective with	n Interim Component
X Unaudited costs Field audited cos Field audit - inte				d Customary Limitation the limitation change nange	on
Desk audited cos Desk audit - Inte	rim Portion	X	Rate Sem	f Field Audit NH11-1 ester Change [2] as of 11/01/2000	106W FYE 12/31/2008
Distribution:	1		8	Thomas Parker	
Contract Management Permanent File For information No Change in R	Only	Med	licaid Cost	Reimbursement Plan	ning and Finance
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Harbour Health Center				Provider Number:	0 319333-00
23013 Westchester Boulevar	<u></u>			Date:	4/29/2013
Port Charlotte FL 33980				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:	ala Yanal		Current Rate	New Rate	Effective Date
Nursing Home Sin	gle Level		200.83		1/1/2012
Leve	el H: AIDS	*******	348.44	348.38	1/1/2012
Leve	el U: Fragile Under 21		466.90	466.84	1/1/2012
Settleme	Component ent based on costs ovider Prospective data m portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange	Interim Component
Desk audit - Interin				nester Change [2] as of 11/01/2000	
Distribution:			P	Thomas Parker	
Contract Management / Permanent File For information C No Change in Ra	Only	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



Harbour Health Center		Provider Number:	0 319333-00
23013 Westchester Boulevard		Date:	4/29/2013
Port Charlotte FL 33980		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	Current Rate 210.09	New Rate 210.04	Effective Date 7/1/2012
Level H: AIDS	359.30	359.25	7/1/2012
Level U: Fragile Under 21	479.05	479.00	7/1/2012
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	X Prospec X Changes:	tive Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual Target FRVS X Effect: Rate S	ure Rating Change and Customary Limitation Rate limitation change Change s of Field Audit NH11- emester Change V [2] as of 11/01/2000	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid C	Thomas Parker ost Reimbursement Plan	ning and Finance
Home Office: Russ Bellora 6737 W Washington Street Milwaukee WI 53214			



Harbour Health Center				Provider Number:	0 319333-00
23013 Westchester Boule	evard			Date:	4/29/2013 12/31/2011
Port Charlotte FL 33980				Fiscal Year End:	
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 213.48	New Rate 213.42	Effective Date 1/1/2013
I	Level H: AIDS		364.29	364.23	1/1/2013
I	Level U: Fragile Under 21		485.33	485.27	1/1/2013
Inte Sett	costs aterim portion costs	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change mange f Field Audit NH11-1 mester Change	n Interim Component
Desk Audit - P Distribution:	rospective portion		On FRV	[2] as of 11/01/2000	
Contract Manageme Permanent File For information	-	Med	licaid Cost	Thomas Parker Reimbursement Plant	ning and Finance
No Change in	n Rate				
Home Office:	Brookdale Senior Living, Inc. Russ Bellora 6737 W Washington Street Milwaukee WI 53214				



East Orlando Health & Reh	ab Center, Inc.			Provider Number:	0 320421-00	
250 S. Chickasaw Trail				Date:	4/15/2013	
Orlando FL 32825				Fiscal Year End:	7/31/2009	
				Audit Status:	Revised Field Aud	it [5]
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home Si	ngle Level	_	225.67		7/1/2010	
Le	vel H: AIDS	_	369.01	367.43	7/1/2010	
Le	vel U: Fragile Under 21	-	484.04	482.46	7/1/2010	
Rate Type :						
Interin Settler	Interim n Component nent based on costs Provider Prospective data	<u> </u>		ve Total Prospective Prospective Adjusted Total Prospective with		
Basis:		Changes	•			
Budget Unaudited costs X Field audited cost Field audit - inte Desk audited cost Desk audit - Inter Desk Audit - Pro	rim portion ts rim Portion	X	Usual an Target R FRVS CI FA & RI Rate Sen	e Rating Change d Customary Limitation ate limitation change hange FA #NH11-011W FY nester Change [2] as of 02/08/1993		
<u>Distribution:</u>		· ·	20	Thomas Parker		,
Contract Management Permanent FileFor informationNo Change in R	Only	M	edicaid Cos	t Reimbursement Plan	ning and Finance	_
Home Office:	Sunbelt Health Care Center Kevin Sadler 602 Courtland Street Orlando FL 32804	s,Inc.				



