

| Orange City Nursing ar                                 | nd Rehab                                                             |            |                        | Provider Number:                                                                                     | 0 263567-00             |       |
|--------------------------------------------------------|----------------------------------------------------------------------|------------|------------------------|------------------------------------------------------------------------------------------------------|-------------------------|-------|
| 2810 Enterprise Road                                   |                                                                      |            |                        | Date:                                                                                                | 11/13/2012              |       |
| DeBary FL 32713                                        |                                                                      |            |                        | Fiscal Year End:                                                                                     | 6/30/2004               |       |
|                                                        |                                                                      |            |                        | Audit Status:                                                                                        | Revised Field Audit [5] | <br>] |
| Provider Type:<br>Nursing Home                         | Single Level                                                         |            | Current Rate 160.00    | New Rate 159.12                                                                                      | Effective               |       |
|                                                        | Level H: AIDS                                                        |            | 285.11                 | 284.23                                                                                               | 1/1/2006                |       |
|                                                        | Level U: Fragile Under 21                                            | ****       | 385.49                 | 384.61                                                                                               | 1/1/2006                |       |
| Basis:  Budget Unaudited co                            |                                                                      | X Changes: | Licensure<br>Usual and | Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation | Interim Component       |       |
| X Field audited Field audit - Desk audited             | interim portion                                                      | x          | FRVS C                 | ate limitation change nange dit RFA NH06-164J                                                        | FYE 6/30/2004           |       |
| Desk audit - I                                         | Interim Portion Prospective portion                                  |            | Rate Sem               | ester Change<br>[2] as of 06/26/1991                                                                 |                         |       |
| <b>Distribution:</b>                                   |                                                                      |            | 7                      | Thomas Parker                                                                                        |                         |       |
| Contract Managen Permanent File For informat No Change | •                                                                    | Med        | dicaid Cost            | Reimbursement Plan                                                                                   | ning and Finance        |       |
| Home Office:                                           | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |            |                        |                                                                                                      |                         |       |



| Orange City Nursing and                                                                                                | Rehab                                                               |            |                                                          | Provider Number:                                                                                                                            | 0 263567-00             |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 2810 Enterprise Road                                                                                                   | ***************************************                             |            |                                                          | Date:                                                                                                                                       | 11/13/2012              |
| DeBary FL 32713                                                                                                        |                                                                     |            |                                                          | Fiscal Year End:                                                                                                                            | 6/30/2004               |
|                                                                                                                        |                                                                     |            |                                                          | Audit Status:                                                                                                                               | Revised Field Audit [5] |
| Provider Type:  Nursing Home S                                                                                         | ingle Level                                                         | _          | Current Rate 163.17                                      | New Rate 162.27                                                                                                                             | Effective Date 7/1/2006 |
|                                                                                                                        | evel H: AIDS<br>evel U: Fragile Under 21                            | _          | 290.30<br>392.30                                         | 289.40                                                                                                                                      | 7/1/2006<br>7/1/2006    |
| Rate Type :                                                                                                            |                                                                     |            |                                                          |                                                                                                                                             |                         |
| Interior X Settle                                                                                                      | Interim im Component ement based on costs Provider Prospective data | <u> </u>   |                                                          | e<br>Fotal Prospective<br>Prospective Adjusted<br>Fotal Prospective with                                                                    |                         |
| Basis:  Budget Unaudited costs X Field audited co Field audit - int Desk audited co Desk audit - Inte Desk Audit - Pre | erim portion<br>sts                                                 | Changes:   | Licensure Usual and Target Ra FRVS Ch Field Aud Rate Sem | e Rating Change I Customary Limitation Ite limitation change Ite limitation change Ite RFA NH06-164J Ite ester Change Ite gas of 06/26/1991 |                         |
| Distribution:  Contract Managemer Permanent File For information No Change in Home Office:                             | n Only                                                              | ement, LLC | dicaid Cost                                              | Thomas Parker Reimbursement Plant                                                                                                           | ning and Finance        |



| Royal Oaks Nursing and F                                                                      | Rehab                                                                                            |            |                                                        | Provider Number:                                                                                                   | 0 263583-00              |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|
| 2225 Knox McRae Drive                                                                         |                                                                                                  | •          |                                                        | Date:                                                                                                              | 10/30/2012               |
| Titusville FL 32780                                                                           |                                                                                                  | 1          |                                                        | Fiscal Year End:                                                                                                   | 6/30/2004                |
|                                                                                               |                                                                                                  |            |                                                        | Audit Status:                                                                                                      | Revised Field Audit [5]  |
| Provider Type:  Nursing Home  S                                                               | ingle Level                                                                                      | _          | Current Rate 157.18                                    | New Rate 156.18                                                                                                    | Effective Date  1/1/2006 |
| Ü                                                                                             | S                                                                                                | - Angelian |                                                        |                                                                                                                    |                          |
| Le                                                                                            | evel H: AIDS                                                                                     |            | 282.29                                                 | 281.29                                                                                                             | 1/1/2006                 |
| Le                                                                                            | evel U: Fragile Under 21                                                                         | _          | 382.67                                                 | 381.67                                                                                                             | 1/1/2006                 |
| Interi X Settle                                                                               | Interim im Component ement based on costs Provider Prospective data                              | X Changes: |                                                        | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with                                           |                          |
| Budget Unaudited costs X Field audited co Field audit - int Desk audited co Desk audit - Inte | erim portion                                                                                     | X          | Licensure Usual and Target Ra FRVS Ch FA & RI Rate Sem | e Rating Change I Customary Limitation the limitation change I A NH06-153J FYE ( ester Change [2] as of 04/09/1993 |                          |
| Distribution:  Contract Managemen                                                             | nt / Fiscal Agent                                                                                | Me         | dicaid Cost                                            | Thomas Parker Reimbursement Plans                                                                                  | ning and Finance         |
| Permanent File For information No Change in                                                   | _                                                                                                | IVIC       | uicaiu Cosi                                            | Kelmoursement i lain                                                                                               | mig and Pinance          |
| Home Office:                                                                                  | Southern HealthCare Mana<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |            |                                                        |                                                                                                                    |                          |



| Royal Oaks Nursing and                                                                  | Rehab                                               |             |                                                          | Provider Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 263583-00             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|-------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 2225 Knox McRae Drive                                                                   |                                                     |             |                                                          | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10/30/2012              |
| Titusville FL 32780                                                                     |                                                     |             |                                                          | Fiscal Year End:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6/30/2004               |
|                                                                                         |                                                     |             |                                                          | Audit Status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Revised Field Audit [5] |
| Provider Type:  Nursing Home                                                            | Single Level                                        |             | Current Rate                                             | New Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Effective Date          |
| Nursing rome                                                                            | Single Level                                        |             | 160.28                                                   | <u> 159.26</u> _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7/1/2006                |
| I                                                                                       | evel H: AIDS                                        |             | 287.41                                                   | 286.39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7/1/2006                |
| I                                                                                       | evel U: Fragile Under 21                            | _           | 389.41                                                   | 388.39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7/1/2006                |
| Inter X Settl                                                                           | ıl Interim<br>rim Component<br>ement based on costs | X           | ]                                                        | e<br>Fotal Prospective<br>Prospective Adjusted<br>Fotal Prospective with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |
| Basis:                                                                                  | Provider Prospective data                           | Changes:    |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                |
| Budget Unaudited cost X Field audited c Field audit - in Desk audit - In Desk Audit - P | osts terim portion osts                             | X           | Usual and<br>Target Ra<br>FRVS Ch<br>FA & RF<br>Rate Sem | Rating Change Control Change Residue Limitation change Residue Limitat |                         |
| Distribution:                                                                           |                                                     | フ           | 8                                                        | Thomas Parker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |
| Contract Manageme Permanent File For information No Change in Home Office:              | on Only                                             | gement, LLC | dicaid Cost                                              | Reimbursement Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ning and Finance        |



| Royal Oaks Nursing and Rehab                                                                                                                                                                                                |                               | Provider Number:                                                                                              | 0 263583-00             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------|
| 2225 Knox McRae Drive                                                                                                                                                                                                       |                               | Date:                                                                                                         | 10/30/2012              |
| Titusville FL 32780                                                                                                                                                                                                         |                               | Fiscal Year End:                                                                                              | 12/31/2005              |
|                                                                                                                                                                                                                             |                               | Audit Status:                                                                                                 | Unaudited [3]           |
| Provider Type:  Nursing Home Single Level                                                                                                                                                                                   | Current Rate 157.28           | New Rate                                                                                                      | Effective Date 1/1/2007 |
| Level H: AIDS                                                                                                                                                                                                               | 286.88                        | 286.83                                                                                                        | 1/1/2007                |
| Level U: Fragile Under 21                                                                                                                                                                                                   | 390.87                        | 390.82                                                                                                        | 1/1/2007                |
| Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data  Basis:BudgetUnaudited costsField audited costs                                                                    | Changes:  Licensure Usual ane | Total Prospective Prospective Adjusted of Total Prospective with  E Rating Change Customary Limitation change | Interim Component       |
| Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion                                                                                                           | X Effects o Rate Sem          | -                                                                                                             | 53J FYE 6/30/04         |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Managem  R. Mark Cronquist  5887 Glenridge Drive, Suite 150  Atlanta GA 30328 |                               | Thomas Parker t Reimbursement Plant                                                                           | ning and Finance        |



| Royal Oaks Nursing  | and Rehab                                                 |             |             | Provider Number:                     | 0 263583-00         |
|---------------------|-----------------------------------------------------------|-------------|-------------|--------------------------------------|---------------------|
| 2225 Knox McRae D   | rive                                                      |             |             | Date:                                | 10/30/2012          |
| Titusville FL 32780 |                                                           |             |             | Fiscal Year End:                     | 12/31/2005          |
|                     |                                                           |             |             | Audit Status:                        | Unaudited [3]       |
| Provider Type:      |                                                           |             |             |                                      |                     |
|                     |                                                           |             | Current     | New                                  | Effective           |
| Nursing Home        | Single Level                                              |             | Rate 160.19 | Rate                                 | Date 2/1/2007       |
| ruising Home        | Single Level                                              |             | 100.19      | 100.14                               | 2/1/200/            |
|                     | Level H: AIDS                                             |             | 289.79      | 289.74                               | 2/1/2007            |
|                     | Level U: Fragile Under 21                                 | _           | 393.78      | 393.73                               | 2/1/2007            |
| Rate Type :         |                                                           |             |             |                                      |                     |
| Interim             |                                                           | X           | Prospectiv  | e                                    |                     |
|                     | Total Interim                                             |             |             | Total Prospective                    |                     |
|                     | Interim Component                                         |             | ***         | Prospective Adjusted:                |                     |
|                     | Settlement based on costs Prior Provider Prospective data |             |             | Total Prospective with               | i interim Component |
|                     | Tiol Flovider Flospective data                            |             |             |                                      |                     |
| Basis:              |                                                           | Changes:    | j           |                                      |                     |
| D. I. A             |                                                           | 5           | Licensur    | Rating Change                        |                     |
| Budget X Unaudited  | rosts                                                     |             |             | d Customary Limitation               | an                  |
| Field audite        |                                                           |             |             | ate limitation change                | 711                 |
| Field audit         | - interim portion                                         |             | FRVS Cl     | nange                                |                     |
| Desk audite         |                                                           | X           |             | f FA & RFA NH06-1                    | 53J FYE 6/30/04     |
|                     | - Interim Portion - Prospective portion                   |             |             | ester Change<br>[2] as of 04/09/1993 |                     |
| Distribution:       | - 1 rospective portion                                    |             |             |                                      |                     |
|                     | ement / Fiscal Agent                                      |             | 0           | Thomas Parker                        |                     |
| Permanent File      | ement / riscai Agent                                      | Med         | dicaid Cost | Reimbursement Plans                  | ning and Finance    |
|                     | nation Only                                               |             |             |                                      |                     |
| No Chang            | •                                                         |             |             |                                      |                     |
|                     |                                                           |             |             |                                      |                     |
| Home Office:        | Southern HealthCare Manag                                 | gement, LLC |             |                                      |                     |
|                     | R. Mark Cronquist 5887 Glenridge Drive, Suite             | 150         |             |                                      |                     |
|                     | Atlanta GA 30328                                          |             |             |                                      |                     |
|                     |                                                           |             |             |                                      |                     |



V7.006.1.2:G8YF5

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

| Royal Oaks Nursing a  | and Rehab                      |             |             | Provider Number:                             | 0 263583-00       |
|-----------------------|--------------------------------|-------------|-------------|----------------------------------------------|-------------------|
| 2225 Knox McRae D     | rive                           | •           |             | Date:                                        | 10/30/2012        |
| Titusville FL 32780   | W                              |             |             | Fiscal Year End:                             | 12/31/2005        |
|                       |                                |             |             | Audit Status:                                | Unaudited [3]     |
| Provider Type:        |                                |             |             | TAMAN SIMUSI                                 |                   |
| • •                   |                                | •           | Current     | New                                          | Effective         |
|                       |                                |             | Rate        | Rate                                         | Date              |
| Nursing Home          | Single Level                   |             | 157.28      |                                              | 3/1/2007          |
|                       | Level H: AIDS                  | _           | 286.88      | 286.83                                       | 3/1/2007          |
|                       | Level U: Fragile Under 21      |             | 390.87      | 390.82                                       | 3/1/2007          |
| Rate Type :           |                                |             |             |                                              |                   |
| Interim               |                                | X           | Prospectiv  | re                                           |                   |
|                       | Total Interim                  |             | •           | Total Prospective                            |                   |
| I                     | nterim Component               |             |             | Prospective Adjusted:                        | for New Costs     |
| ·s                    | Settlement based on costs      |             |             | Total Prospective with                       | Interim Component |
| F                     | rior Provider Prospective data |             |             |                                              |                   |
| Basis:                |                                | Changes:    |             |                                              |                   |
|                       |                                |             | Tiannauus   | a Datina Changa                              |                   |
| Budget X Unaudited of | nosts                          |             |             | e Rating Change<br>d Customary Limitatio     | ın                |
| Field audite          |                                |             |             | a Customary Linnand<br>ate limitation change | M                 |
|                       | - interim portion              |             | FRVS C      |                                              |                   |
| Desk audite           | -                              | X           | Effects o   | f FA & RFA NH06-1                            | 53J FYE 6/30/04   |
|                       | - Interim Portion              |             |             | ester Change                                 |                   |
|                       | - Prospective portion          |             | On FRV      | [2] as of 04/09/1993                         |                   |
| Distribution:         | ( / T)                         |             | P           | Thomas Parker                                |                   |
| _                     | ement / Fiscal Agent           | Med         | licaid Cost | Reimbursement Plan                           | ning and Finance  |
| Permanent File        | ation Only                     |             |             |                                              |                   |
| For inform            | •                              |             |             |                                              |                   |
| No Chang              | e in kate                      |             |             |                                              |                   |
| Home Office:          | Southern HealthCare Mana       | gement, LLC |             |                                              |                   |
|                       | R. Mark Cronquist              |             |             |                                              |                   |
|                       | 5887 Glenridge Drive, Suite    | 150         |             |                                              |                   |
|                       | Atlanta GA 30328               |             |             |                                              |                   |



| Date   10/30/2012   Fiscal Year End:   12/31/2006     Audit Status:   Unaudited [3]                                                                                                                                                                                                                                                                                                                                                                                                                            | Royal Oaks Nursing a | nd Rehab                       |              |              | Provider Number:       | 0 263583-00         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------|--------------|--------------|------------------------|---------------------|--|
| Provider Type:    Current Rate Rate Rate Date Date                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | ive                            | _            |              | Date:                  | 10/30/2012          |  |
| Provider Type:    Current   New   Rate   Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Titusville FL 32780  |                                | <del>-</del> |              | Fiscal Year End:       | 12/31/2006          |  |
| Nursing Home  Single Level  Level H: AIDS Level U: Fragile Under 21  Level U: Fragile Under 21  Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data  Basis:    Changes:                                                                                                                                                                                                                                                                        |                      |                                |              |              | Audit Status:          | Unaudited [3]       |  |
| Nursing Home    Rate   Rate   Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Provider Type:       |                                |              |              |                        |                     |  |
| Nursing Home   Level H: AIDS   313.13   313.07   7/1/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                |              |              |                        |                     |  |
| Level H: AIDS Level U: Fragile Under 21    All 8.99                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Nursing Home         | Single I evel                  |              |              |                        |                     |  |
| Level U: Fragile Under 21   418.99   418.93   7/1/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rome                 | Single Level                   | AN-          | 101.19       |                        | //1/200/            |  |
| Interim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | Level H: AIDS                  |              | 313.13       | 313.07                 | 7/1/2007            |  |
| Interim X Prospective  Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data    Basis:                                                                                                                                                                                                                                                                                                                                                                           |                      | Level U: Fragile Under 21      | -            | 418.99       | 418.93                 | 7/1/2007            |  |
| Total Interim Interim Component Settlement based on costs Prior Provider Prospective data    Budget                                                                                                                                                                                                                                                                                                                                                                                                            | Rate Type:           |                                |              |              |                        | -                   |  |
| Interim Component Settlement based on costs Prior Provider Prospective data    Basis:                                                                                                                                                                                                                                                                                                                                                                                                                          | Interim              |                                | X            | Prospectiv   | re                     |                     |  |
| Settlement based on costs Prior Provider Prospective data    Budget                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                |              |              | •                      |                     |  |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audite - Prospective portion Desk Audit - Prospective portion Distribution:  Contract Management / Fiscal Agent Permanent File For information Only  Changes:  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Effects of FA & RFA NH06-153J FYE 6/30/04 Rate Semester Change On FRV [2] as of 04/09/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance |                      | *                              |              |              |                        |                     |  |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only  Licensure Rating Change Usual and Customary Limitation FRVS Change  FRVS Change  FRVS Change  X Effects of FA & RFA NH06-153J FYE 6/30/04 Rate Semester Change On FRV [2] as of 04/09/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance |                      |                                |              |              | Total Prospective with | 1 Interim Component |  |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only  Licensure Rating Change Usual and Customary Limitation FRVS Change FRVS Change  X Effects of FA & RFA NH06-153J FYE 6/30/04 Rate Semester Change On FRV [2] as of 04/09/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance                                 | P                    | rior Provider Prospective data |              |              |                        |                     |  |
| X Unaudited costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Basis:               |                                | Changes      | :            |                        |                     |  |
| X Unaudited costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                |              | T .          | n d di                 |                     |  |
| Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution: Contract Management / Fiscal Agent Permanent File For information Only  Target Rate limitation change FRVS Change  X Effects of FA & RFA NH06-153J FYE 6/30/04 Rate Semester Change On FRV [2] as of 04/09/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance                                                                             |                      | . orto                         |              |              |                        |                     |  |
| Field audit - interim portion  Desk audited costs  Desk audit - Interim Portion  Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  FRVS Change  X Effects of FA & RFA NH06-153J FYE 6/30/04  Rate Semester Change On FRV [2] as of 04/09/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance                                                                                                                        |                      |                                |              | _            | •                      | м                   |  |
| Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:  Contract Management / Fiscal Agent Permanent File For information Only   X Effects of FA & RFA NH06-153J FYE 6/30/04 Rate Semester Change On FRV [2] as of 04/09/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance                                                                                                                                                                                           |                      |                                |              | -            | _                      |                     |  |
| Desk Audit - Prospective portion  On FRV [2] as of 04/09/1993  Thomas Parker  Contract Management / Fiscal Agent Permanent File For information Only  On FRV [2] as of 04/09/1993  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance                                                                                                                                                                                                                                                             | Desk audite          | d costs                        | X            | Effects o    | f FA & RFA NH06-1      | 53J FYE 6/30/04     |  |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance                                                                                                                                                                                                                                                                                                                                                       |                      |                                |              |              |                        |                     |  |
| Contract Management / Fiscal Agent  Permanent File  For information Only  Thomas Parker  Medicaid Cost Reimbursement Planning and Finance                                                                                                                                                                                                                                                                                                                                                                      |                      | - Prospective portion          |              | On FRV       | [2] as of 04/09/1993   |                     |  |
| Permanent File  For information Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                |              | 5            | Thomas Parker          |                     |  |
| For information Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | ment / Fiscal Agent            | M            | edicaid Cost | Reimbursement Plan     | ning and Finance    |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | -4 O-1                         |              |              |                        |                     |  |
| No Change in Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | •                              | •            |              |                        |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No Change            | n Kate                         |              |              |                        |                     |  |
| Home Office: Southern HealthCare Management, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Home Office:         | Southern HealthCare Mana       | agement, LLC |              |                        |                     |  |
| R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | 5887 Glenridge Drive, Suit     | e 150        |              |                        |                     |  |



| Royal Oaks Nursing and R           | tehab                     |              |              | Provider Number:                            | 0 263583-00       |
|------------------------------------|---------------------------|--------------|--------------|---------------------------------------------|-------------------|
| 2225 Knox McRae Drive              |                           | <del></del>  |              | Date:                                       | 10/30/2012        |
| Titusville FL 32780                |                           | _            |              | Fiscal Year End:                            | 12/31/2006        |
|                                    |                           |              |              | Audit Status:                               | Unaudited [3]     |
| Provider Type:                     |                           |              |              |                                             |                   |
|                                    |                           |              | Current      | New                                         | Effective         |
| N                                  |                           |              | Rate         | Rate                                        | Date              |
| Nursing Home S                     | ingle Level               |              | 179.73       | <u>179.68</u> _                             | 1/1/2008          |
| Le                                 | evel H: AIDS              |              | 313.73       | 313.68                                      | 1/1/2008          |
| Le                                 | evel U: Fragile Under 21  |              | 421.25       | 421.20                                      | 1/1/2008          |
|                                    |                           |              |              |                                             |                   |
| Rate Type :                        |                           |              |              |                                             |                   |
| Interim                            |                           | X            | Prospective  | e                                           |                   |
|                                    | Interim                   |              |              | Total Prospective                           |                   |
|                                    | m Component               |              |              | Prospective Adjusted                        |                   |
| Management                         | ment based on costs       |              |              | Total Prospective with                      | Interim Component |
| Prior                              | Provider Prospective data | _            |              |                                             |                   |
| Basis:                             |                           | Changes      | <u>:</u>     |                                             |                   |
|                                    |                           |              | * *          | Postino CI                                  |                   |
| Budget                             |                           |              |              | Rating Change                               |                   |
| X Unaudited costs Field audited co | ete                       |              | _            | l Customary Limitation te limitation change | n                 |
| Field audit - inte                 |                           |              | FRVS Ch      | <del>-</del>                                |                   |
| Desk audited cos                   | •                         | X            |              | f FA & RFA NH06-1                           | 53J FYE 6/30/04   |
| Desk audit - Inte                  |                           |              |              | ester Change                                |                   |
| Desk Audit - Pro                   | ospective portion         |              | On FRV       | [2] as of 04/09/1993                        |                   |
| <u>Distribution:</u>               |                           |              | フピ           | Thomas Parker                               |                   |
| Contract Managemen                 | t / Fiscal Agent          | M            | edicaid Cost | Reimbursement Plani                         | ning and Finance  |
| Permanent File                     |                           |              |              |                                             | •                 |
| For information                    | -                         |              |              |                                             |                   |
| No Change in I                     | Rate                      |              |              |                                             |                   |
| Home Office:                       | Southern HealthCare Man   | agement, LLC |              |                                             |                   |
|                                    | R. Mark Cronquist         |              |              |                                             |                   |
|                                    | 5887 Glenridge Drive, Sui | te 150       |              |                                             |                   |
|                                    | Atlanta GA 30328          |              |              |                                             |                   |



| Royal Oaks Nursing and                  | l Rehab                                             |             |             | Provider Number:       | 0 263583-00         |
|-----------------------------------------|-----------------------------------------------------|-------------|-------------|------------------------|---------------------|
| 2225 Knox McRae Driv                    | e                                                   | -           |             | Date:                  | 10/30/2012          |
| Titusville FL 32780                     | -                                                   | -           |             | Fiscal Year End:       | 12/31/2006          |
|                                         |                                                     |             |             | Audit Status:          | Unaudited [3]       |
| Provider Type:                          |                                                     |             |             |                        |                     |
|                                         |                                                     |             | Current     | New                    | Effective           |
| Nursing Home                            | Single Level                                        |             | Rate        | Rate                   | Date                |
| Nursing frome                           | Single Level                                        | _           | 181.22      | <u> 181.16</u> _       | 7/1/2008            |
|                                         | Level H: AIDS                                       |             | 317.50      | 317.44                 | 7/1/2008            |
|                                         | Level U: Fragile Under 21                           |             | 426.85      | 426.79                 | 7/1/2008            |
| Rate Type:                              |                                                     |             |             |                        |                     |
| Interim                                 | ,                                                   | X           | Prospectiv  |                        |                     |
|                                         | al Interim                                          |             |             | Total Prospective      | C N C .             |
|                                         | erim Component                                      |             |             | Prospective Adjusted   |                     |
|                                         | tlement based on costs or Provider Prospective data |             |             | Total Prospective with | i interim Component |
|                                         | or Fiovider Fiospective data                        |             |             |                        |                     |
| Basis:                                  | ,                                                   | Changes:    | _           |                        |                     |
| 70.1                                    |                                                     |             | Licansur    | e Rating Change        |                     |
| Budget  X Unaudited cos                 | te                                                  |             | •           | d Customary Limitatio  | an.                 |
| Field audited                           |                                                     |             |             | ate limitation change  | AT .                |
|                                         | nterim portion                                      |             | FRVS CI     | =                      |                     |
| Desk audited                            | _                                                   | X           | Effects o   | f FA & RFA NH06-1      | 53J FYE 6/30/04     |
| Desk audit - In                         | nterim Portion                                      |             |             | nester Change          |                     |
| Desk Audit - I                          | Prospective portion                                 |             | On FRV      | [2] as of 04/09/1993   |                     |
| Distribution:  Contract Managem         | ent / Figgel A cent                                 |             | 900 C       | Thomas Parker          |                     |
| Permanent File                          | ent / riscai Agent                                  | Me          | dicaid Cost | t Reimbursement Plani  | ning and Finance    |
| For informati                           | on Only                                             |             |             |                        |                     |
| *************************************** | •                                                   |             |             |                        |                     |
| No Change is                            | пкате                                               |             |             |                        |                     |
| Home Office:                            | Southern HealthCare Mana                            | gement, LLC |             |                        |                     |
|                                         | R. Mark Cronquist                                   |             |             |                        |                     |
|                                         | 5887 Glenridge Drive, Suite                         | 150         |             |                        |                     |
|                                         | Atlanta GA 30328                                    |             |             |                        |                     |



|                                                            | Provider Number:                                                                                                                                          | 0 263583-00                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                            | Date:                                                                                                                                                     | 10/30/2012                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                            | Fiscal Year End:                                                                                                                                          | 12/31/2007                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                            | Audit Status:                                                                                                                                             | Unaudited [3]                                                                                                                                                                                                                                                                                                                                                                                                |
| Current<br>Rate                                            | New<br>Rate                                                                                                                                               | Effective<br>Date                                                                                                                                                                                                                                                                                                                                                                                            |
| <u> 176.39</u>                                             |                                                                                                                                                           | 1/1/2009                                                                                                                                                                                                                                                                                                                                                                                                     |
| 314.74                                                     | 314.69                                                                                                                                                    | 1/1/2009                                                                                                                                                                                                                                                                                                                                                                                                     |
| 425.75                                                     | 425.70                                                                                                                                                    | 1/1/2009                                                                                                                                                                                                                                                                                                                                                                                                     |
| Anges:  Licensure Usual and Target Ra FRVS Ch X Effects of | Prospective Prospective Adjusted of Prospective Adjusted of Prospective with Rating Change Customary Limitation te limitation change ange FA & RFA NH06-1 | n Interim Component                                                                                                                                                                                                                                                                                                                                                                                          |
| On FRV [                                                   | 2] as of 04/09/1993                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Medicaid Cost                                              |                                                                                                                                                           | ning and Finance                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                            | Rate 176.39  314.74 425.75  X Prospective X F  anges:  Licensure Usual and Target Ra FRVS Ch X Effects of Rate Seme On FRV [  Medicaid Cost               | Thomas Parker  Fiscal Year End: Audit Status:  Current New Rate Rate 176.39 176.34  314.74 314.69 425.75 425.70  X Prospective Prospective Adjusted Total Prospective with  Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA NH06-1 Rate Semester Change On FRV [2] as of 04/09/1993  Thomas Parker  Medicaid Cost Reimbursement Plant |



| Royal Oaks Nursing and I                                                                              | Rehab                                                                                             |          |                                                                          | Provider Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 263583-00             |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 2225 Knox McRae Drive                                                                                 |                                                                                                   |          |                                                                          | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10/30/2012              |
| Titusville FL 32780                                                                                   |                                                                                                   |          |                                                                          | Fiscal Year End:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12/31/2007              |
|                                                                                                       |                                                                                                   |          |                                                                          | Audit Status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Unaudited [3]           |
| Provider Type:  Nursing Home  S                                                                       | ingle Level                                                                                       |          | Current<br>Rate                                                          | New Rate 161.56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Effective Date 3/1/2009 |
| L                                                                                                     | evel H: AIDS                                                                                      |          | 299.96                                                                   | 299.91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3/1/2009                |
| L                                                                                                     | evel U: Fragile Under 21                                                                          |          | 410.97                                                                   | 410.92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3/1/2009                |
| Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Inte | erim portion<br>sts                                                                               | Changes: | Licensure<br>Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Sem | Total Prospective Prospective Adjusted Total Prospective with Read Prospective Rating Change Customary Limitation Total Prospective Total | n Interim Component     |
| Distribution:  Contract Managemer  Permanent File  For information  No Change in                      | n Only                                                                                            | Med      | 0                                                                        | Thomas Parker Reimbursement Plant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ning and Finance        |
| Home Office:                                                                                          | Southern HealthCare Manag<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |          |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |



| Royal Oaks Nursing and                                                                  | Rehab                                                                |         |                                   | Provider Number:                                                                                   | 0 263583-00       |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------|-----------------------------------|----------------------------------------------------------------------------------------------------|-------------------|
| 2225 Knox McRae Drive                                                                   |                                                                      |         |                                   | Date:                                                                                              | 10/30/2012        |
| Titusville FL 32780                                                                     |                                                                      |         |                                   | Fiscal Year End:                                                                                   | 12/31/2007        |
|                                                                                         |                                                                      |         |                                   | Audit Status:                                                                                      | Unaudited [3]     |
| Provider Type:                                                                          |                                                                      | _       | Current<br>Rate                   | New<br>Rate                                                                                        | Effective<br>Date |
| Nursing Home                                                                            | Single Level                                                         | _       | 198.08                            | 198.02                                                                                             | 4/1/2009          |
| I                                                                                       | Level H: AIDS                                                        | _       | 336.43                            | 336.37                                                                                             | 4/1/2009          |
| I                                                                                       | Level U: Fragile Under 21                                            | _       | 447.44                            | 447.38                                                                                             | 4/1/2009          |
| Rate Type: InterimTota                                                                  | al Interim                                                           | X       |                                   | Total Prospective                                                                                  |                   |
| Inte                                                                                    | rim Component                                                        |         |                                   | Prospective Adjusted                                                                               |                   |
|                                                                                         | lement based on costs                                                |         |                                   | Total Prospective with                                                                             | Interim Component |
| Prio                                                                                    | r Provider Prospective data                                          |         |                                   |                                                                                                    |                   |
| Basis:                                                                                  |                                                                      | Changes | :                                 |                                                                                                    |                   |
| Budget X Unaudited cost Field audited c Field audit - in Desk audited c Desk audit - In | costs<br>aterim portion<br>osts                                      | X       | Usual and<br>Target Ra<br>FRVS Ch | e Rating Change I Customary Limitation I change I change I change I FA & RFA NH06-1 I ester Change |                   |
|                                                                                         | rospective portion                                                   | -       |                                   | [2] as of 04/09/1993                                                                               |                   |
| <u>Distribution:</u>                                                                    |                                                                      |         | D-J)                              | Thomas Parker                                                                                      |                   |
| Contract Manageme Permanent FileFor informatioNo Change in                              | on Only                                                              | Me      | edicaid Cost                      | Reimbursement Plans                                                                                | ning and Finance  |
| Home Office:                                                                            | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |         |                                   |                                                                                                    |                   |



| Royal Oaks Nursing  | and Rehab                                       |                                         |                 | Provider Number:                    | 0 263583-00       |
|---------------------|-------------------------------------------------|-----------------------------------------|-----------------|-------------------------------------|-------------------|
| 2225 Knox McRae D   | rive                                            |                                         |                 |                                     | 10/30/2012        |
| Titusville FL 32780 |                                                 | •                                       |                 | Fiscal Year End:                    | 12/31/2007        |
|                     |                                                 |                                         |                 | Audit Status:                       | Unaudited [3]     |
| Provider Type:      |                                                 |                                         |                 | radit Status.                       | Onauditod [5]     |
| Tionada Igpor       |                                                 | _                                       | Current<br>Rate | New<br>Rate                         | Effective<br>Date |
| Nursing Home        | Single Level                                    | _                                       | 203.43          | 203.38                              | 7/1/2009          |
|                     | Level H: AIDS                                   |                                         | 343.78          | 343.73                              | 7/1/2009          |
|                     | Level U: Fragile Under 21                       | -                                       | 456.40          | 456.35                              | 7/1/2009          |
| Rate Type :         |                                                 |                                         |                 |                                     |                   |
| Interim             |                                                 | X                                       | Prospective     | •                                   |                   |
|                     | Total Interim                                   |                                         |                 | Total Prospective                   |                   |
|                     | nterim Component                                | Prospective Adjusted for New Costs      |                 |                                     |                   |
|                     | Settlement based on costs                       | Total Prospective with Interim Componer |                 |                                     |                   |
| 1                   | Prior Provider Prospective data                 |                                         |                 |                                     |                   |
| Basis:              |                                                 | Changes                                 | :               |                                     |                   |
| Budget              |                                                 |                                         | Licensure       | Rating Change                       |                   |
| X Unaudited         | costs                                           |                                         | -<br>Usual and  | Customary Limitation                | n                 |
| Field audite        | ed costs                                        |                                         | Target Ra       | te limitation change                |                   |
| Field audit         | - interim portion                               |                                         | FRVS Ch         | •                                   |                   |
| Desk audite         |                                                 | <u> </u>                                | -               | FA & RFA NH06-1                     | 53J FYE 6/30/04   |
|                     | - Interim Portion - Prospective portion         |                                         |                 | ester Change<br>2] as of 04/09/1993 |                   |
| Distribution:       | 1 respective portion                            |                                         |                 | 2] 43 01 04/07/1773                 |                   |
|                     | om out / Final A cont                           | /                                       | 15/             | Thomas Parker                       |                   |
| -                   | ement / Fiscal Agent                            | Me                                      | edicaid Cost    | Reimbursement Plan                  | ning and Finance  |
| Permanent File      | nation Only                                     |                                         |                 |                                     |                   |
|                     |                                                 |                                         |                 |                                     |                   |
| No Chang            | e in Kate                                       |                                         |                 |                                     |                   |
| Home Office:        | Southern HealthCare Mana                        | gement, LLC                             |                 |                                     |                   |
|                     | R. Mark Cronquist                               | •                                       |                 |                                     |                   |
|                     | 5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | : 150                                   |                 |                                     |                   |
|                     | Atlanta UA 30320                                |                                         |                 |                                     |                   |



| Royal Oaks Nursing  | and Rehab                                       |            |                 | Provider Number:                     | 0 263583-00       |
|---------------------|-------------------------------------------------|------------|-----------------|--------------------------------------|-------------------|
| 2225 Knox McRae D   | rive                                            |            |                 | Date:                                | 10/30/2012        |
| Titusville FL 32780 |                                                 |            |                 | Fiscal Year End:                     | 12/31/2008        |
|                     |                                                 |            |                 | Audit Status:                        | Unaudited [3]     |
| Provider Type:      |                                                 |            |                 |                                      |                   |
|                     |                                                 |            | Current<br>Rate | New<br>Rate                          | Effective<br>Date |
| Nursing Home        | Single Level                                    |            | 188.35          | 188.29                               | 1/1/2010          |
| T (MI DAME) MI DAME |                                                 |            | 100.00          |                                      | 1/1/2010          |
|                     | Level H: AIDS                                   | _          | 330.27          | 330.21                               | 1/1/2010          |
|                     | Level U: Fragile Under 21                       | _          | 444.15          | 444.09                               | 1/1/2010          |
| Rate Type :         |                                                 |            | прот            |                                      |                   |
| Interim             |                                                 | X          | Prospectiv      | e                                    |                   |
|                     | Total Interim                                   |            |                 | Total Prospective                    |                   |
|                     | nterim Component                                |            |                 | Prospective Adjusted                 |                   |
|                     | Settlement based on costs                       |            |                 | Total Prospective with               | Interim Component |
|                     | Prior Provider Prospective data                 |            |                 |                                      |                   |
| Basis:              |                                                 | Changes    |                 |                                      |                   |
| Budget              |                                                 |            | Licensure       | e Rating Change                      |                   |
| X Unaudited         | costs                                           |            | -               | d Customary Limitatio                | ın                |
| Field audite        |                                                 |            |                 | ate limitation change                | ••                |
| Field audit         | - interim portion                               |            | FRVS Cl         | nange                                |                   |
| Desk audite         | •                                               | X          | _               | f FA & RFA NH06-1                    | 53J FYE 6/30/04   |
|                     | - Interim Portion                               |            | -               | ester Change<br>[2] as of 04/09/1993 |                   |
| Distribution:       | - Prospective portion                           |            | Olltry          | [2] as 01 04/09/1993                 |                   |
|                     | ement / Fiscal Agent                            |            | 1-6-            | Thomas Parker                        |                   |
| Permanent File      | ment / Piscai Agent                             | Me         | edicaid Cost    | Reimbursement Plans                  | ning and Finance  |
|                     | ation Only                                      |            |                 |                                      |                   |
| No Chang            | •                                               |            |                 |                                      |                   |
| No Chang            |                                                 |            |                 |                                      |                   |
| Home Office:        | Southern HealthCare Manag                       | ement, LLC |                 |                                      |                   |
|                     | R. Mark Cronquist                               | 150        |                 |                                      |                   |
|                     | 5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | 150        |                 |                                      |                   |
|                     | 7 x ( u) (        |            |                 |                                      |                   |



| Royal Oaks Nursing and R                                                       | ehab                                                                 |          |                                       | Provider Number:                                                                                                      | 0 263583-00             |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------|----------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------|
| 2225 Knox McRae Drive                                                          | ,                                                                    | •        |                                       | Date:                                                                                                                 | 10/30/2012              |
| Titusville FL 32780                                                            |                                                                      |          |                                       | Fiscal Year End:                                                                                                      | 12/31/2009              |
|                                                                                |                                                                      |          |                                       | Audit Status:                                                                                                         | Unaudited [3]           |
| Provider Type:  Nursing Home Si                                                | ingle Level                                                          |          | Current Rate 203.35                   | New Rate <b>203.29</b>                                                                                                | Effective Date 7/1/2010 |
| Le                                                                             | evel H: AIDS                                                         |          | 346.69                                | 346.63                                                                                                                | 7/1/2010                |
| Le                                                                             | vel U: Fragile Under 21                                              |          | 461.72                                | 461.66                                                                                                                | 7/1/2010                |
| Interio                                                                        | erim portion                                                         | Changes: | Licensure Usual and Target Ra FRVS Ch | Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change Customary Limitation te limitation change | n Interim Component     |
| Desk audit - Inte                                                              | rim Portion                                                          |          | Rate Sem                              | ester Change<br>2] as of 04/09/1993                                                                                   |                         |
| Distribution:                                                                  |                                                                      |          | 0                                     | Thomas Parker                                                                                                         |                         |
| Contract Management Permanent File For information No Change in H Home Office: | o Only<br>Rate<br>Southern HealthCare Mana                           |          | dicaid Cost                           | Reimbursement Plan                                                                                                    | ning and Finance        |
|                                                                                | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | 150      |                                       |                                                                                                                       |                         |



