

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

MEMORANDUM

Date:

November 15, 2013

To:

Gay Munyon, Bureau Chief, Medicaid Contract Management

From:

homas Parker, Planning Administrator, Medicaid Cost Reimbursement

Subject:

Retroactive Nursing Facility Per Diem Rates

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

	Provider Name	Provider	Number of Rate
		Number	Change Notices
1.	Miami Jewish Health Systems	0 200506-00	2
2.	Westchester Gardens Rehabilitation & Care Center	0 202011-00	3
3.	Tri-County Nursing Home	0 204625-00	1
4.	Emory L. Bennett State Veterans' Nursing Home	0 210889-00	4
5.	Sabal Palms Health Care Center	0 210951-00	2
6.	West Jacksonville Health and Rehabilitation Center	0 218171-00	1
7.	MK of North Port LLC	0 225053-00	4
8.	MK of Fernandina Beach LLC	0 225274-00	2
9.	MK of Winter Garden LLC	0 225410-00	2
10.	The Health Center of Palatka	0 226025-00	3
11.	Ft. Lauderdale Health & Rehab Center	0 228109-00	3
12.	Shell Point Pavilion	0 229202-00	4
13.	Alexander Nininger State Veterans' Nursing Home	0 229849-00	2
14.	Lakeside Nursing & Rehabilitation Center	0 256757-00	1
15.	Indigo Manor	0 258750-00	13
16.	Riviera Palms Rehabilitation Center	0 263451-00	1
17.	The Springs at Lake Pointe Woods	0 268780-00	3
18.	Cypress Village	0 307998-00	12
19.	Baya Pointe Nursing Home and Rehabilitation Center	0 308111-00	1
20.	San Marco Terrace Rehabilitation and Care	0 316601-00	10
21.	Zephyr Haven Health & Rehab Center Inc	0 320391-00	8
22.	Sunbelt Health & Rehab Center- Apopka Inc	0 320412-00	7
23.	East Orlando Health & Rehab Center Inc	0 320421-00	7
24.	Moosehaven, Inc.	0 326011-00	9
		Total	105

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

TP/ab



		Single Level	Level H: AIDS	Single Level	Single Level		
	Effective Date						
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II	61 111 1 (61m)	MCM	Audit
Number	YYYYMMDD	(IN1) 225.86	(SKA) 369.20	(IN2)	Skilled (SKD)	74363-13	Number
020050600 020050600	20100701	228.52	369.20	225.86 228.52	225.86 228.52	74363-13	NH12- 074W
020030000	20110101	218.26	363.12	218.26	218.26	74363-13	NH12-062W
020201100	20110701	210.29	356.49	210.29	210.29	74363-13	NH12-062W
020201100	20130701	228.15	0.00	228.15	228.15	74363-13	NH12-062W
020462500	20130101	198.29	349.10	198.29	198.29	74363-13	
021088900	20100701	214.25	357.59	214.25	214.25	74363-13	NH11-060L
021088900	20110101	216,19	361.05	216.19	216.19	74363-13	NH11-060L
021088900	20120101	218.77	366.38	218.77	218.77	74363-13	NH11-060L
021088900	20130101	227.97	378.78	227.97	227.97	74363-13	NH11-060L
021095100	20110701	181.33	327.53	181.33	181.33	74363-13	NH12- 063W
021095100	20120101	181.95	329.56	181.95	181.95	74363-13	NH12-063W
021817100	20130101	203.14	353.95	203.14	203.14	74363-13	
022505300	20100101	206.51	348.43	206.51	206.51	74363-13	NH12-076L
022505300	20100701	210.58	353.92	210.58	210.58	74363-13	NH12-076L
022505300	20110101	219.34	364.20	219.34	219.34	74363-13	NH12-076L
022505300 022527400	20130101	224.53 191.87	375.34 333.79	224.53 191.87	224.53 191.87	74363-13 74363-13	NH12-076L NH12-075L
022527400	20100701	196.03	339.37	196.03	191.87	74363-13	NH12-075L
022541000	20100101	199.13	341.05	199.13	199,13	74363-13	NH12-077L
022541000	20100701	203.40	346.74	203.40	203.40	74363-13	NH12-077L
022602500	20070101	156.56	286.16	156.56	156.56	74363-13	NH03-204J
022602500	20070201	157.96	287.56	157.96	157.96	74363-13	NH03-204J
022602500	20070301	156.56	286.16	156.56	156.56	74363-13	NH03-204J
022810900	20070101	178.36	307.96	178.36	178.36	74363-13	NH03-207J
022810900	20070201	182.96	312.56	182.96	182.96	74363-13	NH03-207J
022810900	20070301	178.36	307.96	178.36	178.36	74363-13	NH03-207J
022920200	20120101	197.33	344.94	197.33	197.33	74363-13	NH12-066W
022920200	20120701	204.43	353.64	204.43	204.43	74363-13	NH12-066W
022920200	20130101	208.47	359.28	208.47	208.47	74363-13	NH12-066W
022920200	20130701	213.19	0.00	213.19	213.19	74363-13	NH12-066W
022984900 022984900	20090701	223.66	364.01	223.66	223.66	74363-13	NH11-051L
022984900	20100101	224.79 175.05	366.71 316.97	224.79 175.05	224.79 175.05	74363-13 74363-13	NH11-051L NH12-016G
025875700	20080701	179,70	315.98	179.70	179.70	74363-13	NH10-015L
025875000	20090101	185.34	323.69	185.34	185.34	74363-13	NH10-015L
025875000	20090301	169.80	308.15	169.80	169.80	74363-13	NH10-015L
025875000	20090401	209.90	348.25	209.90	209.90	74363-13	NH10-015L
025875000	20090701	218.76	359.11	218.76	218.76	74363-13	NH10-015L
025875000	20100101	220.88	362.80	220.88	220.88	74363-13	NH10-015L
025875000	20100701	219.18	362.52	219.18	219.18	74363-13	NH10-015L
025875000	20110101	221.44	366.30	221.44	221.44	74363-13	NH10-015L
025875000	20110701	213.80	360.00	213.80	213.80	74363-13	NH10-015L
025875000	20120101	216.04	363,65	216.04	216.04	74363-13	NH10-015L
025875000	20120701	219.97	369.18	219.97	219.97	74363-13	NH10-015L
025875000	20130101	222.49	373.30	222.49	222.49	74363-13	NH10-015L
025875000 026345100	20130701 20080101	225.96 175.30	0.00 309.30	225.96 175.30	225.96 175.30	74363-13 74363-13	NH10-015L NH10-030C
026878000	20070101	180.45	310.05	180.45	180,45	74363-13	NH06-209C
026878000	20070201	188.21	317.81	188.21	188.21	74363-13	NH06-209C
026878000	20070301	180.45	310.05	180.45	180.45	74363-13	NH06-209C
030799800	20090101	185.10	323.45	185.10	185.10	74363-13	NH10-016L
030799800	20090301	169.59	307.94	169.59	169.59	74363-13	NH10-016L
030799800	20090401	200.08	338.43	200.08	200.08	74363-13	NH10-016L
030799800	20090701	200.05	340.40	200.05	200.05	74363-13	NH10-016L
030799800	20100101	208.52	350.44	208.52	208.52	74363-13	NH10-016L
030799800	20100701	210.45	353.79	210.45	210.45	74363-13	NH10-016L
030799800	20110101	212.70	357.56	212.70	212.70	74363-13	NH10-016L
030799800	20110701	202.59	348.79	202.59	202.59	74363-13	NH10-016L
030799800	20120101	202.78	350.39	202,78	202.78	74363-13	NH10-016L

	Effective Date	1					
Provider	Format	Intermediate I	Skilled AIDS	Intermediate II		мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
030799800	20120701	210.96	360.17	210.96	210.96	74363-13	NH10-016L
030799800	20130101	213.69	364.50	213.69	213.69	74363-13	NH10-016L
030799800	20130101	219.08	0.00	219.08	213.69	74363-13	NH10-016L
							
030811100	20090701	186.90	327.25	186.90	186.90	74363-13	NH12-017G
031660100	20070101	97,01	226.61	97.01	97.01	74363-13	NH10-006C
031660100	20070201	101.34	230.94	101.34	101.34	74363-13	NH10-006C
031660100	20070301	97.01	226.61	97.01	97.01	74363-13	NH10-006C
031660100	20070501	98.30	227.90	98.30	98.30	74363-13	NH10-006C
031660100	20070701	98.89	230.83	98.89	98.89	74363-13	NH10-006C
031660100	20080101	98.29	232.29	98.29	98.29	74363-13	NH10-006C
031660100	20080701	99.62	235.90	99.62	99.62	74363-13	NH10-006C
031660100	20090101	100.59	238.94	100.59	100.59	74363-13	NH10-006C
031660100	20090301	92.16	230.51	92.16	92.16	74363-13	NH10-006C
031660100	20090401	119.25	257.60	119.25	119.25	74363-13	NH10-006C
032039100	20100101	195.02	336.94	195.02	195.02	74363-13	
032039100	20100701	205.18	348.52	205.18	205.18	74363-13	
032039100	20110101	207.65	352.51	207.65	207.65	74363-13	
032039100	20110701	200.48	346.68	200.48	200.48	74363-13	
032039100	20120101	197.60	345.21	197.60	197.60	74363-13	
032039100	20120701	203.36	352.57	203.36	203.36	74363-13	****
032039100	20130101	199.46	350.27	199.46	199.46	74363-13	
032039100	20130701	204.16	0.00	204.16	204.16	74363-13	
032041200	20100701	199.12	342.46	199.12	199.12	74363-13	
032041200	20110101	204.57	349.43	204.57	204.57	74363-13	
032041200	20110701	197.88	344.08	197.88	197.88	74363-13	
032041200	20120101	200.14	347.75	200.14	200.14	74363-13	
032041200	20120701	204.30	353,51	204.30	204.30	74363-13	
032041200	20130101	206.67	357.48	206.67	206.67	74363-13	
032041200	20130701	207.98	0.00	207.98	207.98	74363-13	
032042100	20100701	225.61	368.95	225.61	225.61	74363-13	
032042100	20110101	229.38	_374.24	229.38	229.38	74363-13	
032042100	20110701	220.88	367.08	220.88	220.88	74363-13	
032042100	20120101	222.10	369.71	222.10	222.10	74363-13	
032042100	20120701	229.26	378.47	229.26	229.26	74363-13	
032042100	20130101	232.04	382.85	232.04	232.04	74363-13	
032042100	20130701	233.86	0.00	233.86	233.86	74363-13	
032601100	20080417	180.87	314.87	180.87	180.87	74363-13	NH12- 006L
032601100	20080701	182.10	318.38	182.10	182.10	74363-13	NH12-006L
032601100	20090101	181.38	319.73	181.38	181.38	74363-13	NH12- 006L
032601100	20090301	166.18	304.53	166.18	166.18	74363-13	NH12- 006L
032601100	20090401	196.14	334.49	196.14	196,14	74363-13	NH12-006L
032601100	20090501	200.36	338.71	200.36	200.36	74363-13	NH12- 006L
032601100	20090701	204.72	345.07	204.72	204.72	74363-13	NH12-006L
032601100	20100101	206.13	348.05	206.13	206.13	74363-13	NH12-006L
032601100	20100701	205,31	348.65	205.31	205.31	74363-13	NH12-006L



Miami Jewish Health Systems			Provider Number:	0 200506-00	
5200 N.E. 2nd Avenue			Date:	9/9/2013	
Miami FL 33137	na na popular y alikuwa na popular na na na popular na na popular na na popular na na popular na na na popular na na na popular na na na na na popular na na		Fiscal Year End:	6/30/2009	
•			Audit Status:	Field Audited [2]	
Provider Type:		Current	New	Effective	
Nursing Home Single Level		Rate 226.59	Rate 225.86	Date 7/1/2010	
Level H: Aids	_	369.93	369.20	7/1/2010	
Rate Type:	X	Prospective			
Total Interim		_	Total Prospective		
Interim Component			Prospective Adjusted f	or New Costs	
Settlement based on costs		1	Total Prospective with	Interim Component	
Prior Provider Prospective da	ata				
Basis:	Changes:	A TOTAL CONTRACTOR OF THE PARTY			
Budget		Licensure	Rating Change		
Unaudited costs			Customary Limitation		
X Field audited costs		Target Rate limitation change			
Field audit - interim portion Desk audited costs	${\mathbf{X}}$	FRVS Change Field Audit NH12- 074W FYE 6/30/2009			
Desk audit - Interim Portion		Rate Semester Change			
Desk Audit - Prospective portion		\bigcirc	J	; 	
Distribution:	7	\sim	Thomas Parker		
Contract Management / Fiscal Agent	Med	icaid Cost I	Reimbursement Planni	ng and Finance	
Permanent File	11100.	icula Cost I	comparation raini	ing and i manee	
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office					
Trome Office.			:		
			:		



Miami Jewish Health Systems		,	Provider Number:	0 200506-00		
5200 N.E. 2nd Avenue			Date:	9/9/2013		
Miami FL 33137			Fiscal Year End:	6/30/2009		
			Audit Status:	Field Audited [2]		
Provider Type:						
		Current	New	Effective		
Nursing Home Single Level		Rate 229.24	Rate	Date 1/1/2011		
Single Level	<u></u>	<u> </u>		1/1/2011		
Level H: Aids	_	374.10	373.38	1/1/2011		
Rate Type:				***************************************		
Interim	X	Prospective				
Total Interim		-	otal Prospective			
Interim Component		P	rospective Adjusted fo	or New Costs		
Settlement based on costs		T	otal Prospective with	Interim Component		
Prior Provider Prospective data						
Basis:	Changes:					
		. Tr. t	a. C. C.			
Budget Unaudited costs			Rating Change	i		
X Field audited costs		Usual and Customary Limitation Target Rate limitation change				
Field audit - interim portion		FRVS Cha	-			
Desk audited costs	X	X Field Audit NH12- 074W FYE 6/30/2009				
Desk audit - Interim Portion		Rate Semes	ster Change			
Desk Audit - Prospective portion	·					
<u>Distribution:</u>		0	Thomas Parker			
Contract Management / Fiscal Agent	Med	icaid Cost R	eimbursement Plannir	ng and Finance		
Permanent File						
For information Only						
No Change in Rate						
Home Office: 1 - No Home Office	The second secon		1			
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Westchester Gardens	Rehabilitation & Care Center			Provider Number:	0 202011-00	
3301 McMullen Boo				Date:	10/25/2013	
Clearwater FL 33761				Fiscal Year End:	6/30/2010	
				Audit Status:	Field Audited [2]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level	*******	Rate 218.15	Rate	Date 1/1/2011	
run sing nome	Single Level	·	210.13		1/1/2011	
	Level H: Aids	_	363.01	363.12	1/1/2011	
Rate Type :			199 April 111	T		
Interim		X	Prospective	•		
	Total Interim		<u>X</u> 1	Total Prospective		
	nterim Component	Prospective Adjusted for New Costs				
-	ettlement based on costs		T	otal Prospective with	Interim Component	
P	rior Provider Prospective data	.~~ 4				
Basis:	; ;	Changes:				
Budget		1 1 2 3	Licensure	Rating Change		
Unaudited c	osts	!		Customary Limitation	·	
X Field audite		Target Rate limitation change				
Field audit -	interim portion	FRVS Change				
Desk audited		X Field Audit #NH12-062W FYE 6/30/2010				
	Interim Portion	Rate Semester Change On FRV [2] as of 09/01/1989				
	- Prospective portion		Oli PRV [2	.j as 01 09/01/1989	1	
Distribution:	(/ T' 1 A		0	Thomas Parker		
Contract Management / Fiscal Agent		Med	icaid Cost F	Reimbursement Plannii	ng and Finance	
Permanent File	tion Oult					
For informa	-				•	
No Change	in kate					
Home Office:	The Goodman Group, LLC		· · · · · · · · · · · · · · · · · · ·			
	1107 Hazeltine Blvd					
	Chaska MN 55318			:		



			,		
Westchester Gardens F	Rehabilitation & Care Center			Provider Number:	0 202011-00
3301 McMullen Booth	Road			Date:	10/25/2013
Clearwater FL 33761		- -		Fiscal Year End:	6/30/2010
				Audit Status:	Field Audited [2]
Provider Type:				Audit Status.	Tieta Taditea [2]
210 (1001 2) Per			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	·	210.20		7/1/2011
	Level H: Aids	·	356.40	356.49	7/1/2011
Rate Type :		,			
Interim		X	Prospective	:	
То	tal Interim		XT	otal Prospective	
Int	erim Component		P	rospective Adjusted for	or New Costs
	ttlement based on costs		T	otal Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			,
.			Liaanaura	Dating Change	
Budget Unaudited cos	1 240			Rating Change Customary Limitation	
X Field audited	1.			e limitation change	
	nterim portion		FRVS Cha		•
Desk audited of	-	X	Field Audi	it #NH12-062W FYE	6/30/2010
	nterim Portion	Rate Semester Change			
	Prospective portion		On FRV 12] as of 09/01/1989	
Distribution:	7 - 0 4 3		7	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost R	Leimbursement Plannii	ng and Finance
Permanent File	0.1				
For informati					
No Change in	n Kate				
Home Office:	The Goodman Group, LLC				
	ALLOGATE AND THE				
	1107 Hazeltine Blvd Chaska MN 55318				
	Chaska Min 33318				



Westchester Gardens	Rehabilitation & Care Center			Provider Number:	0 202011-00		
3301 McMullen Boot	h Road			Date:	11/5/2013		
Clearwater FL 33761				Fiscal Year End:	6/30/2012		
				Audit Status:	Unaudited [3]		
Provider Type:					- L- 4		
			Current	New	Effective		
N T • Y F			Rate	Rate	Date		
Nursing Home	Single Level		228.14		7/1/2013		
Rate Type :							
Interim	,	X	Prospective	,			
	otal Interim		_	otal Prospective			
In	iterim Component			rospective Adjusted fo	or New Costs		
Se	ettlement based on costs		T	otal Prospective with	Interim Component		
Pr	ior Provider Prospective data						
Basis:		Changes:					
	!						
Budget	!			Rating Change			
X Unaudited co	i i		Usual and Customary Limitation				
Field audited	interim portion	Target Rate limitation change FRVS Change					
Desk audited	_	X Effects of Field Audit #NH12-062W FYE 6/30/2010					
	Interim Portion	Rate Semester Change					
Desk Audit -	Prospective portion		On FRV [2	as of 09/01/1989			
Distribution:			7/\	/ Thomas Parker			
Contract Managem	nent / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance					
Permanent File		14100	icaia cost i	embarsoment i tanin	ig und i manoe		
For informat	ion Only						
No Change i	n Rate						
Home Office:	The Goodman Group, LLC		turne in proper the last to proceed programmer continues addition				
Trome Office.				•			
	1107 Hazeltine Blvd			1			
	Chaska MN 55318			1			



Tri-County Nursing Home			Provider Number:	0 204625-00
7280 S.W. SR 26	= =		10/4/2013	
Trenton FL 32693	_	Date: Fiscal Year End:		
•			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level		Rate	Rate	Date
Single Level		198.56	198.29	1/1/2013
Level H: Aids		349.37	349.10	1/1/2013
Rate Type :		984 1 T.A.		
Interim	X	Prospective		
Total Interim			otal Prospective	
Interim Component			rospective Adjusted f	
Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Dodes		Licensure l	Rating Change	
Budget X Unaudited costs			Customary Limitation	
Field audited costs			e limitation change	
Field audit - interim portion		FRVS Cha	nge	
Desk audited costs	X		ys Correction for 1/1	3
Desk audit - Interim Portion		Rate Semes		
Desk Audit - Prospective portion		On FRV [2]	as of 05/18/1992	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost R	eimbursement Planni	ng and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office			1	
			manus , .	
			1	



