

The Crossroads	Provider Number:	0 045471-00
206 West Orange Street	Date:	11/22/2013
Davenport FL 33837	Fiscal Year End:	1/31/2012
	Audit Status:	Unaudited [3]
Provider Type:	1.200.0 2.000.0	
• •	Current New	Effective
	Rate Rate	Date
Nursing Home Single Level	227.57 232.72	1/1/2013
Level H: Aids	378.38 383.53	1/1/2013
Rate Type:	· · · · · · · · · · · · · · · · · · ·	
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjusted f	
Settlement based on costs	Total Prospective with	Interim Component
Prior Provider Prospective data		
Basis: CI	nanges:	
Budget	Licensure Rating Change	
X Unaudited costs	Usual and Customary Limitation	n
Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs	X Retro using FYE 1/31/2012 Co	ost Report
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semester Change On FRV [2] as of 07/01/1988	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Plant	ning and Finance
Permanent File		
For information Only		
No Change in Rate		
Home Office: 1 - No Home Office		



The Crossroads		Provider Number:	0 045471-00
206 West Orange Street		Date:	11/22/2013
Davenport FL 33837		Fiscal Year End:	1/31/2012
		Audit Status:	Unaudited [3]
Provider Type:		Audit Status.	Onaudited [3]
Trovider Type.	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	230.73	238.23	7/1/2013
Rate Type:			
Interim	X Prospective		
Total Interim		otal Prospective	
Interim Component		ospective Adjusted	for New Costs
Settlement based on costs		-	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensure F	Rating Change	
X Unaudited costs		Customary Limitatio	n
Field audited costs		limitation change	
Field audit - interim portion	FRVS Char	_	_
Desk audited costs Desk audit - Interim Portion	X Retro using Rate Semes	g FYE 1/31/2012 C	ost Report
Desk Audit - Prospective portion		as of 07/01/1988	
Distribution:	78	Thomas Parker	······································
Contract Management / Fiscal Agent	Medicaid Cost R	eimbursement Plant	ning and Finance
Permanent File			_
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
		i	



Renaissance Health and	d Rehabilitation			Provider Number:	0 04778	37-00
5065 Wallis Road				Date:	11/21/2013	
West Palm Beach FL 3	3415			Fiscal Year End:	7/31/2	012
				Audit Status:	Unaudit	ed [3]
Provider Type:						
			Current	New	Effective	
.	a	-	Rate	Rate	Date	_
Nursing Home	Single Level		222.13	206.29	2/1/2012	
	Level H: Aids		369.74	353.90	2/1/2012	
Rate Type :		<u> </u>				
X Interim			Prospectiv	e		
To	otal Interim			Total Prospective		
	terim Component			Prospective Adjusted		
	ttlement based on costs			Total Prospective with	Interim Compo	onent
Pr	ior Provider Prospective data					
Basis:	!	Changes:				
Deadage			Licensure	Rating Change		
Budget X Unaudited co	este			Customary Limitation	n	
Field audited		!		ite limitation change	••	
Field audit -	interim portion		FRVS Ch	ange		
Desk audited	-	X	Cost Sett	lement using FYE 7/3	31/2012 C/R	
	Interim Portion			ester Change		
Desk Audit -	Prospective portion		On FRV	[2] as of 07/09/1986		
<u>Distribution:</u>			7/5/	Thomas Parker		
Contract Managen	nent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ning and Financ	e
Permanent File						
For information	tion Only					
No Change	in Rate					
Home Office:	CMC II, LLC			:		
	800 Concourse Parkway South Maitland FL 32751					
	·					



Renaissance Health and I	Rehabilitation			Provider Number:	0 047787-00	
5065 Wallis Road				Date:	11/21/2013	
West Palm Beach FL 334	415			Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	229.44	212.28	7/1/2012	
, turoing frome	omgie Levei	_	227.77		7/1/2012	
I	Level H: Aids		378.65	361.49	7/1/2012	
D-4- T			<u> </u>			
Rate Type :	·					
X Interim			Prospective			
	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	
Prior	r Provider Prospective data					
Basis:	<u> </u>	Changes:				
Budget	,	:	Licensure I	Rating Change		
X Unaudited cost	s		,	Customary Limitation	n	
Field audited c	osts	Target Rate limitation change				
Field audit - in	terim portion		FRVS Cha	nge		
Desk audited co		X Cost Settlement using FYE 7/31/2012 C/R				
Desk audit - Int		·		ster Change		
- 	rospective portion		On FRV [2] as of 07/09/1986		
Distribution:				Thomas Parker		
Contract Manageme	nt / Fiscal Agent	Med	dicaid Cost F	Reimbursement Plann	ing and Finance	
Permanent File						
For information	•					
No Change in	Rate					
Home Office:	CMC II, LLC			<u> </u>		
	800 Concourse Parkway South					
	Maitland FL 32751					



Renaissance Health and R	ehabilitation			Provider Number:	0 04778	37-00
5065 Wallis Road				Date:	11/21/2	2013
West Palm Beach FL 334	15			Fiscal Year End:	7/31/2	012
				Audit Status:	Unaudite	ed [3]
Provider Type:				radit Status.	Ollaudie	5 u [5]
Trovider Type.			Current Rate	New Rate	Effective Date	
Nursing Home S	ingle Level	_	229.44	218.00	8/1/2012	
Le	evel H: Aids	-	378.65	367.21	8/1/2012	
Rate Type:	·				<u> </u>	
Interim		X	_ Prospective			
	Interim			otal Prospective	G Name Consta	
Interim Component X Settlement based on costs		Prospective Adjusted for New Costs Total Prospective with Interim Component				
·	Provider Prospective data			otal i lospective with	i iliterilii Compe	ment
			<u></u>			= =.=.
Basis:		Changes				
Budget	:		Licensure	Rating Change		
X Unaudited costs		:	-	Customary Limitation	n .	
Field audited co	ests	Target Rate limitation change				
Field audit - inte	erim portion	FRVS Change				
Desk audited co		X Cost Settlement using FYE 7/31/2012 C/R				
Desk audit - Inte				ster Change		
	ospective portion	i !	On FRV [2	2] as of 07/09/1986		· · · ·
Distribution:		- /		Thomas Parker		
Contract Managemen	t / Fiscal Agent	M	edicaid Cost I	Reimbursement Plann	ning and Finance	e
Permanent File						-
For information	n Only					
No Change in I	Rate					
Home Office:	CMC II, LLC					
	800 Concourse Parkway South Maitland FL 32751					



Renaissance Health and F	Rehabilitation			Provider Number:	0 047787-00	
5065 Wallis Road				Date:	11/21/2013	
West Palm Beach FL 334	15			Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:				Audit Status.	Onduction [5]	
71		_	Current Rate	New Rate	Effective Date	
Nursing Home S	Single Level	_	232.47	220.84	1/1/2013	
L	evel H: Aids		383.28	371.65	1/1/2013	
	· · · · · · · · · · · · · · · · · · ·					
Rate Type:						
Interim		X	Prospectiv	e		
Tota	l Interim			Total Prospective		
	im Component	Prospective Adjusted for New Costs				
	ement based on costs			Total Prospective with	Interim Component	
Prior	Provider Prospective data		_,			
Basis:		Changes				
Budget	- - - - - -	ı	Licensure	Rating Change		
X Unaudited costs	; ;	;		Customary Limitation	n ·	
Field audited co	osts		_	te limitation change		
Field audit - int			FRVS Ch			
Desk audited co		<u> </u>		lement using FYE 7/3	31/2012 C/R	
Desk audit - Int	ospective portion			ester Change [2] as of 07/09/1986		
Distribution:			フイン	Thomas Parker		
Contract Managemer	nt / Fiscal Agent		1: :10		1 T'	
Permanent File For information	n Only	M	edicaid Cost	Reimbursement Plann	ing and Finance	
No Change in	•					
Home Office:	CMC II, LLC					
	800 Concourse Parkway South Maitland FL 32751					



Renaissance Health and Rehabilitation			Provider Number:	0 047787-00
5065 Wallis Road			Date:	11/21/2013
West Palm Beach FL 33415			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
· ·		Current	New	Effective
November II and Charles I and	-	Rate	Rate	Date
Nursing Home Single Level	-	238.37	226.53	7/1/2013
				·
Rate Type :				
Interim	X	Prospectiv	e	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted f	for New Costs
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Change	3:		
		. 		
Budget		_	e Rating Change	
X Unaudited costs			l Customary Limitation	1
Field audited costs		_	nte limitation change	
Field audit - interim portion		FRVS Cl		11/2012 C/D
Desk audited costs Desk audit - Interim Portion	X		lement using FYE 7/3 ester Change	31/2012 C/R
Desk Audit - Prospective portion			[2] as of 07/09/1986	
Distribution:	-	2/	Thomas Parker	
Contract Management / Fiscal Agent		<u> </u>	·· ·	
Permanent File	M	edicaid Cost	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway South				
Maitland FL 32751			•	



6414 13th Road South Date: 11/20/2 West Palm Beach FL 33415 Fiscal Year End: 7/31/2	
West Palm Beach FL 33415 Fiscal Vear End: 7/31/2	012
riscar real Life. 775172	
Audit Status: Unaudit	ed [3]
Provider Type:	
Current New Effective	
Rate Rate Date Numering Home Single Level 210.57	_
Nursing Home Single Level <u>219.57</u> <u>204.37</u> <u>2/1/2012</u>	_
Level H: Aids <u>367.18</u> <u>351.98</u> <u>2/1/2012</u>	
Rate Type:	··
X Interim Prospective	
Total Interim Total Prospective	
Interim Component Prospective Adjusted for New Costs	
X Settlement based on costs Total Prospective with Interim Compo	onent
Prior Provider Prospective data	
Basis: Changes:	
Budget Licensure Rating Change	
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 Cost Settlement FYE 7/31/2012	
Desk audit - Interim Portion Rate Semester Change	
Desk Audit - Prospective portion On FRV [2] as of 07/11/1988	
<u>Distribution:</u> Thomas Parker	
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	e
Permanent File	
For information Only	
No Change in Rate	
Home Office: CMC II, LLC	
800 Concourse Parkway South Maitland FL 32751	



Wood Lake Nursing and Rehabilitation Center 6414 13th Road South				Provider Number:	0 047788-00	
				Date:	11/20/2013	
West Palm Beach FL 334	415			Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:		_	Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	_	225.91	<u>210.36</u>	7/1/2012	
I	Level H: Aids	-	375.12	359.57	7/1/2012	
Rate Type:						
X Interim			Prospective			
	al Interim	Total Prospective				
	rim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component				
	lement based on costs r Provider Prospective data			total Prospective with	Interim Component	
2 7						
Basis:		Changes				
Budget			Licensure	Rating Change		
X Unaudited cost	ts :		-	Customary Limitation	n	
Field audited c	costs	Target Rate limitation change				
Field audit - in			FRVS Ch	· ·		
Desk audited co		X Cost Settlement FYE 7/31/2012 Rate Semester Change				
	rospective portion			2] as of 07/11/1988		
Distribution:			7	Thomas Parker		
Contract Management / Fiscal Agent			digaid Cost	Reimbursement Plant	aing and Finance	
Permanent File For information	on Only	IVIX	dicard Cost	Kennoursement rain	ing and I mance	
No Change in	Rate					
Home Office:	CMC II, LLC			· · · · · · · · · · · · · · · · · · 		
	800 Concourse Parkway South Maitland FL 32751	ı				



Wood Lake Nursing and Re	habilitation Center			Provider Number:	0 047788-00	
6414 13th Road South			Date:		11/20/2013	
West Palm Beach FL 33415				Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
Nursing Home Sir	agla I aval		Rate	Rate	Date 9/1/2012	
nursing frome Sh	ngle Level		225.91	214.46	8/1/2012	
Lev	el H: Aids	-	375.12	363.67	8/1/2012	
Rate Type :						
Interim		<u> </u>	Prospective	e		
Total I				Total Prospective		
•	Component			Prospective Adjusted		
:	ent based on costs rovider Prospective data			Total Prospective with	i Interini Component	
. 		T				
Basis:		Changes	<u>:</u>]			
Budget			Licensure	Rating Change		
X Unaudited costs	# 1 · · · · · · · · · · · · · · · · · ·		Usual and	Customary Limitation	n ·	
Field audited cost	s			te limitation change		
Field audit - inter	=	·	FRVS Ch	-		
Desk audited cost		<u>X</u>		lement FYE 7/31/201 ester Change	.2	
Desk Audit - Pros		:		[2] as of 07/11/1988		
Distribution:			2	Thomas Parker		
Contract Management	Fiscal Agent		edicaid Cost	Reimbursement Planr	sing and Finance	
Permanent File		141	cuicaiu Cost	Remoursement Fram	ing and I manee	
For information (Only					
No Change in Ra	nte					
Home Office:	CMC II, LLC		TV-1 (A)			
	800 Concourse Parkway South Maitland FL 32751			• - - - -		



Wood Lake Nursing and R	Rehabilitation Center			Provider Number:	0 047788-00	
6414 13th Road South				Date:	11/20/2013	
West Palm Beach FL 3341	1.5			Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:						
			Current	New	Effective	
N • II G			Rate	Rate	Date	
Nursing Home S.	ingle Level		226.47	216.75	1/1/2013	
Le	evel H: Aids		377.28	367.56	1/1/2013	
Rate Type :				· · · · · · · · · · · · · · · · ·		
Interim		X	Prospective	e ·		
	Interim		_	Total Prospective		
	m Component			Prospective Adjusted f	for New Costs	
X Settle	ment based on costs	Total Prospective with Interim Component				
Prior	Provider Prospective data					
Basis:	en en <u>en versione de la company de la compa</u>	Changes:		en no centro e en el esta en entre esta el La	en de elemente e en en en elemente en en elemente en elemente en elemente en elemente en elemente en elemente e	
Budget	1 :		Licensure	Rating Change		
X Unaudited costs		Usual and Customary Limitation				
Field audited cos		Target Rate limitation change				
Field audit - inte	-		FRVS Ch	•		
Desk audited cos Desk audit - Inte		<u>X</u>		lement FYE 7/31/201 ester Change	2	
Desk Audit - Pro		·		2] as of 07/11/1988		
Distribution:			2	Thomas Parker		
Contract Management	t / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ing and Finance	
Permanent File					C	
For information	-					
No Change in F	Rate					
Home Office:	CMC II, LLC					
	800 Concourse Parkway South Maitland FL 32751					