| Royal Oaks Nursing  | and Rehab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                 | Provider Number:                      | 0 263583-00       |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------|---------------------------------------|-------------------|
| 2225 Knox McRae D   | Prive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date: 10/30/2012                                                             |                 |                                       | 10/30/2012        |
| Titusville FL 32780 | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                            |                 | Fiscal Year End:                      | 12/31/2009        |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                 | Audit Status:                         | Unaudited [3]     |
| Provider Type:      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                 |                                       |                   |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | Current<br>Rate | New Rate                              | Effective<br>Date |
| <b>Nursing Home</b> | Single Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _                                                                            | 206.12          | 206.07                                | 1/1/2011          |
|                     | Level H: AIDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | 350.98          | 350.93                                | 1/1/2011          |
|                     | Level U: Fragile Under 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _                                                                            | 467.23          | 467.18                                | 1/1/2011          |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                 |                                       |                   |
| Rate Type :         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                 |                                       |                   |
| Interim             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>X</u>                                                                     | Prospectiv      |                                       |                   |
|                     | Total Interim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | <u>X</u>        | Total Prospective                     | for Navy Coata    |
|                     | Interim Component Settlement based on costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Prospective Adjusted for New Costs  Total Prospective with Interim Component |                 |                                       |                   |
|                     | Prior Provider Prospective data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total Prospective with Interim Component                                     |                 |                                       |                   |
|                     | The state of the s |                                                                              | 1               |                                       |                   |
| Basis:              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Changes:                                                                     |                 |                                       |                   |
| Budget              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | Licensur        | e Rating Change                       |                   |
| X Unaudited         | costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | -               | d Customary Limitatio                 | on                |
| Field audit         | ed costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | _               | ate limitation change                 |                   |
| Field audit         | t - interim portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              | FRVS C          | hange                                 |                   |
| Desk audit          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X                                                                            |                 | f FA & RFA NH06-1                     | 53J FYE 6/30/04   |
|                     | - Interim Portion t - Prospective portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | _               | nester Change<br>[2] as of 04/09/1993 |                   |
| Distribution:       | Trospective position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              | 2/2             | Thomas Parker                         |                   |
| Contract Manag      | ement / Fiscal Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              | <u></u>         |                                       | · 1 y             |
| Permanent File      | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Me                                                                           | caicaia Cos     | t Reimbursement Plan                  | ning and Finance  |
| For inform          | nation Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                 |                                       |                   |
| No Chang            | ge in Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                 |                                       |                   |
| Home Office:        | Southern HealthCare Mana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | gement, LLC                                                                  |                 |                                       |                   |
| Home Office.        | R. Mark Cronquist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - <i>'</i>                                                                   |                 |                                       |                   |
|                     | 5887 Glenridge Drive, Suite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 150                                                                          |                 |                                       |                   |
|                     | Atlanta GA 30328                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                 |                                       |                   |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                 |                                       |                   |



| Royal Oaks Nursing a | and Rehab                                     |                 |                                       | Provider Number:                             | 0 263583-00          |
|----------------------|-----------------------------------------------|-----------------|---------------------------------------|----------------------------------------------|----------------------|
| 2225 Knox McRae D    | rive                                          | Date: 10/30/201 |                                       |                                              | 10/30/2012           |
| Titusville FL 32780  |                                               |                 |                                       | Fiscal Year End:                             | 12/31/2009           |
|                      |                                               |                 |                                       | Audit Status:                                | Unaudited [3]        |
| Provider Type:       |                                               |                 |                                       |                                              |                      |
| ••                   |                                               | •               | Current<br>Rate                       | New<br>Rate                                  | Effective<br>Date    |
| Nursing Home         | Single Level                                  |                 | 199.25                                | 199.20                                       | 7/1/2011             |
|                      | Level H: AIDS                                 |                 | 345.45                                | 345.40                                       | 7/1/2011             |
|                      | Level U: Fragile Under 21                     | _               | 462.78                                | 462.73                                       | 7/1/2011             |
| Rate Type :          |                                               |                 |                                       |                                              |                      |
| Interim              |                                               | <u> </u>        | Prospectiv                            |                                              |                      |
|                      | Total Interim                                 |                 |                                       | Total Prospective                            | Con No.              |
|                      | nterim Component Settlement based on costs    |                 |                                       | Prospective Adjusted: Total Prospective with |                      |
|                      | Prior Provider Prospective data               |                 |                                       | Total Trospective will                       | i internii Component |
|                      | Tior Trovider Trospective data                |                 |                                       |                                              |                      |
| Basis:               |                                               | Changes:        | ]                                     |                                              |                      |
| Dudast               |                                               |                 | Licensure                             | Rating Change                                |                      |
| Budget X Unaudited   | costs                                         |                 |                                       | d Customary Limitation                       | ən                   |
| Field audite         |                                               |                 |                                       | ite limitation change                        |                      |
| Field audit          | - interim portion                             |                 | FRVS Ch                               | ange                                         |                      |
| Desk audite          | ,                                             | <u> </u>        |                                       | FA & RFA NH06-1                              | 53J FYE 6/30/04      |
|                      | - Interim Portion - Prospective portion       |                 |                                       | ester Change<br>[2] as of 04/09/1993         |                      |
| Distribution:        | 1 rospodite portion                           |                 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                                              |                      |
|                      | ement / Fiscal Agent                          |                 | 10/                                   | Thomas Parker                                |                      |
| Permanent File       | ment / riscai Agent                           | Med             | dicaid Cost                           | Reimbursement Plans                          | ning and Finance     |
|                      | nation Only                                   |                 |                                       |                                              |                      |
| No Chang             | *                                             |                 |                                       |                                              |                      |
|                      |                                               |                 |                                       |                                              |                      |
| Home Office:         | Southern HealthCare Manag                     | geinent, LLC    |                                       |                                              |                      |
|                      | R. Mark Cronquist 5887 Glenridge Drive, Suite | 150             |                                       |                                              |                      |
|                      | Atlanta GA 30328                              |                 |                                       | 1                                            |                      |
|                      |                                               |                 |                                       |                                              |                      |



| Royal Oaks Nursing and Rehab                                                                                                                                                                                                         |                                    | Provider Number:                                                                                                                | 0 263583-00                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 2225 Knox McRae Drive                                                                                                                                                                                                                |                                    | Date:                                                                                                                           | 10/30/2012                              |
| Titusville FL 32780                                                                                                                                                                                                                  |                                    | Fiscal Year End:                                                                                                                | 12/31/2010                              |
|                                                                                                                                                                                                                                      |                                    | Audit Status:                                                                                                                   | Unaudited [3]                           |
| Provider Type:  Nursing Home Single Level                                                                                                                                                                                            | Current Rate 201.21                | New Rate 201.16                                                                                                                 | Effective Date 1/1/2012                 |
| Level H: AIDS                                                                                                                                                                                                                        | 348.82                             | 348.77                                                                                                                          | 1/1/2012                                |
| Level U: Fragile Under 21                                                                                                                                                                                                            | 467.28                             | 467.23                                                                                                                          | 1/1/2012                                |
| Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audited costs  Desk audited costs  Desk audit - Interim Portion | Usual ar Target F FRVS C X Effects | Total Prospective Prospective Adjusted Total Prospective with The Rating Change and Customary Limitation Rate limitation change | n Interim Component                     |
| Desk Audit - Prospective portion  Distribution:                                                                                                                                                                                      | On PRV                             | [2] as of 04/09/1993  Thomas Parker                                                                                             | All |
| Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Manag  R. Mark Cronquist 5887 Glenridge Drive, Suite  Atlanta GA 30328                                | ement, LLC                         | st Reimbursement Plan                                                                                                           | ning and Finance                        |



| Royal Oaks Nursing   | and Rehab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |             | Provider Number:                                                    | 0 263583-0                              | 0   |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|---------------------------------------------------------------------|-----------------------------------------|-----|
| 2225 Knox McRae D    | Prive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |             | Date:                                                               | 10/30/2012                              | ?   |
| Titusville FL 32780  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             | Fiscal Year End:                                                    | 12/31/2010                              | )   |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             | Audit Status:                                                       | Unaudited [                             | 31  |
| Provider Type:       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             | , man outso.                                                        |                                         | - ] |
| • •                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Current     | New                                                                 | Effective                               |     |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Rate        | Rate                                                                | Date                                    |     |
| Nursing Home         | Single Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | 208.18      |                                                                     | 7/1/2012                                |     |
|                      | Level H: AIDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 357.39      | 357.33                                                              | 7/1/2012                                |     |
|                      | Level U: Fragile Under 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del></del> | 477.14      | 477.08                                                              | 7/1/2012                                |     |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             | Marin - Springer Marin St.      | *************************************** |     |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |                                                                     |                                         |     |
| Rate Type :          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |                                                                     |                                         |     |
| Interim              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>    | Prospectiv  | re                                                                  |                                         |     |
|                      | Total Interim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |             | Total Prospective                                                   |                                         |     |
|                      | Interim Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |             | Prospective Adjusted                                                |                                         |     |
|                      | Settlement based on costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |             | Total Prospective with                                              | Interim Componer                        | nt  |
|                      | Prior Provider Prospective data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |                                                                     |                                         |     |
| Basis:               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Changes:    | ]           |                                                                     |                                         |     |
| <b>.</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Ligangur    | a Patina Changa                                                     |                                         |     |
| Budget X Unaudited   | and the second s |             | •           | e Rating Change                                                     | _                                       |     |
| Field audit          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             | d Customary Limitation to the contraction of the contraction change | eti                                     |     |
|                      | - interim portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | FRVS C      | _                                                                   |                                         |     |
| Desk audite          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X           | •           | f FA & RFA NH06-1                                                   | 53J FYE 6/30/04                         |     |
| Desk audit           | - Interim Portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | Rate Sem    | ester Change                                                        |                                         |     |
| Desk Audit           | t - Prospective portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | On FRV      | [2] as of 04/09/1993                                                |                                         |     |
| <b>Distribution:</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 20          | Thomas Parker                                                       |                                         |     |
| Contract Manag       | ement / Fiscal Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Me          | dicaid Cost | Reimbursement Plan                                                  | ning and Finance                        |     |
| Permanent File       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |                                                                     | <i>8</i>                                |     |
| For inform           | nation Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |             |                                                                     |                                         |     |
| No Chang             | ge in Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |                                                                     |                                         |     |
| Home Office:         | Southern HealthCare Manag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | gement, LLC |             |                                                                     |                                         |     |
| Home Office:         | R. Mark Cronquist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <i></i>     |             | Assess                                                              |                                         |     |
|                      | 5887 Glenridge Drive, Suite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 150         |             |                                                                     |                                         |     |
|                      | Atlanta GA 30328                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |             |                                                                     |                                         |     |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |                                                                     |                                         |     |



| Tuskawilla Nursing a | nd Rehab                                                             | _           |                                         | Provider Number:                      | 0 263591-00             |
|----------------------|----------------------------------------------------------------------|-------------|-----------------------------------------|---------------------------------------|-------------------------|
| 1024 Willa Springs D |                                                                      | •           |                                         | Date:                                 | 11/7/2012               |
| Winter Springs FL 32 | 708                                                                  | -           |                                         | Fiscal Year End:                      | 6/30/2004               |
|                      |                                                                      |             |                                         | Audit Status:                         | Revised Field Audit [5] |
| Provider Type:       |                                                                      |             | Current<br>Rate                         | New<br>Rate                           | Effective<br>Date       |
| Nursing Home         | Single Level                                                         |             | 150.79                                  |                                       | 1/1/2006                |
|                      | Level H: AIDS                                                        |             | 275.90                                  | 275.16                                | 1/1/2006                |
|                      | Level U: Fragile Under 21                                            |             | 376.28                                  | 375.54                                | 1/1/2006                |
| e                    |                                                                      |             |                                         |                                       |                         |
| Rate Type:           |                                                                      |             |                                         |                                       |                         |
| Interim              |                                                                      | X           | Prospectiv                              | re                                    |                         |
| r                    | Total Interim                                                        |             | *************************************** | Total Prospective                     |                         |
| I I                  | nterim Component                                                     |             |                                         | Prospective Adjusted                  | for New Costs           |
| XS                   | lettlement based on costs                                            |             |                                         | Total Prospective with                | Interim Component       |
| P                    | rior Provider Prospective data                                       |             |                                         |                                       |                         |
| Basis:               |                                                                      | Change      | es:                                     |                                       | ,                       |
| Budget               |                                                                      |             | Licensure                               | e Rating Change                       |                         |
| Unaudited of         | costs                                                                |             |                                         | d Customary Limitatio                 | on                      |
| X Field audite       | ed costs                                                             |             |                                         | ate limitation change                 |                         |
|                      | - interim portion                                                    |             | FRVS CI                                 | •                                     |                         |
| Desk audite          |                                                                      | X           |                                         | dit RFA NH06-159J                     | FYE 6/30/2004           |
|                      | - Interim Portion - Prospective portion                              |             |                                         | lester Change<br>[2] as of 11/07/1994 |                         |
| Distribution:        | - Hospective portion                                                 |             | 77                                      | Thomas Parker                         |                         |
| Contract Manage      | ement / Fiscal Agent                                                 |             | Madiaaid Can                            |                                       | ning and Vinence        |
| Permanent File       |                                                                      | 1           | viedicaid Cosi                          | t Reimbursement Plan                  | ning and rinance        |
| For inform           | ation Only                                                           |             |                                         |                                       |                         |
| No Chang             | •                                                                    |             |                                         |                                       |                         |
| Home Office:         | Southern HealthCare Mana                                             | gement, LLC |                                         |                                       |                         |
| 110                  | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |             |                                         |                                       |                         |



| 1024 Willa Springs Drive   Date:   11/7/2012     Winter Springs FL 32708                                                                                                                                                                                                                                                       | Tuskawilla Nursing and Re               | hab                         | _           |               | Provider Number:                      | 0 263591-00             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-------------|---------------|---------------------------------------|-------------------------|
| Provider Type:   Current   New   Rate   Date                                                                                                                                                                                                                                                                                   |                                         |                             | -<br>-      |               | Date:                                 | 11/7/2012               |
| Current   New   Effective   Date                                                                                                                                                                                                                                                                                               | Winter Springs FL 32708                 |                             | •           |               | Fiscal Year End:                      | 6/30/2004               |
| Nursing Home Single Level 153.78 153.03 7/1/2006  Level H: AIDS 280.91 280.16 7/1/2006  Level U: Fragile Under 21 382.91 382.16 7/1/2006  Rate Type:  Interim X Prospective  Total Interim Component Interim Component Interim Component Settlement based on costs Y Settlement based on costs Prior Provider Prospective data |                                         |                             |             |               | Audit Status:                         | Revised Field Audit [5] |
| Nursing Home Single Level 153.78 153.03 7/1/2006  Level H: AIDS 280.91 280.16 7/1/2006  Level U: Fragile Under 21 382.91 382.16 7/1/2006  Rate Type:  Interim X Prospective  Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs Prior Provider Prospective data  | Provider Type:                          |                             |             |               |                                       |                         |
| Nursing Home Single Level  Level H: AIDS  Level U: Fragile Under 21  Rate Type:  Interim  Total Interim  Total Interim  Interim Component  Interim Component  Settlement based on costs  Prior Provider Prospective data  Total Prospective with Interim Component  Prior Provider Prospective data                            |                                         |                             |             |               | <del>-</del>                          |                         |
| Level H: AIDS Level U: Fragile Under 21  Rate Type:  Interim Total Interim Total Interim Component Interim Component X Prospective Prior Provider Prospective data  280.91 280.16 7/1/2006  7/1/2006  Rate Type:  Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component                | Nursing Homo Si                         | ngla Laval                  |             |               |                                       |                         |
| Level U: Fragile Under 21  Rate Type:  Interim  Total Interim  Total Prospective  Interim Component  Interim Component  Settlement based on costs  Prior Provider Prospective data  Total Prospective with Interim Component  Prospective with Interim Component                                                               | Nursing Home Si                         | ligie Level                 | _           | 155.76        | 153.03                                | //1/2000                |
| Rate Type: InterimX ProspectiveTotal InterimTotal ProspectiveInterim ComponentProspective Adjusted for New CostsX Settlement based on costsTotal Prospective with Interim ComponentPrior Provider Prospective data                                                                                                             | Le                                      | vel H: AIDS                 |             | 280.91        | 280.16                                | 7/1/2006                |
| Interim X Prospective  Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs Total Prospective with Interim Component Prior Provider Prospective data                                                                                                               | Le                                      | vel U: Fragile Under 21     | -           | 382.91        | 382.16                                | 7/1/2006                |
| Interim X Prospective  Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs X Settlement based on costs Total Prospective with Interim Component Prior Provider Prospective data                                                                                                               | D 4 T                                   |                             |             |               |                                       |                         |
| Total Interim Total Prospective Interim Component Prospective Adjusted for New Costs  X Settlement based on costs Total Prospective with Interim Component Prior Provider Prospective data                                                                                                                                     |                                         |                             |             |               |                                       |                         |
| Interim Component Prospective Adjusted for New Costs  X Settlement based on costs Total Prospective with Interim Component  Prior Provider Prospective data                                                                                                                                                                    |                                         |                             | X           | _ *           |                                       |                         |
| X Settlement based on costs Total Prospective with Interim Component Prior Provider Prospective data                                                                                                                                                                                                                           |                                         |                             |             |               | · · · · · · · · · · · · · · · · · · · | for New Costs           |
| Prior Provider Prospective data                                                                                                                                                                                                                                                                                                |                                         | •                           |             |               | •                                     |                         |
|                                                                                                                                                                                                                                                                                                                                |                                         |                             |             |               | 10mm 1100pount viii                   | ·                       |
| Dasis.                                                                                                                                                                                                                                                                                                                         |                                         | -                           | Changes     |               |                                       |                         |
|                                                                                                                                                                                                                                                                                                                                | Dasis.                                  |                             | Changes     |               |                                       |                         |
| Budget Licensure Rating Change                                                                                                                                                                                                                                                                                                 | Budget                                  |                             |             | Licensure     | e Rating Change                       |                         |
| Unaudited costs Usual and Customary Limitation                                                                                                                                                                                                                                                                                 |                                         |                             |             | Usual and     | d Customary Limitatio                 | on                      |
| X Field audited costs Target Rate limitation change                                                                                                                                                                                                                                                                            | X Field audited cos                     | ts                          |             | Target Ra     | ate limitation change                 |                         |
| Field audit - interim portion FRVS Change                                                                                                                                                                                                                                                                                      | *************************************** | •                           |             | FRVS C        | nange                                 |                         |
| Desk audited costs  X Field Audit RFA NH06-159J FYE 6/30/2004                                                                                                                                                                                                                                                                  |                                         |                             | X           |               |                                       | FYE 6/30/2004           |
| Desk audit - Interim Portion  Rate Semester Change On FRV [2] as of 11/07/1994                                                                                                                                                                                                                                                 |                                         |                             |             |               |                                       |                         |
| Distribution:                                                                                                                                                                                                                                                                                                                  | *************************************** | P                           |             | 20            |                                       |                         |
| Contract Management / Fiscal Agent                                                                                                                                                                                                                                                                                             |                                         | / Fiscal Agent              |             | 0_            |                                       |                         |
| Permanent File  Medicaid Cost Reimbursement Planning and Finance                                                                                                                                                                                                                                                               | _                                       | , 1100011150111             | М           | edicaid Cost  | Reimbursement Plan                    | ning and Finance        |
| For information Only                                                                                                                                                                                                                                                                                                           |                                         | Only                        |             |               |                                       |                         |
| No Change in Rate                                                                                                                                                                                                                                                                                                              |                                         | •                           |             |               |                                       |                         |
|                                                                                                                                                                                                                                                                                                                                | -                                       |                             | comont III  | 7111Managaman | 1111                                  |                         |
| Home Office: Southern HealthCare Management, LLC                                                                                                                                                                                                                                                                               | Home Office:                            |                             | gement, LLC |               |                                       |                         |
| R. Mark Cronquist 5887 Glenridge Drive, Suite 150 Atlanta GA 30328                                                                                                                                                                                                                                                             |                                         | 5887 Glenridge Drive, Suite | 2 150       |               |                                       |                         |



| Tuskawilla Nursing and Rehab                                                                                                                                                                                                                                              |                                                | Provider Number:                                                                                               | 0 263591-00             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------|
| 1024 Willa Springs Drive                                                                                                                                                                                                                                                  |                                                | Date:                                                                                                          | 11/7/2012               |
| Winter Springs FL 32708                                                                                                                                                                                                                                                   |                                                | Fiscal Year End:                                                                                               | 12/31/2005              |
|                                                                                                                                                                                                                                                                           |                                                | Audit Status:                                                                                                  | Unaudited [3]           |
| Provider Type:  Nursing Home Single Level                                                                                                                                                                                                                                 | Current Rate 154.35                            | New Rate 154.36                                                                                                | Effective Date 2/1/2007 |
| Level H: AIDS                                                                                                                                                                                                                                                             | 283.95                                         | 283.96                                                                                                         | 2/1/2007                |
| Level U: Fragile Under 21                                                                                                                                                                                                                                                 | 387.94                                         | 387.95                                                                                                         | 2/1/2007                |
| Interim  Total Interim  Interim Component  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 ar Target R FRVS C X Effects of Rate Ser | Total Prospective Prospective Adjusted Total Prospective with  re Rating Change ad Customary Limitation thange | n Interim Component     |
| Distribution:  Contract Management / Fiscal Agent                                                                                                                                                                                                                         | 76                                             | Thomas Parker                                                                                                  |                         |
| Permanent FileFor information OnlyNo Change in Rate  Home Office:  Southern HealthCare Manage R. Mark Cronquist 5887 Glenridge Drive, Suite 1 Atlanta GA 30328                                                                                                            | ment, LLC                                      | st Reimbursement Plan                                                                                          | ning and Finance        |



| Tuskawilla Nursing an | d Rehab                               | _           |            | Provider Number:                      | 0 263591-00          |
|-----------------------|---------------------------------------|-------------|------------|---------------------------------------|----------------------|
| 1024 Willa Springs Dr | rive                                  | •           |            | Date:                                 | 11/7/2012            |
| Winter Springs FL 327 | 708                                   |             |            | Fiscal Year End:                      | 12/31/2006           |
|                       |                                       |             |            | Audit Status:                         | Unaudited [3]        |
| Provider Type:        |                                       |             |            |                                       |                      |
|                       |                                       |             | Current    | New                                   | Effective            |
| Numain a II ama       | Cimala I aval                         |             | Rate       | Rate                                  | Date                 |
| Nursing Home          | Single Level                          |             | 169.07     | <u>169.08</u> _                       | 7/1/2007             |
|                       | Level H: AIDS                         | _           | 301.01     | 301.02                                | 7/1/2007             |
|                       | Level U: Fragile Under 21             | _           | 406.87     | 406.88                                | 7/1/2007             |
| Rate Type:            |                                       |             |            |                                       | •                    |
| Interim               |                                       | X           | Prospectiv | /e                                    |                      |
| T                     | otal Interim                          |             |            | Total Prospective                     |                      |
|                       | terim Component                       |             |            | Prospective Adjusted                  |                      |
|                       | ettlement based on costs              |             |            | Total Prospective with                | Interim Component    |
| P                     | ior Provider Prospective data         |             |            |                                       |                      |
| Basis:                |                                       | Changes:    |            |                                       |                      |
| Budget                |                                       |             | Licensur   | e Rating Change                       |                      |
| X Unaudited co        | osts                                  |             | •          | d Customary Limitatio                 | on                   |
| Field audited         | d costs                               |             | Target R   | ate limitation change                 |                      |
| Field audit -         | interim portion                       |             | FRVS C     | hange                                 |                      |
| Desk audited          |                                       | X           | _          |                                       | H06-159J FYE 6/30/04 |
|                       | Interim Portion - Prospective portion |             | -          | nester Change<br>[2] as of 11/07/1994 |                      |
| Distribution:         | F                                     |             | 7          | Thomas Parker                         |                      |
| Contract Manager      | ment / Fiscal Agent                   |             | dicaid Cos | t Reimbursement Plan                  | ning and Finance     |
| Permanent File        |                                       | 1410        | arcara cos | e recinious senione i run             | ming and I mance     |
| For information       | ation Only                            |             |            |                                       |                      |
| No Change             | in Rate                               |             |            |                                       |                      |
| Home Office:          | Southern HealthCare Mana              | gement, LLC |            |                                       |                      |
| Home Office.          | R. Mark Cronquist                     | -           |            |                                       |                      |
|                       | 5887 Glenridge Drive, Suite           | 150         |            |                                       |                      |
|                       | Atlanta GA 30328                      |             |            |                                       |                      |
|                       |                                       |             |            |                                       |                      |



| Tuskawilla Nursing and      | Rehab                                                                          |          |                                                             | Provider Number:                                                                                                         | 0 263591-00      |    |
|-----------------------------|--------------------------------------------------------------------------------|----------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------|----|
| 1024 Willa Springs Driv     |                                                                                |          |                                                             | Date:                                                                                                                    | 11/7/2012        |    |
| Winter Springs FL 3270      | 08                                                                             | -        |                                                             | Fiscal Year End:                                                                                                         | 12/31/2006       |    |
|                             |                                                                                |          |                                                             | Audit Status:                                                                                                            | Unaudited [3]    |    |
| Provider Type:              |                                                                                |          |                                                             |                                                                                                                          |                  |    |
|                             |                                                                                | •        | Current                                                     | New                                                                                                                      | Effective        |    |
| Nuusina Hous                | Cimalo I aval                                                                  |          | Rate                                                        | Rate                                                                                                                     | Date             |    |
| Nursing Home                | Single Level                                                                   |          | 168.07                                                      | <u> 168.08</u> _                                                                                                         | 1/1/2008         |    |
|                             | Level H: AIDS                                                                  |          | 302.07                                                      | 302.08                                                                                                                   | 1/1/2008         |    |
|                             | Level U: Fragile Under 21                                                      |          | 409.59                                                      | 409.60                                                                                                                   | 1/1/2008         |    |
| Int<br>Set                  | tal Interim erim Component tlement based on costs or Provider Prospective data | <u>x</u> |                                                             | re Total Prospective Prospective Adjusted: Total Prospective with                                                        |                  |    |
| Basis:                      |                                                                                | Changes: |                                                             |                                                                                                                          |                  |    |
| Desk audited Desk audit - I | costs nterim portion                                                           | X        | Usual and<br>Target Ro<br>FRVS Cl<br>Effects of<br>Rate Sem | e Rating Change d Customary Limitatio ate limitation change hange f Field Audit RFA Notester Change [2] as of 11/07/1994 |                  | 04 |
| Distribution:               |                                                                                |          | )-{                                                         | Thomas Parker                                                                                                            |                  | -  |
| Contract Managem            | ent / Fiscal Agent                                                             | Med.     | licaid Cost                                                 | t Reimbursement Plani                                                                                                    | ning and Finance | •  |
| Permanent File              |                                                                                | 2.20     |                                                             |                                                                                                                          | 8                |    |
| For informat                | •                                                                              |          |                                                             |                                                                                                                          |                  |    |
| No Change i                 | n Rate                                                                         |          |                                                             |                                                                                                                          |                  |    |
| Home Office:                | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328           |          |                                                             |                                                                                                                          |                  |    |



| Tuskawilla Nursing and R                                      | tehab                                                                                      |           |                                       | Provider Number:                                                                                                                | 0 263591-00         |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1024 Willa Springs Drive                                      |                                                                                            | Date: 11/ |                                       | 11/7/2012                                                                                                                       |                     |
| Winter Springs FL 32708                                       |                                                                                            |           |                                       | Fiscal Year End:                                                                                                                | 12/31/2006          |
| •                                                             |                                                                                            |           |                                       | Audit Status:                                                                                                                   | Unaudited [3]       |
| Provider Type:                                                |                                                                                            |           | Current<br>Rate                       | New<br>Rate                                                                                                                     | Effective<br>Date   |
| Nursing Home S                                                | ingle Level                                                                                | -         | 170.48                                | 170.49                                                                                                                          | 7/1/2008            |
| L                                                             | evel H: AIDS                                                                               |           | 306.76                                | 306.77                                                                                                                          | 7/1/2008            |
| L                                                             | evel U: Fragile Under 21                                                                   | _         | 416.11                                | 416.12                                                                                                                          | 7/1/2008            |
| Inter Settle                                                  | erim portion                                                                               | Changes:  | Licensure Usual and Target Ra FRVS Ch | Total Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation Ite limitation change Itange | n Interim Component |
| Desk audit - Int                                              |                                                                                            | •         | Rate Sem                              | ester Change<br>[2] as of 11/07/1994                                                                                            |                     |
| <u>Distribution:</u>                                          | 4 / Final Appet                                                                            |           | 28                                    | Thomas Parker                                                                                                                   |                     |
| Contract Managemer Permanent File For informatio No Change in | n Only                                                                                     | Me        | dicaid Cost                           | Reimbursement Plan                                                                                                              | ning and Finance    |
| Home Office:                                                  | Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328 |           |                                       |                                                                                                                                 |                     |



| Tuskawilla Nursing and Rehab              | )                                                          | Provider Number: 0 |                 | 0 263591-00            |                       |
|-------------------------------------------|------------------------------------------------------------|--------------------|-----------------|------------------------|-----------------------|
| 1024 Willa Springs Drive                  |                                                            | Date: 11/7/20      |                 |                        | 11/7/2012             |
| Winter Springs FL 32708                   |                                                            |                    |                 | Fiscal Year End:       | 12/31/2007            |
|                                           |                                                            |                    |                 | Audit Status:          | Unaudited [3]         |
| Provider Type:                            |                                                            | ,                  | Current<br>Rate | New<br>Rate            | Effective<br>Date     |
| Nursing Home Sing                         | le Level                                                   |                    | 171.90          | 171.91                 | 1/1/2009              |
| Level                                     | H: AIDS                                                    | _                  | 310.25          | 310.26                 | 1/1/2009              |
| Level                                     | U: Fragile Under 21                                        | _                  | 421.26          | 421.27                 | 1/1/2009              |
|                                           |                                                            | 1                  |                 |                        | •                     |
| Rate Type:                                |                                                            | X                  | Prospectiv      | ۵                      |                       |
| Total Inte                                | rim                                                        | A                  | •               | Total Prospective      |                       |
|                                           | omponent                                                   |                    |                 | Prospective Adjusted   | for New Costs         |
|                                           | t based on costs                                           |                    | ****            | Total Prospective with |                       |
| Prior Prov                                | ider Prospective data                                      |                    |                 |                        |                       |
| Basis:                                    |                                                            | Changes:           |                 |                        |                       |
| Budget                                    |                                                            |                    | Licensure       | e Rating Change        |                       |
| X Unaudited costs                         |                                                            |                    |                 | Customary Limitatio    | n                     |
| Field audited costs                       | nortion                                                    |                    | FRVS Ch         | ate limitation change  |                       |
| Field audit - interim  Desk audited costs | portion                                                    | X                  |                 | Č                      | H06-159J FYE 6/30/04  |
| Desk audit - Interim                      | Portion                                                    |                    |                 | ester Change           | 100 1000 1 12 0,00,00 |
| Desk Audit - Prospe                       | ctive portion                                              |                    |                 | [2] as of 11/07/1994   |                       |
| Distribution:                             |                                                            |                    | 8               | Thomas Parker          |                       |
| Contract Management / F                   | iscal Agent                                                | Med                | licaid Cost     | Reimbursement Plant    | ning and Finance      |
| Permanent File                            | lv.                                                        |                    |                 |                        |                       |
| For information On                        |                                                            |                    |                 |                        |                       |
| No Change in Rate                         |                                                            |                    |                 |                        |                       |
| Home Office.                              | outhern HealthCare Manag                                   | ement, LLC         |                 |                        |                       |
| 58                                        | Mark Cronquist 387 Glenridge Drive, Suite itlanta GA 30328 | 150                |                 |                        |                       |



| Tuskawilla Nursing and                                                                                  | Rehab                                                                               |          |                                                             | Provider Number:                                                 | 0 263591-00                             |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|
| 1024 Willa Springs Drive                                                                                | e                                                                                   |          |                                                             | Date:                                                            | 11/7/2012                               |
| Winter Springs FL 32708                                                                                 | 3                                                                                   |          |                                                             | Fiscal Year End:                                                 | 12/31/2007                              |
|                                                                                                         |                                                                                     |          |                                                             | Audit Status:                                                    | Unaudited [3]                           |
| Provider Type:                                                                                          |                                                                                     |          |                                                             |                                                                  |                                         |
|                                                                                                         |                                                                                     |          | Current                                                     | New                                                              | Effective                               |
| <b>N</b> I                                                                                              | O                                                                                   |          | Rate                                                        | Rate                                                             | Date                                    |
| Nursing Home                                                                                            | Single Level                                                                        |          | 157.49                                                      |                                                                  | 3/1/2009                                |
| I                                                                                                       | Level H: AIDS                                                                       |          | 295.84                                                      | 295.85                                                           | 3/1/2009                                |
| I                                                                                                       | Level U: Fragile Under 21                                                           |          | 406.85                                                      | 406.86                                                           | 3/1/2009                                |
| Inte Sett                                                                                               | al Interim<br>rim Component<br>lement based on costs<br>r Provider Prospective data | X        |                                                             | re Total Prospective Prospective Adjusted Total Prospective with |                                         |
| Basis:                                                                                                  |                                                                                     | Changes: |                                                             |                                                                  | *************************************** |
| Budget X Unaudited cost Field audited cost Field audit - in Desk audited cost audit - In Desk Audit - P | costs<br>aterim portion<br>osts                                                     | X        | Usual and<br>Target R:<br>FRVS CI<br>Effects of<br>Rate Sem | -                                                                | n<br>H06-159J FYE 6/30/04               |
| Distribution:                                                                                           |                                                                                     | <b>ラ</b> | R                                                           | Thomas Parker                                                    | *************************************** |
| Contract Manageme Permanent File For information No Change in Home Office:                              | on Only                                                                             |          | dicaid Cost                                                 | t Reimbursement Plani                                            | ning and Finance                        |
| Home office,                                                                                            | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328                |          |                                                             |                                                                  |                                         |



| Tuskawilla Nursing and I         | Rehab                       |             |                 | Provider Number:       | 0 263591-00          |
|----------------------------------|-----------------------------|-------------|-----------------|------------------------|----------------------|
| 1024 Willa Springs Drive         |                             | •           |                 | Date:                  | 11/7/2012            |
| Winter Springs FL 32708          |                             |             |                 | Fiscal Year End:       | 12/31/2007           |
|                                  |                             |             |                 | Audit Status:          | Unaudited [3]        |
| Provider Type:                   |                             | -           | Current<br>Rate | New<br>Rate            | Effective<br>Date    |
| Nursing Home                     | Single Level                | _           | 193.04          | 193.05                 | 4/1/2009             |
| L                                | evel H: AIDS                |             | 331.39          | 331.40                 | 4/1/2009             |
| L                                | evel U: Fragile Under 21    |             | 442.40          | 442.41                 | 4/1/2009             |
|                                  |                             |             |                 |                        |                      |
| Rate Type :                      |                             |             |                 |                        |                      |
| Interim                          |                             | x           | _ Prospectiv    | 'e                     |                      |
| Tota                             | l Interim                   | -           | X               | Total Prospective      |                      |
|                                  | rim Component               |             |                 | Prospective Adjusted   |                      |
|                                  | ement based on costs        |             |                 | Total Prospective with | Interim Component    |
| Prior                            | Provider Prospective data   |             |                 |                        |                      |
| Basis:                           |                             | Changes     | <b>3:</b>       |                        | 4.000                |
| Budget                           |                             |             | Licensur        | e Rating Change        |                      |
| X Unaudited cost                 | s                           |             |                 | d Customary Limitatio  | on                   |
| Field audited c                  | osts                        |             |                 | ate limitation change  | •                    |
| Field audit - in                 | terim portion               |             | FRVS CI         | hange                  |                      |
| Desk audited co                  |                             | X           |                 |                        | H06-159J FYE 6/30/04 |
| Desk audit - In                  | 1                           |             |                 | nester Change          |                      |
|                                  | rospective portion          |             | On FRV          | [2] as of 11/07/1994   |                      |
| Distribution:  Contract Manageme | nt / Fineal Agent           |             | 10              | Thomas Parker          |                      |
| Permanent File                   | nt / Fiscal Agent           | M           | ledicaid Cost   | t Reimbursement Plant  | ning and Finance     |
| For information                  | on Only                     |             |                 |                        |                      |
| ·                                |                             |             |                 |                        |                      |
| No Change in                     | Kate                        |             |                 |                        |                      |
| Home Office:                     | Southern HealthCare Mana    | gement, LLC |                 |                        |                      |
|                                  | R. Mark Cronquist           |             |                 |                        |                      |
|                                  | 5887 Glenridge Drive, Suite | 150         |                 |                        |                      |
|                                  | Atlanta GA 30328            |             |                 |                        |                      |



| Tuskawilla Nursing and Re                                                        | hab                                                                  | _        |                                                  | Provider Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 263591-00             |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|----------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1024 Willa Springs Drive                                                         |                                                                      | _        |                                                  | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11/7/2012               |
| Winter Springs FL 32708                                                          |                                                                      | _        |                                                  | Fiscal Year End:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12/31/2007              |
|                                                                                  |                                                                      |          |                                                  | Audit Status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Unaudited [3]           |
| Provider Type:  Nursing Home Si                                                  | ngle Level                                                           | _        | Current<br>Rate                                  | New Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Effective Date 7/1/2009 |
|                                                                                  | vel H: AIDS                                                          | _        | 334.89<br>447.51                                 | 334.90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7/1/2009<br>7/1/2009    |
| Lev                                                                              | vel U: Fragile Under 21                                              | _        | 447.31                                           | 447.52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | //1/2009                |
| Interin<br>Settlen                                                               | rim portion<br>ts<br>rim Portion                                     | Changes: | Licensure Usual and Target Ra FRVS Ch Effects of | Fotal Prospective Prospective Adjusted of Fotal Prospective with Prospective with Prospective with Prospective with Prospective with Prospective Williams Pr | n Interim Component     |
| Distribution:  Contract Management Permanent File For information No Change in R | Only                                                                 |          | dicaid Cost                                      | Thomas Parker Reimbursement Plant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ning and Finance        |
| Home Office:                                                                     | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |          |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |



| Tuskawilla Nursing and Rehab                                                                                                                                                                                           |                                           | Provider Number:                                                 | 0 263591-00               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|---------------------------|
| 1024 Willa Springs Drive                                                                                                                                                                                               |                                           | Date:                                                            | 11/7/2012                 |
| Winter Springs FL 32708                                                                                                                                                                                                |                                           | Fiscal Year End:                                                 | 12/31/2008                |
|                                                                                                                                                                                                                        |                                           | Audit Status:                                                    | Unaudited [3]             |
| Provider Type:  Nursing Home Single Level                                                                                                                                                                              | Current Rate 194.25                       | New<br>Rate<br>194.26                                            | Effective Date 1/1/2010   |
| Level H: AIDS                                                                                                                                                                                                          | 336.17                                    | 336.18                                                           | 1/1/2010                  |
| Level U: Fragile Under 21                                                                                                                                                                                              | 450.05                                    | 450.06                                                           | 1/1/2010                  |
| Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:                                                                                                          | X Prospect X Changes:                     | Total Prospective Prospective Adjusted of 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 a Target I FRVS ( X Effects Rate Se | •                                                                | n<br>H06-159J FYE 6/30/04 |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Manage  R. Mark Cronquist  5887 Glenridge Drive, Suite  Atlanta GA 30328 | ement, LLC                                | Thomas Parker st Reimbursement Plani                             | ning and Finance          |



