

**RICK SCOTT** GOVERNOR ELIZABETH DUDEK **SECRETARY** 

#### **MEMORANDUM**

Date:

February 15, 2012

To:

Alan Strowd, Chief, Medicaid Contract Management

From: MStephen Russell, Medicaid Cost Reimbursement Planning Administrator

Subject: Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	Provider	Number of Rate
		<u>Number</u>	Change Notices
1.	Courtyard Gardens Rehab Center	0 010082-00	1
2.	HHCC – Sarasota	0 010453-00	7
3.	The Health Center of Windermere	0 030479-00	3
4.	The Health Center of Plant City	0 030484-00	3
5.	The Health Center of Pensacola, Inc.	0 030487-00	3
6.	Parkway Health & Rehab	0 030490-00	3
7.	The Health Center of Merritt Island	0 030491-00	3
8.	The Health Center of Lake City	0 030527-00	3
9.	Imperial Health Care Center	0 030530-00	3
10.	The Health Center of Daytona Beach	0 030535-00	3
11.	Health Center of Coconut Creek	0 030537-00	3
12.	Charlotte Harbor Healthcare	0 030540-00	3
13.	The Aristocrat	0 030552-00	3
14.	Avante at Jacksonville Beach, Inc.	0 200913-00	3
15.	St. Catherine Laboure Manor	0 205150-00	1
16.	Avante at Boca Raton, Inc.	0 210676-00	11
17.	Haven of Our Lady of Peace	0 258831-00	4
18.	Life Care Center of Pensacola	0 315664-00	16
19.	Darcy Hall of Life Care	0 317349-00	15
		Total	91

If you have any questions regarding the above contact Stephen Russell at 412-4106.

SR/dm Attachments



		Single Level	Level H: AIDS	Single Level	Single Level	Peds under 21		
	Effective Date							
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			MCM	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
001008200	20120101	219.15	366.76	219.15	219.15	485.22	69537-12	
001045300	20090710	216.37	356.72	216.37	216.37	469.34	69537-12	
001045300	20100101	217.92	359.84	217.92	217.92	473.72	69537-12	
001045300	20100701 20100710	220.00	363.34	220.00	220.00	478.37	69537-12	
001045300 001045300	20100710	218.25 222.25	361.59 367.11	218.25 222.25	218.25 222.25	476.62	69537-12	<del>-</del>
001045300	20110101	213.70	359.90	213.70	213.70	483.36 477.23	69537-12 69537-12	
001045300	20120101	216.23	363.84	216.23	216.23	482.30	69537-12	
003047900	20110101	220.25	365.11	220.25	220.25	481.36	69537-12	
003047900	20110701	212.02	358.22	212.02	212.02	475.55	69537-12	
003047900	20120101	213.91	361.52	213.91	213.91	479.98	69537-12	_
003048400	20110101	227.53	372.39	227.53	227.53	488.64	69537-12	
003048400	20110701	222.30	368.50	222.30	222.30	485.83	69537-12	
003048400	20120101	224.29	371.90	224.29	224.29	490.36	69537-12	
003048700	20110101	223.14	368.00	223.14	223.14	484.25	69537-12	<u> </u>
003048700	20110701	215.85	362.05	215.85	215.85	479.38	69537-12	
003048700	20120101	217.35	364.96	217.35	217.35	483.42	69537-12	1
003049000	20110101	226.91	371.77	226.91	226.91	488.02	69537-12	
003049000	20110701	218.99	365.19	218.99	218.99	482.52	69537-12	
003049000	20120101	220.80	368.41	220.80	220.80	486.87	69537-12	
003049100	20110101	226.02	370.88	226.02	226.02	487.13	69537-12	
003049100	20110701	217.78	363.98	217.78	217.78	481.31	69537-12	
003049100	20120101	219.39	367.00	219.39	219.39	485.46	69537-12	
003052700	20110101	219.36	364.22	219.36	219.36	480.47	69537-12	
003052700	20110701	211.62	357.82	211.62	211.62	475.15	69537-12	,
003052700	20120101	213.61	361.22	213.61	213.61	479.68	69537-12	
003053000	20110101	231.54	376.40	231.54	231.54	492.65	69537-12	
003053000	20110701	222.69	368.89	222.69	222.69	486.22	69537-12	
003053000	20120101	223.77	371.38	223.77	223.77	489.84	69537-12	
003053500	20110101	224.06	368.92	224.06	224.06	485.17	69537-12	
003053500	20110701	215.83	362.03	215.83	215.83	479.36	69537-12	_
003053500	20120101	218.17	365.78	218.17	218.17	484.24	69537-12	
003053700	20110101	237.15	382.01	237.15	237.15	498.26	69537-12	
003053700	20110701	228.45	374.65	228.45	228.45	491.98	69537-12	
003053700	20120101	229.98	377.59	229.98	229.98	496.05	69537-12	
003054000	20110101	234.44	379.30	234.44	234.44	495.55	69537-12	
003054000	20110701	225.99	372.19	225.99	225.99	489.52	69537-12	
003054000	20120101	226.62	374.23	226.62	226.62	492.69	69537-12	
003055200	20110101	262.94	407.80	262.94	262.94	524.05	69537-12	
003055200 003055200	20110701 20120101	251.08 251.79	397.28 399.40	251.08 251.79	251.08 251.79	514.61 517.86	69537-12 69537-12	
020091300	20120101	221.89	366.75	221.89	221.89	483.00	69537-12	
020091300	20110701	213.43	359.63	213.43	213.43	476.96	69537-12	
020091300	20120101	209.95	357.56	209.95	209.95	476.02	69537-12	1
020515000	20110701	209.18	355.38	209.18	209.18	472.71	69537-12	<del>                                     </del>
021067600	20080101	194.30	328.30	194.30	194.30	435.82	69537-12	NH10-028C
021067600	20080701	196.09	332.37	196.09	196.09	441.72	69537-12	NH10-028C
021067600	20090101	206.61	344.96	206.61	206.61	455.97	69537-12	NH10-028C
021067600	20090301	189.29	327.64	189.29	189.29	438.65	69537-12	NH10-028C
021067600	20090401	229.96	368.31	229.96	229.96	479.32	69537-12	NH10-028C
021067600	20090701	238.05	378.40	238.05	238.05	491.02	69537-12	NH10-028C
021067600	20100101	233.24	375.16	233.24	233.24	489.04	69537-12	NH10-028C
021067600	20100701	236.37	379.71	236.37	236.37	494.74	69537-12	NH10-028C
021067600	20110101	233.37	378.23	233.37	233.37	494.48	69537-12	NH10-028C
021067600	20110701	224.68	370.88	224.68	224.68	488.21	69537-12	NH10-028C
021067600	20120101	233.22	380.83	233.22	233.22	499.29	69537-12	NH10-028C
025883100	20080701	167.62	303.90	167.62	167.62	413.25	69537-12	NH10-018L
025883100	20090101	169.54	307.89	169.54	169.54	418.90	69537-12	NH10-018L
025883100	20090301	155.33	293.68	155.33	155.33	404.69	69537-12	NH10-018L
			329.71	191.36	191.36	440.72	69537-12	NH10-018L

	Effective Date						_	
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II			мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	Level U	number	Number
031566400	20060601	163.67	288.78	163.67	163.67	389.16	69537-12	NH11-020C
031566400	20060701	180.22	307.35	180.22	180.22	409.35	69537-12	NH11-020C
031566400	20070101	185.95	315.55	185.95	185.95	419.54	69537-12	NH11-020C
031566400	20070609	183.43	313.03	183.43	183.43	417.02	69537-12	NH11-020C
031566400	20070701	198.35	330.29	198.35	198.35	436.15	69537-12	NH11-020C
031566400	20080101	195.69	329.69	195.69	195.69	437.21	69537-12	NH11-020C
031566400	20080701	195.70	331.98	195.70	195.70	441.33	69537-12	NH11-020C
031566400	20090101	193.35	331.70	193.35	193.35	442.71	69537-12	NH11-020C
031566400	20090301	177.14	315.49	177.14	177.14	426.50	69537-12	NH11-020C
031566400	20090401	211.38	349.73	211.38	211.38	460.74	69537-12	NH11-020C
031566400	20090701	215.31	355.66	215.31	215.31	468.28	69537-12	NH11-020C
031566400	20100101	213.48	355.40	213.48	213.48	469.28	69537-12	NH11-020C
031566400	20100701	216.34	359.68	216.34	216.34	474.71	69537-12	NH11-020C
031566400	20110101	217.00	361.86	217.00	217.00	478.11	69537-12	NH11-020C
031566400	20110701	208.00	354.20	208.00	208.00	471.53	69537-12	NH11-020C
031566400	20120101	209.57	357.18	209.57	209.57	475.64	69537-12	NH11-020C
031734900	20060914	164.13	291.26	164.13	164.13	393.26	69537-12	NH11-021C
031734900	20070101	165.80	295.40	165.80	165.80	399.39	69537-12	NH11-021C
031734900	20070401	166.53	296.13	166.53	166.53	400.12	69537-12	NH11-021C
031734900	20070701	175.64	307.58	175.64	175.64	413.44	69537-12	NH11-021C
031734900	20080101	174.29	308.29	174.29	174.29	415.81	69537-12	NH11-021C
031734900	20080701	175.08	311.36	175.08	175.08	420.71	69537-12	NH11-021C
031734900	20090101	168.25	306.60	168.25	168.25	417.61	69537-12	NH11-021C
031734900	20090301	154.15	292.50	154.15	154.15	403.51	69537-12	NH11-021C
031734900	20090401	191.22	329.57	191.22	191.22	440.58	69537-12	NH11-021C
031734900	20090701	198.39	338.74	198.39	198.39	451.36	69537-12	NH11-021C
031734900	20100101	199.53	341.45	199.53	199.53	455.33	69537-12	NH11-021C
031734900	20100701	205.79	349.13	205.79	205.79	464.16	69537-12	NH11-021C
031734900	20110101	208.57	353.43	208.57	208.57	469.68	69537-12	NH11-021C
031734900	20110701	204.39	350.59	204.39	204.39	467.92	69537-12	NH11-021C
031734900	20120101	207.15	354.76	207.15	207.15	473.22	69537-12	NH11-021C



Courtyard Gardens R	ehabilitation Center			Provider Number:	0 010082-00
17781 Thelma Ave				Date:	1/30/2012
Jupiter FL 33458				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		215.05	219.15	1/1/2012
	Level H: AIDS	_	362.66	366.76	1/1/2012
	Level U: Fragile Under 21		481.12	485.22	1/1/2012
	Total Interim	x		Total Prospective	
S	nterim Component Settlement based on costs Prior Provider Prospective data			Prospective Adjusted to the Prospective with	
Basis:		Changes:			
Desk audite Desk audit	ed costs - interim portion	X	Usual and Target Ra FRVS CI Retro for Rate Sem	e Rating Change d Customary Limitatio ate limitation change nange r 1/12 rate semester nester Change [2] as of 07/08/1996	n
Distribution:			241	Stephen Russell	
Contract Manage Permanent File For inform No Chang	•	**************************************	Medicaid	Cost Reimbursement	Analysis
Home Office:	1 - No Home Office				



HHCC - Sarasota				Provider Number:	0 010453-00
5401 Sawyer Road	· · · · · · · · · · · · · · · · · · ·			Date:	1/23/2012
Sarasota FL 34233				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ingle Level	_	208.84		7/10/2009
Le	vel H: AIDS		349.19	356.72	7/10/2009
Le	vel U: Fragile Under 21	_	461.81	469.34	7/10/2009
Rate Type:					
X Interim	T. A. J		Prospectiv		
	Interim n Component			Total Prospective Prospective Adjusted	for New Costs
	ment based on costs				h Interim Component
	Provider Prospective data				
Basis:		Changes:			
Dasis.		- Changest	J		
Budget			Licensure	Rating Change	
X Unaudited costs				d Customary Limitation	on
Field audited cos			-	ate limitation change	
Field audit - inte			FRVS Cl	_	040
Desk audited cos  Desk audit - Inte	I	X		tlement FYE 12/31/2 lester Change	010
Desk Audit - Pro				[2] as of 07/10/2009	
Distribution:			M	Stephen Russell	
Contract Management	t / Fiscal Agent		Medicaid	Cost Reimbursemen	t Analysis
Permanent File	0				
For information	•				
No Change in F	Kate				
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