Wood Lake Nursing and	d Rehabilitation Center			Provider Number:	0 047788-00	
6414 13th Road South				Date:	11/20/2013	
West Palm Beach FL 33	3415			Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		230.43	222.36	7/1/2013	
Rate Type :						
Interim		X	Prospectiv	e		
To	tal Interim		·	Total Prospective		
Inte	erim Component	Prospective Adjusted for New Costs				
·	tlement based on costs			Total Prospective with	Interim Component	
Pric	or Provider Prospective data					
Basis:		Changes:				
Budget		T .	Licensure	e Rating Change		
X Unaudited cos	sts		Usual and	d Customary Limitation	1	
Field audited	costs		Target Ra	ate limitation change		
	nterim portion		FRVS Ch	-		
	costs nterim Portion Prospective portion	<u>X</u>	Rate Sem	lement FYE 7/31/201 ester Change [2] as of 07/11/1988	2	
Distribution:			7-4	Thomas Parker		
Contract Managem	ent / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance	
Permanent File					8	
For informati	ion Only					
No Change i	n Rate					
Home Office:	CMC II, LLC	<u> </u>				
	800 Concourse Parkway South Maitland FL 32751					



Rosewood Health and R	ehabilitation Center			Provider Number:	0 059869-00
3920 Rosewood Way				Date:	12/5/2013
Orlando FL 32808				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		195.46	198.47	2/1/2012
	Level H: Aids		343.07	346.08	2/1/2012
Rate Type:					
X Interim		· .	Prospective	;	
Tota	al Interim		7	Total Prospective	
Inter	rim Component			Prospective Adjusted f	
	ement based on costs			otal Prospective with	Interim Component
Prior	r Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
- X Unaudited cost	s			Customary Limitation	1
Field audited c	osts			te limitation change	
Field audit - in	terim portion		FRVS Cha	ange	
Desk audited co		X		ement FYE 7/31/2012	2
Desk audit - Int	·	ļ		ster Change	
Distribution:	rospective portion		On PRV [.	2] as of 12/01/2001	
Contract Managemen	nt / Fiscal Agent		0-	Thomas Parker	· · · · · · · · · · · · · · · · · · ·
Permanent File	iii / I iscai Ageiii	Med	icaid Cost I	Reimbursement Planni	ing and Finance
For informatio	n Only				
	•				
No Change in	Kate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway South Maitland FL 32751				



Rosewood Health and R	ehabilitation Center			Provider Number:	0 059869-00
3920 Rosewood Way				Date:	12/5/2013
Orlando FL 32808				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
AT . TT	C: 1 T 1		Rate	Rate	Date
Nursing Home	Single Level		200.16		7/1/2012
	Level H: Aids		349.37	352.83	7/1/2012
Rate Type:					
X Interim			Prospectiv	e	
:	al Interim			Total Prospective	
·	erim Component			Prospective Adjusted f	
	tlement based on costs or Provider Prospective data			Total Prospective with	Interim Component
	of Flovider Flospective data	<u> </u>	T		
Basis:		Changes:]		
Budget		1 1	Licensure	Rating Change	
X Unaudited cos	ts	!		Customary Limitation	1
Field audited				te limitation change	
Field audit - in	nterim portion	:	FRVS Ch	ange	
Desk audited of	i de la companya de	<u>X</u>		lement FYE 7/31/201	2
Desk audit - Ir	Prospective portion			ester Change [2] as of 12/01/2001	
Distribution:			\sim		
Contract Manageme	ent / Fiscal Agent		<u> </u>	Thomas Parker	
Permanent File	one / 1 local 1 kgone	Med	licaid Cost	Reimbursement Plann	ing and Finance
For information	on Only				
No Change in	-				
Home Office:	CMC II, LLC				
Home Office.				!	
	800 Concourse Parkway South				
	Maitland FL 32751			• • •	



Rosewood Health and Re	ehabilitation Center			Provider Number:	0 059869-00	
3920 Rosewood Way				Date:	12/5/2013	
Orlando FL 32808				Fiscal Year End:	7/31/2012	
				Audit Status:	Unaudited [3]	
Provider Type:				11221 2131		
• •			Current	New	Effective	
N7 . TY	~		Rate	Rate	Date	
Nursing Home	Single Level		200.16	207.95	8/1/2012	
I	Level H: Aids		349.37	357.16	8/1/2012	
Rate Type :						
Interim		X	Prospective			
	al Interim		=	otal Prospective		
Inter	rim Component	Prospective Adjusted for New Costs				
X Settl	lement based on costs		T	otal Prospective with	Interim Component	
Prior	r Provider Prospective data					
Basis:		Changes:]			
Budget			Licensure	Rating Change		
X Unaudited cost	s			Customary Limitation	n	
Field audited c	osts			e limitation change		
Field audit - in		·	FRVS Cha		_	
Desk audited co		<u>X</u>		ement FYE 7/31/201 ster Change	2	
Desk Audit - Pr	rospective portion	!		2] as of 12/01/2001		
Distribution:			7	Thomas Parker		
Contract Manageme	nt / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance	
Permanent File						
For information	•					
No Change in	Rate					
Home Office:	CMC II, LLC		·	:		
	800 Concourse Parkway South Maitland FL 32751			:		



Rosewood Health and Rehabilitation Center		Provider Number:	0 059869-00
3920 Rosewood Way		Date:	12/5/2013
Orlando FL 32808		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	200.32	209.96	1/1/2013
Level H: Aids	351.13	360.77	1/1/2013
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	X Prospect Changes:	ive Total Prospective Prospective Adjusted to Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Licensu Usual a Target I FRVS C X Cost Se Rate Se	re Rating Change and Customary Limitation Rate limitation change Change ttlement FYE 7/31/201 mester Change [2] as of 12/01/2001	
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Co	Thomas Parker st Reimbursement Planr	ning and Finance
Home Office: CMC II, LLC 800 Concourse Parkway South Maitland FL 32751		:	



Rosewood Health and Rehabilitation Center		Provider Number:	0 059869-00
3920 Rosewood Way		Date:	12/5/2013
Orlando FL 32808		Fiscal Year End:	7/31/2012
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
Name in a Hama Circle Land	Rate	Rate	Date
Nursing Home Single Level	203.85	215.14	7/1/2013
Rate Type:			
Interim	X Prospecti	ve	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	for New Costs
X Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
:			
Budget	Licensur	e Rating Change	
X Unaudited costs		nd Customary Limitation	n
Field audited costs		tate limitation change	
Field audit - interim portion	FRVS C	•	
Desk audited costs Desk audit - Interim Portion		ttlement FYE 7/31/201 nester Change	.2
Desk Audit - Prospective portion		[2] as of 12/01/2001	
Distribution:	$\sim\sim\sim$	Thomas Parker	
Contract Management / Fiscal Agent		 	
Permanent File	Medicaid Cos	st Reimbursement Plann	ling and Finance
For information Only			
No Change in Rate			
			
Home Office: CMC II, LLC			
800 Concourse Parkway South			
Maitland FL 32751			



	•				
San Jose Health and R				Provider Number:	0 061102-00
9355 San Jose Boulev		e L		Date:	12/3/2013
Jacksonville FL 32257	7			Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
		-	Rate	Rate	Date
Nursing Home	Single Level	-	192.57	191.83	2/1/2012
	Level H: Aids		340.18	339.44	2/1/2012
Rate Type :				1	
X Interim			Prospective		
	otal Interim			Total Prospective	
	iterim Component			Prospective Adjusted f	for New Costs
	ettlement based on costs			Total Prospective with	
	rior Provider Prospective data			otal Prospective with	mom component
	To The Table Trespective data				
Basis:		Changes			
Budget	!	•	Licensure	Rating Change	
X Unaudited co	osts			Customary Limitation	1
Field audited	i i			te limitation change	
Field audit -	interim portion		FRVS Ch	ange	
Desk audited		X		ement using FYE 7/3	31/2012 C/R
	Interim Portion			ster Change	
	Prospective portion	: 	On FRV [2	2] as of 12/01/2001	-
Distribution:			10	Thomas Parker	
Contract Managen	nent / Fiscal Agent	M	edicaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information	tion Only				
No Change	in Rate				
Home Office:	CMC II, LLC				
	800 Concourse Parkway Sout	h			
	Maitland FL 32751				



San Jose Health and Rehal	bilitation Center			Provider Number:	0 061102-00
9355 San Jose Boulevard				Date:	12/3/2013
Jacksonville FL 32257				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type: Nursing Home S	ingle Level		Current Rate 197.23	New Rate 197.36	Effective Date 7/1/2012
Le	evel H: Aids		346.44	346.57	7/1/2012
Rate Type :					
X Interim Total Interin X Settler	Interim m Component ment based on costs Provider Prospective data	n-veillionillinistenium-varlier	I	e Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited cost Field audit - inter Desk audited cost Desk Audit - Inter Desk Audit - Pros	rim portion ts rim Portion	Changes:	Usual and Target Ra FRVS Cha Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange ement using FYE 7/3 ester Change 2] as of 12/01/2001	
Distribution: Contract Management Permanent File For information No Change in R Home Office:	Only	Med	icaid Cost	Thomas Parker Reimbursement Plann	ing and Finance



San Jose Health and Rehabilitation Center	-		Provider Number:	0 061102-00
9355 San Jose Boulevard			Date:	12/3/2013
Jacksonville FL 32257			Fiscal Year End:	7/31/2012
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		197.23	201.13	8/1/2012
Level H: Aids		346.44	350.34	8/1/2012
Rate Type :			-	
Interim	X	Prospectiv	e	
Total Interim			Total Prospective	
Interim Component]	Prospective Adjusted f	or New Costs
X Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
		Linemove	Dating Change	
Budget X Unaudited costs			Rating Change Customary Limitation	
Field audited costs			te limitation change	1
Field audit - interim portion		FRVS Ch		
Desk audited costs	X		lement using FYE 7/3	31/2012 C/R
Desk audit - Interim Portion		Rate Seme	ester Change	
Desk Audit - Prospective portion	1	On FRV	2] as of 12/01/2001	
Distribution:	-	76)	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: CMC II, LLC				
800 Concourse Parkway South Maitland FL 32751				



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San Jose Health and Rel	nabilitation Center			Provider Number:	0 061102-00
9355 San Jose Boulevard	d			Date:	12/3/2013
Jacksonville FL 32257				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		197.39	204.08	1/1/2013
. 1	Level H: Aids	-	348.20	354.89	1/1/2013
Rate Type :		<u> </u>			
Inte X Settl	al Interim rim Component lement based on costs r Provider Prospective data	<u>X</u>	F	e Total Prospective Prospective Adjusted f Total Prospective with	
Basis:		Changes:			
Budget X Unaudited cost Field audited c Field audit - in Desk audited co Desk audit - Int Desk Audit - Pr	osts terim portion osts		Usual and Target Ra FRVS Cha Cost Settl Rate Seme	Rating Change Customary Limitation te limitation change ange ement using FYE 7/3 ester Change 2] as of 12/01/2001	
Distribution:			7	Thomas Parker	
Contract Management Permanent File For informatio No Change in	on Only	Med	Clicaid Cost	Reimbursement Planni	ng and Finance
Home Office:	CMC II, LLC 800 Concourse Parkway South Maitland FL 32751				



San Jose Health and Re	chabilitation Center			Provider Number:	0 061102-00
9355 San Jose Bouleva	rd		•	Date:	12/3/2013
Jacksonville FL 32257				Fiscal Year End:	7/31/2012
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		200.88	208.92	7/1/2013
Rate Type :					
Interim		X	Prospective	e .	
То	tal Interim			Total Prospective	
Inte	erim Component			Prospective Adjusted f	or New Costs
X Set	tlement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
Decidence			Licensure	Rating Change	
Budget X Unaudited cos	ete			Customary Limitation	
Field audited	1			te limitation change	•
Field audit - in	nterim portion	:	FRVS Ch		
Desk audited of	-	X	Cost Settl	ement using FYE 7/3	1/2012 C/R
Desk audit - Ir				ester Change	
	Prospective portion	<u> </u>	On FRV [2] as of 12/01/2001	
Distribution:			75	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plann	ng and Finance
Permanent File					
For informati	on Only				
No Change in	n Rate				
Home Office:	CMC II, LLC			:	,
	800 Concourse Parkway South Maitland FL 32751				



Hobe Sound Geriatric Village, Inc.	Provider Number:	0 201545-00
9555 SE Federal Highway	Date:	10/21/2013
Hobe Sound FL 33455	Fiscal Year End:	12/31/2007
	Audit Status: .F	Field Audited [2]
Provider Type: Nursing Home Single Level	Rate Rate I	Tective Date /2009
	103.03	
Level H: Aids	319.69 322.20 1/1/2	2009
Rate Type :		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Prospective Adjusted for New	w Costs
Settlement based on costs	Total Prospective with Interior	m Component
Prior Provider Prospective data	•	
Basis:	Changes:	
Budget	Licensure Rating Change	
Unaudited costs	Usual and Customary Limitation	
X Field audited costs	Target Rate limitation change	
Field audit - interim portion	FRVS Change	
Desk audited costs	X Field Audit #NH09-100L FYE 12/31	/2007
Desk audit - Interim Portion	Rate Semester Change	
Desk Audit - Prospective portion	On FRV [2] as of 10/01/1985	
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and	d Finance
Permanent File		
For information Only		
No Change in Rate		
Home Office: 1 - No Home Office		