Emory L. Bennett State Veterans' Nursing Home		Provider Number:	0 210889-00
1920 Mason Avenue		Date:	8/8/2013
Daytona Beach FL 32117		Fiscal Year End:	6/30/2009
		Audit Status:	Field Audited [2]
Provider Type:			
	Current	New	Effective
Nursing Home Single Level	Rate	Rate	Date 7/1/2010
Nutsing Home Single Level		214.25	7/1/2010
Level H: Aids	361.22	357.59	7/1/2010
	7-7		
Rate Type :			
Interim	X Prospective		
Total Interim		otal Prospective	. M. O
Interim Component Settlement based on costs	***************************************	rospective Adjusted for the otal Prospective with	
Prior Provider Prospective data		otal i rospective with	Internit Component
		arra was	
Basis: Cha	inges:		# # #
Budget	Licensure 1	Rating Change	
Unaudited costs		Customary Limitation	
X Field audited costs		e limitation change	
Field audit - interim portion	FRVS Cha	nge	
Desk audited costs		t NH11-060L FYE 6	/30/09
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semes	ster Change] as of 01/19/1994	
Distribution:			1
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cost F	teimbursement Planni	ng and Finance
For information Only			
No Change in Rate			
Home Office: Florida Dept. of Veterans Affairs			
Walter Gilchrist 11351 Ulmerton Road, Room 332-I		; 	
Largo Fl 33778-1630			



Eı	mory L. Bennett Stat	te Veterans' Nursing Home			Provider Number:	0 210889-00	
_	920 Mason Avenue		_ _		Date:	8/8/2013	
D	aytona Beach FL 32	117	_		Fiscal Year End:	6/30/2009	
					Audit Status:	Field Audited [2]	
	rovider Type: ursing Home	Single Level		Current Rate 219.82	New Rate	Effective Date 1/1/2011	
74	ursing frome	Single Level		219.82	216.19	1/1/2011	
		Level H: Aids	_	364.68	361.05	1/1/2011	
	Rate Type :						
:	Interim		v	Decompositive			
		otal Interim	<u>X</u>	Prospective X 7	otal Prospective		
		terim Component			rospective Adjusted for	or New Costs	
		ettlement based on costs		***************************************	otal Prospective with		
	Pr	ior Provider Prospective data					
	Basis:		Changes:				
				_			
_	Budget				Rating Change		
	Unaudited co X Field audited				Customary Limitation	,	
		interim portion		Target Rate limitation change FRVS Change			
	Desk audited		<u> X</u>	Field Audit NH11-060L FYE 6/30/09			
		interim Portion		Rate Semester Change			
	Desk Audit - 1	Prospective portion		On FRY [2] as of 01/19/1994		
	Distribution:		7	K-/	Thomas Parker		
	Contract Managem	nent / Fiscal Agent	Med	icaid Cost F	Reimbursement Plannis	ng and Finance	
	Permanent File						
	For informati	ion Only					
	No Change i	n Rate					
	Home Office:	Florida Dept. of Veterans At	fairs				
	Tromo Orlivo.	Walter Gilchrist 11351 Ulmerton Road, Room Largo Fl 33778-1630					
		·					



Emory L. Bennett Sta	te Veterans' Nursing Home		Provider Number:	0 210889-00		
1920 Mason Avenue			Date:	8/8/2013		
Daytona Beach FL 32	2117		Fiscal Year End:	6/30/2011		
			Audit Status:	Unaudited [3]		
Provider Type:						
		Current Rate	New Rate	Effective		
Nursing Home	Single Level	218.76	218.77	Date 1/1/2012		
•		144				
	Level H: Aids	366.37	366.38	1/1/2012		
Rate Type :				<u> </u>		
Interim		X Prospective	e			
T	otal Interim		Total Prospective			
	nterim Component		Prospective Adjusted f			
	ettlement based on costs		Cotal Prospective with	Interim Component		
P1	rior Provider Prospective data					
Basis:	C	hanges:		,		
Budget		Licensure	Rating Change			
X Unaudited co	nsts -		Customary Limitation	1		
Field audited	· 1		e limitation change	•		
	interim portion	FRVS Cha				
Desk audited	-	X Effects of	Field Audit NH11-06	50L FYE 6/30/09		
	Interim Portion	Rate Semester Change				
Desk Audit -	Prospective portion	On FRV [2	2] as of 01/19/1994			
Distribution:	(70)	76	Thomas Parker			
_	nent / Fiscal Agent	Medicaid Cost I	Reimbursement Planni	ng and Finance		
Permanent File						
For information	·					
No Change	in Rate					
Home Office:	Florida Dept. of Veterans Affairs	A A A A A A A A A A A A A A A A A A A				
	Walter Gilchrist		1			
	11351 Ulmerton Road, Room 332-I		;			
	Largo Fl 33778-1630		i			



nory L. Bennett State Veterans' Nursing Home		Provider Number:	0 210889-00
20 Mason Avenue		Date:	8/8/2013
aytona Beach FL 32117	·	Fiscal Year End:	6/30/2011
		Audit Status:	Unaudited [3]
ovider Type:			
	Current	New	Effective
ursing Home Single Level	Rate 227.96		Date 1/1/2013
arising frome Single Dever			1/1/2013
Level H: Aids	378.77	378.78	1/1/2013
Rate Type :			
Interim	X Prospect	tive	
Total Interim	X	_ Total Prospective	
Interim Component		Prospective Adjusted for	or New Costs
Settlement based on costs		_ Total Prospective with	Interim Component
Prior Provider Prospective d	nta		
Basis:	Changes:		
Budget	Licensu	re Rating Change	
X Unaudited costs		nd Customary Limitation	
Field audited costs		Rate limitation change	
Field audit - interim portion	FRVS (Change	
Desk audited costs		of Field Audit NH11-06	60L FYE 6/30/09
Desk audit - Interim Portion		mester Change	
Desk Audit - Prospective portion	On FRV	[2] as of 01/19/1994	
Distribution:		Thomas Parker	*
Contract Management / Fiscal Agent	Medicaid Co	st Reimbursement Planni	ng and Finance
Permanent File			
For information Only			
No Change in Rate			
	rans Affairs		
Home Office Florida Dept. of Vet		-	
Home Office: Florida Dept. of Vete		1	
Tionic Office.	l, Room 332-I		



Sabal Palms Health (Care Center	_		Provider Number:	0 210951-00
499 Alternate Keene	Alternate Keene Road		Date:	10/22/2013	
Largo FL 33771-165	2			Fiscal Year End:	6/30/2010
				Audit Status:	Field Audited [2]
Provider Type:	Charle I and		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		182.12	181.33	7/1/2011
	Level H: Aids	_	328.32	327.53	7/1/2011
	Level U: Fragile Under 21		445.65	444.86	7/1/2011
I1	otal Interim Interim Component Ettlement based on costs Trior Provider Prospective data	X	F	e Total Prospective Prospective Adjusted for Total Prospective with	
Basis:	·	Changes:			4.000
Desk audited Desk audit -	d costs interim portion	X	Usual and Target Rat FRVS Cha Field Aud Rate Seme	Rating Change Customary Limitation e limitation change inge it NH12- 063W FYE ster Change 2] as of 05/18/1990	
Distribution:			K)	Thomas Parker	
Contract Managen Permanent File For information No Change	tion Only	Med	icaid Cost F	Reimbursement Plannin	ng and Finance
Home Office:	The Goodman Group, LLC				
	1107 Hazeltine Blvd Chaska MN 55318			! !	



Sabal Palms Health	Care Center			Provider Number:	0 210951-00
499 Alternate Keene	Road	Date: 10		10/22/2013	
Largo FL 33771-165	52			Fiscal Year End:	6/30/2010
				Audit Status:	Field Audited [2]
Provider Type:					
• •			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		182.75	<u> 181.95</u> _	1/1/2012
	Level H: Aids		330.36	329.56	1/1/2012
	Level U: Fragile Under 21	-	448.82	448.02	1/1/2012
I	Fotal Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	P	e Total Prospective Prospective Adjusted for Total Prospective with	
Basis:		Changes:			
Desk audited Desk audit -	d costs interim portion	x	Usual and Target Rat FRVS Cha Field Aud Rate Seme	it NH12- 063W FYE	
Distribution:			2/1	Thomas Parker	
Contract Manager Permanent File For informa No Change	-	Med	licaid Cost F	Reimbursement Plannin	ng and Finance
Home Office:	The Goodman Group, LLC 1107 Hazeltine Blvd Chaska MN 55318				



West Jacksonville Health and Rehabilitation Center			Provider Number:	0 218171-00
1650 Fouraker Road			Date:	11/5/2013
Jacksonville FL 32221			Fiscal Year End:	8/31/2011
			Audit Status:	Unaudited [3]
Provider Type:				
· ·		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		203.27	203.14	1/1/2013
Level H: Aids		354.08	353.95	1/1/2013
	-			
Rate Type:	- MANAGAN INPOSTORIAN		- HOLLEGE AND ASSESSED AND ASSESSED ASSESSEDA	
Interim	X	Prospectiv	ve	
Total Interim		X	Total Prospective	
Interim Component			Prospective Adjusted for	or New Costs
Settlement based on costs			Total Prospective with	
Prior Provider Prospective data				
Basis:	Changes:			
Dasis.	Changes.			
Budget	: :	Licensure	Rating Change	
X Unaudited costs	ž		d Customary Limitation	
Field audited costs			ate limitation change	!
Field audit - interim portion	,	FRVS C	nange	
Desk audited costs	X	Rating D	ays Correction for 1/1	3
Desk audit - Interim Portion			ester Change	→
Desk Audit - Prospective portion		On FRV	[2] as of 08/10/1990	
Distribution:		グノ	Thomas Parker	
Contract Management / Fiscal Agent	Medi	icaid Cost	Reimbursement Planni	ng and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Lyric Health Care				
Timothy J Trybus			4 8 9	
7150 Columbia Gateway Drive	Suite J			
Columbia MD 21046				



MK of North Port LI	orth Port LLC Provider Number: 0 2250			0 225053-00		
6940 Outreach Way				Date:	10/24/2013	
North Port FL 34287				Fiscal Year End:	2/28/2009	
				Audit Status:	Field Audited [2]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		207.25	206.51	1/1/2010	
	Level H: Aids	_	349.17	348.43	1/1/2010	
Rate Type :					^	
Interim		X	Prospective	;		
	otal Interim			otal Prospective	-	
	nterim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
	ettlement based on costs		1	otal Prospective with	Interim Component	
	rior Provider Prospective data					
Basis:		Changes:				
ъ т.		 	Licanova	Dating Change		
Budget Unaudited co	nete			Rating Change Customary Limitation		
X Field audited	·	-		e limitation change		
Field audit -	interim portion		FRVS Cha		:	
Desk audited Desk audit - 1	-	X	Rate Semes	it NH12-076L FYE 2 . ster Change] as of 11/01/1997	/28/2009	
Distribution:	A A Marie - Manager - Mana				,	
	nent / Fiscal Agent		\mathcal{O}_{-}	Thomas Parker		
Permanent File	none, y isotal i igone	Med	icaid Cost R	Reimbursement Plannii	ng and Finance	
For informat	tion Only					
No Change	•					
				entereditation of the second o		
Home Office:	M-K Management, LLC Mark D. Hickman			:		
	1181 Vickery Lane, Suite 200			:		
	Cordova TN 38016-0633			í		
	·					



MK of North Port LL	.C			Provider Number:	0 225053-00
6940 Outreach Way				Date:	10/24/2013
North Port FL 34287				Fiscal Year End:	2/28/2009
				Audit Status:	Field Audited [2]
Provider Type:					
			Current	New	Effective
Managara Walana	C. 1 T. 1		Rate	Rate	Date
Nursing Home	Single Level		211.33		7/1/2010
	Level H: Aids		354.67	353.92	7/1/2010
Rate Type :					
Interim		X	Prospective	;	
T	otal Interim	TOTAL OF HISTORY	X7	otal Prospective	•
***************************************	nterim Component			rospective Adjusted for	
	ettlement based on costs		T	otal Prospective with	Interim Component
Pr	rior Provider Prospective data				
Basis:	· ·	Changes:			-
Budget				Rating Change	•
Unaudited co				Customary Limitation e limitation change	
	interim portion		FRVS Cha		
Desk audited		X		it NH12-076L FYE 2	/28/2009
	Interim Portion		Rate Seme	ster Change	
Desk Audit -	Prospective portion		On FRV [2] as of 11/01/1997	
Distribution:		1	7	Thomas Parker	
Contract Managem	nent / Fiscal Agent	Med	icaid Cost F	Leimbursement Plannii	ng and Finance
Permanent File					
For informat	tion Only				
No Change i	in Rate				
Home Office:	M-K Management, LLC	· · ·	NAMES OF THE PRODUCTION OF THE PARTY OF THE	7	
Traine Office.	Mark D. Hickman 1181 Vickery Lane, Suite 200			!	
	Cordova TN 38016-0633				



North Port FL 34287 Fiscal Year End: 2/28/2010 Audit Status: Unaudited [3]	MK of North Port LLC	,		`	Provider Number:	0 225053-00
Provider Type: Current New Effective Date	6940 Outreach Way				Date:	10/24/2013
Current Rate Rate Date	North Port FL 34287				Fiscal Year End:	2/28/2010
Nursing Home Single Level 219.35 219.34 1/1/2011 Level H: Aids 364.21 364.20 1/1/2011 Level H: Aids 364.21 364.20 1/1/2011 Rate Type: Interim					Audit Status:	Unaudited [3]
Rate Type: Interim Total Interim Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Field audited costs Field audited interim Portion Desk audited finerim Portion Desk audited finerim Portion Desk audited Frospective Prospective Pro	Provider Type:	•				
Level H: Aids 364.21 364.20 1/1/2011 X Prospective X Total Prospective Prospective Adjusted for New Costs Prior Provider Prospective data Prospective with Interim Component Prospective with Interim Component Prior Provider Prospective data Licensure Rating Change						
Rate Type:	Nursing Home	Single Level	***************************************			
Rate Type : Interim	i (di bing i i oni	single nevel			217.34	1/1/2011
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:		Level H: Aids		364.21	364.20	1/1/2011
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:						
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:						
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis:			apple a Agging			
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Rate Type :					
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Interim		X	Prospective	;	
Settlement based on costs Prior Provider Prospective data Basis:	То	tal Interim		X T	otal Prospective	
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audited - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance	***************************************	-				
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance				T	otal Prospective with	Interim Component
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200	Pric	or Provider Prospective data			•	
X Unaudited costs	Basis:		Changes:		Apparent V	
X Unaudited costs				'		
Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Target Rate limitation change FRVS Change FRVS Change Stribution: X Effects of FA NH12-076L FYE 2/28/2009 Rate Semester Change On FRV [2] as of 11/01/1997 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance						
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance						
Desk audit - Interim Portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200		+				
Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance			V		•	2/20/2000
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance		·	<u> </u>			2/20/2009
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance					_	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance	Distribution:			1	Thomas Parker	
Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200	Contract Manageme	ent / Fiscal Agent		<u> </u>		1 T'
No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200	Permanent File	-	Medi	icaia Cost R	teimbursement Piannii	ng and Finance
No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200	For information	on Only				
Mark D. Hickman 1181 Vickery Lane, Suite 200		-			-	
Mark D. Hickman 1181 Vickery Lane, Suite 200	Home Office:	M-K Management, LLC	- 400			
1181 Vickery Lane, Suite 200	TOING Office:				1	
					7 1	



MK of North Port LLC				Provider Number:	0 225053-00
6940 Outreach Way				Date:	10/24/2013
North Port FL 34287				Fiscal Year End:	2/29/2012
				Audit Status:	Unaudited [3]
Provider Type:				radit Status.	
JI			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	224.54	224.53	1/1/2013
	Level H: Aids	· _	375.35	375.34	1/1/2013
Rate Type :		-			
Interim		X	Prospective	; ;	
То	tal Interim		X 1	otal Prospective	
Int	erim Component			rospective Adjusted for	
	tlement based on costs		T	otal Prospective with	Interim Component
Prio	or Provider Prospective data				
Basis:		Changes:			
Budget		i	Licensure	Rating Change	
X Unaudited cos	sts			Customary Limitation	
Field audited	costs			e limitation change	
Field audit - in	nterim portion		FRVS Cha	nge	: !
Desk audited of		X		FA NH12-076L FYE	2/28/2009
Desk audit - In	nterim Portion Prospective portion	-		ster Change as of 11/01/1997	
Distribution:	Tospective portion			<u> </u>	
Contract Manageme	ent / Fiscal Agent		0	Thomas Parker	
Permanent File		Med	icaid Cost F	teimbursement Plannin	ng and Finance
For information	on Only				
No Change in	•				
Home Office:	M-K Management, LLC				
	Mark D. Hickman				
	1181 Vickery Lane, Suite 200			:	
	Cordova TN 38016-0633			:	



Fernandina Beach FL 32034 Fiscal Year End: 12/31/2008 Audit Status: Field Audited [2]	MK of Fernandina Be	ach LLC			Provider Number:	0 225274-00
Provider Type: Current New Effective Date	1625 Lime St				Date:	9/19/2013
Provider Type: Current Rate Rate Date	Fernandina Beach FL	32034			Fiscal Year End:	12/31/2008
Nursing Home Single Level Level H: Aids Single Level Single Level Level H: Aids Single Level Single					Audit Status:	Field Audited [2]
Rate Rate Date	Provider Type:				•	
Rate Type: Interim X Prospective Total Interim X Total Prospective Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes:						
Rate Type:	Nursing Home	Single I aval			***************************************	
Rate Type :	rear sing frome	Single Level		193.21		1/1/2010
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs V Field audited costs Field audited costs Desk audit - interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 M Total Prospective Adjusted for New Costs Total Prospective Wat Interim Component Y Prospective with Interim Component Total Prospective with Interim Component A Field Audit and Customary Limitation Target Rate Immitation change FRVS Change FRVS Change Usual and Customary Limitation Freva Change On FRV [2] as of 08/01/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Level H: Aids		335.13	333.79	1/1/2010
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs V Field audited costs Field audited costs Desk audit - interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 M Total Prospective Adjusted for New Costs Total Prospective Wat Interim Component Y Prospective with Interim Component Total Prospective with Interim Component A Field Audit and Customary Limitation Target Rate Immitation change FRVS Change FRVS Change Usual and Customary Limitation Freva Change On FRV [2] as of 08/01/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance						
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs V Field audited costs Field audited costs Desk audit - interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 M Total Prospective Adjusted for New Costs Total Prospective Wat Interim Component Y Prospective with Interim Component Total Prospective with Interim Component A Field Audit and Customary Limitation Target Rate Immitation change FRVS Change FRVS Change Usual and Customary Limitation Freva Change On FRV [2] as of 08/01/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance						
Interim X Prospective Total Interim Component Interim Component Settlement based on costs Prior Provider Prospective data Basis: Budget Unaudited costs V Field audited costs Field audited costs Desk audit - interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 M Total Prospective Adjusted for New Costs Total Prospective Wat Interim Component Y Prospective with Interim Component Total Prospective with Interim Component A Field Audit and Customary Limitation Target Rate Immitation change FRVS Change FRVS Change Usual and Customary Limitation Freva Change On FRV [2] as of 08/01/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		1				
Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Rate Type:					
Interim Component Settlement based on costs Prior Provider Prospective data Basis:	Interim		X	Prospective	•	
Budget Unaudited costs Field audit - interim Portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change Licensure Rating Change Usual and Customary Limitation A rarget Rate limitation change FRVS Change FRVS Change On FRV [2] as of 08/01/2000 Thomas Parker Medicaid Cost Reimbursement Planning and Finance					•	
Basis: Budget	Int	terim Component			•	
Budget Unaudited costs X Field audited costs Usual and Customary Limitation Target Rate limitation change FRVS Change Desk audited costs Desk audited costs Desk audited r Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Se	ttlement based on costs		7	Total Prospective with I	Interim Component
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200	Pri	or Provider Prospective data				
Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit #NH12-075L FYE 12/31/2008 Rate Semester Change On FRV [2] as of 08/01/2000 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Basis:		Changes:			
Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit #NH12-075L FYE 12/31/2008 Rate Semester Change On FRV [2] as of 08/01/2000 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance						
Target Rate limitation change						
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200		· · ·				
Desk audit d costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200		•			_	
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200		- ;			•	
Desk Audit - Prospective portion On FRV [2] as of 08/01/2000 Thomas Parker Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200		1	<u>X</u>			2/31/2008
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Medicaid Cost Reimbursement Planning and Finance						
Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200		,				
Permanent File For information Only No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200	Contract Manageme	ent / Fiscal Agent	Medi	icaid Cost R	eimbursement Plannin	g and Finance
No Change in Rate Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200	Permanent File		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	cuiu cosi i		5 and 1 manor
Home Office: M-K Management, LLC Mark D. Hickman 1181 Vickery Lane, Suite 200	For information	on Only				
Mark D. Hickman 1181 Vickery Lane, Suite 200	No Change in	ı Rate				
Mark D. Hickman 1181 Vickery Lane, Suite 200	Home Office:	M-K Management, LLC		· · · · · · · · · · · · · · · · · · ·	,	
1181 Vickery Lane, Suite 200	HOME OTHER.	_				•
					:	
		Cordova TN 38016-0633				