| Tuskawilla Nursing and R                                                                              | ehab                                                                                             |          |                                                          | Provider Number:                                                                                                        | 0 263591-00             |  |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| 1024 Willa Springs Drive                                                                              |                                                                                                  | •        |                                                          | Date:                                                                                                                   | 11/7/2012               |  |
| Winter Springs FL 32708                                                                               |                                                                                                  | •        |                                                          | Fiscal Year End:                                                                                                        | 12/31/2009              |  |
|                                                                                                       |                                                                                                  |          |                                                          | Audit Status:                                                                                                           | Unaudited [3]           |  |
| Provider Type:  Nursing Home  S                                                                       | ingle Level                                                                                      | <u>-</u> | Current<br>Rate<br>203.03                                | New Rate 203.04                                                                                                         | Effective Date 7/1/2010 |  |
| L                                                                                                     | evel H: AIDS                                                                                     |          | 346.37                                                   | 346.38                                                                                                                  | 7/1/2010                |  |
| Lo                                                                                                    | evel U: Fragile Under 21                                                                         | -        | 461.40                                                   | 461.41                                                                                                                  | 7/1/2010                |  |
| Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Inte | erim portion<br>sts                                                                              | Changes  | Licensure Usual and Target Ra FRVS Cr Effects o Rate Sem | Total Prospective Prospective Adjusted Total Prospective with Rating Change Customary Limitation Total Prospective with | Interim Component       |  |
| Distribution:  Contract Managemer  Permanent File  For information  No Change in                      | n Only                                                                                           | M        | edicaid Cost                                             | Thomas Parker Reimbursement Plan                                                                                        | ning and Finance        |  |
| Home Office:                                                                                          | Southern HealthCare Mana<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |          |                                                          |                                                                                                                         |                         |  |



| Tuskawilla Nursing   | and Rehab                                   |               |             | Provider Number:                                  | 0 263591-00          |
|----------------------|---------------------------------------------|---------------|-------------|---------------------------------------------------|----------------------|
| 1024 Willa Springs l |                                             |               |             | Date:                                             | 11/7/2012            |
| Winter Springs FL 3  | 2708                                        |               |             | Fiscal Year End:                                  | 12/31/2009           |
|                      |                                             |               |             | Audit Status:                                     | Unaudited [3]        |
| Provider Type:       |                                             |               |             |                                                   |                      |
|                      |                                             |               | Current     | New                                               | Effective            |
| Nursing Home         | Single Level                                | _             | Rate 205.39 | Rate                                              | Date                 |
| ruising nome         | Single Level                                |               | 203.37      |                                                   | 1/1/2011             |
|                      | Level H: AIDS                               | _             | 350.25      | 350.26                                            | 1/1/2011             |
|                      | Level U: Fragile Under 21                   | _             | 466.50      | 466.51                                            | 1/1/2011             |
| D. 4. Town           |                                             |               |             |                                                   | _                    |
| Rate Type:           |                                             |               |             |                                                   |                      |
| Interim              |                                             | X             | Prospectiv  |                                                   |                      |
|                      | Total Interim                               |               |             | Total Prospective                                 | Can Name Casta       |
|                      | Interim Component Settlement based on costs |               |             | Prospective Adjusted to<br>Total Prospective with |                      |
|                      | Prior Provider Prospective data             |               |             | Total Prospective with                            | i interna Component  |
|                      |                                             |               |             |                                                   |                      |
| Basis:               |                                             | Changes:      |             |                                                   |                      |
| Budget               |                                             |               | Licensur    | e Rating Change                                   |                      |
| X Unaudited          | costs                                       |               | -           | d Customary Limitatio                             | m                    |
| Field audi           |                                             |               |             | ate limitation change                             |                      |
| Field audi           | t - interim portion                         |               | FRVS CI     | hange                                             |                      |
| Desk audit           | -                                           | X             | Effects o   | f Field Audit RFA N                               | H06-159J FYE 6/30/04 |
|                      | t - Interim Portion                         |               | _           | nester Change                                     |                      |
|                      | it - Prospective portion                    |               | On FRV      | [2] as of 11/07/1994                              |                      |
| Distribution:        |                                             |               | 0           | Thomas Parker                                     |                      |
| _                    | gement / Fiscal Agent                       | Me            | dicaid Cost | t Reimbursement Plani                             | ning and Finance     |
| Permanent File       | mating Only                                 |               |             |                                                   |                      |
|                      | mation Only                                 |               |             |                                                   |                      |
| No Chan              | ge in Rate                                  |               |             |                                                   |                      |
| Home Office:         | Southern HealthCare Ma                      | nagement, LLC |             |                                                   |                      |
|                      | R. Mark Cronquist                           |               |             |                                                   |                      |
|                      | 5887 Glenridge Drive, Su                    | ite 150       |             |                                                   |                      |
|                      | Atlanta GA 30328                            |               |             |                                                   |                      |



| Tuskawilla Nursing and R                                                                       | ehab                                                                                             |            |                                                             | Provider Number:                                                   | 0 263591-00               |  |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|--|
| 1024 Willa Springs Drive                                                                       |                                                                                                  |            |                                                             | Date:                                                              | 11/7/2012                 |  |
| Winter Springs FL 32708                                                                        |                                                                                                  |            |                                                             | Fiscal Year End:                                                   | 12/31/2010                |  |
|                                                                                                |                                                                                                  |            |                                                             | Audit Status:                                                      | Unaudited [3]             |  |
| Provider Type:                                                                                 |                                                                                                  |            | Current<br>Rate                                             | New<br>Rate                                                        | Effective<br>Date         |  |
| Nursing Home S                                                                                 | ingle Level                                                                                      |            | 198.47                                                      | <u> 198.48</u> _                                                   | 7/1/2011                  |  |
| Le                                                                                             | evel H: AIDS                                                                                     |            | 344.67                                                      | 344.68                                                             | 7/1/2011                  |  |
| Lo                                                                                             | evel U: Fragile Under 21                                                                         |            | 462.00                                                      | 462.01                                                             | 7/1/2011                  |  |
| Interi<br>Settle                                                                               | Interim Im Component Ement based on costs Provider Prospective data                              | X Changes: |                                                             | e  Fotal Prospective  Prospective Adjusted  Fotal Prospective with |                           |  |
| Budget X Unaudited costs Field audited co Field audit - int Desk audit - Inte Desk Audit - Pre | erim portion                                                                                     | X          | Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Sem | •                                                                  | n<br>H06-159J FYE 6/30/04 |  |
| Distribution:  Contract Management Permanent File  For information No Change in                | n Only                                                                                           | Med        | dicaid Cost                                                 | Thomas Parker Reimbursement Plant                                  | ning and Finance          |  |
| Home Office:                                                                                   | Southern HealthCare Mana<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | _          |                                                             |                                                                    |                           |  |



| Tuskawilla Nursing and R                                                                                | ehab                                                                                             |        |                                                           | Provider Number:                                                                                                            | 0 263591-00             |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1024 Willa Springs Drive                                                                                |                                                                                                  | •      |                                                           | Date:                                                                                                                       | 11/7/2012               |
| Winter Springs FL 32708                                                                                 |                                                                                                  |        |                                                           | Fiscal Year End:                                                                                                            | 12/31/2010              |
|                                                                                                         |                                                                                                  |        |                                                           | Audit Status:                                                                                                               | Unaudited [3]           |
| Provider Type:  Nursing Home  S                                                                         | ingle Level                                                                                      |        | Current Rate 199.76                                       | New Rate 199.77                                                                                                             | Effective Date 1/1/2012 |
| Le                                                                                                      | evel H: AIDS                                                                                     |        | 347.37                                                    | 347.38                                                                                                                      | 1/1/2012                |
| Le                                                                                                      | evel U: Fragile Under 21                                                                         |        | 465.83                                                    | 465.84                                                                                                                      | 1/1/2012                |
| Basis:  Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro | erim portion                                                                                     | Change | Licensure Usual and Target Ra FRVS Ch Effects of Rate Sem | Fotal Prospective Prospective Adjusted of Fotal Prospective with Rating Change I Customary Limitation the limitation change | Interim Component       |
| Distribution:  Contract Managemen Permanent File For information No Change in 1                         | ı Only                                                                                           |        | Medicaid Cost                                             | Thomas Parker Reimbursement Plans                                                                                           | ning and Finance        |
| Home Office:                                                                                            | Southern HealthCare Mana<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | -      |                                                           |                                                                                                                             |                         |



| Tuskawilla Nursing and Rehab                                                                                                                                                                                |                                             | Provider Number:                                                 | 0 263591-00                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------|----------------------------|
| 1024 Willa Springs Drive                                                                                                                                                                                    |                                             | Date:                                                            | 11/7/2012                  |
| Winter Springs FL 32708                                                                                                                                                                                     |                                             | Fiscal Year End:                                                 | 12/31/2011                 |
|                                                                                                                                                                                                             |                                             | Audit Status:                                                    | Unaudited [3]              |
| Provider Type:  Nursing Home Single Level                                                                                                                                                                   | Current Rate 209.21                         | New Rate 209.22                                                  | Effective Date 7/1/2012    |
|                                                                                                                                                                                                             |                                             |                                                                  |                            |
| Level H: AIDS                                                                                                                                                                                               | 358.42                                      | 358.43                                                           | 7/1/2012                   |
| Level U: Fragile Under 21                                                                                                                                                                                   | 478.17                                      | 478.18                                                           | 7/1/2012                   |
| Interim  Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:                                                                                                  | X Prospecti                                 | ve 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 ar Target F FRVS C X Effects Rate Ser |                                                                  | on<br>H06-159J FYE 6/30/04 |
| Distribution:                                                                                                                                                                                               | 76-                                         | Thomas Parker                                                    |                            |
| Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Manager  R. Mark Cronquist  5887 Glenridge Drive, Suite 15  Atlanta GA 30328 | ent, LLC                                    | st Reimbursement Plan                                            | ning and Finance           |



| Hunter's Creek Nursing a                                                                     | nd Rehab                                                                                          |          |                                                          | Provider Number:                                                                                                   | 0 263605-00             |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------|
| 14155 Town Loop Bovd.                                                                        |                                                                                                   |          |                                                          | Date:                                                                                                              | 11/1/2012               |
| Orlando FL 32837                                                                             |                                                                                                   |          |                                                          | Fiscal Year End:                                                                                                   | 6/30/2004               |
|                                                                                              |                                                                                                   |          |                                                          | Audit Status:                                                                                                      | Revised Field Audit [5] |
| Provider Type:  Nursing Home  S                                                              | Single Level                                                                                      | _        | Current<br>Rate<br>173.28                                | New Rate                                                                                                           | Effective Date 1/1/2006 |
| L                                                                                            | evel H: AIDS                                                                                      |          | 298.39                                                   | 297.51                                                                                                             | 1/1/2006                |
| L                                                                                            | evel U: Fragile Under 21                                                                          |          | 398.77                                                   | 397.89                                                                                                             | 1/1/2006                |
| Inter X Settle                                                                               | I Interim im Component ement based on costs Provider Prospective data                             | Changes: |                                                          | Fotal Prospective Prospective Adjusted Fotal Prospective with                                                      |                         |
| Budget Unaudited costs X Field audited co Field audit - int Desk audit - Int Desk Audit - Pr | osts<br>terim portion<br>osts                                                                     | X        | Usual and<br>Target Ra<br>FRVS Ch<br>FA & RF<br>Rate Sem | Rating Change I Customary Limitation the limitation change ange A #NH06-151J FYE ester Change [2] as of 05/26/1998 |                         |
| Distribution:  Contract Management File  For informatio  No Change in                        | on Only                                                                                           | Med      | dicaid Cost                                              | Thomas Parker Reimbursement Plan                                                                                   | ning and Finance        |
| Home Office:                                                                                 | Southern HealthCare Manag<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |          |                                                          |                                                                                                                    |                         |



| Hunter's Creek Nursing an                                                                               | d Rehab                                                                                          | _        |                                                        | Provider Number:                                                                                                        | 0 263605-00                           |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 14155 Town Loop Bovd.                                                                                   |                                                                                                  | _        |                                                        | Date:                                                                                                                   | 11/1/2012                             |
| Orlando FL 32837                                                                                        |                                                                                                  | -        |                                                        | Fiscal Year End:                                                                                                        | 6/30/2004                             |
|                                                                                                         | ,                                                                                                |          |                                                        | Audit Status:                                                                                                           | Revised Field Audit [5]               |
| Provider Type:  Nursing Home  S                                                                         | ingle Level                                                                                      | -        | Current<br>Rate                                        | New Rate                                                                                                                | Effective Date 7/1/2006               |
| Le                                                                                                      | evel H: AIDS                                                                                     |          | 303.75                                                 | 302.86                                                                                                                  | 7/1/2006                              |
| Le                                                                                                      | evel U: Fragile Under 21                                                                         |          | 405.75                                                 | 404.86                                                                                                                  | 7/1/2006                              |
| Interi<br>X Settle                                                                                      | Interim<br>m Component<br>ment based on costs<br>Provider Prospective data                       | <u> </u> |                                                        | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with                                                | · · · · · · · · · · · · · · · · · · · |
| Basis:  Budget Unaudited costs X Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pro | erim portion                                                                                     | Change   | Licensure Usual and Target Ra FRVS Ch FA & RI Rate Sem | e Rating Change d Customary Limitation ate limitation change nange FA #NH06-151J FYE tester Change [2] as of 05/26/1998 |                                       |
| Distribution:  Contract Management Permanent File  For information  No Change in 1                      | n Only<br>Rate                                                                                   |          | Sedicaid Cost                                          | Thomas Parker Reimbursement Plan                                                                                        | ning and Finance                      |
| Home Office:                                                                                            | Southern HealthCare Mana<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |          |                                                        |                                                                                                                         |                                       |



| Hunter's Creek Nursing a                                                           | and Rehab                                                      |          |                                                          | Provider Number:                                                                                                           | 0 263605-00             |
|------------------------------------------------------------------------------------|----------------------------------------------------------------|----------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 14155 Town Loop Bovd.                                                              |                                                                |          |                                                          | Date:                                                                                                                      | 11/1/2012               |
| Orlando FL 32837                                                                   |                                                                |          |                                                          | Fiscal Year End:                                                                                                           | 12/31/2005              |
|                                                                                    |                                                                |          |                                                          | Audit Status:                                                                                                              | Unaudited [3]           |
| Provider Type: Nursing Home                                                        | Single Level                                                   |          | Current<br>Rate                                          | New Rate 174.27                                                                                                            | Effective Date 1/1/2007 |
| I                                                                                  | Level H: AIDS                                                  |          | 303.90                                                   | 303.87                                                                                                                     | 1/1/2007                |
| I                                                                                  | Level U: Fragile Under 21                                      |          | 407.89                                                   | 407.86                                                                                                                     | 1/1/2007                |
| Basis:  Budget X Unaudited cost Field audit - in Desk audited cost Desk audit - In | costs<br>aterim portion<br>osts                                | Changes: | Licensure Usual and Target Ra FRVS CI Effects o Rate Sem | 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 information No Change in       | ent / Fiscal Agent on Only n Rate                              |          | 6                                                        | Thomas Parker t Reimbursement Plan                                                                                         | ning and Finance        |
| Home Office:                                                                       | R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328 |          |                                                          |                                                                                                                            |                         |



| Hunter's Creek Nursin | g and Rehab                    |                |                | Provider Number:       | 0 263605-00         |
|-----------------------|--------------------------------|----------------|----------------|------------------------|---------------------|
| 14155 Town Loop Bo    | vd.                            |                |                | Date:                  | 11/1/2012           |
| Orlando FL 32837      |                                |                |                | Fiscal Year End:       | 12/31/2005          |
|                       |                                |                |                | Audit Status:          | Unaudited [3]       |
| Provider Type:        |                                |                |                |                        |                     |
|                       |                                |                | Current        | New                    | Effective           |
| Numering House        | Cinala Laval                   |                | Rate           | Rate                   | Date                |
| Nursing Home          | Single Level                   |                | 178.61         | <u> 178.57</u> _       | 2/1/2007            |
|                       | Level H: AIDS                  | _              | 308.21         | 308.17                 | 2/1/2007            |
|                       | Level U: Fragile Under 21      | -              | 412.20         | 412.16                 | 2/1/2007            |
|                       |                                |                |                |                        |                     |
| Rate Type :           |                                |                |                |                        |                     |
| Interim               |                                | X              | Prospectiv     | ve .                   |                     |
|                       | otal Interim                   |                |                | Total Prospective      |                     |
|                       | nterim Component               |                |                | Prospective Adjusted   |                     |
|                       | ettlement based on costs       |                |                | Total Prospective with | 1 Interim Component |
| P                     | rior Provider Prospective data |                |                |                        |                     |
| Basis:                |                                | Changes        |                |                        |                     |
| Dudest                |                                |                | Licensur       | e Rating Change        |                     |
| Budget X Unaudited o  | rosts                          |                | _              | d Customary Limitatio  | nn.                 |
| Field audite          |                                |                |                | ate limitation change  | )II                 |
| Field audit           | - interim portion              |                | FRVS CI        | <del>-</del>           |                     |
| Desk audite           | -                              | X              | -<br>Effects o | f FA & RFA #NH06-      | 151J FYE 06/30/04   |
|                       | Interim Portion                |                |                | ester Change           |                     |
| Desk Audit            | - Prospective portion          |                | On FRV         | [2] as of 05/26/1998   |                     |
| <b>Distribution:</b>  |                                | 7              | ~              | Thomas Parker          |                     |
| Contract Manage       | ment / Fiscal Agent            |                | dicaid Cost    | t Reimbursement Plan   | ning and Finance    |
| Permanent File        |                                | 1410           | valcula Cosi   | i Konnouisement i idii | ning and I manee    |
| For inform            | ation Only                     |                |                |                        |                     |
| No Change             | e in Rate                      |                |                |                        |                     |
| Home Office:          | Southern HealthCare Manag      | gement, LLC    |                |                        |                     |
| Home Office.          | R. Mark Cronquist              | <del>-</del> ' |                |                        |                     |
|                       | 5887 Glenridge Drive, Suite    | 150            |                |                        |                     |
|                       | Atlanta GA 30328               |                |                |                        |                     |
|                       |                                |                |                |                        |                     |



| Hunter's Creek Nursing                                                           | and Rehab                                                                                  |         |                                                  | Provider Number:                                                                                                         | 0 263605-00             |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 14155 Town Loop Bovd                                                             | 1.                                                                                         |         |                                                  | Date:                                                                                                                    | 11/1/2012               |
| Orlando FL 32837                                                                 |                                                                                            |         |                                                  | Fiscal Year End:                                                                                                         | 12/31/2005              |
|                                                                                  |                                                                                            |         |                                                  | Audit Status:                                                                                                            | Unaudited [3]           |
| Provider Type: Nursing Home                                                      | Single Level                                                                               | -       | Current Rate 174.30                              | New Rate 174.27                                                                                                          | Effective Date 3/1/2007 |
| Marsing Home                                                                     | Single Devel                                                                               | -       | 1/4.50                                           |                                                                                                                          | 3/1/200/                |
|                                                                                  | Level H: AIDS                                                                              |         | 303.90                                           | 303.87                                                                                                                   | 3/1/2007                |
|                                                                                  | Level U: Fragile Under 21                                                                  |         | 407.89                                           | 407.86                                                                                                                   | 3/1/2007                |
| Basis:  Budget X Unaudited cos Field audited of Field audited of Desk audited of | costs nterim portion costs                                                                 | Change: | Licensure Usual and Target Ra FRVS Ch Effects of | Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change | n Interim Component     |
| Distribution:  Contract Manageme Permanent File For informati No Change in       | ion Only                                                                                   | M       | Tedicaid Cost                                    | Thomas Parker Reimbursement Plant                                                                                        | ning and Finance        |
| Home Office:                                                                     | Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328 |         |                                                  |                                                                                                                          |                         |



| Hunter's Creek Nursing and Rehab                                                                                                                                                                                                                             |                                                            | Provider Number:                                                                                                            | 0 263605-00             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 14155 Town Loop Bovd.                                                                                                                                                                                                                                        |                                                            | Date:                                                                                                                       | 11/1/2012               |
| Orlando FL 32837                                                                                                                                                                                                                                             |                                                            | Fiscal Year End:                                                                                                            | 12/31/2006              |
|                                                                                                                                                                                                                                                              |                                                            | Audit Status:                                                                                                               | Unaudited [3]           |
| Provider Type:  Nursing Home Single Level                                                                                                                                                                                                                    | Current Rate 190.50                                        | New Rate 190.47                                                                                                             | Effective Date 7/1/2007 |
| Level H: AIDS                                                                                                                                                                                                                                                | 322.44                                                     | 322.41                                                                                                                      | 7/1/2007                |
| Level U: Fragile Under 21                                                                                                                                                                                                                                    | 428.30                                                     | 428.27                                                                                                                      | 7/1/2007                |
| Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:  Budget  X Unaudited costs  Field audited costs  Field audit - interim portion  Desk audit - Interim Portion  Desk Audit - Prospective portion | Licensure Usual and Target Ra FRVS CR X Effects o Rate Sem | Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change | n Interim Component     |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Manage  R. Mark Cronquist  5887 Glenridge Drive, Suite 1  Atlanta GA 30328                                     | ment, LLC                                                  | Thomas Parker Reimbursement Plant                                                                                           | ning and Finance        |



| Hunter's Creek Nursing a                                                   | and Rehab                                                |             |                                       | Provider Number:                                                                                                                              | 0 263605-00             |
|----------------------------------------------------------------------------|----------------------------------------------------------|-------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 14155 Town Loop Bovd.                                                      |                                                          |             |                                       | Date:                                                                                                                                         | 11/1/2012               |
| Orlando FL 32837                                                           |                                                          |             |                                       | Fiscal Year End:                                                                                                                              | 12/31/2006              |
|                                                                            |                                                          |             |                                       | Audit Status:                                                                                                                                 | Unaudited [3]           |
| Provider Type:  Nursing Home                                               | Single Level                                             | _           | Current<br>Rate                       | New<br>Rate<br>188.77                                                                                                                         | Effective Date 1/1/2008 |
| I                                                                          | Level H: AIDS                                            | _           | 322.81                                | 322.77                                                                                                                                        | 1/1/2008                |
| I                                                                          | Level U: Fragile Under 21                                | -           | 430.33                                | 430.29                                                                                                                                        | 1/1/2008                |
| Inter                                                                      | osts<br>terim portion                                    | Changes     | Licensure Usual and Target Ra FRVS Ch | Total Prospective Prospective Adjusted of Total Prospective with Prospective with Rating Change I Customary Limitation Rate limitation change | Interim Component       |
| Desk audit - In Desk Audit - P                                             | terim Portion rospective portion                         |             | _                                     | ester Change<br>[2] as of 05/26/1998                                                                                                          |                         |
| Distribution:                                                              |                                                          | 7           | 0                                     | Thomas Parker                                                                                                                                 |                         |
| Contract Manageme Permanent File For information No Change in Home Office: | on Only Rate Southern HealthCare Manag R. Mark Cronquist | gement, LLC | edicaid Cost                          | Reimbursement Plans                                                                                                                           | ning and Finance        |
|                                                                            | 5887 Glenridge Drive, Suite<br>Atlanta GA 30328          | 150         |                                       |                                                                                                                                               |                         |



| Hunter's Creek Nursing a                                                        | and Rehab                                                                                        |          |                                                                         | Provider Number:                                                                                                                                                   | 0 263605-00         |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 14155 Town Loop Bovd.                                                           |                                                                                                  | <u>.</u> |                                                                         | Date:                                                                                                                                                              | 11/1/2012           |
| Orlando FL 32837                                                                |                                                                                                  | •        |                                                                         | Fiscal Year End:                                                                                                                                                   | 12/31/2006          |
|                                                                                 |                                                                                                  |          |                                                                         | Audit Status:                                                                                                                                                      | Unaudited [3]       |
| Provider Type:                                                                  |                                                                                                  |          |                                                                         |                                                                                                                                                                    | 1 1                 |
| • •                                                                             |                                                                                                  | i        | Current<br>Rate                                                         | New<br>Rate                                                                                                                                                        | Effective<br>Date   |
| Nursing Home                                                                    | Single Level                                                                                     |          | 190.53                                                                  | 190.49                                                                                                                                                             | 7/1/2008            |
| I                                                                               | Level H: AIDS                                                                                    |          | 326.81                                                                  | 326.77                                                                                                                                                             | 7/1/2008            |
| I                                                                               | Level U: Fragile Under 21                                                                        |          | 436.16                                                                  | 436.12                                                                                                                                                             | 7/1/2008            |
| Basis:  Budget X Unaudited cost Field audit - in Desk audited c Desk audit - In | costs<br>terim portion<br>osts<br>terim Portion                                                  | Changes: | Licensur<br>Usual and<br>Target R:<br>FRVS CI<br>Effects of<br>Rate Sem | Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitation ate limitation change mange f FA & RFA #NH06- mester Change | n Interim Component |
| Distribution: Contract Manageme                                                 | respective portion                                                                               | <u></u>  | 0                                                                       | [2] as of 05/26/1998  Thomas Parker                                                                                                                                |                     |
| Permanent File For informatic No Change in                                      | on Only                                                                                          | Med      | dicaid Cost                                                             | Reimbursement Plani                                                                                                                                                | ning and Finance    |
| Home Office:                                                                    | Southern HealthCare Mana<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |          |                                                                         |                                                                                                                                                                    |                     |



| Hunter's Creek Nursing      | and Rehab                                                                                  |               |                 | Provider Number:                             | 0 263605-00              |
|-----------------------------|--------------------------------------------------------------------------------------------|---------------|-----------------|----------------------------------------------|--------------------------|
| 14155 Town Loop Bove        | d                                                                                          |               |                 | Date:                                        | 11/1/2012                |
| Orlando FL 32837            |                                                                                            |               |                 | Fiscal Year End:                             | 12/31/2007               |
|                             |                                                                                            |               |                 | Audit Status:                                | Unaudited [3]            |
| Provider Type: Nursing Home | Single Level                                                                               |               | Current<br>Rate | New Rate 185.46                              | Effective Date  1/1/2009 |
| •                           | <b>9</b>                                                                                   |               |                 |                                              |                          |
|                             | Level H: AIDS                                                                              |               | 323.85          | 323.81                                       | 1/1/2009                 |
|                             | Level U: Fragile Under 21                                                                  | -             | 434.86          | 434.82                                       | 1/1/2009                 |
| Rate Type:                  |                                                                                            |               |                 |                                              |                          |
| Interim                     |                                                                                            | X             | Prospectiv      |                                              |                          |
|                             | tal Interim                                                                                |               |                 | Total Prospective                            | fam Name Canta           |
|                             | erim Component<br>tlement based on costs                                                   |               |                 | Prospective Adjusted: Total Prospective with |                          |
|                             | or Provider Prospective data                                                               |               |                 | Total Trospective with                       | i interim Component      |
|                             | or restrict respective data                                                                |               | 1               | Today 111                                    |                          |
| Basis:                      |                                                                                            | Changes:      |                 |                                              |                          |
| <b>D</b> 1                  |                                                                                            |               | Licensur        | e Rating Change                              |                          |
| Budget X Unaudited co       | ete                                                                                        |               | •               | r Kating Change<br>I Customary Limitatio     | an                       |
| Field audited               |                                                                                            | -             |                 | ite limitation change                        | <b>11</b>                |
|                             | nterim portion                                                                             |               | FRVS C          | -                                            |                          |
| Desk audited                | -                                                                                          | X             | Effects o       | f FA & RFA #NH06-                            | 151J FYE 06/30/04        |
|                             | nterim Portion                                                                             |               |                 | ester Change                                 |                          |
| **                          | Prospective portion                                                                        |               | On FRV          | [2] as of 05/26/1998                         | <u> </u>                 |
| Distribution:               |                                                                                            | $\mathcal{D}$ | 8               | Thomas Parker                                |                          |
| Contract Managem            | ent / Fiscal Agent                                                                         | Me            | dicaid Cost     | Reimbursement Plans                          | ning and Finance         |
| Permanent File              |                                                                                            |               |                 |                                              | _                        |
| For informat                | •                                                                                          |               |                 |                                              |                          |
| No Change i                 | n Rate                                                                                     |               |                 |                                              |                          |
| Home Office:                | Southern HealthCare Manager R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328 |               |                 |                                              |                          |



| Hunter's Creek Nursin                              | ng and Rehab                                                                                  |               |                                                             | Provider Number:                                                                                                        | 0 263605-00       |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------|
| 14155 Town Loop Bo                                 | ovd.                                                                                          | <del>-</del>  |                                                             | Date:                                                                                                                   | 11/1/2012         |
| Orlando FL 32837                                   |                                                                                               |               |                                                             | Fiscal Year End:                                                                                                        | 12/31/2007        |
|                                                    |                                                                                               |               |                                                             | Audit Status:                                                                                                           | Unaudited [3]     |
| Provider Type:                                     |                                                                                               |               |                                                             | Audit Status.                                                                                                           | Chauthed [5]      |
|                                                    |                                                                                               |               | Current                                                     | New                                                                                                                     | Effective         |
|                                                    |                                                                                               |               | Rate                                                        | Rate                                                                                                                    | Date              |
| Nursing Home                                       | Single Level                                                                                  |               | 169.95                                                      | <u>169.91</u>                                                                                                           | 3/1/2009          |
|                                                    | Level H: AIDS                                                                                 |               | 308.30                                                      | 308.26                                                                                                                  | 3/1/2009          |
|                                                    | Level U: Fragile Under 21                                                                     | _             | 419.31                                                      | 419.27                                                                                                                  | 3/1/2009          |
| Rate Type:  Interim                                | Potal Interim                                                                                 | X             | Prospective X                                               | e<br>Fotal Prospective                                                                                                  |                   |
| I                                                  | nterim Component                                                                              |               |                                                             | Prospective Adjusted                                                                                                    | for New Costs     |
| s                                                  | ettlement based on costs                                                                      |               |                                                             | Total Prospective with                                                                                                  | Interim Component |
| P                                                  | rior Provider Prospective data                                                                |               |                                                             |                                                                                                                         |                   |
| Basis:                                             |                                                                                               | Changes:      |                                                             |                                                                                                                         |                   |
| Desk audite Desk audit                             | ed costs<br>- interim portion                                                                 | X             | Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Sem | e Rating Change I Customary Limitation Ite limitation change Itange I FA & RFA #NH06- ester Change [2] as of 05/26/1998 |                   |
| Distribution:                                      |                                                                                               | $\overline{}$ | 70                                                          | Thomas Parker                                                                                                           |                   |
| Contract Manage Permanent File For inform No Chang | •                                                                                             | Me            | edicaid Cost                                                | Reimbursement Plan                                                                                                      | ning and Finance  |
| Home Office:                                       | Southern HealthCare Mar<br>R. Mark Cronquist<br>5887 Glenridge Drive, Sui<br>Atlanta GA 30328 |               |                                                             |                                                                                                                         |                   |



| Hunter's Creek Nursing ar                                      | nd Rehab                                                                                         |          |                                       | Provider Number:                                                                                                            | 0 263605-00             |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 14155 Town Loop Bovd.                                          |                                                                                                  | -        |                                       | Date:                                                                                                                       | 11/1/2012               |
| Orlando FL 32837                                               |                                                                                                  | -        |                                       | Fiscal Year End:                                                                                                            | 12/31/2007              |
|                                                                |                                                                                                  |          |                                       | Audit Status:                                                                                                               | Unaudited [3]           |
| Provider Type:  Nursing Home  S                                | ingle Level                                                                                      |          | Current<br>Rate                       | New Rate 207.50                                                                                                             | Effective Date 4/1/2009 |
| G                                                              | J                                                                                                |          |                                       |                                                                                                                             |                         |
| L                                                              | evel H: AIDS                                                                                     | _        | 345.89                                | 345.85                                                                                                                      | 4/1/2009                |
| L                                                              | evel U: Fragile Under 21                                                                         |          | 456.90                                | 456.86                                                                                                                      | 4/1/2009                |
| Basis:  Budget X Unaudited costs Field audited co              | osts<br>erim portion                                                                             | Changes  | Licensure Usual and Target Ra FRVS Ch | Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change | n Interim Component     |
| Desk audited co                                                | 1                                                                                                | <u>X</u> | Rate Sem                              | f FA & RFA #NH06-<br>lester Change<br>[2] as of 05/26/1998                                                                  | 151J F Y E 06/30/04     |
| <b>Distribution:</b>                                           |                                                                                                  |          | 7                                     | Thomas Parker                                                                                                               |                         |
| Contract Management Permanent File For informatio No Change in | n Only                                                                                           | Me       | edicaid Cost                          | Reimbursement Plan                                                                                                          | ning and Finance        |
| Home Office:                                                   | Southern HealthCare Mana<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |          |                                       |                                                                                                                             |                         |



| Hunter's Creek Nursing                                                                   | and Rehab                                                                                         |          |                                                             | Provider Number:                                                                                                  | 0 263605-00      |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------|
| 14155 Town Loop Bovo                                                                     |                                                                                                   |          |                                                             | Date:                                                                                                             | 11/1/2012        |
| Orlando FL 32837                                                                         |                                                                                                   |          |                                                             | Fiscal Year End:                                                                                                  | 12/31/2007       |
|                                                                                          |                                                                                                   |          |                                                             | Audit Status:                                                                                                     | Unaudited [3]    |
| Provider Type:                                                                           |                                                                                                   |          |                                                             |                                                                                                                   |                  |
| • •                                                                                      |                                                                                                   | 1        | Current                                                     | New                                                                                                               | Effective        |
|                                                                                          |                                                                                                   |          | Rate                                                        | Rate                                                                                                              | Date             |
| Nursing Home                                                                             | Single Level                                                                                      |          | 214.27                                                      | 214.23                                                                                                            | 7/1/2009         |
|                                                                                          | Level H: AIDS                                                                                     |          | 354.62                                                      | 354.58                                                                                                            | 7/1/2009         |
|                                                                                          | Level U: Fragile Under 21                                                                         |          | 467.24                                                      | 467.20                                                                                                            | 7/1/2009         |
| Inte                                                                                     | al Interim  crim Component  clement based on costs  or Provider Prospective data                  | <u> </u> |                                                             | e<br>Fotal Prospective<br>Prospective Adjusted to<br>Fotal Prospective with                                       |                  |
| Basis:                                                                                   |                                                                                                   | Changes: |                                                             |                                                                                                                   |                  |
| Budget X Unaudited cos Field audited of Field audit - in Desk audit - In Desk Audit - In | costs nterim portion costs                                                                        | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Sem | Rating Change I Customary Limitation the limitation change ange FFA & RFA #NH06-ester Change [2] as of 05/26/1998 |                  |
| Distribution:                                                                            | A / Pinal Ann                                                                                     | フ        | 6)                                                          | Thomas Parker                                                                                                     |                  |
| Contract Manageme                                                                        | ent / Fiscal Agent                                                                                | Med      | dicaid Cost                                                 | Reimbursement Plant                                                                                               | ning and Finance |
| For informati                                                                            | on Only                                                                                           |          |                                                             |                                                                                                                   |                  |
| No Change in                                                                             | -                                                                                                 |          |                                                             |                                                                                                                   |                  |
| Home Office:                                                                             | Southern HealthCare Manag<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |          |                                                             |                                                                                                                   |                  |



| Hunter's Creek Nursing a                                                                             | nd Rehab                                                                       |        |                                                        | Provider Number:                                                                                                      | 0 263605-00             |  |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| 14155 Town Loop Bovd.                                                                                |                                                                                |        |                                                        | Date:                                                                                                                 | 11/1/2012               |  |
| Orlando FL 32837                                                                                     |                                                                                |        |                                                        | Fiscal Year End:                                                                                                      | 12/31/2008              |  |
|                                                                                                      |                                                                                |        |                                                        | Audit Status:                                                                                                         | Unaudited [3]           |  |
| Provider Type:  Nursing Home                                                                         | Single Level                                                                   | Ra     | rent<br>ite<br>3.56                                    | New Rate 213.53                                                                                                       | Effective Date 1/1/2010 |  |
|                                                                                                      | evel H: AIDS<br>evel U: Fragile Under 21                                       |        | 9.36                                                   | 355.45<br>469.33                                                                                                      | 1/1/2010<br>1/1/2010    |  |
| Inter Settle                                                                                         | l Interim<br>im Component<br>ement based on costs<br>Provider Prospective data | X Pro  |                                                        | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with                                              |                         |  |
| Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audit - Int Desk Audit - Pr | terim portion                                                                  | U:     | sual and<br>arget Ra<br>RVS Ch<br>ffects of<br>ate Sem | e Rating Change I Customary Limitation the limitation change hange I FA & RFA #NH06-ester Change [2] as of 05/26/1998 |                         |  |
| Distribution:  Contract Management Permanent File For informatio No Change in Home Office:           | nt / Fiscal Agent<br>n Only                                                    | Medica | 5)                                                     | Thomas Parker Reimbursement Plan                                                                                      | ning and Finance        |  |



| Hunter's Creek Nursing and Rehab<br>14155 Town Loop Bovd.                                                                        |                                                             | _           |                                                              | Provider Number:                                                                                             | 0 263605-00          |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|
|                                                                                                                                  |                                                             | <u>-</u>    |                                                              | Date:                                                                                                        | 11/1/2012            |
| Orlando FL 32837                                                                                                                 |                                                             | -           |                                                              | Fiscal Year End:                                                                                             | 12/31/2009           |
|                                                                                                                                  |                                                             |             |                                                              | Audit Status:                                                                                                | Unaudited [3]        |
| Provider Type:  Nursing Home Sin                                                                                                 | ngle Level                                                  |             | Current Rate 223.84                                          | New Rate                                                                                                     | Effective            |
|                                                                                                                                  | el H: AIDS<br>el U: Fragile Under 21                        | -           | 367.18<br>482.21                                             | 367.14<br>482.17                                                                                             | 7/1/2010<br>7/1/2010 |
| Settlem                                                                                                                          | nterim Component ent based on costs ovider Prospective data | X Changes:  | I                                                            | e Fotal Prospective Prospective Adjusted if Fotal Prospective with                                           |                      |
| Budget  X Unaudited costs  Field audited costs  Field audit - interi  Desk audited costs  Desk audit - Interi  Desk Audit - Pros | m portion<br>m Portion                                      | X           | Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Seme | Rating Change Customary Limitation te limitation change ange FA & RFA #NH06-ester Change 2] as of 05/26/1998 |                      |
|                                                                                                                                  | Only                                                        | gement, LLC | dicaid Cost                                                  | Thomas Parker Reimbursement Plant                                                                            | ning and Finance     |



| Hunter's Creek Nursing ar                                                                                          | nd Rehab                                                                                             |             |                                                  | Provider Number:                                                                                                         | 0 263605-00             |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 14155 Town Loop Bovd.                                                                                              |                                                                                                      |             |                                                  | Date:                                                                                                                    | 11/1/2012               |
| Orlando FL 32837                                                                                                   |                                                                                                      |             |                                                  | Fiscal Year End:                                                                                                         | 12/31/2009              |
|                                                                                                                    |                                                                                                      |             |                                                  | Audit Status:                                                                                                            | Unaudited [3]           |
| Provider Type:  Nursing Home S                                                                                     | ingle Level                                                                                          | <del></del> | Current Rate 226.33                              | New<br>Rate<br>226.29                                                                                                    | Effective Date 1/1/2011 |
| Le                                                                                                                 | evel H: AIDS                                                                                         |             | 371.19                                           | 371.15                                                                                                                   | 1/1/2011                |
| L                                                                                                                  | evel U: Fragile Under 21                                                                             |             | 487.44                                           | 487.40                                                                                                                   | 1/1/2011                |
| Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk Audit - Pro Distribution: | erim portion sts erim Portion ospective portion                                                      | Changes:    | Licensure Usual and Target Ra FRVS Ch Effects of | Fotal Prospective Prospective Adjusted of Fotal Prospective with Rating Change Customary Limitation te limitation change | Interim Component       |
| Contract Managemen                                                                                                 | nt / Fiscal Agent                                                                                    | Med         | licaid Cost                                      | Reimbursement Plani                                                                                                      | ning and Finance        |
| Permanent FileFor informationNo Change in                                                                          | •                                                                                                    |             |                                                  | Acomount of the                                                                                                          | mig und i munov         |
| Home Office:                                                                                                       | Southern HealthCare Manage<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite 1<br>Atlanta GA 30328 | •           |                                                  |                                                                                                                          |                         |



