

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

#### **MEMORANDUM**

Date:

September 26, 2013

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From:

Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject:

Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	<u>Provider</u> <u>Number</u>	Number of Rate Change Notices
1.	Unity Health & Rehab Center	0 032482-00	6
2.	Lady Lake Specialty Care Center	0 032486-00	6
3.	Sunset Lake Health & Rehab Center	0 032551-00	5
4.	Unity Health & Rehab Center	0 227544-00	2
5.	Lady Lake Specialty Care Center	0 227561-00	3
6.	Wilton Manors Health and Rehab Center	0 227579-00	1
7.	Ridgecrest Nursing & Rehabilitation Center	0 282464-00	12
8.	Sunset Lake Health & Rehab Center	0 308501-00	2
9.	Lehigh Acres Health & Rehabilitation Center	0 320978-00	7
		Total	44

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

TP/ab Attachments



4 1 2 1 1 SL	med tal <sub>a e</sub> gn i i i i i i i	Single Level	Level H: AIDS	Single Level	Single Level		F. Array
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
003248200	20110513	202.03	346.89	202.03	202.03	74028-13	
003248200	20110701	202.70	348.90	202.70	202.70	74028-13	
003248200	20120101	204.55	352.16	204.55	204.55	74028-13	
003248200	20120701	212.35	361.56	212.35	212.35	74028-13	
003248200	20130101	216.13	366.94	216.13	216.13	74028-13	
003248200	20130701	227,67	0.00	227.67	227.67	74028-13	
003248600	20110513	216.93	361.79	216.93	216.93	74028-13	
003248600	20110701	215.02	361,22	215.02	215.02	74028-13	
003248600	20120101	216.87	364.48	216.87	216.87	74028-13	
003248600	20120701	223.58	372.79	223.58	223.58	74028-13	
003248600	20130101	226.30	377.11	226.30	226.30	74028-13	
003248600	20130701	232.21	0.00	232.21	232.21	74028-13	
003255100	20110513	232.96	377.82	232.96	232.96	74028-13	
003255100	20110701	223.95	370.15	223.95	223.95	74028-13	
003255100	20120101	224.38	371.99	224.38	224.38	74028-13	
003255100	20130101	237.33	388.14	237.33	237.33	74028-13	
003255100	20130701	243.09	0.00	243.09	243.09	74028-13	
022754400	20100701	202.73	346.07	202.73	202.73	74028-13	
022754400	20110101	202.03	346.89	202.03	202.03	74028-13	
022756100	20100101	210.89	352.81	210.89	210.89	74028-13	
022756100	20100701	214.63	357.97	214.63	214.63	74028-13	
022756100	20110101	216.93	361.79	216.93	216,93	74028-13	
022757900	20130101	229.87	380.68	229.87	229.87	74028-13	
028246400	20090101	176.98	315.33	176.98	176.98	74028-13	
028246400	20090301	162.15	300.50	162.15	162.15	74028-13	
028246400	20090401	200.02	338.37	200.02	200.02	74028-13	
028246400	20090701	202.43	342.78	202.43	202.43	74028-13	
028246400	20100101	202.57	344.49	202.57	202.57	74028-13	
028246400	20100701	205.95	349.29	205.95	205.95	74028-13	
028246400	20110101	207.96	352.82	207.96	207.96	74028-13	
028246400	20110701	200.91	347.11	200.91	200.91	74028-13	
028246400	20120101	197.18	344.79	197.18	197.18	74028-13	
028246400	20120701	202.91	352.12	202.91	202.91	74028-13	
028246400	20130101	205.22	356.03	205.22	205.22	74028-13	
028246400	20130701	216.20	0.00	216.20	216.20	74028-13	
030850100	20100701	230.34	373.68	230.34	230.34	74028-13	
030850100	20110101	232.96	377.82	232.96	232.96	74028-13	
032097800	20100701	235.33	378.67	235.33	235.33	74028-13	
032097800	20110101	238.59	383.45	238.59	238.59	74028-13	
032097800	20110701	229.83	376.03	229.83	229.83	74028-13	
032097800	20120101	230.87	378.48	230.87	230.87	74028-13	
032097800	20120701	240.30	389.51	240.30	240.30	74028-13	
032097800	20130101	243.68	394.49	243.68	243.68	74028-13	
032097800	20130701	249.87	0.00	249.87	249.87	74028-13	



Unity Health & Rehab Center		Provider Number:	0 032482-00		
1404 NW 22nd Street		Date:	8/30/2013		
Miami FL 33142		Fiscal Year End:	12/31/2009		
		Audit Status:	Unaudited [3]		
Provider Type:	Current Rate	New Rate	Effective Date		
Nursing Home Single Level	201.98	202.03	5/13/2011		
Level H: Aids	346.84	346.89	5/13/2011		
Rate Type :					
Interim	X Prospec				
Total Interim	X	Total Prospective			
Interim Component		Prospective Adjusted			
Settlement based on costs	w	Total Prospective with	h Interim Component		
Prior Provider Prospective data					
Basis:	Changes:				
	1				
Budget	Licens	sure Rating Change			
X Unaudited costs		and Customary Limitatio	on		
Field audited costs		Rate limitation change			
Field audit - interim portion		Change			
Desk audited costs		s of Asset Correction			
Desk audit - Interim Portion  Desk Audit - Prospective portion	Rate Semester Change On FRV_[2] as of 11/01/1988				
Distribution:		$\mathcal{T}$	annual control of the		
Contract Management / Fiscal Agent		Thomas Parker			
Permanent File	Medicaid C	ost Reimbursement Plan	ning and Finance		
For information Only					
·					
No Change in Rate					
Home Office: Greystone Healthcare Manage	nent, LLC	1			
		I I			
4042 Park Oaks Blvd, Suite 30		:			
Tampa FL 33610		ı			



Unity Health & Rehab Center			Provider Number:	0 032482-00		
1404 NW 22nd Street		Date: Fiscal Year End:		8/30/2013		
Miami FL 33142				12/31/2010		
			Audit Status:	Unaudited [3]		
Provider Type:						
-	(	Current	New	Effective		
N		Rate	Rate	Date		
Nursing Home Single Level	-	202.65		7/1/2011		
Level H: Aids		348.85	348.90	7/1/2011		
Rate Type:						
Interim	<u>X</u>	Prospective				
Total Interim  Interim Component			Fotal Prospective Prospective Adjusted:	for New Costs		
Settlement based on costs		-	Total Prospective with			
Prior Provider Prospective data		***************************************		<b></b>		
Basis:	Changes:					
!	,					
Budget		Licensure	Rating Change			
X Unaudited costs			Customary Limitatio	n		
Field audited costs	Target Rate limitation change FRVS Change					
Field audit - interim portion  Desk audited costs	<u>X</u>		ange rrection FYE 12/31/2	MAAA		
Desk audit - Interim Portion			ester Change	.UIU		
Desk Audit - Prospective portion	1		2] as of 11/01/1988			
Distribution:		7K-	Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File				8		
For information Only						
No Change in Rate						
Home Office: Greystone Healthcare Manager	nent, LLC		,			
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610	)					