HHCC - Sarasota				Provider Number:	0 010453-00	
5401 Sawyer Road				Date:	1/23/2012	
Sarasota FL 34233				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Si	ngle Level		Current Rate 209.49	New Rate 217.92	Effective Date 1/1/2010	
Lev	vel H: AIDS		351.41	359.84	1/1/2010	
Lev	vel U: Fragile Under 21		465.29	473.72	1/1/2010	
Interim X Settlen	Interim In Component Inent based on costs Provider Prospective data	Changes:	]	e Fotal Prospective Prospective Adjusted Fotal Prospective with		
Budget X Unaudited costs Field audited cos Field audit - inter Desk audit - Inter Desk Audit - Pro	rim portion ts rim Portion	X	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Rating Change I Customary Limitation the limitation change lange lement FYE 12/31/20 ester Change [2] as of 07/10/2009		
Distribution:			Ŋ	KStephen Russell		
Contract Management Permanent File For information No Change in R	Only			Cost Reimbursement	Analysis	
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604					



HHCC - Sarasota		Provider Number: 0 010453			
5401 Sawyer Road	01 Sawyer Road			Date:	1/23/2012
Sarasota FL 34233	***************************************			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Si	ngle Level	<u></u>	Current Rate 211.62	New Rate 220.00	Effective Date 7/1/2010
Lev	vel H: AIDS	-	354.96	363.34	7/1/2010
Lev	vel U: Fragile Under 21		469.99	478.37	7/1/2010
Interin X Settler	rim portion its	Changes:	Licensure Usual and Target R FRVS Cl Cost Sett Rate Sem	Total Prospective Prospective Adjusted Total Prospective with Read Rating Change Customary Limitation Cate limitation change Change Control FYE 12/31/2 Control Prospective Adjusted Customary Limitation Change Change Control Prospective Change	n Interim Component
Desk Audit - Pro Distribution:			J.K.	[2] as of 07/10/2009  Stephen Russell	
Contract Management Permanent FileFor information	Only	Marie Control of the	Medicaio	Cost Reimbursement	Analysis
No Change in R	Rate				
Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



HHCC - Sarasota				Provider Number:	0 010453-00
5401 Sawyer Road				Date:	1/23/2012
Sarasota FL 34233				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home  S	ingle Level		Current Rate 209.90	New Rate 218.25	Effective Date 7/10/2010
L	evel H: AIDS		353.24	361.59	7/10/2010
L	evel U: Fragile Under 21	_	468.27	476.62	7/10/2010
Interior X Settle	Interim im Component ement based on costs Provider Prospective data	Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited costs Field audited co Field audit - int Desk audit - Int Desk Audit - Pr	erim portion ests	X	Usual and Target R FRVS Cl Cost Set Rate Sen	e Rating Change d Customary Limitation ate limitation change hange tlement FYE 12/31/2 hester Change [2] as of 07/10/2009	
Distribution:		\ <u></u>	FA	Stephen Russell	
Contract Managemer Permanent File For informatio No Change in Home Office:	n Only Rate HCR Manor Care		Medicaio	l Cost Reimbursement	t Analysis
	Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



HHCC - Sarasota				Provider Number:	0 010453-00
5401 Sawyer Road	Date: 1/23/2			1/23/2012	
Sarasota FL 34233				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 211.06	New Rate 222.25	Effective Date 1/1/2011
I	Level H: AIDS		355.92	367.11	1/1/2011
I	Level U: Fragile Under 21	_	472.17	483.36	1/1/2011
Inter	al Interim rim Component lement based on costs r Provider Prospective data	X Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited cost Field audited c Field audit - in Desk audited c Desk audit - In Desk Audit - P	costs aterim portion osts	X	Usual and Target Ra FRVS Cl Cost Sett Rate Sem	e Rating Change I Customary Limitation the limitation change thange tlement FYE 12/31/20 tester Change [2] as of 07/10/2009	
Distribution:  Contract Manageme  Permanent File  For information	on Only		Medicaid	Stephen Russell Cost Reimbursement	Analysis
No Change in Home Office:	HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



HHCC - Sarasota		Date: 1/23/20			0 010453-00
5401 Sawyer Road					1/23/2012
Sarasota FL 34233					12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 201.76	New Rate 213.70	Effective Date 7/1/2011
- (	<b>g</b>				
	Level H: AIDS		347.96	359.90	7/1/2011
	Level U: Fragile Under 21		465.29	477.23	7/1/2011
II	Otal Interim Interim Component Ettlement based on costs Interior Provider Prospective data	X Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit -	ed costs - interim portion	X	Usual and Target Ro FRVS Cl Cost Set Rate Sem	e Rating Change d Customary Limitation ate limitation change hange tlement FYE 12/31/26 hester Change [2] as of 07/10/2009	
Distribution:	ement / Fiscal Agent		Ir	Stephen Russell	
Permanent File For inform No Change Home Office:	ation Only e in Rate  HCR Manor Care		Medicaio	l Cost Reimbursement	Analysis
	Julie Yoxtheimer 333 North Summit Street Toledo OH 43604				



HHCC - Sarasota			Provider Number:	0 010453-00	
5401 Sawyer Road			Date:	1/23/2012	
Sarasota FL 34233				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 212.38	New Rate 216.23	Effective Date  1/1/2012
ruising Home	Single Deve				I) I) II I
	Level H: AIDS		359.99	363.84	1/1/2012
	Level U: Fragile Under 21		478.45	482.30	1/1/2012
Rate Type :					
Interim X	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	Prospectiv	ve Total Prospective Prospective Adjusted : Total Prospective with	
Desk audit Desk audit	ed costs - interim portion	Change	Licensur Usual an Target R FRVS C Cost Set Rate Ser	re Rating Change ad Customary Limitation ate limitation change thange attlement FYE 12/31/20 mester Change [2] as of 07/10/2009	
Distribution:			121	Stephen Russell	
Permanent File	ement / Fiscal Agent  nation Only  ge in Rate  HCR Manor Care  Julie Yoxtheimer  333 North Summit Street  Toledo OH 43604		Medicai	d Cost Reimbursement	Analysis



The Health Center Of Windermere				Provider Number:	0 030479-00
4875 Cason Cove D	Drive			Date:	1/20/2012
Orlando FL 32811				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Single Level	-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	222.46		1/1/2011
	Level H: AIDS		367.32	365.11	1/1/2011
	Level U: Fragile Under 21		483.57	481.36	1/1/2011
Desk aud Desk aud	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  d costs ited costs itet - interim portion	Changes:	Licensur Usual an Target R FRVS C Cost Set Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Permanent File	gement / Fiscal Agent		Medicaio	Stephen Russell d Cost Reimbursement	Analysis
Home Office:	I - No Home Office				



The Health Center O	f Windermere			Provider Number:	0 030479-00
4875 Cason Cove Dr	rive			Date:	1/20/2012
Orlando FL 32811				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 213.44	New Rate 212.02	Effective Date 7/1/2011
	Level H: AIDS		359.64	358.22	7/1/2011
	Level U: Fragile Under 21	-	476.97	475.55	7/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes:		ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audit	ted costs t - interim portion	X	Usual and Target R FRVS Cl Cost Set Rate Sen	e Rating Change d Customary Limitation ate limitation change hange tlement FYE 6/30/20 nester Change [2] as of 05/20/1997	
Permanent File For inform	gement / Fiscal Agent		<i>M</i> edicaid	Stephen Russell I Cost Reimbursement	: Analysis



The Health Center Of Windermere	_	Provider Number:	0 030479-00
4875 Cason Cove Drive	_	Date:	1/20/2012
Orlando FL 32811	-	Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curren Rate 213.2	Rate	Effective Date 1/1/2012
Level H: AIDS	360.8	361.52	1/1/2012
Level U: Fragile Under 21	479.3	5 479.98	1/1/2012
Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data  Basis:	X Prospe	Total Prospective Prospective Adjusted	for New Costs h Interim Component
Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Usua Targe FRV X Cost Rate	nsure Rating Change I and Customary Limitation of Rate limitation change S Change Settlement FYE 6/30/20 Semester Change RV [2] as of 05/20/1997	
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Med	Stephen Russell icaid Cost Reimbursemen	t Analysis
Home Office: 1 - No Home Office			



	Provider Number:	0 030484-00
	Date:	1/19/2012
	Fiscal Year End:	6/30/2011
	Audit Status:	Unaudited [3]
Current Rate 228.36	New Rate 227.53	Effective Date 1/1/2011
373.22	372.39	1/1/2011
489.47	488.64	1/1/2011
	Total Prospective Prospective Adjusted	
Usual and Target Ri FRVS Ci X Cost Sett	d Customary Limitation at limitation change hange tlement FYE 06/30/1 nester Change [2] as of 10/01/2000	
	Stephen Russell	
Medicaid	l Cost Reimbursement	Analysis
	Prospective ta    Changes:  Licensure Usual and Target R FRVS COST Set Rate Sem On FRV	Prospective  Total Prospective  Prospective Adjusted  Total Prospective with  Total Prospective with  Total Prospective Adjusted  Total Prospective Adjusted  Total Prospective with  Total Prospective Adjusted  Total Prospective Note and Prospective Adjusted  Total Prospective Adjusted  Total Prospective Note and Prospectiv



The Health Center of	Plant City			Provider Number:	0 030484-00
701 North Wilder Ro	ad			Date:	1/19/2012
Plant City FL 33566				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate 222.30	Effective Date 7/1/2011
		-			
	Level H: AIDS		366.26	368.50	7/1/2011
	Level U: Fragile Under 21	-	483.59	485.83	7/1/2011
Basis:  Budget X Unaudited Field audit Field audit Desk audit Desk Audit	ed costs - interim portion	Changes:  X	Licensur Usual an Target R FRVS C Cost Set Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Permanent File	ement / Fiscal Agent nation Only ge in Rate		Medicai	Stephen Russell d Cost Reimbursement	Analysis
Home Office:	1 - No Home Office				



The Health Center of		·······		Provider Number:	0 030484-00
701 North Wilder R				Date:	1/19/2012
Plant City FL 33566				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 220.35	New Rate 224.29	Effective Date 1/1/2012
	Level H: AIDS		367.96	371.90	1/1/2012
	Level U: Fragile Under 21	-	486.42	490.36	1/1/2012
Desk aud	ited costs it - interim portion	Changes	Licensur Usual an Target R FRVS C Cost Set Rate Sen	ttlement FYE 06/30/1 nester Change	n Interim Component
	lit - Prospective portion			[2] as of 10/01/2000	
	gement / Fiscal Agent		/// >(-1)	Stephen Russell	A 1 - 1
Permanent File For infor	_		Medical	d Cost Reimbursement	Analysis
Home Office:	1 - No Home Office				



The Health Center of	Pensacola, Inc.			Provider Number:	0 030487-00
8475 University Pkw	У			Date:	1/20/2012
Pensacola FL 32514			Fiscal Year End:		6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:	Simple Level	Curi <u>Ra</u> <b>22</b> 0	te	New Rate	Effective Date 1/1/2011
Nursing Home	Single Level				1/1/2011
	Level H: AIDS	365	.82	368.00	1/1/2011
	Level U: Fragile Under 21	482	2.07	484.25	1/1/2011
Basis:  Budget X Unaudited Field audit Desk audite Desk audit	ed costs - interim portion	Changes:  Li Us Ta FI X Co	censure sual and arget Ra RVS Ch ost Settle	Total Prospective Prospective Adjusted Total Prospective with Rating Change Customary Limitation change	n Interim Component
Distribution:			K	Stephen Russell	
Permanent File	ement / Fiscal Agent nation Only ge in Rate  1 - No Home Office	M	edicaid	Cost Reimbursement	Analysis



The Health Center of	Pensacola, Inc.			Provider Number:	0 030487-00
8475 University Pkw	y			Date:	1/20/2012
Pensacola FL 32514				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
•			Current	New	Effective
	Q	,	Rate	Rate	Date
Nursing Home	Single Level	-	211.13		7/1/2011
	Level H: AIDS		357.33	362.05	7/1/2011
	Level U: Fragile Under 21	_	474.66	479.38	7/1/2011
Rate Type :					
Interim		X	Prospectiv	/e	
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted:	
-	Settlement based on costs		***************************************	Total Prospective with	Interim Component
I	Prior Provider Prospective data				
Basis:		Changes:			
Dudget			Licensur	e Rating Change	
Budget  X Unaudited	costs	-		d Customary Limitatio	n
Field audit				ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite		X		tlement FYE 6/30/11	
	- Interim Portion - Prospective portion			nester Change [2] as of 05/28/1987	
Distribution:			121	Stephen Russell	
Contract Manage	ement / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					·
For inform	nation Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office				
Home Office.					