MK of Fernandina B	each LLC			Provider Number:	0 225274-00
1625 Lime St	,			Date:	9/19/2013
Fernandina Beach FL	. 32034			Fiscal Year End:	12/31/2008
		•		Audit Status:	Field Audited [2]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		197.10	196.03	7/1/2010
	Level H: Aids		340.44	339.37	7/1/2010
Rate Type :					
Interim		X	Prospective	;	
T	otal Interim		X T	otal Prospective	
Ir	nterim Component		P	rospective Adjusted for	or New Costs
Se	ettlement based on costs		T	otal Prospective with	Interim Component
P1	rior Provider Prospective data				
Basis:		Changes:			
			ı		1
Budget			Licensure 1	Rating Change	
Unaudited co				Customary Limitation	}
X Field audited	i costs		_	e limitation change	
	interim portion		FRVS Cha	_	
Desk audited		<u>X</u>		t #NH12-075L FYE 1	2/31/2008
	Interim Portion Prospective portion		Rate Semes	as of 08/01/2000	
Distribution:	Trospective portion		5/)	,	
	nent / Fiscal Agent			Thomas Parker	***************************************
Permanent File	ione, Tisout rigone	Medi	caid Cost R	eimbursement Plannin	g and Finance
For informat	tion Only				
****	•				
No Change i	ш каге				
Home Office:	M-K Management, LLC]	
	Mark D. Hickman			1,	
	1181 Vickery Lane, Suite 200			; !	
•	Cordova TN 38016-0633				
				!	



MK of Winter Garden	LLC			Provider Number:	0 225410-00
12751 W Colonial Dr			Date:		
Winter Garden FL 347	er Garden FL 34787			Fiscal Year End:	12/31/2008
				Audit Status:	Field Audited [2]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		200.53		1/1/2010
	Level H. Aids		342.45	341.05	1/1/2010
Rate Type :	1				
Interim		X	Prospective	;	
Т	otal Interim		XT	otal Prospective	
	terim Component			rospective Adjusted for	
	ttlement based on costs		T	otal Prospective with	Interim Component
Pr	ior Provider Prospective data				
Basis:		Changes:		•	
Budget			Licensure 1	Rating Change	
Unaudited co	sts			Customary Limitation	
X Field audited	costs			e limitation change	,
Field audit - i	interim portion	š	FRVS Cha	nge	,
Desk audited	· ·	X		it # NH12-077L FYE	12/31/08
******	nterim Portion Prospective portion	1		ster Change] as of 09/01/1999	
Distribution:	r tospective portion	-	7-X2	Thomas Parker	
Contract Managem	ent / Fiscal Agent		\mathcal{O}_{-}		1 77 .
Permanent File	-	Med	icaid Cost R	Reimbursement Planni	ng and Finance
For informat	ion Only				
No Change i	n Rate				
Home Office:	M-K Management, LLC				
	Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633			i	
	Cordova 114 36010-0033				



MK of Winter Garden LLC			Provider Number:	0 225410-00
12751 W Colonial Dr			Date:	9/30/2013
Winter Garden FL 34787			Fiscal Year End:	12/31/2008
			Audit Status:	Field Audited [2]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		204.83		7/1/2010
Level H: Aids		348.17	346.74	7/1/2010
		•		
Rate Type :				
Interim	X	Prospective		
Total Interim		<u>X</u> T	otal Prospective	
Interim Component		****	rospective Adjusted f	
Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:		4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$
Budget		Licensure l	Rating Change	
Unaudited costs			Customary Limitation	
X Field audited costs			e limitation change	· !
Field audit - interim portion		FRVS Cha	nge	
Desk audited costs	<u>X</u>	Field Audi	t # NH12-077L FYE	12/31/08
Desk audit - Interim Portion		Rate Semes	_	
Desk Audit - Prospective portion		On FRV [2] as of 09/01/1999	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Med	caid Cost R	eimbursement Planni	ng and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: M-K Management, LLC	***		THE RESUME.	
Mark D. Hickman 1181 Vickery Lane, Suite 200 Cordova TN 38016-0633				



the Health Center of Palatka, Inc.		Provider Number:	0 226025-00
10 Kay Larkin Dr.		Date:	8/20/2013
alatka FL 32177		Fiscal Year End:	8/31/2005
		Audit Status:	Unaudited [3]
rovider Type:			
	Current	New	Effective
ursing Home Single Level	Rate 157.98	Rate	Date 1/1/2007
arong frome Single Level		150.50	1/1/2007
Level H: Aids	287.58	286.16	1/1/2007
Rate Type :	,		
Interim Total Interim	Y Prospective	otal Prospective	
Interim Component	***************************************	rospective Adjusted f	or New Costs
Settlement based on costs	***************************************	otal Prospective with	
Prior Provider Prospective data		•	•
Basis:	Changes:		
Budget		Rating Change	
X Unaudited costs Field audited costs		Customary Limitation elimitation change	1
	FRVS Cha		
Field audit - interim portion Desk audited costs		nge FA & RFA #NH03-2	041 FVF 8/31/01
Desk audit - Interim Portion		ster Change	040 1 12 0/31/01
Desk Audit - Prospective portion	On FRV [2] as of 05/26/1986	
Distribution:	7	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost F	Reimbursement Planni	ng and Finance
Permanent File			Ü
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			•
) }	



	_		
The Health Center of Palatka, Inc.	•	Provider Number:	0 226025-00
10 Kay Larkin Dr.		Date:	8/20/2013
alatka FL 32177		Fiscal Year End:	8/31/2005
		Audit Status:	Unaudited [3]
rovider Type:			
	Current	New	Effective
Jursing Home Single Level	Rate 	Rate	Date 2/1/2007
aring frome Single Level	137.37	157.90	2/1/2007
Level H: Aids	288.99	287.56	2/1/2007
Rate Type:			
Interim	X Prospective		
Total Interim		otal Prospective	
Interim Component	Pi	rospective Adjusted f	or New Costs
Settlement based on costs	T	otal Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure I	Rating Change	
X Unaudited costs		Customary Limitation	l
Field audited costs		limitation change	
Field audit - interim portion	FRVS Char	~	
Desk audited costs Desk audit - Interim Portion		FA & RFA #NH03-2	04J FYE 8/31/01
Desk Audit - Prospective portion	Rate Semes	as of 05/26/1986	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent		eimbursement Planni	and Finance
Permanent File	Medicaid Cost R	ennoursement Flanni	ng and rmance
For information Only			
No Change in Rate			
Home Office: T - No Home Office			
		4 4	
!.			



The Health Center of P	alatka, Inc.			Provider Number:	0 226025-00
110 Kay Larkin Dr.				Date:	8/20/2013
Palatka FL 32177				Fiscal Year End:	8/31/2005
				Audit Status:	Unaudited [3]
Provider Type:				rudit Status.	Onaddred [5]
Troving Lyper			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		157.98		3/1/2007
	Level H: Aids	. ·	287.58	286.16	3/1/2007
Rate Type :					
Interim		X	Prospective		
	al Interim			otal Prospective	
	erim Component	Prospective Adjusted for New Costs			
	lement based on costs or Provider Prospective data		1	otal Prospective with	Interim Component
-	r riovider riospective data				
Basis:		Changes:			
Budget			Licensure l	Rating Change	
X Unaudited cost	ts			Customary Limitation	l .
Field audited of	costs		Target Rate	e limitation change	
Field audit - in	terim portion		FRVS Cha	nge	
Desk audited c		<u> </u>		FA & RFA #NH03-2	04J FYE 8/31/01
Desk Audit - In	rospective portion		Rate Semes	ster Change] as of 05/26/1986	
Distribution:	rospective portion			j u 3 01 03/20/1700	
	. / T	/	0	Thomas Parker	
Contract Manageme	nt / Fiscal Agent	Med	icaid Cost R	teimbursement Planni	ng and Finance
Permanent File	on Only				
For information	•		•		
No Change in	Rate				
Home Office:	1 - No Home Office				



Ft. Lauderdale Health & Rehab Center			Provider Number:	0 228109-00
2000 E. Commercial Blvd.		,	Date:	9/23/2013
Ft. Lauderdale FL 33308			Fiscal Year End:	6/30/2005
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	179.55	178.36	1/1/2007
	_			
Level H: Aids	, _	309.15	307.96	1/1/2007
			•	
			V	
Rate Type :				
Interim	X	Prospective	.	
Total Interim		•	Total Prospective	
Interim Component Prospective Adjusted for New C				or New Costs
Settlement based on costs		_	otal Prospective with	
Prior Provider Prospective da	ta			
Basis:	Changes:			
		_		
Budget			Rating Change	
Unaudited costs			Customary Limitation	!
Field audited costs Field audit - interim portion		FRVS Cha	e limitation change	
Desk audited costs			gc FA & RFA #NH03-20	17.1 FVE 6/30/01
Desk audit - Interim Portion			ster Change	7,0 1 12 0/50/01
Desk Audit - Prospective portion		Not on FRY	V [1]	
Distribution:		プラブ	Thomas Parker	.
Contract Management / Fiscal Agent	Med	icaid Cost R	leimbursement Plannin	ng and Finance
Permanent File				- G
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
Tronto Ottioo.				



Ft. Lauderdale Health & R	ehab Center			Provider Number:	0 228109-00
2000 E. Commercial Blvd				Date:	9/23/2013
Ft. Lauderdale FL 33308				Fiscal Year End:	6/30/2005
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New	Effective Date
Nursing Home Si	ingle Level		184.14	Rate	2/1/2007
g	angate zievez		101111		#/ 1/ #VO /
Le	vel H: Aids	_	313.74	312.56	2/1/2007
Rate Type :					
Interim		X	Prospective		
-	nterim		-	otal Prospective	
Interim Component Prospective Adjusted for New Costs				or New Costs	
Settlen	ent based on costs		T	otal Prospective with	Interim Component
Prior P	rovider Prospective data				•
Basis:		Changes:			
Budget X Unaudited costs				Rating Change	
Field audited costs	e			Customary Limitation elimitation change	
Field audit - inter	į.		FRVS Char	-	
Desk audited costs	7			FA & RFA #NH03-20	07J FYE 6/30/01
Desk audit - Interi	1		Rate Semes	ter Change	. !
Desk Audit - Prosp	pective portion		Not on FRV	7 [1]	
<u>Distribution:</u>				Thomas Parker	
Contract Management /	Fiscal Agent	Medi	caid Cost R	eimbursement Plannin	g and Finance
Permanent File					
For information C	nly	•			
No Change in Ra	e				
Home Office:	1 - No Home Office				
Tonic Office.				į :	
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Ft. Lauderdale Health & Rehab Center			Provider Number:	0 228109-00
2000 E. Commercial Blvd.			Date:	9/23/2013
Ft. Lauderdale FL 33308	_		Fiscal Year End:	6/30/2005
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level	· ·	Rate	Rate	Date
Nursing Home Single Level		179.55	<u>178.36</u>	3/1/2007
Level H: Aids	·	309.15	307.96	3/1/2007
Rate Type:	-			
Interim	X	Prospective		
Total Interim		X To	otal Prospective	
Interim Component		Pr	ospective Adjusted for	or New Costs
Settlement based on costs		To	otal Prospective with	Interim Component
Prior Provider Prospective data	,			
Basis:	Changes:			
Budget		Licensure R	ating Change	
X Unaudited costs			Customary Limitation	
Field audited costs			limitation change	1
Field audit - interim portion		FRVS Chan	ge	
Desk audited costs	<u>X</u>		A & RFA #NH03-20	7J FYE 6/30/01
Desk audit - Interim Portion Desk Audit - Prospective portion		Rate Semest Not on FRV	er Change	!
Distribution:		\mathcal{A}		
		0	Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Medi	caid Cost Re	imbursement Plannin	g and Finance
For information Only				
No Change in Rate				
140 Change in Rate				
Home Office: 1 - No Home Office				
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Shell Point Pavilion			Provider Num	ber:	0 22920	02-00
15000 Shell Point Boulevard			D	ate:	10/17/2	2013
Ft. Myers Fl 33908			Fiscal Year E	nd:	6/30/2	011
			Audit Sta	itus:	Field Aud	ited [2]
Provider Type:		Current Rate	New Rate		Effective Date	_
Nursing Home Single Level		202.79	197.33		1/1/2012	_
Level H: Aids		350.40	344.94		1/1/2012	
	•					
Rate Type:						
Interim	X	Prospective	:			
Total Interim			otal Prospective			
Interim Component			rospective Adju-			
Settlement based on costs		T	otal Prospective	with	Interim Compoi	nent
Prior Provider Prospective data						
Basis:	Changes:					
Budget		Licensure 1	Rating Change			
Unaudited costs	A GRANA		Customary Limi	tation		
X Field audited costs			e limitation chan			
Field audit - interim portion		FRVS Cha	nge			
Desk audited costs	X		it NH12-066W I	FYE (5/30/2011	!
Desk audit - Interim Portion Desk Audit - Prospective portion	1		ster Change] as of 03/28/200	11	•	
	!		1 as 01 03/20/200	<i>J</i> 1	**************************************	
Distribution:			Thomas Parke	r		
Contract Management / Fiscal Agent	Med	icaid Cost R	teimbursement P	lannii	ng and Finance	**************
Permanent File						
For information Only						
No Change in Rate						
Home Office: 1 - No Home Office	Agricultura Agricu					
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Shell Point Pavilion				Provider Number:	0 229202-00
15000 Shell Point Bou	levard			Date:	10/17/2013
Ft. Myers Fl 33908		****		Fiscal Year End:	6/30/2011
				Audit Status:	Field Audited [2]
Provider Type:					MARROMANA
			Current	New	Effective
Nursing Home	Single Level		Rate	Rate	Date
Nursing Home	Single Level		210.03		7/1/2012
	Level H: Aids	_	359.24	353.64	7/1/2012
Rate Type :					
Interim		X	Prospective	•	
	tal Interim			Cotal Prospective	
	erim Component			rospective Adjusted for	
	tlement based on costs		T	otal Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:	!	Changes:			
D 1			Linamanna	Dating Change	
Budget Unaudited cos	nto.			Rating Change Customary Limitation	
X Field audited	i de la companya de			e limitation change	
	nterim portion		FRVS Cha	_	
Desk audited		X	Field Audi	it NH12-066W FYE	6/30/2011
Desk audit - Ir				ster Change	
	Prospective portion		On FRY [2	as of 03/28/2001	i i
<u>Distribution:</u>			7)	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost F	Reimbursement Planni	ng and Finance
Permanent File					
For information	on Only				
No Change in	ı Rate				
Home Office:	1 - No Home Office				
Home Office.					
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Shell Point Pavilion				Provider Number:	0 229202-00
15000 Shell Point Bou	levard			Date:	10/17/2013
Ft. Myers Fl 33908		_		Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Name of the second	Cinal Famil		Rate	Rate	Date
Nursing Home	Single Level		206.69	208.47	1/1/2013
	Level H: Aids	_	357.50	359.28	1/1/2013
Rate Type:					
Interim		X	Prospective		
To	tal Interim			otal Prospective	
Int	erim Component		P	rospective Adjusted for	or New Costs
Set	tlement based on costs		T	otal Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			
Budget		-	•	Rating Change	
X Unaudited cos				Customary Limitation e limitation change	
	nterim portion		FRVS Cha		
Desk audited	_	X		gc FA NH12-066W FYI	E 6/30/11
Desk audit - In		1	Rate Semes		
Desk Audit - I	Prospective portion		On FRV [2] as of 03/28/2001	
Distribution:			イノ	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost R	Leimbursement Planni	ng and Finance
Permanent File					
For informati	on Only				
No Change in	n Rate				
Home Office:	1 - No Home Office			1	
rionic Orrico.	;				
	1) ; 1	
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Shell Point Pavilion			Provider Number:	0 229202-00
15000 Shell Point Boulevard			Date:	10/17/2013
Ft. Myers Fl 33908			Fiscal Year End:	6/30/2012
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	_	Current Rate	New Rate	Effective Date 7/1/2013
				,
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costs Prior Provider Prospective data	<u> </u>	P	otal Prospective rospective Adjusted fo otal Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Changes:	Usual and C Target Rate FRVS Cha Effects of I Rate Semes	FA NH12-066W FYF	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Med	icaid Cost R	Thomas Parker eimbursement Plannin	ng and Finance



Alexander Nininger Sta	te Veterans' Nursing Home			Provider Number:	0 229849-00	
8401 West Cypress Dri				Date:	8/20/2013	
Pembroke Pines Fl 3302	25			Fiscal Year End:	6/30/2008	
				Audit Status:	Field Audited [2]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		226.61	223.66	7/1/2009	
	Level H: Aids		366.96	364.01	7/1/2009	
Rate Type :						
Interim		<u> </u>	Prospective			
	al Interim			otal Prospective	N G .	
	erim Component			rospective Adjusted for		
	element based on costs or Provider Prospective data		1	otal Prospective with	Interim Component	
	riovider Frospective data					
Basis:		Changes:			! 	
T) 1			Licaneura I	Rating Change		
Budget Unaudited cost	te					
X Field audited c	1	Usual and Customary Limitation Target Rate limitation change				
Field audit - in			FRVS Cha	-		
Desk audited c	-	X Field Audit #NH11-051L FYE 6/30/08				
Desk audit - In	terim Portion	Rate Semester Change				
Desk Audit - P	rospective portion		On FRV [2]	as of 09/06/2001		
Distribution:		7	グノ	Thomas Parker		
Contract Manageme	nt / Fiscal Agent	Medi	caid Cost R	eimbursement Plannin	og and Finance	
Permanent File		1120				
For informatio	on Only					
No Change in	Rate					
Home Office:	Florida Dept. of Veterans Affair	·S	en i Managaria de la companio del companio della co			
nome onice.	Walter Gilchrist 11351 Ulmerton Road, Room 33			: : : : }		
	Largo Fl 33778-1630					