| Hunter's Creek Nursing an                                                          | d Rehab                                                              |          |                                                          | Provider Number:                                                                                                                     | 0 263605-00             |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 14155 Town Loop Bovd.                                                              |                                                                      |          |                                                          | Date:                                                                                                                                | 11/1/2012               |
| Orlando FL 32837                                                                   | **************************************                               |          | Fiscal Year End:                                         |                                                                                                                                      | 12/31/2010              |
|                                                                                    |                                                                      |          |                                                          | Audit Status:                                                                                                                        | Unaudited [3]           |
| Provider Type:  Nursing Home  S                                                    | ingle Level                                                          | _        | Current Rate 219.33                                      | New Rate 219.30                                                                                                                      | Effective Date 7/1/2011 |
| iturome s                                                                          | ingle zever                                                          |          |                                                          |                                                                                                                                      | 77172011                |
| Le                                                                                 | evel H: AIDS                                                         | _        | 365.53                                                   | 365.50                                                                                                                               | 7/1/2011                |
| Le                                                                                 | evel U: Fragile Under 21                                             | _        | 482.86                                                   | 482.83                                                                                                                               | 7/1/2011                |
| Interi<br>Settle                                                                   | erim portion<br>sts<br>erim Portion                                  | Changes: | Licensure Usual and Target Ra FRVS Ch Effects o Rate Sem | Total Prospective Prospective Adjusted Total Prospective with Reference Rating Change If Customary Limitation Total Prospective with | n Interim Component     |
| Distribution:  Contract Management Permanent File  For information  No Change in I | n Only                                                               |          | dicaid Cost                                              | Thomas Parker Reimbursement Plan                                                                                                     | ning and Finance        |
|                                                                                    | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | 150      |                                                          |                                                                                                                                      |                         |



| Hunter's Creek Nursing ar                                                                            | nd Rehab                                                             |         |                                                 | Provider Number:                                                                                                      | 0 263605-00       |  |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------|--|
| 14155 Town Loop Bovd.                                                                                |                                                                      |         |                                                 | Date:                                                                                                                 | 11/1/2012         |  |
| Orlando FL 32837                                                                                     |                                                                      |         |                                                 | Fiscal Year End:                                                                                                      | 12/31/2010        |  |
|                                                                                                      |                                                                      |         |                                                 | Audit Status:                                                                                                         | Unaudited [3]     |  |
| Provider Type:                                                                                       |                                                                      |         | ,                                               | rian Silias.                                                                                                          | Ontadation [5]    |  |
|                                                                                                      |                                                                      |         | Current<br>Rate                                 | New<br>Rate                                                                                                           | Effective<br>Date |  |
| Nursing Home S                                                                                       | ingle Level                                                          |         | 221.56                                          | 221.52                                                                                                                | 1/1/2012          |  |
| L                                                                                                    | evel H: AIDS                                                         | _       | 369.17                                          | 369.13                                                                                                                | 1/1/2012          |  |
| L                                                                                                    | evel U: Fragile Under 21                                             | -       | 487.63                                          | 487.59                                                                                                                | 1/1/2012          |  |
| Interior Settle                                                                                      | Interim im Component ement based on costs Provider Prospective data  | X       |                                                 | e<br>Total Prospective<br>Prospective Adjusted t<br>Total Prospective with                                            |                   |  |
| Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk Audit - Pro | erim portion                                                         | Changes | Licensure Usual and Target Ra FRVS Ch Effects o | e Rating Change I Customary Limitation te limitation change nange I FA & RFA #NH06- ester Change [2] as of 05/26/1998 |                   |  |
| Distribution:                                                                                        | 4 / Final Anna                                                       |         | 8                                               | Thomas Parker                                                                                                         |                   |  |
| Contract Managemer Permanent File For information No Change in Home Office:                          | n Only                                                               |         | edicaid Cost                                    | Reimbursement Plann                                                                                                   | ning and Finance  |  |
| Home Office.                                                                                         | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |         |                                                 |                                                                                                                       |                   |  |



| Hunter's Creek Nursing and Rehab  14155 Town Loop Bovd. |                                                                      |             |                                                              | Provider Number:       | 0 263605-00       |  |  |
|---------------------------------------------------------|----------------------------------------------------------------------|-------------|--------------------------------------------------------------|------------------------|-------------------|--|--|
|                                                         |                                                                      | •           |                                                              | Date:                  | 11/1/2012         |  |  |
| Orlando FL 32837                                        |                                                                      |             |                                                              | Fiscal Year End:       | 12/31/2010        |  |  |
|                                                         |                                                                      |             |                                                              | Audit Status:          | Unaudited [3]     |  |  |
| Provider Type:                                          |                                                                      |             |                                                              |                        |                   |  |  |
|                                                         |                                                                      | (           | Current                                                      | New                    | Effective         |  |  |
| N                                                       | 1 . T 1                                                              |             | Rate                                                         | Rate                   | Date              |  |  |
| Nursing Home Sin                                        | ngle Level                                                           |             | 228.40                                                       |                        | 7/1/2012          |  |  |
| Lev                                                     | el H: AIDS                                                           |             | 377.61                                                       | 377.58                 | 7/1/2012          |  |  |
| Lev                                                     | el U: Fragile Under 21                                               |             | 497.36                                                       | 497.33                 | 7/1/2012          |  |  |
| Rate Type:                                              |                                                                      |             |                                                              |                        |                   |  |  |
| Interim                                                 |                                                                      | X           | Prospective                                                  | e                      |                   |  |  |
| Total I                                                 | nterim                                                               |             | X Total Prospective                                          |                        |                   |  |  |
|                                                         | Component                                                            |             |                                                              | Prospective Adjusted   |                   |  |  |
|                                                         | ent based on costs                                                   |             |                                                              | Total Prospective with | Interim Component |  |  |
| Prior P                                                 | rovider Prospective data                                             |             |                                                              |                        |                   |  |  |
| Basis:                                                  |                                                                      | Changes:    |                                                              |                        |                   |  |  |
|                                                         |                                                                      |             | Licanova                                                     | Dating Change          |                   |  |  |
| Budget X Unaudited costs                                |                                                                      |             |                                                              | Rating Change          |                   |  |  |
| Field audited costs                                     | S                                                                    |             | Usual and Customary Limitation Target Rate limitation change |                        |                   |  |  |
| Field audit - inter                                     | f                                                                    |             | FRVS Change                                                  |                        |                   |  |  |
| Desk audited cost                                       | •                                                                    | X           | X Effects of FA & RFA #NH06-151J FYE 06/30/04                |                        |                   |  |  |
| Desk audit - Inter                                      |                                                                      |             | Rate Semester Change                                         |                        |                   |  |  |
| Desk Audit - Pros                                       | pective portion                                                      |             | On FRV                                                       | 2] as of 05/26/1998    |                   |  |  |
| Distribution:                                           |                                                                      |             | 76)                                                          | Thomas Parker          |                   |  |  |
| Contract Management                                     | / Fiscal Agent                                                       | Med         | dicaid Cost                                                  | Reimbursement Plans    | ning and Finance  |  |  |
| Permanent File                                          | O1                                                                   |             |                                                              |                        |                   |  |  |
| For information                                         | •                                                                    | ÷           |                                                              |                        |                   |  |  |
| No Change in R                                          | ate                                                                  |             |                                                              |                        |                   |  |  |
| Home Office:                                            | Southern HealthCare Mana                                             | gement, LLC |                                                              |                        |                   |  |  |
|                                                         | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | 150         |                                                              |                        |                   |  |  |



| Boulevard Rehabilitation Center                                                                                                                                                                        |            |                                                              | Provider Number:                                                                                           | 0 263613-00                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------|--|
| 2839 South Seacrest Boulevard                                                                                                                                                                          |            |                                                              | Date:                                                                                                      | 11/2/2012                            |  |
| Boynton Beach FL 33435                                                                                                                                                                                 |            |                                                              | Fiscal Year End:                                                                                           | 6/30/2004                            |  |
|                                                                                                                                                                                                        |            |                                                              | Audit Status:                                                                                              | Revised Field Audit [5]              |  |
| Provider Type:                                                                                                                                                                                         |            | urrent<br>Rate                                               | New<br>Rate                                                                                                | Effective<br>Date                    |  |
| Nursing Home Single Level                                                                                                                                                                              | 1          | 69.95                                                        | 169.67                                                                                                     | 1/1/2006                             |  |
| Level H: AIDS                                                                                                                                                                                          | 2          | 95.06                                                        | 294.78                                                                                                     | 1/1/2006                             |  |
| Level U: Fragile Under 21                                                                                                                                                                              | 3          | 95.44                                                        | 395.16                                                                                                     | 1/1/2006                             |  |
| Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data                                                                                               | <u>X</u> P | P                                                            | otal Prospective<br>rospective Adjusted<br>otal Prospective with                                           | for New Costs<br>1 Interim Component |  |
| Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion                                            | X          | Usual and<br>Target Rat<br>FRVS Cha<br>FA & RFA<br>Rate Seme | Rating Change Customary Limitation e limitation change age A#NH06-154J FYE ster Change 2] as of 09/29/1988 |                                      |  |
| Distribution:  Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  Southern HealthCare Manager  R. Mark Cronquist  5887 Glenridge Drive, Suite 15 | nent, LLC  | caid Cost l                                                  | Thomas Parker Reimbursement Plan                                                                           | ning and Finance                     |  |



|                                                          | Provider Number:                                                                                                                       | 0 263613-00                                                                                                                                                                                                                                                    |  |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                          | Date:                                                                                                                                  | 11/2/2012                                                                                                                                                                                                                                                      |  |
|                                                          | Fiscal Year End:                                                                                                                       | 6/30/2004                                                                                                                                                                                                                                                      |  |
|                                                          | Audit Status:                                                                                                                          | Revised Field Audit [5]                                                                                                                                                                                                                                        |  |
| Current Rate 173.28                                      | New Rate 173.00                                                                                                                        | Effective Date 7/1/2006                                                                                                                                                                                                                                        |  |
| 300.41                                                   | 300.13                                                                                                                                 | 7/1/2006                                                                                                                                                                                                                                                       |  |
| 402.41                                                   | 402.13                                                                                                                                 | 7/1/2006                                                                                                                                                                                                                                                       |  |
| Licensure Usual and Target Ra FRVS Ch X FA & RF Rate Sem | Prospective Adjusted Total Prospective with Rating Change Customary Limitation te limitation change ange A #NH06-154J FYE ester Change | n Interim Component                                                                                                                                                                                                                                            |  |
| ファ                                                       | Thomas Parker                                                                                                                          |                                                                                                                                                                                                                                                                |  |
|                                                          | Reimbursement Plan                                                                                                                     | ning and Finance                                                                                                                                                                                                                                               |  |
|                                                          | Rate 173.28  300.41 402.41  X Prospective Usual and Target Ra FRVS Ch X FA & RF Rate Semon FRV [                                       | Total Prospective    Licensure Rating Change   Usual and Customary Limitation Target Rate limitation change   FRVS Change   X FA & RFA #NH06-154J FYE   Rate Semester Change   On FRV [2] as of 09/29/1988   Thomas Parker   Medicaid Cost Reimbursement Plant |  |



| Boulevard Rehabilitation Center                                                                                                           |                                                    |                                                  | Provider Number:                                                                                                        | 0 263613-00             |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 2839 South Seacrest Boulevard                                                                                                             |                                                    |                                                  | Date:                                                                                                                   | 11/2/2012               |
| Boynton Beach FL 33435                                                                                                                    | -                                                  |                                                  | Fiscal Year End:                                                                                                        | 12/31/2005              |
|                                                                                                                                           |                                                    |                                                  | Audit Status:                                                                                                           | Unaudited [3]           |
| Provider Type:  Nursing Home Single Level                                                                                                 |                                                    | Current Rate 171.26                              | New Rate                                                                                                                | Effective Date 1/1/2007 |
| Level H: AIDS<br>Level U: Fragile Ur                                                                                                      | nder 21                                            | 300.86                                           | <u>300.74</u><br>404.73                                                                                                 | 1/1/2007                |
| Rate Type: Interim Total Interim Interim Component  Settlement based on co  Prior Provider Prospect                                       |                                                    | *****                                            | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with                                                |                         |
| Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion | Change                                             | Licensure Usual and Target Rai FRVS CI Effects o | e Rating Change d Customary Limitation ate limitation change nange f FA & RFA #NH06- nester Change [2] as of 09/29/1988 |                         |
| R. Mark Cronq                                                                                                                             | thCare Management, LLC<br>uist<br>Drive, Suite 150 | Medicaid Cost                                    | Thomas Parker Reimbursement Plant                                                                                       | ning and Finance        |



| Boulevard Rehabilitation Center 2839 South Seacrest Boulevard                                                                                               |                                                         |             |                                                                                                                                                                                                  | Provider Number:                                              | 0 263613-00             |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------|--|--|
|                                                                                                                                                             |                                                         |             |                                                                                                                                                                                                  | Date:                                                         | 11/2/2012               |  |  |
| Boynton Beach FL 33435                                                                                                                                      |                                                         |             |                                                                                                                                                                                                  | Fiscal Year End:                                              | 12/31/2005              |  |  |
|                                                                                                                                                             |                                                         |             |                                                                                                                                                                                                  | Audit Status:                                                 | Unaudited [3]           |  |  |
| Provider Type:  Nursing Home Sing                                                                                                                           | gle Level                                               | _           | Current<br>Rate                                                                                                                                                                                  | New<br>Rate<br>174.04                                         | Effective Date 2/1/2007 |  |  |
| Leve                                                                                                                                                        | H: AIDS                                                 |             | 303.76                                                                                                                                                                                           | 303.64                                                        | 2/1/2007                |  |  |
| Leve                                                                                                                                                        | U: Fragile Under 21                                     | _           | 407.75                                                                                                                                                                                           | 407.63                                                        | 2/1/2007                |  |  |
| Settleme                                                                                                                                                    | erim Component nt based on costs vider Prospective data | Changes     |                                                                                                                                                                                                  | Total Prospective Prospective Adjusted Total Prospective with |                         |  |  |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion |                                                         | X           | Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change  X Effects of FA & RFA #NH06-154J FYE 06/30/04 Rate Semester Change On FRV [2] as of 09/29/1988 |                                                               |                         |  |  |
| Distribution:                                                                                                                                               |                                                         |             | 7-61                                                                                                                                                                                             | Thomas Parker                                                 |                         |  |  |
| Forme office.                                                                                                                                               | nly                                                     | gement, LLC | edicaid Cost                                                                                                                                                                                     | Reimbursement Plan                                            | ning and Finance        |  |  |



| Boulevard Rehabilitation (                            | Center                                                                                            |                                    |                                                                                                | Provider Number:       | 0 263613-00             |  |  |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------|------------------------|-------------------------|--|--|
| 2839 South Seacrest Boulevard                         |                                                                                                   |                                    |                                                                                                | Date:                  | 11/2/2012               |  |  |
| Boynton Beach FL 33435                                |                                                                                                   |                                    |                                                                                                | Fiscal Year End:       | 12/31/2005              |  |  |
|                                                       |                                                                                                   |                                    |                                                                                                | Audit Status:          | Unaudited [3]           |  |  |
| Provider Type:  Nursing Home S                        | ingle Level                                                                                       | <del></del>                        | Current Rate 171.26                                                                            | New <u>Rate</u> 171.14 | Effective Date 3/1/2007 |  |  |
|                                                       | <b>g.</b>                                                                                         |                                    |                                                                                                | 3.7.3.6.2.Y            |                         |  |  |
| Le                                                    | evel H: AIDS                                                                                      |                                    | 300.86                                                                                         | 300.74                 | 3/1/2007                |  |  |
| Le                                                    | evel U: Fragile Under 21                                                                          |                                    | 404.85                                                                                         | 404.73                 | 3/1/2007                |  |  |
| Rate Type:                                            |                                                                                                   | x                                  | Prospectiv                                                                                     | re                     |                         |  |  |
|                                                       | Interim                                                                                           |                                    | _                                                                                              | Total Prospective      |                         |  |  |
| Interi                                                |                                                                                                   | Prospective Adjusted for New Costs |                                                                                                |                        |                         |  |  |
| Settle                                                | ment based on costs                                                                               |                                    |                                                                                                | Total Prospective with | Interim Component       |  |  |
| Prior                                                 | Provider Prospective data                                                                         |                                    |                                                                                                |                        |                         |  |  |
| Basis:                                                |                                                                                                   | Changes:                           |                                                                                                |                        |                         |  |  |
| Budget X Unaudited costs Field audited co             | erim portion                                                                                      |                                    | Usual and<br>Target Ra<br>FRVS CI                                                              | •                      |                         |  |  |
| Desk audited cos  Desk audit - Inte  Desk Audit - Pro | rim Portion                                                                                       | X                                  | X Effects of FA & RFA #NH06-154J FYE 06/30/04 Rate Semester Change On FRV [2] as of 09/29/1988 |                        |                         |  |  |
| <u>Distribution:</u>                                  |                                                                                                   |                                    | 2/                                                                                             | Thomas Parker          |                         |  |  |
| Permanent File  For information                       | Only                                                                                              | Med                                | dicaid Cost                                                                                    | Reimbursement Plan     | ning and Finance        |  |  |
| No Change in I                                        |                                                                                                   |                                    |                                                                                                |                        |                         |  |  |
| Home Office:                                          | Southern HealthCare Manag<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | •                                  |                                                                                                |                        |                         |  |  |



| Boulevard Rehabilitation Center 2839 South Seacrest Boulevard |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                              | Provider Number:       | 0 263613-00       |  |  |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------|------------------------|-------------------|--|--|
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -           |                                                              | Date:                  | 11/2/2012         |  |  |
| Boynton Beach FL 33                                           | 3435                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _           |                                                              | Fiscal Year End:       | 12/31/2005        |  |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                              | Audit Status:          | Unaudited [3]     |  |  |
| Provider Type:                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                              |                        |                   |  |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Current                                                      | New                    | Effective         |  |  |
| NY TT                                                         | C' -1. T1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | Rate                                                         | Rate                   | Date              |  |  |
| Nursing Home                                                  | Single Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | 183.98                                                       |                        | 7/1/2007          |  |  |
|                                                               | Level H: AIDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 315.92                                                       | 315.80                 | 7/1/2007          |  |  |
|                                                               | Level U: Fragile Under 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | 421.78                                                       | 421.66                 | 7/1/2007          |  |  |
| Rate Type:                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                              |                        |                   |  |  |
| Interim                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X           | Prospectiv                                                   | re                     |                   |  |  |
| ,                                                             | Total Interim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | X                                                            | Total Prospective      |                   |  |  |
|                                                               | Interim Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | Prospective Adjusted for New Costs                           |                        |                   |  |  |
|                                                               | Settlement based on costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                                              | Total Prospective with | Interim Component |  |  |
| ]                                                             | Prior Provider Prospective data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                              |                        |                   |  |  |
| Basis:                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Changes:    |                                                              |                        | •                 |  |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | T :                                                          | . Dating Change        |                   |  |  |
| Budget X Unaudited                                            | oosto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                              | e Rating Change        |                   |  |  |
| Field audit                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Usual and Customary Limitation Target Rate limitation change |                        |                   |  |  |
|                                                               | - interim portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | FRVS CI                                                      | _                      |                   |  |  |
| Desk audite                                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X           | X Effects of FA & RFA #NH06-154J FYE 06/30/04                |                        |                   |  |  |
|                                                               | - Interim Portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | Rate Semester Change                                         |                        |                   |  |  |
|                                                               | t - Prospective portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | On FRV                                                       | [2] as of 09/29/1988   |                   |  |  |
| Distribution:                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 1-6-                                                         | Thomas Parker          |                   |  |  |
| _                                                             | ement / Fiscal Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Med         | dicaid Cost                                                  | Reimbursement Plant    | ning and Finance  |  |  |
| Permanent File                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                              |                        |                   |  |  |
| ***************************************                       | nation Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                              |                        |                   |  |  |
| No Chang                                                      | ge in Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                              |                        |                   |  |  |
| Home Office:                                                  | Southern HealthCare Mana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | gement, LLC |                                                              |                        |                   |  |  |
|                                                               | R. Mark Cronquist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                              |                        |                   |  |  |
|                                                               | 5887 Glenridge Drive, Suite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e 150       |                                                              |                        |                   |  |  |
|                                                               | Atlanta GA 30328                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                              |                        |                   |  |  |
|                                                               | the same of the sa |             |                                                              |                        |                   |  |  |



| Boulevard Rehabilitation Center |                                                                                           |          |                                                          | Provider Number:                                                                                                         | 0 263613-00             |
|---------------------------------|-------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 2839 South Seacres              | •                                                                                         |          | Date:                                                    | 11/2/2012<br>12/31/2006                                                                                                  |                         |
| Boynton Beach FL                | Beach FL 33435                                                                            |          |                                                          |                                                                                                                          | Fiscal Year End:        |
|                                 |                                                                                           |          |                                                          | Audit Status:                                                                                                            | Field Audited [2]       |
| Provider Type: Nursing Home     | Single Level                                                                              |          | Current<br>Rate<br>175.47                                | New Rate 175.35                                                                                                          | Effective Date 1/1/2008 |
| `                               | Level H: AIDS                                                                             |          | 309.47                                                   | 309.35                                                                                                                   | 1/1/2008                |
|                                 | Level U: Fragile Under 21                                                                 | _        | 416.99                                                   | 416.87                                                                                                                   | 1/1/2008                |
| Basis:                          | Total Interim Interim Component Settlement based on costs Prior Provider Prospective data | Changes: |                                                          | Total Prospective Prospective Adjusted Total Prospective with                                                            |                         |
| Desk aud<br>Desk aud            | ited costs<br>it - interim portion                                                        | X        | Usual an<br>Target R<br>FRVS Cl<br>Effects o<br>Rate Sem | e Rating Change d Customary Limitation ate limitation change hange of FA & RFA #NH06- nester Change [2] as of 09/29/1988 |                         |
| <u>Distribution</u>             |                                                                                           |          | 26                                                       | Thomas Parker                                                                                                            |                         |
| Permanent File                  |                                                                                           | Ме       | dicaid Cos                                               | t Reimbursement Plan                                                                                                     | ning and Finance        |
| Home Office:                    | R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328                            |          |                                                          |                                                                                                                          |                         |



| Boulevard Rehabilitation C                                                   | enter                   |            |                                            | Provider Number:                                                                                                                  | 0 263613-00             |  |
|------------------------------------------------------------------------------|-------------------------|------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| 2839 South Seacrest Boulevard                                                |                         |            |                                            | Date:                                                                                                                             | 11/2/2012               |  |
| Boynton Beach FL 33435                                                       |                         |            |                                            | Fiscal Year End:                                                                                                                  | 12/31/2006              |  |
|                                                                              |                         |            |                                            | Audit Status:                                                                                                                     | Field Audited [2]       |  |
| Provider Type:  Nursing Home Sin                                             | ngle Level              | ·          | Current<br>Rate                            | New<br>Rate<br>177.89                                                                                                             | Effective Date 7/1/2008 |  |
| Lev                                                                          | vel H: AIDS             | <u>.</u>   | 314.29                                     | 314.17                                                                                                                            | 7/1/2008                |  |
| Lev                                                                          | vel U: Fragile Under 21 |            | 123.64                                     | 423.52                                                                                                                            | 7/1/2008                |  |
| Settlen                                                                      | ts rim portion          | Changes:   | Licensur<br>Usual an<br>Target R<br>FRVS C | Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitation ate limitation change thange | n Interim Component     |  |
| Desk Audit - Pros                                                            |                         |            |                                            | nester Change<br>[2] as of 09/29/1988                                                                                             |                         |  |
| <u>Distribution:</u>                                                         |                         |            | 76                                         | Thomas Parker                                                                                                                     |                         |  |
| Contract Management Permanent FileFor informationNo Change in R Home Office: | Only                    | ement, LLC | icaid Cos                                  | t Reimbursement Plan                                                                                                              | ning and Finance        |  |



| Boulevard Rehabilitation Center |                                             |             |             | Provider Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 263613-00          |
|---------------------------------|---------------------------------------------|-------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 2839 South Seacrest             |                                             | Date: 1     |             | 11/2/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |
| Boynton Beach FL 33             | 3435                                        |             |             | Fiscal Year End:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12/31/2007           |
|                                 |                                             |             |             | Audit Status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Unaudited [3]        |
| Provider Type:                  |                                             |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                 |                                             |             | Current     | New                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Effective            |
| Nursing Home                    | Single Level                                |             | Rate 177.24 | Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                 |
| runsing frome                   | Single Level                                |             | 1//.24      | 1//.12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1/1/2007             |
|                                 | Level H: AIDS                               |             | 315.59      | 315.47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1/1/2009             |
|                                 | Level U: Fragile Under 21                   |             | 426.60      | 426.48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1/1/2009             |
|                                 |                                             |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| Rate Type:                      |                                             |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| Interim                         |                                             | <u>X</u>    | Prospectiv  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                 | Total Interim                               |             |             | Total Prospective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | for Nove Coats       |
|                                 | Interim Component Settlement based on costs |             |             | Prospective Adjusted<br>Total Prospective with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |
|                                 | Prior Provider Prospective data             |             | -           | Total Flospective with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | i internit Component |
|                                 | The Trovider Trospective data               |             | _           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| Basis:                          |                                             | Changes:    | _           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| D. I.                           |                                             |             | Licencur    | e Rating Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| Budget X Unaudited              | costs                                       |             |             | d Customary Limitation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | an.                  |
| Field audit                     |                                             | -           |             | ate limitation change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
| Field audit                     | - interim portion                           | -           | FRVS C      | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
| Desk audite                     | -                                           | X           | Effects o   | f FA & RFA #NH06-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 154J FYE 06/30/04    |
|                                 | - Interim Portion                           |             |             | ester Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |
|                                 | t - Prospective portion                     |             | On FRV      | [2] as of 09/29/1988                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |
| Distribution:                   |                                             | ·           | 10          | Thomas Parker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |
| -                               | ement / Fiscal Agent                        | Me          | dicaid Cost | Reimbursement Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ning and Finance     |
| Permanent File                  |                                             |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                 | nation Only                                 |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| No Chang                        | ge in Rate                                  |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| Home Office:                    | Southern HealthCare Manag                   | gement, LLC |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                 | R. Mark Cronquist                           |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                 | 5887 Glenridge Drive, Suite                 | 150         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                 | Atlanta GA 30328                            |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                 | b                                           |             | -           | The same of the sa |                      |



| Boulevard Rehabilitation C                                                                    | Center                                                                                           |                                                                                                                                                                          |                           | Provider Number:                                                         | 0 263613-00             |  |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------|-------------------------|--|
| 2839 South Seacrest Boulevard                                                                 |                                                                                                  |                                                                                                                                                                          |                           | Date:                                                                    | 11/2/2012               |  |
| Boynton Beach FL 33435                                                                        | 100                                                                                              | •                                                                                                                                                                        |                           | Fiscal Year End:                                                         | 12/31/2007              |  |
|                                                                                               |                                                                                                  |                                                                                                                                                                          |                           | Audit Status:                                                            | Unaudited [3]           |  |
| Provider Type:  Nursing Home Si                                                               | ngle Level                                                                                       | _                                                                                                                                                                        | Current<br>Rate<br>162.38 | New<br>Rate<br>162.28                                                    | Effective Date 3/1/2009 |  |
| Le                                                                                            | vel H: AIDS                                                                                      |                                                                                                                                                                          | 300.73                    | 300.63                                                                   | 3/1/2009                |  |
| Le                                                                                            | vel U: Fragile Under 21                                                                          | -                                                                                                                                                                        | 411.74                    | 411.64                                                                   | 3/1/2009                |  |
| Interir<br>Settler                                                                            | Interim n Component nent based on costs Provider Prospective data                                | X                                                                                                                                                                        |                           | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with |                         |  |
| Basis:                                                                                        |                                                                                                  | Changes                                                                                                                                                                  |                           |                                                                          |                         |  |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs |                                                                                                  | Licensure Rating Change  Usual and Customary Limitation  Target Rate limitation change  FRVS Change  X Effects of FA & RFA #NH06-154J FYE 06/30/04  Rate Semester Change |                           |                                                                          |                         |  |
| Desk audit - Inte Desk Audit - Pro                                                            |                                                                                                  |                                                                                                                                                                          |                           | [2] as of 09/29/1988                                                     |                         |  |
| <b>Distribution:</b>                                                                          |                                                                                                  |                                                                                                                                                                          | 76                        | Thomas Parker                                                            |                         |  |
| Contract Management Permanent File For information No Change in F                             | Only                                                                                             | M                                                                                                                                                                        | edicaid Cost              | Reimbursement Plans                                                      | ning and Finance        |  |
| Home Office:                                                                                  | Southern HealthCare Mana<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | -                                                                                                                                                                        |                           |                                                                          |                         |  |



| Boulevard Rehabilita | tion Center                           |             |                                   | Provider Number:                            | 0 263613-00        |
|----------------------|---------------------------------------|-------------|-----------------------------------|---------------------------------------------|--------------------|
| 2839 South Seacrest  | outh Seacrest Boulevard Date:         |             |                                   | 11/2/2012                                   |                    |
| Boynton Beach FL 33  | 3435                                  | •           | Fiscal Year End: 12/3             |                                             |                    |
|                      |                                       |             |                                   | Audit Status:                               | Unaudited [3]      |
| Provider Type:       |                                       |             |                                   | That Suite.                                 | Ollegative [5]     |
|                      |                                       |             | Current                           | New                                         | Effective          |
|                      |                                       |             | Rate                              | Rate                                        | Date               |
| Nursing Home         | Single Level                          | -           | 200.75                            | 200.63                                      | 4/1/2009           |
|                      | Level H: AIDS                         |             | 339.10                            | 338.98                                      | 4/1/2009           |
|                      | Level U: Fragile Under 21             |             | 450.11                            | 449.99                                      | 4/1/2009           |
| Rate Type :          |                                       |             |                                   |                                             |                    |
| Interim              |                                       | x           | Prospectiv                        | re                                          |                    |
| ,                    | Total Interim                         |             | X                                 | Total Prospective                           |                    |
|                      | Interim Component                     |             |                                   | Prospective Adjusted                        |                    |
|                      | Settlement based on costs             |             |                                   | Total Prospective with                      | Interim Component  |
|                      | Prior Provider Prospective data       |             | A-110000000-10000000-10000000-110 |                                             |                    |
| Basis:               |                                       | Change      | s:                                |                                             |                    |
|                      |                                       |             |                                   |                                             |                    |
| Budget               |                                       |             |                                   | e Rating Change                             |                    |
| XUnaudited           | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |             |                                   | d Customary Limitation at limitation change | on                 |
| Field audit          | - interim portion                     |             | FRVS C                            | =                                           |                    |
| Desk audite          | _                                     | X           |                                   | of FA & RFA #NH06-                          | 1541 FVF 06/30/04  |
|                      | - Interim Portion                     |             |                                   | nester Change                               | 1340 1 12 00/20/04 |
| Desk Audit           | t - Prospective portion               |             | On FRV                            | [2] as of 09/29/1988                        |                    |
| <b>Distribution:</b> |                                       |             | フ台ノ                               | Thomas Parker                               |                    |
| Contract Manag       | ement / Fiscal Agent                  |             | Tedicaid Cost                     | t Reimbursement Plan                        | ning and Finance   |
| Permanent File       |                                       |             |                                   |                                             | <i>3</i>           |
| For inform           | nation Only                           |             |                                   |                                             |                    |
| No Chang             | ge in Rate                            |             |                                   |                                             |                    |
| Home Office:         | Southern HealthCare Mana              | gement, LLC |                                   |                                             |                    |
| Home Office.         | R. Mark Cronquist                     | = '         |                                   |                                             |                    |
|                      | 5887 Glenridge Drive, Suite           | 150         |                                   |                                             |                    |
|                      | Atlanta GA 30328                      |             |                                   | point we make the                           |                    |
|                      | L                                     |             |                                   |                                             |                    |



V7.006.1.2:OQ5ZT

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

| Boulevard Rehabilitation Center                                                                                                                   |                                                                                           |             |                                                              | Provider Number:                                                                                              | 0 263613-00             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------|
| 2839 South Seacrest Boulevard                                                                                                                     |                                                                                           |             |                                                              |                                                                                                               | 11/2/2012               |
| Boynton Beach FL 33435                                                                                                                            |                                                                                           |             |                                                              | Fiscal Year End:                                                                                              | 12/31/2007              |
|                                                                                                                                                   |                                                                                           |             |                                                              | Audit Status:                                                                                                 | Unaudited [3]           |
| Provider Type:  Nursing Home Single                                                                                                               | Level                                                                                     | *****       | Current Rate 203.39                                          | New Rate 203.27                                                                                               | Effective Date 7/1/2009 |
| Level H:                                                                                                                                          | AIDS                                                                                      | ,           | 343.74                                                       | 343.62                                                                                                        | 7/1/2009                |
| Level U:                                                                                                                                          | Fragile Under 21                                                                          |             | 456.36                                                       | 456.24                                                                                                        | 7/1/2009                |
| Prior Provide                                                                                                                                     |                                                                                           |             | I                                                            | Cotal Prospective Prospective Adjusted Total Prospective with                                                 |                         |
| Basis:  Budget X Unaudited costs Field audited costs Field audit - interim po Desk audited costs Desk Audit - Interim Po Desk Audit - Prospective | rtion                                                                                     | Changes:  X | Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Seme | Rating Change Customary Limitation te limitation change ange FA & RFA #NH06-ester Change [2] as of 09/29/1988 |                         |
| <b><u>Distribution:</u></b> Contract Management / Fisca                                                                                           | al Agent                                                                                  | Med         | licaid Cost                                                  | Thomas Parker Reimbursement Plan                                                                              | ning and Finance        |
| Permanent File For information Only No Change in Rate                                                                                             |                                                                                           |             |                                                              |                                                                                                               | 0                       |
| R. M<br>5887                                                                                                                                      | thern HealthCare Manageme<br>Tark Cronquist<br>Glenridge Drive, Suite 150<br>hta GA 30328 |             |                                                              |                                                                                                               |                         |



| Boulevard Rehabilitation                                                                     | Center                                                                                            |        |                                                  | Provider Number:                                                                                                       | 0 263613-00             |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 2839 South Seacrest Bou                                                                      | levard                                                                                            | •      |                                                  | Date:                                                                                                                  | 11/2/2012               |
| Boynton Beach FL 33435                                                                       |                                                                                                   | -      |                                                  | Fiscal Year End:                                                                                                       | 12/31/2008              |
|                                                                                              |                                                                                                   |        |                                                  | Audit Status:                                                                                                          | Unaudited [3]           |
| Provider Type:  Nursing Home                                                                 | Single Level                                                                                      |        | Current<br>Rate                                  | New <u>Rate</u> 198.10                                                                                                 | Effective Date 1/1/2010 |
| ruising nome                                                                                 | niigie Levei                                                                                      | ,      | 170.22                                           |                                                                                                                        | 1/1/2010                |
| L                                                                                            | evel H: AIDS                                                                                      |        | 340.14                                           | 340.02                                                                                                                 | 1/1/2010                |
| L                                                                                            | evel U: Fragile Under 21                                                                          |        | 454.02                                           | 453.90                                                                                                                 | 1/1/2010                |
| Inter Settle                                                                                 | I Interim im Component ement based on costs Provider Prospective data                             | X      | ***************************************          | e<br>Total Prospective<br>Prospective Adjusted to<br>Total Prospective with                                            |                         |
| Budget X Unaudited costs Field audited co Field audit - int Desk audited co Desk audit - Int | erim portion                                                                                      | Change | Licensure Usual and Target Ra FRVS Ch Effects of | e Rating Change d Customary Limitation ate limitation change nange f FA & RFA #NH06- ester Change [2] as of 09/29/1988 |                         |
| Distribution:                                                                                |                                                                                                   |        | 75                                               | Thomas Parker                                                                                                          |                         |
| Contract Managemer Permanent File For informatio No Change in                                | n Only                                                                                            | M      | fedicaid Cost                                    | Reimbursement Plann                                                                                                    | ning and Finance        |
| Home Office:                                                                                 | Southern HealthCare Manag<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | ,      |                                                  |                                                                                                                        |                         |



| Boulevard Rehabilitation Center                                                                                                                      |              |                                                                                                                                                                          | Provider Number:                                              | 0 263613-00       |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------|--|--|
| 2839 South Seacrest Boulevard                                                                                                                        | <del>-</del> |                                                                                                                                                                          | Date:                                                         | 11/2/2012         |  |  |
| Boynton Beach FL 33435                                                                                                                               | <u></u>      |                                                                                                                                                                          | Fiscal Year End:                                              | 12/31/2008        |  |  |
|                                                                                                                                                      |              |                                                                                                                                                                          | Audit Status:                                                 | Unaudited [3]     |  |  |
| Provider Type:                                                                                                                                       | _            | Current<br>Rate                                                                                                                                                          | New<br>Rate                                                   | Effective<br>Date |  |  |
| Nursing Home Single Level                                                                                                                            | _            | 202.40                                                                                                                                                                   |                                                               | 7/1/2010          |  |  |
| Level H: AIDS                                                                                                                                        | _            | 345.74                                                                                                                                                                   | 345.62                                                        | 7/1/2010          |  |  |
| Level U: Fragile Under 21                                                                                                                            | _            | 460.77                                                                                                                                                                   | 460.65                                                        | 7/1/2010          |  |  |
| Interim  Total Interim Interim Component Settlement based on costs Prior Provider Prospective data  Basis:  Budget                                   | Changes      | :]                                                                                                                                                                       | Total Prospective Prospective Adjusted Total Prospective with |                   |  |  |
| X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion | X            | Usual and Customary Limitation Target Rate limitation change FRVS Change  K Effects of FA & RFA #NH06-154J FYE 06/30/04 Rate Semester Change On FRV [2] as of 09/29/1988 |                                                               |                   |  |  |
| Distribution:                                                                                                                                        |              | 76/                                                                                                                                                                      | Thomas Parker                                                 |                   |  |  |
| Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate                                                             |              | edicaid Cost                                                                                                                                                             | t Reimbursement Plan:                                         | ning and Finance  |  |  |
| Home Office: Southern HealthCare Mana R. Mark Cronquist 5887 Glenridge Drive, Suite Atlanta GA 30328                                                 |              |                                                                                                                                                                          |                                                               |                   |  |  |