Hobe Sound Geriatric Village, Inc.			Provider Number:	0 201545-00	
9555 SE Federal Highway			Date:	10/21/2013	
Hobe Sound FL 33455			Fiscal Year End:	12/31/2007	
			Audit Status:	Field Audited [2]	
Provider Type:					
		rrent	New	Effective	
N		ate	Rate	Date	
Nursing Home Single Level	16	6.14	168.44	3/1/2009	
Level H: Aids	30	4.49	306.79	3/1/2009	
Rate Type:					
Interim	X Pro	ospective	-1 D		
Total Interim Interim Component	_		tal Prospective spective Adjusted to	for New Costs	
Settlement based on costs	-		-	Interim Component	
Prior Provider Prospective data			w. r. rospective with		
Basis:	Changes:			·	
Dasis.	Changes.			•	
Budget	Li	icensure Ra	ating Change		
Unaudited costs	U	sual and C	ustomary Limitation	n	
X Field audited costs	Target Rate limitation change				
Field audit - interim portion		RVS Chang	-		
Desk audited costs			#NH09-100L FYE	12/31/2007	
Desk audit - Interim Portion Desk Audit - Prospective portion		ate Semeste n FRV [2]	er Change as of 10/01/1985		
<u>Distribution:</u>	\sim	\mathcal{D}^{-}			
Contract Management / Fiscal Agent		<u>′</u>	Thomas Parker		
Permanent File	Medica	id Cost Re	imbursement Plann	ing and Finance	
For information Only		•			
No Change in Rate					
					
Home Office: 1 - No Home Office					
			• •		
		·			



Hobe Sound Geriatric Village, Inc.			Provider Number:	0 201545-00
9555 SE Federal Highway			Date:	10/21/2013
Hobe Sound FL 33455			Fiscal Year End:	12/31/2007
			Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Level	-	Current Rate 205.65	New Rate 208.35	Effective Date 4/1/2009
Level H: Aids		344.00	346.70	4/1/2009
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X	I	e Total Prospective Prospective Adjusted for all 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	X	Usual and Target Ra FRVS Ch Field Aud Rate Seme	Rating Change Customary Limitation te limitation change ange lit #NH09-100L FYE ester Change 2] as of 10/01/1985	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Med	icaid Cost	Reimbursement Plann	ing and Finance



Hobe Sound Geriatric Village, Inc.			Provider Number:	0 201545-00
9555 SE Federal Highway	-		Date:	10/21/2013
Hobe Sound FL 33455	_		Fiscal Year End:	12/31/2007
			Audit Status:	Field Audited [2]
Provider Type:				
		Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	211.68	216.37	7/1/2009
				. ·
Level H: Aids	_	352.03	356.72	7/1/2009
			·	
Rate Type:				
Interim	X	Prospective	e	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted i	
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes			
	(· · · · · · · · · · · · · · · · · · ·	T *	Dating Class	
Budget		-	Rating Change	
Unaudited costs X Field audited costs			l Customary Limitation te limitation change	1
		FRVS Ch	_	
Field audit - interim portion Desk audited costs	<u>X</u>	-	lit #NH09-100L FYE	12/21/2007
Desk audit - Interim Portion		_	ester Change	12/31/2007
Desk Audit - Prospective portion			2] as of 10/01/1985	
Distribution:		7-67	Thomas Parker	
Contract Management / Fiscal Agent		<i>U</i>	···	• 1 ***
Permanent File	Me	edicaid Cost	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
nome Office.				
			•	
			:	



TAYLOR CARE CE	ENTER, INC.			Provider Number:	0 207446-00	
6635 CHESTER AV	the state of the s			Date:	9/19/2013	
Jacksonville FL 3221	17			Fiscal Year End:	8/31/2006	
				Audit Status:	Field Audited [2]	
Provider Type:						
			Current	New	Effective	
Nursing Home	Single Level	-	Rate 170.99	Rate	Date 1/1/2007	
runanig mome	Single Level	_	170.99	100.10	1/1/2007	
	Level H: Aids	<u> </u>	300.59	297.70	1/1/2007	
Rate Type :						
Interim		X	Prospective	.		
	Total Interim		-	Fotal Prospective		
·	Interim Component			Prospective Adjusted f	or New Costs	
	Settlement based on costs			Total Prospective with		
F	Prior Provider Prospective data					
Basis:		Changes:	1			
	f		1			
Budget			Licensure	Rating Change		
Unaudited	· · · · · · · · · · · · · · · · · · ·			Customary Limitation	l	
X Field audite	<u> </u>		_	te limitation change		
	- interim portion		FRVS Ch	-		
Desk audite	d costs - Interim Portion	X Field Audit #NH11-099L FYE 08/31/06 Rate Semester Change				
	- Prospective portion			2] as of 01/01/2004		
Distribution:	·		77	Thomas Parker		
Contract Manage	ement / Fiscal Agent	Mad	Lippid Cont l	Reimbursement Planni	ing and Finance	
Permanent File		MICC	iicaid Cost	comoursement i iaiun	ing and i mance	
For inform	ation Only					
No Change	e in Rate					
Home Office:	Taylor Foundation Services, Inc		·			
	James T. Price					
	6601 Chester Avenue					
	Jacksonville FL 32217					



TAYLOR CARE	CENTER, INC.			Provider Number:	0 207446-00
6635 CHESTER				Date:	9/19/2013
Jacksonville FL 3	2217			Fiscal Year End:	8/31/2006
				Audit Status:	Field Audited [2]
Provider Type	2:				
			Current Rate	New Rate	Effective Date
Nursing Home	e Single Level	_	177.87	174.95	2/1/2007
	Single Bever		177.07		2/1/2007
	Level H: Aids	_	307.47	304.55	2/1/2007
Rate Type	:			,	
Inter	im ·	X	Prospectiv	e	
	Total Interim		_	Total Prospective	
	Interim Component			Prospective Adjusted for	or New Costs
	Settlement based on costs			Total Prospective with	Interim Component
	Prior Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
Unaudite	ed costs			Customary Limitation	
X Field au	dited costs			te limitation change	
Field au	dit - interim portion		FRVS Ch	ange	
	dited costs	X		lit #NH11-099L FYE	08/31/06
	dit - Interim Portion			ester Change	
	dit - Prospective portion	:	- On PRV	2] as of 01/01/2004	
<u>Distribution</u>			20_	Thomas Parker	
	agement / Fiscal Agent	Med	licaid Cost	Reimbursement Planni	ng and Finance
Permanent Fil	e ormation Only				
	•				
No Cha	inge in Rate				
Home Office:	Taylor Foundation Services,	Inc.			
	James T. Price				
	6601 Chester Avenue				
	Jacksonville FL 32217	٠			



TAYLOR CARE CEN	TER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	9/19/2013
Jacksonville FL 32217				Fiscal Year End:	8/31/2006
				Audit Status:	Field Audited [2]
Provider Type:					
			Current	New	Effective
Name in a Trans	G! I T I		Rate	Rate	Date
Nursing Home	Single Level		170.99	168.10	3/1/2007
	Level H: Aids	_	300.59	297.70	3/1/2007
Rate Type:					
Interim		X	Prospective	e	
·	tal Interim			Total Prospective	
!	erim Component			Prospective Adjusted f	
	tlement based on costs		7	Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
Budget		:	Licensure	Rating Change	
Unaudited cos	ste			Customary Limitation	1
X Field audited		·		te limitation change	•
Field audit - i	nterim portion		FRVS Cha	ange	
Desk audited of	costs	X	Field Aud	it #NH11-099L FYE	08/31/06
Desk audit - In	4			ester Change	
	Prospective portion		On FRV [2	2] as of 01/01/2004	
Distribution:			767	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost l	Reimbursement Planni	ng and Finance
Permanent File					
For informati	•				
No Change in	n Rate				
Home Office:	Taylor Foundation Services, Inc	c		:	
	James T. Price				
	6601 Chester Avenue				
	Jacksonville FL 32217			:	



TAYLOR CARE CENTER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.			Date:	9/19/2013
Jacksonville FL 32217			Fiscal Year End:	8/31/2006
	,		Audit Status:	Field Audited [2]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		182.37	<u> 180.46</u> _	7/1/2007
Level H: Aids	. -	314.31	312.40	7/1/2007
Rate Type:				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u> </u>		re Total Prospective Prospective Adjusted f Total Prospective with	
Basis:	Changes:			
Budget Unaudited costs X Field audited costs Field audit - interim portion Desk audited costs	X	Usual and Target Ra FRVS Ch	dit #NH11-099L FYE	
Desk audit - Interim Portion Desk Audit - Prospective portion			ester Change [2] as of 01/01/2004	
Distribution:	7	0	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	licaid Cost	Reimbursement Planni	ng and Finance
Home Office: Taylor Foundation Services, In James T. Price 6601 Chester Avenue Jacksonville FL 32217	c.			



TAYLOR CARE CENT	TER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	9/19/2013
Jacksonville FL 32217				Fiscal Year End:	8/31/2006
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	· 	180.69	178.97	1/1/2008
	Level H: Aids	-	314.69	312.97	1/1/2008
Rate Type:					
Interim		X	Prospective	;	
Tot	al Interim		<u>X</u> T	Total Prospective	
Inte	erim Component		P	rospective Adjusted f	or New Costs
Sett	tlement based on costs		T	otal Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
Dudget			Licensure	Rating Change	
Budget Unaudited cos	ts			Customary Limitation	•
X Field audited of				e limitation change	
Field audit - ir			FRVS Cha	_	
Desk audited o		X		it #NH11-099L FYE	08/31/06
Desk audit - In				ster Change	
Desk Audit - P	rospective portion		On FRV [2	2] as of 01/01/2004	
Distribution:		\mathcal{I}	7)	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost I	Reimbursement Planni	ng and Finance
Permanent File					-
For information	on Only				·
No Change in	n Rate				
Home Office:	Taylor Foundation Services, Inc				
Home Office.	James T. Price			1 1	
	6601 Chester Avenue			1 1	
	Jacksonville FL 32217				



TAYLOR CARE CENT	ΓER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	9/19/2013
Jacksonville FL 32217				Fiscal Year End:	8/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New	Effective Date
Nursing Home	Single Level	_	182.32	Rate	7/1/2008
Trui sing Home	Single Level		162.32		7/1/2008
	Level H: Aids	_	318.60	318.34	7/1/2008
Rate Type:					<u> </u>
Interim		X	Prospective	9	
Tot	al Interim		X 7	Total Prospective	
	erim Component			Prospective Adjusted f	
	tlement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
D 1 .			Liconouro	Dating Change	
Budget X Unaudited cos	te			Rating Change Customary Limitation	
Field audited				e limitation change	L
Field audit - in	iterim portion	·	FRVS Cha	ange	
Desk audited o	· · · · · · · · · · · · · · · · · · ·	X		Field Audit #NH11-0	099L FYE 08/31/06
Desk audit - In	rospective portion	!		ster Change 2] as of 01/01/2004	
Distribution:		Ĺ			
Contract Manageme	ent / Fiscal Agent		0	Thomas Parker	
Permanent File		Med	licaid Cost I	Reimbursement Planni	ng and Finance
For information	on Only				
No Change in	·	•			
Home Office:	Taylor Foundation Services, In	nc.			
nome Office:	James T. Price			i	
	6601 Chester Avenue				
	Jacksonville FL 32217			i i	



TAYLOR CARE CENTER, INC.				Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	9/19/2013
Jacksonville FL 32217				Fiscal Year End:	8/31/2007
				Audit Status:	Unaudited [3]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home Single Le	vel	_	180.87	<u> 180.64</u> _	1/1/2009
Level H: Ai	ds		319.22	318.99	1/1/2009
Data Tyma a		<u> </u>		<u>-</u>	
Rate Type :					
Interim		X	Prospective		• .
Total Interim				Total Prospective	
Interim Compos Settlement based				Prospective Adjusted for Cotal Prospective with	
Prior Provider P				otal i rospective with	intermi Component
			1		
Basis:		Changes:]		
Dudan	** -	!	Licensure	Rating Change	
Budget X Unaudited costs				Customary Limitation	1
Field audited costs	i :			te limitation change	.
Field audit - interim portio	n	. :	FRVS Cha	ange	
Desk audited costs		<u>X</u>		Field Audit #NH11-0	099L FYE 08/31/06
Desk audit - Interim Portion				ster Change	
Desk Audit - Prospective p	Jruon — — —			2] as of 01/01/2004	
Distribution:				Thomas Parker	
Contract Management / Fiscal A	gent	Med	icaid Cost I	Reimbursement Planni	ing and Finance
Permanent File					
For information Only					
No Change in Rate					
Home Office: Taylor I	oundation Services, l	Inc.	-		
James T.					
	ester Avenue				
Jacksonv	ille FL 32217				



TAYLOR CARE CENT	ΓER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	9/19/2013
Jacksonville FL 32217				Fiscal Year End:	8/31/2007
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
3.7 • TV			Rate	Rate	Date
Nursing Home	Single Level		165.71	<u>165.50</u>	3/1/2009
	Level H: Aids	· ·	304.06	303.85	3/1/2009
Rate Type:					
Interim		X	Prospective	;	
Tot	al Interim		<u>X</u> T	otal Prospective	
·	erim Component			rospective Adjusted f	
	tlement based on costs		T	otal Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
n i .			Licensure	Rating Change	
Budget X Unaudited cos	ts			Customary Limitation	1
Field audited				e limitation change	<u>.</u>
Field audit - in	nterim portion		FRVS Cha	inge	
Desk audited of	<u> </u>	X		Field Audit #NH11-0	099L FYE 08/31/06
Desk audit - In		ļ		ster Change 2] as of 01/01/2004	
	rospective portion	-			
<u>Distribution:</u>	(T)		10-	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost I	Reimbursement Plann	ing and Finance
Permanent File	0.1				
For information	•				
No Change in	ı Kate				
Home Office:	Taylor Foundation Services, I	nc.		 -	
	James T. Price			1	
	6601 Chester Avenue				
	Jacksonville FL 32217				