Alexander Nininger State Veterans' Nursing Home			Provider Number:	0 229849-00
8401 West Cypress Drive			Date:	8/20/2013
Pembroke Pines F1 33025			Fiscal Year End:	6/30/2008
			Audit Status:	Field Audited [2]
Provider Type:				
·	(Current Rate	New Rate	Effective Date
Nursing Home Single Level		228.21	224.79	1/1/2010
Level H: Aids		370.13	366.71	1/1/2010
Rate Type :				
Interim	<u>X</u> I	Prospective		
Total Interim		-	otal Prospective rospective Adjusted f	or New Costs
Interim Component Settlement based on costs			otal Prospective with	
Prior Provider Prospective data			, , , , , , , , , , , , , , , , , , ,	
Basis:	Changes:	ACCORDANCE OF THE PROPERTY OF		
				1
Budget			Rating Change	
Unaudited costs			Customary Limitation	1
X Field audited costs		FRVS Cha	e limitation change	
Field audit - interim portion Desk audited costs	·		t #NH11-051L FYE	6/30/08
Desk audit - Interim Portion			ster Change	0:30/00
Desk Audit - Prospective portion		On FRV [2	as of 09/06/2001	
Distribution:		イノ	Thomas Parker	
Contract Management / Fiscal Agent	Medi	caid Cost R	eimbursement Planni	ng and Finance
Permanent File				
For information Only				•
No Change in Rate				
Home Office: Florida Dept. of Veterans Affairs	3	10/1 —	The state of the s	
Walter Gilchrist			}	
11351 Ulmerton Road, Room 332	!-I		:	
Largo Fl 33778-1630				



Lakeside Nursing & Re	habilitation Center			Provider Number:	0 2567	757-00
11411 Armsdale Road		•		Date:	9/9/2	2013
Jacksonville FL 32218		•		Fiscal Year End:	12/31/	
				Audit Status:	Field Au	
Provider Type:				raut saus.		arted [2]
V R			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		175.73	<u> 175.05</u> _	1/1/2010	
	Level H: Aids	_	317.65	316.97	1/1/2010	-
Rate Type :			,			
Interim		X	Prospective			
Tot	al Interim		T	otal Prospective		
	rim Component			rospective Adjusted for		
***************************************	lement based on costs		Te	otal Prospective with	Interim Compo	onent
Prio	r Provider Prospective data					
Basis:		Changes:				
D. 1			Licensure F	Rating Change		
Budget Unaudited cost	e			Customary Limitation		
X Field audited c				limitation change		
Field audit - in	terim portion		FRVS Char	_		,
Desk audited co		X		#NH12-016G FYE	12/31/08	
Desk audit - Int			Rate Semes			
	ospective portion		On FRV [2]	as of 01/21/1998		
Distribution:			77	Thomas Parker		
Contract Managemer	nt / Fiscal Agent	Med	icaid Cost Re	eimbursement Plannin	g and Finance	·····
Permanent File						
For information	·					
No Change in	Rate					·*
Home Office:	Health Care Managers, Inc					
2	Ivonne Burrell					
	2380 Sadler Road Suite 201					
	Fernandina Beach FL 32034			:		



		-			•
Indigo Manor				Provider Number:	0 258750-00
595 Williamson Blvd				Date:	8/27/2013
Daytona Beach FL 321	114			Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type:				Audit Status:	Tield Addited [2]
• •		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		182.38	179.70	7/1/2008
	Level H: Aids	-	318.66	315.98	7/1/2008
Int Set	tal Interim erim Component tlement based on costs or Provider Prospective data	X	P	otal Prospective rospective Adjusted footal Prospective with	
Basis: Budget Unaudited cos X Field audited of Field audit - in Desk audit - In Desk Audit - P	nterim portion	Changes:	Usual and Target Rate FRVS Cha Field Audi Rate Semes	t #NH10-015L FYE	
Distribution: Contract Manageme Permanent File For information No Change in	on Only	Med	<u> </u>	Thomas Parker eimbursement Plannir	ng and Finance
Home Office:	Fairfax Senior Living Robert Hostler 10387 Main Street, Suite 200 Fairfax VA 22030				



Indian Mauri				0.000000.00
Indigo Manor 595 Williamson Blvd	-		Provider Number:	0 258750-00
Daytona Beach FL 32114	-		Date:	8/27/2013
	-		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level		Rate	Rate	Date
Nursing Home Single Level	Montal	185.36		1/1/2009
Level H: Aids		323.71	323.69	1/1/2009
		·		
Rate Type:				
		7 5		
Interim Total Interim	X	Prospective X T	otal Prospective	
Interim Component			otal Flospective rospective Adjusted fo	or New Costs
Settlement based on costs			otal Prospective with	
Prior Provider Prospective data				
Basis:	Changes:			
Dasis.	Changes.]		
Budget		Licensure 1	Rating Change	
X Unaudited costs			Customary Limitation	
Field audited costs			limitation change	
Field audit - interim portion		FRVS Cha	nge	
Desk audited costs Desk audit - Interim Portion	X		FA #NH10-015L FYE	2 6/30/07
Desk Audit - Prospective portion		Rate Semes On FRV [2]	ter Change as of 01/01/2001	
Distribution:		\sim		
Contract Management / Fiscal Agent		<u> </u>	Thomas Parker	
Permanent File	Med	icaid Cost R	eimbursement Plannin	g and Finance
For information Only				
No Change in Rate				
Home Office: Fairfax Senior Living				
Robert Hostler			!	
10387 Main Street, Suite 200				
Fairfax VA 22030			•	



Indigo Manor				Provider Number:	0 258750-00	
595 Williamson Blvd		•		Date:	8/27/2013	
Daytona Beach FL 32	2114	•		Fiscal Year End:	6/30/2008	
	,			Audit Status:	Unaudited [3]	
Provider Type:						
		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	169.82	169.80	3/1/2009	
	Level H: Aids		308.17	308.15	3/1/2009	
Rate Type:		· · · · · · · · · · · · · · · · · · ·				
Interim		X	Prospective			
T	otal Interim		-	otal Prospective		
—— In	terim Component			rospective Adjusted for	or New Costs	
Se	ettlement based on costs		T	otal Prospective with	Interim Component	
Pr	ior Provider Prospective data		•			
Basis:		Changes:			t .	
Budget			Licensure 1	Rating Change		
X Unaudited co	ests		Usual and (Customary Limitation		
Field audited	costs		Target Rate	limitation change		
Field audit -	interim portion	remanda V	FRVS Char	nge		
Desk audited	· · · · · · · · · · · · · · · · · · ·	X		FA #NH10-015L FYI	E 6/30/07	
	nterim Portion	Rate Semester Change On FRV [2] as of 01/01/2001				
	Prospective portion		On FRV 12	as of 01/01/2001		
Distribution:			0	Thomas Parker		
Contract Managem	ent / Fiscal Agent	Med	licaid Cost R	eimbursement Plannin	g and Finance	
Permanent File						
For informati	ion Only					
No Change in	n Rate					
Home Office:	Fairfax Senior Living					
-LOINO OTHOU.	Robert Hostler					
	10387 Main Street, Suite 200			a a a a		
	Fairfax VA 22030					
	· ·			!		



Indigo Manor				Provider Number:	0 258750-00
595 Williamson Blvd	I			Date:	8/27/2013
Daytona Beach FL 32	2114			Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:			•	Audit Status.	Unaudited [3]
in the state of th	·		Current Rate	New Rate	Effective Date
Nursing Home	Single Level		209.92	209.90	4/1/2009
	Level H: Aids		348.27	348.25	4/1/2009
Rate Type :	,		- V		
Interim		X	Prospective		
Т	otal Interim			otal Prospective	
Ir	nterim Component		P	rospective Adjusted fo	or New Costs
Se	ettlement based on costs		T	otal Prospective with	Interim Component
Pr	rior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure I	Rating Change	
X Unaudited co	osts			Customary Limitation	
Field audited	1 costs			limitation change	
Field audit -	interim portion		FRVS Char	nge	:
Desk audited		X	Effects of I	A #NH10-015L FY	E 6/30/07
	Interim Portion		Rate Semes		
Desk Audit -	Prospective portion		On FRV [2]	as of 01/01/2001	
Distribution:			$\mathcal{A}\mathcal{A}$	Thomas Parker	
Contract Managem	nent / Fiscal Agent	Medi	caid Cost Re	eimbursement Plannin	g and Finance
Permanent File	·				6
For informat	ion Only			•	
No Change i	in Rate				
Home Office:	Fairfax Senior Living				
	Robert Hostler 10387 Main Street, Suite 200				
•	Fairfax VA 22030				,



Indigo Manor			Provider Number:	0 258750-00
595 Williamson Blvd	_		Date:	8/27/2013
Daytona Beach FL 32114	-		Fiscal Year End:	6/30/2008
			Audit Status:	Unaudited [3]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home Single Level		218.78	218.76	7/1/2009
Level H: Aids	_	359.13	359.11	7/1/2009
Rate Type:		***************************************	, , , , , , , , , , , , , , , , , , ,	
Interim	X	Prospective		
Total Interim			otal Prospective	
Interim Component		****	rospective Adjusted for	
Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
		T 1		
Budget X Unaudited costs			Rating Change	
Field audited costs			Customary Limitation limitation change	•
Field audit - interim portion		FRVS Char	-	
Desk audited costs	X		.5- 'A #NH10-015L FYF	E 6/30/07
Desk audit - Interim Portion		Rate Semesi		3 0,000,00
Desk Audit - Prospective portion	The state of the s	On FRV [2]	as of 01/01/2001	
Distribution:	7	イノ .	Thomas Parker	-
Contract Management / Fiscal Agent	Medi	caid Cost Re	eimbursement Plannin	g and Finance
Permanent File				.8
For information Only				
No Change in Rate				
Home Office: Fairfax Senior Living	- Troponomia - Tro	***************************************		
Robert Hostler 10387 Main Street, Suite 200				
Fairfax VA 22030				



Indigo Manor				Provider Number:	0 258750-00
595 Williamson Blvd				Date:	8/27/2013
Daytona Beach FL 32	2114			Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:			_		
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u> </u>	220.90	220.88	1/1/2010
	Level H: Aids	_	362.82	362.80	1/1/2010
Rate Type :				<u> </u>	
Interim		X	Prospective	e	
	otal Interim		=	Total Prospective	
In	nterim Component		I	Prospective Adjusted for	or New Costs
	ettlement based on costs		7	Total Prospective with	Interim Component
Pr	rior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited co	osts			Customary Limitation	
Field audited	costs			e limitation change	
	interim portion		FRVS Cha	inge	
Desk audited	·	X		FA #NH10-015L FYE	2 6/30/07
	nterim Portion Prospective portion			ster Change] as of 01/01/2001	
Distribution:				Thomas Parker	
Contract Managem	ent / Fiscal Agent		<u>ノ</u> ・10・1		- 4 E'
Permanent File		Medi	caid Cost R	Leimbursement Plannin	g and rinance
For informat	ion Only				
No Change i	n Rate				
Home Office:	Fairfax Senior Living				
Home Office:	Robert Hostler				
	10387 Main Street, Suite 200			!	
	Fairfax VA 22030				
	<u> </u>				



Indigo Manor				Provider Number:	0 258750-00
595 Williamson Blv	-			Date:	8/27/2013
Daytona Beach FL 3	32114			Fiscal Year End:	6/30/2009
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
TAT * TT			Rate	Rate	Date
Nursing Home	Single Level	.	219.21	219.18	7/1/2010
	Level H: Aids	_	362.55	362.52	7/1/2010
Rate Type :					
Interim		X	Prospective		
***************************************	Total Interim			otal Prospective	
	Interim Component		-	rospective Adjusted for	
	Settlement based on costs		T	otal Prospective with	Interim Component
<u> </u>	Prior Provider Prospective data			,	
Basis:		Changes:			
Dodosa			Licensure l	Rating Change	
Budget X Unaudited c	rosts			Customary Limitation	
Field audite				e limitation change	
Field audit	- interim portion		FRVS Cha		
Desk audited	*	X	Effects of 1	FA #NH10-015L FYE	E 6/30/07
	Interim Portion		Rate Semes		
Desk Audit -	- Prospective portion		On FRV [2]] as of 01/01/2001	
Distribution:				Thomas Parker	
Contract Manager	ment / Fiscal Agent	Med	icaid Cost R	eimbursement Plannin	g and Finance
Permanent File					<u> </u>
For informa	tion Only				
No Change	in Rate				
Home Office:	Fairfax Senior Living			1	
	Robert Hostler			F.	
	10387 Main Street, Suite 200				
	Fairfax VA 22030				



Indigo Manor				Provider Number:	0 258750-00			
595 Williamson Blvd				Date:	8/27/2013			
Daytona Beach FL 32	114			Fiscal Year End: .	6/30/2009			
				Audit Status:	Unaudited [3]			
Provider Type:								
		_	Current Rate	New Rate	Effective Date			
Nursing Home	Single Level		221.47	221.44	1/1/2011			
	Level H: Aids		366.33	366.30	1/1/2011			
Rate Type :				,				
Interim		X	Prospective	:				
To	otal Interim		_	otal Prospective				
In	terim Component		P	rospective Adjusted fo	or New Costs			
Se	ttlement based on costs		T	otal Prospective with	Interim Component			
Pr	ior Provider Prospective data							
Basis:		Changes:						
Budget				Rating Change				
X Unaudited co Field audited	1		Usual and Customary Limitation					
***************************************	interim portion	Target Rate limitation change FRVS Change						
Desk audited	-	X Effects of FA #NH10-015L FYE 6/30/07						
	nterim Portion	Rate Semester Change						
Desk Audit - 1	Prospective portion			as of 01/01/2001				
Distribution:			3	Thomas Parker				
Contract Managem	ent / Fiscal Agent	Med	caid Cost R	eimbursement Plannin	g and Finance			
Permanent File					-			
For informati	ion Only							
No Change is	n Rate							
Home Office:	Fairfax Senior Living			ļ,				
	Robert Hostler			:				
÷	10387 Main Street, Suite 200							
	Fairfax VA 22030							



Indigo Manor				Provider Number:	0 2587	750-00
595 Williamson Blv				Date:	8/27/	2013
Daytona Beach FL 3	32114			Fiscal Year End:	6/30/	2010
				Audit Status:	Unaudi	
Provider Type:				Audit Status.	Chaudi	ica [5]
,			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		213.82	213.80	7/1/2011	
	Level H: Aids	_	360.02	360.00	7/1/2011	-
Rate Type :						
Interim		X	Prospective	!		
	Total Interim		_	otal Prospective		
I	Interim Component		P	rospective Adjusted fo	or New Costs	
S	Settlement based on costs		Т	otal Prospective with	Interim Compo	nent
P	Prior Provider Prospective data					
Basis:		Changes:				
Budget			Licensure l	Rating Change		
X Unaudited c	eosts		Usual and	Customary Limitation		!
Field audite	ed costs			e limitation change		
	interim portion	:	FRVS Char	nge		
Desk audited		X		FA #NH10-015L FYE	E 6/30/07	1
	Interim Portion - Prospective portion		Rate Semes	ter Change as of 01/01/2001		
Distribution:	1 tospective portion		\vec{A}	Thomas Parker	***************************************	
Contract Manager	ment / Fiscal Agent				1 73'	-
Permanent File	-	Medi	caid Cost R	eimbursement Plannin	g and Finance	
For informa	ntion Only					
No Change	in Rate					
Home Office:	Fairfax Senior Living		· · · · · · · · · · · · · · · · · · ·			
Monte Office.	Robert Hostler					
	10387 Main Street, Suite 200			; ;		
	Fairfax VA 22030			*		



Indigo Manor				Provider Number:	0 258750-00		
595 Williamson Blvd	,			Date:	8/27/2013		
Daytona Beach FL 3211	4			Fiscal Year End:	6/30/2010		
				Audit Status:	Unaudited [3]		
Provider Type:			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level		216.06	216.04	1/1/2012		
]	Level H: Aids	_	363.67	363.65	1/1/2012		
Rate Type :							
Interim		X	Prospective				
	l Interim			otal Prospective	•		
	rim Component			rospective Adjusted for			
	ement based on costs		To	otal Prospective with l	nterim Component		
	Provider Prospective data						
Basis:		Changes:					
Dudget			Licensure P	Rating Change			
Budget X Unaudited costs				Customary Limitation			
Field audited co		-		limitation change			
Field audit - inte	erim portion		FRVS Char	ige			
Desk audited co		X		'A #NH10-015L FYE	6/30/07		
Desk Audit - Inte	erim Portion Ospective portion		Rate Semester Change On FRV [2] as of 01/01/2001				
Distribution:	ospective portion	<u> </u>	\prec				
Contract Managemen	t/Fiscal Agent			Thomas Parker			
Permanent File	i i i isodi Agoni	Med	icaid Cost Re	eimbursement Planning	g and Finance		
For information	Only						
No Change in R	•						
	Fairfax Senior Living						
Home Office:	Robert Hostler						
	10387 Main Street, Suite 200						
	Fairfax VA 22030						



Indigo Manor 595 Williamson Blvd Daytona Beach FL 32				Provider Number: Date: Fiscal Year End:	0 258750-00 8/27/2013 6/30/2011
Provider Type:			Current Rate	Audit Status: New Rate	Unaudited [3] Effective Date
Nursing Home	Single Level		219.99	219.97	7/1/2012
	Level H: Aids	-	369.20	369.18	7/1/2012
Rate Type:		X	Prospective		
	otal Interim nterim Component		-	otal Prospective ospective Adjusted fo	or New Costs
	ettlement based on costs		To	otal Prospective with	Interim Component
Basis: Budget X Unaudited co Field audited Field audit - Desk audited Desk Audit - Desk Audit -	osts I costs interim portion	Changes:	Licensure F Usual and C Target Rate FRVS Char Effects of F Rate Semes	'A #NH10-015L FYI	
Distribution: Contract Managem	eent / Fiscal Agent			Thomas Parker	
Permanent File For informat No Change i	ion Only	Med	licaid Cost Ro	eimbursement Plannin	g and Finance
Home Office:	Fairfax Senior Living Robert Hostler 10387 Main Street, Suite 200 Fairfax VA 22030				



Indigo Manor				Provider Number:	0 258750-00
595 Williamson Blvo				Date:	8/27/2013
Daytona Beach FL 3	2114			Fiscal Year End:	6/30/2011
				Audit Status:	Unaudited [3]
Provider Type:				1 Iddix 5 Market	L J
• •			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	222.51	222.49	1/1/2013
	Level H: Aids	-	373.32	373.30	1/1/2013
				•	
Rate Type:					
Interim		X	Prospective	;	
	Total Interim			otal Prospective	
I	nterim Component		P	rospective Adjusted for	or New Costs
S	ettlement based on costs		T	otal Prospective with	Interim Component
P	rior Provider Prospective data			,	
Basis:		Changes		1	
Budget			Licensure	Rating Change	1
X Unaudited c	osts		-	Customary Limitation	
Field audite	d costs			e limitation change	
Field audit -	interim portion		FRVS Cha	nge	
Desk audited		X		FA #NH10-015L FYE	C 6/30/07
	Interim Portion		Rate Semes		1
Distribution:	Prospective portion		On FRV [2] as of 01/01/2001	!
	/ T' 1 A /		′()-	Thomas Parker	
	nent / Fiscal Agent	Med	dicaid Cost R	eimbursement Plannin	g and Finance
Permanent File	Alle to Orabe				
For informa	·				
No Change	п касе				
Home Office:	Fairfax Senior Living			1	
	Robert Hostler			; f	
	10387 Main Street, Suite 200			**	
	Fairfax VA 22030				



Indigo Manor			Provider Number:	0 258750-00	
595 Williamson Blvd			Date:	8/27/2013	
Daytona Beach FL 32114			Fiscal Year End:	6/30/2012	
•			Audit Status:	Unaudited [3]	
Provider Type:					
	-	Current	New	Effective	
Nursing Home Single Level		Rate	Rate	7/1/2013	
Nursing frome Single Level	-	225.98		//1/2013	
			•		
		With the same Person	The state of the s		
Rate Type:					
Interim	X	Prospective			
Total Interim		XT	otal Prospective		
Interim Component			cospective Adjusted for		
Settlement based on costs		Te	otal Prospective with	Interim Component	
Prior Provider Prospective data					
Basis:	Changes	:			
Budget			Rating Change		i
X Unaudited costs			Customary Limitation		
Field audited costs		• .	limitation change		
Field audit - interim portion Desk audited costs	•	FRVS Char	7	. 20/07</td <td></td>	
Desk audited costs Desk audit - Interim Portion	X	Rate Semes	TA #NH10-015L FYE ter Change	7 0/30/0 /	
Desk Audit - Prospective portion			as of 01/01/2001		ì
Distribution:		A.	Thomas Parker		i
Contract Management / Fiscal Agent			eimbursement Plannin	a and Finance	
Permanent File	Me	dicaid Cost Re	emioursement Flammi	g and r mance	
For information Only					
No Change in Rate					
Home Office: Fairfax Senior Living	and the same and t	annon e a della della e e e e e e e e e e e e e e e e e e			
Robert Hostler				•	
10387 Main Street, Suite	200		ı		
Fairfax VA 22030			!		