East Orlando Health & Rehab Center, Inc.				Provider Number:	0 320421-00
250 S. Chickasaw Trail				Date:	4/15/2013
Orlando FL 32825				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					L
			Current	New	Effective
NT • TT	C: 1 7 1	-	Rate	Rate	Date
Nursing Home	Single Level		229.39		1/1/2011
	Level H: AIDS		374.25	372.67	1/1/2011
	Level U: Fragile Under 21	_	490.50	488.92	1/1/2011
Rate Type :			11/20 (E.)	19,000	4
Interim		X	Prospectiv		
	otal Interim		X	Total Prospective	
Interim Component				Prospective Adjusted	for New Costs
	ttlement based on costs		***************************************	Total Prospective with	
	ior Provider Prospective data			•	•
Basis:		Changes:			
		8		,	
Budget			Licensur	e Rating Change	
X Unaudited co	ests		- Usual an	d Customary Limitatio	on
Field audited	costs			ate limitation change	
Field audit -	interim portion		FRVS C	hange	
Desk audited	•	X	Effects of	f FA & RFA #NH11-	011W FYE 7/31/2009
	Interim Portion			nester Change	
	Prospective portion		On FRV	[2] as of 02/08/1993	
<u>Distribution:</u>	one / Pincol Accord		7	Thomas Parker	
-	nent / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File	tion Only				
For informa	•				
No Change	in Rate				•
Home Office:	Sunbelt Health Care Centers	s,Inc.			
	Kevin Sadler				
	602 Courtland Street				
	Orlando FL 32804			Particular in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	



East Orlando Health &	k Rehab Center, Inc.			Provider Number:	0 320421-00
250 S. Chickasaw Tra	il			Date:	4/15/2013
Orlando FL 32825				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			_		700
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		220.89	219.40	7/1/2011
runsing Home	Single Level		220.09		//1/2011
	Level H: AIDS		367.09	365.60	7/1/2011
	Level U: Fragile Under 21		484.42	482.93	7/1/2011
Rate Type:			***************************************		
Interim	,	X	Prospectiv	re	
Т	otal Interim		X	Total Prospective	
I I	nterim Component			Prospective Adjusted	for New Costs
S	ettlement based on costs			Total Prospective with	Interim Component
P	rior Provider Prospective data				
Basis:		Changes:			
			-		
Budget			•	e Rating Change	
X Unaudited of Field audited	· · · · · · · · · · · · · · · · · · ·		_	d Customary Limitation thange	on
			FRVS Cl		
Desk audite	- interim portion	X	-		-011W FYE 7/31/2009
	Interim Portion		-	ester Change	-UII VV I I II. 7/31/2009
	- Prospective portion	-		[2] as of 02/08/1993	
Distribution:			28	Thomas Parker	
Contract Manage	ement / Fiscal Agent	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Permanent File					
For inform	ation Only				
No Change	e in Rate				
Home Office:	Sunbelt Health Care Centers	s,Inc.	the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the stage of the s		
	Kevin Sadler				
	602 Courtland Street				
	Orlando FL 32804				



East Orlando Health	& Rehab Center, Inc.			Provider Number:	0 320421-00		
250 S. Chickasaw Tr	ail			Date:	4/15/2013		
Orlando FL 32825				Fiscal Year End:	7/31/2010		
				Audit Status:	Unaudited [3]		
Provider Type:							
			Current	New	Effective		
., , ,,	O		Rate	Rate	Date		
Nursing Home	Single Level		222.11		1/1/2012		
	Level H: AIDS		369.72	368.23	1/1/2012		
	Level U: Fragile Under 21		488.18	486.69	1/1/2012		
Rate Type :							
Interim		x	Prospectiv	ve			
	Total Interim		<u>x</u>	Total Prospective			
	Interim Component		Prospective Adjusted for New Costs				
***************************************	Settlement based on costs			Total Prospective with	Interim Component		
	Prior Provider Prospective data		***************************************				
Basis:		Change	es:				
Budget			Licensur	e Rating Change			
X Unaudited	costs			d Customary Limitation	on		
Field audit	ted costs		Target Rate limitation change				
Field audit	t - interim portion		FRVS C	hange			
Desk audit		X			011W FYE 7/31/2009		
	- Interim Portion t - Prospective portion			nester Change [2] as of 02/08/1993			
Distribution:			2	Thomas Parker			
Contract Manag	gement / Fiscal Agent		Medicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File		I.	vicultulu Cos	t Rominal Someth Franc	ang und i manov		
For inform	nation Only						
No Chang	ge in Rate						
Home Office:	Sunbelt Health Care Center	ers,Inc.					
monic Onice.	Kevin Sadler	•					
	602 Courtland Street						
	Orlando FL 32804						
	1						