Unity Health & Rehab C			Provider Number:	0 032482-00			
1404 NW 22nd Street		Date:		8/30/2013			
Miami FL 33142			Fiscal Year End:	12/31/2010			
				Audit Status:	Unaudited [3]		
Provider Type:				Audit Status.			
<i>.</i> 1		(	Current	New	Effective		
		war-name.	Rate	Rate	Date		
Nursing Home	Single Level		204.50		1/1/2012		
1	Level H: Aids		352.11	352.16	1/1/2012		
	al Interim	X		Total Prospective			
	rim Component	Prospective Adjusted for New Costs					
	lement based on costs			Total Prospective with	Interim Component		
Prio	r Provider Prospective data						
Basis:		Changes:					
Budget X Unaudited cost Field audited cost Field audit - in Desk audited c Desk audit - In Desk Audit - P	eosts aterim portion osts	X	Usual and Target Ra FRVS Ch Effects of Rate Sem	Rating Change I Customary Limitation ate limitation change hange <b>f Asset Correction</b> ester Change [2] as of 11/01/1988	n		
Distribution:			$ \mathcal{L}$				
Contract Manageme	ent / Fiscal Agent		0	Thomas Parker			
Permanent FileFor information	-	Med	licaid Cost	Reimbursement Plann	ing and Finance		
No Change in	Rate						
Home Office:	Greystone Healthcare Manager	nent, LLC	- MANDA MINI				
	4042 Park Oaks Blvd, Suite 300 Tampa FL 33610			;			
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Unity Health & Rehab Cer	iter			Provider Number:	0 032482-00	
1404 NW 22nd Street			Date:	8/30/2013		
Miami FL 33142				Fiscal Year End:	12/31/2011	
				Audit Status:	Unaudited [3]	
Provider Type:						
		(	Current	New	Effective	
Name in a Home Ci	lmala Tanal		Rate	Rate	Date T/1/2012	
Nursing Home Si	ingle Level		212.30		7/1/2012	
Le	vel H: Aids	3	361.51	361.56	7/1/2012	
Interi	Interim m Component ment based on costs	XI		e Total Prospective Prospective Adjusted to Total Prospective with		
***************************************	Provider Prospective data			roun roopeen e was	moral component	
Basis:		Changes:				
Budget  X Unaudited costs Field audited cost Field audit - inte Desk audit - Inte Desk Audit - Pro	erim portion sts rim Portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	e Rating Change I Customary Limitation the limitation change nange f Asset Correction ester Change [2] as of 11/01/1988	n	
Distribution:			2	Thomas Parker		
Contract Managemen	t / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance				
Permanent File		17104	icuia cost	romoursoment ram	mig and i manee	
For information	•					
No Change in I	Rate					
Home Office:	Greystone Healthcare Manage	ement, LLC				
	4042 Park Oaks Blvd, Suite 30 Tampa FL 33610	00		.		



Unity Health & Rehab Center				Provider Number:	0 032482-00
1404 NW 22nd Street		Date:		8/30/2013	
Miami FL 33142				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home S	ingle Level		Current Rate 216.08	New Rate	Effective Date 1/1/2013
Lo	evel H: Aids	_	366.89	366.94	1/1/2013
	Interim m Component	X		e Cotal Prospective Prospective Adjusted f	or New Costs
	Provider Prospective data	Changes:	1	otal Prospective with	Interim Component
Budget X Unaudited costs Field audited co Field audit - inte Desk audit - Inte Desk Audit - Pre	erim portion	X	Usual and Target Ra FRVS Cha Effects of Rate Seme	Rating Change Customary Limitation te limitation change ange Asset Correction ester Change 2] as of 11/01/1988	1
<b>Distribution:</b>			フムノ	Thomas Parker	
Contract Management Permanent File For information No Change in	n Only	Med	licaid Cost	Reimbursement Plann	ing and Finance
Home Office:	Greystone Healthcare Mana 4042 Park Oaks Blvd, Suite Tampa FL 33610	_			



Unity Health & Rehab Cen	ter			Provider Number:	0 032482-00
1404 NW 22nd Street				Date:	8/30/2013
Miami FL 33142				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level			Current Rate 227.61	New Rate 227.67	Effective Date 7/1/2013
Interio	Interim n Component ment based on costs	X		e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Provider Prospective data	Changes:			
Budget  X Unaudited costs Field audited cost Field audit - inte Desk audit - Inte Desk Audit - Pro	rim portion sts rim Portion	X	Usual and Target Ra FRVS Ch Effects o Rate Sem	e Rating Change I Customary Limitation ate limitation change nange f Asset Correction tester Change [2] as of 11/01/1988	n
Distribution:			20	Thomas Parker	
Contract Management Permanent File For information No Change in F	Only	Med	dicaid Cost	Reimbursement Plann	ing and Finance
Home Office:	Greystone Healthcare Mana	gement, LLC	the transfer trees were	age and and a supply decided a supply of the	
	4042 Park Oaks Blvd, Suite 2 Tampa FL 33610	300			



Lady Lake Specialty Care Center			Provider Number:	0 032486-00	
630 Griffin Avenue			Date:	9/4/2013	
Lady Lake FL 32159			Fiscal Year End:	12/31/2009	
			Audit Status:	Unaudited [3]	
Provider Type:					
		Current	New	Effective	
Nursing Home Single Level	,	Rate	Rate	Date	
Nursing Home Single Level		216.77	216.93	5/13/2011	
Level H: Aids		361.63	361.79	5/13/2011	
Rate Type :	-				
Interim	X	Prospective			
Total Interim		_	otal Prospective		
Interim Component			rospective Adjusted f	for New Costs	
Settlement based on costs			otal Prospective with		
Prior Provider Prospective data					
Basis:	Changes:				
		• .	n .: at		
Budget			Rating Change		
X Unaudited costs Field audited costs			Customary Limitatior e limitation change	1	
Field audited costs  Field audit - interim portion		FRVS Cha			
Desk audited costs	${\mathbf{x}}$		Č	561 Asset Correction	
Desk audit - Interim Portion	Rate Semester Change				
Desk Audit - Prospective portion		On FRV [2	] as of 03/30/1999		
Distribution:		7	Thomas Parker		
Contract Management / Fiscal Agent	Med	icaid Cost F	Reimbursement Plann	ing and Finance	
Permanent File					
For information Only					
No Change in Rate					
Home Office: Greystone Healthcare Manager	nent, LLC				
4042 Park Oaks Blvd, Suite 300	)		; 		
Tampa FL 33610					
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Lady Lake Specialty Care			Provider Number:	0 032486-00		
630 Griffin Avenue				Date:	9/4/2013	
Lady Lake FL 32159				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Ny	No. I. T	No.	Rate	Rate	Date	
Nursing Home	Single Level		214.73	215.02	7/1/2011	
I	evel H: Aids	•	360.93	361.22	7/1/2011	
Data Type		- A				
Rate Type:						
Interim	trae to	<u>X</u>	Prospective			
	l Interim im Component	X Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component				
	ement based on costs					
	Provider Prospective data			our rospour o win	mornii component	
		Changes				
Basis:		Changes:	ļ			
Budget			Licensure 1	Rating Change		
X Unaudited costs				Customary Limitation	1	
Field audited co		Target Rate limitation change				
Field audit - int	erim portion		FRVS Cha	nge		
Desk audited co	1	X Asset Correction for 7/11 Rate Semester				
Desk audit - Inte	erim Portion ospective portion	Rate Semester Change On FRV [2] as of 03/30/1999				
Distribution:	ospective portion		On TRV (2	J 45 01 03/30/1999		
Contract Managemen	t/Fiscal Agent		0_	Thomas Parker		
Permanent File	t / Piscal Agent	Med	icaid Cost F	Reimbursement Planni	ing and Finance	
For information	Only					
	-					
No Change in I						
Home Office:	Greystone Healthcare Managem	ent, LLC				
	4042 Park Oaks Blvd, Suite 300			! !		
	Tampa FL 33610					
	7 mmpu 1 2 3 3 0 1 0					