TAYLOR CARE CENTER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.			Date:	9/19/2013
Jacksonville FL 32217			Fiscal Year End:	8/31/2007
			Audit Status:	Unaudited [3]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level	-	204.78	<u>204.53</u> _	4/1/2009
Level H: Aids		343.13	342.88	4/1/2009
Rate Type :				
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u>X</u>	P	otal Prospective rospective Adjusted f otal Prospective with	
Basis:	Changes	:		
Budget X Unaudited costs Field audited costs Field audit - interim portion		Usual and	Rating Change Customary Limitation climitation change nge	1
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Effects of I	Field Audit #NH11-0	099L FYE 08/31/06
Distribution:		77	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Me	edicaid Cost R	eimbursement Planni	ng and Finance
Home Office: Taylor Foundation Serv James T. Price 6601 Chester Avenue Jacksonville FL 32217	rices, Inc.		: : : : : :	



TAYLOR CARE CENT	TER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	9/19/2013
Jacksonville FL 32217				Fiscal Year End:	8/31/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Ni II	C. I.T. I		Rate	Rate	Date
Nursing Home	Single Level	_	210.34		7/1/2009
	Level H: Aids	_	350.69	349.49	7/1/2009
Rate Type :	·				
Interim		X	Prospectiv	٩	
	al Interim		•	Total Prospective	
·	erim Component			Prospective Adjusted for	or New Costs
	lement based on costs			Total Prospective with	
Prio	or Provider Prospective data			·	
Basis:		Changes:	1		
	! .		J		
Budget			Licensure	Rating Change	
X Unaudited cos				Customary Limitation	
Field audited of	1			te limitation change	
Field audit - in	-		FRVS Ch	_	
Desk audited c Desk audit - In		X		Field Audit #NH11-0 ester Change	99L FYE 08/31/06
	rospective portion			2] as of 01/01/2004	
Distribution:			7-7	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Planning	ng and Finance
Permanent File		14100	ileala Cost	Remoursement Flamin	ng and i mance
For information	on Only				
No Change in	Rate				
Home Office:	Taylor Foundation Services, Inc	,			
Home Office.	James T. Price				
	6601 Chester Avenue			:	
	Jacksonville FL 32217			1	
				<u></u>	



TAYLOR CARE CENTER, INC. 6635 CHESTER AVE.			Provider Number: Date:	0 207446-00 9/19/2013
Jacksonville FL 32217			Fiscal Year End:	8/31/2009
			Audit Status:	Unaudited [3]
Provider Type:	_	Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	209.72		1/1/2010
Level H: Aids		351.64	351.41	1/1/2010
Rate Type :	,			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	<u>X</u>	P	otal Prospective rospective Adjusted footal Prospective with	
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion	X	Usual and Target Rate FRVS Cha Effects of Rate Semes	Field Audit #NH11-0 ster Change	
Desk Audit - Prospective portion Distribution:		On FRV [2] as of 01/01/2004	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	icaid Cost F	Thomas Parker Reimbursement Planni	ng and Finance
Home Office: Taylor Foundation Services, Inc. James T. Price 6601 Chester Avenue Jacksonville FL 32217	c			



TAYLOR CARE CEN	TER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	9/19/2013
Jacksonville FL 32217		_ _		Fiscal Year End:	8/31/2009
				Audit Status:	Unaudited [3]
Provider Type:				Addit Status.	Onaudica [5]
			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	-	214.01	213.78	7/1/2010
	Level H: Aids	-	357.35	357.12	7/1/2010
Rate Type :					
Interim		X	Prospective		
To	tal Interim		X T	otal Prospective	
Int	erim Component		P	rospective Adjusted f	or New Costs
	tlement based on costs		T	otal Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			· · · · · · · · · · · · · · · · · · ·
			T.'		
Budget X Unaudited cos	!	i	•	Rating Change	
Field audited				Customary Limitatior e limitation change	l
	nterim portion	-	FRVS Cha	-	
Desk audited		<u> X</u>	•	ge Field Audit #NH11-0	099L FYE 08/31/06
Desk audit - In		_ 		ster Change	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Desk Audit - I	Prospective portion		On FRV [2] as of 01/01/2004	
Distribution:			7/	Thomas Parker	
Contract Managem	ent / Fiscal Agent	Med	dicaid Cost R	Reimbursement Planni	ng and Finance
Permanent File		, 1,10			and I mane
For informati	on Only				
No Change is	n Rate				
Home Office:	Taylor Foundation Services	s, Inc.		:	
	James T. Price				
	6601 Chester Avenue				
	Jacksonville FL 32217			į	



TAYLOR CARE CENT	TER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	9/19/2013
Jacksonville FL 32217				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:					
	-		Current	New	Effective
Name : a II	Cimala I amil	_	Rate	Rate	Date
Nursing Home	Single Level		223.26		1/1/2011
	Level H: Aids		368.12	367.96	1/1/2011
Rate Type:					
Interim		\mathbf{X}^{-}	Prospective		
Tot	al Interim		X1	Total Prospective	
Inte	erim Component		F	Prospective Adjusted f	For New Costs
	element based on costs		7	Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
5 .1			Licomoumo	Rating Change	
Budget X Unaudited cos	ts ·			Customary Limitation	1
Field audited of				te limitation change	
Field audit - ir	nterim portion		FRVS Cha	ange	
Desk audited c		X	Effects of	Field Audit #NH11-0	099L FYE 08/31/06
Desk audit - In	· ·			ester Change	
	rospective portion		On FRV [2	2] as of 01/01/2004	
Distribution:	(7)		P	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost l	Reimbursement Planni	ing and Finance
Permanent File	- · · · O · 1 · ·				
For information	•				
No Change in	ı Kate				
Home Office:	Taylor Foundation Services,	Inc.			
	James T. Price			:	
	6601 Chester Avenue	i			
	Jacksonville FL 32217			1	



TAYLOR CARE CENTER, INC.			Provider Nu	mber:	0 207446	5-00
6635 CHESTER AVE.				Date:	9/19/20	13
Jacksonville FL 32217			Fiscal Year	End:	8/31/20	10
			Audit S	- Status:	Unaudited	1 [3]
Provider Type:		Current Rate	New Rate		Effective Date	
Nursing Home Single Level	_	215.56	215.44		7/1/2011	
Level H: Aids	_	361.76	361.64	_	7/1/2011	
Rate Type: Interim Total Interim Interim Component	X	Prospecti X	ve Total Prospecti Prospective Ad		r New Costs	
Settlement based on costs			Total Prospecti	ve with I	nterim Compon	ent
Basis: Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution:	Changes:	Licensur Usual an Target R FRVS C Effects C	e Rating Change d Customary Linate limitation change of Field Audit # nester Change [2] as of 01/01/2	mitation lange NH11-09	99L FYE 08/31	/06
Contract Management / Fiscal Agent	Me	dicaid Cos	t Reimbursemen	t Plannin	g and Finance	
Permanent File For information Only						
No Change in Rate						
Home Office: Taylor Foundation Services, In James T. Price 6601 Chester Avenue Jacksonville FL 32217	ic.					



TAYLOR CARE CENT	TER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	9/19/2013
Jacksonville FL 32217				Fiscal Year End:	8/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				. 10010 5 1000	
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	217.76	217.67	1/1/2012
	Level H: Aids		365.37	365.28	1/1/2012
Rate Type:					
Interim	. 17	X	Prospective		
	tal Interim erim Component			Cotal Prospective Prospective Adjusted for	or New Costs
	tlement based on costs			Tospective Adjusted in Total Prospective with	
	or Provider Prospective data			otal i jospečnie with	internii Component
Basis:		Changes:			
			J		
Budget			Licensure	Rating Change	
X Unaudited cos				Customary Limitation	I.
Field audited			FRVS Cha	e limitation change	
Desk audited	nterim portion	<u> </u>		nige Field Audit #NH11-0	1001 EVE 09/21/06
Desk audit - In				ster Change	799L F 1 E 00/31/00
Desk Audit - F	Prospective portion			?] as of 01/01/2004	
Distribution:		,	779	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost I	Reimbursement Planni	ng and Finance
Permanent File					5
For informati	on Only				
No Change in	n Rate				
Home Office:	Taylor Foundation Services, In	ıc.			
Tome office.	James T. Price				
	6601 Chester Avenue				
	Jacksonville FL 32217			1	



TAYLOR CARE CENT	ER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	9/19/2013
Jacksonville FL 32217	· · · · · · · · · · · · · · · · · · ·			Fiscal Year End:	8/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
Name of the same of	7°. I T .I	_	Rate	Rate	Date
Nursing Home	Single Level		219.83	219.72	7/1/2012
I	evel H: Aids	· ·	369.04	368.93	7/1/2012
Rate Type :		· -			
Interim		X	Prospective		
Tota	l Interim		X To	otal Prospective	
Inter	im Component		Pr	ospective Adjusted f	or New Costs
Settle	ement based on costs		To	otal Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:			
D. L.	1	<u> </u> -	Licensure F	Rating Change	
Budget X Unaudited costs				Customary Limitation	
Field audited costs		! <u></u>		limitation change	L
Field audit - int			FRVS Char	=	
Desk audited co	· .	X	Effects of I	ield Audit #NH11-0	099L FYE 08/31/06
Desk audit - Inte	erim Portion		Rate Semes		
Desk Audit - Pr	ospective portion		On FRV [2]	as of 01/01/2004	
Distribution:			プノ	Thomas Parker	
Contract Managemen	t / Fiscal Agent	Med	dicaid Cost R	eimbursement Planni	ng and Finance
Permanent File					
For information	n Only				
No Change in	Rate				
Home Office:	Taylor Foundation Services, Inc				
	James T. Price				
	6601 Chester Avenue			i	
	Jacksonville FL 32217				
	<u> </u>				



TAYLOR CARE CENT	TER, INC.			Provider Number:	0 207446-00
6635 CHESTER AVE.				Date:	9/19/2013
Jacksonville FL 32217				Fiscal Year End:	8/31/2012
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		222.18	221.29	1/1/2013
runsing nome	Single Level		222.10		1/1/2013
	Level H: Aids	_	372.99	372.10	1/1/2013
Rate Type:					
Interim		X	Prospective	;	
Tot	al Interim		X T	otal Prospective	
	erim Component			rospective Adjusted f	
:	lement based on costs		T	otal Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:]		
Budget	i - !		Licensure	Rating Change	
X Unaudited cos	ts			Customary Limitation	ı
Field audited of				e limitation change	
Field audit - in	nterim portion		FRVS Cha	inge	
Desk audited c	I I	X		Field Audit #NH11-0	99L FYE 08/31/06
Desk audit - In	terim Portion rospective portion			ster Change ?] as of 01/01/2004	
	Tospective portion				
<u>Distribution:</u>	. / T. 1 A		12	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost I	Reimbursement Planni	ng and Finance
Permanent File	on Only				
For information	•				
No Change in	ı Kate			•	
Home Office:	Taylor Foundation Services, Inc.				
	James T. Price				
	6601 Chester Avenue				
	Jacksonville FL 32217				



TAYLOR CARE CENTER, INC.		Provider Number:	0 207446-00
6635 CHESTER AVE.		Date:	9/19/2013
Jacksonville FL 32217		Fiscal Year End:	8/31/2012
		Audit Status:	Unaudited [3]
Provider Type:			
	Current	New	Effective
Nuveina Hama Single Land	Rate	Rate	Date
Nursing Home Single Level	228.45		7/1/2013
Rate Type:			
Interim	X Prospecti	ve	
Total Interim	X	Total Prospective	
Interim Component		Prospective Adjusted f	or New Costs
Settlement based on costs		Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Licensur	re Rating Change	
X Unaudited costs		d Customary Limitation	1
Field audited costs	FRVS C	tate limitation change	
Field audit - interim portion Desk audited costs		nange of Field Audit #NH11-0	0001 EVE 08/31/06
Desk audit - Interim Portion		nester Change	599LTTE 06/31/00
Desk Audit - Prospective portion	On FRV	[2] as of 01/01/2004	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cos	t Reimbursement Plann	ing and Finance
Permanent File	Wedicald Cos	t Kennoursement Flami	ing and Finance
For information Only			
No Change in Rate			
Home Office: Taylor Foundation Services, In	D,		
James T. Price		Í	
6601 Chester Avenue			
Jacksonville FL 32217		‡ ‡	



The Fountains Nursing	Home			Provider Number:	0 212393-00
3800 North Federal Hw	y.			Date:	9/4/2013
Boca Raton FL 33431				Fiscal Year End:	12/31/2008
				Audit Status:	Revised Field Audit [5]
Provider Type:					
			Current	New	Effective
Nursing Home	Cinala I aval		Rate	Rate	Date
Nursing Home	Single Level		198.01	<u> 196.45</u> _	7/1/2009
	Level H: Aids		338.36	336.80	7/1/2009
Rate Type:					
Interim		X	_ Prospectiv		
	tal Interim erim Component			Total Prospective Prospective Adjusted t	for Novy Coata
	tlement based on costs			Total Prospective with	
	or Provider Prospective data			Total Prospective with	Therm component
Basis:		Change			
Dasis.		Change	<u>s.</u>		
Budget			Licensure	Rating Change	
Unaudited cos	sts			d Customary Limitation	n
X Field audited		<u> </u>		ate limitation change	
Field audit - in	-		- FRVS Ch	-	C TYTE 44 (44 (40
Desk audited of Desk audit - In		X		dit RFA #NH11-0340 ester Change	5 FYE 12/31/08
	Prospective portion			[2] as of 03/01/1986	
Distribution:			25)	Thomas Parker	·
Contract Manageme Permanent File	ent / Fiscal Agent	N	ledicaid Cost	Reimbursement Plann	ning and Finance
For informati	on Only				
No Change in	-				
Home Office:	Rohm Service Corp				
	740 East Avenue			İ	
	Rochester NY 14607			!	