The Health Center of Pensacola, Inc.			Provider Number	r: 0 030487-00
8475 University Pkwy			Date	e: 1/20/2012
Pensacola FL 32514			Fiscal Year End	
			Audit Status	
Provider Type:				
• •		rent	New	Effective
N ' II C' l Il	Ra		Rate	Date
Nursing Home Single Level		0.87	217.35	
Level H: AIDS	358	8.48	364.96	1/1/2012
Level U: Fragile Under 21	476	6.94	483.42	1/1/2012
Rate Type :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Interim	X Pro	spective		
Total Interim		To	otal Prospective	
Interim Component	***************************************		_	ed for New Costs
X Settlement based on costs		To	otal Prospective v	vith Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Dudget	Li	icensure I	Rating Change	
Budget X Unaudited costs			Customary Limita	ation
Field audited costs			e limitation chang	
Field audit - interim portion	***************************************	RVS Cha	_	
Desk audited costs			ement FYE 6/30/	11
Desk audit - Interim Portion  Desk Audit - Prospective portion			ster Change ] as of 05/28/198	7
Distribution:		1.1	Stephen Russell	,
Contract Management / Fiscal Agent		Tedicaid (	Cost Reimburseme	
Permanent File				one i mary ord
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office			***************************************	
Home Office.				



Parkway Health & Re	ehab			Provider Number:	0 030490-00
800 SE Central Pkwy		•		Date:	1/31/2012
Stuart FL 34994				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tradit Status.	Onaddice [5]
zzo.zmiz zypi			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	225.95		1/1/2011
	Level H: AIDS		370.81	371.77	1/1/2011
	Level U: Fragile Under 21		487.06	488.02	1/1/2011
X	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	Changes		ve Total Prospective Prospective Adjusted Total Prospective with	
Dasis.		Changes	<u>.                                      </u>	·	
Budget			_	e Rating Change	
X Unaudited Field audit			_	d Customary Limitatio ate limitation change	n
	- interim portion		FRVS C		
Desk audite	-	X		tlement FYE 6/30/11	
	- Interim Portion			nester Change	
Desk Audit Distribution:	t - Prospective portion		On FRV	[2] as of 03/22/1990	
		<u></u>		Stephen Russell	
Permanent File	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
	nation Only				
No Chang					
- Tro Chang		2444			
Home Office:	1 - No Home Office				



Parkway Health & R	ehab			Provider Number:	0 030490-00
800 SE Central Pkwy	<b>/</b>			Date:	1/31/2012
Stuart FL 34994				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	Onaudited [5]
riovidei rype.			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		216.24		7/1/2011
	Level H: AIDS		362.44	365.19	7/1/2011
	Level U: Fragile Under 21	_	479.77	482.52	7/1/2011
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Rate Type :					
Interim		X	Prospectiv	re	
	Total Interim			Total Prospective	
<b>!</b>	Interim Component			Prospective Adjusted	
·	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
			_		
Budget			-	e Rating Change	
X Unaudited				d Customary Limitation at limitation at limitation change	on
Field audit			FRVS C	-	
Desk audit	t - interim portion	X		tlement FYE 6/30/11	
	- Interim Portion			nester Change	
	t - Prospective portion			[2] as of 03/22/1990	
Distribution:			<u> </u>	Stephen Russell	
Contract Manag	gement / Fiscal Agent		J//		
Permanent File	, G		Medical	d Cost Reimbursement	Analysis
	nation Only				
	ge in Rate				
***************************************	-				
Home Office:	1 - No Home Office				



Parkway Health & Re	ehab			Provider Number:	0 030490-00
800 SE Central Pkwy				Date:	1/31/2012
Stuart FL 34994				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N: + TF	C' I I I		Rate	Rate	Date
Nursing Home	Single Level		215.90		1/1/2012
	Level H: AIDS		363.51	368.41	1/1/2012
	Level U: Fragile Under 21		481.97	486.87	1/1/2012
Rate Type :					
Interim		X	Prospectiv	ve	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				110000000
Basis:		Changes:			
D 1			Licensur	e Rating Change	
Budget X Unaudited	costs		•	d Customary Limitatio	מי
Field audit	1			ate limitation change	11
	t - interim portion		FRVSC	_	
Desk audit	_	X	Cost Set	tlement FYE 6/30/11	
	- Interim Portion			nester Change	
Desk Audi	t - Prospective portion		On FRV	[2] as of 03/22/1990	
Distribution:			Ñ	Stephen Russell	
_	gement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					
	mation Only				
No Chang	ge in Rate				
Home Office:	1 - No Home Office				
IIOMO O IIIOO,					



		Provider Number:	0 030491-00
00 Crockett Boulevard		Date:	1/24/2012
Territt Island FL 32953		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
rovider Type:	Current Rate	New Rate	Effective Date
ursing Home Single Level	225.82		1/1/2011
Level H: AIDS	370.68	370.88	1/1/2011
Level U: Fragile Under 21	486.93	487.13	1/1/2011
Total Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audited costs	Changes:  Licensur  Usual an  Target R  FRVS C	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Rate limitation change	Interim Component
Desk audit - Interim Portion  Desk Audit - Prospective portion		mester Change [2] as of 08/01/1990	
Distribution:	121	Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicai	d Cost Reimbursement	Analysis



The Health Center of Merritt Island			Provider Number:	0 030491-00
500 Crockett Boulevard		Date: Fiscal Year End:		1/24/2012
Merritt Island FL 32953				6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 215.83	New Rate 217.78	Effective Date 7/1/2011
Level H: AIDS		362.03	363.98	7/1/2011
Level U: Fragile Under 21		479.36	481.31	7/1/2011
Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data		]	e Fotal Prospective Prospective Adjusted Fotal Prospective with	
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	e Rating Change I Customary Limitation the limitation change hange Rement FYE 6/30/11 ester Change [2] as of 08/01/1990	on
Distribution:		ΔK	Stephen Russell	
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  1 - No Home Office		Medicaid	Cost Reimbursement	Analysis



The Health Center of Merritt Island		Provider Number:	0 030491-00
00 Crockett Boulevard		Date:	1/24/2012
Merritt Island FL 32953		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	215.68		1/1/2012
Level H: AIDS	363.29	367.00	1/1/2012
Level U: Fragile Under 21	481.75	485.46	1/1/2012
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data		re Total Prospective Prospective Adjusted Total Prospective witl	
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 Cost Set Rate Sem	e Rating Change d Customary Limitation ate limitation change hange tlement FYE 6/30/11 nester Change [2] as of 08/01/1990	on
<u>Distribution:</u> Contract Management / Fiscal Agent	17	Stephen Russell	
Permanent File  For information Only  No Change in Rate  Home Office: I - No Home Office	Medicaid	l Cost Reimbursement	: Analysis



The Health Center of Lake City		Provider Number:	0 030527-00
560 S.W. McFarlane Ave.		Date:	1/31/2012
Lake City FL 32025		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current  Rate  218.58	New Rate 219.36	Effective Date 1/1/2011
T. W. D. W.			
Level H: AIDS	363.44	364.22	1/1/2011
Level U: Fragile Under 21	479.69	480.47	1/1/2011
Total Interim  Total Interim  Interim Component  X Settlement based on costs  Prior Provider Prospective data  Basis:	***************************************	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	Usual an	e Rating Change d Customary Limitation ate limitation change thange tlement FYE 6/30/20 nester Change [2] as of 05/01/1999	
Distribution:	Je/	K Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaio	l Cost Reimbursement	Analysis



The Health Center of Lake City			Provider Number:	0 030527-00
560 S.W. McFarlane Ave.			Date:	1/31/2012
Lake City FL 32025			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level  Level H: AIDS		Current Rate 208.58	New Rate 211.62	Effective
Level U: Fragile Under 21	***************************************	472.11	475.15	7/1/2011
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costsPrior Provider Prospective data  Basis: BudgetX Unaudited costsField audited costsField audit - interim portionDesk audited costsDesk Audit - Prospective portion	Changes:	Licensur Usual an Target R FRVS C Cost Set Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent		<i>M</i>	Stephen Russell	
Permanent File For information Only No Change in Rate  Home Office:    T-No Home Office		Medicaid	d Cost Reimbursement	Analysis



The Health Center of Lake City				Provider Number:	0 030527-00
560 S.W. McFarlane	Ave.			Date:	1/31/2012
Lake City FL 32025				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
- "		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	208.32	213.61	1/1/2012
	Level H: AIDS		355.93	361.22	1/1/2012
	Level U: Fragile Under 21	-	474.39	479.68	1/1/2012
Rate Type :					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes	<b>:</b>		
			Ligangur	a Dating Change	
Budget X Unaudited	acets		_	e Rating Change d Customary Limitatio	ın.
X Unaudited Field audit		-		ate limitation change	711
	- interim portion		FRVS C	_	
Desk audite	-	x	_	tlement FYE 6/30/20	11
§	- Interim Portion			nester Change	
Desk Audit	t - Prospective portion		On FRV	[2] as of 05/01/1999	
Distribution:			J?	K Stephen Russell	
Contract Manag	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analysis
Permanent File					
For inform	nation Only				
No Chang	ge in Rate				
Home Office.	1 - No Home Office				
Home Office:					



Imperial Health Care Center	_	Provider Number:	0 030530-00
900 Imperial Golf Course	_	Date:	1/25/2012
Naples FL 34110	-	Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curr Ra 232	te Rate	Effective
Level H: AIDS	377	.82 376.40	1/1/2011
Level U: Fragile Under 21	494		1/1/2011
Rate Type:  X Interim  Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:	Total Prospective Prospective Adjusted Total Prospective Adjusted Total Prospective with Censure Rating Change Hual and Customary Limitating Rate limitation change RVS Change Dest Settlement FYE 6/30/20 Itel Semester Change In FRV [2] as of 06/01/1991	th Interim Component
<u>Distribution:</u>		M Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	M	edicaid Cost Reimbursemen	nt Analysis



Imperial Health Care Center		Provider Number:	0 030530-00
900 Imperial Golf Course		Date:	1/25/2012
Naples FL 34110		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 224.26	New Rate 222.69	Effective Date 7/1/2011
Level H: AIDS	370.46	368.89	7/1/2011
Level U: Fragile Under 21	487.79	486.22	7/1/2011
Interim  Total Interim  Interim Component  X Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Prospective portion	Changes:  Licensur  Usual an  Target R  FRVS C  X Cost Set Rate Sem	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicaid	Stephen Russell	Analysis



Imperial Health Care Center				Provider Number:	0 030530-00
900 Imperial Golf Cou	nrse			Date:	1/25/2012
Naples FL 34110				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 224.95	New Rate 223.77	Effective Date 1/1/2012
	Level H: AIDS	3	372.56	371.38	1/1/2012
	Level U: Fragile Under 21	-	491.02	489.84	1/1/2012
I	otal Interim nterim Component ettlement based on costs rior Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with	
Basis:  Budget X Unaudited of Field audite Field audite Desk audite Desk audite	costs cd costs - interim portion	Changes:	Usual and Target R FRVS Cl Cost Set Rate Sen	e Rating Change d Customary Limitation ate limitation change change tlement FYE 6/30/20 hester Change [2] as of 06/01/1991	
Distribution:  Contract Manage  Permanent File  For inform  No Chang		-	Medicaio	Stephen Russell  Cost Reimbursement	Analysis
Home Office:	I - No Home Office				



Γhe Health Center of	Daytona Beach			Provider Number:	0 030535-00
50 National Healtho		•		Date:	1/24/2012
Daytona Beach FL 32	2114			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		224.19		1/1/2011
	Level H: AIDS	_	369.05	368.92	1/1/2011
	Level U: Fragile Under 21		485.30	485.17	1/1/2011
Rate Type:					
X Interim			Prospectiv	re	
	Total Interim			Total Prospective	
	Interim Component			Prospective Adjusted	
	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Dudget			Licensur	e Rating Change	
Budget Winaudited	costs		-	d Customary Limitatio	on
Field audit				ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audit	•	X	_	tlement FYE 6/30/11	
	- Interim Portion		_	nester Change	
	t - Prospective portion		On FRV	[2] as of 07/11/1996	
Distribution:			M	Stephen Russell	
_	ement / Fiscal Agent		Medicaio	l Cost Reimbursement	Analysis
Permanent File					
•	nation Only				
No Chang	ge in Rate				
Home Office	1 - No Home Office				
Home Office:					



The Health Center of		-		Provider Number:	0 030535-00	
550 National Healtho		-		Date:	1/24/2012	
Daytona Beach FL 32	2114 .	•		Fiscal Year End:	6/30/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
NT	Cimala Laval		Rate	Rate	Date	
Nursing Home	Single Level		215.74		7/1/2011	
	Level H: AIDS		361.94	362.03	7/1/2011	
	Level U: Fragile Under 21	_	479.27	479.36	7/1/2011	
	C	-				
Rate Type :						
Interim		X	Prospecti			
	Total Interim			Total Prospective	Face Nilana Canada	
	Interim Component			Prospective Adjusted		
	Settlement based on costs			Total Prospective with	i Interim Component	
	Prior Provider Prospective data					
Basis:		Changes	:			
Budget			_ Licensur	e Rating Change		
X Unaudited	<b>.</b>			d Customary Limitation	on	
Field audit	ed costs			ate limitation change		
	t - interim portion		FRVS C			
Desk audit		X		tlement FYE 6/30/11		
	- Interim Portion			nester Change [2] as of 07/11/1996		
Distribution:	t - Prospective portion			.1		
***	ement / Fiscal Agent			Stephen Russell		
_	ement / I iscai Agent		Medicai	d Cost Reimbursement	. Analysis	
Permanent File	u atima Oulu					
***************************************	nation Only					
No Chang	ge in Rate					
Home Office:	1 - No Home Office					
Home Office.						