Riviera Palms Rehabilitation Center			Provider Number:	0 263451-00
926 Haben Blvd.			Date:	8/16/2013
Palmetto FL 34221			Fiscal Year End:	12/31/2006
			Audit Status:	Field Audited [2]
Provider Type:	,	Current Rate	New Rate	Effective Date
Nursing Home Single Level		176.59	175.30	1/1/2008
Level H: Aids		310.59	309.30	1/1/2008
Rate Type: InterimTotal InterimInterim ComponentSettlement based on costsPrior Provider Prospective data	X	F	e Total Prospective Prospective Adjusted to the control of the con	
Basis:	Changes:			
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent	X	Usual and Target Ra FRVS Ch Field Aud Rate Seme On FRV [Rating Change Customary Limitation te limitation change ange lit #NH10-030C FYE ester Change 2] as of 03/07/1988 Thomas Parker Reimbursement Plann	
Permanent FileFor information OnlyNo Change in Rate	Mec	iicaid Cost	Reimoursement Plann	ing and rmance
Home Office: R. Mark Cronquist 5887 Glenridge Drive, Suite 15 Atlanta GA 30328		and 1		



The Springs at Lake Po	pinte Woods			Provider Number:	0 268780-00
3280 Lake Pointe Drive Sarasota FL 34238		····		Date:	10/16/2013
		_		Fiscal Year End:	12/31/2005
				Audit Status:	Field Audited [2]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		180.74	180.45	1/1/2007
		_			
	Level H: Aids		310.34	310.05	1/1/2007
Rate Type :				***************************************	
Interim		\mathbf{x}	Prospective	e	
То	tal Interim		<u>X</u> 7	Total Prospective	
***************************************	erim Component			Prospective Adjusted for	
	tlement based on costs		1	Total Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			
D 1 .	•		Licanouro	Rating Change	
Budget Unaudited cos	ete			Customary Limitation	
X Field audited				e limitation change	
	nterim portion		FRVS Cha	_	
Desk audited	_	X		it #NH06-209C FYE	12/31/05
Desk audit - In				ster Change	
Desk Audit - F	Prospective portion		On FRY [2	2] as of 11/01/1989	1 ;
Distribution:			7/	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost I	Reimbursement Plannir	ng and Finance
Permanent File		1.100		connours of the contract of th	ig und I manut
For informati	on Only				•
No Change in	ı Rate				
Home Office:	Summit Care II, Inc				
	Guy Farmer 2851 Remington Green Circle	e, Ste. D			
	Tallahassee FL 32308			:	



The Springs at Lake Pointe Woods			Provider Number:	0 268780-00
3280 Lake Pointe Drive			Date:	10/16/2013
Sarasota FL 34238			Fiscal Year End:	12/31/2005
			Audit Status:	Field Audited [2]
Provider Type:				<u>L</u> ,
		Current	New	Effective
N . W		Rate	Rate	Date
Nursing Home Single Level	_	188.50	188.21	2/1/2007
Level H: Aids	_	318.10	317.81	2/1/2007
Rate Type :				
Interim	X	Prospectiv	ve	
Total Interim		X	Total Prospective	
Interim Component			Prospective Adjusted for	
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
	1	Licanoum	e Rating Change	
Budget Unaudited costs			d Customary Limitation	
X Field audited costs			ate limitation change	
Field audit - interim portion		FRVS C	_	i
Desk audited costs	<u>X</u>		dit #NH06-209C FYE	12/31/05
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV	[2] as of 11/01/1989	,
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost	Reimbursement Plannin	ng and Finance
Permanent File	2.00,			
For information Only				
No Change in Rate				
Home Office: Summit Care II, Inc	. madelli e e	Transcription (Market Control of		
Guy Farmer			:	
2851 Remington Green Circle,	Ste. D			
Tallahassee FL 32308			•	



The Springs at Lake Po	inte Woods			Provider Number:	0 268780-0	0
3280 Lake Pointe Drive				Date:	10/16/2013	;
Sarasota FL 34238				Fiscal Year End:	12/31/2005	
				Audit Status:	Field Audited	
Provider Type:	•					<u> </u>
			Current	New	Effective	
Nuveing Home	Cimala I aval	-	Rate	Rate	Date	
Nursing Home	Single Level		180.74		3/1/2007	
	Level H: Aids		310.34	310.05	3/1/2007	
Rate Type :						
Interim	,	X	Prospective			
434	al Interim			otal Prospective		
Inte	erim Component	÷		ospective Adjusted f	or New Costs	
Sett	lement based on costs		To	otal Prospective with	Interim Component	
Prio	r Provider Prospective data					
Basis:		Changes	:			
Budget Unaudited cost	_		_	Rating Change		
X Field audited cost				Customary Limitation limitation change		*
Field audit - in			FRVS Char	-		
Desk audited c		X	- Field Audit	#NH06-209C FYE	12/31/05	,
Desk audit - In		:	Rate Semes			Ş
	rospective portion	i	On FRV [2]	as of 11/01/1989		
Distribution:			///	Thomas Parker		
Contract Manageme	nt / Fiscal Agent	Me	dicaid Cost R	eimbursement Planni	ng and Finance	-
Permanent File	- 0-1					
For information						
No Change in	Kate					
Home Office:	Summit Care II, Inc			17 may Parks and 18 minutes and 18 m		
	Guy Farmer 2851 Remington Green Circ Tallahassee FL 32308	cle, Ste. D		:		
				<u> </u>		



Cypress Village			Provider Number:	0 307998-00
4600 Middleton Park, Circle East			Date:	8/22/2013
Jacksonville FL 32224	<u>.</u>		Fiscal Year End:	12/31/2007
			Audit Status:	Field Audited [2]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	192.16	185.10	1/1/2009
Level H: Aids	-	330.51	323.45	1/1/2009
Rate Type:				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	P	otal Prospective rospective Adjusted for otal Prospective with	
Basis:	Changes:			,
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	<u>X</u>	Usual and C Target Rate FRVS Char Field Audi Rate Semes	t NH10-016L FYE 12	2/31/2007
Distribution:		7)	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	<u> </u>	eimbursement Plannin	g and Finance
Home Office: Brookdale Senior Living, Inc Russ Bellora 111 Westwood Place, Ste. 400 Brentwood TN 37027		113200000000		



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park,				Date:	8/22/2013
Jacksonville FL 32224	4 .			Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 176.05	Rate	Date 3/1/2009
runsing frome	Shigle Devel		170.05	109.59	3/1/2009
	Level H: Aids	_	314.40	307.94	3/1/2009
Rate Type :		·	144		
Interim		X	Prospective	; .	
To	otal Interim		<u>X</u> T	otal Prospective	
	terim Component			rospective Adjusted for	
	ttlement based on costs		T	otal Prospective with	Interim Component
Pri	ior Provider Prospective data			-	
Basis:		Changes:]	•	
Budget			Licensure l	Rating Change	
Unaudited cos	sts			Customary Limitation	i
X Field audited				e limitation change	
Field audit - i	nterim portion		FRVS Char	nge	
Desk audited		X		t NH10-016L FYE 12	2/31/2007
Desk audit - In			Rate Semes	Ü	
Distribution:	Prospective portion		On FRV [2	as of 10/14/1991	
			2	Thomas Parker	
Contract Manageme	ent / Fiscar Agent	Med	icaid Cost R	eimbursement Plannin	g and Finance
Permanent File For information	on Only				
-	•				
No Change in	n Kate			•	
Home Office:	Brookdale Senior Living, Inc.		11 Carriera	,	
	Russ Bellora				
	111 Westwood Place, Ste. 400				
	Brentwood TN 37027			i	



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park,				Date:	8/22/2013
Jacksonville FL 32224				Fiscal Year End:	12/31/2007
				Audit Status:	Field Audited [2]
Provider Type:				2.40-21	
	•		Current	New	Effective
NI		_	Rate	Rate	Date
Nursing Home	Single Level	-	207.54	200.08	4/1/2009
	Level H: Aids		345.89	338.43	4/1/2009
		_	,		
Rate Type :				7	
Interim		· X	Prospective	;	
To	otal Interim			otal Prospective	
Int	terim Component		P	rospective Adjusted for	or New Costs
Ser	ttlement based on costs		T	otal Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:		·	
Budget			Licensure l	Rating Change	
Unaudited cos	sts			Customary Limitation	
X Field audited	· ·			e limitation change	
Field audit - i	nterim portion		FRVS Cha	nge	
Desk audited	1	<u> </u>		t NH10-016L FYE 12	2/31/2007
Desk audit - In	nterim Portion Prospective portion		Rate Semes	ster Change as of 10/14/1991	
Distribution:	Tospective portion				j
	ont / Figure 1 A count	20	<u> </u>	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost R	eimbursement Plannin	g and Finance
Permanent File For informati	on Only				
***************************************	•				
No Change in	1 Kate				
Home Office:	Brookdale Senior Living, Inc.		***************************************		
	Russ Bellora				
•	111 Westwood Place, Ste. 400				
	Brentwood TN 37027			1	



Cypress Village			Provider Number:	0 307998-00
4600 Middleton Park, Circle East			Date:	8/22/2013
Jacksonville FL 32224			Fiscal Year End:	12/31/2007
			Audit Status:	Field Audited [2]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level	***************************************	210.91	200.05	7/1/2009
Level H: Aids	-	351.26	340.40	7/1/2009
	-			
Rate Type :				
Interim	<u>X</u>	Prospective		
Total Interim		-	otal Prospective	XI Cart
Interim Component			rospective Adjusted for	
Settlement based on costs Prior Provider Prospective data		1	otal Prospective with	Interim Component
Basis:	Changes:			
P. L.		Liganoura	Rating Change	ļ
Budget Unaudited costs			Customary Limitation	
X Field audited costs			e limitation change	; ;
Field audit - interim portion		FRVS Cha		1
Desk audited costs	X	Field Audi	t NH10-016L FYE 12	2/31/2007
Desk audit - Interim Portion			ter Change	
Desk Audit - Prospective portion		On FRY [2] as of 10/14/1991	and the second s
<u>Distribution:</u>		$\prec \sim$	Thomas Parker	
Contract Management / Fiscal Agent	Medic	raid Cost R	eimbursement Plannin	a and Finance
Permanent File	Modification	and Cost I	omioursomon rading	g and i manoo
For information Only				
No Change in Rate				
Home Office: Brookdale Senior Living, Inc.				
Home Office: Brookdale Senior Living, Inc. Russ Bellora				
111 Westwood Place, Ste. 400				
Brentwood TN 37027			į	
1				



Cypress Village				Provider Number:	0 307998-00	
4600 Middleton Park			¥	Date:	8/22/2013	
Jacksonville FL 3222	4	,		Fiscal Year End:	12/31/2008	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level	_	Rate 208.66	Rate	Date 1/1/2010	
rursing frome	Shigic Level	******	200.00	208.52	1/1/2010	
	Level H: Aids		350.58	350.44	1/1/2010	
Rate Type :		· ·				
Interim		X	Prospective	>		
To	otal Interim		_	otal Prospective		
In	terim Component		P	rospective Adjusted for	or New Costs	
	ettlement based on costs		T	otal Prospective with	Interim Component	
Pr	ior Provider Prospective data					
Basis:		Changes:				
				,		
Budget				Rating Change		
XUnaudited co				Customary Limitation elimitation change		
	interim portion		FRVS Cha	_		
Desk audited	-	X		ngo Field Audit NH10-010	6L FYE 12/31/07	
	nterim Portion	Rate Semester Change				
Desk Audit - 1	Prospective portion		On FRV [2]	as of 10/14/1991		
Distribution:	444		77	Thomas Parker		
Contract Managem	ent / Fiscal Agent	Med		eimbursement Plannin	a and Finance	
Permanent File		Mcd	icaid Cost K	emoursement i iamin	g and i manee	
For informati	ion Only					
No Change in	n Rate					
Home Office:	Brookdale Senior Living, Inc.	1727				
me omoe.	Russ Bellora					
	111 Westwood Place, Ste. 400			;		
	Brentwood TN 37027					



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park, C	Circle East			Date:	8/22/2013
Jacksonville FL 32224		,		Fiscal Year End:	12/31/2008
			•	Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 210.59	Rate 210.45	Date 7/1/2010
	onigie riever		210.39		//1/2010
:	Level H: Aids		353.93	353.79	7/1/2010
		-			
Rate Type :					
Interim		<u> </u>	Prospective		
	al Interim			otal Prospective	
	rim Component			ospective Adjusted for	
	ement based on costs		To	otal Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:			
- ·		,	Tinamana D	latina Chana	
Budget X Unaudited costs				lating Change	
Field audited costs				Customary Limitation limitation change	
Field audit - int	1		FRVS Chan	-	
Desk audited co	-	X		ield Audit NH10-01	6L FYE 12/31/07
Desk audit - Inte	The state of the s		Rate Semest		
Desk Audit - Pro	ospective portion		On FRV [2]	as of 10/14/1991	
Distribution:			$\prec \sim$.	Thomas Parker	
Contract Managemen	t / Fiscal Agent	Medi		eimbursement Plannin	og and Finance
Permanent File		17,1003	cara coor re	ALLO GIOLOGICO E AGRICAL	g und i monito
For information	Only				
No Change in F	Rate				
Home Office:	Brookdale Senior Living, Inc.				
HOME OTHER.	Russ Bellora				
	111 Westwood Place, Ste. 400		•		
	Brentwood TN 37027			1	



Cypress Village			Provider Number:	0 307998-00
4600 Middleton Park, Circle East		•	Date:	8/22/2013
Jacksonville FL 32224			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate 212.84	New Rate	Effective Date 1/1/2011
Level H: Aids	-	357.70	357.56	1/1/2011
		,		
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	P	otal Prospective rospective Adjusted fo otal Prospective with I	
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 Char Effects of I Rate Semes	Field Audit NH10-016	6L FYE 12/31/07
Distribution:	7	イノ	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	<u></u>	eimbursement Plannin	g and Finance
Home Office: Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Ste. 400 Brentwood TN 37027			:	,



ypress Village				Provider Number:	0 307998-00
600 Middleton Park,				Date:	8/22/2013
acksonville FL 32224	4			Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
rovider Type:					
			Current	New	Effective
······································	Cinata I and		Rate	Rate	Date
ursing Home	Single Level		202.72		7/1/2011
	Level H: Aids		348.92	348.79	7/1/2011
		_	-		
Rate Type:	•				
Interim		X	Prospective		
	otal Interim		****	otal Prospective	
	terim Component			rospective Adjusted for	
	ttlement based on costs		T	otal Prospective with	Interim Component
Pri	ior Provider Prospective data				
Basis:		Changes:		-	
Desdeed			Licensure l	Rating Change	V.
Budget Vinaudited co	ste			Customary Limitation	
Field audited	•			e limitation change	•
Field audit - i	nterim portion		FRVS Char	-	
Desk audited	-	X	Effects of I	Field Audit NH10-01	6L FYE 12/31/07
	nterim Portion		Rate Semes	•	
	Prospective portion		On FRV [2]	as of 10/14/1991	
Distribution:			7	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost R	eimbursement Plannin	g and Finance
Permanent File					•
For informati	on Only				
No Change in	n Rate				
Home Office:	Brookdale Senior Living, Inc.				
	Russ Bellora			į	
	111 Westwood Place, Ste. 400			;	
	Brentwood TN 37027				



Cypress Village	•			Provider Number:	0 307998-00
4600 Middleton Park, C	Circle East			Date:	8/23/2013
Jacksonville FL 32224				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Name and a Title and a	C. I I	Western	Rate	Rate	Date
Nursing Home	Single Level		202.91	202.78	1/1/2012
	Level H: Aids	_	350.52	350.39	1/1/2012
	·	,			
Rate Type:					
Interim		X	Prospective		
Tota	al Interim		XT	otal Prospective	
Inte	rim Component		P ₁	rospective Adjusted for	or New Costs
Sett	lement based on costs		T	otal Prospective with l	Interim Component
Prior	r Provider Prospective data			•	
Basis:		Changes:			
Budget				Rating Change	-
Y Unaudited costs				Customary Limitation limitation change	
Field audit - int			FRVS Char		
Desk audited co	-			isc Tield Audit NH10-010	O FVF 12/31/07
Desk audit - Inte			Rate Semes		JE F TE 12/31/07
Desk Audit - Pro	ospective portion			as of 10/14/1991	
Distribution:		7	\mathcal{A}	Thomas Parker	
Contract Managemen	t / Fiscal Agent	Medi		eimbursement Plannin	a and Finance
Permanent File		Meur	cala Cost Ri	amoursement raining	g and r mance
For information	n Only				
No Change in I	Rate				
Home Office:	Brookdale Senior Living, Inc.			,	,
Troute Office,	Russ Bellora				
	111 Westwood Place, Ste. 400				
	Brentwood TN 37027			:	