The Fountains Nursing	Home			Provider Number:	0 212393-00			
3800 North Federal Hw	y.	- -		Date:	9/4/2013			
Boca Raton FL 33431		-		Fiscal Year End:	12/31/2008			
				Audit Status:	Revised Field Audit [5]			
Provider Type:			Current Rate	New Rate	Effective Date			
Nursing Home	Single Level	_	199.58	<u> 198.00</u> _	1/1/2010			
	Level H: Aids	_	341.50	339.92	1/1/2010			
Poto Type a								
Rate Type :								
Interim	. 17	X	Prospective					
	Total Interim			Total Prospective Prospective Adjusted for New Costs				
	erim Component tlement based on costs	Total Prospective with Interim Component						
 _	or Provider Prospective data			rotur i rospective with	mermi component			
Basis:		Changes	T					
Dasis:		Changes:	_					
Budget	:		Licensure	Rating Change				
Unaudited cos	sts			Customary Limitation	n			
X Field audited	costs			te limitation change				
	nterim portion		FRVS Ch	ange				
Desk audited of		X		dit RFA #NH11-034C	G FYE 12/31/08			
Desk audit - It	Prospective portion			ester Change 2] as of 03/01/1986				
Distribution:			5,72	Thomas Parker				
Contract Manageme	ent / Fiscal Agent		1::1 04		:1F:			
Permanent File		Med	ncaid Cost	Reimbursement Plann	ing and rinance			
For informati	on Only							
No Change in	n Rate							
Home Office:	Rohm Service Corp	<u> </u>						
	740 East Avenue							
	Rochester NY 14607			ļ				
				! 				



The Fountains Nursing	Home			Provider Number:	0 212393-00	
3800 North Federal Hw	y	_		Date:	9/4/2013	
Boca Raton FL 33431				Fiscal Year End:	12/31/2009	
				Audit Status:	Unaudited [3]	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		211.10	211.20	7/1/2010	
	Level H: Aids		354.44	354.54	7/1/2010	
Rate Type :						
Interim		<u> </u>	Prospective			
To	tal Interim		X To	otal Prospective		
	erim Component			cospective Adjusted:		
Set	tlement based on costs		To	otal Prospective with	Interim Component	
Pri	or Provider Prospective data					
Basis:		Chang	ges:			
Budget		i	Licensure F	Rating Change		
X Unaudited cos	sts		—— Usual and (Customary Limitation	n	
Field audited	costs		Target Rate	e limitation change		
Field audit - i	nterim portion		FRVS Char	nge		
Desk audited		<u> X</u>		FA RFA #NH11-03	4G FYE 12/31/08	
	nterim Portion		Rate Semes			
	Prospective portion	i	Oli PRV [2]] as of 03/01/1986		
<u>Distribution:</u>	and / Pierral Amend	· .	10	Thomas Parker		
Contract Managem	ent / Fiscal Agent		Medicaid Cost R	Reimbursement Planr	ning and Finance	
Permanent File	ion Onlo					
For informati	-			•		
No Change i	n Rate					
Home Office:	Rohm Service Corp					
	: 740 East Avenue			:		
	Rochester NY 14607			•		



The Fountains Nursing Home			Provider Number:	0 212393-00
3800 North Federal Hwy.			Date:	9/4/2013
Boca Raton FL 33431			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level		Rate	Rate	Date 1/1/2011
Nursing frome Single Level	_	213.95	<u>214.05</u> _	1/1/2011
Level H: Aids	_	358.81	358.91	1/1/2011
Rate Type:				
Interim	X	Prospectiv		
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted f	
Settlement based on costs Prior Provider Prospective data			Total Prospective with	internii Component
		_		
Basis:	Changes:			
Budget		Licensur	e Rating Change	
X Unaudited costs			d Customary Limitation	n
Field audited costs	! ———		ate limitation change	
Field audit - interim portion	· ———	FRVS C	hange	
Desk audited costs	X		f FA RFA #NH11-034	4G FYE 12/31/08
Desk audit - Interim Portion Desk Audit - Prospective portion			lester Change [2] as of 03/01/1986	
Distribution:				
Contract Management / Fiscal Agent		0-	Thomas Parker	
Permanent File	Med	dicaid Cost	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
Home Office: Rohm Service Corp				
Home Office.			:	
740 East Avenue			!	
Rochester NY 14607				



Rate Type:	The Fountains Nurs	sing Home			Provider Number:	0 21239	93-00
Provider Type: Current New Effective Date					Date:	9/4/20	013
Provider Type: Current Rate Rate Date	Boca Raton FL 334	31			Fiscal Year End:	12/31/2	2009
Provider Type: Current Rate Rate Date					Audit Status:	Unaudit	ed [3]
Rate Type: Interim	Provider Type:						- [.]
Rate Type: Interim	• •		(
Rate Type:	N I • Y I						_
Interim	Nursing Home	Single Level		207.20	<u> 207.28</u> _	7/1/2011	_
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audited costs Field audited costs Field audited costs Field audited costs Desk audited Interim portion Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Rohm Service Corp 740 East Avenue		Level H: Aids	<u> </u>	353.40	353.48	7/1/2011	
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis: Changes: Licensure Rating Change Usual and Customary Limitation Target Rate limitation change Field audited costs Field audited costs Field audited costs Field audited costs Desk audited Interim portion Desk Audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Rohm Service Corp 740 East Avenue							
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: Changes:	Interin	m	X	Prospectiv	e		
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Rate Semester Company Total Prospective with Interim Component Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA RFA #NH11-034G FYE 12/31/08 Rate Semester Change On FRV [2] as of 03/01/1986 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		_			•		
Budget X Unaudited costs Field audited costs Field 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: Rusual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change X Effects of FA RFA #NH11-034G FYE 12/31/08 Rate Semester Change On FRV [2] as of 03/01/1986 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	: :	_					
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Rusual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA RFA #NH11-034G FYE 12/31/08 Rate Semester Change On FRV [2] as of 03/01/1986 Thomas Parker Medicaid Cost Reimbursement Planning and Finance	· !	-			Total Prospective with	Interim Compo	onent
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Rusual and Customary Limitation Target Rate limitation change FRVS Change FRVS Change A Effects of FA RFA #NH11-034G FYE 12/31/08 Rate Semester Change On FRV [2] as of 03/01/1986 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		Prior Provider Prospective data					
Usual and Customary Limitation	Basis:	1	Changes:				
Usual and Customary Limitation	Pudget	T.	 	Licensure	Rating Change		
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 Stribution: X Effects of FA RFA #NH11-034G FYE 12/31/08 Rate Semester Change On FRV [2] as of 03/01/1986 Thomas Parker Medicaid Cost Reimbursement Planning and Finance		d costs				1	
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: Rate Semester Change On FRV [2] as of 03/01/1986 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	·						
Desk audit - Interim Portion Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Rate Semester Change On FRV [2] as of 03/01/1986 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Medicaid Cost Reimbursement Planning and Finance	Field aud	it - interim portion		FRVS Ch	ange		
Desk Audit - Prospective portion Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Rohm Service Corp 740 East Avenue			<u>X</u>			4G FYE 12/31/	08
Distribution: Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Rohm Service Corp 740 East Avenue		i i	:				
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: Rohm Service Corp 740 East Avenue	· 	·		2/2			
Permanent File For information Only No Change in Rate Home Office: Rohm Service Corp 740 East Avenue				0			
For information Only No Change in Rate Home Office: Rohm Service Corp 740 East Avenue		·	Med	icaid Cost	Reimbursement Plann	ing and Finance	ė
No Change in Rate Home Office: Rohm Service Corp 740 East Avenue							
740 East Avenue		•					
740 East Avenue	Home Office:	Rohm Service Corp		+			
	Home Office.	.			:		
Rochester NY 14607		•					
		Rochester NY 14607					



The Fountains Nursing Home				Provider Number:	0 212393-00
3800 North Federal Hwy.		•		Date:	9/4/2013
Boca Raton FL 33431				Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Single	e Level	_	206.69	206.78	1/1/2012
Level H	i: Aids	_	354.30	354.39	1/1/2012
Rate Type:		v	Doggooding	_	
Interim Total Interi	im	X	Prospective X	e Fotal Prospective	
Interim Con				Prospective Adjusted 1	for New Costs
	based on costs			Γotal Prospective with	
Prior Provid	der Prospective data				
Basis:		Changes:			
			_	D GI	
Budget X Unaudited costs			-	Rating Change	_
Field audited costs				Customary Limitation te limitation change	II
Field audit - interim p	ortion		FRVS Ch		
Desk audited costs Desk audit - Interim P	1 1	X	_	FA RFA #NH11-034 ester Change	4G FYE 12/31/08
Desk Audit - Prospect	i i			2] as of 03/01/1986	
Distribution:			777	Thomas Parker	
Contract Management / Fisc	cal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information Only					
No Change in Rate					
Home Office: Ro	hm Service Corp				
	East Avenue chester NY 14607			1	



The Fountains Nursing Home				Provider Number:	0 212393-00
3800 North Federal Hwy.				Date:	9/4/2013
Boca Raton FL 33431		_		Fiscal Year End:	12/31/2010
				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home Sin	ngle Level		212.81	212.90	7/1/2012
Lev	rel H: Aids	_	362.02	362.11	7/1/2012
Rate Type :					
Interim		X	Prospectiv	e	
Total I	nterim		X	Total Prospective	
Interim	Component	Prospective Adjusted for New Costs			
<u> </u>	ent based on costs			Total Prospective with	Interim Component
Prior P	rovider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
X Unaudited costs				l Customary Limitation	n
Field audited cost	s			ite limitation change	
Field audit - inter	•	. 	FRVS Ch	Ü	
Desk audited costs Desk audit - Interi		X		f FA RFA #NH11-03 4 ester Change	4G FYE 12/31/08
Desk Audit - Pros		i		[2] as of 03/01/1986	
<u>Distribution:</u>	<u> </u>		777	•	
Contract Management	Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File		14104	Jicaia Cost	Remoursement raim	ing and i mance
For information (Only				
No Change in Ra	nte				
Home Office:	Rohm Service Corp			-	
	740 East Avenue Rochester NY 14607				



The Fountains Nursing	Home			Provider Number:	0 212393-00
3800 North Federal Hw	y.			Date:	9/4/2013
Boca Raton FL 33431				Fiscal Year End:	12/31/2011
				Audit Status:	Unaudited [3]
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		205.03	205.11	1/1/2013
	angie zevei		200.00		1/1/2015
	Level H: Aids		355.84	355.92	1/1/2013
Rate Type :	-				
Interim		X	Prospective		
	tal Interim			otal Prospective	
·	erim Component			rospective Adjusted:	for New Costs
	tlement based on costs			-	Interim Component
	or Provider Prospective data			•	•
Basis:		Chan	ges.		
D 4333.		Chan	500.		
Budget			Licensure	Rating Change	
X Unaudited cos	sts			Customary Limitation	n
Field audited	costs			te limitation change	
	nterim portion		FRVS Cha	· ·	
Desk audited		X		FA RFA #NH11-03	4G FYE 12/31/08
	nterim Portion Prospective portion	-		ester Change 2] as of 03/01/1986	
Distribution:		<u> </u>			
Contract Managem	ent / Fiscal Agent			Thomas Parker	
Permanent File			Medicaid Cost	Reimbursement Planr	ning and Finance
For informat	ion Only				
No Change i					
Home Office:	Rohm Service Corp				
	740 East Avenue			:	
	Rochester NY 14607				



The Fountains Nursing Home	Provider Number: 0 212393-00			
3800 North Federal Hwy.	Date: 9/4/2013			
Boca Raton FL 33431	Fiscal Year End: 12/31/2012			
	Audit Status: Unaudited [3]			
Provider Type:				
	Current New Effective			
Nursing Home Single Level	Rate Rate Date 216.50 216.58 7/1/2013			
Nutsing frome Single Level	210.50 210.58 //1/2015			
Rate Type:				
Interim	Prospective			
Total Interim	Total Prospective			
Interim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component			
Settlement based on costs Prior Provider Prospective data	Total Prospective with Interim Component			
Basis:	Changes:			
Budget	Licensure Rating Change			
X Unaudited costs	Usual and Customary Limitation			
Field audited costs	Target Rate limitation change			
Field audit - interim portion	FRVS Change			
Desk audited costs	X Effects of FA RFA #NH11-034G FYE 12/31/08			
Desk audit - Interim Portion	Rate Semester Change			
Desk Audit - Prospective portion	On FRV [2] as of 03/01/1986			
<u>Distribution:</u>	Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance			
Permanent File	reducing cost remindration in immig and i manee			
For information Only				
No Change in Rate				
Home Office: Rohm Service Corp				
740 East Avenue				



Lakeshore Villas Health (Provider Number:	0 218057-00	
16002 Lakeshore Villas Drive				Date:	8/21/2013	
Tampa FL 33613				Fiscal Year End:	1/31/2007	
				Audit Status:	Field Audited [2]	
Provider Type:						
••			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home S	lingle Level		173.54		1/1/2008	
L	evel H: Aids		307.54	291.11	1/1/2008	
	·	_				
					•	
Rate Type :						
Interim		X	Prospective	2		
Total	Interim		X1	Total Prospective		
Interim Component			I	Prospective Adjusted f	or New Costs	
	ment based on costs		7	Total Prospective with	Interim Component	
Prior	Provider Prospective data					
Basis:		Changes:				
			_			
Budget			•	Rating Change		
Unaudited costs X Field audited costs	ete			Customary Limitation te limitation change	l	
Field audit - inte			FRVS Cha	_		
Desk audited cos	-	X Field Audit #NH10- 002C FYE 1/31/2007				
Desk audit - Inte				ster Change	1/31/2007	
Desk Audit - Pro	spective portion					
Distribution:		· · · · · · · · · · · · · · · · · · ·	7	Thomas Parker		
Contract Management	/ Fiscal Agent	Mee	dicaid Cost l	Reimbursement Planni	ing and Finance	
Permanent File						
For information	Only					
No Change in R	late					
Home Office:	Senior Care Group, Inc.					
	Kathy Chudow			<u> </u> 		
	1240 Marbella Plaza Drive					
	Tampa FL 33619					



Lakeshore Villas Health	Care Center			Provider Number:	0 218057-00
16002 Lakeshore Villas	Drive			Date:	8/21/2013
Tampa FL 33613				Fiscal Year End:	1/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	·	175.14	159.30	7/1/2008
	Level H: Aids	. -	311.42	295.58	7/1/2008
Inte Sett	al Interim rim Component lement based on costs r Provider Prospective data	X		e Fotal Prospective Prospective Adjusted f Fotal Prospective with	
Basis:	<u> </u>	Changes:	J		
Budget Unaudited cost X Field audited cost Field audit - in Desk audited cost Desk audit - In	osts terim portion osts	X	Usual and Target Ra FRVS Ch Field Aud	Rating Change Customary Limitation te limitation change ange lit #NH10-002C FYE ester Change	
Distribution:	rospective portion		70	Thomas Parker	
Contract Manageme Permanent File For informatic No Change in	on Only	Med	dicaid Cost	Reimbursement Planni	ing and Finance
Home Office:	Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				