Lady Lake Specialty Ca	re Center			Provider Number:	0 032486-00	
630 Griffin Avenue				Date:	9/4/2013	
Lady Lake FL 32159				Fiscal Year End:	12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
		•	Current Rate	New Rate	Effective Date	
<b>Nursing Home</b>	Single Level		216.58	216.87	1/1/2012	
:	Level H: Aids		364.19	364.48	1/1/2012	
Rate Type:						
Interim		X	Prospecti	ve		
· · · · · · · · · · · · · · · · · · ·	al Interim		<u>X</u>	Total Prospective		
	rim Component			Prospective Adjusted f		
	lement based on costs			Total Prospective with	Interim Component	
Prio	r Provider Prospective data		****			
Basis:		Changes:				
Budget			Licensur	e Rating Change		
X Unaudited cost	ts			d Customary Limitation		
Field audited c	costs			ate limitation change		
Field audit - in	iterim portion		FRVS C	hange		
Desk audited co	osts	X	Effects o	f Asset Correction for	7/11 R/S	
Desk audit - Int		Rate Semester Change				
	rospective portion		On FRV	[2] as of 03/30/1999		
Distribution:			グノ	Thomas Parker		
Contract Management	nt / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ng and Finance	
Permanent File						
For informatio	on Only					
No Change in	Rate					
Home Office:	Greystone Healthcare Manager	nent, LLC		;		
	4042 Park Oaks Blvd, Suite 300	)		1		
	Tampa FL 33610					



Lady Lake Specialty Car	re Center			Provider Number:	0 032486-	-00
630 Griffin Avenue	<u>-</u>	•		Date:	9/4/2013	3
Lady Lake FL 32159				Fiscal Year End:	12/31/201	11
				Audit Status:	Unaudited	[3]
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		223.28	223.58	7/1/2012	
B	8	_			<del></del>	
1	Level H: Aids		372.49	372.79	7/1/2012	
Rate Type :						
Interim		<u> </u>	Prospective			
	al Interim			Total Prospective		
<u></u>	rim Component			Prospective Adjusted f		4
<u>——</u>	ement based on costs		1	otal Prospective with	Interim Compone	nt
Pno	r Provider Prospective data			·		
Basis:		Changes:				
<b>.</b>			Licensure	Rating Change		
Budget  X Unaudited cost	0					
Field audited cost	•	Usual and Customary Limitation Target Rate limitation change				
Field audit - in	j		FRVS Cha			
Desk audited co	- '	X Effects of Asset Correction for 7/11 R/S				
Desk audit - Int	· · · · · · · · · · · · · · · · · · ·	Rate Semester Change				
Desk Audit - Pr	ospective portion	I ——	On FRV [2	2] as of 03/30/1999		
Distribution:			47	Thomas Parker		
Contract Managemen	nt / Fiscal Agent	Med	licaid Cost I	Reimbursement Planni	ing and Finance	
Permanent File						
For informatio	n Only					
No Change in	Rate					
Home Office:	Greystone Healthcare Manage	ment, LLC		]		
	4042 Park Oaks Blvd, Suite 30	0				
	Tampa FL 33610	•				
	•					



Lady Lake Specialty Care Center				Provider Number:	0 032486-00
630 Griffin Avenue				Date:	9/4/2013
Lady Lake FL 32159	ake FL 32159 Fiscal Year End:		Fiscal Year End:	12/31/2011	
•				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 226.01	New Rate 226.30	Effective Date 1/1/2013
	Level H: Aids	_	376.82	377.11	1/1/2013
Rate Type :		······································			
Interim		<u> </u>	Prospective	•	
1	tal Interim		***************************************	Total Prospective	
1	erim Component			rospective Adjusted f	
	tlement based on costs		T	otal Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
Budget	1			Rating Change	
X Unaudited cos	:			Customary Limitation	l .
Field audited		**	FRVS Cha	e limitation change	
Field audit - in	_	$\frac{1}{X}$		inge Asset Correction for	7/11 D/C
Desk audit - Ir				ster Change	//11 <b>N</b> /3
	Prospective portion			2] as of 03/30/1999	
Distribution:			7	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Mad	ionid Cost I	Reimbursement Planni	ing and Finance
Permanent File		Med	iicaiu Cost i	Xemiouisement Flainn	ing and r mance
For information	on Only				
No Change in	n Rate				
Home Office:	Greystone Healthcare Manager	ment, LLC		í	
	4042 Park Oaks Blvd, Suite 300	n			
	Tampa FL 33610	J		1	
				1	



Lady Lake Specialty Ca	re Center			Provider Number:	0 032486-00
630 Griffin Avenue				Date:	9/4/2013
Lady Lake FL 32159				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		231.91	232.21	7/1/2013
ridi sing frome	Single Level	<b>Market</b>	231.71		7/1/2013
Rate Type :					
Interim		x	Prospective	<u>.</u>	
	al Interim		=	Total Prospective	
	rim Component			Prospective Adjusted for	or New Costs
	lement based on costs	<b>&gt;</b>		Total Prospective with	
Prio	r Provider Prospective data				
Basis:		Changes:			And the second s
			1		
Budget	1		Licensure	Rating Change	
X Unaudited cost	ts			Customary Limitation	ı
Field audited of	eosts			te limitation change	
Field audit - in	terim portion		FRVS Cha	ange	
Desk audited c	1	<u>X</u>		Asset Correction for	7/11 R/S
Desk audit - In	:			ester Change	
	rospective portion		Olifky	2] as of 03/30/1999	
Distribution:			7	Thomas Parker	
Contract Manageme	nt / Fiscal Agent	Med	icaid Cost	Reimbursement Planni	ng and Finance
Permanent File					
For information	on Only				
No Change in	Rate				
Home Office:	Greystone Healthcare Managem	ent, LLC			
HOME OHIOU,				:	
	4042 Park Oaks Blvd, Suite 300			i 1	
	Tampa FL 33610			;	
				,	



ınset Lake Health & Rehab Center			Provider Number:	0 032551-00
832 Sunset Lake Blvd			Date:	8/28/2013
enice FL 34292		Fiscal Year End:		12/31/2009
			Audit Status:	Unaudited [3]
rovider Type:				
		Current Rate	New Rate	Effective Date
ursing Home Single Level		232.95	232.96	5/13/2011
Level H: Aids		377.81	377.82	5/13/2011
Rate Type:				
Interim	X	Prospective	e	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted	
Settlement based on costs	•		Total Prospective with	Interim Component
Prior Provider Prospective data		Yorks and the second		
Basis:	Change	s:		
		T ia an arrea	Dating Change	
Budget  X Unaudited costs			Rating Change	
Field audited costs			Customary Limitation te limitation change	П
Field audit - interim portion	!	FRVS Ch		
Desk audited costs	X		Asset Change for 7	/2010 R/S
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion	į	On FRV [	2] as of 03/17/1992	
Distribution:	_	70	Thomas Parker	TO A 1980 IN THE STATE OF THE PARTY OF THE STATE OF THE S
Contract Management / Fiscal Agent		Tedicaid Cost	Reimbursement Plans	sing and Einance
Permanent File	ŢĀ	iculcald Cost	Kennoursement Fland	mig and rmance
For information Only				
No Change in Rate				
Home Office: Greystone Healthcare Manag	ement, LLC			
4042 Park Oaks Blvd, Suite 3	00		•	
Tampa FL 33610			,	