| Boulevard Rehabilitation Center               |                                                                      |          |                                                             | Pr                                        | ovider Number:               | 0 263613-00              |
|-----------------------------------------------|----------------------------------------------------------------------|----------|-------------------------------------------------------------|-------------------------------------------|------------------------------|--------------------------|
| 2839 South Seacrest Bo                        | <del>-</del><br>-                                                    |          |                                                             | Date:                                     | 11/2/2012                    |                          |
| Boynton Beach FL 334                          | 35                                                                   | ·        |                                                             | Fi                                        | scal Year End:               | 12/31/2009               |
|                                               | ·                                                                    |          |                                                             |                                           | Audit Status:                | Unaudited [3]            |
| Provider Type:                                |                                                                      |          |                                                             |                                           | Tiwati States                |                          |
|                                               |                                                                      |          | Current                                                     |                                           | New                          | Effective                |
|                                               |                                                                      |          | Rate                                                        |                                           | Rate                         | Date                     |
| Nursing Home                                  | Single Level                                                         | Ni       | 203.47                                                      |                                           | 203.35                       | 1/1/2011                 |
|                                               | Level H: AIDS                                                        | _        | 348.33                                                      | ,                                         | 348.21                       | 1/1/2011                 |
|                                               | Level U: Fragile Under 21                                            |          | 464.58                                                      |                                           | 464.46                       | 1/1/2011                 |
|                                               | otal Interim<br>terim Component                                      | X        |                                                             | Total                                     | Prospective pective Adjusted | for New Costs            |
| Set                                           | ttlement based on costs                                              |          |                                                             | Total                                     | Prospective wit              | h Interim Component      |
| Pri                                           | or Provider Prospective data                                         |          |                                                             |                                           |                              |                          |
| Basis:                                        |                                                                      | Changes: |                                                             |                                           |                              |                          |
| Desk audited Desk audit - I Desk Audit -      | costs<br>interim portion                                             | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Sem | d Cus<br>ate lin<br>ange<br>f FA<br>ester | & RFA #NH06                  | on<br>-154J FYE 06/30/04 |
| <b>Distribution:</b>                          |                                                                      |          | 20                                                          | $\mathcal{I}_{\mathrm{Th}}$               | omas Parker                  |                          |
| Contract Managerr Permanent File For informat | cion Only                                                            | Med      | licaid Cost                                                 | Rein                                      | nbursement Plan              | ning and Finance         |
| No Change                                     |                                                                      |          |                                                             |                                           |                              |                          |
| Home Office:                                  | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |          |                                                             |                                           |                              |                          |



| Boulevard Rehabilita          | tion Center                                  |              |                                       | Provider Number:                      | 0 263613-00       |  |
|-------------------------------|----------------------------------------------|--------------|---------------------------------------|---------------------------------------|-------------------|--|
| 2839 South Seacrest Boulevard |                                              |              |                                       | Date:                                 | 11/2/2012         |  |
| Boynton Beach FL 3:           | 3435                                         |              |                                       | Fiscal Year End:                      | 12/31/2009        |  |
| ·                             |                                              |              |                                       | Audit Status:                         | Unaudited [3]     |  |
| Provider Type:                |                                              |              |                                       |                                       |                   |  |
|                               |                                              |              | Current                               | New                                   | Effective         |  |
|                               | ~                                            | _            | Rate                                  | Rate                                  | Date              |  |
| Nursing Home                  | Single Level                                 |              | 196.40                                | <u>196.28</u> _                       | 7/1/2011          |  |
|                               | Level H: AIDS                                |              | 342.60                                | 342.48                                | 7/1/2011          |  |
|                               | Level U: Fragile Under 21                    | _            | 459.93                                | 459.81                                | 7/1/2011          |  |
|                               |                                              |              | , ···                                 |                                       |                   |  |
|                               |                                              | , , ,        | · · · · · · · · · · · · · · · · · · · | ***                                   |                   |  |
| Rate Type:                    |                                              |              |                                       |                                       |                   |  |
| Interim                       | •                                            | x            | Prospectiv                            | re                                    |                   |  |
| ,                             | Total Interim                                | ,            | X                                     | Total Prospective                     |                   |  |
|                               | Interim Component                            |              |                                       | Prospective Adjusted for New Costs    |                   |  |
|                               | Settlement based on costs                    |              |                                       | Total Prospective with                | Interim Component |  |
| )                             | Prior Provider Prospective data              |              |                                       |                                       |                   |  |
| Basis:                        |                                              | Changes      |                                       |                                       |                   |  |
|                               |                                              |              |                                       |                                       |                   |  |
| Budget                        |                                              |              | Licensur                              | e Rating Change                       |                   |  |
| X Unaudited                   | costs                                        |              | Usual an                              | d Customary Limitatio                 | on                |  |
| Field audit                   | ed costs                                     |              | _                                     | ate limitation change                 |                   |  |
|                               | - interim portion                            |              | FRVS C                                |                                       |                   |  |
| Desk audite                   |                                              | X            |                                       | f FA & RFA #NH06-                     | 154J FYE 06/30/04 |  |
| ******                        | - Interim Portion<br>t - Prospective portion |              |                                       | nester Change<br>[2] as of 09/29/1988 |                   |  |
| Distribution:                 | 1 - Frospective portion                      |              |                                       | )                                     |                   |  |
|                               | 4 / T' 1 A                                   |              | 0                                     | Thomas Parker                         |                   |  |
| _                             | ement / Fiscal Agent                         | Me           | edicaid Cos                           | t Reimbursement Plan                  | ning and Finance  |  |
| Permanent File                |                                              |              |                                       |                                       |                   |  |
|                               | nation Only                                  |              |                                       |                                       |                   |  |
| No Chang                      | ge in Rate                                   |              |                                       |                                       |                   |  |
| Home Office:                  | Southern HealthCare Man                      | agement, LLC |                                       |                                       |                   |  |
|                               | R. Mark Cronquist                            |              |                                       |                                       |                   |  |
|                               | 5887 Glenridge Drive, Suit                   | te 150       |                                       |                                       |                   |  |
|                               | Atlanta GA 30328                             |              |                                       |                                       |                   |  |
|                               |                                              |              |                                       |                                       |                   |  |



| Boulevard Rehabilitation | n Center                     |             |                                    | Provider Number:       | 0 263613-00       |  |  |
|--------------------------|------------------------------|-------------|------------------------------------|------------------------|-------------------|--|--|
| 2839 South Seacrest Bo   | ulevard                      | Date: 11/   |                                    |                        | 11/2/2012         |  |  |
| Boynton Beach FL 3343    | 35                           | -           |                                    | Fiscal Year End:       | 12/31/2010        |  |  |
|                          |                              |             |                                    | Audit Status:          | Unaudited [3]     |  |  |
| Provider Type:           | •                            |             |                                    |                        |                   |  |  |
| • •                      |                              |             | Current                            | New                    | Effective         |  |  |
|                          |                              | •           | Rate                               | Rate                   | Date              |  |  |
| Nursing Home             | Single Level                 | _           | 191.03                             | 190.92                 | 1/1/2012          |  |  |
|                          | Level H: AIDS                |             | 338.64                             | 338.53                 | 1/1/2012          |  |  |
|                          | Level U: Fragile Under 21    | _           | 457.10                             | 456.99                 | 1/1/2012          |  |  |
| Rate Type:               |                              |             |                                    |                        |                   |  |  |
| Interim                  |                              | X           | Prospectiv                         | e                      |                   |  |  |
| Tot                      | al Interim                   |             | <u>X</u>                           | Total Prospective      |                   |  |  |
|                          | erim Component               |             | Prospective Adjusted for New Costs |                        |                   |  |  |
| Sett                     | tlement based on costs       |             |                                    | Total Prospective with | Interim Component |  |  |
| Pric                     | or Provider Prospective data |             |                                    |                        |                   |  |  |
| Basis:                   |                              | Changes:    |                                    |                        |                   |  |  |
| D. 1                     |                              |             | Licencura                          | e Rating Change        |                   |  |  |
| Budget  X Unaudited cos  | rto                          |             |                                    | d Customary Limitation | n                 |  |  |
| Field audited            |                              |             |                                    | ite limitation change  | 11                |  |  |
|                          | nterim portion               |             | FRVS Ch                            | -                      |                   |  |  |
| Desk audited of          | _                            | X           | Effects of                         | f FA & RFA #NH06-      | 154J FYE 06/30/04 |  |  |
| Desk audit - Ir          |                              |             |                                    | ester Change           |                   |  |  |
| Desk Audit - F           | Prospective portion          |             | On FRV                             | [2] as of 09/29/1988   |                   |  |  |
| Distribution:            |                              |             | アノ                                 | Thomas Parker          |                   |  |  |
| Contract Manageme        | ent / Fiscal Agent           | Med         | dicaid Cost                        | Reimbursement Plann    | ning and Finance  |  |  |
| Permanent File           |                              |             |                                    |                        |                   |  |  |
| For informati            | on Only                      |             |                                    |                        |                   |  |  |
| No Change in             | n Rate                       |             |                                    |                        |                   |  |  |
| Home Office:             | Southern HealthCare Mana     | gement, LLC |                                    |                        |                   |  |  |
|                          | R. Mark Cronquist            |             |                                    |                        |                   |  |  |
|                          | 5887 Glenridge Drive, Suite  | 150         |                                    |                        |                   |  |  |
|                          | Atlanta GA 30328             |             |                                    | ,                      |                   |  |  |
|                          |                              |             |                                    |                        |                   |  |  |



| Boulevard Rehabilitat                                     | ion Center                                                           |          |                              | Provider Number:                                                                                                                  | 0 263613-00             |
|-----------------------------------------------------------|----------------------------------------------------------------------|----------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 2839 South Seacrest E                                     |                                                                      |          |                              | Date:                                                                                                                             | 11/2/2012               |
| Boynton Beach FL 33                                       | 435                                                                  |          |                              | Fiscal Year End:                                                                                                                  | 12/31/2011              |
|                                                           |                                                                      |          |                              | Audit Status:                                                                                                                     | Unaudited [3]           |
| Provider Type: Nursing Home                               | Single Level                                                         | _        | Current Rate 197.68          | New Rate 197.57                                                                                                                   | Effective Date 7/1/2012 |
| rear offig 110 me                                         | Single Devel                                                         |          | 177.00                       |                                                                                                                                   | 7/1/2012                |
|                                                           | Level H: AIDS                                                        |          | 346.89                       | 346.78                                                                                                                            | 7/1/2012                |
|                                                           | Level U: Fragile Under 21                                            | _        | 466.64                       | 466.53                                                                                                                            | 7/1/2012                |
| Basis:  Budget X Unaudited of Field audited Field audited | ed costs - interim portion                                           | Changes: | Licensure Usual and Target R | Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation ate limitation change hange | n Interim Component     |
|                                                           | d costs Interim Portion Prospective portion                          | <u> </u> | Rate Sem                     | f FA & RFA #NH06-<br>nester Change<br>[2] as of 09/29/1988                                                                        | -154J FYE 06/30/04      |
| <b>Distribution:</b>                                      |                                                                      |          | 2//                          | )<br>Thomas Parker                                                                                                                |                         |
| Contract Manage Permanent File For inform No Change       | ·                                                                    | Me       | dicaid Cos                   | t Reimbursement Plan                                                                                                              | ning and Finance        |
| Home Office:                                              | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |          |                              |                                                                                                                                   |                         |



| Palm City Nursing and Rehab 2505 SW Martin Highway                                      |                                                                            |             |                                                        | Provider Number:                                                                                                          | 0 263621-00              |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|
|                                                                                         |                                                                            |             |                                                        | Date:                                                                                                                     | 11/7/2012                |
| Palm City FL 34990                                                                      |                                                                            |             | Fiscal Year End:                                       |                                                                                                                           | 6/30/2004                |
|                                                                                         |                                                                            |             |                                                        | Audit Status:                                                                                                             | Revised Field Audit [5]  |
| Provider Type:  Nursing Home                                                            | Single Level                                                               | _           | Current Rate 163.84                                    | New <u>Rate</u> 161.48                                                                                                    | Effective Date  1/1/2006 |
|                                                                                         |                                                                            |             | 100.01                                                 |                                                                                                                           | 1/1/2000                 |
| I                                                                                       | Level H: AIDS                                                              | _           | 288.95                                                 | 286.59                                                                                                                    | 1/1/2006                 |
| I                                                                                       | Level U: Fragile Under 21                                                  | _           | 389.33                                                 | 386.97                                                                                                                    | 1/1/2006                 |
| Inter X Settl                                                                           | al Interim rim Component lement based on costs r Provider Prospective data | X Changes:  |                                                        | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with                                                  |                          |
| Budget Unaudited cost X Field audited c Field audit - in Desk audited c Desk audit - In | osts terim portion osts                                                    | X           | Licensure Usual and Target Ra FRVS Ch FA & RI Rate Sem | e Rating Change Id Customary Limitation the limitation change nange FA NH06-158J FYE ( lester Change [2] as of 10/19/1993 |                          |
| Distribution:                                                                           |                                                                            |             | M                                                      | Thomas Parker                                                                                                             |                          |
| Contract Manageme Permanent File For information No Change in Home Office:              | on Only Rate Southern HealthCare Mana R. Mark Cronquist                    | gement, LLC | edicaid Cost                                           | Reimbursement Plan                                                                                                        | ning and Finance         |
|                                                                                         | 5887 Glenridge Drive, Suite<br>Atlanta GA 30328                            | 150         |                                                        |                                                                                                                           |                          |



| Palm City Nursing and I          | Rehab                                                                |             |                 | Provider Number:              | 0 263621-00             |
|----------------------------------|----------------------------------------------------------------------|-------------|-----------------|-------------------------------|-------------------------|
| 2505 SW Martin Highw             | ay                                                                   | •           |                 | Date:                         | 11/7/2012               |
| Palm City FL 34990               |                                                                      | •           |                 | Fiscal Year End:              | 6/30/2004               |
|                                  |                                                                      |             |                 | Audit Status:                 | Revised Field Audit [5] |
| Provider Type:                   |                                                                      | -           | Current<br>Rate | New<br>Rate                   | Effective<br>Date       |
| Nursing Home                     | Single Level                                                         | -           | 167.03          | 164.65                        | 7/1/2006                |
| i                                | Level H: AIDS                                                        |             | 294.16          | 291.78                        | 7/1/2006`               |
| ì                                | Level U: Fragile Under 21                                            |             | 396.16          | 393.78                        | 7/1/2006                |
| •                                |                                                                      |             |                 |                               |                         |
| Rate Type:                       |                                                                      |             |                 |                               |                         |
| Interim                          |                                                                      | x           | Prospectiv      | ve                            |                         |
| Tot                              | al Interim                                                           |             |                 | Total Prospective             |                         |
| Inte                             | terim Component Prospective Adjusted for New                         |             |                 | for New Costs                 |                         |
| X Sett                           | lement based on costs                                                |             |                 | Total Prospective with        | Interim Component       |
| Prio                             | or Provider Prospective data                                         |             |                 |                               |                         |
| Basis:                           |                                                                      | Changes     | :               |                               |                         |
|                                  |                                                                      |             | 7 !             | . Daving Ohmon                |                         |
| Budget                           |                                                                      |             |                 | e Rating Change               |                         |
| Unaudited cos  X Field audited o |                                                                      |             |                 | d Customary Limitation thange | on                      |
| Field audit - ir                 |                                                                      |             | FRVS Cl         | _                             |                         |
| Desk audited o                   | _                                                                    | <u> X</u>   |                 | 50<br>FA NH06-158J FYE (      | 5/30/2004               |
| Desk audit - In                  |                                                                      | 1           |                 | ester Change                  | ,,00,200 t              |
| Desk Audit - P                   | Prospective portion                                                  |             | On FRV          | [2] as of 10/19/1993          |                         |
| Distribution:                    | ***************************************                              |             | 7/              | Thomas Parker                 |                         |
| Contract Manageme                | ent / Fiscal Agent                                                   |             | edicaid Cost    | Reimbursement Plani           | ning and Finance        |
| Permanent File                   |                                                                      |             |                 |                               |                         |
| For information                  | on Only                                                              |             |                 |                               |                         |
| No Change in                     | n Rate                                                               |             |                 |                               |                         |
| Home Office:                     | Southern HealthCare Manage                                           | gement, LLC |                 |                               |                         |
| The Canal                        | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | 150         |                 |                               |                         |



| Palm City Nursing and                                 | Rehab                                                                              |               |                        | Provider Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0 263621-00             |
|-------------------------------------------------------|------------------------------------------------------------------------------------|---------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 2505 SW Martin Highv                                  | vay                                                                                |               |                        | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11/7/2012               |
| Palm City FL 34990                                    |                                                                                    |               | Fiscal Year End:       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12/31/2005              |
|                                                       |                                                                                    |               |                        | Audit Status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Unaudited [3]           |
| Provider Type: Nursing Home                           | Single Level                                                                       |               | Current Rate 166.55    | New Rate 165.61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Effective Date 1/1/2007 |
|                                                       | Level H: AIDS                                                                      |               | 296.15                 | 295.21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1/1/2007                |
|                                                       | Level U: Fragile Under 21                                                          | _             | 400.14                 | 399.20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1/1/2007                |
| Se Pri                                                | otal Interim terim Component ttlement based on costs for Provider Prospective data | Changes:      | ]                      | e  Total Prospective  Prospective Adjusted to the prospective with the p |                         |
| Budget X Unaudited co Field audited                   |                                                                                    |               | Usual and              | l Customary Limitation the limitation change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n                       |
| Desk audited Desk audit - 1                           | -                                                                                  | X             | Effects of<br>Rate Sem | f FA & RFA NH06-1<br>ester Change<br>[2] as of 10/19/1993                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 58J FYE 6/30/2004       |
| <b>Distribution:</b>                                  |                                                                                    | $\mathcal{L}$ | 7                      | Thomas Parker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |
| Contract Managen Permanent File For informa No Change | tion Only                                                                          | Med           | dicaid Cost            | Reimbursement Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ning and Finance        |
| Home Office:                                          | R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328               |               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |



| Palm City Nursing and Reha               | m City Nursing and Rehab Provider Number:                           |                                         | 0 263621-00         |                                    |                                  |
|------------------------------------------|---------------------------------------------------------------------|-----------------------------------------|---------------------|------------------------------------|----------------------------------|
| 2505 SW Martin Highway                   |                                                                     | _                                       |                     | Date:                              | 11/7/2012                        |
| Palm City FL 34990                       |                                                                     | _                                       |                     | Fiscal Year End:                   | 12/31/2005                       |
|                                          |                                                                     |                                         |                     | Audit Status:                      | Unaudited [3]                    |
| Provider Type:  Nursing Home Sin         | igle Level                                                          | *************************************** | Current Rate 169.87 | New Rate                           | Effective Date 2/1/2007          |
| nuising frome Sin                        | igie Level                                                          | •                                       | 109.07              | <u>168.94</u> _                    | 2/1/200/                         |
| Lev                                      | el H: AIDS                                                          |                                         | 299.47              | 298.54                             | 2/1/2007                         |
| Lev                                      | el U: Fragile Under 21                                              |                                         | 403.46              | 402.53                             | 2/1/2007                         |
| Rate Type:                               |                                                                     |                                         |                     |                                    |                                  |
| Interim                                  |                                                                     | X                                       | Prospective         |                                    |                                  |
| Total Ir                                 |                                                                     |                                         |                     | otal Prospective                   |                                  |
|                                          | Component ent based on costs                                        |                                         |                     | rospective Adjusted                | for New Costs  Interim Component |
|                                          | ovider Prospective data                                             |                                         | 1                   | otai riospective witi              | i intermi Component              |
|                                          | Ovider Frospective data                                             | Гаі                                     |                     |                                    |                                  |
| Basis:                                   |                                                                     | Changes:                                |                     |                                    |                                  |
| Dudget                                   |                                                                     |                                         | Licensure           | Rating Change                      |                                  |
| Budget  X Unaudited costs                |                                                                     |                                         |                     | Customary Limitation               | on                               |
| Field audited cost                       | S                                                                   |                                         |                     | e limitation change                |                                  |
| Field audit - inter                      | -                                                                   |                                         | FRVS Cha            | <b>O</b>                           |                                  |
| Desk audited costs                       | 1                                                                   | <u> </u>                                |                     | FA & RFA NH06-1                    | 58J FYE 6/30/2004                |
| Desk audit - Interi<br>Desk Audit - Pros |                                                                     |                                         |                     | ster Change<br>2] as of 10/19/1993 |                                  |
| Distribution:                            |                                                                     |                                         |                     | Thomas Parker                      |                                  |
| Contract Management                      | Fiscal Agent                                                        | Med                                     | licaid Cost         | Reimbursement Plan                 | ning and Finance                 |
| Permanent File                           |                                                                     |                                         |                     |                                    | -                                |
| For information (                        | •                                                                   |                                         |                     |                                    |                                  |
| No Change in Ra                          | ite                                                                 |                                         |                     |                                    |                                  |
| Home Office:                             | Southern HealthCare Mana                                            | agement, LLC                            |                     |                                    |                                  |
|                                          | R. Mark Cronquist<br>5887 Glenridge Drive, Suit<br>Atlanta GA 30328 | e 150                                   |                     |                                    |                                  |



| Palm City Nursing and                                                               |                                                                                                  |          |                                                  | Provider Number:                                                                                                         | 0 263621-00             |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------|
|                                                                                     | 5 SW Martin Highway Date:                                                                        |          | Date:                                            | 11/7/2012                                                                                                                |                         |
| Palm City FL 34990                                                                  |                                                                                                  | •        |                                                  | Fiscal Year End:                                                                                                         | 12/31/2005              |
|                                                                                     |                                                                                                  |          |                                                  | Audit Status:                                                                                                            | Unaudited [3]           |
| Provider Type:<br>Nursing Home                                                      | Single Level                                                                                     | _        | Current<br>Rate<br>166.55                        | New Rate 165.61                                                                                                          | Effective Date 3/1/2007 |
|                                                                                     | Level H: AIDS                                                                                    |          | 296.15                                           | 295.21                                                                                                                   | 3/1/2007                |
|                                                                                     | Level U: Fragile Under 21                                                                        | -        | 400.14                                           | 399.20                                                                                                                   | 3/1/2007                |
| Basis:  Budget X Unaudited confield audited Field audited Desk audited Desk audited | d costs interim portion                                                                          | Changes: | Licensure Usual and Target Ra FRVS Ch Effects of | Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change | n Interim Component     |
| Distribution:  Contract Manager  Permanent File  For informa  No Change             | •                                                                                                | Me       | edicaid Cost                                     | Thomas Parker Reimbursement Plant                                                                                        | ning and Finance        |
| Home Office:                                                                        | Southern HealthCare Mana<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | -        |                                                  |                                                                                                                          |                         |



| Palm City Nursing and Rehab                                                                                                                                     |                                | Provider Number:                                                                                                                      | 0 263621-00                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 2505 SW Martin Highway                                                                                                                                          |                                | Date:                                                                                                                                 | 11/7/2012                          |
| Palm City FL 34990                                                                                                                                              |                                | Fiscal Year End:                                                                                                                      | 12/31/2006                         |
|                                                                                                                                                                 |                                | Audit Status:                                                                                                                         | Unaudited [3]                      |
| Provider Type:  Nursing Home Single Level                                                                                                                       | Curren<br>Rate<br><b>180.2</b> | Rate                                                                                                                                  | Effective                          |
| Level H: AIDS                                                                                                                                                   | 312.23                         | 3 312.13                                                                                                                              | 7/1/2007                           |
| Level U: Fragile Under 21                                                                                                                                       | 418.09                         | 417.99                                                                                                                                | 7/1/2007                           |
| Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:                                                   | X Prospe X Changes:            | Total Prospective Prospective Adjusted Total Prospective wit                                                                          | 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 | Usual Targe FRVS X Effect Rate | sure Rating Change and Customary Limitation Rate limitation change Change ts of FA & RFA NH06 Semester Change RV [2] as of 10/19/1993 |                                    |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate                                                      | Medicaid (                     | Thomas Parker Cost Reimbursement Plan                                                                                                 | nning and Finance                  |
| Home Office:  R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328                                                                                 | •                              |                                                                                                                                       |                                    |



| Palm City Nursing and Rehab  |                                                 |             |                                         | Provider Number:        | 0 263621-00         |
|------------------------------|-------------------------------------------------|-------------|-----------------------------------------|-------------------------|---------------------|
| 2505 SW Martin High          | iway                                            |             |                                         | Date:                   | 11/7/2012           |
| Palm City FL 34990           |                                                 |             |                                         | Fiscal Year End:        | 12/31/2006          |
|                              |                                                 |             |                                         | Audit Status:           | Unaudited [3]       |
| Provider Type:               |                                                 |             | Comment                                 | Now                     |                     |
|                              |                                                 |             | Current<br>Rate                         | New<br>Rate             | Effective<br>Date   |
| Nursing Home                 | Single Level                                    | -           | 178.87                                  | 178.77                  | 1/1/2008            |
|                              | Level H: AIDS                                   |             | 312.87                                  | 312.77                  | 1/1/2008            |
|                              | Level U: Fragile Under 21                       |             | 420.39                                  | 420.29                  | 1/1/2008            |
| <u> </u>                     |                                                 |             |                                         | -                       |                     |
| Rate Type:                   |                                                 | v           | Duanuantiva                             |                         |                     |
| Interim                      | Cotal Interim                                   | X           | Prospective X T                         | otal Prospective        |                     |
|                              | nterim Component                                |             |                                         | rospective Adjusted     | for New Costs       |
|                              | ettlement based on costs                        |             |                                         |                         | Interim Component   |
|                              | rior Provider Prospective data                  |             |                                         |                         | •                   |
| Basis:                       |                                                 | Change      | s:                                      |                         |                     |
| Budget                       |                                                 |             | Licensure                               | Rating Change           |                     |
| X Unaudited o                |                                                 |             |                                         | Customary Limitation    | on                  |
| Field audite                 |                                                 |             |                                         | e limitation change     |                     |
| Desk audit                   | - interim portion                               | <u> </u>    | FRVS Cha                                | inge<br>FA & RFA NH06-1 | 501 EVE 6/20/2004   |
|                              | · Interim Portion                               |             |                                         | ester Change            | 300 F I E 0/30/2004 |
| Desk Audit                   | - Prospective portion                           |             |                                         | 2] as of 10/19/1993     |                     |
| Distribution:                |                                                 |             | 78                                      | Thomas Parker           |                     |
| -                            | ement / Fiscal Agent                            | M           | ledicaid Cost                           | Reimbursement Plan      | ning and Finance    |
| Permanent File<br>For inform | ation Only                                      |             |                                         |                         |                     |
|                              | •                                               |             |                                         |                         |                     |
| No Change                    | m vaic                                          |             | •                                       |                         |                     |
| Home Office:                 | Southern HealthCare Mana                        | gement, LLC | *************************************** |                         |                     |
|                              | R. Mark Cronquist                               | 150         |                                         |                         |                     |
|                              | 5887 Glenridge Drive, Suite<br>Atlanta GA 30328 | 130         |                                         |                         |                     |
|                              |                                                 |             |                                         | -                       |                     |



|                                               | Provider Number:                                                                | 0 263621-00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                               | Date:                                                                           | 11/7/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                               | Fiscal Year End:                                                                | 12/31/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                               | Audit Status:                                                                   | Unaudited [3]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Current Rate 180.69                           | New Rate 180.59                                                                 | Effective Date 7/1/2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 316.97                                        | 316.87                                                                          | 7/1/2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 426.32                                        | 426.22                                                                          | 7/1/2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Changes:                                      | Total Prospective Prospective Adjusted Total Prospective with                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Usual ar Target R FRVS C X Effects o Rate Ser | nd Customary Limitation change what the change of FA & RFA NH06-1 nester Change |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| フォ                                            | Thomas Parker                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ent, LLC                                      | t Reimbursement Plan                                                            | ning and Finance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                               | Rate   180.69                                                                   | Current New Rate Rate 180.69 180.59  X Prospective Year End: Audit Status:  X Total Prospective Prospective Adjusted Total Prospective with Total Prospective with Total Prospective William Total Prosp |



| Palm City Nursing and Re                                              | hab                                                                                               |                                                                                                          |                        | Provider Number:                                                   | 0 263621-00                             |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------|-----------------------------------------|
| 2505 SW Martin Highway                                                | 1                                                                                                 |                                                                                                          |                        | Date:                                                              | 12/7/2012                               |
| Palm City FL 34990                                                    |                                                                                                   |                                                                                                          |                        | Fiscal Year End:                                                   | 12/31/2007                              |
|                                                                       |                                                                                                   |                                                                                                          |                        | Audit Status:                                                      | Unaudited [3]                           |
| Provider Type:  Nursing Home  S                                       | ingle Level                                                                                       | _                                                                                                        | Current Rate 178.69    | New Rate 178.60                                                    | Effective Date 1/1/2009                 |
| ruising frome                                                         | ingle nevel                                                                                       |                                                                                                          | 170.09                 |                                                                    | 1/1/2009                                |
| Le                                                                    | evel H: AIDS                                                                                      |                                                                                                          | 317.04                 | 316.95                                                             | 1/1/2009                                |
| Le                                                                    | evel U: Fragile Under 21                                                                          | _                                                                                                        | 428.05                 | 427.96                                                             | 1/1/2009                                |
| Rate Type :                                                           |                                                                                                   |                                                                                                          |                        |                                                                    | *                                       |
| Interim                                                               |                                                                                                   | X                                                                                                        | Prospectiv             | re                                                                 |                                         |
|                                                                       | Interim                                                                                           |                                                                                                          |                        | Total Prospective                                                  |                                         |
|                                                                       | m Component                                                                                       |                                                                                                          |                        | Prospective Adjusted                                               |                                         |
| -                                                                     | ment based on costs                                                                               |                                                                                                          |                        | Total Prospective with                                             | Interim Component                       |
| Prior                                                                 | Provider Prospective data                                                                         |                                                                                                          |                        |                                                                    | *************************************** |
| Basis:                                                                |                                                                                                   | Changes:                                                                                                 |                        |                                                                    |                                         |
| Budget X Unaudited costs Field audited co                             | osts                                                                                              |                                                                                                          | Usual and<br>Target Ra | e Rating Change<br>d Customary Limitation<br>ate limitation change | on                                      |
| Field audit - into Desk audited co Desk audit - Into Desk Audit - Pro | sts                                                                                               | FRVS Change  X Effects of FA & RFA NH06-158J FYE 6/30/2 Rate Semester Change On FRV [2] as of 10/19/1993 |                        |                                                                    | 58J FYE 6/30/2004                       |
| <b>Distribution:</b>                                                  |                                                                                                   |                                                                                                          | Y                      | Thomas Parker                                                      |                                         |
| Contract Managemen                                                    | nt / Fiscal Agent                                                                                 | Me                                                                                                       | dicaid Cost            | t Reimbursement Plan                                               | ning and Finance                        |
| Permanent File                                                        |                                                                                                   |                                                                                                          |                        |                                                                    | <del>-</del>                            |
| For information                                                       | n Only                                                                                            |                                                                                                          |                        |                                                                    |                                         |
| No Change in                                                          | Rate                                                                                              |                                                                                                          |                        |                                                                    |                                         |
| Home Office:                                                          | Southern HealthCare Manag<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |                                                                                                          |                        |                                                                    |                                         |



| Palm City Nursing and Rehab |                                         |              |             | Provider Number:                     | 0 263621-00       |
|-----------------------------|-----------------------------------------|--------------|-------------|--------------------------------------|-------------------|
| 2505 SW Martin Hig          | hway                                    | -            |             | Date:                                | 11/7/2012         |
| Palm City FL 34990          |                                         | _            |             | Fiscal Year End:                     | 12/31/2007        |
|                             |                                         |              |             | Audit Status:                        | Unaudited [3]     |
| Provider Type:              |                                         |              |             |                                      |                   |
| • •                         |                                         |              | Current     | New                                  | Effective         |
|                             | 0. 1.7. 1                               | -            | Rate        | Rate                                 | Date              |
| Nursing Home                | Single Level                            | ***          | 163.71      | 163.63                               | 3/1/2009          |
|                             | Level H: AIDS                           |              | 302.06      | 301.98                               | 3/1/2009          |
|                             | Level U: Fragile Under 21               |              | 413.07      | 412.99                               | 3/1/2009          |
|                             |                                         |              |             |                                      |                   |
| Rate Type:                  |                                         |              |             |                                      |                   |
| Interim                     |                                         | X            | Prospectiv  | e                                    |                   |
|                             | Total Interim                           |              |             | Total Prospective                    |                   |
|                             | Interim Component                       |              | -           | Prospective Adjusted                 |                   |
|                             | Settlement based on costs               |              |             | Total Prospective with               | Interim Component |
| 1                           | Prior Provider Prospective data         |              |             |                                      |                   |
| Basis:                      |                                         | Changes:     |             |                                      |                   |
| Budget                      |                                         |              | Licensure   | e Rating Change                      |                   |
| X Unaudited                 | costs                                   |              | •           | d Customary Limitatio                | on                |
| Field audit                 | ed costs                                |              |             | ate limitation change                |                   |
| Field audit                 | - interim portion                       |              | FRVS Cl     | nange                                |                   |
| Desk audite                 |                                         | <u> </u>     | -           | f FA & RFA NH06-1                    | 58J FYE 6/30/2004 |
|                             | - Interim Portion - Prospective portion |              |             | ester Change<br>[2] as of 10/19/1993 |                   |
| Distribution:               | 1100pative position                     |              | 20          |                                      |                   |
|                             | ement / Fiscal Agent                    |              | <u> </u>    | Thomas Parker                        |                   |
| Permanent File              | ······································  | Me           | dicaid Cost | Reimbursement Plan                   | ning and Finance  |
|                             | nation Only                             |              |             |                                      |                   |
| No Chang                    | -                                       |              |             |                                      |                   |
|                             | Southern HealthCare Mana                | agement IIC  |             |                                      |                   |
| Home Office:                | R. Mark Cronquist                       | igement, LLC |             |                                      |                   |
|                             | 5887 Glenridge Drive, Suite             | e 150        |             |                                      |                   |
|                             | Atlanta GA 30328                        |              |             |                                      |                   |
|                             |                                         |              |             |                                      |                   |



| Palm City Nursing and | Rehab                               |            |                                         | Provider Number:                           | 0 263621-00                             |
|-----------------------|-------------------------------------|------------|-----------------------------------------|--------------------------------------------|-----------------------------------------|
| 2505 SW Martin Highv  | vay                                 |            |                                         | Date:                                      | 11/7/2012                               |
| Palm City FL 34990    |                                     |            |                                         | Fiscal Year End:                           | 12/31/2007                              |
|                       |                                     |            |                                         | Audit Status:                              | Unaudited [3]                           |
| Provider Type:        |                                     |            |                                         | That Status.                               | Ottoballo [5]                           |
|                       |                                     |            | Current                                 | New                                        | Effective                               |
|                       |                                     | -          | Rate                                    | Rate                                       | Date                                    |
| Nursing Home          | Single Level                        |            | 201.41                                  |                                            | 4/1/2009                                |
|                       | Level H: AIDS                       |            | 339.76                                  | 339.67                                     | 4/1/2009                                |
|                       | Level U: Fragile Under 21           | _          | 450.77                                  | 450.68                                     | 4/1/2009                                |
| Rate Type :           |                                     |            |                                         |                                            |                                         |
| Interim               |                                     | X          | Prospectiv                              |                                            |                                         |
|                       | otal Interim<br>terim Component     |            |                                         | Total Prospective<br>Prospective Adjusted: | for Now Costs                           |
|                       | ttlement based on costs             |            | *************************************** | Total Prospective with                     |                                         |
|                       | ior Provider Prospective data       |            | *************************************** | Total Prospective with                     | i internir Component                    |
|                       |                                     | Changes    |                                         |                                            |                                         |
| Basis:                |                                     | Changes:   | J                                       |                                            |                                         |
| Budget                |                                     |            | Licensure                               | e Rating Change                            |                                         |
| X Unaudited co        | ests                                |            |                                         | d Customary Limitatio                      | on                                      |
| Field audited         | costs                               |            |                                         | ate limitation change                      |                                         |
| Field audit -         | interim portion                     |            | FRVS C                                  | _                                          |                                         |
| Desk audited          |                                     | X          |                                         | f FA & RFA NH06-1                          | 58J FYE 6/30/2004                       |
|                       | Interim Portion Prospective portion |            |                                         | lester Change<br>[2] as of 10/19/1993      |                                         |
| Distribution:         |                                     |            | 8                                       | Thomas Parker                              | *************************************** |
| •                     | nent / Fiscal Agent                 | Med        | dicaid Cost                             | Reimbursement Plan                         | ning and Finance                        |
| Permanent File        |                                     |            |                                         |                                            |                                         |
| For informa           | -                                   |            |                                         |                                            |                                         |
| No Change             | in Rate                             |            |                                         |                                            |                                         |
| Home Office:          | Southern HealthCare Manag           | ement, LLC |                                         |                                            |                                         |
|                       | R. Mark Cronquist                   |            |                                         |                                            |                                         |
|                       | 5887 Glenridge Drive, Suite         | 150        |                                         |                                            |                                         |
|                       | Atlanta GA 30328                    |            |                                         |                                            |                                         |



| Palm City Nursing and R | ehab                                                                                                      |          |              | Provider Number:             | 0 263621-00       |
|-------------------------|-----------------------------------------------------------------------------------------------------------|----------|--------------|------------------------------|-------------------|
| 2505 SW Martin Highwa   | у                                                                                                         |          |              | Date:                        | 11/7/2012         |
| Palm City FL 34990      |                                                                                                           |          |              | Fiscal Year End:             | 12/31/2007        |
|                         |                                                                                                           |          |              | Audit Status:                | Unaudited [3]     |
| Provider Type:          |                                                                                                           |          | Current Rate | New<br>Rate                  | Effective<br>Date |
| Nursing Home            | Single Level                                                                                              |          | 206.07       |                              | 7/1/2009          |
| I                       | Level H: AIDS                                                                                             | _        | 346.42       | 346.32                       | 7/1/2009          |
| I                       | evel U: Fragile Under 21                                                                                  |          | 459.04       | 458.94                       | 7/1/2009          |
|                         |                                                                                                           |          |              |                              |                   |
| Rate Type:              |                                                                                                           | X        | Prospective  |                              |                   |
|                         | ıl Interim                                                                                                |          | -            | Total Prospective            |                   |
| Inter                   | rim Component                                                                                             |          |              | Prospective Adjusted         | for New Costs     |
| Settl                   | ement based on costs                                                                                      |          | 7            | Total Prospective with       | Interim Component |
| Prior                   | r Provider Prospective data                                                                               |          |              |                              |                   |
| Basis:                  |                                                                                                           | Changes: |              | -                            |                   |
| Budget                  |                                                                                                           |          | Licensure    | Rating Change                |                   |
| X Unaudited cost        | s                                                                                                         |          | Usual and    | Customary Limitatio          | n                 |
| Field audited c         | osts                                                                                                      |          |              | te limitation change         |                   |
| Field audit - in        | -   -                                                                                                     |          | FRVS Ch      | ŭ                            |                   |
| Desk audited co         | 1 1 -                                                                                                     | <u>X</u> |              | FA & RFA NH06-1 ester Change | 58J FYE 6/30/2004 |
|                         | rospective portion                                                                                        |          |              | 2] as of 10/19/1993          |                   |
| Distribution:           |                                                                                                           |          | 5            | Thomas Parker                |                   |
| Contract Manageme       | ent / Fiscal Agent                                                                                        | Med      | dicaid Cost  | Reimbursement Plani          | ning and Finance  |
| Permanent File          |                                                                                                           |          |              |                              | •                 |
| For information         | -                                                                                                         |          |              |                              |                   |
| No Change in            | Rate                                                                                                      |          |              |                              |                   |
| Home Office:            | Southern HealthCare Managemer<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite 150<br>Atlanta GA 30328 | nt, LLC  |              |                              |                   |



| Palm City Nursing and Rehab                            |                                                                                                  |          |                      | Provider Number:                                                                                                            | 0 263621-00             |  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------|----------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| 2505 SW Martin Highw                                   | ⁄ay                                                                                              | •        |                      |                                                                                                                             | 11/7/2012               |  |
| Palm City FL 34990                                     |                                                                                                  |          |                      |                                                                                                                             | 12/31/2008              |  |
|                                                        |                                                                                                  |          |                      | Audit Status:                                                                                                               | Unaudited [3]           |  |
| Provider Type: Nursing Home                            | Single Level                                                                                     |          | Current Rate 195.86  | New Rate 195.77                                                                                                             | Effective Date 1/1/2010 |  |
|                                                        | Level H: AIDS                                                                                    |          | 337.7 <b>8</b>       | 337.69                                                                                                                      | 1/1/2010                |  |
|                                                        | Level U: Fragile Under 21                                                                        | _        | 451.66               | 451.57                                                                                                                      | 1/1/2010                |  |
| Basis:  Budget X Unaudited co Field audited            |                                                                                                  | Changes: | Licensur<br>Usual an | Total Prospective Prospective Adjusted: Total Prospective with e Rating Change d Customary Limitation ate limitation change | Interim Component       |  |
| Desk audited Desk audit - I                            | -                                                                                                | X        | Effects of Rate Sem  | of FA & RFA NH06-1<br>nester Change<br>[2] as of 10/19/1993                                                                 | 58J FYE 6/30/2004       |  |
| <u>Distribution:</u>                                   |                                                                                                  |          | 7                    | Thomas Parker                                                                                                               |                         |  |
| Contract Managem Permanent File For informat No Change | tion Only<br>in Rate                                                                             |          | dicaid Cos           | t Reimbursement Plan                                                                                                        | ning and Finance        |  |
| Home Office:                                           | Southern HealthCare Mana<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |          |                      | -                                                                                                                           |                         |  |