Middleton Park, Circle East Date: 8/22/2013 Jacksonville FL 32224 Fiscal Year End: 12/31/2011 Audit Status: Unaudited [3]	ess Village			Provider Number:	0 307998-00
Provider Type: Current New Effective Date				Date:	8/22/2013
Current New Effective Date	onville FL 32224			Fiscal Year End:	12/31/2011
Nursing Home Single Level 211.10 210.96 7/1/2012 Level H: Aids 360.31 360.17 7/1/2012 Rate Type: Interim X Prospective Total Interim Interim Component X Total Prospective Adjusted for New Costs				Audit Status:	Unaudited [3]
Level H: Aids 360.31 360.17 7/1/2012 Rate Type: Interim X Prospective Total Interim X Total Prospective Interim Component Prospective Adjusted for New Costs			Rate	Rate	Date
Rate Type: Interim X Prospective Total Interim Total Interim Component X Total Prospective Prospective Adjusted for New Costs	sing nome Single Level	Manufacture 1	211.10	<u>210.96</u> _	//1/2012
Interim X Prospective Total Interim X Total Prospective Interim Component Prospective Adjusted for New Costs	Level H: Aids		360.31	360.17	7/1/2012
Interim X Prospective Total Interim X Total Prospective Interim Component Prospective Adjusted for New Costs					
Total Interim X Total Prospective Interim Component Prospective Adjusted for New Costs	ate Type :	1.10	***		i i
Interim Component Prospective Adjusted for New Costs		X	-		
	-			•	
Settlement pased on costs Total Prospective with internit Component	_			• •	
Prior Provider Prospective data	· · · · · · · · · · · · · · · · · · ·		10	mai Prospective with	interni Component
			T		
Basis: Changes:	3asis:	Changes:			
Licensum Pating Chause			Liaananna D	Intina Changa	
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 Effects of Field Audit NH10-016L FYE 12/31/07		X	Effects of F	ield Audit NH10-01	6L FYE 12/31/07
Desk audit - Interim Portion Rate Semester Change					
Desk Audit - Prospective portion On FRV [2] as of 10/14/1991			On FRV [X]	as of 10/14/1991	
Distribution: Thomas Parker			ク ー	Thomas Parker	
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	ontract Management / Fiscal Agent	Medi	icaid Cost Re	eimbursement Plannin	ng and Finance
Permanent File					
For information Only					
No Change in Rate	No Change in Rate				
Home Office: Brookdale Senior Living, Inc.	me Office: Brookdale Senior Living, Inc.		1	,	
Russ Bellora	Russ Bellora				
111 Westwood Place, Ste. 400	111 Westwood Place, Ste. 400			:	
Brentwood TN 37027	Brentwood TN 37027				



Cypress Village				Provider Number:	0 307998-00
4600 Middleton Park,				Date:	8/22/2013
Jacksonville FL 32224	4			Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Nursing Home	Single Level		Rate 213.83	Rate	Date 1/1/2013
rome	Single Level	_	213.83	213.69	1/1/2013
	Level H: Aids		364.64	364.50	1/1/2013
		•			,
Rate Type :					
Interim		<u> </u>	Prospective		
	otal Interim			otal Prospective	nu Nanu Casta
	terim Component attlement based on costs		-	rospective Adjusted for otal Prospective with	
	ior Provider Prospective data		1	otal i lospective with	meran component
	To Trovide Trospective data				
Basis:		Changes:]		
Budget			Licensure I	Rating Change	
X Unaudited co.	sts			Customary Limitation	
Field audited	costs			e limitation change	
Field audit - i	interim portion		FRVS Chai	nge	
Desk audited		X		Field Audit NH10-01	6L FYE 12/31/07
	nterim Portion		Rate Semes		!
	Prospective portion	<u> </u>	On FRV [2]	as of 10/14/1991	
Distribution:				Thomas Parker	
Contract Managem	ent / Fiscal Agent	Med	icaid Cost R	eimbursement Plannin	g and Finance
Permanent File					
For informati	ion Only				
No Change in	n Rate				
Home Office:	Brookdale Senior Living, Inc.			:	
Home Office.	Russ Bellora			1	
	111 Westwood Place, Ste. 400			:	
	Brentwood TN 37027) I	
	1				



Cypress Village			Provider Number:	0 307998-00
4600 Middleton Park, Circle East	•		Date:	8/22/2013
Jacksonville FL 32224			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	· · · · · · · · · · · · · · · · · · ·	Current Rate	New Rate 219.08	Effective Date 7/1/2013
Shight Level	_	217.22		//1/2013
Rate Type:				A Particular Section Control of the
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	P	otal Prospective rospective Adjusted footal Prospective with	
Basis:	Changes:	J		***************************************
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 G Target Rate FRVS Char Effects of I Rate Semes	Field Audit NH10-010	6L FYE 12/31/07
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only	Med	icaid Cost R	eimbursement Plannin	g and Finance
No Change in Rate				
Home Office: Brookdale Senior Living, Inc. Russ Bellora 111 Westwood Place, Ste. 400 Brentwood TN 37027		`		



Baya Pointe Nursing an	d Rehabilitation Center			Provider Number:	0 308111-00
587 S.E. ERMINE AVI	E	-		Date:	9/17/2013
Lake City FL 32025				Fiscal Year End:	9/30/2008
				Audit Status:	Field Audited [2]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		188.02	186.90	7/1/2009
		_			
	Level H: Aids		328.37	327.25	7/1/2009
•					·
Rate Type :					
Interim	1.0	<u>X</u>	Prospective		
www.	al Interim rim Component			otal Prospective	w Now Coats
	lement based on costs		***************************************	rospective Adjusted for otal Prospective with	
	r Provider Prospective data		1	otai i rospective with	mermi component
	Tropodito data		1		
Basis:		Changes:			:
Budget	1		Licensure l	Rating Change	!
Unaudited cost	S !		Usual and	Customary Limitation	1
X Field audited c	osts		Target Rate	e limitation change	
Field audit - in	terim portion	, !	FRVS Cha	nge	
Desk audited co		X		t #NH12-017G FYE	09/30/2008
Desk audit - Int	erim Portion ospective portion		Rate Semes	ter Change as of 01/25/1994	
Distribution:	ospective portion		0111112	as 01 01/23/1994	
Contract Managemen	A / Tigged Accord		0	Thomas Parker	
Permanent File	n / Fiscai Agein	Medi	caid Cost R	eimbursement Plannin	g and Finance
For information	a Only				

No Change in I	Kate				
Home Office:	Health Care Managers, Inc	*			
	Ivonne Burrell			į	
	2380 Sadler Road Suite 201 Fernandina Beach FL 32034			:	
	FEMARICHIA DESCRIPE 32034		***	; ;	



San Marco Terrace Reha	abilitation and Care			Provider Number:	0 316601-00
189 San Marco Avenue				Date:	8/22/2013
St. Augustine FL 32084				Fiscal Year End:	4/30/2007
				Audit Status:	Field Audited [2]
Provider Type:		,	7	M.	TO COLLEGE
		(Current Rate	New Rate	Effective Date
Nursing Home	Single Level		134.34	97.01	1/1/2007
1	Level H: Aids		263.94	226.61	1/1/2007
Inte	al Interim]		Total Prospective Prospective Adjusted f	
×	lement based on costs or Provider Prospective data			Total Prospective with	Interim Component
Basis:		Changes:	***************************************		
Budget Unaudited cost X Field audited of Field audit - in Desk audited of Desk audit - In Desk Audit - P	costs nterim portion costs	X	Usual and Target Ra FRVS Ch Field Aud Rate Sem	Rating Change I Customary Limitation ate limitation change lange dit #NH10-006C FYE ester Change [2] as of 09/01/1987	
Distribution:	** * I I I I I I I I I I I I I I I I I		つプ	Thomas Parker	TO A STAN SECRETARION OF THE PERSON OF THE P
Contract Manageme	-	Med	icaid Cost	Reimbursement Plann	ing and Finance
For information No Change in	•				
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			:	



San Marco Terrace	Rehabilitation and Care			Provider Number:	0 316601-00
189 San Marco Ave	enue			Date:	8/22/2013
St. Augustine FL 32	2084			Fiscal Year End:	4/30/2007
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level	***************************************	Current Rate 134.34	New Rate 101.34	Effective Date 2/1/2007
g	g				2,1,200,
	Level H: Aids	_	263.94		2/1/2007
Rate Type :					
X Interin	n		Prospectiv	e	
:	Total Interim			Total Prospective	
	Interim Component	Prospective Adjusted for New Costs			
<u>X</u>	Settlement based on costs			Total Prospective with	Interim Component
. .	Prior Provider Prospective data				
Basis:	1	Changes:]		
Dudgat	,		Licensure	Rating Change	
Budget Unaudited	l costs			Customary Limitation	n
X Field aud		1		te limitation change	
Field aud	it - interim portion		FRVS Ch	ange	
Desk audi		X		dit #NH10-006C FYE	E 4/30/07
	t - Interim Portion it - Prospective portion			ester Change 2] as of 09/01/1987	,
Distribution				<i>}</i>	A000 V ·
	gement / Fiscal Agent			Thomas Parker	
Permanent File	•	Med	licaid Cost	Reimbursement Plann	ning and Finance
	mation Only				
	ge in Rate				
	Senior Care Group, Inc.	, which there is a second to the second to t			
Home Office:	Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



San Marco Terrace Rehabilitation and Care		Provider Number:	0 316601-00
189 San Marco Avenue		Date:	8/22/2013
St. Augustine FL 32084		Fiscal Year End:	4/30/2007
		Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Level	Current Rate 134.34	New Rate 97.01	Effective Date 3/1/2007
Level H: Aids	263.94	226.61	3/1/2007
Rate Type: X Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data]	e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:	Andrew Commence of the Commenc	
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution:	Usual and Target Ra FRVS Ch X Field Aud Rate Sem	dit #NH10-006C FYE ester Change [2] as of 09/01/1987	
Contract Management / Fiscal Agent	/ U	Thomas Parker	:
Permanent File For information Only No Change in Rate	Medicaid Cost	Reimbursement Plann	ing and Finance
Home Office: Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619		:	



San Marco Terrace Rehabilitation and Care			Provider Number:	0 316601-00
189 San Marco Avenue			Date:	8/22/2013
St. Augustine FL 32084			Fiscal Year End:	4/30/2007
			Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Level		Current Rate	New Rate 98.30	Effective Date 5/1/2007
Level H: Aids		265.22	227.90	5/1/2007
Rate Type :				,
Total Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X	I	e Fotal Prospective Prospective Adjusted to Fotal Prospective with	
Basis:	Changes:		D.C. Cl	
Budget Unaudited costs X Field audited costs Field audit - interim portion		Usual and	Rating Change Customary Limitation te limitation change ange	n
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X Field Audit #NH10-006C FYE 4/30/07 Rate Semester Change On FRV [2] as of 09/01/1987			2 4/30/07
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information Only	Med	licaid Cost	Reimbursement Plann	ing and Finance
No Change in Rate				
Home Office: Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



San Marco Terrace Rehabilitatio	n and Care			Provider Number:	0 316601-00
189 San Marco Avenue				Date:	8/22/2013
St. Augustine FL 32084				Fiscal Year End:	4/30/2007
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single	Level	*******	Current Rate 140.72	New Rate 98.89	Effective Date 7/1/2007
Level H:	Aids		272.66	230.83	7/1/2007
	nponent ased on costs	<u>X</u>	P	otal Prospective rospective Adjusted t	For New Costs Interim Component
Basis:	er Prospective data	Changes:	A		
Budget Unaudited costs X Field audited costs Field audit - interim po Desk audited costs Desk audit - Interim Po Desk Audit - Prospecti	ortion	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit #NH10-006C FYE 4/30/07 Rate Semester Change On FRV [2] as of 09/01/1987			
Distribution:			77	Thomas Parker	.,,
Contract Management / Fisc Permanent File For information Only No Change in Rate	al Agent	Med	icaid Cost I	Reimbursement Plann	ing and Finance
Kath	ior Care Group, Inc. y Chudow Marbella Plaza Drive pa FL 33619	<u></u> i -			



San Marco Terrace Rehabilitation and Care	Provide	er Number: 0 316601-00
189 San Marco Avenue		Date: 8/22/2013
St. Augustine FL 32084	Fiscal	Year End: 4/30/2007
	Aı	udit Status: Field Audited [2]
Provider Type: Nursing Home Single Level	Rate R	Iew Effective ate Date 8.29 1/1/2008
Level H: Aids	273.75 23	2.29 1/1/2008
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data		spective ve Adjusted for New Costs spective with Interim Component
Basis:	Changes:	
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensure Rating C Usual and Customa Target Rate limitati FRVS Change X Field Audit #NH1 Rate Semester Chan On FRV [2] as of 0	ory Limitation ion change 0-006C FYE 4/30/07 nge
Distribution:	Thoma	s Parker
Contract Management / Fiscal Agent Permanent File For information Only	Medicaid Cost Reimburs	sement Planning and Finance
No Change in Rate		
Home Office: Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619	annual and and annual and annual and annual	



San Marco Terrace Rehabilitation and Care			Provider Number:	0 316601-00
189 San Marco Avenue			Date:	8/22/2013
St. Augustine FL 32084			Fiscal Year End:	4/30/2007
			Audit Status:	Field Audited [2]
Provider Type:				
	(Current Rate	New Rate	Effective Date
Nursing Home Single Level		141.38	99.62	7/1/2008
Mursing frome Shight Level		141.30	77.02	//1/2000
Level H: Aids		277.66	235.90	7/1/2008
Rate Type :				
Interim	X	Prospectiv	e	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted	
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data		1		MARKA NA AND AND AND AND AND AND AND AND AND
Basis:	Changes:]		
Budget		Licensure	Rating Change	
Unaudited costs			Customary Limitation	n
X Field audited costs	:		ate limitation change	
Field audit - interim portion	·	FRVS Ch	nange	
Desk audited costs	X		dit #NH10-006C FYI	E 4/30/07
Desk audit - Interim Portion Desk Audit - Prospective portion	:		ester Change [2] as of 09/01/1987	
Distribution:			[2] as of 09/01/190/	
Contract Management / Fiscal Agent			Thomas Parker	
Permanent File	Med	licaid Cost	Reimbursement Plant	ning and Finance
For information Only				
No Change in Rate				
			<u> </u>	
Home Office: Senior Care Group, Inc. Kathy Chudow				
1240 Marbella Plaza Drive				
Tampa FL 33619				



Sai	n Marco Terrace Rehab	pilitation and Care			Provider Number:	0 316601-0	0
189	9 San Marco Avenue				Date:	8/22/2013	
St.	Augustine FL 32084				Fiscal Year End:	4/30/2007	
					Audit Status:	Field Audited	[2]
	ovider Type: ursing Home S	Single Level		Current Rate 142.68	New Rate 100.59	Effective Date 1/1/2009	
		8				11,200	
	L	evel H: Aids		281.03	238.94	1/1/2009	
,	Rate Type :						
	Interim		X	Prospectiv	e		
	Total	Interim			Total Prospective		
	Inter	im Component			Prospective Adjusted f	for New Costs	
i		ement based on costs			Total Prospective with	Interim Componen	t
	Prior	Provider Prospective data					
	Basis:		Changes:]			
	Budget Unaudited costs	1			Rating Change Customary Limitation	n	
	X Field audited co		1		ite limitation change	-	
_	Field audit - int	-	1	FRVS Ch	-		
	Desk audited co Desk audit - Inte Desk Audit - Pre	· ·	X	Rate Sem	dit #NH10-006C FYE ester Change [2] as of 09/01/1987	2 4/30/07	
-	Distribution:				Thomas Parker	v	
	Contract Managemen Permanent File		Med	dicaid Cost	Reimbursement Plann	ing and Finance	
	For information	•					
	No Change in	Rate					
	Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			;		



San Marco Terrace Rehabilitation and Care		Provider Number:	0 316601-00
189 San Marco Avenue		Date:	8/22/2013
St. Augustine FL 32084		Fiscal Year End:	4/30/2007
		Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Level	Current Rate 130.72	New Rate 92.16	Effective Date 3/1/2009
Level H: Aids	269.07	230.51	3/1/2009
Rate Type: InterimTotal InterimInterim ComponentX Settlement based on costs Prior Provider Prospective data	1	e Fotal Prospective Prospective Adjusted f Fotal Prospective with	
Basis:	Changes:		
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch X Field Auc Rate Sem	Rating Change Customary Limitation Relimitation change	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost	Reimbursement Plann	ing and Finance
Home Office: Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619		:	



San Marco Terrace Rehal	pilitation and Care			Provider Number:	0 316601-00
189 San Marco Avenue				Date:	8/22/2013
St. Augustine FL 32084				Fiscal Year End:	4/30/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home S	Single Level		163.79	119.25	4/1/2009
. L	evel H: Aids	_	302.14	257.60	4/1/2009
Inter	I Interim im Component ement based on costs	X	F	cotal Prospective Prospective Adjusted for the Prospective with	
	Provider Prospective data				
Basis:		Changes:			
Budget Unaudited costs X Field audited co Field audit - int Desk audited co Desk audit - Int Desk Audit - Pr	erim portion osts	X	Usual and Target Ra FRVS Ch Field Aud Rate Seme	Rating Change Customary Limitation te limitation change ange lit #NH10-006C FYE ester Change 2] as of 09/01/1987	
Distribution:		1 VIII N V V V V V V V V V V V V V V V V	1	Thomas Parker	
Contract Management Permanent File For informatio No Change in	n Only Rate	Med	licaid Cost	Reimbursement Plann	ing and Finance
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			!	