Sunset Lake Health & Rehab Center			Provider Number:	0 032551-00
332 Sunset Lake Blvd			Date:	8/28/2013
Venice FL 34292			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:			ruan suus.	Ontaction [3]
J.F.		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		223.94		7/1/2011
Level H: Aids		370.14	370.15	7/1/2011
Rate Type:		** de balancia à Libraria		
Interim	X	Prospective		
Total Interim		-	Fotal Prospective	
Interim Component			Prospective Adjusted:	for New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data			*	•
Basis:	Changes:		17 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	;	Licanoura	Rating Change	
Budget X Unaudited costs			Customary Limitatio	n
Field audited costs			te limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	· X		Asset Change for 7/	2010 R/S
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion  Distribution:			2] as of 03/17/1992	/
Contract Management / Fiscal Agent		()	Thomas Parker	
Permanent File	Me	dicaid Cost	Reimbursement Plant	ning and Finance
For information Only				
No Change in Rate				
Home Office: Greystone Healthcare Mana	ement, LLC			
4042 Park Oaks Blvd, Suite	00			
Tampa FL 33610				



Sunset Lake Health &	Rehab Center			Provider Number:	0 032551-00	
832 Sunset Lake Blvd Venice FL 34292		•	Date: Fiscal Year End:		8/28/2013	
					12/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		224.37		1/1/2012	
	Level H: Aids	_	371.98	371.99	1/1/2012	
In Se	otal Interim sterim Component ettlement based on costs	X	1	e Fotal Prospective Prospective Adjusted fotal Prospective with		
Basis:	ior Provider Prospective data	Changes:				
Desk audited Desk audit -	d costs interim portion	X	Usual and Target Ra FRVS Ch Effects of Rate Sem	Rating Change Customary Limitation the limitation change thange F Asset Change for 7/2 ester Change [2] as of 03/17/1992		
Distribution:			~ ()	Thomas Parker	A Land of the Control	
		Med	dicaid Cost	Reimbursement Plann	ing and Finance	
Home Office:	Greystone Healthcare Mana 4042 Park Oaks Blvd, Suite Tampa FL 33610					



Sunset Lake Health & Rehab Center			Provider Number:	0 032551-00
832 Sunset Lake Blvd		Date:		8/28/2013
Venice FL 34292			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:	(	Current Rate	New Rate	Effective Date
Nursing Home Single Level		237.32	237.33	1/1/2013
Level H: Aids		388.13	388.14	1/1/2013
Rate Type:		· - · · ·		
Interim	X	Prospective	e	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted	
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data	- 1 - 9 doing sourcessmann agree (	T		
Basis:	Changes:			
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Budget X Unaudited costs			Rating Change Customary Limitation	n
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Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X		Asset Change for 7/	2010 R/S
Desk audit - Interim Portion  Desk Audit - Prospective portion	***************************************		ester Change 2] as of 03/17/1992	
Distribution:		$\sim$		14 windows last day and . V / // Additional day.
Contract Management / Fiscal Agent		0-	Thomas Parker	
Permanent File	Med	licaid Cost	Reimbursement Plann	ning and Finance
For information Only				
No Change in Rate				
Home Office: Greystone Healthcare Managem	nent, LLC		· ·	
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610				



Sunset Lake Health & Rehab Center			Provider Number:	0 032551-00
832 Sunset Lake Blvd			Date:	8/28/2013
Venice FL 34292			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:				
	•	Current	New	Effective
Name of House Circula Land		Rate	Rate	Date
Nursing Home Single Level		243.08		7/1/2013
Rate Type: InterimTotal InterimInterim Component	X		e Fotal Prospective Prospective Adjusted f	for New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data			<b>F</b>	1
Basis:	Changes:			
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Ch Effects of Rate Seme	Rating Change Customary Limitation te limitation change ange Asset Change for 7/2 ester Change [2] as of 03/17/1992	
Distribution:		~	Thomas Parker	Security and appropriate the security of the s
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Med	licaid Cost	Reimbursement Plann	ing and Finance
Home Office: Greystone Healthcare Manager	ment, LLC		-	
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610				



Unity Health & Rehab Center			Provider Number:	0 227544-00
1404 NW 22nd Street			Date:	8/30/2013
Miami FL 33142			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 202.68	New Rate 202.73	Effective Date 7/1/2010
Level H: Aids		346.02	346.07	7/1/2010
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X	P	otal Prospective rospective Adjusted f otal Prospective with	
Basis:	Changes:			
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 C Target Rate FRVS Cha Asset Corn Rate Semes	ection FYE 12/31/20	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	icaid Cost R	eimbursement Plann	ing and Finance
Home Office: Greystone Healthcare Managem  4042 Park Oaks Blvd, Suite 300  Tampa FL 33610				



Unity Health & Rehab Center		Provider Number:	0 227544-00
1404 NW 22nd Street		Date:	8/30/2013
Miami FL 33142		Fiscal Year End:	12/31/2009
		Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	Current Rate 201.98	New Rate 202.03	Effective Date 1/1/2011
Level H: Aids	346.84	346.89	1/1/2011
Interim  Total Interim  Interim Component  Settlement based on costs  Prior Provider Prospective data	I	e Fotal Prospective Prospective Adjusted f Fotal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch X Effects of Rate Seme	Rating Change Customary Limitation te limitation change ange Asset Correction ester Change 2] as of 11/01/1988	1
Distribution:  Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate  Home Office:  Greystone Healthcare Managem  4042 Park Oaks Blvd, Suite 300  Tampa FL 33610		Thomas Parker Reimbursement Plann	ing and Finance



Lady Lake Specialty Care C	Center			Provider Number:	0 227561-00
630 Griffen Avenue				Date:	9/4/2013
Lady Lake FL 32159				Fiscal Year End:	12/31/2008
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Si	ngle Level	_	210.81	210.89	1/1/2010
Le	vel H: Aids	_	352.73	352.81	1/1/2010
Rate Type :					
Interim		X	Prospective	•	
Total 1	Interim		<u>X</u> 1	Total Prospective	
Interin	n Component		I	Prospective Adjusted f	for New Costs
	nent based on costs			Total Prospective with	Interim Component
Prior F	Provider Prospective data				
Basis:		Changes:			
Destant			Licensure	Rating Change	
Budget  X Unaudited costs				Customary Limitation	1
Field audited cos	ts			te limitation change	1
Field audit - inter	rim portion		FRVS Ch	ange	
Desk audited cos	ts	<u>X</u>	Asset Con	rection for 1/10 Rate	e Semester
Desk audit - Inter				ester Change	
Desk Audit - Pros	spective portion		On FRV	2] as of 03/30/1999	
<b>Distribution:</b>		$\mathcal{I}$	7	Thomas Parker	
Contract Management	/ Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance
Permanent File	0.1			•	
For information	-				
No Change in R	ate				
Home Office:	Greystone Healthcare Manage	ment, LLC			
	4042 Park Oaks Blvd, Suite 30 Tampa FL 33610	0			