The Health Center of	f Daytona Beach			Provider Number:	0 030535-00
550 National Healthcare Drive			Date:	1/24/2012	
Daytona Beach FL 3	32114			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:					
		(	Current	New	Effective
NT · TT	61 T T . 1		Rate	Rate	Date
Nursing Home	Single Level	*****	217.02		1/1/2012
	Level H: AIDS		364.63	365.78	1/1/2012
	Level U: Fragile Under 21		483.09	484.24	1/1/2012
	J				
Rate Type :					
		v	Dunamantir		
Interim	n Total Interim	<u>X</u>	Prospectiv	Total Prospective	
	Interim Component			Prospective Adjusted	for New Costs
X	Settlement based on costs			Total Prospective with	
	Prior Provider Prospective data			1	,
Basis:		Changes:	1		
Dasis.		Changes.	J		
Budget			Licensur	e Rating Change	
X Unaudited	1 costs			d Customary Limitatio	n
Field aud	í			ate limitation change	
Field aud	it - interim portion		FRVS C	hange	
Desk audi	ı	X		tlement FYE 6/30/11	
	it - Interim Portion lit - Prospective portion			nester Change [2] as of 07/11/1996	
Distribution			<u> </u>	.4	
			m	Stephen Russell	
	gement / Fiscal Agent		Medicaio	l Cost Reimbursement	Analysis
Permanent File					
***************************************	mation Only				
No Char	nge in Rate				
Home Office:	1 - No Home Office				
1101111					



Health Center of Coconut Creek			Provider Number	: 0 030537-00
4125 W. Sample Road			Date	: 1/25/2012
Coconut Creek FL 33073			Fiscal Year End:	6/30/2011
			Audit Status	: Unaudited [3]
Provider Type:		rrent ate	New Rate	Effective Date
Nursing Home Single Level	23	6.18	237.15	
Level H: AIDS	38	1.04	382.01	1/1/2011
Level U: Fragile Under 21	49	7.29	498.26	1/1/2011
Rate Type:  X Interim  Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:	Changes:	icensure Usual and Carget Rat FRVS Cha	Rating Change Customary Limitate limitation change ange ement FYE 6/30/1 ster Change 2] as of 12/09/1997	ith Interim Component tion e
Contract Management / Fiscal Agent		<u> </u>	Stephen Russell	
Permanent FileFor information OnlyNo Change in Rate	Ν	Aedicaid :	Cost Reimburseme	ent Analysis
Home Office: 1 - No Home Office				



Health Center of Coconut Creek		Provider Number:	0 030537-00
4125 W. Sample Road		Date:	1/25/2012
Coconut Creek FL 33073		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level			7/1/2011
Level H: AIDS	372.32	374.65	7/1/2011
Level U: Fragile Under 21	489.65	491.98	7/1/2011
Interim  Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	Usual an Target R FRVS C X Cost Set Rate Ser	Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Late limitation change Change Thange The Rating Change Thange Thange Thange Thange The Rating Change Thange	n Interim Component
Desk Audit - Prospective portion  Distribution:	Ontrev	[2] as of 12/09/1997	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office	Medicai	Stephen Russell d Cost Reimbursement	Analysis



Health Center of Coc	onut Creek			Provider Number:	0 030537-00
4125 W. Sample Roa				Date:	1/25/2012
Coconut Creek FL 33	073			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 225.77	New Rate 229.98	Effective Date  1/1/2012
0		**************************************			
	Level H: AIDS	3	373.38	377.59	1/1/2012
	Level U: Fragile Under 21		491.84	496.05	1/1/2012
1 XS	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit	ed costs - interim portion	Changes:	Usual and Target Ra FRVS Cl Cost Sett Rate Sem	e Rating Change I Customary Limitation ate limitation change mange tlement FYE 6/30/11 mester Change [2] as of 12/09/1997	on
Distribution:	Trosposito potenci		1.11	Stephen Russell	
Permanent File	ement / Fiscal Agent nation Only se in Rate  1 - No Home Office		Medicaio	Cost Reimbursement	Analysis



Charlotte Harbor Hea	lthcare			Provider Number:	0 030540-00
4000 Kings Highway				Date:	1/26/2012
Port Charlotte FL 339	280	_		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		234.12		1/1/2011
	Level H: AIDS	_	378.98	379.30	1/1/2011
	Level U: Fragile Under 21	_	495.23_	495.55	1/1/2011
Rate Type :					
X Interim			Prospectiv	ve	
	Γotal Interim	<del> </del>		Total Prospective	
	nterim Component			Prospective Adjusted	for New Costs
$\overline{\mathbf{x}}$ s	Settlement based on costs			Total Prospective with	n Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
			_		
Budget			Licensur	e Rating Change	
X Unaudited	costs			d Customary Limitatio	n
Field audit	ed costs		•	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite		X		tlement FYE 06/30/1	1
	- Interim Portion			nester Change [2] as of 06/02/1994	
Distribution:	- Prospective portion			Stephen Russell	
	ement / Fiscal Agent	<del></del>	Madiani		A 1
Permanent File			Medican	d Cost Reimbursement	Anarysis
	nation Only				
No Chang					
<del></del>					
Home Office:	1 - No Home Office				
	_				-



Charlotte Harbor Hea	altheare			Provider Number:	0 030540-00
4000 Kings Highway		_		Date:	1/26/2012
Port Charlotte FL 339	980	-		Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 224.31	New Rate 225.99	Effective Date 7/1/2011
	Level H: AIDS	:	370.51	372.19	7/1/2011
	Level U: Fragile Under 21	_	487.84	489.52	7/1/2011
	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X		e Fotal Prospective Prospective Adjusted Fotal Prospective with	
Desk audite Desk audit Desk Audit	ed costs - interim portion	Changes:  X	Usual and Target Ra FRVS Ch Cost Sett Rate Sem	Rating Change I Customary Limitation the limitation change lange lement FYE 06/30/1 ester Change [2] as of 06/02/1994	
Permanent File	ement / Fiscal Agent nation Only ge in Rate  1 - No Home Office		Medicaid	Stephen Russell Cost Reimbursement	Analysis



Charlotte Harbor Healthcare			Pтovider Number:	0 030540-00
4000 Kings Highway	Date:		1/26/2012	
Port Charlotte FL 33980			Fiscal Year End:	6/30/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		223.98		1/1/2012
Level H: AIDS		371.59	374.23	1/1/2012
Level U: Fragile Unde	r 21	490.05	492.69	1/1/2012
Rate Type:	Y	n	,	
Interim Total Interim	<u>X</u>	Prospectiv		
Interim Component			Total Prospective Prospective Adjusted	for New Costs
X Settlement based on costs			Total Prospective with	
Prior Provider Prospectiv	e data	***************************************	Total Trospective will	Timeran Component
Basis:	Chang	es:		
		Licancura	e Rating Change	
Budget X Unaudited costs			d Customary Limitatio	
Field audited costs			ate limitation change	711
Field audit - interim portion		FRVS CI	nange	
Desk audited costs	X	Cost Sett	tlement FYE 06/30/1	1
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 06/02/1994	****
Distribution:		M	Stephen Russell	
Contract Management / Fiscal Agent	<del>*************************************</del>	Medicaid	Cost Reimbursement	Analysis
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Of	īce			
220110 0111001				



The Aristocrat		Provider Number:	0 030552-00
10949 Parnu Street		Date:	1/27/2012
Naples FL 34109		Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 261.94	New Rate 262.94	Effective Date 1/1/2011
•			
Level H: AIDS	406.80	407.80	1/1/2011
Level U: Fragile Under 21	523.05	524.05	1/1/2011
Total Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data  Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual an Target R FR.VS C X Cost Set Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
<u>Distribution:</u> Contract Management / Fiscal Agent	Medicai	Stephen Russell d Cost Reimbursement	Analysis
Permanent File  For information Only  No Change in Rate  Home Office:  1 - No Home Office			



The Aristocrat				Provider Number:	0 030552-00
10949 Parnu Street				Date:	1/27/2012
Naples FL 34109				Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				Tradit Status.	
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		249.26		7/1/2011
	Level H: AIDS		395.46	397.28	7/1/2011
	Level U: Fragile Under 21	_	512.79	514.61	7/1/2011
Rate Type :					
Interim		X	Prospectiv		
	Total Interim			Total Prospective	for Nov. Costs
	Interim Component Settlement based on costs		***************************************	Prospective Adjusted Total Prospective with	
	Prior Provider Prospective data			Total Trospective with	i interim component
	Tiof Trovider Frospective data			111000	
Basis:		Changes			
Dudgat			Licensur	e Rating Change	
Budget  X Unaudited	costs	-	-	d Customary Limitatio	n
Field audite			_	ate limitation change	
Field audit	- interim portion		FRVS C	hange	
Desk audite		X	_	tlement FYE 6/30/20:	11
	- Interim Portion - Prospective portion			nester Change [2] as of 06/09/1994	
Distribution:	- Hospective polition		- In the	Stephen Russell	
Contract Manage	ement / Fiscal Agent		Medicai	d Cost Reimbursement	Analycic
Permanent File			Medican	i Cost Rennoursement	Anaiysis
For inform	nation Only				
No Chang	e in Rate				
Home Office:	1 - No Home Office				
Home Office:	1 110 120120 013400				



The Aristocrat	Provider Number: 0 030552-0	00
10949 Parnu Street	Date: 1/27/2012	
Naples FL 34109	Fiscal Year End: 6/30/2011	
	Audit Status: Unaudited [	31
Provider Type:		
	Current New Effective Rate Rate Date	
Nursing Home Single Level	249.11 251.79 1/1/2012	
Mursing Home Single Level	231.79 1/1/2012	
Level H: AIDS	396.72 399.40 1/1/2012	
Level U: Fragile Under 21	515.18 517.86 1/1/2012	
_	Marine Ma	
		***************************************
Rate Type:		
Interim	X Prospective	
Total Interim	Total Prospective	
Interim Component	Prospective Adjusted for New Costs	
X Settlement based on costs	Total Prospective with Interim Componer	nt
Prior Provider Prospective data		
Basis: Ch	nges:	
	Ti Di di	
Budget	Licensure Rating Change	
X Unaudited costs	Usual and Customary Limitation Target Rate limitation change	
Field audited costs	FRVS Change	
Field audit - interim portion  Desk audited costs	X Cost Settlement FYE 6/30/2011	
Desk audited costs  Desk audit - Interim Portion	Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 06/09/1994	
Distribution:	A Stephen Russell	Many or Many
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Analysis	_
Permanent File	•	
For information Only		*
No Change in Rate		
Home Office: 1 - No Home Office		
Home Office.		