Zephyr Haven Health &	Rehab Center, Inc.			Provider Number:	0 320391-00	
38250 A Avenue				Date:	10/28/2013	
Zephyrhills FL 33542				Fiscal Year End:	2/28/2009	
				Audit Status:	Field Audited [2]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	********	192.80	195.02	1/1/2010	
;	Level H: Aids	_	334.72	336.94	1/1/2010	
Rate Type:		· · · · · · · · · · · · · · · · · · ·	Dragmanting	- Towns of the state of the sta		
	al Interim	X	Prospective X Te	otal Prospective		
	rim Component			ospective Adjusted for	or New Costs	
	lement based on costs			otal Prospective with		
Prior	r Provider Prospective data					
Basis:	!	Changes:	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER			
D 1			Licensure E	Rating Change		
Budget Unaudited costs	e :	:		Customary Limitation		
X Field audited co		i r		limitation change		
Field audit - in	terim portion	1	FRVS Char	ige		!
Desk audited co		X		te Correction for 1/	10 R/S	
Desk audit - Int	erim Portion ospective portion	-	Rate Semes	ter Change as of 06/28/1989		i
Distribution:	ospective portion			as 01 00/26/1989	municipality of the control of the c	
	. (17)		<i>() (() () () () () () () () (</i>	Thomas Parker		
Contract Managemer	nt / Fiscal Agent	Med	icaid Cost R	eimbursement Plannii	ng and Finance	
Permanent File For information	n Onler					
***************************************	•					
No Change in						
Home Office:	Adventist Care Centers	manufactures (et en les parameters de l'appropries de l'approp				
	602 Courtland Street, Suite 200 Orlando FL 32804	٠				
	'an					



Zephyr Haven Health & Rehab Center, Inc.			Provider Number:	0 320391-00
38250 A Avenue			Date:	10/28/2013
Zephyrhills FL 33542			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		202.94	205.18	7/1/2010
Level H: Aids		346.28	348.52	7/1/2010
Rate Type :				
Interim	X	Prospective	•	
Total Interim		X7	otal Prospective	
Interim Component		***************************************	rospective Adjusted f	
Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospectiv	e data	-7 - WARNES	P. Company	
Basis:	Changes	:		
5 .		Licanouma	Datina Changa	
Budget X Unaudited costs			Rating Change Customary Limitation	
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Field audit - interim portion	ì	FRVS Cha	-	
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	<u> </u>	Rate Seme	Interest Rate Correct ster Change [] as of 06/28/1989	tion for 1/10 R/S
Distribution:		1	Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Me	edicaid Cost F	Reimbursement Planni	ng and Finance
For information Only				
No Change in Rate				
Home Office: Adventist Care C	enters			
602 Courtland Stre Orlando FL 32804	eet, Suite 200		, , ,	



Zephyr Haven Health &	Rehab Center, Inc.			Provider Number:	0 320391-00
38250 A Avenue				Date:	10/28/2013
Zephyrhills FL 33542				Fiscal Year End:	12/31/2009
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	***************************************	205.38	207.65	1/1/2011
	Level H: Aids		350.24	352.51	1/1/2011
Rate Type :					
Interim		X	Prospective		
	al Interim			otal Prospective	
	erim Component			rospective Adjusted for	
	lement based on costs		T	otal Prospective with	Interim Component
Prio	or Provider Prospective data				
Basis:	;	Changes:			
Budget			Licensure l	Rating Change	
X Unaudited cost	i i			Customary Limitation	
Field audited c				e limitation change	
Field audit - in	iterim portion		FRVS Cha	=	;
Desk audited co	_	X	Effects of 1	Interest Rate Correc	tion for 1/10 R/S
Desk audit - In				ter Change	
	rospective portion		On FRV [2]	as of 06/28/1989	1
Distribution:			ソノ	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	icaid Cost R	eimbursement Plannii	ng and Finance
Permanent File					-
For informatio	on Only				
No Change in	Rate				
Home Office:	Adventist Care Centers	And the second s	N. V. Print, Indianachander	and the second s	
	602 Courtland Street, Suite 200 Orlando FL 32804				



Zephyr Haven Health & Rehab Center, Inc.			Provider Number:	0 320391-00
38250 A Avenue			Date:	10/28/2013
Zephyrhills FL 33542			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level		Rate	Rate	Date 7/1/2011
Truising Home Single Level		198.35		//1/2011
Level H: Aids		344.55	346.68	7/1/2011
Rate Type:				
	*/	D.		
Interim Total Interim	<u>X</u>	Prospective X		
Interim Component			Total Prospective Prospective Adjusted f	or New Costs
Settlement based on costs		***************************************	otal Prospective with	
Prior Provider Prospective data			our rospective with	mom component
Basis:		Ī		
Dasis:	Changes:			
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	
Field audited costs			e limitation change	
Field audit - interim portion		FRVS Cha	inge	
Desk audited costs	X		Interest Rate Correc	tion for 1/10 R/S
Desk audit - Interim Portion			ster Change	
Desk Audit - Prospective portion Distribution:	-	Olifky] as of 06/28/1989	
Contract Management / Fiscal Agent		0	Thomas Parker	
Permanent File	Med	icaid Cost F	Reimbursement Planni	ng and Finance
For information Only				
No Change in Rate				
No Change in Rate				
Home Office: Adventist Care Centers				
602 Courtland Street, Suite 200 Orlando FL 32804)		:	



Zephyr Haven Healt	th & Rehab Center, Inc.			Provider Number:	0 320391-00
38250 A Avenue				Date:	10/28/2013
Zephyrhills FL 3354	12			Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
.,		_	Rate	Rate	Date
Nursing Home	Single Level		195.42	<u> 197.60</u> _	1/1/2012
	Level H: Aids	_	343.03	345.21	1/1/2012
Rate Type:		-			
Interim		X	Prospective	e	
***************************************	Total Interim			Total Prospective	
	Interim Component		or New Costs		
	Settlement based on costs		7	Total Prospective with	Interim Component
	Prior Provider Prospective data	,			
Basis:	;	Changes:	_		
Budget	V 2000 V 40 V 10 V 10 V 10 V 10 V 10 V 10 V	1	Licensure	Rating Change	
X Unaudited of	costs			Customary Limitation	
Field audite				e limitation change	:
Field audit	- interim portion		FRVS Cha	inge	
Desk audite	The state of the s	X		Interest Rate Correc	tion for 1/10 R/S
	- Interim Portion			ster Change 2] as of 06/28/1989	
	- Prospective portion		Olitry	.] as 01 00/28/1989	THE ADDRESS OF THE PARTY ADDRESS.
Distribution:			0	Thomas Parker	
	ment / Fiscal Agent	Med	licaid Cost F	Reimbursement Plannii	ng and Finance
Permanent File					
For informa	•				
No Change	e in Rate				
Home Office:	Adventist Care Centers				
	602 Courtland Street, Suite 200 Orlando FL 32804				
	•				



Zephyr Haven Health & Rehab Center, Inc.			Provider Number:	0 320391-00
38250 A Avenue			Date:	10/28/2013
Zephyrhills FL 33542			Fiscal Year End:	12/31/2010
			Audit Status:	Unaudited [3]
Provider Type:			110000	
• •		Current	New	Effective
Nursing Home Single Level		Rate 201.13	Rate	Date 7/1/2012
Single Devel	_	201.13		//1/2012
Level H: Aids	_	350.34	352.57	7/1/2012
Rate Type:	***			A CONTRACTOR OF THE CONTRACTOR
Interim	<u> </u>	Prospective)	
Total Interim			Total Prospective	
Interim Component		-	Prospective Adjusted for	
Settlement based on costs Prior Provider Prospective data			Cotal Prospective with	Interim Component
**************************************		T		
Basis:	Changes:			
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	
Field audited costs	1		e limitation change	
Field audit - interim portion	:	FRVS Cha	inge	
Desk audited costs	<u> </u>		Interest Rate Correc	tion for 1/10 R/S
Desk audit - Interim Portion Desk Audit - Prospective portion			ster Change [] as of 06/28/1989	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Mod	ianid Coat I	Reimbursement Plannin	ag and Finance
Permanent File	Med	icaid Cost r	Cennoursement Flamm	ig and rmance
For information Only				
No Change in Rate				
Home Office: Adventist Care Centers			:	
Troine Office.			·	
602 Courtland Street, Suite 200 Orlando FL 32804				



Zephyr Haven Health & Rehab Center, Inc.			Provider Number:	0 320391-00
38250 A Avenue			Date:	10/28/2013
Zephyrhills FL 33542			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level		Current Rate	New Rate 199.46	Effective Date 1/1/2013
Level H: Aids	_	348.04	350.27	1/1/2013
Rate Type:				
Interim	X	Prospective		
Total Interim		X T	otal Prospective	
Interim Component			rospective Adjusted for	
Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospective data		-		
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs		Usual and C Target Rate FRVS Char	Rating Change Customary Limitation climitation change nge interest Rate Correc	
Desk audit - Interim Portion Desk Audit - Prospective portion	1	Rate Semes		101 1710 R/S
Distribution:		ライン	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med		eimbursement Plannii	ng and Finance
Home Office: Adventist Care Centers				
602 Courtland Street, Suite 200 Orlando FL 32804				



Zephyr Haven Health	& Rehab Center, Inc.			Provider Number:	0 320391-00
38250 A Avenue		_		Date:	10/28/2013
Zephyrhills FL 33542				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
•			Current	New	Effective
NI			Rate	Rate	Date
Nursing Home	Single Level		201.88		7/1/2013
Rate Type :					
Interim		X	Prospective	e	
	otal Interim			Total Prospective	
In	iterim Component			Prospective Adjusted for	or New Costs
Se	ettlement based on costs		7	Total Prospective with	Interim Component
Pr	rior Provider Prospective data				
Basis:	:	Change	s:		
Budget	4	1	Licensure	Rating Change	
X Unaudited co	osts :		Usual and	Customary Limitation	
Field audited	Losts	:	Target Ra	te limitation change	
	interim portion		FRVS Ch	-	
Desk audited		X		Interest Rate Correc	tion for 1/10 R/S
	Interim Portion Prospective portion		_	ester Change 2] as of 06/28/1989	
Distribution:	1 tospective portion	· · · · · · · · · · · · · · · · · · ·		Thomas Parker	
Contract Managem	nent / Fiscal Agent		10		
Permanent File		М	edicaid Cost I	Reimbursement Plannin	ng and Finance
For informat	ion Only				
No Change i	·				
Home Office:	Adventist Care Centers				
	602 Courtland Street, Suite 20 Orlando FL 32804	00			
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Sunbelt Health & Rehab Center - Apopka, Inc.			Provider Number:	0 320412-00
305 E. Oak Street			Date:	10/28/2013
Apopka FL 32703			Fiscal Year End:	7/31/2009
			Audit Status:	Revised Field Audit [5]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		197.11	199.12	7/1/2010
Level H: Aids	-	340.45	342.46	7/1/2010
Rate Type:				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	P	otal Prospective rospective Adjusted footal Prospective with I	
Basis:	Changes:		· ·	
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 C Target Rate FRVS Char Interest Ra Rate Semes	te Correction for 7/1	0 R/S
Distribution:		7	Thomas Parker	·
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Sunbelt Health Care Centers,		icaid Cost R	eimbursement Plannin	g and Finance
Kevin Sadler 602 Courtland Street Orlando FL 32804				



Sunbelt Health & Rehab Center - Apopka, Inc.		Provider Number:	0 320412-00
305 E. Oak Street	•	Date:	10/28/2013
Apopka FL 32703		Fiscal Year End:	7/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	202.53	204.57	1/1/2011
Level H: Aids	347.39	349.43	1/1/2011
Rate Type:		,	
Interim	X Prospective		
Total Interim Interim Component		Fotal Prospective Prospective Adjusted for	or Naw Costs
Settlement based on costs		Fospective Adjusted Reformation For Total Prospective with:	
Prior Provider Prospective data	***************************************	total i rospective with	писти сотронен
Basis:	Changes:		
	Liganguna	Dating Change	
Budget Vinaudited costs		Rating Change Customary Limitation	
Field audited costs		te limitation change	
Field audit - interim portion	FRVS Cha	_	
Desk audited costs	X Effects of	Interest Rate Correct	ion for 7/10 R/S
Desk audit - Interim Portion		ster Change	
Desk Audit - Prospective portion	On FRV [2	2] as of 02/09/1993	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost F	Reimbursement Plannin	g and Finance
Permanent File			5 ·· · · - · · · · · · · · · · · · · · ·
For information Only			
No Change in Rate			
Home Office: Sunbelt Health Care Centers,	1C.		
Kevin Sadler		1	
602 Courtland Street			



Sunbelt Health & Rehab Center - Apopka, Inc.			Provider Number:	0 320412-00
305 E. Oak Street			Date:	10/28/2013
Apopka FL 32703	_	•	Fiscal Year End:	7/31/2010
			Audit Status:	Unaudited [3]
Provider Type: Nursing Home Single Level	-	Current Rate 195.96	New Rate 197.88	Effective Date 7/1/2011
Level H: Aids	-	342.16	344.08	7/1/2011
Rate Type :				
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	Changes:	Licensure I Usual and Target Rate FRVS Cha	Total Prospective Prospective Adjusted for total Prospective with Rating Change Customary Limitation elimitation change inge Interest Rate Correct	Interim Component
Desk Audit - Prospective portion Distribution:		On FRV [2] as of 02/09/1993	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med		Thomas Parker eimbursement Plannin	ng and Finance
Home Office: Sunbelt Health Care Centers,I Kevin Sadler 602 Courtland Street Orlando FL 32804	fic.			



Sunbelt Health & R	ehab Center - Apopka, Inc.			Provider Number:	0 320412-00
305 E. Oak Street		•		Date:	10/28/2013
Apopka FL 32703	***************************************			Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home	Single Level		Current Rate	New Rate	Effective Date 1/1/2012
warsing monte	Single Level		198.21	200.14	1/1/2012
	Level H: Aids	_	345.82	347.75	1/1/2012
Rate Type :				,	·
Interim		X	Prospective	:	
	Total Interim			otal Prospective	
	Interim Component			rospective Adjusted for	
	Settlement based on costs		T	otal Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			-
75. 1			Licensure	Rating Change	
Budget X Unaudited (costs			Customary Limitation	3
Field audite				e limitation change	
Field audit	- interim portion		FRVS Cha	nge	
Desk audite	_	X	Effects of 1	Interest Rate Correct	tion for 7/10 R/S
	- Interim Portion		Rate Semes		
	- Prospective portion		On FRV [2]	as of 02/09/1993	,
Distribution:			7	Thomas Parker	
_	ment / Fiscal Agent	Med	icaid Cost R	eimbursement Plannin	ng and Finance
Permanent File					
For informa	-				
No Change	e in Rate				
Home Office:	Sunbelt Health Care Centers, In	nc.			
	Kevin Sadler				
	602 Courtland Street				
	Orlando FL 32804			T to a common	



Sunbelt Health & Reh	nab Center - Apopka, Inc.		•	Provider Number:	0 320412-00
305 E. Oak Street				Date:	10/28/2013
Apopka FL 32703		_		Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
	•		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	202.32	204.30	7/1/2012
	Level H: Aids	-	351.53	353.51	7/1/2012
Rate Type :			,	-	
Interim		X	Prospective	;	
To	otal Interim		•	otal Prospective	,
In	terim Component		P	rospective Adjusted for	or New Costs .
Se	ttlement based on costs		T	otal Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:	·	Changes:			-
Budget			Licensure 1	Rating Change	
X Unaudited cos	sts			Customary Limitation	
Field audited	costs			e limitation change	
	nterim portion		FRVS Cha	-	
Desk audited	:	<u> </u>		Interest Rate Correct	tion for 7/10 R/S
Desk audit - II Desk Audit - I	Prospective portion		Rate Semes	as of 02/09/1993	7
Distribution:		7.	20°	Thomas Parker	*
Contract Manageme	ent / Fiscal Agent		licaid Cost R	eimbursement Plannin	og and Finance
Permanent File	•	2·25			.8
For information	on Only				
No Change in	n Rate				
Home Office:	Sunbelt Health Care Centers,	Inc.			
TAGING OHIGE.	Kevin Sadler				
	602 Courtland Street			-	
	Orlando FL 32804				



Sunbelt Health & Reh	ab Center - Apopka, Inc.			Provider Number:	0 320412-00
305 E. Oak Street		_		Date:	10/28/2013
Apopka FL 32703				Fiscal Year End:	7/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
••			Current	New	Effective
** * **			Rate	Rate	Date
Nursing Home	Single Level	<u> </u>	204.68		1/1/2013
	Level H: Aids	`	355.49	357.48	1/1/2013
Rate Type:					
Interim		X	Prospective		
	otal Interim			otal Prospective	
	terim Component			rospective Adjusted for	
-	ttlement based on costs		T	otal Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			
			T:	Daving Change	
Budget X Unaudited cos	ata			Rating Change Customary Limitation	
Field audited	!			e limitation change	
	nterim portion		FRVS Cha		
Desk audited		X		nterest Rate Correct	tion for 7/10 R/S
	nterim Portion		Rate Semes		
	Prospective portion		On FRV [2]	as of 02/09/1993	
Distribution:			0	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost R	eimbursement Plannir	ng and Finance
Permanent File	0.1				
For informati	-				
No Change in	n Rate				•
Home Office:	Sunbelt Health Care Centers,	lnc.			
	Kevin Sadler				
	602 Courtland Street				
	Orlando FL 32804				



Sunbelt Health & Rehab Center - Apopka, Inc.			Provider Number:	0 320412-00
305 E. Oak Street			Date:	10/28/2013
Apopka FL 32703			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:			Tuuti Status.	0.11444144
	_	Current Rate	New Rate	Effective Date
Nursing Home Single Level		205.95	207.98	7/1/2013
	_			
	•			
·				
Rate Type:		and a street on a particular state of the st		
Rate Type.		•		
Interim	X	Prospective		
Total Interim		X T	otal Prospective	
Interim Component		P	rospective Adjusted fo	or New Costs
Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes	•		
	8			
Budget		Licensure I	Rating Change	
X Unaudited costs			Customary Limitation	
Field audited costs			limitation change	
Field audit - interim portion		FRVS Char	_	
Desk audited costs	<u>X</u>	- Effects of I	nterest Rate Correct	ion for 7/10 R/S
Desk audit - Interim Portion		Rate Semes		!
Desk Audit - Prospective portion		On FRV [2]	as of 02/09/1993	
Distribution:			Thomas Parker	
Contract Management / Fiscal Agent	Me	dicaid Cost R	eimbursement Plannin	g and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Sunbelt Health Care Centers, Inc		· · · · · · · · · · · · · · · · · · ·		
Kevin Sadler				
602 Courtland Street				
Orlando FL 32804				



East Orlando Health & I	Rehab Center, Inc.			Provider Number:	0 320421-00
250 S. Chickasaw Trail		- -		Date:	10/25/2013
Orlando FL 32825		-		Fiscal Year End:	7/31/2009
				Audit Status:	Revised Field Audit [5]
Provider Type:					
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	224.09		7/1/2010
	Level H: Aids		367.43	368.95	7/1/2010
			-		
Rate Type :			,		-
Interim		X	Prospective		•
Tota	al Interim			otal Prospective	
Inte	rim Component		P ₁	rospective Adjusted for	or New Costs
Sett	lement based on costs		T	otal Prospective with	Interim Component
Prio	r Provider Prospective data				
Basis:		Changes:			
Budget	9	;	Licensure F	Rating Change	
Unaudited cost	s .			Customary Limitation	
X Field audited c		:		limitation change	
Field audit - in	terim portion		FRVS Char	nge	
Desk audited co		<u> </u>		te Correction for 7/	10 Rate Semester
Desk Audit - Int	erim Portion ospective portion	,	Rate Semes	ter Change as of 02/08/1993	
Distribution:	ospective portion			1 43 01 02/00/1993	W-W-
	. / E' 1 A		\mathcal{O}_{-}	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Med	licaid Cost R	eimbursement Planni	ng and Finance
Permanent File For informatio	n Only				
***************************************	•				
No Change in	Rate				
Home Office:	Sunbelt Health Care Centers	Inc.			
	Kevin Sadler 602 Courtland Street Orlando FL 32804				
				THE STEP STEEDING IN TAXABLE AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND	



East Orlando Health & Rehab Center, Inc.			Provider Number:	0 320421-00
250 S. Chickasaw Trail		-	Date:	10/25/2013
Orlando FL 32825			Fiscal Year End:	7/31/2010
•			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		227.81		<u>1/1/2011</u> .
Level H: Aids		372.67	374.24	1/1/2011
		^		
Rate Type :		,		AA1 24
Interim	X	Prospective		
Total Interim			otal Prospective	
Interim Component		P	rospective Adjusted f	or New Costs
Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospective data	-	-		
Basis:	Change	es:		
	: 1			
Budget			Rating Change	
X Unaudited costs			Customary Limitation	
Field audited costs			e limitation change	
Field audit - interim portion	***	FRVS Cha		
Desk audited costs Desk audit - Interim Portion	X	Rate Semes	Interest Rate Correc	uon for //10 KS
Desk Audit - Prospective portion			as of 02/08/1993	
Distribution:		77	Thomas Parker	* A 1941
Contract Management / Fiscal Agent		ledicaid Cost R	eimbursement Planni	ng and Finance
Permanent File	141	routeata Cost IV	omoursement i idilli	ne min i inmice
For information Only				
No Change in Rate				
Home Office: Sunbelt Health Care Center	rs,Inc.		,	
Kevin Sadler			•	
602 Courtland Street				
Orlando FL 32804				



East Orlando Health &	Rehab Center, Inc.			Provider Number:	0 320421-00
250 S. Chickasaw Trai				Date:	10/25/2013
Orlando FL 32825				Fiscal Year End:	7/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				rum purus,	Statuted [5]
J P			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	219.40	220.88	7/1/2011
	Level H: Aids	-	365.60	367.08	7/1/2011
Int	tal Interim erim Component tlement based on costs	<u> </u>	P	o Total Prospective Prospective Adjusted for the Total Prospective with	
Pri	or Provider Prospective data				
Basis:		Changes			
Desk audited o	costs nterim portion costs	X	Usual and Target Rat FRVS Cha Effects of Rate Seme	Rating Change Customary Limitation e limitation change inge Interest Rate Correct ster Change] as of 02/08/1993	
Distribution:			1	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Ma	dicaid Cost B	Reimbursement Planni	ng and Finance
Permanent File		MC	neard Cost I	comoursement i faimi	ng and i mance
For information	on Only				
No Change in	1 Rate				
Home Office:	Sunbelt Health Care Center Kevin Sadler 602 Courtland Street Orlando FL 32804	s,Inc.			