Lady Lake Specialty Care	e Center			Provider Number:	0 227561-00
630 Griffen Avenue				Date:	9/4/2013
Lady Lake FL 32159				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		214.46		7/1/2010
I	evel H: Aids		357.80	357.97	7/1/2010
Rate Type:	,				
Interim		X	Prospective	2	
***************************************	al Interim			Total Prospective	
***************************************	rim Component			Prospective Adjusted f	
	ement based on costs			Total Prospective with	Interim Component
Prior	r Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited cost	s			Customary Limitation	n
Field audited c				te limitation change	
Field audit - in	terim portion		FRVS Ch	ange	
Desk audited co		X		rection for 7/10 Rat	e Semester
Desk audit - Int	· · · · · · · · · · · · · · · · · · ·			ester Change	
	rospective portion		On FRV	2] as of 03/30/1999	
<b>Distribution:</b>			7	Thomas Parker	
Contract Manageme	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File					
For information	on Only				
No Change in	Rate				
Home Office:	Greystone Healthcare Managem	ient, LLC	<del></del>	THE PARTY OF THE P	
	4042 Park Oaks Blvd, Suite 300 Tampa FL 33610			:	



Lady Lake Specialty Care	e Center			Provider Number:	0 227561-00
630 Griffen Avenue			Date:		9/4/2013
Lady Lake FL 32159				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				rium Status.	Ondated [0]
		•	Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		216.77	216.93	1/1/2011
I	evel H: Aids		361.63	361.79	1/1/2011
Rate Type:		X	Prospective		**************************************
	ıl Interim rim Component			Fotal Prospective Prospective Adjusted f	for New Costs
	ement based on costs			Total Prospective with	
	r Provider Prospective data			. c.u 100put 1. v	
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Budget	1	l	Licensure	Rating Change	
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Field audited c		!	-	te limitation change	
Field audit - in	•		FRVS Ch	•	
Desk audited co	1	<u>X</u>		Asset Correction for ester Change	r 7/10 R/S
	rospective portion			2] as of 03/30/1999	
Distribution:			20	Thomas Parker	
Contract Manageme	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File For information	on Only				
	-				
No Change in					
Home Office:	Greystone Healthcare Manag	gement, LLC			
	4042 Park Oaks Blvd, Suite 3 Tampa FL 33610	300			



Wilton Manors Health and Rehab Center		Provider Number:	0 227579-00	
2675 North Andrews Ave		Date:	9/3/2013	
Wilton Manors FL 33311		Fiscal Year End:	12/31/2011	
		Audit Status:	Unaudited [3]	
Provider Type:	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	230.05	229.87	1/1/2013	
Level H: Aids	380.86	380.68	1/1/2013	
		·		
Rate Type :				
Interim	X Prospect			
Total Interim	X	Total Prospective		
Interim Component		Prospective Adjusted		
Settlement based on costs		Total Prospective with	Interim Component	
Prior Provider Prospective data				
Basis:	Changes:			
Budget	Licensu	re Rating Change		
X Unaudited costs		nd Customary Limitatio	n	
Field audited costs		Rate limitation change		
Field audit - interim portion	FRVS	-		
Desk audited costs  Desk audit - Interim Portion		Days Retro for 1/13 ra mester Change	te semester	
Desk Audit - Prospective portion	Rate Se	mester Change		
Distribution:	7	Thomas Parker	A 1000 to 1000	
Contract Management / Fiscal Agent			.:	
Permanent File	Medicaid Co	st Reimbursement Plant	ling and Finance	
For information Only				
No Change in Rate				
Home Office: Greystone Healthcare Manageme	ent, LLC			
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610				



Ridgecrest Nursing & Rehabilitation Center			Provider Number:	0 282464-00	
1200 North Stone Street			Date:	9/6/2013	
Deland FL 32720		Fiscal Year End:		12/31/2007	
			Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home Single Level		Current Rate 176.95	New Rate 176.98	Effective Date 1/1/2009	
	<del></del>	170.25		1/1/2007	
Level H: Aids		315.30	315.33	1/1/2009	
Rate Type:	X	Prospective			
Total Interim		Prospective X	e Fotal Prospective		
Interim Component			Prospective Adjusted f	For New Costs	
Settlement based on costs			Total Prospective with		
Prior Provider Prospective data					
Basis:	Changes:				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs	X	Usual and Target Ra FRVS Ch Asset Co	rrection for 1/09 Rate		
Desk audit - Interim Portion  Desk Audit - Prospective portion	:		ester Change 2] as of 11/03/2004		
Distribution:		$\sim$	Thomas Parker		
Contract Management / Fiscal Agent  Permanent File For information Only No Change in Rate	Me	dicaid Cost	Reimbursement Plann	ing and Finance	
Home Office: Greystone Healthcare Manage	ement, LLC				
4042 Park Oaks Blvd, Suite 30 Tampa FL 33610	0				



Ridgecrest Nursing & Re	habilitation Center			Provider Number:	0 282464-00
200 North Stone Street		•		Date:	9/6/2013
Deland FL 32720				Fiscal Year End:	12/31/2007
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 162.12	New Rate 162.15	Effective Date 3/1/2009
	onigio novoi				J/1/2007
I	Level H: Aids	<u> </u>	300.47	300.50	3/1/2009
Rate Type :					
Interim		<u>X</u>	Prospectiv		
	l Interim			Total Prospective  Prospective Adjusted to	for Naw Costs
***************************************	rim Component ement based on costs			Frospective Adjusted Fotal Prospective with	
	r Provider Prospective data		*****	Total Trospective with	memi Component
Basis:	The state of the s	Charass			
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Budget			Licensure	Rating Change	
X Unaudited cost	s		Usual and	l Customary Limitatio	n
Field audited c	osts		-	ite limitation change	
Field audit - in			FRVS Ch	· ·	
Desk audited co		X		rrection for 1/09 Rat	e Semester
Desk audit - Int Desk Audit - Pr	rospective portion	3		ester Change [2] as of 11/03/2004	
Distribution:			$ \bigcirc $	Thomas Parker	
Contract Manageme	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plant	ning and Finance
Permanent File		IVICC	iicaid Cost	Kennoursement i jain	ing and I mance
For information	on Only				
No Change in	Rate				
Home Office:	Greystone Healthcare Mana	igement, LLC	a necessaries and the agency		
	4042 Park Oaks Blvd, Suite Tampa FL 33610	300			



Ridgecrest Nursing & I	Rehabilitation Center			Provider Number:	0 282464-00			
1200 North Stone Stree	et	•	Date:		9/6/2013			
Deland FL 32720				Fiscal Year End:	12/31/2007			
				Audit Status:	Unaudited [3]			
Provider Type:  Nursing Home	Single Level		Current Rate 199.99	New Rate 200.02	Effective Date 4/1/2009			
i di bing i bine	onigie never		177.77		4/1/2007			
	Level H: Aids		338.34	338.37	4/1/2009			
Rate Type :		- 18 <b>0</b> August VIII						
Interim		X	Prospective	<b>a</b>				
	otal Interim		-	Fotal Prospective				
***************************************	terim Component		Prospective Adjusted for New Costs					
	ettlement based on costs			Total Prospective with				
Pr	ior Provider Prospective data							
Basis:		Changes:						
D 1 4	i i		Licensura	Rating Change				
Budget  Wanget Consulted C	nete	***************************************		Customary Limitation	n			
Field audited				te limitation change	ш			
	interim portion		FRVS Ch					
Desk audited	-	X	Asset Co	rrection for 1/09 Rat	e Semester			
	Interim Portion			ester Change				
	Prospective portion		On FRV	2] as of 11/03/2004				
<u>Distribution:</u>	( m)		76	Thomas Parker				
•	ment / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ning and Finance			
Permanent File								
For informa	-							
No Change	ın Kate							
Home Office:	Greystone Healthcare Mana	gement, LLC						
	4042 Park Oaks Blvd, Suite Tampa FL 33610	300						