Avante at Jacksonville Beach, Inc. Provider Num		Provider Number:	0 200913-00		
1504 Seabreeze Avenu				Date:	1/23/2012
Jacksonville Beach FL	32250-3369			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	***************************************	Current Rate 222.25	New Rate 221.89	Effective Date 1/1/2011
	Level H: AIDS		367.11	366.75	1/1/2011
	Level U: Fragile Under 21	_	483.36	483.00	1/1/2011
Basis:  Budget X Unaudited co Field audited Desk audited Desk Audited Desk Audited	l costs interim portion	Changes:	Licensure Usual and Target R. FRVS C. Interim Rate Sem	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Distribution:  Contract Manager  Permanent File  For information No Change	in Rate		JA Medicaio	Stephen Russell  I Cost Reimbursement	Analysis
Home Office:	Avante Group, Inc.  Janan Mitchell  4000 Hollywood Blvd, Suit  Hollywood FL 33021-6744				



Avante at Jacksonville Beach, Inc.  Provider N		Provider Number:	0 200913-00		
1504 Seabreeze Avenue	1504 Seabreeze Avenue			Date:	1/23/2012
Jacksonville Beach FL 32	2250-3369			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level		Current Rate 213.95	New Rate 213.43	Effective Date 7/1/2011
I	Level H: AIDS		360.15	359.63	7/1/2011
I	Level U: Fragile Under 21		477.48	476.96	7/1/2011
Inte Sett	al Interim rim Component lement based on costs r Provider Prospective data	X Changes:	X	ve Total Prospective Prospective Adjusted Total Prospective with	
Budget X Unaudited cost Field audited completed audited completed audit - in Desk audit - In Desk Audit - P	costs nterim portion costs	X	Usual an Target R FRVS C Interim Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange Settlement FYE 05/3 nester Change [2] as of 07/01/1989	
Distribution:  Contract Management Permanent File  For information No Change in	on Only		が Medicai	Stephen Russell d Cost Reimbursement	Analysis
Home Office:	Avante Group, Inc.  Janan Mitchell  4000 Hollywood Blvd, Suite  Hollywood FL 33021-6744	e 540-N			



Avante at Jacksonville E	Beach, Inc.			Provider Number:	0 200913-00
1504 Seabreeze Avenue		• •		Date:	1/23/2012
Jacksonville Beach FL 3	2250-3369	-		Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 216.26	New Rate 209.95	Effective Date 1/1/2012
- · · · · · · · · · · · · · · · · · · ·	<b>-</b>	-			
	Level H: AIDS		363.87	357.56	1/1/2012
	Level U: Fragile Under 21		482.33	476.02	1/1/2012
Inte	al Interim erim Component Element based on costs or Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with	
Desk audited of Desk audit - In	costs nterim portion costs	Changes	Licensure Usual and Target R FRVS CI Interim	Settlement FYE 05/3 nester Change [2] as of 07/01/1989	
Contract Managem Permanent File For informati No Change i Home Office:	ion Only		Medicaid	Stephen Russell  Cost Reimbursement	Analysis



### Medicaid Reimbursement Per Diem Rates

St. Catherine Laboure !	Manor			Provider Number:	0 205150-00
1750 Stockton Street				Date:	1/20/2012
Jacksonville FL 32204		Fiscal Ye		Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		214.21	209.18	7/1/2011
	Level H: AIDS	_	360.41	355.38	7/1/2011
	Level U: Fragile Under 21	_	477.74	472.71	7/1/2011
Rate Type:					
Interim		<u>X</u>	Prospectiv		
	otal Interim			Total Prospective	for Navy Coata
i	terim Component ttlement based on costs			Prospective Adjusted: Total Prospective with	
	ior Provider Prospective data			Total Prospective with	i merim component
	The state of the s	I			
Basis:		Changes:	J		
Budget X Unaudited co			Usual an	e Rating Change d Customary Limitatio ate limitation change	n
Field audit -	interim portion		FRVS C	ange	
Desk audited	1	X	_	r 7/11 rate semester	
	Interim Portion Prospective portion			ester Change [2] as of 07/01/1993	
Distribution:			İN	Stephen Russell	
_	nent / Fiscal Agent		Medicaio	Cost Reimbursement	Analysis
Permanent File					
For informa	•				
No Change	in Rate				
Home Office:	St. Vincent Health System Mike Duclos 1 Shircliff Way Jacksonville FL 32204				

Report Calculated: 1/20/2012 Report Printed: 1/20/2012 Book:0 ID:482032051502011070120120120140905



AVANTE AT BOCA				Provider Number:	0 210676-00
1130 NORTHWEST 15TH STREET Boca Raton FL 33486				Date:	1/17/2012
Boca Raton FL 33480			Date: 1/17/  Fiscal Year End: 5/31/  Audit Status: Field Au	5/31/2007	
				Audit Status:	Field Audited [2]
Provider Type:		_			
Nursing Home	Single Level		195.97		1/1/2008
	Level H: AIDS	-	329.97	328.30	1/1/2008
	Level U: Fragile Under 21	-	437.49	435.82	1/1/2008
II	Cotal Interim Interim Component Interim the ettlement based on costs In the provider Prospective data	X		Total Prospective Prospective Adjusted	
Basis:		Changes			
Desk audite Desk audit -	d costs - interim portion	X	Usual an Target R FRVS C Field At Rate Ser	d Customary Limitatic ate limitation change	
Distribution:			Ž	Stephen Russell	
Permanent File For inform			Medicai	d Cost Reimbursement	Analysis
No Change	e in Rate				
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	e 540-N	- 1 + 2 / Nacional		



AVANTE AT BOCA RATON, INC.		Provider Number:	0 210676-00	
1130 NORTHWEST 15TH STREET		Date:	1/17/2012	
Boca Raton FL 33486		Fiscal Year End:	5/31/2007	
		Audit Status:	Field Audited [2]	
Provider Type:  Nursing Home Single Level	Current Rate 197.77	New Rate 196.09	Effective Date 7/1/2008	
Level H: AIDS	334.05	332.37	7/1/2008	
Level U: Fragile Under 21	443.40	441.72	7/1/2008	
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:	X Prospect X Changes:	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 a Target 1 FRVS 0 X Field A Rate Se	re Rating Change  nd Customary Limitatio Rate limitation change  Change  udit #NH10-028C FY  mester Change  / [2] as of 04/01/1993		
Distribution:	M	Stephen Russell		
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Avante Group, Inc.  Janan Mitchell  4000 Hollywood Blvd, Suite Hollywood FL 33021-6744		id Cost Reimbursement	Analysis	



AVANTE AT BOCA RATON, INC.  1130 NORTHWEST 15TH STREET				Provider Number:	0 210676-00
		-		Date:	1/13/2012
Boca Raton FL 33486	······································	-		Fiscal Year End:	5/31/2008
				Audit Status:	Unaudited [3]
Ü	Single Level	<u>-</u>	Current Rate 206.88	New Rate 206.61	Effective Date 1/1/2009
L	evel H: AIDS	-	345.23	344.96	1/1/2009
L	evel U: Fragile Under 21	-	456.24	455.97	1/1/2009
Basis:  Budget X Unaudited costs Field audit - int Desk audited co	erim portion ests	Changes	Licensur Usual an Target R FRVS C Effects G Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange of FA #NH10-028C Finester Change [2] as of 04/01/1993	n Interim Component
Contract Management	ot / Fiscal Agent	Annual Control of the	11	Stephen Russell	***************************************
Permanent File For information No Change in Home Office:	n Only		Medicaid	d Cost Reimbursement	Analysis



AVANTE AT BOCA RA	ATON, INC.			Provider Number:	0 210676-00
1130 NORTHWEST 15	TH STREET	Date: 1/13/20			1/13/2012
Boca Raton FL 33486		•		Fiscal Year End:	5/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate	New Rate	Effective Date 3/1/2009
ransing frome	Single Level	<u></u>	189.54	<u> 189.29</u> _	3/1/2009
1	Level H: AIDS	_	327.89	327.64	3/1/2009
]	Level U: Fragile Under 21	-	438.90	438.65	3/1/2009
Inte	al Interim rim Component lement based on costs or Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with	
	nterim portion	Changes	Licensur Usual an Target R FRVS C Effects c Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange of FA #NH10-028C F nester Change [2] as of 04/01/1993	
Distribution:  Contract Manageme	ent / Fiscal Agent		<u>Jul</u>	Stephen Russell	
Permanent File For informati No Change in	on Only		Medicai	d Cost Reimbursement	Analysis
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	e 540-N			



AVANTE AT BOCA RATON, INC.				Provider Number:	0 210676-00	
1130 NORTHWEST 1	15TH STREET	 Date:			1/13/2012	
Boca Raton FL 33486				Fiscal Year End:	5/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:				riddit Status.	Onaudited [5]	
rioriaer rjper			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		230.24	229.96	4/1/2009	
	Level H: AIDS		368.59	368.31	4/1/2009	
	Level U: Fragile Under 21		479.60	479.32	4/1/2009	
Rate Type :						
Interim		X	Prospectiv	re		
Т	otal Interim		X	Total Prospective		
Ir	nterim Component			Prospective Adjusted		
	ettlement based on costs			Total Prospective with	n Interim Component	
Pı	rior Provider Prospective data	-				
Basis:		Changes			100000	
70.1			Licensur	e Rating Change		
Budget X Unaudited c	osts	-		d Customary Limitatio	n	
Field audite				ate limitation change		
Field audit -	- interim portion		FRVS C	hange		
Desk audited	î	X		f FA #NH10-028C F	YE 5/31/07	
	Interim Portion - Prospective portion			nester Change [2] as of 04/01/1993		
Distribution:	- Prospective portion			Stephen Russell		
Contract Manage	ment / Fiscal Agent		Madiania	· · · · · · · · · · · · · · · · · · ·	A	
Permanent File	<b>U</b>		Medicale	l Cost Reimbursement	Analysis	
For inform	ation Only					
No Change	e in Rate					
Home Office:	Avante Group, Inc.					
Home Office.	Janan Mitchell					
	4000 Hollywood Blvd, Suite	540-N				
	Hollywood FL 33021-6744					
	1					



AVANTE AT BOCA R	ATON, INC.	_		Provider Number:	0 210676-00
1130 NORTHWEST 15TH STREET				Date:	1/13/2012
Boca Raton FL 33486		-		Fiscal Year End:	5/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 238.33	New Rate 238.05	Effective Date 7/1/2009
i varbing riving	Single Lie ( )				
	Level H: AIDS		378.68	378.40	7/1/2009
	Level U: Fragile Under 21		491.30	491.02	7/1/2009
Into	tal Interim erim Component tlement based on costs or Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audited Desk audit - I	costs interim portion	Change	Licensur Usual an Target R FRVS C Effects c Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange of FA #NH10-028C F nester Change [2] as of 04/01/1993	
Distribution:			In In	Stephen Russell	
Contract Managem Permanent FileFor informatNo Change i	ion Only in Rate	-	Medicaio	d Cost Reimbursement	Analysis
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Sui Hollywood FL 33021-6744				



AVANTE AT BOCA RAT		<b></b>		Provider Number:	0 210676-00
Boca Raton FL 33486	1 STREET	-		Date:	1/13/2012
Boca Raton 12 33400		-		Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Si	ingle Level		Current Rate 233.52	New Rate	Effective Date 1/1/2010
Ü	_			***************************************	
Le	vel H: AIDS	_	375.44	375.16	1/1/2010
Le	vel U: Fragile Under 21	_	489.32	489.04	1/1/2010
Rate Type:			1111		
Interim		X	Prospectiv		
	Interim		***************************************	Total Prospective	C. N. C. (
	m Component ment based on costs			Prospective Adjusted Total Prospective with	
	Provider Prospective data			Total Trospective with	mierim Component
		Changes	1		- <del></del>
Basis:		Changes:	_		
Dudget			Licensur	e Rating Change	
Budget X Unaudited costs			•	d Customary Limitatic	'n
Field audited co	sts		Target R	ate limitation change	
Field audit - inte	erim portion		FRVS C	_	
Desk audited co		X	_	of FA #NH10-028C F	YE 5/31/07
Desk audit - Inte	erim Portion Ospective portion		_	nester Change [2] as of 04/01/1993	
Distribution:				//Stephen Russell	
Contract Managemen	t / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis
Permanent File					
For information	-				
No Change in I	Rate				
Home Office:	Avante Group, Inc. Janan Mitchell 4000 Hollywood Blvd, Su Hollywood FL 33021-6744				



AVANTE AT BOCA	RATON, INC.			Provider Number:	0 210676-00
1130 NORTHWEST 15TH STREET		<del>-</del>		Date:	1/13/2012
Boca Raton FL 33486		-		Fiscal Year End:	5/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 236.65	New Rate 236.37	Effective Date 7/1/2010
	Level H: AIDS		379.99	379.71	7/1/2010
	Level U: Fragile Under 21		495.02	494.74	7/1/2010
Basis:  Budget X Unaudited confield audited Field audit -	d costs interim portion	Change	Licensur Usual and Target R	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change hange	n Interim Component
	I costs Interim Portion Prospective portion	X	Rate Sen	of FA #NH10-028C Finester Change [2] as of 04/01/1993	YE 5/31/07
Distribution:			13	KStephen Russell	
Permanent File For informa No Change	•		Medicaio	d Cost Reimbursement	Analysis
Home Office:	Janan Mitchell 4000 Hollywood Blvd, Suit Hollywood FL 33021-6744				