East Orlando Health	& Rehab Center, Inc.			Provider Number:	0 320421-00
250 S. Chickasaw Tra	nil	_		Date:	4/15/2013
Orlando FL 32825		-		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
NI	Circula V annal		Rate	Rate	Date
Nursing Home	Single Level		229.27		7/1/2012
	Level H: AIDS		378.48	376.94	7/1/2012
	Level U: Fragile Under 21	_	498.23	496.69	7/1/2012
Rate Type:		x	Prospectiv	/e	
	Total Interim		_	Total Prospective	
Interim Component				Prospective Adjusted	for New Costs
	Settlement based on costs			Total Prospective with	1 Interim Component
F	Prior Provider Prospective data				
Basis:		Changes:			
Desk audite Desk audit	ed costs - interim portion	X	Usual an Target R FRVS Cl Effects o Rate Sen	•	on -011W FYE 7/31/2009
Distribution:			7-12	Thomas Parker	
Contract Manage	ement / Fiscal Agent		dissid Cos	t Reimbursement Plan	ning and Finance
Permanent File		Me	uicaiu Cos	t Kennbursement Plan	ning and Finance
For inform	nation Only				
No Chang	e in Rate				
Home Office:	Sunbelt Health Care Center Kevin Sadler 602 Courtland Street Orlando FL 32804	rs,Inc.			



East Orlando Health & R	ehab Center, Inc.			Provider Number:	0 320421-00
250 S. Chickasaw Trail		•		Date:	4/15/2013
Orlando FL 32825		•		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level	-	232.06	230.50	1/1/2013
L	evel H: AIDS		382.87	381.31	1/1/2013
L	evel U: Fragile Under 21		503.91	502.35	1/1/2013
Basis: Budget X Unaudited cost	i	X	Licensure Usual and	otal Prospective rospective Adjusted otal Prospective with Rating Change Customary Limitation	Interim Component
Field audited c Field audit - in Desk audited co	terim portion	X	FRVS Cha	_	011W FYE 7/31/2009
Desk audit - Int	1		Rate Seme	ester Change 2] as of 02/08/1993	
Distribution:	J		28	Thomas Parker	
Contract Manageme Permanent File For information	on Only	M	dedicaid Cost	Reimbursement Plan	ning and Finance
No Change in Home Office:	Sunbelt Health Care Center Kevin Sadler 602 Courtland Street Orlando FL 32804	rs,Inc.			



Coral Gables Nursing	and Rehabilitation			Provider Number:	0 323772-00		
7060 SW 8th Street				Date:	5/17/2013		
Miami FL 33144				Fiscal Year End:	4/30/2008	***************************************	
				Audit Status:	Field Audited [2]		
Provider Type:							
			Current	New	Effective		
No.	C' - I I I	_	Rate	Rate	Date		
Nursing Home	Single Level		196.06	<u> 192.88</u> _	11/1/2007		
	Level H: AIDS		328.00	324.82	11/1/2007		
	Level U: Fragile Under 21	_	433.86	430.68	11/1/2007		
	-	_					
Rate Type:							
X Interim			Prospectiv	⁄e			
T	otal Interim		•	Total Prospective			
Ir	nterim Component			Prospective Adjusted	for New Costs		
X Se	ettlement based on costs			Total Prospective with	n Interim Component		
Pı	rior Provider Prospective data						
Basis:		Changes:					
			_				
Budget			Licensur	e Rating Change			
Unaudited c	osts		Usual an	d Customary Limitatio	on		
X Field audited	d costs		Target Rate limitation change				
Field audit -	interim portion		FRVS C	hange			
Desk audited		X		dit #NH11-014C FY	E 4/30/08		
***************************************	Interim Portion			nester Change			
	- Prospective portion		On FRV	[2] as of 11/01/1988	****		
Distribution:	/ E' 1 A		0	Thomas Parker			
•	ment / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File	otion Only						
For informa	•						
No Change	in Rate						
Home Office:	1 - No Home Office						