Ridgecrest Nursing & Rehabilitation Center			Provider Number:	0 282464-00
1200 North Stone Street			Date:	9/6/2013
Deland FL 32720			Fiscal Year End:	12/31/2007
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 202,40	New Rate	Effective Date 7/1/2009
Aur sing Home Single Level		<del>202.40</del>		//1/2009
Level H: Aids		342.75	342.78	7/1/2009
Rate Type :				
Interim Total Interim	X	Prospective X To	otal Prospective	
Interim Component			otal Frospective rospective Adjusted t	for New Costs
Settlement based on costs			otal Prospective with	
Prior Provider Prospective	e data			
Basis:	Change	es:	The second secon	
Pollor.		Licensure l	Rating Change	
Budget X Unaudited costs			Customary Limitatio	n
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Field audit - interim portion		FRVS Cha	-	
Desk audited costs  Desk audit - Interim Portion	, i <u>X</u>		Asset Correction fo ster Change	r 1/09 R/S
Desk Audit - Prospective portion	Newson		as of 11/03/2004	
Distribution:		20	Thomas Parker	
Contract Management / Fiscal Agent	N	Medicaid Cost F	Reimbursement Plann	ning and Finance
Permanent File				Ü
For information Only				
No Change in Rate				
Home Office: Greystone Health	care Management, LLC	A tel seems a seems of the common of the com		
4042 Park Oaks B Tampa FL 33610	lvd, Suite 300			



Deland FL 32720  Fiscal Year End: 12/	6/2013 31/2008 udited [3]
Provider Type:  Fiscal Year End: 12/ Audit Status: Unar  Current New Effective	
Provider Type:  Current New Effective	
Provider Type:  Current New Effective	
Rate Rate Date	<b>:</b>
N 1 TI CI I I I	
Nursing Home Single Level <u>202.54</u> <u>202.57</u> <u>1/1/2010</u>	<u> </u>
Level H: Aids 344.46 344.49 1/1/2010	· ·
Rate Type:	
Interim X Prospective	
Total Interim X Total Prospective  Interim Component Prospective Adjusted for New Control Prospective Prospective Adjusted for New Control Prospective Prosp	ete
Settlement based on costs  Total Prospective with Interim Co	
Prior Provider Prospective data	
Basis: Changes:	
Budget Licensure Rating Change	
X Unaudited costs Usual and Customary Limitation Field audited costs Target Rate limitation change	
Field audit - interim portion FRVS Change	
Desk audited costs X Asset Correction for 1/10 Rate Semester	
Desk audit - Interim Portion Rate Semester Change	
Desk Audit - Prospective portion On FRV [2] as of 11/03/2004	<b>W</b> 70001 1 mm m - 1000m - 7 5
<u>Distribution:</u> Thomas Parker	
Contract Management / Fiscal Agent  Medicaid Cost Reimbursement Planning and Fin	ance
Permanent File	
For information Only	
No Change in Rate	
Home Office: Greystone Healthcare Management, LLC	
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610	



Ridgecrest Nursing & Re	habilitation Center			Provider Number:	0 282464-00	
1200 North Stone Street				Date:	9/6/2013	
Deland FL 32720				Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:  Nursing Home	Single Level		Current Rate 205.89	New Rate 205.95	Effective Date 7/1/2010	
Trui sing Home	omgie never	-	203.07		7/1/2010	
I	Level H: Aids		349.23	349.29	7/1/2010	
Rate Type :						
Interim		X	Prospectiv	e		
Tota	al Interim		-	Total Prospective		
				Prospective Adjusted t	for New Costs	
Sett	lement based on costs			Total Prospective with	Interim Component	
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Basis:	, 1944.	Changes:				
Budget		e e e e e e e e e e e e e e e e e e e	Licensure	Rating Change		
X Unaudited cost	s			d Customary Limitation	n	
Field audited o				ate limitation change		
Field audit - in	iterim portion		FRVS Ch	nange		
Desk audited c Desk audit - In Desk Audit - P		<b>X</b>	Rate Sem	rrection for 7/10 Rate ester Change [2] as of 11/03/2004	e Semester	
Distribution:	- Maria Maria ( ) at 207 in managam 70000000 ( ) canadaba	·- ·	20	Thomas Parker		
Contract Manageme	nt / Fiscal Agent	Ma	U ligaid Cost	Reimbursement Plann	ing and Finance	
Permanent File	on Only	Mo	neard Cost	icomoursement i fami	ing and I manee	
For information	•					
No Change in	Kate					
Home Office:	Greystone Healthcare Manage	gement, LLC	A & Assessment (1984)			
	4042 Park Oaks Blvd, Suite 3 Tampa FL 33610	300				
	20 1 Maria 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			( ******** - **************************		



Ridgecrest Nursing & Rehabilitation Center 1200 North Stone Street				Provider Number:	0 282464-00		
		<del></del>	Date:		9/6/2013		
Deland FL 32720				Fiscal Year End:	12/31/2009		
				Audit Status:	Unaudited [3]		
Provider Type:							
••		•	Current	New	Effective		
NI to III CI	1 7 1		Rate	Rate	Date		
Nursing Home Sin	igle Level	-	207.90		1/1/2011		
Lev	el H: Aids		352.76	352.82	1/1/2011		
Data Type I							
Rate Type:		v	Dunamaatiku				
	nterim	<u>X</u>	Prospective X 7	otal Prospective			
Total Interim Interim Component			Prospective Adjusted for New Costs				
	ent based on costs			otal Prospective with			
	rovider Prospective data			•	•		
Basis:		Changes:					
Budget			Licensure	Rating Change			
X Unaudited costs				Customary Limitation	n		
Field audited cost	S		_	te limitation change			
Field audit - inter	•		FRVS Ch	-			
Desk audited cost  Desk audit - Interi		<u>X</u>		Asset Correction for ester Change	r 7/10 R/S		
Desk Audit - Pros				2] as of 11/03/2004			
Distribution:			2	Thomas Parker			
Contract Management	Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance		
Permanent File					C		
For information (	·						
No Change in Ra	ite						
Home Office:	Greystone Healthcare Man	nagement, LLC					
	4042 Park Oaks Blvd, Suit Tampa FL 33610	e 300		· · · · · · · · · · · · · · · · · · ·			



Ridgecrest Nursing & Rehabilitation Center			Provider Number:	0 282464-00
1200 North Stone Street	Date:		9/6/2013	
Deland FL 32720			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level	_	Current Rate 200.85	New Rate 200.91	Effective Date 7/1/2011
Single Level		200.00		//1/2011
Level H: Aids	_	347.05	347.11	7/1/2011
Rate Type:				
Interim	X	Prospective	_	
Total Interim		-	Fotal Prospective	
Interim Component	Prospective Adjusted for New Costs			
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data				
Basis:	Changes	Alexander of the	The state of the s	**************************************
Budget	ı	Licensure	Rating Change	
X Unaudited costs		-	Customary Limitatio	n
Field audited costs			te limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	<u>X</u>		Asset Correction for	r 7/10 R/S
Desk audit - Interim Portion  Desk Audit - Prospective portion			ester Change 2] as of 11/03/2004	
Distribution:		7-6	) Thomas Parker	
Contract Management / Fiscal Agent	 Me	edicaid Cost	Reimbursement Planr	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Greystone Healthcare M	lanagement, LLC			
4042 Park Oaks Blvd, St	uite 300		•	
Tampa FL 33610				