| Palm City Nursing and Rehab                                                                                                                                                                                                |           |                                                             | Provider Number:                                                                                                     | 0 263621-00      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------|
| 2505 SW Martin Highway                                                                                                                                                                                                     | <br>Date: |                                                             | 11/7/2012                                                                                                            |                  |
| Palm City FL 34990                                                                                                                                                                                                         |           | Fiscal Year End: 12/3                                       |                                                                                                                      | 12/31/2009       |
|                                                                                                                                                                                                                            |           |                                                             | Audit Status:                                                                                                        | Unaudited [3]    |
| Provider Type:  Nursing Home Single Level                                                                                                                                                                                  |           | Current Rate 205.04                                         | New Rate 204.94                                                                                                      | Effective        |
| Level H: AIDS                                                                                                                                                                                                              |           | 348.38                                                      | 348.28                                                                                                               | 7/1/2010         |
| Level U: Fragile Under 21                                                                                                                                                                                                  | _         | 463.41                                                      | 463.31                                                                                                               | 7/1/2010         |
| Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data  Basis:                                                                                                              | Changes:  |                                                             | Total Prospective Prospective Adjusted Total Prospective with                                                        |                  |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion                                                                | X         | Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Sem | Rating Change I Customary Limitation the limitation change thange FFA & RFA NH06-1 ester Change [2] as of 10/19/1993 |                  |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Southern HealthCare Manager  R. Mark Cronquist  5887 Glenridge Drive, Suite 15  Atlanta GA 30328 | nent, LLC | dicaid Cost                                                 | Thomas Parker Reimbursement Plan                                                                                     | ning and Finance |



| Palm City Nursing and                                                                                                                                                                                                                 | Rehab                                                                                             |                                         |                                                                                    | Provider Number:                                                                                                            | 0 263621-00                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 2505 SW Martin High                                                                                                                                                                                                                   | way                                                                                               | Date: 1                                 |                                                                                    | 11/7/2012                                                                                                                   |                                        |
| Palm City FL 34990                                                                                                                                                                                                                    |                                                                                                   |                                         |                                                                                    | Fiscal Year End:                                                                                                            | 12/31/2009                             |
|                                                                                                                                                                                                                                       |                                                                                                   |                                         |                                                                                    | Audit Status:                                                                                                               | Unaudited [3]                          |
| Provider Type:<br>Nursing Home                                                                                                                                                                                                        | Single Level                                                                                      | *************************************** | Current Rate 207.39                                                                | New Rate 207.30                                                                                                             | Effective Date 1/1/2011                |
| THE SING TRUIT                                                                                                                                                                                                                        | Single Devel                                                                                      | ******                                  |                                                                                    |                                                                                                                             | 1/1/2011                               |
|                                                                                                                                                                                                                                       | Level H: AIDS                                                                                     |                                         | 352.25                                                                             | 352.16                                                                                                                      | 1/1/2011                               |
|                                                                                                                                                                                                                                       | Level U: Fragile Under 21                                                                         | _                                       | 468.50                                                                             | 468.41                                                                                                                      | 1/1/2011                               |
| Basis:  Budget X Unaudited concentration Field audited Desk Field audited Desk Audited Desk Audited Desk Audited Desk Audited Desk Audited | d costs interim portion l costs Interim Portion Prospective portion ment / Fiscal Agent           | Changes:                                | Licensur<br>Usual and<br>Target R:<br>FRVS CI<br>Effects of<br>Rate Serr<br>On FRV | Total Prospective Prospective Adjusted: Total Prospective with  e Rating Change d Customary Limitatio ate limitation change | Interim Component on 58J FYE 6/30/2004 |
| No Change Home Office:                                                                                                                                                                                                                | Southern HealthCare Manag<br>R. Mark Cronquist<br>5887 Glenridge Drive, Suite<br>Atlanta GA 30328 |                                         |                                                                                    |                                                                                                                             |                                        |



| Palm City Nursing and Reha                                                                                                      | b                                        |              |                                                             | Provider Number:                                                                                                        | 0 263621-00       |   |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------|---|
| 2505 SW Martin Highway                                                                                                          |                                          | -            | Date: 11/7/2012                                             |                                                                                                                         | 11/7/2012         |   |
| Palm City FL 34990                                                                                                              |                                          | -            |                                                             | Fiscal Year End:                                                                                                        | 12/31/2010        | 0 |
|                                                                                                                                 |                                          |              |                                                             | Audit Status:                                                                                                           | Unaudited [3]     |   |
| Provider Type:                                                                                                                  |                                          |              | Current<br>Rate                                             | New<br>Rate                                                                                                             | Effective<br>Date |   |
| Nursing Home Sin                                                                                                                | gle Level                                | <u></u>      | 201.66                                                      |                                                                                                                         | 7/1/2011          |   |
| Leve                                                                                                                            | el H: AIDS                               |              | 347.86                                                      | 347.77                                                                                                                  | 7/1/2011          |   |
| Leve                                                                                                                            | l U: Fragile Under 21                    | _            | 465.19                                                      | 465.10                                                                                                                  | 7/1/2011          |   |
| ***************************************                                                                                         | terim<br>Component<br>ent based on costs | X            | ***************************************                     | re<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with                                               |                   |   |
| Prior Pro  Basis:                                                                                                               | ovider Prospective data                  | Changes:     |                                                             |                                                                                                                         |                   |   |
| Budget X Unaudited costs Field audited costs Field audit - intering Desk audited costs Desk audit - Intering Desk Audit - Prosp | m portion<br>n Portion                   | X            | Usual and<br>Target Ra<br>FRVS CI<br>Effects of<br>Rate Sem | e Rating Change d Customary Limitation ate limitation change hange f FA & RFA NH06-1 hester Change [2] as of 10/19/1993 |                   |   |
| Distribution:                                                                                                                   | decire portion                           |              | 2                                                           |                                                                                                                         |                   |   |
| Contract Management / Permanent File For information C No Change in Ra Home Office:                                             | Only                                     | agement, LLC | dicaid Cost                                                 | Thomas Parker t Reimbursement Plan                                                                                      | ning and Finance  |   |



| Palm City Nursing an                    | d Rehab                         |                                         |            | Provider Number:       | 0 263621-00       |  |
|-----------------------------------------|---------------------------------|-----------------------------------------|------------|------------------------|-------------------|--|
| 2505 SW Martin Higl                     | hway                            | <del>-</del>                            |            | Date:                  | 11/7/2012         |  |
| Palm City FL 34990                      |                                 | -                                       |            | Fiscal Year End:       | 12/31/2010        |  |
|                                         |                                 |                                         |            | Audit Status:          | Unaudited [3]     |  |
| Provider Type:                          |                                 |                                         |            |                        |                   |  |
|                                         |                                 |                                         | Current    | New                    | Effective         |  |
| Nursing Home                            | Single Level                    |                                         | Rate       | Rate                   | Date              |  |
| Nursing Home                            | Single Level                    |                                         | 202.97     |                        | 1/1/2012          |  |
|                                         | Level H: AIDS                   |                                         | 350.58     | 350.49                 | 1/1/2012          |  |
|                                         | Level U: Fragile Under 21       | _                                       | 469.04     | 468.95                 | 1/1/2012          |  |
| Rate Type :                             |                                 |                                         |            |                        |                   |  |
| Interim                                 |                                 | X                                       | Prospectiv | ve                     |                   |  |
|                                         | Total Interim                   |                                         |            | Total Prospective      |                   |  |
|                                         | nterim Component                | Prospective Adjusted for New Costs      |            |                        |                   |  |
|                                         | Settlement based on costs       |                                         |            | Total Prospective with | Interim Component |  |
| 1                                       | Prior Provider Prospective data |                                         |            |                        |                   |  |
| Basis:                                  |                                 | Changes:                                | J          |                        |                   |  |
| Dardons                                 |                                 |                                         | Licensur   | e Rating Change        |                   |  |
| Budget X Unaudited of                   | roets                           | *************************************** | •          | d Customary Limitation | เท                |  |
| Field audite                            |                                 |                                         | _          | ate limitation change  | A1                |  |
| Field audit                             | - interim portion               |                                         | FRVS CI    | hange                  |                   |  |
| Desk audite                             | ed costs                        | X                                       | Effects o  | f FA & RFA NH06-1      | 58J FYE 6/30/2004 |  |
|                                         | - Interim Portion               |                                         |            | nester Change          |                   |  |
|                                         | - Prospective portion           |                                         | On FRV     | [2] as of 10/19/1993   |                   |  |
| Distribution:                           | . (77)                          |                                         | 10         | Thomas Parker          |                   |  |
| •                                       | ement / Fiscal Agent            | Me                                      | dicaid Cos | t Reimbursement Plans  | ning and Finance  |  |
| Permanent File                          | outon Outo                      |                                         |            |                        |                   |  |
| *************************************** | nation Only                     |                                         |            |                        |                   |  |
| No Chang                                | e in Kate                       |                                         |            |                        |                   |  |
| Home Office:                            | Southern HealthCare Mana        | igement, LLC                            |            |                        |                   |  |
|                                         | R. Mark Cronquist               |                                         |            |                        |                   |  |
|                                         | 5887 Glenridge Drive, Suite     | e 150                                   |            | The second             |                   |  |
|                                         | Atlanta GA 30328                |                                         |            |                        |                   |  |



| Palm City Nursing and | d Rehab                               |              |                          | Provider Number:                                          | 0 263621-00       |
|-----------------------|---------------------------------------|--------------|--------------------------|-----------------------------------------------------------|-------------------|
| 2505 SW Martin High   | iway                                  |              | Date: 11/7/20            |                                                           | 11/7/2012         |
| Palm City FL 34990    |                                       | _            | Fiscal Year End: 12/31/2 |                                                           |                   |
|                       |                                       |              |                          | Audit Status:                                             | Unaudited [3]     |
| Provider Type:        |                                       |              |                          | Truan Status.                                             |                   |
| - J.                  |                                       |              | Current                  | New                                                       | Effective         |
|                       |                                       | **********   | Rate                     | Rate                                                      | Date              |
| Nursing Home          | Single Level                          |              | 213.02                   |                                                           | 7/1/2012          |
|                       | Level H: AIDS                         | _            | 362.23                   | 362.14                                                    | 7/1/2012          |
|                       | Level U: Fragile Under 21             |              | 481.98                   | 481.89                                                    | 7/1/2012          |
| Rate Type :           | · · · · · · · · · · · · · · · · · · · |              | _                        |                                                           |                   |
| Interim               |                                       | X            | Prospectiv               | e                                                         |                   |
|                       | otal Interim                          |              |                          | Total Prospective                                         |                   |
|                       | nterim Component                      |              |                          | Prospective Adjusted to                                   |                   |
|                       | ettlement based on costs              |              |                          | Total Prospective with                                    | Interim Component |
| P                     | rior Provider Prospective data        |              |                          |                                                           |                   |
| Basis:                |                                       | Changes:     |                          |                                                           |                   |
|                       |                                       |              | T !                      | Deties Change                                             |                   |
| Budget X Unaudited o  |                                       |              |                          | Rating Change                                             | _                 |
| Field audite          |                                       |              |                          | l Customary Limitation te limitation te limitation change | n                 |
|                       | - interim portion                     |              | FRVS Ch                  |                                                           |                   |
| Desk audite           | -                                     | X            | Effects of               | f FA & RFA NH06-1                                         | 58J FYE 6/30/2004 |
|                       | Interim Portion                       |              |                          | ester Change                                              |                   |
|                       | - Prospective portion                 |              | On FRV                   | [2] as of 10/19/1993                                      |                   |
| <b>Distribution:</b>  |                                       | • /          | 1-6-                     | Thomas Parker                                             |                   |
| <del>-</del>          | ment / Fiscal Agent                   | Med          | dicaid Cost              | Reimbursement Plant                                       | ning and Finance  |
| Permanent File        |                                       |              |                          |                                                           | •                 |
| For inform            | ·                                     |              |                          |                                                           |                   |
| No Change             | e in Rate                             |              |                          |                                                           |                   |
| Home Office:          | Southern HealthCare Man               | agement, LLC |                          |                                                           | •                 |
|                       | R. Mark Cronquist                     |              |                          |                                                           |                   |
|                       | 5887 Glenridge Drive, Suit            | e 150        |                          |                                                           |                   |
|                       | Atlanta GA 30328                      |              |                          |                                                           |                   |



| MCHS - Naples               |                                                                                           |         |                                      | Provider Number:                                                                                   | 0 309958-00             |
|-----------------------------|-------------------------------------------------------------------------------------------|---------|--------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------|
| 3601 Lakewood Blvd          |                                                                                           |         |                                      | Date:                                                                                              | 10/29/2012              |
| Naples FL 34112             |                                                                                           |         |                                      | Fiscal Year End:                                                                                   | 5/31/2005               |
|                             |                                                                                           |         |                                      | Audit Status:                                                                                      | Revised Field Audit [5] |
| Provider Type: Nursing Home | Single Level                                                                              | _       | Current Rate 157.65                  | New Rate 145.01                                                                                    | Effective Date 1/1/2006 |
| Aursing Home                | Single Level                                                                              | _       | 137.03                               |                                                                                                    | 1/1/2000                |
|                             | Level H: AIDS                                                                             | _       | 282.76                               | 270.12                                                                                             | 1/1/2006                |
|                             | Level U: Fragile Under 21                                                                 | -       | 383.14                               | 370.50                                                                                             | 1/1/2006                |
|                             | Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data | Changes |                                      | Total Prospective Prospective Adjusted Total Prospective with                                      |                         |
| Desk audite Desk audit      | ed costs - interim portion                                                                | X       | Usual and Target Ra FRVS Cl Field Au | e Rating Change d Customary Limitation ate limitation change hange dit RFA NH06-196J nester Change |                         |
| Distribution:               |                                                                                           |         | 8                                    | Thomas Parker                                                                                      |                         |
| Permanent File              | ement / Fiscal Agent nation Only te in Rate                                               | M       | edicaid Cost                         | t Reimbursement Plan                                                                               | ning and Finance        |
| Home Office:                | I - No Home Office                                                                        |         |                                      |                                                                                                    |                         |



| MCHS - Naples               |                                                                                           | _          |                                | Provider Number:                                                                                   | 0 309958-00             |
|-----------------------------|-------------------------------------------------------------------------------------------|------------|--------------------------------|----------------------------------------------------------------------------------------------------|-------------------------|
| 3601 Lakewood Blv           | vd                                                                                        | -<br>-     | Date: 10/2                     |                                                                                                    | 10/29/2012              |
| Naples FL 34112             |                                                                                           |            | Fiscal Year End: 5/3           |                                                                                                    | 5/31/2005               |
|                             |                                                                                           |            |                                | Audit Status:                                                                                      | Revised Field Audit [5] |
| Provider Type: Nursing Home | Single Level                                                                              | _          | Current Rate 160.68            | New Rate 147.34                                                                                    | Effective Date 7/1/2006 |
| <b>8</b>                    |                                                                                           |            | _                              |                                                                                                    |                         |
|                             | Level H: AIDS                                                                             |            | 287.81                         | 274.47                                                                                             | 7/1/2006                |
|                             | Level U: Fragile Under 21                                                                 | _          | 389.81                         | 376.47                                                                                             | 7/1/2006                |
| Rate Type : Interim Basis:  | Total Interim Interim Component Settlement based on costs Prior Provider Prospective data | X Changes: |                                | Total Prospective Prospective Adjusted Total Prospective with                                      |                         |
| Desk aud Desk aud           | ited costs<br>lit - interim portion                                                       | X          | Usual and Target Rough FRVS Cl | e Rating Change d Customary Limitation ate limitation change hange dit RFA NH06-196J nester Change |                         |
| Permanent File For infor    | gement / Fiscal Agent                                                                     | Med        | dicaid Cos                     | Thomas Parker t Reimbursement Plans                                                                | ning and Finance        |



| SandalWood Nursing Center                                                                                     |                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Provider Number:                                                                                                      | 0 312045-00             |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1001 South Beach Street                                                                                       |                                   | Date:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/29/2012                                                                                                            |                         |
| Daytona Beach FL 32114                                                                                        |                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fiscal Year End:                                                                                                      | 12/31/2006              |
|                                                                                                               |                                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Audit Status:                                                                                                         | Field Audited [2]       |
| Provider Type:  Nursing Home  Singl                                                                           | e Level                           |          | Current Rate 155.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | New Rate 155.43                                                                                                       | Effective Date 1/1/2006 |
| Level 1                                                                                                       | H: AIDS                           |          | 281.10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 280.54                                                                                                                | 1/1/2006                |
| Level 1                                                                                                       | J: Fragile Under 21               |          | 381.48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 380.92                                                                                                                | 1/1/2006                |
|                                                                                                               |                                   | Changes: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e  Total Prospective  Prospective Adjusted  Total Prospective with                                                    |                         |
| Budget Unaudited costs X Field audited costs Field audit - interim Desk audit - Interim Desk Audit - Prospec  | Portion                           | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Field Au<br>Rate Sem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e Rating Change I Customary Limitation te limitation change nange dit NH11-030C FYE ester Change [2] as of 08/01/1999 |                         |
| Distribution:  Contract Management / Figure Permanent File For information On No Change in Rate  Home Office: | -                                 | Med      | dicaid Cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Thomas Parker Reimbursement Plans                                                                                     | ning and Finance        |
|                                                                                                               | Norcross Street<br>swell GA 30075 |          | and the second s |                                                                                                                       |                         |



| SandalWood Nursing Cente             | Center Provider Number: 0              |                                         | 0 312045-00                           |                               |                   |
|--------------------------------------|----------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------|-------------------|
| 1001 South Beach Street              |                                        | Date: 10/2                              |                                       | 10/29/2012                    |                   |
| Daytona Beach FL 32114               |                                        | _                                       | Fiscal Year End: 12/31                |                               | 12/31/2006        |
|                                      |                                        |                                         |                                       | Audit Status:                 | Field Audited [2] |
| Provider Type:                       |                                        |                                         |                                       |                               |                   |
|                                      |                                        | (                                       | Current                               | New                           | Effective         |
| Name II ama                          |                                        | *************************************** | Rate                                  | Rate                          | Date              |
| Nursing Home Sin                     | ngle Level                             | -                                       | 157.25                                | 157.04                        | 7/1/2006          |
| Lev                                  | vel H: AIDS                            | · ,                                     | 284.38                                | 284.17                        | 7/1/2006          |
| Lev                                  | vel U: Fragile Under 21                |                                         | 386.38                                | 386.17                        | 7/1/2006          |
|                                      |                                        |                                         | , , , , , , , , , , , , , , , , , , , |                               |                   |
| Rate Type:                           |                                        |                                         |                                       |                               |                   |
| X Interim                            |                                        |                                         | Prospectiv                            | e                             |                   |
| Total I                              |                                        |                                         |                                       | Total Prospective             |                   |
|                                      | Component                              |                                         |                                       | Prospective Adjusted          |                   |
|                                      | nent based on costs                    |                                         |                                       | Total Prospective with        | interim Component |
|                                      | rovider Prospective data               |                                         |                                       |                               |                   |
| Basis:                               |                                        | Changes:                                |                                       |                               |                   |
|                                      |                                        |                                         | Y                                     | Desire Classes                |                   |
| Budget                               |                                        |                                         |                                       | Rating Change                 |                   |
| Unaudited costs  X Field audited cos | te                                     |                                         |                                       | d Customary Limitation thange | on .              |
| Field audit - inter                  |                                        |                                         | FRVS Ch                               | -                             |                   |
| Desk audited cost                    | _                                      | <u> </u>                                |                                       | dit NH11-030C FYE             | 12/31/2006        |
| Desk audit - Inter                   |                                        |                                         |                                       | ester Change                  |                   |
| Desk Audit - Pros                    | spective portion                       |                                         | On FRV                                | [2] as of 08/01/1999          |                   |
| <b>Distribution:</b>                 |                                        | フ.                                      | P                                     | Thomas Parker                 |                   |
| Contract Management                  | / Fiscal Agent                         | Med                                     | licaid Cost                           | Reimbursement Plan            | ning and Finance  |
| Permanent File                       |                                        |                                         |                                       |                               | •                 |
| For information                      | <del>-</del>                           |                                         |                                       |                               |                   |
| No Change in R                       | ate                                    |                                         |                                       |                               |                   |
| Home Office:                         | Putnam Council, Inc.                   |                                         |                                       |                               |                   |
|                                      | 16 Norcross Street<br>Roswell GA 30075 |                                         |                                       |                               |                   |



| SandalWood Nursing Cen                                           | iter                                                      |          |                                                | Provider Number:                                                                                            | 0 312045-00       |  |
|------------------------------------------------------------------|-----------------------------------------------------------|----------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------|--|
| 1001 South Beach Street                                          |                                                           |          |                                                | Date:                                                                                                       | 10/29/2012        |  |
| Daytona Beach FL 32114                                           |                                                           | W-W      |                                                | Fiscal Year End: 12/3                                                                                       |                   |  |
|                                                                  |                                                           |          |                                                | Audit Status:                                                                                               | Field Audited [2] |  |
| Provider Type:  Nursing Home S                                   | ingle Level                                               |          | Current<br>Rate                                | New Rate 165.79                                                                                             | Effective         |  |
| Le                                                               | evel H: AIDS                                              | _        | 295.49                                         | 295.39                                                                                                      | 1/1/2007          |  |
| Le                                                               | evel U: Fragile Under 21                                  | _        | 399.48                                         | 399.38                                                                                                      | 1/1/2007          |  |
| Interi X Settle                                                  | erim portion<br>sts                                       | Changes: | Licensure<br>Usual and<br>Target Ra<br>FRVS Ch | Fotal Prospective Prospective Adjusted for all Prospective with Rating Change I Customary Limitation thange | Interim Component |  |
| Distribution:                                                    | expective portion                                         |          | On FRV                                         | 2] as of 08/01/1999  Thomas Parker                                                                          |                   |  |
| Contract Managemen Permanent File For information No Change in I | ı Only                                                    | Med      | dicaid Cost                                    | Reimbursement Plann                                                                                         | ing and Finance   |  |
| Home Office:                                                     | Putnam Council, Inc.  16 Norcross Street Roswell GA 30075 |          |                                                |                                                                                                             |                   |  |



| SandalWood Nursing Cen                                                                  | iter                                                                |          |                                                            | Provider Number:                                                | 0 312045-00       |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------|------------------------------------------------------------|-----------------------------------------------------------------|-------------------|
| 1001 South Beach Street                                                                 |                                                                     |          |                                                            | 10/29/2012                                                      |                   |
| Daytona Beach FL 32114                                                                  |                                                                     | •        | Fiscal Year End: 12/31                                     |                                                                 | 12/31/2006        |
|                                                                                         |                                                                     |          |                                                            | Audit Status:                                                   | Field Audited [2] |
| Provider Type:                                                                          | Su alo I aval                                                       | _        | Current<br>Rate                                            | New<br>Rate                                                     | Effective<br>Date |
| Nursing Home S                                                                          | ingle Level                                                         | -        | 170.78                                                     | <u> 170.64</u> _                                                | 2/1/2007          |
| L                                                                                       | evel H: AIDS                                                        |          | 300.38                                                     | 300.24                                                          | 2/1/2007          |
| L                                                                                       | evel U: Fragile Under 21                                            | _        | 404.37                                                     | 404.23                                                          | 2/1/2007          |
| Interior X Settle                                                                       | Interim im Component ement based on costs Provider Prospective data | Changes: |                                                            | e Total Prospective Prospective Adjusted Total Prospective with |                   |
| Unaudited costs  X Field audited co Field audit - int Desk audited co Desk audit - Inte | erim portion<br>sts                                                 | X        | Usual and<br>Target Ra<br>FRVS Ch<br>Field Aud<br>Rate Sem | l Customary Limitation the limitation change                    |                   |
| Distribution:  Contract Managemer Permanent File                                        | nt / Fiscal Agent                                                   | Me       | 76)                                                        | Thomas Parker Reimbursement Plan                                | ning and Finance  |
| For information  No Change in                                                           | ·                                                                   |          |                                                            |                                                                 |                   |
| Home Office:                                                                            | Putnam Council, Inc.  16 Norcross Street Roswell GA 30075           |          |                                                            |                                                                 |                   |



| SandalWood Nursing Center                                                                                                                                                        |                                                                                                                                    |               | Provider Number:                          | 0 312045-00             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------|-------------------------|
| 1001 South Beach Street                                                                                                                                                          |                                                                                                                                    |               | Date:                                     | 10/29/2012              |
| Daytona Beach FL 32114                                                                                                                                                           |                                                                                                                                    |               | Fiscal Year End:                          | 12/31/2006              |
|                                                                                                                                                                                  |                                                                                                                                    |               | Audit Status:                             | Field Audited [2]       |
| Provider Type:  Nursing Home Single Level                                                                                                                                        | <u>F</u>                                                                                                                           | rrent<br>Rate | New<br>Rate<br>165.79                     | Effective Date 3/1/2007 |
| Level H: AIDS                                                                                                                                                                    | 29                                                                                                                                 | 5.49          | 295.39                                    | 3/1/2007                |
| Level U: Fragile Under 21                                                                                                                                                        | 39                                                                                                                                 | 99.48         | 399.38                                    | 3/1/2007                |
| Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costsPrior Provider Prospective data  Basis:BudgetUnaudited costs                                          | Changes:                                                                                                                           | I 7           | Total Prospective<br>Prospective Adjusted | h Interim Component     |
| X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion                                             | Target Rate limitation change FRVS Change  X Field Audit NH11-030C FYE 12/31/2006 Rate Semester Change On FRV [2] as of 08/01/1999 |               |                                           | 12/31/2006              |
| Distribution:  Contract Management / Fiscal Agent  Permanent File For information OnlyNo Change in Rate  Home Office:  Putnam Council, Inc.  16 Norcross Street Roswell GA 30075 | Medic                                                                                                                              | aid Cost      | Thomas Parker Reimbursement Plan          | ning and Finance        |



| SandalWood Nursing Center       | er                                                         |          |                                                                 | Provider Number:                                                                                                         | 0 312045-           | 00    |
|---------------------------------|------------------------------------------------------------|----------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------|-------|
| 1001 South Beach Street         |                                                            | •        |                                                                 | Date:                                                                                                                    | 10/29/201           | 12    |
| Daytona Beach FL 32114          |                                                            |          |                                                                 | Fiscal Year End:                                                                                                         | 12/31/2006          |       |
|                                 |                                                            |          |                                                                 | Audit Status:                                                                                                            | Field Audite        | d [2] |
| Provider Type:  Nursing Home Si | ngle Level                                                 |          | Current Rate 167.89                                             | New<br>Rate<br><b>167.46</b>                                                                                             | Effective           |       |
|                                 | vel H: AIDS<br>vel U: Fragile Under 21                     | ****     | 299.83<br>405.69                                                | <u>299.40</u><br>405.26                                                                                                  | 7/1/2007            |       |
| Interin X Settlen               | rim portion ts rim Portion spective portion / Fiscal Agent | Changes: | Licensure Usual and Target Ra FRVS Ch Field Aud Rate Sem On FRV | Fotal Prospective Prospective Adjusted Fotal Prospective with Rating Change I Customary Limitation the limitation change | n Interim Component | ent   |
| No Change in R Home Office:     | •                                                          |          |                                                                 |                                                                                                                          |                     |       |



| SandalWood Nursing Cent                                                                           | er                                                                         |          |                                                 | Provider Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 312045-00             |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1001 South Beach Street                                                                           |                                                                            |          |                                                 | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10/29/2012              |
| Daytona Beach FL 32114                                                                            |                                                                            |          |                                                 | Fiscal Year End:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12/31/2006              |
|                                                                                                   |                                                                            |          |                                                 | Audit Status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Field Audited [2]       |
| Provider Type:  Nursing Home Si                                                                   | ngle Level                                                                 | _        | Current Rate 166.70                             | New Rate 166.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Effective Date 1/1/2008 |
|                                                                                                   | vel H: AIDS<br>vel U: Fragile Under 21                                     | -        | 300.70 408.22                                   | 300.27<br>407.79                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1/1/2008<br>1/1/2008    |
| Interin X Settler                                                                                 | Interim<br>n Component<br>nent based on costs<br>Provider Prospective data | X        | 1                                               | e<br>Fotal Prospective<br>Prospective Adjusted :<br>Fotal Prospective with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |
| Budget Unaudited costs X Field audited cos Field audit - inte Desk audit - Inter Desk Audit - Pro | rim portion<br>ts<br>rim Portion                                           | Changes: | Licensure Usual and Target Ra FRVS Ch Field Aud | Rating Change Customary Limitation Customary Limitation Change Canage Control |                         |
| Distribution:  Contract Management Permanent File For information No Change in R  Home Office:    | Only                                                                       | Med      | dicaid Cost                                     | Thomas Parker Reimbursement Plant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ning and Finance        |



| SandalWood Nursing Cen                                                                       | ter                                                                 |         |                                                           | Provider Number:                                                                                                        | 0 312045-00             |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1001 South Beach Street                                                                      |                                                                     |         |                                                           | Date:                                                                                                                   | 10/29/2012              |
| Daytona Beach FL 32114                                                                       |                                                                     |         |                                                           | Fiscal Year End:                                                                                                        | 12/31/2006              |
|                                                                                              |                                                                     |         |                                                           | Audit Status:                                                                                                           | Field Audited [2]       |
| J                                                                                            | ingle Level                                                         | _<br>_  | Current Rate 168.69                                       | New Rate 168.25                                                                                                         | Effective Date 7/1/2008 |
| L                                                                                            | evel U: Fragile Under 21                                            | -       | 414.32                                                    | 413.88                                                                                                                  | 7/1/2008                |
| Interior X Settle                                                                            | Interim im Component ement based on costs Provider Prospective data | Changes |                                                           | re 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                                                        | X       | Usual and<br>Target Ra<br>FRVS Cl<br>Field Au<br>Rate Sem | e Rating Change d Customary Limitation ate limitation change hange dit NH11-030C FYE nester Change [2] as of 08/01/1999 |                         |
| Distribution:  Contract Management File  For information  No Change in  Home Office:         | n Only                                                              | Me      | edicaid Cost                                              | Thomas Parker t Reimbursement Plan                                                                                      | ning and Finance        |



| SandalWood Nursing Cen                                                    | ter                                                       |                                                                                                       |                        | Provider Number:                                                                                                      | 0 312045-00             |
|---------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1001 South Beach Street                                                   |                                                           | •                                                                                                     |                        | Date:                                                                                                                 | 10/29/2012              |
| Daytona Beach FL 32114                                                    | NHH                                                       |                                                                                                       |                        | Fiscal Year End:                                                                                                      | 12/31/2007              |
|                                                                           |                                                           |                                                                                                       |                        | Audit Status:                                                                                                         | Unaudited [3]           |
| Provider Type:  Nursing Home S                                            | ingle Level                                               |                                                                                                       | Current Rate 167.95    | New Rate 168.58                                                                                                       | Effective Date 1/1/2009 |
| Le                                                                        | evel H: AIDS                                              |                                                                                                       | 306.30                 | 306.93                                                                                                                | 1/1/2009                |
| Le                                                                        | evel U: Fragile Under 21                                  |                                                                                                       | 417.31                 | 417.94                                                                                                                | 1/1/2009                |
| Interi                                                                    |                                                           | Changes:                                                                                              | Licensure<br>Usual and | e Total Prospective Prospective Adjusted Total Prospective with Reference Rating Change d Customary Limitation change | n Interim Component     |
| Field audit - inte  Desk audited coe  Desk audit - Inte  Desk Audit - Pro | sts<br>erim Portion                                       | FRVS Change  X Effects of FA NH11-030C FYE 12/31/06  Rate Semester Change On FRV [2] as of 08/01/1999 |                        |                                                                                                                       |                         |
| Distribution:                                                             |                                                           |                                                                                                       | 7                      | Thomas Parker                                                                                                         |                         |
| Contract Managemen Permanent File For information No Change in 1          | n Only                                                    | Med                                                                                                   | licaid Cost            | Reimbursement Plan                                                                                                    | ning and Finance        |
| Home Office:                                                              | Putnam Council, Inc.  16 Norcross Street Roswell GA 30075 |                                                                                                       |                        |                                                                                                                       |                         |



| SandalWood Nursing                                                              | Center                                                                                   |      |                                                               | Provider Number:                                                                                                        | 0 312045-00             |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1001 South Beach Str                                                            | eet                                                                                      | -    |                                                               | Date:                                                                                                                   | 10/29/2012              |
| Daytona Beach FL 32                                                             | 114                                                                                      | -    |                                                               | Fiscal Year End:                                                                                                        | 12/31/2007              |
|                                                                                 |                                                                                          |      |                                                               | Audit Status:                                                                                                           | Unaudited [3]           |
| Provider Type: Nursing Home                                                     | Single Level                                                                             |      | Current Rate 53.88                                            | New Rate 154.45                                                                                                         | Effective Date 3/1/2009 |
|                                                                                 | Level H: AIDS  Level U: Fragile Under 21                                                 |      | 92.23                                                         | 292.80<br>403.81                                                                                                        | 3/1/2009<br>3/1/2009    |
| Ii                                                                              | Cotal Interim Interim Component Ettlement based on costs Trior Provider Prospective data |      |                                                               | e<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with                                                |                         |
| Desk audite Desk audit -                                                        | ed costs - interim portion                                                               | X    | Usual and<br>Target Ra<br>FRVS Cl<br>Effects of<br>Rate Serri | e Rating Change d Customary Limitation ate limitation change nange f FA NH11-030C FY nester Change [2] as of 08/01/1999 |                         |
| Distribution:  Contract Manage Permanent File For inform No Change Home Office: | Putnam Council, Inc.                                                                     | Medi | ocaid Cost                                                    | Thomas Parker Reimbursement Plan                                                                                        | ning and Finance        |
|                                                                                 | 16 Norcross Street<br>Roswell GA 30075                                                   |      |                                                               |                                                                                                                         |                         |



| SandalWood Nursing Cen             | iter                                                                |           |                       | Provider Number:                                                                                      | 0 312045-00         |
|------------------------------------|---------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------------------------|---------------------|
| 1001 South Beach Street            |                                                                     | -         |                       | Date:                                                                                                 | 10/29/2012          |
| Daytona Beach FL 32114             | W                                                                   | -         |                       | Fiscal Year End:                                                                                      | 12/31/2007          |
|                                    |                                                                     |           |                       | Audit Status:                                                                                         | Unaudited [3]       |
| Provider Type:                     |                                                                     |           |                       | radio States                                                                                          |                     |
| <b>V</b> 1                         |                                                                     |           | Current               | New                                                                                                   | Effective           |
|                                    |                                                                     |           | Rate                  | Rate                                                                                                  | Date                |
| Nursing Home S                     | ingle Level                                                         |           | 191.02                | <u>191.68</u> _                                                                                       | 4/1/2009            |
| L                                  | evel H: AIDS                                                        | _         | 329.37                | 330.03                                                                                                | 4/1/2009            |
| L                                  | evel U: Fragile Under 21                                            |           | 440.38                | 441.04                                                                                                | 4/1/2009            |
| Inter                              | Interim im Component ement based on costs Provider Prospective data | Changes:  | Licensure<br>Usual an | Total Prospective Prospective Adjusted Total Prospective with  e Rating Change d Customary Limitation | n Interim Component |
| Field audited co                   |                                                                     |           | •                     | ate limitation change                                                                                 |                     |
| Field audit - int  Desk audited co | -                                                                   | <u> X</u> | FRVS C                | nange<br>of FA NH11-030C FY                                                                           | E 12/31/06          |
| Desk audit - Inte                  |                                                                     |           |                       | nester Change                                                                                         | E 12/31/00          |
| Desk Audit - Pr                    | ospective portion                                                   |           | On FRV                | [2] as of 08/01/1999                                                                                  |                     |
| <b>Distribution:</b>               |                                                                     |           | 7                     | )<br>Thomas Parker                                                                                    |                     |
| Contract Managemer                 | nt / Fiscal Agent                                                   | Me        | dicaid Cos            | t Reimbursement Plan                                                                                  | ning and Finance    |
| Permanent File                     |                                                                     |           |                       |                                                                                                       | _                   |
| For information                    | •                                                                   |           |                       |                                                                                                       |                     |
| No Change in                       | Rate                                                                |           |                       |                                                                                                       |                     |
| Home Office:                       | Putnam Council, Inc.                                                |           |                       |                                                                                                       |                     |
|                                    | 16 Norcross Street<br>Roswell GA 30075                              |           |                       |                                                                                                       |                     |



| SandalWood Nursing Center                                                                                                                                          |                                         | Provider Number:                                                          | 0 312045-00             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|-------------------------|
| 1001 South Beach Street                                                                                                                                            |                                         | Date:                                                                     | 10/29/2012              |
| Daytona Beach FL 32114                                                                                                                                             |                                         | Fiscal Year End:                                                          | 12/31/2007              |
|                                                                                                                                                                    |                                         | Audit Status:                                                             | Unaudited [3]           |
| Provider Type:  Nursing Home Single Level                                                                                                                          | Current                                 | New Rate 194.57                                                           | Effective Date 7/1/2009 |
| Level H: AIDS  Level U: Fragile Under 21                                                                                                                           | 334.26<br>446.88                        | <u>334.92</u><br>447.54                                                   | 7/1/2009<br>7/1/2009    |
| Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs                                                                                          | *************************************** | re<br>Total Prospective<br>Prospective Adjusted<br>Total Prospective with |                         |
| Basis:  Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs                                                              | Usual and Target R. FRVS CI             | f FA NH11-030C FY                                                         |                         |
| Desk audit - Interim Portion Desk Audit - Prospective portion  Distribution:                                                                                       |                                         | nester Change<br>[2] as of 08/01/1999                                     |                         |
| Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate  Home Office:  Putnam Council, Inc.  16 Norcross Street Roswell GA 30075 | Medicaid Cost                           | Thomas Parker t Reimbursement Plan                                        | ning and Finance        |



| SandalWood Nursing Cen                                                   | ter                                                       |          |                                     | Provider Number:                                                                                                                                           | 0 312045-00             |
|--------------------------------------------------------------------------|-----------------------------------------------------------|----------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1001 South Beach Street                                                  |                                                           |          |                                     | Date:                                                                                                                                                      | 10/29/2012              |
| Daytona Beach FL 32114                                                   |                                                           |          |                                     | Fiscal Year End:                                                                                                                                           | 12/31/2008              |
|                                                                          |                                                           |          |                                     | Audit Status:                                                                                                                                              | Unaudited [3]           |
| Provider Type:  Nursing Home S                                           | ingle Level                                               | *****    | Current Rate 179.14                 | New Rate 179.80                                                                                                                                            | Effective Date 1/1/2010 |
| Le                                                                       | evel H: AIDS                                              |          | 321.06                              | 321.72                                                                                                                                                     | 1/1/2010                |
| Le                                                                       | evel U: Fragile Under 21                                  |          | 434.94                              | 435.60                                                                                                                                                     | 1/1/2010                |
| Basis:  Budget X Unaudited costs Field audited co                        | ests                                                      | Changes: | Licensure<br>Usual and<br>Target Ra | Fotal Prospective Prospective Adjusted to Fotal Prospective with  Prospective with  Rating Change I Customary Limitation  I Customary Limitation  I Change | Interim Component       |
| Field audit - into  Desk audited co  Desk audit - Into  Desk Audit - Pro | sts                                                       | X        | Rate Sem                            | f <b>FA NH11-030C FY</b><br>ester Change<br>[2] as of 08/01/1999                                                                                           | E 12/31/06              |
| Distribution:                                                            |                                                           |          | 7-16-                               | Thomas Parker                                                                                                                                              |                         |
| Contract Management Permanent File For information No Change in          | n Only                                                    | Med      | licaid Cost                         | Reimbursement Plans                                                                                                                                        | ning and Finance        |
| Home Office:                                                             | Putnam Council, Inc.  16 Norcross Street Roswell GA 30075 |          |                                     |                                                                                                                                                            |                         |