Coral Gables Nursing and Rehabilitation				Provider Number:	0 323772-00
7060 SW 8th Street				Date:	5/17/2013
Miami FL 33144	,			Fiscal Year End:	4/30/2008
				Audit Status:	Field Audited [2]
Provider Type:			irrent Rate	New Rate	Effective Date
Nursing Home	Single Level		91.00	<u> 187.90</u> _	1/1/2008
	Level H: AIDS	32	25.00	321.90	1/1/2008
	Level U: Fragile Under 21	43	32.52	429.42	1/1/2008
Basis: Budget Unaudited X Field audi Field audi Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes:	Licensurd Jsual and Farget Ra FRVS Cl Field Au Rate Sem	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interim Component
Permanent File For inform	gement / Fiscal Agent mation Only ge in Rate	Medic	caid Cost	Thomas Parker t Reimbursement Plan	ning and Finance
nome othice:					



Coral Gables Nursing and Rehabilitation			Provider Number:	0 323772-00
7060 SW 8th Street			Date:	5/17/2013
Miami FL 33144			Fiscal Year End:	4/30/2008
			Audit Status:	Field Audited [2]
Provider Type:				
		Current	New	Effective
Numering Home Cingle Level		Rate	Rate	Date 5/1/2008
Nursing Home Single Level		196.05	<u>192.88</u> _	5/1/2008
Level H: AIDS		330.05	326.88	5/1/2008
Level U: Fragile Under 21	. -	437.57	434.40	5/1/2008
Rate Type:				
Interim	<u> </u>	Prospectiv		
Total Interim			Total Prospective	CNCC
Interim Component			Prospective Adjusted	
X Settlement based on costs Prior Provider Prospective data			Total Prospective with	i interim Component
Basis:	Changes:	J		
Budget		Licensur	e Rating Change	
Unaudited costs		•	d Customary Limitation	on
X Field audited costs			ate limitation change	
Field audit - interim portion		FRVS C	hange	
Desk audited costs	X		dit #NH11-014C FY	E 4/30/08
Desk audit - Interim Portion Desk Audit - Prospective portion			nester Change [2] as of 11/01/1988	
Distribution:				
Contract Management / Fiscal Agent		10	Thomas Parker	
Permanent File	Me	dicaid Cos	t Reimbursement Plan	ning and Finance
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
Monie Office.				



	Provider Number:	0 323772-00
	Date:	5/17/2013
	Fiscal Year End:	4/30/2008
	Audit Status:	Field Audited [2]
Current Rate 198.86	New Rate 195.66	Effective
335.14	331.94	7/1/2008
444.49	441.29	7/1/2008
Pi	rospective Adjusted	
Usual and Target Rate FRVS Cha X Field Audi Rate Seme	Customary Limitation change inge it #NH11-014C FYI ster Change	
20	Thomas Parker	
Medicaid Cost I	Reimbursement Plan	ning and Finance
	Rate 198.86	Total Prospective Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit #NH11-014C FY Rate Semester Change On FRV [2] as of 11/01/1988



Coral Gables Nursing and Rehabilitation				Provider Number:	0 323772-00
7060 SW 8th Street		•		Date:	5/17/2013
Miami FL 33144		•		Fiscal Year End:	4/30/2008
			•	Audit Status:	Field Audited [2]
Provider Type:		•	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	**************************************	197.64	194.70	1/1/2009
	Level H: AIDS		335.99	333.05	1/1/2009
	Level U: Fragile Under 21		447.00	444.06	1/1/2009
Basis: Budget Unaudited X Field audit Field audit Desk audit Desk audit	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data costs ted costs t - interim portion	Changes:	Licensur Usual an Target R FRVS C Field Au Rate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Permanent File For inform	gement / Fiscal Agent mation Only ge in Rate 1 - No Home Office	Med	dicaid Cos	Thomas Parker t Reimbursement Plan	ning and Finance



Coral Gables Nursing and Rehabilitation			Provider Number:	0 323772-00		
7060 SW 8th Street			Date:	5/17/2013		
Miami FL 33144			Fiscal Year End:	4/30/2008		
			Audit Status:	Field Audited [2]		
Provider Type:			radii Swiidi	110.00.100.00.00.00.00.00.00.00.00.00.00		
., F		Current Rate	New Rate	Effective Date		
Nursing Home Single Level		181.07	<u>178.38</u> _	3/1/2009		
Level H: AIDS	;	319.42	316.73	3/1/2009		
Level U: Fragile Under 21		430.43	427.74	3/1/2009		
Rate Type :	v	Dwo aw o ativ				
Total Interim	<u>X</u>	Prospectiv	e Total Prospective			
Interim Component	Prospective Adjusted for New Costs					
X Settlement based on costs		Total Prospective with Interim Component				
Prior Provider Prospective data						
Basis:	Changes:					
Budget Unaudited costs X Field audited costs Field audit - interim portion		Usual and	e Rating Change I Customary Limitation te limitation change	on		
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	<u> </u>	Field Au Rate Sem On FRV	dit #NH11-014C FY ester Change [2] as of 11/01/1988	E 4/30/08		
<u>Distribution:</u>		74	Thomas Parker			
Contract Management / Fiscal Agent Permanent FileFor information Only	Med	licaid Cost	Reimbursement Plan	ning and Finance		
No Change in Rate						
Home Office: 1 - No Home Office						