Charlotte Harbor Health Care	Provider Number: 0 226327-00
4000 Kings Highway	Date: 10/18/2013
Port Charlotte FL 33980	Fiscal Year End: 9/30/2005
	Audit Status: Unaudited [3]
Provider Type: Nursing Home Single Level	Current New Effective Rate Rate Date 175.15 174.62 1/1/2007
Level H: Aids	304.75 304.22 1/1/2007
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data	X Prospective X Total Prospective Prospective Adjusted for New Costs Total 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 Distribution: Contract Management / Fiscal Agent	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Effects of FA & RFA #NH03-209J FYE 09/30/2001 Rate Semester Change On FRV [2] as of 06/02/1994 Thomas Parker
Permanent FileFor information OnlyNo Change in Rate	Medicaid Cost Reimbursement Planning and Finance



Charlotte Harbor Health Care		Provider Number:	0 226327-00		
4000 Kings Highway		Date:	10/18/2013		
Port Charlotte FL 33980		Fiscal Year End:	9/30/2005		
		Audit Status:	Unaudited [3]		
Provider Type:					
**************************************	Current	New	Effective		
	Rate	Rate	Date		
Nursing Home Single Level	<u>177.42</u>	<u>176.89</u> _	2/1/2007		
Level H: Aids	307.02	306.49	2/1/2007		
Rate Type:					
Interim	X Prospective	e			
Total Interim		Total Prospective			
Interim Component	Prospective Adjusted	for New Costs			
Settlement based on costs	Total Prospective with Interim Component				
Prior Provider Prospective data					
Basis:	Changes:				
. 					
Budget	· · · · · · · · · · · · · · · · · · ·	Rating Change			
X Unaudited costs Field audited costs		l Customary Limitation thange	n		
Field audited costs Field audit - interim portion	FRVS Ch	_			
Desk audited costs		_	209J FYE 09/30/2001		
Desk audit - Interim Portion		ester Change	2030 2 22 03/00/2001		
Desk Audit - Prospective portion	On FRV [2] as of 06/02/1994			
Distribution:		Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plant	ning and Finance		
Permanent File					
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office		· · · · · · · · · · · · · · · · · · ·			
		•			



Charlotte Harbor Health Care			Provider Number:	0 226327-00
4000 Kings Highway	_		Date:	10/18/2013
Port Charlotte FL 33980	_		Fiscal Year End:	9/30/2005
			Audit Status:	Unaudited [3]
Provider Type:				
••		Current	New	Effective
	_	Rate	Rate _	Date
Nursing Home Single Level	_	175.15	<u> 174.62</u> _	3/1/2007
Level H: Aids	-	304.75	304.22	3/1/2007
Rate Type:				
Interim	X	Prospective	e	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted	
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes	:		
Policy	!	Licensure	Rating Change	
Budget Variable Costs	: -	-	Customary Limitatio	n
Field audited costs			ite limitation change	11
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X	Effects of	f FA & RFA #NH03-	209J FYE 09/30/2001
Desk audit - Interim Portion		_	ester Change	
Desk Audit - Prospective portion	<u> </u>	On FRV [[2] as of 06/02/1994	
Distribution:)T) ~	Thomas Parker	
Contract Management / Fiscal Agent	M	edicaid Cost	Reimbursement Plant	ning and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
			i	



Forum at Deer Creek			Provider Number:	0 253481-00
3001 Deer Creek Blvd			Date:	8/21/2013
Deerfield Beach FL 33442			Fiscal Year End:	6/30/2007
			Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Level	- -	Current Rate 224.78	New Rate 222.32	Effective Date 1/1/2008
Level H: Aids	_	358.78	356.32	1/1/2008
Rate Type:	X	Prospective		
Total Interim	<u>A</u>	Prospective X T	otal Prospective	
Interim Component			rospective Adjusted t	for New Costs
Settlement based on costs			otal 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	X	Usual and Target Rat FRVS Cha Field Aud	Rating Change Customary Limitation e limitation change inge it #NH10-055W FY ster Change	
Desk Audit - Prospective portion			2] as of 06/04/1990	
Distribution:		75	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	dicaid Cost I	Reimbursement Plann	ning and Finance .
Home Office: FiveStar Quality Care Inc				
400 Centre Street Newton MA 02458				



Forum at Deer Creek				Provider Number:	0 253481-00		
3001 Deer Creek Blvd			Date:	8/21/2013			
Deerfield Beach FL 33442				Fiscal Year End:	6/30/2007		
				Audit Status:	Field Audited [2]		
Provider Type:		(Current Rate	New Rate	Effective Date		
Nursing Home Sing	gle Level		226.75		7/1/2008		
Leve	l H: Aids		363.03	361.19	7/1/2008		
Rate Type : Interim Total Interior	erim	X1	Prospective X	e Fotal Prospective			
<u>———</u>	Component	Prospective Adjusted for New Costs					
' <u></u>	nt based on costs			Total Prospective with			
Prior Pro	vider Prospective data						
Basis:		Changes:					
Budget Unaudited costs X Field audited costs Field audit - interin Desk audited costs	n portion	X	Usual and Target Ra FRVS Ch	Rating Change Customary Limitation te limitation change ange lit #NH10-055W FY			
Desk audit - Interim Desk Audit - Prospe				ester Change 2] as of 06/04/1990			
Distribution:			\mathcal{A}	Thomas Parker			
Contract Management / I Permanent File For information On No Change in Rate	nly	Med	icaid Cost	Reimbursement Plann	ning and Finance		
Home Office:	FiveStar Quality Care Inc 00 Centre Street Jewton MA 02458						



Forum at Deer Creek		Provider Number:	0 253481-00	
3001 Deer Creek Blvd		Date:	8/21/2013	
Deerfield Beach FL 33442		Fiscal Year End:	6/30/2007	
		Audit Status:	Field Audited [2]	
Provider Type:				
	Current	New	Effective	
N · W · O· I · I	Rate	Rate	Date	
Nursing Home Single Level			1/1/2009	
Level H: Aids	362.68	361.52	1/1/2009	
Rate Type:	W D	_		
Interim Total Interim	Y Prospective	e Fotal Prospective		
Interim Component		=	or New Costs	
Settlement based on costs	Prospective Adjusted for New Costs Total Prospective with Interim Component			
Prior Provider Prospective data			1	
Basis:	Changes:			
Dasis.	Changes.			
Budget	Licensure	Rating Change		
Unaudited costs		l Customary Limitation	n	
X Field audited costs		te limitation change		
Field audit - interim portion	FRVS Ch	S		
Desk audited costs Desk audit - Interim Portion	:	lit #NH10-055W FY] ester Change	E 06/30/2007	
Desk Audit - Prospective portion		[2] as of 06/04/1990		
Distribution:	70	Thomas Parker		
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ing and Finance	
Permanent File				
For information Only				
No Change in Rate				
Home Office: FiveStar Quality Care Inc		 -		
400 0		:		
400 Centre Street Newton MA 02458				
Newton MA 02430		,		



Forum at Deer Creek				Provider Number:	0 253481-00
3001 Deer Creek Blvd				Date:	8/21/2013
Deerfield Beach FL 334	142			Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type:				Audit Status.	Field Audited [2]
110vider Type.			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	_	205.53	204.46	3/1/2009
	Level H: Aids		343.88	342.81	3/1/2009
Rate Type :					 : :
Interim		X	Prospective		
To	tal Interim	-	- ^	otal Prospective	
Inte	erim Component		P1	rospective Adjusted	for New Costs
Set	tlement based on costs			otal Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes	:		
Budget			Licensure I	Rating Change	
Unaudited cos			_	Customary Limitatio	n
X Field audited	1	;	_	e limitation change	
	nterim portion		FRVS Cha	_	
Desk audited		<u> </u>		t #NH10-055W FY	E 06/30/2007
Desk audit - In	Prospective portion			ster Change] as of 06/04/1990	
	Tospective portion			as 01 00/04/1990	
Distribution:			18	Thomas Parker	
Contract Managem	ent / Fiscal Agent	M	edicaid Cost R	Reimbursement Plant	ning and Finance
Permanent File					
For informati	ion Only	•			
No Change in	n Rate				
Home Office:	FiveStar Quality Care Inc				
	400 Centre Street				
	Newton MA 02458				
	: 			·	



Forum at Deer Creek			Provider Number:	0 253481-00
3001 Deer Creek Blvd			Date:	8/21/2013
Deerfield Beach FL 3344	42		Fiscal Year End:	6/30/2007
			Audit Status:	Field Audited [2]
Provider Type:			Audit Status.	Tield Addited [2]
Trovider Type.		Current	New	Effective
		Rate	Rate	Date
Nursing Home	Single Level	247.21	245.99	4/1/2009
1	Level H: Aids	385.56	384.34	4/1/2009
Rate Type:				
Interim		X Prospectiv	TO.	
	al Interim		Total Prospective	
	rim Component		Prospective Adjusted	for New Costs
	lement based on costs		Total Prospective with	
·	r Provider Prospective data			1
	·	Channes		
Basis:	ļ. ļ	Changes:		
Budget		Licensur	e Rating Change	
Unaudited cost	es l		d Customary Limitation	n
X Field audited o			ate limitation change	_
Field audit - in	iterim portion	FRVS CI	hange	
Desk audited c	-	X Field Au	dit #NH10-055W FY	E 06/30/2007
Desk audit - In			ester Change	
Desk Audit - P	rospective portion	On FRV	[2] as of 06/04/1990	
Distribution:	(m)	76)	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Medicaid Cost	Reimbursement Planr	ning and Finance
Permanent File				
For information	·			
No Change in	Rate			
Home Office:	FiveStar Quality Care Inc		i	
	400 Centre Street		İ	
	Newton MA 02458		I	



Forum at Deer Creek 3001 Deer Creek Blvd			Provider Number:	0 253481-00	
Deerfield Beach FL 33442			Date:	8/20/2013	
			Fiscal Year End:	6/30/2010	
Provider Type:			Audit Status:	Unaudited [3]	
Trovider Type.	_	Current Rate	New Rate	Effective Date	
Nursing Home Single Level		246.85	246.84	1/1/2011	
Level H: Aids	_	391.71	391.70	1/1/2011	
Rate Type :					
Interim	X	Prospective	•		
Total Interim			Total Prospective		
Interim Component		Prospective Adjusted for New Costs			
Settlement based on cos		T	Total Prospective with	Interim Component	
Prior Provider Prospect	tive data	- 			
Basis:	Changes:				
Budget		Licensure	Rating Change		
X Unaudited costs		-	Customary Limitation	n	
Field audited costs		Target Ra	te limitation change		
Field audit - interim portion		FRVS Ch	-		
Desk audited costs Desk audit - Interim Portion	<u> X</u>	-	Field Audit #NH10- ester Change	055W FYE 06/30/2007	
Desk Audit - Prospective portion			2] as of 06/04/1990		
Distribution:		30	Thomas Parker	- 	
Contract Management / Fiscal Agent		dispid Cost	Reimbursement Plann	ing and Finance	
Permanent File	Me	dicaid Cost	Keimoursement Piann	ing and rmance	
For information Only					
No Change in Rate					
Home Office: FiveStar Qualit	ty Care Inc				
400 Centre Stre			:		
Newton MA 024	458		:		



Sarasota Memorial Nursing & Rehabilitation Facilit			Provider Number:	0 260355-00
5640 Rand Blvd.	-		Date:	10/25/2013
Sarasota FL 34238			Fiscal Year End:	9/30/2009
			Audit Status:	Field Audited [2]
Provider Type:				
		urrent	New	Effective
Nursing Home Single Level		Rate 08.94	Rate	Date 7/1/2010
Nursing Home Shigle Level		08.94	<u>206.05</u> _	//1/2010
Level H: Aids	3	52.28	349.39	7/1/2010
Rate Type:				
Interim	P	rospectiv		
Total Interim Interim Component	Total Prospective Prospective Adjusted for New Costs			
Settlement based on costs	Total Prospective with Interim Component			
Prior Provider Prospective data			1 0 001 1 1 0 0 p 0 0 0 1 0 0 0 0 0 0 0	
Basis:	Changes:			
Budget		Licensur	e Rating Change	
Unaudited costs			d Customary Limitatio	n
X Field audited costs		_	ate limitation change	
Field audit - interim portion		FRVS CI	<u> </u>	
Desk audited costs Desk audit - Interim Portion	·		dit NH12- 064W FYI ester Change	E 9/30/2009
Desk Audit - Prospective portion		rate sen	ester Change	
Distribution:		スク	Thomas Parker	
Contract Management / Fiscal Agent	Madi	Ogid Cost	Reimbursement Plant	ning and Finance
Permanent File	Wedi	caiu Cosi	Kennoursement i iam	ing and i mance
For information Only				
No Change in Rate				
Home Office: I - No Home Office			· · · · · · · · · · · · · · · · · · ·	
Home Office.				
			:	



Sarasota Memorial Nursing & Rehabilitation Facilit	Provider Number: 0 260355-00
5640 Rand Blvd.	Date: 10/25/2013
Sarasota FL 34238	Fiscal Year End: 9/30/2009
	Audit Status: Field Audited [2]
Provider Type:	
••	Current New Effective
	Rate Rate Date
Nursing Home Single Level	211.64 208.72 1/1/2011
Level H: Aids	356.50 353.58 1/1/2011
Rate Type:	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Prospective Adjusted for New Costs
Settlement based on costs	Total Prospective with Interim Component
Prior Provider Prospective data	
Basis:	Changes:
Budget	Licensure Rating Change
Unaudited costs	Usual and Customary Limitation
X Field audited costs	Target Rate limitation change
Field audit - interim portion	FRVS Change
Desk audited costs	X Field Audit NH12- 064W FYE 9/30/2009
Desk audit - Interim Portion	Rate Semester Change
Desk Audit - Prospective portion	
<u>Distribution:</u>	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	mande and a south of the southo
For information Only	
No Change in Rate	
Home Office: 1 - No Home Office	
i i	