AVANTE AT BOCA RATON, INC.				Provider Number:	0 210676-00
1130 NORTHWEST				1/13/2012	
Boca Raton FL 33486	<u></u>			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	_	Current Rate 233.65	New Rate 233.37	Effective Date 1/1/2011
	Level H: AIDS	_	378.51	378.23	1/1/2011
	Level U: Fragile Under 21	_	494.76	494.48	1/1/2011
II S P	otal Interim nterim Component ettlement based on costs rior Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit -	d costs - interim portion	Changes:	Licensur Usual an Target R FRVS C Effects c	e Rating Change d Customary Limitatio ate limitation change hange of FA #NH10-028C F nester Change [2] as of 04/01/1993	
Distribution:  Contract Manage  Permanent File  For inform  No Change			<i>Jp</i> , Medicaio	Stephen Russell d Cost Reimbursement	Analysis
Home Office:	Avante Group, Inc.  Janan Mitchell  4000 Hollywood Blvd, Suite  Hollywood FL 33021-6744	e 540-N			



AVANTE AT BOCA RA	ATON, INC.			Provider Number:	0 210676-00
	RTHWEST 15TH STREET Date:			1/13/2012	
Boca Raton FL 33486				Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate 224.95	New Rate 224.68	Effective Date 7/1/2011
]	Level H: AIDS		371.15	370.88	7/1/2011
;	Level U: Fragile Under 21	-	488.48	488.21	7/1/2011
Inte	al Interim  rim Component  lement based on costs or Provider Prospective data	X Changes:	Pı	otal Prospective rospective Adjusted otal Prospective with	for New Costs n Interim Component
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Distribution:			JA.	Stephen Russell	
Contract Manageme Permanent File For informati No Change in Home Office:	on Only		Medicaid (	Cost Reimbursement	Analysis
	Janan Mitchell 4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	540-N			



AVANTE AT BOCA RATON, INC.				Provider Number:	0 210676-00
1130 NORTHWEST 15	TH STREET Date: 1/1			1/13/2012	
Boca Raton FL 33486				Fiscal Year End:	5/31/2011
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	- -	Current Rate 233.48	New Rate 233.22	Effective Date 1/1/2012
	Level H: AIDS		381.09	380.83	1/1/2012
	Level U: Fragile Under 21		499.55	499.29	1/1/2012
Int		Changes	Licensur Usual an Target R	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitatio ate limitation change	n Interim Component
Desk audited Desk audit - I	nterim portion costs nterim Portion Prospective portion	X	Rate Sen	hange of <b>FA #NH10-028C F</b> nester Change [2] as of 04/01/1993	YE 5/31/07
Distribution:			ŹA	Stephen Russell	
Contract Managem Permanent File For informat No Change in Home Office:	ion Only		Medicaio	l Cost Reimbursement	Analysis
	4000 Hollywood Blvd, Suite Hollywood FL 33021-6744	e 540-N			



Haven of Our Lady of Pea	ace			Provider Number:	0 258831-00
1900 Summit Boulevard				Date:	1/17/2012
Pensacola Fl 32503				Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		176.13		7/1/2008
L	evel H: AIDS		312.41	303.90	7/1/2008
L	evel U: Fragile Under 21		421.76	413.25	7/1/2008
Basis:  Budget Unaudited costs X Field audit - int Desk audited co Desk audit - Int	terim 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 Limitation ate limitation change thange ddit NH10-018L FYE mester Change [2] as of 11/08/2001	n Interim Component
Contract Managemen	nt / Fiscal Agent		<u> </u>	Stephen Russell	
Permanent File For informatio No Change in	n Only		Medicaio	l Cost Reimbursement	Analysis
Home Office:	Sacred Heart Hospital Mike Myers 5151 North 9th Avenue Pensacola FL 32513-2700				



Haven of Our Lady of Pe	eace			Provider Number:	0 258831-00
1900 Summit Boulevard				Date:	1/17/2012
Pensacola Fl 32503	-			Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level		urrent Rate	New Rate 169.54	Effective Date 1/1/2009
	Level H: AIDS Level U: Fragile Under 21		15.11 -26.12	<u>307.89</u> 418.90	1/1/2009
Basis:  Budget Unaudited cos X Field audit - in Desk audited cos	costs nterim portion costs	Changes:	Licensur Usual an Target R FRVS C Field Au Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change	n Interim Component
Distribution:  Contract Manageme Permanent File For informati No Change in Home Office:	on Only		JA Medicaid	Stephen Russell I Cost Reimbursement	Analysis



Haven of Our Lady of Peac	ce			Provider Number:	0 258831-00
1900 Summit Boulevard Date:		1/17/2012			
Pensacola Fl 32503				Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type:  Nursing Home Si	ingle Level		Current Rate 161.94	New Rate 155.33	Effective Date 3/1/2009
Le	vel H: AIDS	_	300.29	293.68	3/1/2009
Le	vel U: Fragile Under 21		411.30	404.69	3/1/2009
Interin Settler	Interim n Component nent based on costs Provider Prospective data	X		e Total Prospective Prospective Adjusted Total Prospective with	
Basis:		Changes:			
Budget Unaudited costs X Field audited cost Field audit - inte			Usual and	e Rating Change d Customary Limitatio ate limitation change nange	n
Desk audit - Inte	rim Portion	X	Field Au Rate Sem	dit NH10-018L FYE nester Change [2] as of 11/08/2001	6/30/2007
<b>Distribution:</b>			971	Stephen Russell	
Contract Management Permanent FileFor information	-	-	Medicaid	l Cost Reimbursement	Analysis
No Change in F	Rate				
Home Office:	Sacred Heart Hospital Mike Myers 5151 North 9th Avenue Pensacola FL 32513-2700				



Haven of Our Lady of Pe	eace			Provider Number:	0 258831-00
1900 Summit Boulevard				Date:	1/17/2012
Pensacola Fl 32503				Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate 191.36	Effective Date 4/1/2009
1	Level H: AIDS		337.34	329.71	4/1/2009
1	Level U: Fragile Under 21	-	448.35	440.72	4/1/2009
Basis:  Budget Unaudited cos X Field audit - ir Desk audit - Ir	costs aterim portion costs	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 hange dit NH10-018L FYE mester Change [2] as of 11/08/2001	n Interim Component
Contract Manageme	ent / Fiscal Agent	******		Stephen Russell	
Permanent FileFor informatiNo Change in Home Office:	on Only		iviedical	d Cost Reimbursement	Analysis



Life Care Center of Pensacola			Provider Number:	0 315664-00
3291 East Olive Road			Date:	2/7/2012
Pensacola FL 32514			Fiscal Year End:	12/31/2007
			Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Le	vel	Current Rate 163.59	New Rate 163.67	Effective Date 6/1/2006
Level H: AI	D\$	288.70	288.78	6/1/2006
Level U: Fra	agile Under 21	389.08	389.16	6/1/2006
X Interim Total Interim Interim Compo X Settlement base Prior Provider I	d on costs Prospective data	P1	otal Prospective rospective Adjusted otal Prospective wit	for New Costs h Interim Component
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective	on	Usual and Target Rat FRVS Cha X Field Aud Rate Seme	Rating Change Customary Limitation change Inge It NH11-020C FYE Ster Change Is as of 06/01/2006	
Distribution:  Contract Management / Fiscal A  Permanent File  For information Only  No Change in Rate	Agent –	Medicaid (	Stephen Russell Cost Reimbursemen	t Analysis
Doug R 3570 N	are Centers Of America Cuth W Keith Street and TN 37320			



Life Care Center of Pensa	cola			Provider Number:	0 315664-00	
3291 East Olive Road				Date:	2/7/2012	
Pensacola FL 32514			Fiscal Year End:		12/31/2007	
				Audit Status:	Field Audited [2]	
Provider Type: Nursing Home S	Single Level		Current Rate 179.29	New Rate 180.22	Effective Date 7/1/2006	
L	evel H: AIDS		306.42	307.35	7/1/2006	
L	evel U: Fragile Under 21	<u></u>	408.42	409.35	7/1/2006	
Basis:  Budget Unaudited costs X Field audit - int Desk audited co	eerim 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	
	ospective portion			[2] as of 06/01/2006		
Distribution:	t / Piecel A cont		14	K Stephen Russell		
Contract Management Permanent File For informatio No Change in	n Only		Medicaid	l Cost Reimbursement	Analysis	
Home Office:	Life Care Centers Of Ameri Doug Ruth 3570 NW Keith Street Cleveland TN 37320	ca				



Life Care Center of Pensa	cola			Provider Number:	0 315664-00
3291 East Olive Road				Date:	2/7/2012
Pensacola FL 32514				Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:  Nursing Home S	ingle Level		Current Rate 185.00	New Rate 185.95	Effective Date 1/1/2007
L	evel H: AIDS		314.60	315.55	1/1/2007
L	evel U: Fragile Under 21	-	418.59	419.54	1/1/2007
Inter	l Interim im Component ement based on costs Provider Prospective data	Changes		e Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited costs  X Field audited co Field audit - int Desk audit - Int Desk Audit - Pr	erim portion osts	X	Usual and Target Rarget	e Rating Change I Customary Limitation ate limitation change nange dit NH11-020C FYE lester Change [2] as of 06/01/2006	
Distribution:			B	/ Stephen Russell	
Contract Managemer Permanent FileFor informatioNo Change in	n Only Rate			l Cost Reimbursement	Analysis
Home Office:	Life Care Centers Of Amer Doug Ruth 3570 NW Keith Street Cleveland TN 37320	ıca			



Life Care Center of Pens	acola			Provider Number:	0 315664-00
3291 East Olive Road				Date:	2/7/2012
Pensacola FL 32514				Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:  Nursing Home	Single Level	_	Current Rate	New Rate 183.43	Effective Date 6/9/2007
C					
I	Level H: AIDS		312.24	313.03	6/9/2007
I	Level U: Fragile Under 21	-	416.23	417.02	6/9/2007
Basis:  Budget Unaudited cost X Field audit - ir Desk audit - In Desk Audit - P	costs aterim portion osts	Changes	Licensur Usual an Target R FRVS C Field Au Rate Sen	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change	n Interím Component
Distribution:  Contract Manageme Permanent File For information No Change in	on Only		Medicaid	Stephen Russell  d Cost Reimbursement	Analysis
Home Office:	Life Care Centers Of Amer Doug Ruth 3570 NW Keith Street Cleveland TN 37320	ca			



Life Care Center of Pensac	ola			Provider Number:	0 315664-00
3291 East Olive Road				Date:	2/7/2012
Pensacola FL 32514				Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:  Nursing Home Si	ingle Level	***************************************	Current Rate	New Rate 198.35	Effective Date 7/1/2007
Le	vel H: AIDS	3	330.40	330.29	7/1/2007
Le	vel U: Fragile Under 21		136.26	436.15	7/1/2007
Basis:  Budget Unaudited costs X Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion	Changes:	Licensure Usual and Target R: FRVS CI Field Au Rate Sem	Fotal Prospective Prospective Adjusted Fotal Prospective with Read Prospective Adjusted Read Prospective Adjusted Read Prospective Adjusted Read Prospective Adjusted Read Prospective Read Pr	n Interim Component
Distribution:  Contract Managemen  Permanent File  For information  No Change in I	n Only			Stephen Russell Cost Reimbursement	t Analysis
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Life Care Center of Pen	sacola			Provider Number:	0 315664-00	
3291 East Olive Road				Date:	2/7/2012	
Pensacola FL 32514				Fiscal Year End:	12/31/2007	
				Audit Status:	Field Audited [2]	
Provider Type: Nursing Home	Single Level		Current Rate 196.19	New Rate 195.69	Effective Date 1/1/2008	
	Level H: AIDS		330.19	329.69	1/1/2008	
	Level U: Fragile Under 21		437.71	437.21	1/1/2008	
Int X Set	etal Interim erim Component ettlement based on costs or Provider Prospective data	Changes:		re Total Prospective Prospective Adjusted Total Prospective with		
Desk audited Desk audit - I	costs interim portion	X	Usual an Target R FRVS C Field Au Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange dit NH11-020C FYE nester Change [2] as of 06/01/2006		
Distribution:  Contract Managem Permanent File For informat No Change	tion Only	-	J) Medicai	Stephen Russell  1 Cost Reimbursement	Analysis	
Home Office:	Life Care Centers Of Ameri Doug Ruth 3570 NW Keith Street Cleveland TN 37320	ca				