Coral Gables Nursing and Rehabilitation			Provider Number:	0 323772-00
7060 SW 8th Street			Date:	5/16/2013
Miami FL 33144			Fiscal Year End:	4/30/2008
			Audit Status:	Field Audited [2]
Provider Type:				
••		Current Rate	New Rate	Effective Date
Nursing Home Single Level		223.13	220.02	4/1/2009
Level H: AIDS		361.48	358.37	4/1/2009
Level U: Fragile Under	21	472.49	469.38	4/1/2009
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective of Basis: Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File	Change	Licensure Usual and Target R: FRVS CI Field Au Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	on E 4/30/08
For information Only No Change in Rate Home Office: 1 - No Home Office				



Coral Gables Nursing and Rehabilitation	Provider Number: 0 323772-00
7060 SW 8th Street	Date: 5/17/2013
Miami FL 33144	Fiscal Year End: 4/30/2008
	Audit Status: Field Audited [2]
Provider Type: Nursing Home Single Level	Current Rate New Rate Effective Date 227.80 224.52 7/1/2009
Level H: AIDS	368.15 364.87 7/1/2009
Level U: Fragile Under 21	480.77 477.49 7/1/2009
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	Total Prospective Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Changes:
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit #NH11-014C FYE 4/30/08 Rate Semester Change On FRV [2] as of 11/01/1988
Distribution:	Thomas Parker
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cost Reimbursement Planning and Finance



Medicaid Reimbursement Per Diem Rates

ManorCare Health Services				Provider Number:	0 325384-00
13881 Eagle Ridge Drive				Date:	4/5/2013
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2006
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home S	ingle Level		Current Rate 183.09	New Rate 185.19	Effective
Le	evel H: AIDS		315.03	317.13	12/20/2007
Le	evel U: Fragile Under 21		420.89	422.99	12/20/2007
Interi Settle	erim portion	Changes:	Licensur Usual an Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective wit e Rating Change d Customary Limitati ate limitation change hange	h Interim Component
Desk audit - Inte	erim Portion ospective portion		Rate Sen	nester Change [2] as of 05/01/2000	
Distribution:			7-8	Thomas Parker	
Contract Management Permanent File For information No Change in	n Only Rate	Med	dicaid Cos	t Reimbursement Plan	nning and Finance
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				

14



ManorCare Health Services				Provider Number:	0 325384-00
13881 Eagle Ridge Driv	е			Date:	4/5/2013
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
		(Current	New	Effective
N	C'1- Y1	***************************************	Rate	Rate	Date
Nursing Home	Single Level		179.77		1/1/2008
	Level H: AIDS		313.77	314.10	1/1/2008
	Level U: Fragile Under 21		421,29	421.62	1/1/2008
Basis: Budget X Unaudited cos Field audited a	costs nterim portion costs nterim Portion Prospective portion	Changes:	Usual an Target R FRVS C Effects of Rate Sen On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change	n Interim Component on r Prior Prov. 310174
Permanent File		Med	neard Cos	t Reimbursement Flan	ning and rulance
For informati	ion Only				
No Change in	n Rate				
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



ManorCare Health Service	ces			Provider Number:	0 325384-00
13881 Eagle Ridge Drive				Date:	4/5/2013
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2007
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	181.35	<u> 181.69</u> _	7/1/2008
I	Level H: AIDS	_	317.63	317.97	7/1/2008
I	Level U: Fragile Under 21	-	426.98	427.32	7/1/2008
Inter Settl Prior Basis: Budget	al Interim rim Component lement based on costs r Provider Prospective data	X Changes	:	re Total Prospective Prospective Adjusted Total Prospective with	
X Unaudited cost	1	-		d Customary Limitation thange	on
Field audit - in		-	FRVS C	=	
Desk audited c	osts	X			r Prior Prov. 310174
Desk audit - In Desk Audit - P	rospective portion			nester Change [2] as of 05/01/2000	
Distribution:			R	Thomas Parker	•
Contract Manageme	ent / Fiscal Agent	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Permanent File					
For information	•				
No Change in	ı Kate				
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604	***************************************			