Carrollwood Care Ce	enter			Provider Number:	0 263877-00
15002 Hutchinson Ro	oad	_		Date:	8/12/2013
Tampa FL 33625		_		Fiscal Year End:	1/31/2010
				Audit Status:	Field Audited [2]
Provider Type:					
••			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	_	188.03	<u> 187.60</u> _	7/1/2010
	Level H: Aids	-	331.37	330.94	7/1/2010
Rate Type :					
Interim		X	Prospective		
	Total Interim			Total Prospective	S Nov. Co. of
·	nterim Component bettlement based on costs	•		Prospective Adjusted for Fotal Prospective with	
· ——	rior Provider Prospective data			Total Flospective with	miernii Component
Basis:		Changes	•		
Budget			Licensure	Rating Change	
Unaudited c	eosts		_	Customary Limitation	1
X Field audite				te limitation change	•
Field audit	- interim portion		FRVS Ch	ange	
Desk audite		X	_	lit #NH11- 152C FYE	E 1/31/2010
	Interim Portion	-	Rate Seme	ester Change	
. 	- Prospective portion		$\overline{}$		
Distribution:	(m)	~	10	Thomas Parker	
-	ment / Fiscal Agent	Me	edicaid Cost	Reimbursement Planni	ing and Finance
Permanent File	24 O1				•
For informa	•				
No Change	e in Kate				
Home Office:	1 - No Home Office				
) 			į	



Carrollwood Care Center				Provider Number:	0 263877-00
15002 Hutchinson Road		_		Date:	8/12/2013
Tampa FL 33625				Fiscal Year End:	1/31/2010
				Audit Status:	Field Audited [2]
Provider Type:					
			Current	New	Effective
N I II G			Rate	Rate	Date
Nursing Home S	ingle Level		<u>190.34</u>	<u> 189.91</u> _	1/1/2011
Le	evel H: Aids		_335.20_	334.77	1/1/2011
·				· · · · · · · · · · · · · · · · · · ·	
•					
Rate Type :		,			
Interim		X	Prospective	e	
Total	Interim			Total Prospective	
Interio	n Component		F	Prospective Adjusted 1	for New Costs
	ment based on costs		T	Total Prospective with	Interim Component
Prior I	Provider Prospective data				· · · · · · · · · · · · · · · · · · ·
Basis:		Change	es:		
Budget				Rating Change	
Unaudited costs X Field audited cost				Customary Limitation te limitation change	1
Field audit - inte			FRVS Cha		
Desk audited cos	-	X		iii #NH11- 152C FYI	E 1/31/2010
Desk audit - Inter				ester Change	3 1/21/2010
Desk Audit - Pro	spective portion)	
Distribution:			_)//	/ Thomas Parker	
Contract Management	/ Fiscal Agent	<u></u>	Medicaid Cost	Reimbursement Plann	ing and Finance
Permanent File					
For information	Only				•
No Change in R	ate				
Home Office:	1 - No Home Office	NA			
Tionic Office.	I I				
				w voya	



Carrollwood Care Center		Provider Number:	0 2638	77-00
15002 Hutchinson Road		Date:	8/12/2	2013
Tampa FL 33625		Fiscal Year End:	1/31/2	2010
		Audit Status:	Field Aud	lited [2]
Provider Type:				
	Current	New	Effective	
NY 1 TY GO TO T	Rate	Rate	Date	_
Nursing Home Single Level	184.29	<u> 183.88</u> _	7/1/2011	
Level H: Aids	330.49	330.08	7/1/2011	
Rate Type:	X Prospective	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
Total Interim		Total Prospective		
Interim Component		Prospective Adjusted f	or New Costs	
Settlement based on costs		Total Prospective with		nent
Prior Provider Prospective data				
Basis: Ch	anges:			
		n d Gl		
BudgetUnaudited costs		Rating Change Customary Limitation		
X Field audited costs		te limitation change		
Field audit - interim portion	FRVS Cha			
Desk audited costs	X Field Aud	it #NH11- 152C FYI	E 1/31/2010	
Desk audit - Interim Portion	Rate Seme	ster Change		
Desk Audit - Prospective portion				
Distribution:	1/3/	Thomas Parker		
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plann	ing and Finance	,
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
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St. Mark Village, Inc.		Provider Number:	0 310841-00		
2655 Nebraska Avenue	Date:		8/23/2013		
Palm Harbor FL 34684		Fiscal Year End:	12/31/2006		
		Audit Status:	Field Audited [2]		
Provider Type:	Curre Rate		Effective Date		
Nursing Home Single Level	184.	19 177.28	1/1/2007		
Level H: Aids	313.	79 306.88	1/1/2007		
Rate Type :					
Interim	X Prosp	ective			
Total Interim		Total Prospective			
Interim Component	Prospective Adjusted for New Costs				
X Settlement based on costs		Total Prospective wit	th Interim Component		
Prior Provider Prospective data					
Basis:	Changes:				
Budget	Lice	ensure Rating Change			
Unaudited costs		al and Customary Limitation	o n		
X Field audited costs		get Rate limitation change			
Field audit - interim portion	FRV	S Change			
Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	Rate	d Audit #NH11-103W FY Semester Change FRV [2] as of 08/15/2005	YE 12/31/06		
Distribution:	- $ -$	Thomas Parker			
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance		
Permanent File			•		
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office					



St. Mark Village, Inc.				Provider Number:	0 310841-00
2655 Nebraska Avenue	e			Date:	8/23/2013
Palm Harbor FL 34684	1			Fiscal Year End:	12/31/2006
				Audit Status:	Field Audited [2]
Provider Type:				Audit Status.	Tiola radica [2]
- , p			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	<u></u>	189.12	182.20	2/1/2007
	Level H: Aids		318.72	311.80	2/1/2007
					<u> </u>
•					
		· · · · · · · · · · · · · · · · · · ·			
Rate Type :					
Interim		X	Prospective	e	
To	otal Interim		˙ <u></u>	Total Prospective	
In	terim Component		F	Prospective Adjusted f	for New Costs
X Se	ttlement based on costs		1	Total Prospective with	Interim Component
Pri	ior Provider Prospective data				
Basis:		Changes:			
			-		
Budget				Rating Change	
Unaudited co				Customary Limitation	1
X Field audited				te limitation change	
	interim portion		FRVS Cha	•	10/01/06
Desk audited	nterim Portion	<u> X</u>		lit #NH11-103W FYI ester Change	£ 12/31/00
	Prospective portion			2] as of 08/15/2005	
Distribution:			7	Thomas Parker	
Contract Managem	ent / Fiscal Agent	Med	dicaid Cost l	Reimbursement Plann	ing and Finance
Permanent File			alcula Cost I	·	ing and I manee
For informat	ion Only				
No Change i	n Rate				
Home Office:	1 - No Home Office				
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St. Mark Village, Inc.		Provider Number:	0 310841-00	
2655 Nebraska Avenue	Date:		8/23/2013	
Palm Harbor FL 34684		Fiscal Year End:	12/31/2006	
		Audit Status:	Field Audited [2]	
Provider Type:				
••	Current	New	Effective	
	Rate	Rate	Date	
Nursing Home Single Level	184.19	<u>177.28</u> _	3/1/2007	
Level H: Aids	313.79	306.88	3/1/2007	
Rate Type:			- · · · - · · · - · · · - · · · - ·	
Interim	X Prospective			
Total Interim		otal Prospective		
Interim Component	Prospective Adjusted for New Costs			
X Settlement based on costs	Total Prospective with Interim Component			
Prior Provider Prospective data				
Basis:	Changes:			
Budget	Licensure I	Rating Change		
Unaudited costs		Customary Limitatio	on	
X Field audited costs		e limitation change		
Field audit - interim portion	FRVS Char	nge		
Desk audited costs		t #NH11-103W FY	E 12/31/06	
Desk audit - Interim Portion Desk Audit - Prospective portion	Rate Semes	ster Change] as of 08/15/2005		
Distribution:		Thomas Parker		
Contract Management / Fiscal Agent				
Permanent File	Medicaid Cost R	Reimbursement Plan	ning and Finance	
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
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St. Mark Village, Inc.	_		Provider Number:	0 31084	1-00
2655 Nebraska Avenue	_		Date:	8/23/20	013
Palm Harbor FL 34684	_		Fiscal Year End:	12/31/2	006
			Audit Status:	Field Audi	
Provider Type:			Audit Status.	Ticla Add	ited [2]
Trovider Type.		Current	New	Effective	
		Rate	Rate	Date	_
Nursing Home Single Level		188.25	<u> 178.89</u> _	7/1/2007	-
Level H: Aids	_	320.19	310.83	7/1/2007	
Rate Type :					
Interim	X	Prospective	e		
Total Interim			Total Prospective	•	
Interim Component			Prospective Adjusted f		
X Settlement based on costs		7	Total Prospective with	Interim Compos	nent
Prior Provider Prospective data					
Basis:	Changes:				
Budget		Licensure	Rating Change		
Unaudited costs			Customary Limitation	1	
X Field audited costs			te limitation change	•	
Field audit - interim portion		FRVS Cha	ange		
Desk audited costs	X	Field Aud	lit #NH11-103W FYI	E 12/31/06	
Desk audit - Interim Portion			ester Change		
Desk Audit - Prospective portion		On FRV [2	2] as of 08/15/2005		
<u>Distribution:</u>			Thomas Parker		
Contract Management / Fiscal Agent	Med	icaid Cost l	Reimbursement Plann	ing and Finance	
Permanent File					
For information Only					
No Change in Rate					
Home Office: 1 - No Home Office		·			
Tome Office.					
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St. Mark Village, Inc					Provider Number:	0 310841-00
2655 Nebraska Aven					Date:	8/23/2013
Palm Harbor FL 3468	84				Fiscal Year End:	12/31/2006
					Audit Status:	Field Audited [2]
Provider Type:						
				Current	New	Effective
Name II	Cincle I and			Rate	Rate	Date
Nursing Home	Single Level			187.28	<u> 178.14</u> _	1/1/2008
	Level H: Aids		_	321.28	312.14	1/1/2008
Rate Type :	··			·		·
Interim			X	Prograative		
	Total Interim			Prospective 7	Total Prospective	
	nterim Component				rospective Adjusted f	or New Costs
$\overline{\mathbf{x}}$ s	Settlement based on costs			Т	otal Prospective with	Interim Component
P	Prior Provider Prospective data					
Basis:			Changes:			
Budget				Licensure	Rating Change	
Unaudited o	osts				Customary Limitation	1
X Field audite	ed costs				e limitation change	
	- interim portion			FRVS Cha	•	
Desk audite	d costs Interim Portion		X		it #NH11-103W FYI ster Change	E 12/31/06
	- Prospective portion				2] as of 08/15/2005	
Distribution:		. ! =		7	Thomas Parker	
Contract Manage	ment / Fiscal Agent		Med	licaid Cost I	Reimbursement Plann	ing and Finance
Permanent File			11100			ing und i munot
For information	·					
No Change	e in Rate					
Home Office:	1 - No Home Office				:	
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St. Mark Village, Inc.	•			Provider Number:	0 310841-00
2655 Nebraska Aveni		-		Date:	8/23/2013
Palm Harbor FL 3468	34	-		Fiscal Year End:	12/31/2006
				Audit Status:	Field Audited [2]
Provider Type:					
• •		•	Current	New	Effective
NT TT			Rate	Rate	Date
Nursing Home	Single Level	_	188.75	<u> 179.80</u> _	7/1/2008
	Level H: Aids		325.03	316.08	7/1/2008
Rate Type:		,			
Interim		X	Prospective	•	
	otal Interim			Cotal Prospective	
	nterim Component			rospective Adjusted f	
	ettlement based on costs rior Provider Prospective data		1	Total Prospective with	Interim Component
	noi Fiovidei Fiospective data				
Basis:		Changes	<u>:</u>]		
D 111			Licensure	Rating Change	
Budget Unaudited co	osts			Customary Limitation	
X Field audited			_	e limitation change	
	interim portion		FRVS Cha	_	
Desk audited	l costs	X	Field Aud	it #NH11-103W FYF	2 12/31/06
	Interim Portion			ster Change	
	Prospective portion			2] as of 08/15/2005	
Distribution:		/	10	Thomas Parker	
	ment / Fiscal Agent	Me	dicaid Cost I	Reimbursement Planni	ng and Finance
Permanent File					
For informa	-				
No Change	in Rate				
Home Office:	1 - No Home Office				
				!	