East Orlando Health &	Rehab Center, Inc.			Provider Number:	0 320421-00	
250 S. Chickasaw Trail				Date:	10/25/2013	
Orlando FL 32825				Fiscal Year End:	7/31/2010	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nuusina IIama	Cimala Laura	*******	Rate	Rate	Date	
Nursing Home	Single Level	***********	220.62		1/1/2012	
	Level H: Aids		368.23	369.71	1/1/2012	
Rate Type :						
Interim		X	Prospective			
Tota	al Interim			otal Prospective		
	rim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
*****	lement based on costs		T	otal Prospective with	Interim Component	
Prio	r Provider Prospective data	-				
Basis:	· · · · · · · · · · · · · · · · · · ·	Changes:				
Dadaa		8 9 9 1	Licencura I	Rating Change		
Budget X Unaudited cost	· ·			Customary Limitation	:	
Field audited c		Target Rate limitation change				
Field audit - in	terim portion		FRVS Char			
Desk audited co		X		Interest Rate Correc	tion for 7/10 RS	
Desk audit - Int			Rate Semes	-	•	
	rospective portion		On FRV 12] as of 02/08/1993	A CONTRACTOR OF THE CONTRACTOR	
Distribution:			0	Thomas Parker		
Contract Managemen	nt / Fiscal Agent	Med	icaid Cost R	eimbursement Plannir	ng and Finance	
Permanent File	0.1					
For informatio	•					
No Change in	Rate					
Home Office:	Sunbelt Health Care Centers, Inc	•	.,	194111111111111111111111111111111111111		
	Kevin Sadler			•		
	602 Courtland Street			,		
	Orlando FL 32804					



East Orlando Health & Rehab Center, Inc.			Provider Number:	0 320421-00
250 S. Chickasaw Trail			Date:	10/25/2013
Orlando FL 32825			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type:	,		7 20 21 2 200 20	0-10-10-10-10-10-10-10-10-10-10-10-10-10
••		Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	227.73	229.26	7/1/2012
Level H: Aids	_	376.94	378.47	7/1/2012
Rate Type :	***************************************	The second secon		
Interim	X	Prospective	e	
Total Interim		_	Total Prospective	
Interim Component		F	Prospective Adjusted for	or New Costs
Settlement based on costs		ТТ	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget		Licensure	Rating Change	
X Unaudited costs			Customary Limitation	
Field audited costs			e limitation change	!
Field audit - interim portion		FRVS Cha	inge	
Desk audited costs	<u> </u>		Interest Rate Correc	tion for 7/10 RS
Desk audit - Interim Portion			ster Change	
Desk Audit - Prospective portion		On FRV [2	2] as of 02/08/1993	
Distribution:	~/	0	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost I	Reimbursement Planni	ng and Finance
Permanent File			-	
For information Only				
No Change in Rate				
Home Office: Sunbelt Health Care Center	s,Inc.			
Kevin Sadler				
602 Courtland Street				
Orlando FL 32804			i	



East Orlando Health & Rehab Center, Inc.			Provider Number:	0 320421-00
250 S. Chickasaw Trail	,		Date:	10/25/2013
Orlando FL 32825			Fiscal Year End:	7/31/2011
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		230.50	232.04	1/1/2013
Level H: Aids	<u>-</u>	381.31	382.85	1/1/2013
Rate Type :		A A	7	### The state of t
Interim	X	Prospective		
Total Interim		***************************************	otal Prospective	on Navy Coota
Interim Component Settlement based on costs		***************************************	rospective Adjusted for otal Prospective with	
Prior Provider Prospective data			our rospective with	mornii Component
Basis:	Changes:			
Dasis.	Changes.			
Budget		Licensure I	Rating Change	
X Unaudited costs		Usual and (Customary Limitation	
Field audited costs	;		limitation change	
Field audit - interim portion		FRVS Char	~	
Desk audited costs Desk audit - Interim Portion	<u>X</u>	Effects of I Rate Semes	nterest Rate Correc	tion for 7/10 RS
Desk Audit - Prospective portion			as of 02/08/1993	
Distribution:		1/2	Thomas Parker	100 00000000 30000 1 0000 901 10000000000
Contract Management / Fiscal Agent	Med	icaid Cost R	eimbursement Planni	ng and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Sunbelt Health Care Centers, Inc. Kevin Sadler 602 Courtland Street Orlando FL 32804		• • •		



ast Orlando Health &	Rehab Center, Inc.			Provider Number:	0 320421-00
50 S. Chickasaw Tra	il	****		Date:	10/25/2013
Orlando FL 32825				Fiscal Year End:	7/31/2012
			,	Audit Status:	Unaudited [3]
rovider Type:					
			Current · Rate	New Rate	Effective Date
ursing Home	Single Level		232.25	233.86	7/1/2013
Rate Type :					
		3 7	Donas Aire		
Interim	otal Interim	X	$-\frac{\text{Prospective}}{\mathbf{X}}$ To	otal Prospective	
	terim Component			ospective Adjusted for	or New Costs
	ttlement based on costs			tal Prospective with	
	ior Provider Prospective data		10	tai i rospective with	interna Component
	ioi i iovidei i iospective data				
Basis:	:	Changes	<u>::</u>		
Budget			Licensure R	ating Change	
X Unaudited co	sts			ustomary Limitation	
Field audited	costs			limitation change	
Field audit -	interim portion	:	FRVS Chan	ge	
Desk audited	costs	<u> X</u>	Effects of I	iterest Rate Correc	tion for 7/10 RS
	nterim Portion	:	Rate Semest	•	
Desk Audit -	Prospective portion		On FRV [2]	as of 02/08/1993	1. /49
Distribution:				Thomas Parker	
Contract Managem	ent / Fiscal Agent	M	edicaid Cost Re	eimbursement Planni	ng and Finance
Permanent File		2.2			
For informat	ion Only				
No Change i	n Rate				
Home Office:	Sunbelt Health Care Centers	J.Inc.			
	Kevin Sadler			; (
	602 Courtland Street				
	Orlando FL 32804				



Moosehaven, Inc.		Provider Number:	0 326011-00
1701 Park Avenue		Date:	9/6/2013
Orange Park FL 32073		Fiscal Year End:	4/30/2009
		Audit Status:	Field Audited [2]
Provider Type:			
	Current	New	Effective
Nursing Home Single Level	Rate 182.14	Rate	Date
Nursing Home Single Level	102.14	<u> 180.87</u>	4/17/2008
Level H: Aids	316.14	314.87	4/17/2008
Rate Type: X Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:]	Total Prospective Prospective Adjusted	for New Costs n Interim Component
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch X Field Aud Rate Sem	Rating Change Customary Limitation the limitation change ange dit NH12-006L FYE ester Change 2] as of 04/17/2008	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Medicaid Cost	Reimbursement Plan	ning and Finance



Moosehaven, Inc.		Provider Number:	0 326011-00
1701 Park Avenue	Date.		9/6/2013
Orange Park FL 32073		Fiscal Year End:	4/30/2009
		Audit Status:	Field Audited [2]
Provider Type:	_		
	Current Rate	New Rate	Effective Date
Nursing Home Single Level	183.38	182.10	7/1/2008
Level H: Aids	319.66	318.38	7/1/2008
Rate Type: X Interim Total Interim	Prospective	e Fotal Prospective	
Interim Component		Prospective Adjusted f	for New Costs
X Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:	A Committee of the Comm	
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Usual and Target Ra FRVS Ch X Field Auc Rate Seme	Rating Change Customary Limitation te limitation change ange dit NH12-006L FYE ester Change 2] as of 04/17/2008	
Distribution:	7	Thomas Parker	- 1
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plant	ning and Finance
Permanent FileFor information Only	wedicaid Cost	Remioursement Flant	mig and rinance
No Change in Rate			
Home Office: 1 - No Home Office		 	



Moosehaven, Inc.		Provider Number:	0 326011-00
1701 Park Avenue		Date:	9/6/2013
Orange Park FL 32073		Fiscal Year End:	4/30/2009
		Audit Status:	Field Audited [2]
Provider Type:		That Dates.	Tiola Hadica [2]
Trovidor Typos	Current Rate	New Rate	Effective Date
Nursing Home Single Level	182.61	181.38	1/1/2009
Level H: Aids	320.96	319.73	1/1/2009
Rate Type:	ir — Jana san Santasar A A Adama , annannan .		
X Interim	Prospective		
Total Interim	T	otal Prospective	
Interim Component	P	rospective Adjusted	for New Costs
X Settlement based on costs	T	otal Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	hanges:	***	
Budget	Licensure	Rating Change	
Unaudited costs		Customary Limitatio	n
X Field audited costs		e limitation change	
Field audit - interim portion	FRVS Cha	-	
Desk audited costs Desk audit - Interim Portion		it NH12- 006L FYE ster Change	4/30/2009
Desk Audit - Prospective portion		2] as of 04/17/2008	
Distribution:	1	Thomas Parker	v. m. • • .
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance
Permanent File	Wildivala Cost	- Common of the factor of the	min a manivo
For information Only			
No Change in Rate			



1701 Park Avenue Orange Park FL 32073 Provider Type: Nursing Home Single Level Level H: Aids Rate Type: X Interim Total Interim	Current Rate 167.31 305.66	Date: Fiscal Year End: Audit Status: New Rate 166.18 304.53	9/6/2013 4/30/2009 Field Audited [2] Effective Date 3/1/2009
Provider Type: Nursing Home Single Level Level H: Aids Rate Type: X Interim	Rate 167.31 305.66	Audit Status: New Rate 166.18	Field Audited [2] Effective Date 3/1/2009
Nursing Home Single Level Level H: Aids Rate Type: X Interim	Rate 167.31 305.66	New Rate 166.18	Effective Date 3/1/2009
Nursing Home Single Level Level H: Aids Rate Type: X Interim	Rate 167.31 305.66	Rate 166.18	Date 3/1/2009
Level H: Aids Rate Type: X Interim	Rate 167.31 305.66	Rate 166.18	Date 3/1/2009
Level H: Aids Rate Type: X Interim	305.66		
Rate Type: X Interim		304.53	3/1/2009
X Interim	Promoctive	and the same and t	
X Interim	Promoctive	17 9F 11 10000 111000 1 NOO	
	Drospastiva		
Total Interim	riospective	2	
1 Otta Interim		Total Prospective	
Interim Component	P	Prospective Adjusted	for New Costs
X Settlement based on costs	T	Total Prospective with	h Interim Component
Prior Provider Prospective data			
Basis: Change	es:		
Budget		Rating Change	
Unaudited costs		Customary Limitatio	on
X Field audited costs	FRVS Ch	te limitation change	
Field audit - interim portion Desk audited costs X		ange lit NH12- 006L FYE	7.4/30/2000
Desk audited costs Desk audit - Interim Portion		ester Change	2 4/30/2007
Desk Audit - Prospective portion		2] as of 04/17/2008	
Distribution:	75	Thomas Parker	THE CONTRACTOR CONTRAC
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plan	ning and Finance
Permanent File	Tourvalu Cost	reminarionient i fall	and i maioc
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office		27 M	



	Provider Number:	0 326011-00	
	Date:	9/6/2013	
	Fiscal Year End:	4/30/2009	
	Audit Status:	Field Audited [2]	
	- ·	Effective Date	
197.45	196.14	4/1/2009	
335.80	334.49	4/1/2009	
T	otal Prospective rospective Adjusted		
nges:	And the second s	"Manager to the control of the contr	
Usual and Target Rat FRVS Cha X Field Aud Rate Seme	Customary Limitatio te limitation change ange lit NH12-006L FYE ester Change		
つつつ	Thomas Parker		
Medicaid Cost	Reimbursement Plant	ning and Finance	
		-	
	•		
	Prospective T	Prospective Total Prospective Total Prospective Adjusted Total Prospective with Total Prospective	



Total Interim Total Interim Component Interim Component Prior Provider Provider Provider Provider Provider Provider Provider Provider Interim Component Prior Provider Provider Provider Provider Provider Interim Component Prior Provider Prospective data Prior Provider Prospective Prior Provider Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior	Moosehaven, Inc.		Provider Number:	0 326011-00
Fiscal Year End: 4/30/2009 Audit Status: Field Audited [2] Provider Type: Current New Rate Date			Date:	9/6/2013
Provider Type: Current Rate Rate Date	Orange Park FL 32073		Fiscal Year End:	4/30/2009
Provider Type: Current Rate Rate Date			Audit Status:	Field Audited [2]
Rate Type: Level H: Aids Level H: Aids Au.01 Au	Provider Type:			
Rate Type: Interim Total Interim Interim Component X Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prior Provider Prospective data Basis: Changes: Budget Unaudited costs Usual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Prospective portion Desk Audit - Prospective portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only				
Rate Type: Interim	Nursing Home Single Level	201.66	200.36	5/1/2009
Interim X Prospective Total Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget Unaudited costs Usual and Customary Limitation X Field audit - interim portion Desk audit - Interim Portion Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prospective with Interim Componen	Level H: Aids	340.01	338.71	5/1/2009
Interim X Prospective Total Interim Component Interim Component X Settlement based on costs Prior Provider Prospective data Basis: Changes: Budget Unaudited costs Usual and Customary Limitation X Field audit - interim portion Desk audit - Interim Portion Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only Total Prospective Prospective Adjusted for New Costs Total Prospective with Interim Component Prospective with Interim Componen				
Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Budget	Rate Type:			
Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	***************************************			
Total Prospective with Interim Component Prior Provider Prospective data			-	
Budget Unaudited costs Vield 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 Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change X Field Audit NH12-006L FYE 4/30/2009 Rate Semester Change On FRV [2] as of 04/17/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance			•	
Budget Unaudited costs William Customary Limitation William Customary Limitation William Customary Limitation William Customary Limitation Target Rate limitation change Field audit - interim portion Desk audited costs 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 On FRV [2] as of 04/17/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance			Total Prospective with	Interim Component
Budget Unaudited costs Usual and Customary Limitation Target Rate limitation change Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only Licensure Rating Change Usual and Customary Limitation FRVS Change FRVS Change FRVS Change On FRV [2] as of 04/17/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Prior Provider Prospective data			ANDRONES A ANDRONES AND THE PARTY AND THE PA
Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk audit - Interim Portion Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit NH12- 006L FYE 4/30/2009 Rate Semester Change On FRV [2] as of 04/17/2008 Medicaid Cost Reimbursement Planning and Finance	Basis:	Changes:		
Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit NH12-006L FYE 4/30/2009 Rate Semester Change On FRV [2] as of 04/17/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	Budget	Licensure	e Rating Change	
Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only FRVS Change X Field Audit NH12- 006L FYE 4/30/2009 Rate Semester Change On FRV [2] as of 04/17/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Usual and	d Customary Limitatio	n
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only Tield Audit NH12- 006L FYE 4/30/2009 Rate Semester Change On FRV [2] as of 04/17/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	X Field audited costs	Target R	ate limitation change	
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only Rate Semester Change On FRV [2] as of 04/17/2008 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		FRVS CI	hange	
Desk Audit - Prospective portion On FRV [2] as of 04/17/2008 Distribution: Contract Management / Fiscal Agent Permanent File For information Only On FRV [2] as of 04/17/2008 Medicaid Cost Reimbursement Planning and Finance				4/30/2009
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				
Permanent File For information Only			Thomas Parker	
For information Only	•	Medicaid Cos	t Reimbursement Plani	ning and Finance
No Change in Rate				
	No Change in Rate			
Home Office: 1 - No Home Office				



Moosehaven, Inc.				Provider Number:	0 326011-00
1701 Park Avenue				Date:	9/6/2013
Orange Park FL 32073				Fiscal Year End:	4/30/2009
				Audit Status:	Field Audited [2]
Provider Type:				Tada Salas.	Tiota radica [2]
			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level				7/1/2009
1	Level H: Aids		346.37	345.07	7/1/2009
Rate Type :					
Interim		3	X Prospective		
	al Interim			otal Prospective	
Inte	rim Component		Pr	ospective Adjusted	for New Costs
X Sett	lement based on costs		To	otal Prospective with	Interim Component
Prio	r Provider Prospective data				
Basis:		Cha	nges:		A CONTRACTOR OF THE PARTY OF TH
Budget			Licensure F	Rating Change	
Unaudited cost	ts			Customary Limitatio	n
X Field audited of	costs	*		e limitation change	
Field audit - in	-		FRVS Char	-	
Desk audited c Desk audit - In			X Field Audi Rate Semes	t NH12- 006L FYE	4/30/2009
	rospective portion			as of 04/17/2008	
Distribution:		•	-20°	Thomas Parker	
Contract Manageme	ent / Fiscal Agent		Medicaid Cost R	Reimbursement Plans	ning and Finance
Permanent File			Wiedicald Cost I	combuiscincia i ian	ning and I mance
For information	on Only				
No Change in	Rate				
Home Office:	1 - No Home Office	44 Y 46 Y 100 FF 27	To the second se	And Address Section of the Angel Assessment Section (
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Moosehaven, Inc.		Provider Number:	0 326011-00	
1701 Park Avenue		Date:	9/6/2013	
Orange Park FL 32073		Fiscal Year End:	4/30/2009	
		Audit Status:	Field Audited [2]	
Provider Type:				
	Current Rate	New Rate	Effective Date	
Nursing Home Single Level	207.44	206.13	1/1/2010	
Autsing Home Single Level			1/1/2010	
Level H: Aids	349.36	348.05	1/1/2010	
Rate Type: Interim Total Interim	X Prospectiv	e Total Prospective		
Interim Component		Prospective Adjusted:	for New Costs	
X Settlement based on costs		Total Prospective with		
Prior Provider Prospective data	***************************************	•	•	
Basis:	Changes:			
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only	Usual and Target Ra FRVS Ch X Field Au Rate Sem On FRV	e Rating Change Il Customary Limitation the limitation change hange dit NH12- 006L FYE tester Change [2] as of 04/17/2008 Thomas Parker Reimbursement Plant	4/30/2009	
No Change in Rate				
Home Office: 1 - No Home Office				



Moosehaven, Inc.		Provider Number:	0 326011-00
1701 Park Avenue		Date:	9/6/2013
Orange Park FL 32073		Fiscal Year End:	4/30/2009
		Audit Status:	Field Audited [2]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	206.61	205.31	7/1/2010
Level H: Aids	349.95	348.65	7/1/2010
Rate Type: Interim Total Interim Interim Component X Settlement based on cosperior Provider Prospect		ve Total Prospective Prospective Adjusted to Total Prospective with	
Basis:	Changes:		argentalista en mar martine, anni Alama ma
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Usual and Target Ray FRVS Cl X Field Au Rate Sem On FRV	e Rating Change d Customary Limitation ate limitation change hange dit NH12-006L FYE nester Change [2] as of 04/17/2008 Thomas Parker t Reimbursement Plant	4/30/2009
Home Office: 1 - No Home C	and the second s		