ManorCare Health Services				Provider Number:	0 325384-00	
13881 Eagle Ridge D	rive			Date:	4/5/2013	
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:						
		•	Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level	***********	<u>179.97</u>		1/1/2009	
	Level H: AIDS		318.32	318.49	1/1/2009	
	Level U: Fragile Under 21		429.33	429.50	1/1/2009	
Rate Type :	Fotal Interim	x	Prospectiv X	e Total Prospective		
	Interim Component	Prospective Adjusted for New Costs				
	Settlement based on costs	Total Prospective with Interim Component				
F	Prior Provider Prospective data			-		
Basis:		Changes:	714000000000000000000000000000000000000			
Desk audite	ed costs - interim portion	X	Usual and Target Ra FRVS Cl	J	on r Prior Prov. 310174	
	- Prospective portion	-		[2] as of 05/01/2000		
Distribution:			7/	Thomas Parker		
Contract Manage	ement / Fiscal Agent	Mee	dicaid Cost	t Reimbursement Plan	ning and Finance	
Permanent File					8	
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No Chang	e in Rate					
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604	·				



ManorCare Health Services				Provider Number:	0 325384-00
13881 Eagle Ridge Driv	ve			Date:	4/5/2013
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2008
				Audit Status:	Unaudited [3]
Provider Type:	a	_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	******	164.88	165.04	3/1/2009
	Level H: AIDS	-	303.23	303.39	3/1/2009
	Level U: Fragile Under 21		414.24	414.40	3/1/2009
Basis: Budget X Unaudited co Field audited Field audit - i Desk audited Desk audit - I	costs interim portion	Changes	Licensur Usual an Target R FRVS C Effects o Rate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change hange	n Interim Component
Distribution:			ロロン	Thomas Parker	
Contract Managem Permanent File For informat No Change	tion Only	M	edicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



ManorCare Health Services				Provider Number:	0 325384-00
13881 Eagle Ridge D	rive			Date:	4/5/2013
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2008
				Audit Status:	Unaudited [3]
Provider Type:				riddi Ottidis.	Ondition [5]
		•	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		201.55	201.73	4/1/2009
	Level H: AIDS		339.90	340.08	4/1/2009
	Level U: Fragile Under 21		450.91	451.09	4/1/2009
Rate Type :					
Interim		<u> </u>	Prospectiv	/e	
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	1 Interim Component
I	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensur	e Rating Change	
X Unaudited of	costs			d Customary Limitatio	on
Field audite	ed costs			ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite		<u> </u>			or Prior Prov. 310174
	- Interim Portion - Prospective portion			nester Change [2] as of 05/01/2000	•
Distribution:	- Prospective portion				
			0	Thomas Parker	
	ement / Fiscal Agent	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
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Home Office:	HCR Manor Care	THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATI			
	Julie Yoxtheimer				÷
	333 North Summit Street				
	Toledo OH 43604				



ManorCare Health Services				Provider Number:	0 325384-00	
13881 Eagle Ridge Drive				Date:	4/5/2013	
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home S	ingle Level	******	Current Rate 206.24	New Rate 206.42	Effective Date 7/1/2009	
Lo	evel H: AIDS		346.59	346.77	7/1/2009	
Le	evel U: Fragile Under 21		459.21	459.39	7/1/2009	
Basis: Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Inte	erim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o	Total Prospective Prospective Adjusted Total Prospective with Rating Change Customary Limitation Itelimitation change	Interim Component	
Distribution: Contract Management Permanent File For information No Change in Home Office:	n Only	Me	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	



13881 Eagle Ridge Drive	34-00
Fiscal Year End: 5/31/2 Audit Status: Unaudite	013
Current Rate New Rate New Rate Date	009
Nursing Home Single Level 204.77 204.76 1/1/2010	ed [3]
Level H: AIDS 346.69 346.68 1/1/2010 Level U: Fragile Under 21 460.57 460.56 1/1/2010 Rate Type :	
Level U: Fragile Under 21 460.57 460.56 1/1/2010 Rate Type: Interim	
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Settlement based on costs Total Prospective with Interim Comp	
	onent
Prior Provider Prospective data	
Basis: Changes:	
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X Unaudited costs Usual and Customary Limitation	
Field audited costs Target Rate limitation change	
Field audit - interim portion FRVS Change	
Desk audited costs X Effects of FA #NH11-125C for Prior Prov. 3	310174
Desk audit - Interim Portion Rate Semester Change	
Desk Audit - Prospective portion On FRV [2] as of 05/01/2000	
Distribution: Thomas Parker	
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	ce
Permanent File	
For information Only	
No Change in Rate	
Home Office: HCR Manor Care	
Julie Yoxtheimer	
333 North Summit Street	
Toledo OH 43604	