Ridgecrest Nursing & Rehabilitation Center		Provider Number:	0 282464-00			
1200 North Stone Street		Date:	9/6/2013			
Deland FL 32720		Fiscal Year End:	12/31/2010			
		Audit Status:	Unaudited [3]			
Provider Type:		Trudit Status.	omagnes [5]			
V 1	Current	New	Effective			
	Rate	Rate	Date			
Nursing Home Single Level		<u> 197.18</u> _	1/1/2012			
Level H: Aids	344.74	344.79	1/1/2012			
Rate Type :						
Interim	X Prospective	e				
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	Licensure	Rating Change				
X Unaudited costs		Customary Limitation	n			
Field audited costs		te limitation change				
Field audit - interim portion  Desk audited costs	FRVS Ch	lange f Asset Correction fo	r 7/10 D/S			
Desk audited costs  Desk audit - Interim Portion	·	ester Change	1 //10 10/5			
Desk Audit - Prospective portion	On FRV	2] as of 11/03/2004				
Distribution:	76	Thomas Parker				
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Planr	ning and Finance			
Permanent File						
For information Only						
No Change in Rate						
Home Office: Greystone Healthcare Manage	ment, LLC	· · · · · · · · · · · · · · · · · · ·				
4042 Park Oaks Blvd, Suite 30 Tampa FL 33610	0					



Ridgecrest Nursing & Rehabilitation Center		Provider Number:	0 282464-00		
1200 North Stone Street	Date:		9/6/2013		
Deland FL 32720		Fiscal Year End:	12/31/2011		
		Audit Status:	Unaudited [3]		
Provider Type:	Curre Rat		Effective Date		
Nursing Home Single Level	202.	85 202.91	7/1/2012		
Level H: Aids	352.	06 352.12	7/1/2012		
Rate Type: Interim  Total Interim		pective  X Total Prospective			
Interim Component					
Settlement based on costs			th Interim Component		
Prior Provider Prospective data	***************************************				
Basis:	Changes:	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED ASSESSMENT ASSESS	anna man, verm hanv slämmakai men, men lämes inder s		
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Distribution:		J	A TOTAL COMMAND A TOTAL ALERT AND A TOTAL		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid	Thomas Parker  I Cost Reimbursement Plan	nning and Finance		
Home Office: Greystone Healthcare Manageme	nt, LLC —				
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610					



Ridgecrest Nursing & Rehabilitation Center			Provider Number:	0 282464-00
1200 North Stone Street			Date:	9/6/2013
Deland FL 32720			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:	(	Current Rate	New Rate	Effective Date
Nursing Home Single Level		205.16	205.22	1/1/2013
Level H: Aids		355.97	356.03	1/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	X	P	otal Prospective rospective Adjusted otal Prospective with	for New Costs 1 Interim Component
Basis:	Changes:	* ************************************	The second secon	an AMAN, Make Control and Aman Aman
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Rat FRVS Cha Effects of Rate Seme	Rating Change Customary Limitatio e limitation change inge Asset Correction fo ster Change as of 11/03/2004	
Distribution:		7/	Thomas Parker	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Bate	Med	licaid Cost I	Reimbursement Planr	ning and Finance
No Change in Rate  Home Office Greystone Healthcare Managem	nent LIC	,	App. 2	
Home Office: Greystone Healthcare Managem 4042 Park Oaks Blvd, Suite 300 Tampa FL 33610			i	



Ridgecrest Nursing & Re	ehabilitation Center			Provider Number:	0 282464-00
1200 North Stone Street				Date:	9/6/2013
Deland FL 32720				Fiscal Year End:	12/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 216.13	New Rate 216.20	Effective Date 7/1/2013
Inte	ral Interim erim Component tlement based on costs or Provider Prospective data	X	I	e Total Prospective Prospective Adjusted for all Prospective with	
Basis:	or Provider Prospective data	Changes:			
Budget X Unaudited cos Field audited cos Field audit - in Desk audited cos Desk audit - Ir	costs nterim portion costs	X	Usual and Target Ra FRVS Ch Effects of Rate Seme	Rating Change Customary Limitation te limitation change ange Asset Correction for ester Change 2] as of 11/03/2004	
Distribution:	<u> </u>		7	Thomas Parker	
Contract Managemer Permanent File For informati No Change in	on Only	Med	Clicaid Cost	Reimbursement Plann	ing and Finance
Home Office:	Greystone Healthcare Managen 4042 Park Oaks Blvd, Suite 300 Tampa FL 33610			:	



unset Lake Health & I	Rehab Center			Provider Number:	0 308501-00
32 Sunset Lake Blvd		•		Date:	8/28/2013
renice FL 34292				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate 230.33	New Rate 230.34	Effective Date 7/1/2010
	Level H: Aids		373.67	373.68	7/1/2010
Rate Type :		V	D	_	
	otal Interim	<u>X</u>	Prospective X	e Fotal Prospective	
	terim Component		_	Prospective Adjusted:	for New Costs
Se	ttlement based on costs ior Provider Prospective data			Total Prospective with	
Basis:	Trovidor Prospective data	Changes:			
			_		
Budget				Rating Change	
X Unaudited co Field audited	L.	1		Customary Limitation te limitation change	n
	interim portion	1	FRVS Ch		
Desk audited		X		ange for 7/2010 R/S	
	Interim Portion		Rate Sem	ester Change	
	Prospective portion		On FRV [	2] as of 03/17/1992	
Distribution:		7	$\mathcal{A}$	Thomas Parker	
_	nent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
Permanent File					-
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No Change	in Rate				
Home Office:	Greystone Healthcare Mana	gement, LLC			
	· ·			:	
	4042 Park Oaks Blvd, Suite	300			
	Tampa FL 33610			1	