| SandalWood Nursing Cer                                                                       | nter                                                                  |          |                                                            | Provider Number:                                                                                                        | 0 312045-00             |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1001 South Beach Street                                                                      |                                                                       | •        |                                                            | Date:                                                                                                                   | 10/29/2012              |
| Daytona Beach FL 32114                                                                       | ***************************************                               | •        |                                                            | Fiscal Year End:                                                                                                        | 12/31/2009              |
|                                                                                              |                                                                       |          |                                                            | Audit Status:                                                                                                           | Unaudited [3]           |
| Provider Type:  Nursing Home  S                                                              | Single Level                                                          |          | Current<br>Rate<br>193.09                                  | New Rate 193.81                                                                                                         | Effective Date 7/1/2010 |
| L                                                                                            | evel H: AIDS                                                          |          | 336.43                                                     | 337.15                                                                                                                  | 7/1/2010                |
| L                                                                                            | evel U: Fragile Under 21                                              |          | 451.46                                                     | 452.18                                                                                                                  | 7/1/2010                |
| Settle Prior                                                                                 | I Interim im Component ement based on costs Provider Prospective data |          |                                                            | re 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                                                          | Changes: | Usual and<br>Target Ra<br>FRVS Cl<br>Effects o<br>Rate Sem | e Rating Change d Customary Limitation ate limitation change hange f FA NH11-030C FY hester Change [2] as of 08/01/1999 |                         |
| Distribution:  Contract Managemer Permanent File For informatio No Change in Home Office:    | n Only                                                                | Med      | Dicaid Cost                                                | Thomas Parker t Reimbursement Plan                                                                                      | ning and Finance        |
|                                                                                              | 16 Norcross Street<br>Roswell GA 30075                                |          |                                                            |                                                                                                                         |                         |



| SandalWood Nursing Center                                                                                                                                                          |          |                                                          | Provider Number:                                                                                                        | 0 312045-00             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| 1001 South Beach Street                                                                                                                                                            |          |                                                          | Date:                                                                                                                   | 10/29/2012              |  |
| Daytona Beach FL 32114                                                                                                                                                             | ···      |                                                          | Fiscal Year End:                                                                                                        | 12/31/2009              |  |
|                                                                                                                                                                                    |          |                                                          | Audit Status:                                                                                                           | Unaudited [3]           |  |
| Provider Type:  Nursing Home Single Level                                                                                                                                          | _        | Current Rate 195.13                                      | New Rate 195.85                                                                                                         | Effective Date 1/1/2011 |  |
| Level H: AIDS<br>Level U: Fragile Under                                                                                                                                            |          | 339.99<br>456.24                                         | 340.71<br>456.96                                                                                                        | 1/1/2011<br>1/1/2011    |  |
| Interim  Total Interim Interim Component Settlement based on costs Prior Provider Prospective of                                                                                   | X        |                                                          | e<br>Total Prospective<br>Prospective Adjusted<br>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                        | Changes: | Licensure Usual and Target Ra FRVS Cl Effects o Rate Sem | e Rating Change d Customary Limitation ate limitation change nange f FA NH11-030C FY tester Change [2] as of 08/01/1999 |                         |  |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Putnam Council, In  16 Norcross Street  Roswell GA 30075 |          | dicaid Cost                                              | Thomas Parker Reimbursement Plant                                                                                       | ning and Finance        |  |



| SandalWood Nursing Cen                                                           | ter                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | Provider Number:                                                                                                                                  | 0 312045-00         |
|----------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1001 South Beach Street                                                          |                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | Date:                                                                                                                                             | 10/29/2012          |
| Daytona Beach FL 32114                                                           |                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | Fiscal Year End:                                                                                                                                  | 12/31/2010          |
|                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | Audit Status:                                                                                                                                     | Unaudited [3]       |
| Provider Type:                                                                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Current<br>Rate                                | New<br>Rate                                                                                                                                       | Effective<br>Date   |
| Nursing Home S                                                                   | ingle Level              | - Approximate of the Control of the | 198.71                                         | 199.39                                                                                                                                            | 7/1/2011            |
| Le                                                                               | evel H: AIDS             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 344.91                                         | 345.59                                                                                                                                            | 7/1/2011            |
| Le                                                                               | evel U: Fragile Under 21 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 462.24                                         | 462.92                                                                                                                                            | 7/1/2011            |
| Basis:  Budget X Unaudited costs Field audit - interior                          | erim portion             | Changes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Licensure<br>Usual and<br>Target Ra<br>FRVS Ch | Total Prospective Prospective Adjusted Total Prospective with Rating Change I Customary Limitation Itel limitation change I ange The NH11-030C FY | n Interim Component |
| Desk audit - Integrated Desk Audit - Property Distribution:                      | ospective portion        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | ester Change<br>[2] as of 08/01/1999                                                                                                              |                     |
| Contract Management Permanent File For information No Change in the Home Office: | n Only                   | Med                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | dicaid Cost                                    | Thomas Parker Reimbursement Plan                                                                                                                  | ning and Finance    |



| SandalWood Nursing Center         |                                                                     |          |                                                          | Provider Number:                                                                                                                  | 0 312045-00             |  |
|-----------------------------------|---------------------------------------------------------------------|----------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| 1001 South Beach Street           |                                                                     |          |                                                          | Date:                                                                                                                             | 10/29/2012              |  |
| Daytona Beach FL 32114            |                                                                     |          |                                                          | Fiscal Year End:                                                                                                                  | 12/31/2010              |  |
|                                   |                                                                     |          |                                                          | Audit Status:                                                                                                                     | Unaudited [3]           |  |
| Provider Type:  Nursing Home Sing | le Level                                                            | •        | Current<br>Rate<br>200.04                                | New Rate 200.72                                                                                                                   | Effective Date 1/1/2012 |  |
| Level                             | H: AIDS                                                             |          | 347.65                                                   | 348.33                                                                                                                            | 1/1/2012                |  |
| Level                             | U: Fragile Under 21                                                 |          | 466.11                                                   | 466.79                                                                                                                            | 1/1/2012                |  |
| Settlemen                         | omponent It based on costs Vider Prospective data  portion  Portion | Changes: | Licensure Usual and Target Ra FRVS Cl Effects o Rate Sem | Total Prospective Prospective Adjusted Total Prospective with Reference Rating Change Customary Limitation Total Prospective with | n Interim Component     |  |
| 16                                | ıly                                                                 | Med      | icaid Cost                                               | Thomas Parker Reimbursement Plant                                                                                                 | ning and Finance        |  |



| SandalWood Nursing   | Center                                  |            |                | Provider Number:                     | 0 312045-00         |
|----------------------|-----------------------------------------|------------|----------------|--------------------------------------|---------------------|
| 1001 South Beach Str | reet                                    |            |                | Date:                                | 10/29/2012          |
| Daytona Beach FL 32  | 2114                                    | _          |                | Fiscal Year End:                     | 12/31/2010          |
|                      |                                         |            |                | Audit Status:                        | Unaudited [3]       |
| Provider Type:       |                                         |            | urrent<br>Rate | New<br>Rate                          | Effective Date      |
| Nursing Home         | Single Level                            |            | 05.79          | 206.48                               | 7/1/2012            |
|                      | Level H: AIDS                           | 3          | 55.00          | 355.69                               | 7/1/2012            |
|                      | Level U: Fragile Under 21               | 4          | 74.75          | 475.44                               | 7/1/2012            |
|                      |                                         |            |                |                                      |                     |
| Rate Type:           |                                         | <b>X</b> F | rospectiv      | e                                    |                     |
|                      | Total Interim                           |            | •              | Total Prospective                    |                     |
| 1                    | Interim Component                       |            |                | Prospective Adjusted                 | for New Costs       |
|                      | Settlement based on costs               |            |                | Total Prospective with               | n Interim Component |
| F                    | Prior Provider Prospective data         |            |                |                                      |                     |
| Basis:               |                                         | Changes:   |                |                                      |                     |
| Budget               |                                         |            | Licensure      | Rating Change                        |                     |
| X Unaudited          | costs                                   |            |                | l Customary Limitatio                | on                  |
| Field audite         | ed costs                                |            | Target Ra      | te limitation change                 |                     |
|                      | - interim portion                       | l ————     | FRVS Ch        | •                                    |                     |
| Desk audite          |                                         |            |                | FA NH11-030C FY                      | E 12/31/06          |
|                      | - Interim Portion - Prospective portion |            |                | ester Change<br>[2] as of 08/01/1999 |                     |
| Distribution:        |                                         |            | 8              | Thomas Parker                        |                     |
|                      | ement / Fiscal Agent                    | Medi       | icaid Cost     | Reimbursement Plan                   | ning and Finance    |
| Permanent File       |                                         |            |                |                                      | •                   |
|                      | nation Only                             |            |                |                                      |                     |
| No Chang             | ge in Rate                              |            |                |                                      |                     |
| Home Office:         | Putnam Council, Inc.                    |            |                |                                      |                     |
|                      | 16 Norcross Street<br>Roswell GA 30075  |            |                |                                      |                     |
|                      |                                         |            |                |                                      |                     |



| MCHS - Carrollwood    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |              | Provider Number:                          | 0 319350-00             |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------|-------------------------------------------|-------------------------|
| 3030 W. Bearss Avenue |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |              | Date:                                     | 10/26/2012              |
| Tampa FL 33618        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |              | Fiscal Year End:                          | 5/31/2005               |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |              | Audit Status:                             | Revised Field Audit [5] |
| Provider Type:        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |              |                                           |                         |
| •                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | Current      | New                                       | Effective               |
| <b>.</b>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _       | Rate         | Rate                                      | Date                    |
| Nursing Home          | Single Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _       | 176.53       | <u>173.10</u> _                           | 12/31/2006              |
|                       | Level H: AIDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _       | 303.66       | 300.23                                    | 12/31/2006              |
|                       | Level U: Fragile Under 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -       | 405.66       | 402.23                                    | 12/31/2006              |
| Rate Type:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |              |                                           |                         |
| Interim               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X       | Prospectiv   |                                           |                         |
|                       | Total Interim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |              | Total Prospective<br>Prospective Adjusted | for Now Costs           |
|                       | nterim Component<br>ettlement based on costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |              |                                           | h Interim Component     |
|                       | rior Provider Prospective data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |              | Total I Tospective Wit                    | ii internii Component   |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Cl      |              |                                           |                         |
| Basis:                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Changes | •            |                                           |                         |
| Budget                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | Licensure    | e Rating Change                           |                         |
| Unaudited o           | costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _       | _            | d Customary Limitati                      | on                      |
| X Field audite        | ed costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | Target Ra    | ate limitation change                     |                         |
|                       | - interim portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | FRVS Ch      | nange                                     |                         |
| Desk audite           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X       | _            | FA NH06-197J prior                        | prov. 202525            |
|                       | - Interim Portion - Prospective portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         | _            | lester Change<br>[2] as of 07/20/1990     |                         |
| Distribution:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | <b>-</b> 2   |                                           |                         |
|                       | ement / Fiscal Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | 0'           | Thomas Parker                             |                         |
| Permanent File        | A TOOL AND | Me      | edicaid Cost | Reimbursement Plan                        | nning and Finance       |
| For inform            | ation Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |              |                                           |                         |
| No Change             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |              |                                           |                         |
| <del></del>           | HCR Manor Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |              |                                           |                         |
| Home Office:          | Julie Yoxtheimer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |              |                                           |                         |
|                       | 333 North Summit Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |              |                                           |                         |
|                       | Toledo OH 43604                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |              |                                           |                         |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |              |                                           |                         |



| MCHS - Carrollwood                         |                                                                         | Provider Number: 0 319350-0 |                                         |                                       | 0 319350-00                  |
|--------------------------------------------|-------------------------------------------------------------------------|-----------------------------|-----------------------------------------|---------------------------------------|------------------------------|
| 3030 W. Bearss Avenu                       | ue                                                                      |                             |                                         | Date:                                 | 10/26/2012                   |
| Tampa FL 33618                             |                                                                         |                             |                                         | Fiscal Year End:                      | 5/31/2006                    |
|                                            |                                                                         |                             |                                         | Audit Status:                         | Unaudited [3]                |
| Provider Type:                             |                                                                         |                             |                                         |                                       |                              |
|                                            |                                                                         | _                           | Current<br>Rate                         | New<br>Rate                           | Effective<br>Date            |
| Nursing Home                               | Single Level                                                            | -                           | 171.49                                  | <u>171.43</u> _                       | 1/1/2007                     |
|                                            | Level H: AIDS                                                           |                             | 301.09                                  | 301.03                                | 1/1/2007                     |
|                                            | Level U: Fragile Under 21                                               |                             | 405.08                                  | 405.02                                | 1/1/2007                     |
|                                            | otal Interim                                                            | X                           |                                         | Total Prospective                     |                              |
|                                            | nterim Component                                                        |                             |                                         | Prospective Adjusted                  |                              |
|                                            | ettlement based on costs                                                |                             | *************************************** | Total Prospective with                | Interim Component            |
| P                                          | rior Provider Prospective data                                          |                             |                                         |                                       |                              |
| Basis:                                     |                                                                         | Change                      | s:                                      |                                       |                              |
| Desk audited                               | d costs - interim portion d costs                                       | x                           | Usual and Target Ra FRVS CI Effects o   | f FA & RFA NH06-1                     | on<br>97J prior prov. 202525 |
|                                            | Interim Portion - Prospective portion                                   |                             |                                         | nester Change<br>[2] as of 07/20/1990 |                              |
| Distribution:                              | Troopedive portion                                                      |                             |                                         |                                       |                              |
| Contract Manage Permanent File For informa | •                                                                       | N                           | ledicaid Cost                           | Thomas Parker t Reimbursement Plan    | ning and Finance             |
| No Change                                  | e in Rate                                                               |                             |                                         |                                       |                              |
| Home Office:                               | HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 |                             |                                         |                                       |                              |



| MCHS - Carrollwood                      |                                |         |              | Provider Number:       | 0 319350-00            |
|-----------------------------------------|--------------------------------|---------|--------------|------------------------|------------------------|
| 3030 W. Bearss Aven                     |                                |         | Date:        | 10/26/2012             |                        |
| Tampa FL 33618                          |                                |         |              | Fiscal Year End:       | 5/31/2006              |
|                                         |                                |         |              | Audit Status:          | Unaudited [3]          |
| Provider Type:                          |                                |         |              |                        |                        |
| • •                                     |                                |         | Current      | New                    | Effective              |
| N . II                                  | C: 1 T 1                       | _       | Rate         | Rate                   | Date                   |
| Nursing Home                            | Single Level                   | _       | 179.34       | <u> 179.27</u> _       | 7/1/2007               |
|                                         | Level H: AIDS                  | _       | 311.28       | 311.21                 | 7/1/2007               |
|                                         | Level U: Fragile Under 21      | _       | 417.14       | 417.07                 | 7/1/2007               |
| Rate Type :                             |                                | -       |              |                        |                        |
| Interim                                 |                                | X       | Prospectiv   | re.                    |                        |
|                                         | otal Interim                   |         |              | Total Prospective      |                        |
| *************************************** | nterim Component               |         |              | Prospective Adjusted:  | for New Costs          |
| s                                       | ettlement based on costs       |         |              | Total Prospective with | Interim Component      |
| P                                       | rior Provider Prospective data |         |              |                        |                        |
| Basis:                                  |                                | Changes |              |                        |                        |
| n 1                                     |                                |         | Licansur     | e Rating Change        |                        |
| Budget X Unaudited c                    | aets                           |         | -            | d Customary Limitation | un.                    |
| Field audite                            |                                |         |              | ate limitation change  | 711                    |
| Field audit                             | - interim portion              |         | FRVS CI      | hange                  |                        |
| Desk audite                             | _                              | X       | Effects o    | f FA & RFA NH06-1      | 97J prior prov. 202525 |
|                                         | Interim Portion                |         |              | nester Change          |                        |
| *************************************** | - Prospective portion          |         | On FRV       | [2] as of 07/20/1990   |                        |
| <b>Distribution:</b>                    |                                |         | 787 ·        | Thomas Parker          |                        |
| _                                       | ment / Fiscal Agent            | Me      | edicaid Cost | t Reimbursement Plan   | ning and Finance       |
| Permanent File                          |                                |         |              |                        |                        |
| For inform                              | •                              |         |              |                        |                        |
| No Change                               | e in Rate                      |         |              |                        |                        |
| Home Office:                            | HCR Manor Care                 |         |              |                        |                        |
|                                         | Julie Yoxtheimer               |         |              |                        |                        |
|                                         | 333 North Summit Street        |         |              |                        |                        |
|                                         | Toledo OH 43604                |         |              |                        |                        |



| Heartland of Jacksonvil                                                  | le FL, LLC                                                              |           |                                   | Provider Number:                                                                                                               | 0 325236-00          |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 8495 Normandy Blvd                                                       |                                                                         |           |                                   | Date:                                                                                                                          | 10/30/2012           |
| Jacksonville FL 32221                                                    |                                                                         |           |                                   | Fiscal Year End:                                                                                                               | 6/30/2006            |
|                                                                          | •                                                                       |           |                                   | Audit Status:                                                                                                                  | Unaudited [3]        |
| Provider Type:                                                           |                                                                         |           | Current<br>Rate                   | New<br>Rate                                                                                                                    | Effective<br>Date    |
| Nursing Home                                                             | Single Level                                                            | _         | 173.44                            | <u>173.36</u>                                                                                                                  | 12/20/2007           |
|                                                                          | Level H: AIDS                                                           |           | 305.38                            | 305.30                                                                                                                         | 12/20/2007           |
|                                                                          | Level U: Fragile Under 21                                               |           | 411.24                            | 411.16                                                                                                                         | 12/20/2007           |
| Basis:  Budget X Unaudited confield audited Field audit - i Desk audited | costs interim portion costs                                             | Changes X | Licensur Usual an Target R FRVS C | Total Prospective Prospective Adjusted Total Prospective wit  e Rating Change d Customary Limitati ate limitation change hange | th Interim Component |
|                                                                          | nterim Portion Prospective portion                                      |           |                                   | nester Change<br>[2] as of 01/12/1990                                                                                          |                      |
| Distribution:                                                            |                                                                         |           | 20                                | Thomas Parker                                                                                                                  |                      |
| Contract Managem Permanent File For informat No Change i                 | ion Only                                                                | M         | ledicaid Cos                      | t Reimbursement Plan                                                                                                           | nning and Finance    |
| Home Office:                                                             | HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 |           |                                   |                                                                                                                                |                      |



| Heartland of Jacksony       | ville FL, LLC                                                                                                       |          |                                                  | Provider Number:                                                | 0 325236-00                   |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------|-----------------------------------------------------------------|-------------------------------|
| 8495 Normandy Blvd          |                                                                                                                     | Date: 10 |                                                  | 10/30/2012                                                      |                               |
| Jacksonville FL 3222        | 1                                                                                                                   |          |                                                  | Fiscal Year End:                                                | 6/30/2007                     |
|                             |                                                                                                                     |          |                                                  | Audit Status:                                                   | Unaudited [3]                 |
| Provider Type: Nursing Home | Single Level                                                                                                        | _        | Current Rate 171.35                              | New Rate 171.27                                                 | Effective Date 1/1/2008       |
|                             | Level H: AIDS  Level U: Fragile Under 21                                                                            | _        | 305.35<br>412.87                                 | 305.27<br>412.79                                                | 1/1/2008                      |
| Rate Type :                 |                                                                                                                     |          |                                                  |                                                                 |                               |
| I<br>s                      | Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data                           | <u> </u> | ]                                                | e Total Prospective Prospective Adjusted Total Prospective with |                               |
| Desk audite Desk audit      | ed costs - interim portion                                                                                          | Changes: | Licensure Usual and Target Ra FRVS Ch Effects of | <del>-</del>                                                    | on<br>J for prior prov 201511 |
| Permanent File              | ement / Fiscal Agent nation Only e in Rate  HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 | Me       | dicaid Cost                                      | Thomas Parker Reimbursement Plan                                | ning and Finance              |



| Heartland of Jacksonville FL, LLC   |                                                                                         |                              | Provider Number:                                                                                                                              | 0 325236-00                             |
|-------------------------------------|-----------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 8495 Normandy Blvd                  |                                                                                         |                              | Date:                                                                                                                                         | 10/30/2012                              |
| Jacksonville FL 3222                | ]                                                                                       |                              | Fiscal Year End:                                                                                                                              | 6/30/2007                               |
|                                     |                                                                                         |                              | Audit Status:                                                                                                                                 | Unaudited [3]                           |
| Provider Type:                      |                                                                                         | Curren<br>Rate               |                                                                                                                                               | Effective Date                          |
| Nursing Home                        | Single Level                                                                            | 172.9                        | 2 172.84                                                                                                                                      | 7/1/2008                                |
|                                     | Level H: AIDS                                                                           | 309.20                       | 0 309.12                                                                                                                                      | 7/1/2008                                |
| ,                                   | Level U: Fragile Under 21                                                               | 418.5                        | 5 418.47                                                                                                                                      | 7/1/2008                                |
| Ii                                  | Otal Interim Interim Component Ettlement based on costs Trior Provider Prospective data | X Prospe                     | Total Prospective Prospective Adjusted                                                                                                        | l for New Costs<br>th Interim Component |
| Desk audite Desk audit -            | d costs - interim portion                                                               | Usua Targe FRV X Effect Rate | nsure Rating Change I and Customary Limitati et Rate limitation change S Change ets of FA RFA NH06-19 Semester Change RV [2] as of 01/12/1990 | on<br>5J for prior prov 201511          |
| Distribution:  Contract Manage      | ement / Fiscal Agent                                                                    | 76                           | Thomas Parker                                                                                                                                 | I P'                                    |
| Permanent File For inform No Change | ation Only                                                                              | Medicaid                     | Cost Reimbursement Plan                                                                                                                       | nning and Finance                       |
| Home Office:                        | Julie Yoxtheimer 333 North Summit Street Toledo OH 43604                                |                              |                                                                                                                                               |                                         |



| Heartland of Jacksonvi                                             | lle FL, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |                           | Provider Number:                                                                                                          | 0 325236-00             |  |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| 8495 Normandy Blvd                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                           | Date:                                                                                                                     | 10/30/2012              |  |
| Jacksonville FL 32221                                              | William Willia |         |                           | Fiscal Year End:                                                                                                          | 6/30/2008               |  |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                           | Audit Status:                                                                                                             | Unaudited [3]           |  |
| Provider Type: Nursing Home                                        | Single Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -       | Current<br>Rate<br>176.73 | New Rate 176.65                                                                                                           | Effective Date 1/1/2009 |  |
|                                                                    | Level H: AIDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         | 315.08                    | 315.00                                                                                                                    | 1/1/2009                |  |
|                                                                    | Level U: Fragile Under 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -       | 426.09                    | 426.01                                                                                                                    | 1/1/2009                |  |
| In Se                                                              | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Changes | Licensur<br>Usual an      | Total Prospective Prospective Adjusted Total Prospective with e Rating Change d Customary Limitatio ate limitation change | Interim Component       |  |
| Desk audited Desk audit -                                          | interim portion costs Interim Portion Prospective portion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X       | Rate Sen                  | _                                                                                                                         | J for prior prov 201511 |  |
| Distribution:                                                      | Leconomic and the second secon |         | 200                       | Thomas Parker                                                                                                             |                         |  |
| Contract Manager Permanent File For informa No Change Home Office: | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M       | edicaid Cos               | t Reimbursement Plani                                                                                                     | ning and Finance        |  |



| Heartland of Jacksonville FL, LLC                                                                                                                                           | ·     | Provider Number:                                                                                                                                                                      | 0 325236-00                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 8495 Normandy Blvd                                                                                                                                                          |       | Date:                                                                                                                                                                                 | 10/30/2012                              |
| Jacksonville FL 32221                                                                                                                                                       |       | Fiscal Year End:                                                                                                                                                                      | 6/30/2008                               |
|                                                                                                                                                                             |       | Audit Status:                                                                                                                                                                         | Unaudited [3]                           |
| Provider Type:  Nursing Home Single Level                                                                                                                                   | R     | rent New ate Rate 1.92 161.85                                                                                                                                                         | Effective Date 3/1/2009                 |
| Level H: AIDS                                                                                                                                                               | _30   | 0.27 300.20                                                                                                                                                                           | 3/1/2009                                |
| Level U: Fragile Unde                                                                                                                                                       | 21 41 | 1.28 411.21                                                                                                                                                                           | 3/1/2009                                |
| Rate Type: InterimTotal InterimInterim Component Settlement based on costsPrior Provider Prospective                                                                        |       | spective  X Total Prospective  Prospective Adjusted Total Prospective with                                                                                                            | l for New Costs<br>th Interim Component |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion                                    | U     | icensure Rating Change<br>sual and Customary Limitati<br>arget Rate limitation change<br>RVS Change<br>ffects of FA RFA NH06-19<br>ate Semester Change<br>in FRV [2] as of 01/12/1990 |                                         |
| Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  HOME Office:  HCR Manor Care  Julie Yoxtheimer  333 North Summi |       | Thomas Parker aid Cost Reimbursement Plan                                                                                                                                             | nning and Finance                       |



| Heartland of Jacksonv                                 | ille FL, LLC                                                                               |          |                           | Provider Number:                                              | 0 325236-00             |  |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------|----------|---------------------------|---------------------------------------------------------------|-------------------------|--|
| 8495 Normandy Blvd                                    |                                                                                            |          |                           | Date:                                                         | 10/30/2012              |  |
| Jacksonville FL 32221                                 |                                                                                            |          | Fiscal Year End:          |                                                               | 6/30/2008               |  |
|                                                       | ,                                                                                          |          |                           | Audit Status:                                                 | Unaudited [3]           |  |
| Provider Type: Nursing Home                           | Single Level                                                                               | -<br>-   | Current<br>Rate<br>198.98 | New Rate 198.90                                               | Effective Date 4/1/2009 |  |
|                                                       | Level H: AIDS                                                                              |          | 337.33                    | 337.25                                                        | 4/1/2009                |  |
|                                                       | Level U: Fragile Under 21                                                                  |          | 448.34                    | 448.26                                                        | 4/1/2009                |  |
| Basis:  Budget                                        | otal Interim  Interim Component  Ettlement based on costs  Frior Provider Prospective data | Changes  | Licensur                  | Total Prospective Prospective Adjusted Total Prospective with | n Interim Component     |  |
|                                                       | d costs interim portion                                                                    |          | Target R FRVS C           | _                                                             |                         |  |
|                                                       | Interim Portion - Prospective portion                                                      | <u>X</u> | Rate Sen                  | of FA RFA NH06-195<br>nester Change<br>[2] as of 01/12/1990   | J for prior prov 201511 |  |
| <b>Distribution:</b>                                  |                                                                                            |          | 7-50                      | Thomas Parker                                                 |                         |  |
| Contract Manager Permanent File For informa No Change | •                                                                                          | M        | ledicaid Cos              | t Reimbursement Plan                                          | ning and Finance        |  |
| Home Office:                                          | HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604                    |          |                           |                                                               |                         |  |



| Heartland of Jacksonville                                                                  | FL, LLC                                  |          |                                     | Provider Number:                                                                                                                | 0 325236-00             |
|--------------------------------------------------------------------------------------------|------------------------------------------|----------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 8495 Normandy Blvd                                                                         |                                          |          |                                     | Date:                                                                                                                           | 10/30/2012              |
| Jacksonville FL 32221                                                                      |                                          |          |                                     | Fiscal Year End:                                                                                                                | 6/30/2008               |
|                                                                                            |                                          |          |                                     | Audit Status:                                                                                                                   | Unaudited [3]           |
| G                                                                                          | Single Level                             | <u> </u> | Current Rate 206.15                 | New Rate 206.06                                                                                                                 | Effective Date 7/1/2009 |
|                                                                                            | evel H: AIDS<br>evel U: Fragile Under 21 | _        | 346.50<br>459.12                    | <u>346.41</u><br><u>459.03</u>                                                                                                  | 7/1/2009<br>7/1/2009    |
| Basis:  Budget X Unaudited costs Field audited co                                          | osts                                     | Changes: | Licensure<br>Usual and<br>Target Ra | Total Prospective Prospective Adjusted Total Prospective with Read Rating Change If Customary Limitation Total Prospective with | n Interim Component     |
| Field audit - int  Desk audited co  Desk audit - Int  Desk Audit - Pr                      | osts                                     | X        | Rate Sem                            | _                                                                                                                               | J for prior prov 201511 |
| Distribution:  Contract Management Permanent File For informatio No Change in Home Office: | n Only                                   | Me       | dicaid Cost                         | Thomas Parker Reimbursement Plant                                                                                               | ning and Finance        |



| Heartland of Jacksonville FL, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                         |                                         | Provider Number:                         | 0 325236-00             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------|-----------------------------------------|------------------------------------------|-------------------------|--|
| 8495 Normandy Blvd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5 Normandy Blvd                 |                                         | Date                                    |                                          | 10/30/2012              |  |
| Jacksonville FL 3222                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                               |                                         | Fiscal Year End:                        |                                          | 6/30/2008               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                         |                                         | Audit Status:                            | Unaudited [3]           |  |
| Provider Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                         |                                         | 110000000000000000000000000000000000000  |                         |  |
| <b>J 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | i                                       | Current                                 | New                                      | Effective               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                         | Rate                                    | Rate                                     | Date                    |  |
| Nursing Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Single Level                    |                                         | 208.27                                  |                                          | 1/1/2010                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Level H: AIDS                   |                                         | 350.19                                  | 350.11                                   | 1/1/2010                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Level U: Fragile Under 21       |                                         | 464.07                                  | 463.99                                   | 1/1/2010                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                         |                                         |                                          |                         |  |
| Rate Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                         |                                         |                                          |                         |  |
| Interim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | X                                       | Prospectiv                              | ve                                       |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total Interim                   |                                         | *************************************** | Total Prospective                        |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Interim Component               | Prospective Adjusted for New Costs      |                                         |                                          |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Settlement based on costs       |                                         |                                         | Total Prospective with                   | 1 Interim Component     |  |
| F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Prior Provider Prospective data |                                         |                                         |                                          |                         |  |
| Basis:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Changes:                                | ]                                       |                                          |                         |  |
| ~ .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                         | Licencur                                | e Rating Change                          |                         |  |
| Budget X Unaudited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nanta                           |                                         |                                         | e Rating Change<br>d Customary Limitatio | ın                      |  |
| Field audite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                         |                                         | ate limitation change                    | )11                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - interim portion               |                                         | FRVS C                                  | <del>-</del>                             |                         |  |
| Desk audite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                               | X                                       |                                         | •                                        | J for prior prov 201511 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Interim Portion               |                                         | Rate Sem                                | nester Change                            |                         |  |
| Desk Audit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - Prospective portion           |                                         | On FRV                                  | [2] as of 01/12/1990                     |                         |  |
| <b>Distribution:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | 7                                       | 9                                       | Thomas Parker                            |                         |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ement / Fiscal Agent            | Med                                     | dicaid Cost                             | t Reimbursement Plan                     | ning and Finance        |  |
| Permanent File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                         |                                         |                                          |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nation Only                     |                                         |                                         |                                          |                         |  |
| No Chang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ge in Rate                      |                                         |                                         |                                          |                         |  |
| Home Office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HCR Manor Care                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                         |                                          |                         |  |
| month of the contract of the c | Julie Yoxtheimer                |                                         |                                         |                                          |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 333 North Summit Street         |                                         |                                         |                                          | •                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Toledo OH 43604                 |                                         |                                         |                                          |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                         |                                         |                                          |                         |  |



| Heartland of Jackson | ville FL, LLC                   |                                    |                                  | 0 325236-00              |  |  |  |
|----------------------|---------------------------------|------------------------------------|----------------------------------|--------------------------|--|--|--|
| 8495 Normandy Blvo   |                                 |                                    |                                  | 10/30/2012               |  |  |  |
| Jacksonville FL 3222 | 21                              |                                    | Fiscal Year End:                 | 6/30/2009                |  |  |  |
|                      |                                 |                                    | Audit Status:                    | Unaudited [3]            |  |  |  |
| Provider Type:       |                                 |                                    |                                  |                          |  |  |  |
|                      | •                               | Current                            | New                              | Effective                |  |  |  |
| Nursing Home         | Single Level                    | Rate 194.96                        | Rate                             | Date                     |  |  |  |
| runsing riome        | Single Level                    |                                    |                                  | //1/2010                 |  |  |  |
|                      | Level H: AIDS                   | 338.30                             | 338.22                           | 7/1/2010                 |  |  |  |
|                      | Level U: Fragile Under 21       | 453.33                             | 453.25                           | 7/1/2010                 |  |  |  |
| Rate Type :          |                                 |                                    |                                  |                          |  |  |  |
| Interim              |                                 | X Prospec                          | tive                             |                          |  |  |  |
|                      | Total Interim                   | X                                  | Total Prospective                |                          |  |  |  |
|                      | Interim Component               | Prospective Adjusted for New Costs |                                  |                          |  |  |  |
|                      | Settlement based on costs       |                                    | Total Prospective with           | h Interim Component      |  |  |  |
| 1                    | Prior Provider Prospective data |                                    |                                  |                          |  |  |  |
| Basis:               |                                 | Changes:                           |                                  |                          |  |  |  |
|                      | ·                               |                                    |                                  |                          |  |  |  |
| Budget               |                                 |                                    | ure Rating Change                |                          |  |  |  |
| X Unaudited          |                                 |                                    | and Customary Limitation         | on                       |  |  |  |
| Field audit          |                                 |                                    | Rate limitation change<br>Change |                          |  |  |  |
| Desk audit           | - interim portion               |                                    | •                                | 5J for prior prov 201511 |  |  |  |
|                      | - Interim Portion               |                                    | emester Change                   | 50 101 prior prov #01511 |  |  |  |
| Desk Audit           | t - Prospective portion         | On FR                              | V [2] as of 01/12/1990           |                          |  |  |  |
| <b>Distribution:</b> |                                 | 20                                 | Thomas Parker                    |                          |  |  |  |
| Contract Manag       | ement / Fiscal Agent            | Medicaid C                         | ost Reimbursement Plan           | ning and Finance         |  |  |  |
| Permanent File       |                                 |                                    |                                  |                          |  |  |  |
| For inform           | nation Only                     |                                    |                                  |                          |  |  |  |
| No Chang             | ge in Rate                      |                                    |                                  |                          |  |  |  |
| Home Office:         | HCR Manor Care                  | WANT second                        |                                  |                          |  |  |  |
| Home Office.         | Julie Yoxtheimer                |                                    |                                  |                          |  |  |  |
|                      | * 333 North Summit Street       |                                    |                                  |                          |  |  |  |
|                      | Toledo OH 43604                 |                                    |                                  |                          |  |  |  |
|                      | L                               |                                    |                                  |                          |  |  |  |



| Heartland of Jacksonville FL, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |            |             | Provider Number:                         | 0 325236-00             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------|-------------|------------------------------------------|-------------------------|
| 8495 Normandy Blvd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | Date: 10/3 |             |                                          | 10/30/2012              |
| Jacksonville FL 3222                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                          |            |             | Fiscal Year End:                         | 6/30/2010               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |            |             | Audit Status:                            | Unaudited [3]           |
| Provider Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |            |             | Addit Status.                            | Onaddied [5]            |
| in the state of th |                                            | •          | Current     | New                                      | Effective               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | ×          | Rate        | Rate                                     | Date                    |
| Nursing Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Single Level                               |            | 202.42      |                                          | 1/1/2011                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Level H: AIDS                              |            | 347.28      | 347.20                                   | 1/1/2011                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Level U: Fragile Under 21                  | _          | 463.53      | 463.45                                   | 1/1/2011                |
| Rate Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | X          | Prospective | a                                        |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fotal Interim                              |            | -           | Fotal Prospective                        |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Interim Component                          |            |             | Prospective Adjusted                     | for New Costs           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Settlement based on costs                  |            |             | Total Prospective with                   |                         |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Prior Provider Prospective data            |            |             |                                          |                         |
| Basis:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | Changes:   |             |                                          |                         |
| Budget                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |            | Licensure   | Rating Change                            |                         |
| X Unaudited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | costs                                      |            |             | Customary Limitation                     | on                      |
| Field audite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ed costs                                   |            | Target Ra   | te limitation change                     |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - interim portion                          |            | FRVS Ch     | J                                        |                         |
| Desk audite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ed costs - Interim Portion                 | <u> </u>   |             | f <b>FA RFA NH06-195</b><br>ester Change | J for prior prov 201511 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Prospective portion                      |            |             | 2] as of 01/12/1990                      |                         |
| Distribution:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |            | 20          | Thomas Parker                            |                         |
| Contract Manage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ement / Fiscal Agent                       | Med        | licaid Cost | Reimbursement Plan                       | ning and Finance        |
| Permanent File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |            |             |                                          | <i>g</i>                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nation Only                                |            |             |                                          |                         |
| No Chang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e in Rate                                  |            |             |                                          |                         |
| Home Office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HCR Manor Care                             |            |             |                                          |                         |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Julie Yoxtheimer                           |            |             |                                          |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 333 North Summit Street<br>Toledo OH 43604 |            |             |                                          |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 101600 OH 43004                            |            |             |                                          |                         |



| Heartland of Jackson        | ville FL, LLC                                                                             |             |                                              | Provider Number:                                                 | 0 325236-00                             |
|-----------------------------|-------------------------------------------------------------------------------------------|-------------|----------------------------------------------|------------------------------------------------------------------|-----------------------------------------|
| 8495 Normandy Blvd          |                                                                                           |             |                                              | Date:                                                            | 10/30/2012                              |
| Jacksonville FL 3222        | 1                                                                                         |             |                                              | Fiscal Year End:                                                 | 6/30/2010                               |
|                             | •                                                                                         |             |                                              | Audit Status:                                                    | Unaudited [3]                           |
| Provider Type: Nursing Home | Single Level                                                                              |             | Current<br>Rate                              | New Rate 194.93                                                  | Effective Date 7/1/2011                 |
|                             | ~g.v 20.v.                                                                                | <del></del> |                                              |                                                                  | 111111111111111111111111111111111111111 |
|                             | Level H: AIDS                                                                             |             | 341.20                                       | 341.13                                                           | 7/1/2011                                |
|                             | Level U: Fragile Under 21                                                                 | _           | 458.53                                       | 458.46                                                           | 7/1/2011                                |
|                             | Total Interim Interim Component Settlement based on costs Prior Provider Prospective data | X Changes:  | Prospectiv X                                 | re Total Prospective Prospective Adjusted Total Prospective with |                                         |
| Desk audite Desk audit      | ed costs - interim portion                                                                | X           | Usual an Target R FRVS C  Effects o Rate Sen | <del>-</del>                                                     | on<br>J for prior prov 201511           |
| Distribution:               |                                                                                           |             | -/                                           | Thomas Parker                                                    |                                         |
| Permanent File              | ement / Fiscal Agent nation Only ge in Rate HCR Manor Care Julie Yoxtheimer               | Me          | dicaid Cos                                   | t Reimbursement Plan                                             | ning and Finance                        |
|                             | 333 North Summit Street Toledo OH 43604                                                   |             |                                              |                                                                  |                                         |