Life Care Center of Pensacola				Provider Number:	0 315664-00
3291 East Olive Road				Date:	2/7/2012
Pensacola FL 32514				Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:  Nursing Home  Sing	gle Level		Current Rate	New Rate 195.70	Effective
Level	H: AIDS	3	332.07	331.98	7/1/2008
Level	U: Fragile Under 21		141.42	441.33	7/1/2008
X Settleme	erim Component nt based on costs ovider Prospective data	X Changes:	1	e Fotal Prospective Prospective Adjusted Fotal Prospective with	
Budget Unaudited costs X Field audited costs Field audit - interin Desk audit - Interin Desk Audit - Prosp	n Portion	X	Usual and Target Ra FRVS Ch Field Aud Rate Sem	Rating Change Customary Limitation te limitation change ange dit NH11-020C FYE ester Change [2] as of 06/01/2006	
Distribution:  Contract Management / Permanent File For information O  No Change in Rat	nly		AK Medicaid	Stephen Russell Cost Reimbursement	Analysis
Home Office.	Life Care Centers Of America  Doug Ruth  3570 NW Keith Street  Cleveland TN 37320				



Life Care Center of Po	ensacola		Provider Number:	0 315664-00
3291 East Olive Road Date:		2/7/2012		
Pensacola FL 32514			Fiscal Year End:	12/31/2007
			Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level	Currer Rate 193.4	Rate	Effective Date 1/1/2009
	Level H: AIDS  Level U: Fragile Under 21	<u>331.7</u> 442.7		1/1/2009
I XS	Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data	X Prosp	ectiveTotal ProspectiveProspective AdjustedTotal Prospective wit	
Desk audite Desk audit	ed costs - interim portion	Usur Targ FRV X Field Rate	nsure Rating Change al and Customary Limitation get Rate limitation change VS Change d Audit NH11-020C FYF Semester Change FRV [2] as of 06/01/2006	
Permanent File	ement / Fiscal Agent nation Only e in Rate  Life Care Centers Of Ameri Doug Ruth 3570 NW Keith Street Cleveland TN 37320		Stephen Russell licaid Cost Reimbursemen	t Analysis



ife Care Center of I				Provider Number:	0 315664-00
291 East Olive Roa	.d			Date:	2/7/2012
ensacola FL 32514				Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type: Vursing Home	Single Level	]	urrent Rate	New Rate 177.14	Effective Date 3/1/2009
	Level H: AIDS	3	15.57	315.49	3/1/2009
	Level U: Fragile Under 21	4	26.58	426.50	3/1/2009
<u> </u>	Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X P	rospectiv	Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited X Field audi Field audi Desk audit	ted costs t - interim portion	X	Usual an Target R FRVS C Field Au Rate Sen	e Rating Change d Customary Limitatio ate limitation change hange dit NH11-020C FYE nester Change [2] as of 06/01/2006	
Distribution:	-		M	Stephen Russell	
Contract Manag Permanent File	gement / Fiscal Agent	**************************************	Medicai	d Cost Reimbursement	Analysis
	mation Only				
No Chan	ge in Rate				
Home Office:	Life Care Centers Of Ameri Doug Ruth 3570 NW Keith Street Cleveland TN 37320	a			



Life Care Center of Pensa	cola			Provider Number:	0 315664-00
3291 East Olive Road				Date:	2/7/2012
Pensacola FL 32514				Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:  Nursing Home	Single Level		Current Rate	New Rate 211.38	Effective Date 4/1/2009
L	evel H: AIDS	·	349.81	349.73	4/1/2009
L	evel U: Fragile Under 21		460.82	460.74	4/1/2009
Basis:  Budget Unaudited cost X Field audit - in Desk audited cost	osts terim portion osts	Changes:	Licensure Usual and Target R FRVS C	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange dit NH11-020C FYE	n Interim Component
	erim Portion ospective portion			nester Change [2] as of 06/01/2006	WHITE
Distribution:	(7)		ĬN	Stephen Russell	
Contract Manageme Permanent File For information No Change in Home Office:	on Only  Rate  Life Care Centers Of Americ	a	Medicaio	l Cost Reimbursement	Analysis
	Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Life Care Center of Per	nsacola			Provider Number:	0 315664-00
3291 East Olive Road				Date:	2/7/2012
Pensacola FL 32514				Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		215.40	215.31	7/1/2009
	Level H: AIDS		355.75	355.66	7/1/2009
	Level U: Fragile Under 21		468.37	468.28	7/1/2009
Basis:  Budget Unaudited of X Field audited Desk audited Desk audited	d costs interim portion	Changes:	Licensur Usual an Target R FRVS C Field Au Rate Sen	Total Prospective Prospective Adjusted Total Prospective with Total Prospective Adjusted Total Prospective Adjusted Total Prospective To	n Interim Component
	•		<i>M</i> edicai	Stephen Russell d Cost Reimbursement	t Analysis
Home Office:	Life Care Centers Of Ameri Doug Ruth 3570 NW Keith Street Cleveland TN 37320	ca			



Life Care Center of Pens	acola			Provider Number:	0 315664-00
3291 East Olive Road				Date:	2/7/2012
Pensacola FL 32514				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level	-	Current Rate	New Rate	Effective Date 1/1/2010
Aursing Home	Shighe Devel	-	213.37	213.48	1/1/2010
1	Level H: AIDS		355.49	355.40	1/1/2010
1	Level U: Fragile Under 21	-	469.37	469.28	1/1/2010
	al Interim	X		Total Prospective	for New Coats
Sett Prio	rim Component lement based on costs or Provider Prospective data			Prospective Adjusted Total Prospective with	
Basis:  Budget X Unaudited cos Field audited of Field audit - in Desk audit - In Desk Audit - P	nterim portion	Changes	Licensure Usual and Target R FRVS Cl Effects of	e Rating Change d Customary Limitatio ate limitation change hange of FA NH11-020C FY nester Change [2] as of 06/01/2006	
Distribution:		Make many distribution of the State State of the State of	49	Stephen Russell	
Contract Manageme Permanent File For informati No Change in	on Only		Medicaio	l Cost Reimbursement	Analysis
Home Office:	Life Care Centers Of Ameri Doug Ruth 3570 NW Keith Street Cleveland TN 37320	ca			



Life Care Center of Pensacola 3291 East Olive Road				Provider Number:	0 315664-00
				Date:	2/7/2012
Pensacola FL 32514				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 216.42	New Rate 216.34	Effective Date 7/1/2010
	Level H: AIDS	_	359.76	359.68	7/1/2010
	Level U: Fragile Under 21		474.79	474.71	7/1/2010
Basis:  Budget X Unaudited c Field audite Field audite Desk audited	d costs - interim portion	Changes  X	Licensure Usual and Target R: FRVS CI Effects o	Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change hange of FA NH11-020C FY nester Change	n Interim Component
Desk Audit  Distribution:	- Prospective portion		On FRV	[2] as of 06/01/2006 Stephen Russell	
Contract Manage Permanent File For information No Change	e in Rate		Medicaid	Cost Reimbursement	Analysis
Home Office:	Life Care Centers Of Amer Doug Ruth 3570 NW Keith Street Cleveland TN 37320	ica			



Life Care Center of Pe				Provider Number:	0 315664-00
3291 East Olive Road				Date:	2/7/2012
Pensacola FL 32514				Fiscal Year End: 12/3	
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	217.09	<u>217.00</u> _	1/1/2011
	Level H: AIDS	-	361.95	361.86	1/1/2011
	Level U: Fragile Under 21		478.20	478.11	1/1/2011
I	Cotal Interim nterim Component ettlement based on costs rior Provider Prospective data	X		ve Total Prospective Prospective Adjusted Total Prospective with	
Desk audite Desk audit -	ed costs - interim portion	Changes	Licensur Usual an Target R FRVS C Effects o	e Rating Change d Customary Limitatio ate limitation change hange of FA NH11-020C FY nester Change [2] as of 06/01/2006	
Distribution:			171	Stephen Russell	
Permanent File Por inform No Change			Medicaio	d Cost Reimbursement	Analysis
Home Office:	Life Care Centers Of Americ Doug Ruth 3570 NW Keith Street Cleveland TN 37320	a			



Life Care Center of Pensacola 3291 East Olive Road				Provider Number:	0 315664-00
				Date:	2/7/2012
Pensacola FL 32514				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home	Single Level	_	Current Rate 208.08	New Rate 208.00	Effective Date 7/1/2011
	LIF AYDO		2.7.4.0		
L	evel H: AIDS	*****	354.28	354.20	7/1/2011
L	evel U: Fragile Under 21		471.61	471.53	7/1/2011
Basis:  Budget X Unaudited cost Field audited of Field audited of Desk audited of Desk audited of	osts terim portion osts terim Portion	Changes:	Licensure Usual and Target Ra FRVS Ch Effects o	Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation I change I fra NH11-020C FY Lester Change	n Interim Component
Distribution:	rospective portion		ZA	[2] as of 06/01/2006	
Contract Manageme Permanent File For informatio No Change in Home Office:	on Only		Medicaid	Stephen Russell Cost Reimbursement	Analysis



Life Care Center of Pensacola 3291 East Olive Road				Provider Number:	0 315664-00
				Date:	2/7/2012
Pensacola FL 32514				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 209.65	New Rate 209.57	Effective Date 1/1/2012
		A		-	
	Level H: AIDS		357.26	357.18	1/1/2012
	Level U: Fragile Under 21		475.72	475.64	1/1/2012
Ir	otal Interim Iterim Component ettlement based on costs Fior Provider Prospective data	X	Prospectiv X	re Total Prospective Prospective Adjusted Total Prospective witl	
Basis:	Tor Frovider Frospective data	Changes:			
Desk audited Desk audit -	d costs interim portion	X	Usual an Target R FRVS C Effects of Rate Sen	e Rating Change d Customary Limitation ate limitation change hange of FA NH11-020C FY nester Change [2] as of 06/01/2006	
Distribution:			911	Stephen Russell	
Contract Manage Permanent File For informa No Change	e in Rate		Medicai	d Cost Reimbursement	Analysis
Home Office:	Life Care Centers Of Americ Doug Ruth 3570 NW Keith Street Cleveland TN 37320	ca e			



Darcy Hall of Life Care				Provider Number:	0 317349-00
2170 Palm Beach Lak	es Blvd.		Date: 2/1/		2/1/2012
West Palm Beach FL	33409			Fiscal Year End:	3/31/2007
				Audit Status:	Field Audited [2]
Provider Type:		(	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		164.14	164.13	9/14/2006
	Level H: AIDS		291.27	291.26	9/14/2006
	Level U: Fragile Under 21		393.27	393.26	9/14/2006
Rate Type:			Prospectiv	e	
i	otal Interim			Total Prospective	
	nterim Component			Prospective Adjusted	
	ettlement based on costs			Total Prospective with	h Interim Component
P	rior Provider Prospective data			3000 - 3000	
Basis:		Changes:			
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Distribution:			97	Stephen Russell	
Contract Manage Permanent File For inform No Change			Medicaio	Cost Reimbursement	t Analysis
No Change					
Home Office:	Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Darcy Hall of Life Care			Provider Number:	0 317349-00
2170 Palm Beach Lakes B	lvd.		Date:	2/1/2012
West Palm Beach FL 3340	<u> </u>		Fiscal Year End:	3/31/2007
			Audit Status:	Field Audited [2]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home S	ingle Level	166.68	165.80	1/1/2007
L	evel H: AIDS	296.28	295.40	1/1/2007
L	evel U: Fragile Under 21	400.27	399.39	1/1/2007
Basis:  Budget Unaudited costs X Field audit - int Desk audit - Interior	osts erim portion osts	Licensur Usual an Target R FRVS C X Field Au Rate Sen	Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange dit #NH11-021C FY nester Change [2] as of 07/01/1990	n Interim Component
	st / Figural A gamt	91,	Stephen Russell	
Contract Managemer Permanent File For informatio No Change in	n Only	Medicaid	d Cost Reimbursement	Analysis
Home Office:	Life Care Centers Of America  Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Darcy Hall of Life Care				Provider Number:	0 317349-00
2170 Palm Beach Lakes	Blvd.		Date: 2/1/2		2/1/2012
West Palm Beach FL 334	109			Fiscal Year End:	3/31/2007
				Audit Status:	Field Audited [2]
Provider Type:  Nursing Home	Single Level		Current Rate 167.08	New Rate 166.53	Effective Date 4/1/2007
2					
I	Level H: AIDS		296.68	296.13	4/1/2007
I	Level U: Fragile Under 21		400.67	400.12	4/1/2007
Inte X Sett	al Interim rim Component lement based on costs r Provider Prospective data	X Changes:		e Total Prospective Prospective Adjusted Total Prospective with	
Budget Unaudited cost X Field audited cost Field audit - in Desk audited c	costs aterim portion costs	X	Usual and Target Ra FRVS Cl Field Au Rate Sem	e Rating Change d Customary Limitation ate limitation change nange dit #NH11-021C FY nester Change [2] as of 07/01/1990	
Distribution:	ont / Figgal Agent		M	Stephen Russell	
Contract Manageme Permanent FileFor informationNo Change in Home Office:	on Only		Medicaio	l Cost Reimbursement	Analysis