Sunset Lake Health & Re	hab Center			Provider Number:	0 308501-00
832 Sunset Lake Blvd				Date:	8/28/2013
Venice FL 34292				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:					
		•	Current	New	Effective
Nuusina IIama	Simala Taval		Rate	Rate	Date
Nursing Home	Single Level	******	232.95		1/1/2011
I	evel H: Aids	-	377.81	377.82	1/1/2011
Rate Type :					
Interim	1.T. danidas	X	Prospective		
!	ıl Interim rim Component			Fotal Prospective Prospective Adjusted t	for New Coets
	ement based on costs			Total Prospective with	
***************************************	r Provider Prospective data		***************************************		
Basis:	•	Changes	17-1111		
Dasis.		Changes:	J		
Budget		•	Licensure	Rating Change	
X Unaudited cost	s			Customary Limitation	n
Field audited c	osts		Target Ra	te limitation change	
Field audit - in	-		FRVS Ch	ange	
Desk audited co		X		Asset Change for 7/	2010 R/S
Desk audit - Int	rospective portion			ester Change [2] as of 03/17/1992	
Distribution:	, , , , , , , , , , , , , , , , , , , ,		2	· · · · · · · · · · · · · · · · · · ·	
Contract Manageme	nt / Fiscal Agent		0	Thomas Parker	
Permanent File		Med	licaid Cost	Reimbursement Plann	ning and Finance
For information	on Only				
No Change in					
Home Office:	Greystone Healthcare Manage	ement, LLC		-	
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	4042 Park Oaks Blvd, Suite 30 Tampa FL 33610	)()			
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Lehigh Acres Health & Rehabilitation Center			Provider Number:	0 320978-00
1550 Lee Boulevard Lehigh Acres FL 33936			Date:	9/4/2013
Lengh Actes 11 33930			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate	New Rate	Effective Date
Nursing Home Single Level	*******	235.29		7/1/2010
Level H: Aids		378.63	378.67	7/1/2010
Rate Type :				
Interim	X	Prospective	•	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted	
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
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Budget			Rating Change	
X Unaudited costs Field audited costs			Customary Limitatio te limitation change	n
Field audit - interim portion		FRVS Ch		
Desk audited costs	X		rection FYE 12/31/2	2009
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion	Makesana p. addresses special	On FRV [	2] as of 05/01/1995	Section Annual Agency and Criminal Property and English a Section 201.117 The
<u>Distribution:</u>		2//	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plant	ning and Finance
Permanent File				<b>-</b>
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No Change in Rate				
Home Office: Greystone Healthcare Managem	ent, LLC		}	
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610				



Lehigh Acres Health & R	ehabilitation Center			Provider Number:	0 320978-00
1550 Lee Boulevard				Date:	9/4/2013
Lehigh Acres FL 33936				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
	•	`	Rate	Rate	Date
Nursing Home	Single Level		238.56	238.59	1/1/2011
I	evel H: Aids	<u>.</u>	383.42	383.45	1/1/2011
Rate Type :					
Interim		X	Prospective	<b>;</b>	
Tota	ıl Interim		X1	Cotal Prospective	
·	rim Component			rospective Adjusted f	
i	ement based on costs		T	otal Prospective with	Interim Component
Prior	Provider Prospective data		N VAN WARREN		
Basis:		Changes:			
Budget		 	Licensure	Rating Change	
X Unaudited costs				Customary Limitation	n
Field audited c			FRVS Ch	te limitation change	
Field audit - in Desk audited co	_	<u>X</u>		Asset Correction	
Desk audit - Int				ester Change	
Desk Audit - Pr	rospective portion	1	On FRV [	2] as of 05/01/1995	
Distribution:		7		Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Finance
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Home Office:	Greystone Healthcare Manager	nent, LLC		1	
	4042 Park Oaks Blvd, Suite 300 Tampa FL 33610	)		:	
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Lehigh Acres Health & Rehabilitation Center			Provider Number:	0 320978-00
1550 Lee Boulevard			Date:	9/4/2013
Lehigh Acres FL 33936			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:	(	Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		229.80	229.83	7/1/2011
Level H: Aids		376.00	376.03	7/1/2011
Rate Type :		· , , , , , , , , , , , , , , , , , , ,		
Interim	X	Prospective		
Total Interim		XT	otal Prospective	
Interim Component			rospective Adjusted t	
Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget	1	Licensure	Rating Change	
X Unaudited costs			Customary Limitatio	n
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Desk audited costsDesk audit - Interim Portion	<u>X</u>		Asset Correction ster Change	
Desk Audit - Prospective portion			2] as of 05/01/1995	
Distribution:		20	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost l	Reimbursement Planr	ning and Finance
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No Change in Rate				
Home Office: Greystone Healthcare Managen	nènt, LLC	St. St. Strategicking of Laboratory of Company St. Mills		
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610	)			



L	ehigh Acres Health & Rehabilitation Ce	enter			Provider Number:	0 320978-00	
_	550 Lee Boulevard				Date:	9/4/2013	
L	ehigh Acres FL 33936				Fiscal Year End:	12/31/2010	
					Audit Status:	Unaudited [3]	
	rovider Type: ursing Home Single Level			Current Rate 230.78	New Rate 230.87	Effective Date 1/1/2012	
	Level H: Aids			378.39	378.48	1/1/2012	
	Rate Type: InterimTotal InterimInterim Component Settlement based on		X	1	e Fotal Prospective Prospective Adjusted fotal Prospective with		
	Prior Provider Prosp  Basis:		inges:				
-	Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	on .	X	Usual and Target Ra FRVS Ch Asset Con Rate Seme	Rating Change Customary Limitation te limitation change ange rrection FYE 12/31/2 ester Change 2] as of 05/01/1995		
	Distribution:	and the second s		7~	Thomas Parker		
	Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	<del>-</del>	Med	Ulicaid Cost	Reimbursement Plann	uing and Finance	
	Home Office: Greystone H	lealthcare Management, L	IC .		!		
	4042 Park O Tampa FL 33	aks Blvd, Suite 300 3610			:		



Lehigh Acres Health & Rehabilitation Center			Provider Number:	0 320978-00
1550 Lee Boulevard			Date:	9/4/2013
Lehigh Acres FL 33936			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:				
	(	Current	New	Effective
Nonether Henry Civil I and		Rate	Rate	Date
Nursing Home Single Level		240.28		7/1/2012
Level H: Aids		389.49	389.51	7/1/2012
Rate Type:	· ·			
Interim	X	Prospective	e	
Total Interim		-	Total Prospective	
Interim Component		I	Prospective Adjusted	for New Costs
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:		Andrews Andrew	
Budget	1	Licensure	Rating Change	
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Distribution:		7	Thomas Parker	x x /, /,
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plant	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Greystone Healthcare Managem	nent, LLC			
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610				



Lehigh Acres Health & Rehabilitation Center			Provider Number:	0 320978-00	
1550 Lee Boulevard		Date:		9/4/2013	
Lehigh Acres FL 33936			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:			Audit Status.	Onaudited [5]	
Trouble Types		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		243.66	243.68	1/1/2013	
Level H: Aids		394.47	394.49	1/1/2013	
Rate Type:	X	Prospective	a.		
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:		And the second s		
Budget	!	Licensure	Rating Change		
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Desk audit - Interim Portion  Desk Audit - Prospective portion	X	Rate Sem	Asset Correction ester Change 2] as of 05/01/1995		
Distribution:		750	Thomas Parker		
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Plant	ning and Finance	
Permanent File					
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No Change in Rate					
Home Office: Greystone Healthcare Manager	ment, LLC				
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610	)				



Lehigh Acres Health & Rehabilitation Center			Provider Number:	0 320978-00
1550 Lee Boulevard			Date:	9/4/2013
Lehigh Acres FL 33936			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:  Nursing Home Single Level		Current Rate 249.84	New Rate 249.87	Effective Date 7/1/2013
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs	X		e Fotal Prospective Prospective Adjusted f Fotal Prospective with	
Prior Provider Prospective data  Basis:	Changes:			
Budget  X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Ra FRVS Ch Effects of Rate Sem	Rating Change Customary Limitation Relimitation change Rasset Correction Rester Change Rester Change Rester Change Rester Change	1
<u>Distribution:</u>		フムー	/ Thomas Parker	
Contract Management / Fiscal Agent  Permanent File  For information Only  No Change in Rate	Mec	dicaid Cost	Reimbursement Plann	ing and Finance
Home Office: Greystone Healthcare Manager	ment, LLC		come, i verantemente	
4042 Park Oaks Blvd, Suite 300 Tampa FL 33610	0		!	