ManorCare Health Services 13881 Eagle Ridge Drive				Provider Number:	0 325384-00	
				Date:	4/5/2013	
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level		Current Rate 208.04	New Rate 208.02	Effective Date 7/1/2010	
- · · · · · · · · · · · · · · · · · · ·	~		200.04		7,7,2010	
	Level H: AIDS		351.38	351.36	7/1/2010	
	Level U: Fragile Under 21	_	466.41	466.39	7/1/2010	
Basis: Budget X Unaudited of Field audite Field audite Desk audite Desk Audite	ed costs - interim portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects of	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation Ite limitation change I ange	n Interim Component	
Permanent File	ement / Fiscal Agent nation Only e in Rate HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604	Med	dicaid Cost	Thomas Parker Reimbursement Plan	ning and Finance	



ManorCare Health Service	s			Provider Number:	0 325384-00
13881 Eagle Ridge Drive				Date:	4/5/2013
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level		216.01	<u>216.18</u> _	1/1/2011
Le	vel H: AIDS	_	360.87	361.04	1/1/2011
Le	vel U: Fragile Under 21	_	477.12	477.29	1/1/2011
Interin Settler	Interim n Component ment based on costs Provider Prospective data	Changes:	Licensure Usual and	e Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation Total Change	n Interim Component
Field audit - inte Desk audited cos Desk audit - Inte Desk Audit - Pro	rim Portion	X	Rate Sem	-	r Prior Prov. 310174
Distribution:			2/	Thomas Parker	
Contract Management Permanent File For information No Change in F	Only	Me	dicaid Cost	Reimbursement Plan	ning and Finance
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



ManorCare Health Services			Provider Number:	0 325384-00		
13881 Eagle Ridge Drive			Date:	4/5/2013		
Ft. Myers Fl 33912			Fiscal Year End:	5/31/2010		
			Audit Status:	Unaudited [3]		
Provider Type:						
• •	(Current Rate	New Rate	Effective Date		
Nursing Home Single Level		207.59	207.58	7/1/2011		
			·····			
Level H: AIDS		353.79	353.78	7/1/2011		
Level U: Fragile Under 21		471.12	471.11	7/1/2011		
Rate Type:	X	Prospectiv	ρ			
Total Interim		-	Fotal Prospective			
Interim Component	Prospective Adjusted for New Costs					
Settlement based on costs	Total Prospective with Interim Component					
Prior Provider Prospective data						
Basis:	Changes:					
		ı				
Budget			Rating Change			
XUnaudited costs Field audited costs			l Customary Limitation thange	on		
Field audited costs Field audit - interim portion		FRVS Ch	_			
Desk audited costs	<u> </u>	Effects of FA #NH11-125C for Prior Prov. 310174				
Desk audit - Interim Portion			ester Change			
Desk Audit - Prospective portion		On FRV	[2] as of 05/01/2000			
<u>Distribution:</u>		>	ノ Thomas Parker			
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plan	ning and Finance		
Permanent File						
For information Only						
No Change in Rate						
Home Office: HCR Manor Care						
Julie Yoxtheimer						
333 North Summit Street	•		1. The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se			
Toledo OH 43604						



ManorCare Health Services 13881 Eagle Ridge Drive				Provider Number:	0 325384-00
				Date:	4/5/2013
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 204.45	New Rate 204.44	Effective Date 1/1/2012
1	Level H: AIDS		352.06	352.05	1/1/2012
1	Level U: Fragile Under 21	-	470.52	470.51	1/1/2012
Basis: Budget X Unaudited cos Field audited c	costs	Changes:	Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitation ate limitation change	Interim Component
Field audit - in Desk audited of Desk audit - In Desk Audit - F	costs	<u> </u>	Effects o	•	r Prior Prov. 310174
Distribution: Contract Manageme	ent / Fiscal Agent	Med	dicaid Cos	Thomas Parker	ning and Finance
Permanent File For informati No Change in	•				
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