| Heartland of Jacksonville FL, LLC                                                                                                    |                                    |           |                                                          | Provider Number:                                                | 0 325236-00                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------|----------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------|
| 8495 Normandy Blvd                                                                                                                   |                                    | Date: 10/ |                                                          |                                                                 | 10/30/2012                           |
| Jacksonville FL 32221                                                                                                                |                                    |           |                                                          | Fiscal Year End:                                                | 6/30/2010                            |
|                                                                                                                                      |                                    |           |                                                          | Audit Status:                                                   | Unaudited [3]                        |
| Provider Type:                                                                                                                       |                                    |           | rrent<br>ate                                             | New<br>Rate                                                     | Effective<br>Date                    |
| Nursing Home Single Leve                                                                                                             | l                                  | 19        | 6.97                                                     | 196.89                                                          | 1/1/2012                             |
| Level H: AIDS                                                                                                                        |                                    | 34        | 4.58                                                     | 344.50                                                          | 1/1/2012                             |
| Level U: Fragil                                                                                                                      | e Under 21                         | 46        | 3.04                                                     | 462.96                                                          | 1/1/2012                             |
| Interim  Total Interim  Interim Componer  Settlement based of Prior Provider Provider                                                | n costs<br>spective data           | _         | Pro                                                      | ital Prospective<br>ospective Adjusted<br>ital Prospective with | for New Costs<br>n Interim Component |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective por |                                    | U T F R R | sual and Carget Rate<br>RVS Char<br>ffects of Fate Semes | U                                                               | on<br>iJ for prior prov 201511       |
| Distribution:  Contract Management / Fiscal Age                                                                                      | nt.                                | 77        | <u> </u>                                                 | Thomas Parker                                                   |                                      |
| Permanent File  For information Only  No Change in Rate  Home Office:  HCR Man  Julie Yoxtl                                          | or Care<br>neimer<br>Summit Street | Medica    | aid Cost R                                               | eimbursement Plan                                               | ning and Finance                     |



| Heartland of Jacksonville FL, LLC 8495 Normandy Blvd                                                  |                          |          |                                                                          | Provider Number:                                                                                                           | 0 325236-00             |           |  |
|-------------------------------------------------------------------------------------------------------|--------------------------|----------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------|--|
|                                                                                                       |                          |          | Date:                                                                    | 10/30/2012                                                                                                                 |                         |           |  |
| Jacksonville FL 32221                                                                                 |                          |          |                                                                          | Fiscal Year End:                                                                                                           | 6/30/2011               | 6/30/2011 |  |
|                                                                                                       |                          |          |                                                                          | Audit Status:                                                                                                              | Unaudited [3]           | _         |  |
| Provider Type:  Nursing Home  S                                                                       | ingle Level              |          | Current Rate 190.98                                                      | New<br>Rate<br>190.90                                                                                                      | Effective Date 7/1/2012 |           |  |
| L                                                                                                     | evel H: AIDS             |          | 340.19                                                                   | 340.11                                                                                                                     | 7/1/2012                |           |  |
| L                                                                                                     | evel U: Fragile Under 21 |          | 459.94                                                                   | 459.86                                                                                                                     | 7/1/2012                |           |  |
| Basis:  Budget X Unaudited costs Field audited co Field audit - int Desk audit - Int Desk Audit - Pro | erim portion             | Changes: | Licensure<br>Usual and<br>Target Ra<br>FRVS Ch<br>Effects of<br>Rate Sem | Total Prospective Prospective Adjusted of Total Prospective with Rating Change Customary Limitation Total Prospective with | Interim Component       |           |  |
| Distribution:  Contract Managemer Permanent File For information No Change in Home Office:            | n Only                   | Med      | dicaid Cost                                                              | Thomas Parker Reimbursement Plant                                                                                          | ning and Finance        |           |  |



| Manor Care-Carrollwood of Tampa FL, LLC             |                                                                         |                                                        |                                                             | Provider Number:     | 0 325678-00                   |  |
|-----------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|----------------------|-------------------------------|--|
| 3030 W. Bearass Ave                                 |                                                                         |                                                        | Date:                                                       | 10/2/2012            |                               |  |
| <u>Tampa FL 33618</u>                               |                                                                         |                                                        |                                                             | Fiscal Year End:     | 5/31/2006                     |  |
|                                                     |                                                                         |                                                        | ÷                                                           | Audit Status:        | Unaudited [3]                 |  |
| Provider Type:                                      |                                                                         |                                                        |                                                             | 110010 570105.       |                               |  |
|                                                     |                                                                         |                                                        | Current<br>Rate                                             | New<br>Rate          | Effective Date                |  |
| Nursing Home                                        | Single Level                                                            |                                                        | 179.34                                                      | <u>179.27</u> _      | 12/20/2007                    |  |
|                                                     | Level H: AIDS                                                           | ·<br>                                                  | 311.28                                                      | 311.21               | 12/20/2007                    |  |
|                                                     | Level U: Fragile Under 21                                               | _                                                      | 417.14                                                      | 417.07               | 12/20/2007                    |  |
| Rate Type :                                         |                                                                         | x                                                      | Prospectiv                                                  |                      | ·                             |  |
|                                                     | Total Interim<br>nterim Component                                       | X Total Prospective Prospective Adjusted for New Costs |                                                             |                      |                               |  |
|                                                     | Settlement based on costs                                               |                                                        |                                                             |                      | h Interim Component           |  |
|                                                     | rior Provider Prospective data                                          |                                                        |                                                             |                      |                               |  |
| Basis:                                              |                                                                         | Changes:                                               |                                                             |                      |                               |  |
| Desk audite Desk audit                              | ed costs - interim portion                                              | X                                                      | Usual and<br>Target Ra<br>FRVS Cl<br>Effects of<br>Rate Sem | -                    | on<br>197J prior prov. 202525 |  |
| Distribution:                                       |                                                                         |                                                        | 2                                                           | Thomas Parker        |                               |  |
| Contract Manage Permanent File For inform No Change | •                                                                       | Me                                                     | dicaid Cos                                                  | t Reimbursement Plar | nning and Finance             |  |
| Home Office:                                        | HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 |                                                        |                                                             |                      |                               |  |



| Manor Care-Carrollwood                                         | of Tampa FL, LLC                                                        |              |                                       | Provider Number:                                                                                                             | 0 325678-00             |  |
|----------------------------------------------------------------|-------------------------------------------------------------------------|--------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| 3030 W. Bearass Avenue                                         |                                                                         |              |                                       | Date:                                                                                                                        | 10/2/2012               |  |
| Tampa FL 33618                                                 |                                                                         |              |                                       | Fiscal Year End:                                                                                                             | 5/31/2007               |  |
|                                                                | •                                                                       |              |                                       | -Audit Status:                                                                                                               | Unaudited [3]           |  |
| Provider Type:  Nursing Home S                                 | lingle Level                                                            | _<br>_       | Current<br>Rate<br>179.48             | New Rate 179.42                                                                                                              | Effective Date 1/1/2008 |  |
| L                                                              | evel H: AIDS                                                            |              | 313.48                                | 313.42                                                                                                                       | 1/1/2008                |  |
| L                                                              | evel U: Fragile Under 21                                                | <del>-</del> | 421.00                                | 420.94                                                                                                                       | 1/1/2008                |  |
| Interior Settle                                                | erim portion                                                            | Changes:     | Licensure Usual and Target Ra FRVS Ch | Total Prospective Prospective Adjusted Total Prospective with Read Rating Change Customary Limitation Total Prospective with | Interim Component       |  |
| Desk audit - Inte                                              |                                                                         |              | Rate Sem                              | ester Change<br>[2] as of 07/20/1990                                                                                         | 270 prior provi acadad  |  |
| <b>Distribution:</b>                                           |                                                                         |              | P                                     | Thomas Parker                                                                                                                |                         |  |
| Contract Managemer Permanent File For information No Change in | n Only                                                                  | Me           | edicaid Cost                          | Reimbursement Plan                                                                                                           | ning and Finance        |  |
| Home Office:                                                   | HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 |              |                                       |                                                                                                                              |                         |  |



| Manor Care-Carrollwe                    | ood of Tampa FL, LLC           |          |            | Provider Number:       | 0 325678-00            |
|-----------------------------------------|--------------------------------|----------|------------|------------------------|------------------------|
| 3030 W. Bearass Ave                     | arass Avenue Date:             |          | 10/2/2012  |                        |                        |
| Tampa FL 33618                          |                                |          |            | Fiscal Year End:       | 5/31/2007              |
|                                         |                                |          |            | Audit Status:          | Unaudited [3]          |
| Provider Type:                          |                                |          |            | Audit Status.          | Ollaudited [5]         |
| riovider Type.                          |                                |          | Current    | New                    | Effective              |
|                                         |                                |          | Rate       | Rate                   | Date                   |
| Nursing Home                            | Single Level                   |          | 181.40     |                        | 7/1/2008               |
|                                         | Level H: AIDS                  |          | 317.68     | 317.61                 | 7/1/2008               |
|                                         | Level U: Fragile Under 21      |          | 427.03     | 426.96                 | 7/1/2008               |
| Rate Type:                              | ,                              |          |            |                        |                        |
| Interim                                 |                                | X        | Prospectiv | /e                     |                        |
| ТТ                                      | otal Interim                   |          | X          | Total Prospective      |                        |
|                                         | nterim Component               |          |            | Prospective Adjusted   |                        |
|                                         | ettlement based on costs       |          |            | Total Prospective with | n Interim Component    |
| P                                       | rior Provider Prospective data |          |            |                        |                        |
| Basis:                                  |                                | Changes: |            |                        |                        |
| Budget                                  |                                |          | Licensur   | e Rating Change        |                        |
| X Unaudited of                          | costs                          |          | •          | d Customary Limitation | on                     |
| Field audite                            | 1                              |          |            | ate limitation change  |                        |
| Field audit                             | - interim portion              |          | FRVS C     | hange                  |                        |
| Desk audite                             | d costs                        | X        | Effects o  | f FA & RFA NH06-1      | 97J prior prov. 202525 |
|                                         | - Interim Portion              |          |            | nester Change          |                        |
| *************************************** | - Prospective portion          |          | On FRV     | [2] as of 07/20/1990   |                        |
| Distribution:                           |                                |          | 0          | Thomas Parker          |                        |
| <del></del>                             | ement / Fiscal Agent           | Me       | dicaid Cos | t Reimbursement Plan   | ning and Finance       |
| Permanent File                          |                                |          |            |                        | •                      |
| For inform                              | ation Only                     |          |            |                        |                        |
| No Change                               | e in Rate                      |          |            |                        |                        |
| Home Office:                            | HCR Manor Care                 |          |            |                        |                        |
| Home Office.                            | Julie Yoxtheimer               |          |            |                        |                        |
|                                         | 333 North Summit Street        |          |            |                        | •                      |
|                                         | Toledo OH 43604                |          |            |                        |                        |
|                                         |                                |          |            |                        |                        |



| Manor Care-Carrollwood                                                                                 | l of Tampa FL, LLC                                                      | Provider Number: 0 32 |                                                            |                        | 0 325678-00                  |  |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------|------------------------------------------------------------|------------------------|------------------------------|--|
| 3030 W. Bearass Avenue                                                                                 |                                                                         | <br>                  |                                                            | 10/2/2012              |                              |  |
| Tampa FL 33618                                                                                         |                                                                         |                       |                                                            | Fiscal Year End:       | 5/31/2008                    |  |
|                                                                                                        |                                                                         |                       | Audit Status:                                              |                        | Unaudited [3]                |  |
| Provider Type:                                                                                         |                                                                         |                       |                                                            | riddit Status.         | Onadanoa [3]                 |  |
| Trovidus Lypes                                                                                         |                                                                         |                       | Current<br>Rate                                            | New<br>Rate            | Effective<br>Date            |  |
| Nursing Home                                                                                           | Single Level                                                            |                       | 186.92                                                     | 186.86                 | 1/1/2009                     |  |
| I                                                                                                      | Level H: AIDS                                                           |                       | 325.27                                                     | 325.21                 | 1/1/2009                     |  |
| I                                                                                                      | Level U: Fragile Under 21                                               | _                     | 436.28                                                     | 436.22                 | 1/1/2009                     |  |
| Rate Type :  Interim Tota                                                                              | ıl Interim                                                              | X                     | Prospectiv                                                 | e<br>Total Prospective |                              |  |
| Inter                                                                                                  | rim Component                                                           |                       |                                                            | Prospective Adjusted   | for New Costs                |  |
| Settl                                                                                                  | ement based on costs                                                    |                       |                                                            | Total Prospective with | Interim Component            |  |
| Prior                                                                                                  | r Provider Prospective data                                             |                       |                                                            |                        |                              |  |
| Basis:                                                                                                 |                                                                         | Changes:              |                                                            |                        |                              |  |
| Budget X Unaudited cost Field audited c Field audit - in Desk audited c Desk Audit - In Desk Audit - P | osts terim portion osts                                                 | X                     | Usual and<br>Target Ra<br>FRVS Ch<br>Effects o<br>Rate Sem | •                      | on<br>97J prior prov. 202525 |  |
| Distribution:                                                                                          |                                                                         |                       | 0                                                          | Thomas Parker          |                              |  |
| Contract Manageme                                                                                      | nt / Fiscal Agent                                                       |                       | licaid Cost                                                | Reimbursement Plan     | ning and Finance             |  |
| Permanent File                                                                                         |                                                                         | MICC                  | neara cost                                                 | Remoursement i lan     | ning and i mance             |  |
| For information                                                                                        | on Only                                                                 |                       |                                                            |                        |                              |  |
| No Change in                                                                                           | Rate                                                                    |                       | -                                                          |                        |                              |  |
| Home Office:                                                                                           | HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 |                       |                                                            |                        |                              |  |



| Manor Care-Carrollwood of Tampa FL, LLC |                                                                                           | Provider Number: | 0 325678-00          |                                                               |                        |
|-----------------------------------------|-------------------------------------------------------------------------------------------|------------------|----------------------|---------------------------------------------------------------|------------------------|
| 3030 W. Bearass Ave                     | nue                                                                                       | Date: 10/2/      |                      |                                                               | 10/2/2012              |
| Tampa FL 33618                          |                                                                                           |                  |                      | Fiscal Year End:                                              | 5/31/2008              |
|                                         |                                                                                           |                  |                      | Audit Status:                                                 | Unaudited [3]          |
| Provider Type:                          |                                                                                           |                  |                      | Audit Status.                                                 | Chadaled [5]           |
| Trovidor Typer                          |                                                                                           |                  | Current<br>Rate      | New<br>Rate                                                   | Effective<br>Date      |
| Nursing Home                            | Single Level                                                                              |                  | 171.25               | <u>171.20</u>                                                 | 3/1/2009               |
|                                         | Level H: AIDS                                                                             | :                | 309.60               | 309.55                                                        | 3/1/2009               |
|                                         | Level U: Fragile Under 21                                                                 | <u></u>          | 420.61               | 420.56                                                        | 3/1/2009               |
| Basis:                                  | Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data | X Changes:       |                      | Total Prospective Prospective Adjusted Total Prospective with |                        |
| Budget X Unaudited of Field audited     | ed costs                                                                                  |                  | Usual an<br>Target R | e Rating Change d Customary Limitation ate limitation change  | on                     |
| Desk audite Desk audit                  | - interim portion ed costs - Interim Portion - Prospective portion                        | <u>x</u>         | Rate Sen             | •                                                             | 97J prior prov. 202525 |
| Distribution:                           |                                                                                           |                  | 2                    | Thomas Parker                                                 | 000                    |
| Contract Manage                         | ement / Fiscal Agent                                                                      | Mad              | G<br>licaid Con      | t Reimbursement Plan                                          | ning and Finance       |
| Permanent File                          |                                                                                           | Mec              | iicaiu Cos           | i Kemioursement Plan                                          | ning and rhance        |
| For inform                              | nation Only                                                                               |                  |                      |                                                               |                        |
| No Chang                                | e in Rate                                                                                 |                  |                      |                                                               |                        |
| Home Office:                            | HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604                   |                  |                      |                                                               |                        |



| Manor Care-Carrollwood of Tampa FL, LLC |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Provider Number:       | 0 325678-00            |  |
|-----------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|------------------------|--|
| 3030 W. Bearass Avenu                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date:       | 10/2/2012              |                        |  |
| Tampa FL 33618                          |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        | 5/31/2008              |  |
|                                         |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Audit Status:          | Unaudited [3]          |  |
| Provider Type:                          |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | radit otatus.          |                        |  |
| - <b>7</b> F                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current     | New                    | Effective              |  |
|                                         |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rate        | Rate                   | Date                   |  |
| Nursing Home                            | Single Level                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 209.03      |                        | 4/1/2009               |  |
|                                         | Level H: AIDS                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 347.38      | 347.31                 | 4/1/2009               |  |
|                                         | Level U: Fragile Under 21    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 458.39      | 458.32                 | 4/1/2009               |  |
| Rate Type :                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |                        |  |
| Interim                                 |                              | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Prospectiv  | e                      |                        |  |
| То                                      | tal Interim                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X           | Total Prospective      |                        |  |
| Int                                     | erim Component               | Prospective Adjusted for New Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                        |                        |  |
| Set                                     | tlement based on costs       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Total Prospective with | 1 Interim Component    |  |
| Pri                                     | or Provider Prospective data |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |                        |  |
| Basis:                                  |                              | Changes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                        |                        |  |
| Dadas                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Licensure   | Rating Change          |                        |  |
| Budget X Unaudited co                   | ete                          | Licensure Rating Change Usual and Customary Limitation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                        |                        |  |
| Field audited                           |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | ate limitation change  | 711                    |  |
| Field audit -                           | interim portion              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FRVS Ch     | nange                  |                        |  |
| Desk audited                            | 1                            | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Effects of  | f FA & RFA NH06-1      | 97J prior prov. 202525 |  |
|                                         | nterim Portion               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | ester Change           |                        |  |
|                                         | Prospective portion          | and control of the co | Onfkv       | [2] as of 07/20/1990   |                        |  |
| <u>Distribution:</u>                    | (T) 14                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20          | Thomas Parker          |                        |  |
| Contract Managem                        | ient / riscai Agent          | Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dicaid Cost | Reimbursement Plan     | ning and Finance       |  |
| Permanent File                          | ion Only                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |                        |  |
| For informat                            | •                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |                        |  |
| No Change                               | in Kate                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |                        |  |
| Home Office:                            | HCR Manor Care               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |                        |  |
|                                         | Julie Yoxtheimer             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |                        |  |
|                                         | 333 North Summit Street      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |                        |  |
|                                         | Toledo OH 43604              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |                        |  |



| Manor Care-Carrollwo                  | ood of Tampa FL, LLC                  |                                                    |                 | Provider Number:       | 0 325678-00         |  |
|---------------------------------------|---------------------------------------|----------------------------------------------------|-----------------|------------------------|---------------------|--|
| 3030 W. Bearass Avenue Tampa FL 33618 |                                       | •                                                  |                 | Date:                  | 10/2/2012           |  |
|                                       |                                       | •                                                  |                 | Fiscal Year End:       | 5/31/2008           |  |
|                                       |                                       |                                                    |                 | Audit Status:          | Unaudited [3]       |  |
| Provider Type:                        |                                       |                                                    | Comment         |                        |                     |  |
|                                       |                                       |                                                    | Current<br>Rate | New<br>Rate            | Effective<br>Date   |  |
| Nursing Home                          | Single Level                          | _                                                  | 212.67          | 212.61                 | 7/1/2009            |  |
|                                       | Level H: AIDS                         |                                                    | 353.02          | 352.96                 | 7/1/2009            |  |
|                                       | Level U: Fragile Under 21             | _                                                  | 465.64          | 465.58                 | 7/1/2009            |  |
| Rate Type :                           |                                       |                                                    |                 |                        |                     |  |
| Interim                               |                                       | X                                                  | Prospectiv      | re ·                   |                     |  |
| Total Interim                         |                                       | X Total Prospective                                |                 |                        |                     |  |
| Interim Component                     |                                       |                                                    |                 | Prospective Adjusted   |                     |  |
|                                       | ettlement based on costs              |                                                    |                 | Total Prospective with | n Interim Component |  |
| Pı                                    | rior Provider Prospective data        |                                                    |                 |                        |                     |  |
| Basis:                                |                                       | Changes:                                           |                 |                        |                     |  |
| Budget                                |                                       |                                                    | Licensure       | e Rating Change        |                     |  |
| X Unaudited c                         | osts                                  | Usual and Customary Limitation                     |                 |                        |                     |  |
| Field audite                          | d costs                               |                                                    | Target Ra       | ate limitation change  |                     |  |
| Field audit -                         | interim portion                       |                                                    | FRVS Cl         | nange                  |                     |  |
| Desk audited costs                    |                                       | X Effects of FA & RFA NH06-197J prior prov. 202525 |                 |                        |                     |  |
|                                       | Interim Portion - Prospective portion | Rate Semester Change On FRV [2] as of 07/20/1990   |                 |                        |                     |  |
| <u>Distribution:</u>                  | Trospositive portion                  |                                                    | 26              | 7 Thomas Parker        |                     |  |
| Contract Management / Fiscal Agent    |                                       | Medicaid Cost Reimbursement Planning and Finance   |                 |                        |                     |  |
| Permanent File                        |                                       | 1,10                                               | a10414 000      |                        | ming and I manor    |  |
| For information                       | ation Only                            |                                                    |                 |                        |                     |  |
| No Change                             | e in Rate                             |                                                    |                 |                        |                     |  |
| Home Office:                          | HCR Manor Care                        |                                                    |                 |                        |                     |  |
| Home Office.                          | Julie Yoxtheimer                      |                                                    |                 |                        |                     |  |
|                                       | 333 North Summit Street               |                                                    |                 |                        |                     |  |
|                                       | Toledo OH 43604                       |                                                    |                 |                        |                     |  |
|                                       | <u> </u>                              |                                                    |                 |                        |                     |  |



| Manor Care-Carrollwood of Tampa FL, LLC 3030 W. Bearass Avenue Tampa FL 33618 |                                         |                                                  |                                         | Provider Number:                         | 0 325678-00            |  |  |
|-------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-----------------------------------------|------------------------------------------|------------------------|--|--|
|                                                                               |                                         |                                                  |                                         | Date:                                    | 10/2/2012              |  |  |
|                                                                               |                                         |                                                  |                                         | Fiscal Year End:                         | 5/31/2009              |  |  |
|                                                                               |                                         |                                                  |                                         | Audit Status:                            | Unaudited [3]          |  |  |
| Provider Type:                                                                |                                         |                                                  |                                         |                                          |                        |  |  |
|                                                                               |                                         |                                                  | Current<br>Rate                         | New<br>Rate                              | Effective<br>Date      |  |  |
| Nursing Home                                                                  | Single Level                            |                                                  | 210.99                                  | <u>210.92</u> _                          | 1/1/2010               |  |  |
|                                                                               | Level H: AIDS                           | _                                                | 352.91                                  | 352.84                                   | 1/1/2010               |  |  |
|                                                                               | Level U: Fragile Under 21               | _                                                | 466.79                                  | 466.72                                   | 1/1/2010               |  |  |
| Rate Type :                                                                   |                                         |                                                  |                                         |                                          |                        |  |  |
| Interim                                                                       |                                         | X                                                | Prospectiv                              | ve .                                     |                        |  |  |
| Total Interim                                                                 |                                         |                                                  | *************************************** | Total Prospective                        |                        |  |  |
| Interim Component                                                             |                                         | Prospective Adjusted for New Costs               |                                         |                                          |                        |  |  |
| Settlement based on costs                                                     |                                         |                                                  |                                         | Total Prospective with                   | Interim Component      |  |  |
|                                                                               | Prior Provider Prospective data         |                                                  |                                         |                                          |                        |  |  |
| Basis:                                                                        |                                         | Changes                                          | :]                                      |                                          |                        |  |  |
|                                                                               |                                         |                                                  | Licomoum                                | a Datina Chanas                          | •                      |  |  |
| Budget X Unaudited                                                            | oosts                                   | -                                                | -                                       | e Rating Change<br>d Customary Limitatio | an .                   |  |  |
| Field audite                                                                  |                                         |                                                  | _                                       | ate limitation change                    | ш                      |  |  |
|                                                                               | - interim portion                       |                                                  | FRVS C                                  | <del></del>                              |                        |  |  |
| Desk audite                                                                   | _                                       | X                                                | -<br>Effects o                          | f FA & RFA NH06-1                        | 97J prior prov. 202525 |  |  |
|                                                                               | - Interim Portion                       | Rate Semester Change On FRV [2] as of 07/20/1990 |                                         |                                          |                        |  |  |
|                                                                               | - Prospective portion                   |                                                  | On FRV                                  | [2] as of 07/20/1990                     |                        |  |  |
| Distribution:                                                                 | - A / Piccol A cont                     | , , , , , , , , , , , , , , , , , , ,            | ノひノ                                     | Thomas Parker                            |                        |  |  |
| Contract Management / Fiscal Agent                                            |                                         | Me                                               | dicaid Cost                             | t Reimbursement Plan                     | ning and Finance       |  |  |
| Permanent File                                                                | nation Only                             |                                                  |                                         |                                          |                        |  |  |
|                                                                               | •                                       |                                                  |                                         |                                          |                        |  |  |
| No Chang                                                                      |                                         |                                                  |                                         |                                          |                        |  |  |
| Home Office:                                                                  | HCR Manor Care                          |                                                  |                                         |                                          |                        |  |  |
|                                                                               | Julie Yoxtheimer                        |                                                  |                                         |                                          |                        |  |  |
|                                                                               | 333 North Summit Street Toledo OH 43604 |                                                  |                                         |                                          |                        |  |  |
|                                                                               | 10,000                                  |                                                  |                                         |                                          |                        |  |  |



| Manor Care-Carrollwood of Tampa FL, LLC 3030 W. Bearass Avenue Tampa FL 33618 |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Provider Number:       | 0 325678-00            |  |  |  |
|-------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|------------------------|--|--|--|
|                                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Date:                  | 10/2/2012<br>5/31/2009 |  |  |  |
|                                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Fiscal Year End:       |                        |  |  |  |
|                                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Audit Status:          | Unaudited [3]          |  |  |  |
| Provider Type:                                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                        |  |  |  |
|                                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current                                 | New                    | Effective              |  |  |  |
| Name II ama                                                                   | Cingle I and                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rate                                    | Rate                   | Date                   |  |  |  |
| Nursing Home                                                                  | Single Level                    | **********                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 214.45                                  |                        | 7/1/2010               |  |  |  |
|                                                                               | Level H: AIDS                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 357.79                                  | 357.73                 | 7/1/2010               |  |  |  |
|                                                                               | Level U: Fragile Under 21       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 472.82                                  | 472.76                 | 7/1/2010               |  |  |  |
|                                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                        |  |  |  |
| Rate Type:                                                                    |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                        |  |  |  |
| Interim                                                                       |                                 | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Prospectiv                              | e                      |                        |  |  |  |
| Total Interim                                                                 |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Total Prospective      |                        |  |  |  |
| Interim Component                                                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** | Prospective Adjusted   |                        |  |  |  |
| Settlement based on costs                                                     |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Total Prospective with | 1 Interim Component    |  |  |  |
| I                                                                             | Prior Provider Prospective data |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                        |  |  |  |
| Basis:                                                                        |                                 | Changes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                        |                        |  |  |  |
| Budget                                                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Licensure                               | e Rating Change        |                        |  |  |  |
| X Unaudited                                                                   | costs                           | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Usual and Customary Limitation          |                        |                        |  |  |  |
| Field audit                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | ate limitation change  |                        |  |  |  |
| Field audit                                                                   | - interim portion               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FRVS Change                             |                        |                        |  |  |  |
| Desk audite                                                                   | •                               | X Effects of FA & RFA NH06-197J prior prov. 202525                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                        |                        |  |  |  |
| Desk audit - Interim Portion                                                  |                                 | Rate Semester Change On FRV [2] as of 07/20/1990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                        |                        |  |  |  |
|                                                                               | - Prospective portion           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | On FRV                                  | [2] as of 0 //20/1990  |                        |  |  |  |
| Distribution:                                                                 |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6                                       | Thomas Parker          |                        |  |  |  |
| •                                                                             | ement / Fiscal Agent            | Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dicaid Cost                             | Reimbursement Plan     | ning and Finance       |  |  |  |
| Permanent File                                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                        |  |  |  |
|                                                                               | nation Only                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                        |  |  |  |
| No Chang                                                                      | ge in Rate                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                        |  |  |  |
| Home Office:                                                                  | HCR Manor Care                  | WATER CONTRACTOR OF THE CONTRA |                                         |                        |                        |  |  |  |
|                                                                               | Julie Yoxtheimer                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                        |  |  |  |
|                                                                               | 333 North Summit Street         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                        |  |  |  |
|                                                                               | Toledo OH 43604                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                        |  |  |  |
|                                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                        |  |  |  |



| Manor Care-Carrollwood of Tampa FL, LLC 3030 W. Bearass Avenue Tampa FL 33618 |                                                                         |                                                                             |             | Provider Number:       | 0 325678-00       |  |  |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------|------------------------|-------------------|--|--|
|                                                                               |                                                                         |                                                                             |             | Date:                  | 10/2/2012         |  |  |
|                                                                               |                                                                         |                                                                             |             | Fiscal Year End:       | 5/31/2010         |  |  |
|                                                                               |                                                                         |                                                                             |             | Audit Status:          | Unaudited [3]     |  |  |
| Provider Type:                                                                |                                                                         |                                                                             | Current     | New                    | Effective         |  |  |
|                                                                               |                                                                         |                                                                             | Rate        | Rate                   | Date              |  |  |
| Nursing Home                                                                  | Single Level                                                            | <u>-</u>                                                                    | 212.98      | 212.92                 | 1/1/2011          |  |  |
|                                                                               | Level H: AIDS                                                           |                                                                             | 357.84      | 357.78                 | 1/1/2011          |  |  |
|                                                                               | Level U: Fragile Under 21                                               |                                                                             | 474.09      | 474.03                 | 1/1/2011          |  |  |
| Rate Type :                                                                   |                                                                         |                                                                             |             |                        |                   |  |  |
| Interim                                                                       |                                                                         | X                                                                           | Prospectiv  | re                     |                   |  |  |
| Total Interim                                                                 |                                                                         | X Total Prospective                                                         |             |                        |                   |  |  |
| Interim Component                                                             |                                                                         | Prospective Adjusted for New Costs Total Prospective with Interim Component |             |                        |                   |  |  |
| Settlement based on costs                                                     |                                                                         |                                                                             |             | Total Prospective with | Interim Component |  |  |
|                                                                               | Prior Provider Prospective data                                         |                                                                             | <b>-</b>    |                        |                   |  |  |
| Basis:                                                                        |                                                                         | Changes:                                                                    |             |                        |                   |  |  |
| Budget                                                                        |                                                                         |                                                                             | Licensure   | e Rating Change        |                   |  |  |
| X Unaudited costs                                                             |                                                                         | Usual and Customary Limitation                                              |             |                        |                   |  |  |
| Field audite                                                                  | ed costs                                                                | Target Rate limitation change                                               |             |                        |                   |  |  |
| Field audit                                                                   | - interim portion                                                       | FRVS Change                                                                 |             |                        |                   |  |  |
| Desk audite                                                                   | 1                                                                       | X Effects of FA & RFA NH06-197J prior prov. 202525                          |             |                        |                   |  |  |
| Desk audit - Interim Portion  Desk Audit - Prospective portion                |                                                                         | Rate Semester Change On FRV [2] as of 07/20/1990                            |             |                        |                   |  |  |
| Distribution:                                                                 |                                                                         |                                                                             | ·~          | Thomas Parker          |                   |  |  |
| Contract Management / Fiscal Agent                                            |                                                                         | Medicaid Cost Reimbursement Planning and Finance                            |             |                        |                   |  |  |
| Permanent File                                                                |                                                                         | 1410                                                                        | aioaia cosi | A TOMINOUI SOME I MAN  | ning and I manee  |  |  |
| For inform                                                                    | ation Only                                                              |                                                                             |             |                        |                   |  |  |
| No Chang                                                                      | e in Rate                                                               |                                                                             |             |                        |                   |  |  |
| Home Office:                                                                  | HCR Manor Care Julie Yoxtheimer 333 North Summit Street Toledo OH 43604 |                                                                             |             |                        |                   |  |  |
|                                                                               |                                                                         |                                                                             |             |                        |                   |  |  |



| Date: 10/2/2012   Fiscal Year End: 5/31/2010   Audit Status: Unaudited [3]                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Audit Status: Unaudited [3]  Current Rate Rate Date  204.32 204.27 7/1/2011  350.52 350.47 7/1/2011  467.85 467.80 7/1/2011                                                                                       |
| Audit Status: Unaudited [3]  Current Rate Rate Date  204.32 204.27 7/1/2011  350.52 350.47 7/1/2011  467.85 467.80 7/1/2011                                                                                       |
| Current Rate         New Rate         Effective Date           204.32         204.27         7/1/2011           350.52         350.47         7/1/2011           467.85         467.80         7/1/2011           |
| Rate         Rate         Date           204.32         204.27         7/1/2011           350.52         350.47         7/1/2011           467.85         467.80         7/1/2011           X         Prospective |
| 350.52 350.47 7/1/2011<br>467.85 467.80 7/1/2011<br>X Prospective                                                                                                                                                 |
| 467.85 467.80 7/1/2011  X Prospective                                                                                                                                                                             |
| X Prospective                                                                                                                                                                                                     |
|                                                                                                                                                                                                                   |
| Prospective Adjusted for New Costs  Total Prospective with Interim Component                                                                                                                                      |
| Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA NH06-197J prior prov. 202525 Rate Semester Change On FRV [2] as of 07/20/1990              |
| Thomas Parker                                                                                                                                                                                                     |
| Medicaid Cost Reimbursement Planning and Finance                                                                                                                                                                  |
|                                                                                                                                                                                                                   |



| Manor Care-Carrollwood of Tampa FL, LLC 3030 W. Bearass Avenue Tampa FL 33618 |                                       |                                    |                                                    | Provider Number:                                         | 0 325678-00         |  |  |
|-------------------------------------------------------------------------------|---------------------------------------|------------------------------------|----------------------------------------------------|----------------------------------------------------------|---------------------|--|--|
|                                                                               |                                       |                                    |                                                    | Date:                                                    | 10/2/2012           |  |  |
|                                                                               |                                       |                                    |                                                    | Fiscal Year End:                                         | 5/31/2011           |  |  |
|                                                                               |                                       |                                    |                                                    | Audit Status:                                            | Unaudited [3]       |  |  |
| Provider Type:                                                                |                                       |                                    |                                                    |                                                          |                     |  |  |
|                                                                               |                                       |                                    | Current                                            | New                                                      | Effective           |  |  |
| nt + ww                                                                       | O. 1 * 1                              |                                    | Rate                                               | Rate                                                     | Date                |  |  |
| Nursing Home                                                                  | Single Level                          | _                                  | 205.38                                             |                                                          | 1/1/2012            |  |  |
| •                                                                             | Level H: AIDS                         |                                    | 352.99                                             | 352.93                                                   | 1/1/2012            |  |  |
|                                                                               | Level U: Fragile Under 21             | <del></del>                        | 471.45                                             | 471.39                                                   | 1/1/2012            |  |  |
| Rate Type :                                                                   |                                       |                                    |                                                    |                                                          |                     |  |  |
| Interim                                                                       |                                       | X                                  | Prospectiv                                         | ⁄e                                                       |                     |  |  |
| Total Interim                                                                 |                                       |                                    | X                                                  | Total Prospective                                        |                     |  |  |
| Interim Component                                                             |                                       | Prospective Adjusted for New Costs |                                                    |                                                          |                     |  |  |
| Settlement based on costs                                                     |                                       |                                    |                                                    | Total Prospective with                                   | 1 Interim Component |  |  |
| I                                                                             | Prior Provider Prospective data       |                                    |                                                    |                                                          |                     |  |  |
| Basis:                                                                        |                                       | Changes:                           |                                                    |                                                          |                     |  |  |
|                                                                               |                                       |                                    | Linnaum                                            | a Datina Changa                                          |                     |  |  |
| Budget X Unaudited                                                            | acets                                 |                                    |                                                    | e Rating Change<br>d Customary Limitation                | •                   |  |  |
| Field audit                                                                   | · · · · · · · · · · · · · · · · · · · |                                    |                                                    | d Customary Emitation at limitation at limitation change | M                   |  |  |
|                                                                               | - interim portion                     |                                    | FRVS C                                             | _                                                        |                     |  |  |
| Desk audite                                                                   | -                                     | <u>x</u>                           | X Effects of FA & RFA NH06-197J prior prov. 202525 |                                                          |                     |  |  |
| Desk audit - Interim Portion                                                  |                                       | Rate Semester Change               |                                                    |                                                          |                     |  |  |
| Desk Audit                                                                    | - Prospective portion                 |                                    | On FRV                                             | [2] as of 07/20/1990                                     |                     |  |  |
| Distribution:                                                                 |                                       |                                    | 26                                                 | )<br>Thomas Parker                                       |                     |  |  |
| -                                                                             | ement / Fiscal Agent                  | Med                                | dicaid Cos                                         | t Reimbursement Plan                                     | ning and Finance    |  |  |
| Permanent File                                                                |                                       |                                    |                                                    |                                                          | -                   |  |  |
| ***************************************                                       | nation Only                           |                                    |                                                    |                                                          |                     |  |  |
| No Chang                                                                      | e in Rate                             |                                    |                                                    |                                                          |                     |  |  |
| Home Office:                                                                  | HCR Manor Care                        |                                    |                                                    |                                                          |                     |  |  |
| Home Office.                                                                  | Julie Yoxtheimer                      |                                    |                                                    |                                                          |                     |  |  |
|                                                                               | 333 North Summit Street               |                                    |                                                    |                                                          |                     |  |  |
|                                                                               | Toledo OH 43604                       |                                    |                                                    |                                                          |                     |  |  |
|                                                                               |                                       |                                    |                                                    |                                                          |                     |  |  |



| Manor Care-Carrollwood of Tampa FL, LLC 3030 W. Bearass Avenue Tampa FL 33618                                                                               |                                                                                 |            |                                                            | Provider Number:                                                   | 0 325678-00                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------|------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------|
|                                                                                                                                                             |                                                                                 |            |                                                            | Date:                                                              | 10/2/2012                     |
|                                                                                                                                                             |                                                                                 |            |                                                            | Fiscal Year End:                                                   | 5/31/2011                     |
|                                                                                                                                                             |                                                                                 |            |                                                            | Audit Status:                                                      | Unaudited [3]                 |
| Provider Type:                                                                                                                                              |                                                                                 | ****       | Current<br>Rate                                            | New<br>Rate                                                        | Effective<br>Date             |
| Nursing Home                                                                                                                                                | Single Level                                                                    |            | 211.15                                                     | 211.09                                                             | 7/1/2012                      |
|                                                                                                                                                             | Level H: AIDS                                                                   |            | 360.36                                                     | 360.30                                                             | 7/1/2012                      |
| ;                                                                                                                                                           | Level U: Fragile Under 21                                                       |            | 480.11                                                     | 480.05                                                             | 7/1/2012                      |
| Inte                                                                                                                                                        | al Interim  erim Component  element based on costs or Provider Prospective data | X Changes: |                                                            | e  Total Prospective  Prospective Adjusted  Total Prospective with |                               |
| Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion |                                                                                 | x          | Usual and<br>Target Ra<br>FRVS Ch<br>Effects o<br>Rate Sem | _                                                                  | on<br>197J prior prov. 202525 |
| Distribution:                                                                                                                                               | (T'- 1 A                                                                        |            | 20                                                         | Thomas Parker                                                      |                               |
| Contract Managemer Permanent File For informati No Change in Home Office:                                                                                   | ion Only                                                                        | Me         | dicaid Cost                                                | Reimbursement Plan                                                 | ning and Finance              |