Darcy Hall of Life Car	e			Provider Number:	0 317349-00
2170 Palm Beach Lake	es Blvd.			Date:	2/1/2012
West Palm Beach FL 3	3409			Fiscal Year End:	3/31/2007
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level	-	Current Rate	New Rate 175.64	Effective Date 7/1/2007
	Level H: AIDS		310.36	307.58	7/1/2007
	Level U: Fragile Under 21		416.22	413.44	7/1/2007
Basis:  Budget Unaudited co X Field audited Field audited Desk audited Desk Audited Desk Audited Desk Audited	d costs interim portion	Changes	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	n Interim Component on E 3/31/2007
Permanent FileFor informaNo Change Home Office:	-	ca			



#### Medicaid Reimbursement Per Diem Rates

Darcy Hall of Life Car	e			Provider Number:	0 317349-00
2170 Palm Beach Lakes Blvd.				Date:	2/1/2012
West Palm Beach FL 3	3409			Fiscal Year End:	3/31/2007
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate 174.29	Effective Date 1/1/2008
	Level H: AIDS		311.04	308.29	1/1/2008
	Level U: Fragile Under 21	-	418.56	415.81	1/1/2008
In	otal Interim  Atterim Component  ettlement based on costs  rior Provider Prospective data	X		re Total Prospective Prospective Adjusted Total Prospective with	
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Distribution:  Contract Manager  Permanent File  For information No Change	•		<u>M</u> edicaid	Stephen Russell d Cost Reimbursement	Analysis
Home Office:	Life Care Centers Of Amer Doug Ruth 3570 NW Keith Street Cleveland TN 37320	ca			

Report Calculated: 2/1/2012 Report Printed: 2/1/2012 Book:0 ID:594703173492008010120120201163019



Darcy Hall of Life Care				Provider Number:	0 317349-00	
2170 Palm Beach Lakes F				Date:	2/1/2012	
West Palm Beach FL 33409				Fiscal Year End:	3/31/2007	
				Audit Status:	Field Audited [2]	
Provider Type:  Nursing Home  S	Single Level		Current Rate 177.86	New Rate 175.08	Effective Date 7/1/2008	
	evel H: AIDS	_	314.14	311.36	7/1/2008	
L	evel U: Fragile Under 21		423.49	420.71	7/1/2008	
Inter X Settle	l Interim im Component ement based on costs Provider Prospective data	X Changes:		e Total Prospective Prospective Adjusted Total Prospective with		
Unaudited costs  X Field audited costs  Field audit - int	osts			d Customary Limitation change change	on	
Desk audited co Desk audit - Int Desk Audit - Pr		X	Rate Sen	dit #NH11-021C FY nester Change [2] as of 07/01/1990	E 3/31/2007	
Distribution:			ZM	Stephen Russell		
Permanent File  For information	on Only		Medicaio	d Cost Reimbursement	Analysis	
No Change in	Kate					
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320					



Darcy Hall of Life Care				Provider Number:	0 317349-00
2170 Palm Beach Lakes Blvd.				Date:	2/1/2012
West Palm Beach FL 33409 Fiscal Year En		Fiscal Year End:	3/31/2008		
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	ingle Level		Current Rate 169.67	New Rate 168.25	Effective Date 1/1/2009
L	evel H: AIDS		308.02	306.60	1/1/2009
L	evel U: Fragile Under 21		419.03	417.61	1/1/2009
Inter	I Interim im Component ement based on costs Provider Prospective data	X	F	Cotal Prospective Prospective Adjusted (Cotal Prospective with	
Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audit - Into Desk Audit - Pr	erim portion osts	Changes:	Usual and Target Ra FRVS Ch Effects of Rate Seme	Rating Change Customary Limitatio te limitation change ange FA #NH11-021C FY ester Change 2] as of 07/01/1990	
Distribution:  Contract Managemer  Permanent File  For informatio  No Change in	nt / Fiscal Agent n Only		İK	Stephen Russell Cost Reimbursement	Analysis
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Darcy Hall of Life Care				Provider Number:	0 317349-00	
2170 Palm Beach Lakes F				Date:	2/1/2012	
West Palm Beach FL 334	09			Fiscal Year End:	3/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:						
• •			Current Rate	New Rate	Effective Date	
Nursing Home S	Single Level		155.45		3/1/2009	
L	evel H: AIDS		293.80	_292.50	3/1/2009	
L	evel U: Fragile Under 21		404.81	403.51	3/1/2009	
Rate Type :						
Interim		X	Prospectiv	⁄e		
Tota	l Interim	X Total Prospective				
Inter	rim Component	Prospective Adjusted for New Costs				
***************************************	ement based on costs			Total Prospective with	1 Interim Component	
Prior	Provider Prospective data					
Basis:		Changes:				
Budget			Licensur	e Rating Change		
X Unaudited costs	s	Usual and Customary Limitation				
Field audited co	osts		Target R	ate limitation change		
Field audit - in	-	-	FRVS C			
Desk audited co	ı	X		of FA #NH11-021C F	YE 3/31/2007	
Desk audit - Int	erim Portion cospective portion	*****		nester Change [2] as of 07/01/1990		
Distribution:			Ŋ	Stephen Russell		
Contract Manageme	nt / Fiscal Agent		Medicaio	d Cost Reimbursement	Analysis	
Permanent File						
For information	•					
No Change in	Rate					
Home Office:	Life Care Centers Of Americ	ca				
<b>JAMET -</b> 7	Doug Ruth					
	3570 NW Keith Street					
	Cleveland TN 37320					



Darcy Hall of Life Care			Provider Number:	0 317349-00
2170 Palm Beach Lakes Blvd.			Date:	2/1/2012
West Palm Beach FL 33409			Fiscal Year End:	3/31/2008
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	192.72	191.22	4/1/2009
	Level H: AIDS	331.07	329.57	4/1/2009
	Level U: Fragile Under 21	442.08	440.58	4/1/2009
Rate Type :				
Interim		X Prospectiv	e	
To	tal Interim		Total Prospective	
	erim Component	***************************************	Prospective Adjusted	
	ttlement based on costs		Total Prospective with	Interim Component
Pri	or Provider Prospective data			The state of the s
Basis:		Changes:		
Budget		Licensur	e Rating Change	
X Unaudited co	sts	Usual and	d Customary Limitatio	n
Field audited	costs	· · · · · · · · · · · · · · · · · · ·	ate limitation change	
	interim portion	FRVS C	-	
l l	costs Interim Portion Prospective portion	Rate Sem	<b>f FA #NH11-021C F</b> nester Change [2] as of 07/01/1990	YE 3/31/2007
Distribution:	1 Tospective portion		.7	
Contract Managen	pent / Fiscal Agent		Stephen Russell	
Permanent File	Achter A local A ligette	Medicaid	l Cost Reimbursement	Analysis
For information	tion Only			
No Change	•			
- Andrew Street, Stree				
Home Office:	Life Care Centers Of America  Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Darcy Hall of Life Care				Provider Number:	0 317349-00
2170 Palm Beach Lakes B	Blvd.			Date:	2/1/2012
West Palm Beach FL 3340	09			Fiscal Year End:	3/31/2008
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	Single Level	<u>-</u>	Current Rate 198.57	New Rate 198.39	Effective
L	evel H: AIDS		338.92	338.74	7/1/2009
L	evel U: Fragile Under 21	_	451.54	451.36	7/1/2009
Inter Settle	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	osts terim portion osts	Changes	Licensure Usual and Target R. FRVS Cl Effects o	e Rating Change If Customary Limitation If Customary Limitation If Change If FA #NH11-021C For Item (1990) If Item (1990) If Item (1990) I	
Distribution:  Contract Management Permanent File  For information  No Change in	on Only		A/ Medicaid	Stephen Russell Cost Reimbursement	Analysis
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320				



Darcy Hall of Life Care 2170 Palm Beach Lakes Blvd.				Provider Number:	0 317349-00
				Date:	2/1/2012
West Palm Beach FL 33409				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Si	ingle Level		Current Rate 201.07	New Rate 199.53	Effective Date 1/1/2010
Le	vel H: AIDS	***************************************	342.99	341.45	1/1/2010
Le	vel U: Fragile Under 21		456.87	455.33	1/1/2010
Basis:  Budget X Unaudited costs Field audit - interior	erim portion	Changes:	Licensure Usual and Target Rat FRVS Cha	rotal Prospective rospective Adjusted rotal Prospective with Rating Change Customary Limitatio re limitation change	n Interim Component
Desk audited cos  Desk audit - Inte	rim Portion	X	Rate Seme	FA #NH11-021C F ster Change 2] as of 07/01/1990	YE 3/31/2007
<b>Distribution:</b>			<i>IN</i>	Stephen Russell	
Contract Managemen Permanent File For information No Change in I	n Only Rate		Medicaid	Cost Reimbursement	Analysis
Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320	a			



Darcy Hall of Life Care		Provider Number:	0 317349-00
2170 Palm Beach Lakes Blvd.		Date:	2/1/2012
West Palm Beach FL 33409		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 207.34	New Rate 205.79	Effective Date 7/1/2010
Level H: AIDS	350.68	349.13	7/1/2010
Level U: Fragile Under 21	465.71	464.16	7/1/2010
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data  Basis:BudgetBudget	Changes:  Licensure	ve Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation	n Interim Component
Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Target R FRVS C X Effects o Rate Sen	ate limitation change	
Distribution:	H	Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Medicaio	d Cost Reimbursement	Analysis
Home Office:  Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320			



Darcy Hall of Life Care		Provider Number:	0 317349-00
2170 Palm Beach Lakes Blvd.		Date:	2/1/2012
West Palm Beach FL 33409		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Curre Rate <b>210</b> .	Rate	Effective Date 1/1/2011
Level H: AIDS	355.0	353.43	1/1/2011
Level U: Fragile Under 21	471.3	469.68	1/1/2011
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:		Prospective Prospective Adjusted Total Prospective with	f for New Costs th Interim Component
Budget  X Unaudited costs Field audited costs  Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion	Usu Tar FR  X Effe Rate	ensure Rating Change al and Customary Limitati get Rate limitation change VS Change ects of FA #NH11-021C I e Semester Change FRV [2] as of 07/01/1990	
Distribution:		M Stephen Russell	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Life Care Centers Of America  Doug Ruth  3570 NW Keith Street  Cleveland TN 37320	Med	dicaid Cost Reimbursemer	ot Analysis



Darcy Hall of Life Care				Provider Number:	0 317349-00	
2170 Palm Beach Lakes Blvd.				Date:	2/1/2012	
West Palm Beach FL 33409				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type: Nursing Home	Single Level	Curr Ra <b>205</b>	te	New Rate 204.39	Effective Date 7/1/2011	
1	Level H: AIDS	352	.11	350.59	7/1/2011	
1	Level U: Fragile Under 21	469	.44	467.92	7/1/2011	
Inte	al Interim crim Component lement based on costs or Provider Prospective data		Pr	otal Prospective rospective Adjusted otal Prospective with	for New Costs  Interim Component	
Basis:  Budget  X Unaudited cos Field audited of Field audit - in Desk audited of Desk audit - In Desk Audit - F	nterim portion	Us Ta FF X Ef	ual and ( rget Rate LVS Cha fects of I te Semes	FA #NH11-021C F ster Change ] as of 07/01/1990		
Contract Manageme Permanent File For informati No Change in Home Office:	on Only		///( edicaid (	Stephen Russell Cost Reimbursement	t Analysis	



Darcy Hall of Life Care				Provider Number:	0 317349-00
2170 Palm Beach Lake	s Blvd.			Date:	2/1/2012
West Palm Beach FL 3.	3409			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 208.70	New Rate 207.15	Effective Date 1/1/2012
	Level H: AIDS		356.31	354.76	1/1/2012
	Level U: Fragile Under 21		474.77	473.22	1/1/2012
Basis:  Budget X Unaudited confield audited Desk audited Desk audited Desk Audited Desk Audited Desk Audited Desk Audited Desk Audited Desk Audited Desk Audited Desk Audited Desk Audited	I costs interim portion costs Interim Portion Prospective portion ment / Fiscal Agent	Changes:	Licensure Usual and Target Ra FRVS CI Effects of Rate Sem On FRV	Total Prospective Prospective Adjusted Total Prospective with Rating Change d Customary Limitationate limitation change	n Interim Component on YE 3/31/2007
No Change Home Office:	Life Care Centers Of America Doug Ruth 3570 NW Keith Street Cleveland TN 37320	1			