ManorCare Health Services				Provider Number:	0 325384-00		
13881 Eagle Ridge Dr	rive			Date:	4/5/2013		
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2011		
				Audit Status:	Unaudited [3]		
Provider Type:				Tradit Status.	Onadanoa [5]		
			Current	New	Effective		
		_	Rate	Rate	Date		
Nursing Home	Single Level	_	210.70		7/1/2012		
	Level H: AIDS	_	359.91	359.90	7/1/2012		
	Level U: Fragile Under 21	_	479.66	479.65	7/1/2012		
Rate Type :		X	Prospectiv				
	otal Interim	Total Prospective					
	nterim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component					
	ettlement based on costs rior Provider Prospective data			Total Prospective with	i interim Component		
	Tiol Provider Prospective data						
Basis:		Changes					
Budget			Licensur	e Rating Change			
X Unaudited c	osts		_	d Customary Limitation	on		
Field audite			_	ate limitation change			
Field audit -	- interim portion		FRVS C	hange			
Desk audited		X Effects of FA #NH11-125C for Prior Prov. 310174					
	Interim Portion - Prospective portion	-		nester Change [2] as of 05/01/2000			
	Trospective portion			2 23 01 03/01/2000			
Distribution:	/ / P' 1 A		/O_	Thomas Parker			
_	ment / Fiscal Agent	Me	dicaid Cos	t Reimbursement Plan	ning and Finance		
Permanent File	ation Only						
For informa	-						
No Change	e in Kate						
Home Office:	HCR Manor Care	_					
	Julie Yoxtheimer						
	333 North Summit Street Toledo OH 43604						
	101600 Ori 43004						



ManorCare Health Services				Provider Number:	0 325384-00
13881 Eagle Ridge D	rive		Date:		4/5/2013
Ft. Myers Fl 33912				Fiscal Year End:	5/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
••		•	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		203.15	203.14	1/1/2013
	Level H: AIDS		353.96	353.95	1/1/2013
	Level U: Fragile Under 21		475.00	474.99	1/1/2013
I s	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Changes:		Total Prospective Prospective Adjusted Total Prospective with	
X Unaudited of Field audited	* *			d Customary Limitation thange	on
Field audit	- interim portion		FRVS C	hange	
	ed costs - Interim Portion - Prospective portion	X Effects of FA #NH11-125C for Prior Prov. 310174 Rate Semester Change On FRV [2] as of 05/01/2000			r Prior Prov. 310174
Distribution:			7/	Thomas Parker	
Contract Manage Permanent File For inform No Chang	•	Med	dicaid Cos	t Reimbursement Plan	ning and Finance
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



ManorCare Health Service	es (Delray Beach)			Provider Number:	0 325520-00	
16200 Jog Road				Date:	5/23/2013	
Delray Beach FL 33446				Fiscal Year End:	4/30/2006	
				Audit Status:	Field Audited [2]	_
Provider Type: Nursing Home S	ingle Level	_	Current Rate	New Rate	Effective	
rursing frome 5	ingle Level		1/0.04	<u>178.78</u>	12/20/2007	
Le	evel H: AIDS	_	308.78	310.72	12/20/2007	
Le	evel U: Fragile Under 21	-	414.64	416.58	12/20/2007	
Interi	osts	Changes	Licensure Usual and	Total Prospective Prospective Adjusted Total Prospective wit Rating Change I Customary Limitation change	h Interim Component	
Desk audited co	sts	X	Rate Sem	1-122C FYE 4/30/06 ester Change [2] as of 02/17/1999	for prior prov 309761	
Distribution:			20	Thomas Parker		
Contract Managemer Permanent File For information No Change in	n Only Rate	M	edicaid Cost	Reimbursement Plar	nning and Finance	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



ManorCare Health Services (Delray Beach)				Provider Number:	0 325520-00
16200 Jog Road				Date:	5/23/2013
Delray Beach FL 33446				Fiscal Year End:	4/30/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	Single Level		Current Rate	New Rate 180.38	Effective Date 7/1/2008
L	evel H: AIDS	2	316.57	316.66	7/1/2008
L	evel U: Fragile Under 21		125.92	426.01	7/1/2008
Basis: Budget X Unaudited costs Field audited co Field audited co Desk audited co Desk audit - Interpretation	erim portion ests erim portion ests erim Portion espective portion ent / Fiscal Agent	Changes:	Licensure Usual and Target R: FRVS CI Effects of Rate Serri On FRV	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation that I limitation change	n Interim Component on E 4/30/06 for prior prov
No Change in Home Office:	-		***************************************		