St. Mark Village, Inc.			Provider Number:	0 310841-00
2655 Nebraska Avenue			Date:	8/28/2013
Palm Harbor FL 34684			Fiscal Year End:	12/31/2006
			Audit Status:	Field Audited [2]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level	_	188.62	180.95	1/1/2009
Level H: Aids		326.97	319.30	1/1/2009
Rate Type:				
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data Basis:	X Changes:	7 T	otal Prospective rospective Adjusted for all Prospective with	
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 Target Rat FRVS Cha Field Aud Rate Seme	Rating Change Customary Limitation e limitation change inge it #NH11-103W FYE ster Change a sof 08/15/2005	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent Permanent FileFor information OnlyNo Change in Rate	Med	dicaid Cost l	Reimbursement Planni	ing and Finance
Home Office: 1 - No Home Office				



St. Mark Village, Inc.			Provider Number:	0 310841-00
2655 Nebraska Avenue			Date:	8/23/2013
Palm Harbor FL 34684			Fiscal Year End:	12/31/2006
			Audit Status:	Field Audited [2]
Provider Type:			riadit Status.	110,011,00,000 [2]
		Current	New	Effective
	,	Rate	Rate	Date
Nursing Home Single Level		172.81	165.78	3/1/2009
Level H: Aids		311.16	304.13	3/1/2009
Rate Type:	····			
Interim	X	Prospective	•	
Total Interim		7	Total Prospective	
Interim Component		F	rospective Adjusted f	or New Costs
X Settlement based on costs		7	Cotal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
Budget		Licensure	Rating Change	
Unaudited costs			Customary Limitation	1 .
X Field audited costs			e limitation change	
Field audit - interim portion		FRVS Cha	ange	
Desk audited costs	<u> X</u>		it #NH11-103W FYE	E 12/31/06
Desk audit - Interim Portion Desk Audit - Prospective portion			ster Change 2] as of 08/15/2005	
Distribution:				
	Ĵ	0	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost l	Reimbursement Planni	ing and Finance
Permanent File				
For information Only				•
No Change in Rate				
Home Office: 1 - No Home Office				



St. Mark Village, Inc.			Provider Number:	0 310841-00
2655 Nebraska Avenue			Date:	8/23/2013
Palm Harbor FL 34684			Fiscal Year End:	12/31/2006
			Audit Status:	Field Audited [2]
Provider Type:		-		
		Current Rate	New Rate	Effective Date
Nursing Home Single Level	·	203.80	195.69	4/1/2009
ivating from Single Level		203.00		4/1/2009
Level H: Aids	****	342.15	334.04	4/1/2009
Rate Type :				
Interim	X	Prospective	•	
Total Interim		-	otal Prospective	
Interim Component			rospective Adjusted f	for New Costs
X Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
		I iconcura l	Patina Changa	
Budget Unaudited costs			Rating Change Customary Limitation	•
X Field audited costs			e limitation change	
Field audit - interim portion		FRVS Cha		
Desk audited costs	X		t #NH11-103W FYI	E 12/31/06
Desk audit - Interim Portion			ster Change	
Desk Audit - Prospective portion		On FRV [2] as of 08/15/2005	
Distribution:		8	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost R	eimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office			 , .	
Tome Office.				



St. Mark Village, Inc.			Provider Number:	0 310841-00
2655 Nebraska Avenue			Date:	8/23/2013
Palm Harbor FL 34684			Fiscal Year End:	12/31/2006
			Audit Status:	Field Audited [2]
Provider Type:				
		Current	New	Effective
N . II		Rate	Rate	Date
Nursing Home Single Level		205.83	196.10	7/1/2009
Level H: Aids	· .	346.18	336.45	7/1/2009
Rate Type:			,	
Interim	X	Prospective		
Total Interim		То	tal Prospective	
Interim Component		Pro	ospective Adjusted f	or New Costs
X Settlement based on costs		То	tal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
		T	CI.	
Budget Unaudited costs			ating Change	_
X Field audited costs			ustomary Limitatior limitation change	1
Field audit - interim portion		FRVS Chan		
Desk audited costs	X		#NH11-103W FYI	E 12/31/06
Desk audit - Interim Portion		Rate Semest		
Desk Audit - Prospective portion		On FRV [2]	as of 08/15/2005	
Distribution:)// ·	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost Re	eimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				



St. Mark Village, Inc.				Provider Number:	0 310841-00
2655 Nebraska Avenue				Date:	8/23/2013
Palm Harbor FL 34684		<u>——</u>		Fiscal Year End:	12/31/2008
				Audit Status:	Field Audited [2]
Provider Type:					
			Current	New	Effective
N			Rate	Rate	Date
Nursing Home Sing	gle Level		196.71	195.08	1/1/2010
Leve	l H: Aids		338.63	337.00	1/1/2010
Rate Type :			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Interim		X	Prospective		
Total Int	erim		X T	otal Prospective	
	Component			rospective Adjusted f	
 	nt based on costs		T	otal Prospective with	Interim Component
Prior Pro	vider Prospective data				
Basis:		Change	es:		
D			Licongue	Ratina Changa	
Budget Unaudited costs		-		Rating Change Customary Limitation	1
X Field audited costs				e limitation change	1
Field audit - interim	portion		FRVS Cha	nge	
Desk audited costs		X			103W FYE 12/31/06
Desk audit - Interim Desk Audit - Prospe			Rate Semes	ster Change] as of 08/15/2005	
Distribution:] as 01 00/13/2003	
			10-	Thomas Parker	
Contract Management / F	iscal Agent	I	Medicaid Cost R	eimbursement Plann	ing and Finance
Permanent File For information Or	dez				
No Change in Rate					
Home Office:	- No Home Office				
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St. Mark Village, Inc.			Provider Number:	0 310841-00
2655 Nebraska Avenue	-		Date:	8/23/2013
Palm Harbor FL 34684	-		Fiscal Year End:	12/31/2008
			Audit Status:	Field Audited [2]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level		Rate 196.82	Rate	Date 7/1/2010
Single Level		190.02	195.19	//1/2010
Level H: Aids	_	340.16	338.53	7/1/2010
Rate Type :				
Interim	<u> X</u>	Prospectiv	e	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted for	
Settlement based on costs Prior Provider Prospective data			Total Prospective with	Interim Component
		1		
Basis:	Changes:	j		
Dudant	:	Licensure	Rating Change	
Budget Unaudited costs			Customary Limitation	1
X Field audited costs			te limitation change	•
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X		Field Audit #NH11-1	103W FYE 12/31/06
Desk audit - Interim Portion Desk Audit - Prospective portion			ester Change 2] as of 08/15/2005	
Distribution:			2] 43 01 00/13/2003	
		0	Thomas Parker	
Contract Management / Fiscal Agent Permanent File	Med	licaid Cost	Reimbursement Planni	ng and Finance
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				
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St. Mark Village, Inc.			Provider Number:	0 310841-00
2655 Nebraska Avenue			Date:	8/23/2013
Palm Harbor FL 34684	•		Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:	*			
• • • • • • • • • • • • • • • • • • •	•	Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level	·	213.41		1/1/2011
Level H: Aids		358.27	356.60	1/1/2011
Rate Type:				
Interim	X	Prospectiv	e	
Total Interim		X	Total Prospective	
Interim Component			Prospective Adjusted f	or New Costs
Settlement based on costs			Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
		•		
Budget		Licensure	Rating Change	•
XUnaudited costs			Customary Limitation	1
Field audited costs		-	te limitation change	
Field audit - interim portion		FRVS Ch	•	
Desk audited costs Desk audit - Interim Portion	X		f Field Audit #NH11- ester Change	103W FYE 12/31/06
Desk Audit - Prospective portion			2] as of 08/15/2005	
Distribution:		2	Thomas Parker	
Contract Management / Fiscal Agent	Med	ionid Cost	Reimbursement Plann	ing and Finance
Permanent File	Men	icaid Cost	Keimoursement Flaim	ing and Phiance
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				



St. Mark Village, Inc.			Provider Number:	0 310841-00
2655 Nebraska Avenue			Date:	8/23/2013
Palm Harbor FL 34684			Fiscal Year End:	12/31/2009
			Audit Status:	Unaudited [3]
Provider Type:	,			
		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		203.85	202.25	7/1/2011
Level H: Aids		350.05	348.45	7/1/2011
Rate Type:	· · · · · · · · · · · · · · · · · · ·	de ·		
Interim	X	Prospective		
Total Interim	,	<u>X</u> T	Total Prospective	
Interim Component			Prospective Adjusted f	
Settlement based on costs		T	otal Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
P. 1		Licensure	Rating Change	
Budget X Unaudited costs			Customary Limitation	
Field audited costs			e limitation change	
Field audit - interim portion		FRVS Cha	=	
Desk audited costs	X	Effects of	Field Audit #NH11-1	103W FYE 12/31/06
Desk audit - Interim Portion			ster Change	
Desk Audit - Prospective portion		On FRV [2	2] as of 08/15/2005	
Distribution:		7//	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost I	Reimbursement Planni	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				



2655 Nebraska Avenue Palm Harbor FL 34684 Fiscal Year End: 12/31/20 Audit Status: Unaudited Provider Type: Current New Effective Rate Rate Date	0
Palm Harbor FL 34684 Fiscal Year End: 12/31/20 Audit Status: Unaudited Provider Type: Current New Effective	
Provider Type: Current New Effective	[3]
Provider Type: Current New Effective	
Rate Rate Date	
No. 11 Ct 1 T	
Nursing Home Single Level 205.31 203.67 1/1/2012	
Level H: Aids 352.92 351.28 1/1/2012	
Rate Type:	. .
Interim X Prospective	
Total Interim X Total Prospective Interim Component Prospective Adjusted for New Costs	
Settlement based on costs Settlement based on costs Total Prospective with Interim Compone	nt
Prior Provider Prospective data	
Basis: Changes:	
Budget Licensure Rating Change	
X Unaudited costs Usual and Customary Limitation	
Field audited costs Target Rate limitation change	
Field audit - interim portion FRVS Change	
Desk audited costs X Effects of Field Audit #NH11-103W FYE 12/31	06
Desk audit - Interim Portion Rate Semester Change	
Desk Audit - Prospective portion On FRV [2] as of 08/15/2005	
<u>Distribution:</u> Thomas Parker	
Contract Management / Fiscal Agent Medicaid Cost Reimbursement Planning and Finance	
Permanent File	
For information Only	
No Change in Rate	
Home Office: 1 - No Home Office	



St. Mark Village, Inc.		Provider Number:	0 310841-00
2655 Nebraska Avenue		Date:	8/23/2013
Palm Harbor FL 34684		Fiscal Year End:	12/31/2011
		Audit Status:	Unaudited [3]
Provider Type:			
	Curre Rate	-	Effective Date
Nursing Home Single Level	214.0		7/1/2012
Level H: Aids	363.2	28 361.58	7/1/2012
Rate Type:			
Interim	X Prosp	ective	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
Settlement based on costs		Total Prospective with	n Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
Budget	Lice	nsure Rating Change	
X Unaudited costs		l and Customary Limitatio	n
Field audited costs	· · · · · · · · · · · · · · · · · · ·	et Rate limitation change	
Field audit - interim portion	FRV	S Change	
Desk audited costs	1	cts of Field Audit #NH11-	-103W FYE 12/31/06
Desk audit - Interim Portion		Semester Change	
Desk Audit - Prospective portion	ł	RV [2] as of 08/15/2005	
<u>Distribution:</u>	10	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plann	ning and Finance
Permanent File	•		
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
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St. Mark Village, Inc.			Provider Number:	0 310841-00	
2655 Nebraska Avenue			Date:	8/23/2013	
Palm Harbor FL 34684			Fiscal Year End:	12/31/2011	
			Audit Status:	Unaudited [3]	
Provider Type:		Comment		T.CC. A'	
		Current Rate	New Rate	Effective Date	
Nursing Home Single Level	-	215.90	214.15	1/1/2013	
Level H: Aids		366.71	364.96	1/1/2013	
Rate Type:					
Interim	· X	Prospective	2		
Total Interim	 		Total Prospective		
Interim Component	Prospective Adjusted for New Costs				
Settlement based on costs	Total Prospective with Interim Component				
Prior Provider Prospective data					
Basis:	Changes	:]			
Budget		Licensure	Rating Change		
X Unaudited costs			Customary Limitation	' 1	
Field audited costs			te limitation change		
Field audit - interim portion		FRVS Cha	ange		
Desk audited costs	X	_	Field Audit #NH11-	103W FYE 12/31/06	
Desk audit - Interim Portion			ester Change		
Desk Audit - Prospective portion		On FRV [2] as of 08/15/2005		
<u>Distribution:</u> Contract Management / Fiscal Agent		20°	Thomas Parker		
Permanent File	Μ́є	dicaid Cost	Reimbursement Plann	ing and Finance	
For information Only					
No Change in Rate					
No Change in Rate					
Home Office: 1 - No Home Office					
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St. Mark Village, Inc.	•		Provider Number:	0 310841-00
2655 Nebraska Avenue			Date:	8/23/2013
Palm Harbor FL 34684			Fiscal Year End:	12/31/2011
			Audit Status:	Unaudited [3]
Provider Type:			· ·	
•		Current	New	Effective
N	_	Rate	Rate	Date
Nursing Home Single Level		220.15	<u>218.34</u> _	7/1/2013
Rate Type: Interim Total Interim Interim Component	X	P	otal Prospective rospective Adjusted fo	
Settlement based on costs Prior Provider Prospective data			otal Prospective with	Interim Component
Basis:	Changes:			
Budget X Unaudited costs Field audited costs Field audit - interim portion Desk audited costs Desk audit - Interim Portion Desk Audit - Prospective portion	X	Usual and Target Rat FRVS Cha Effects of Rate Seme	Rating Change Customary Limitation e limitation change ange Field Audit #NH11-1 ster Change as of 08/15/2005	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate Home Office: 1 - No Home Office	Med	dicaid Cost I	Reimbursement Planni	ng and Finance



Manatee Springs Care & Rehabilitation		Provider Number:	0 316610-00		
5627 9th Street East		Date:	9/19/2013		
Bradenton FL 34203		Fiscal Year End:	6/30/2006		
		Audit Status:	Field Audited [2]		
Provider Type:					
	Curren	nt New	Effective		
	Rate		Date		
Nursing Home Single Level	180.5	<u>168.49</u>	1/1/2007		
Level H: Aids	310.1	7 298.09	1/1/2007		
Rate Type:	T / D	.•			
Interim Table Interim	X Prospe				
Total Interim Interim Component	Total Prospective Prospective Adjusted for New Costs				
X Settlement based on costs	Total Prospective with Interim Component				
Prior Provider Prospective data					
Basis:	Changes:				
Dasis.	Changes.				
Budget	Lice	nsure Rating Change			
Unaudited costs		l and Customary Limitation	on		
X Field audited costs	·	et Rate limitation change			
Field audit - interim portion	FRV	S Change			
Desk audited costs		Audit #NH10-001C FY	E 6/30/06		
Desk audit - Interim Portion Desk Audit - Prospective portion		Semester Change RV [2] as of 07/01/1987			
		(2) 43 01 07/01/1907			
Distribution:	1	Thomas Parker			
Contract Management / Fiscal Agent	Medicaid	Cost Reimbursement Plan	ning and Finance		
Permanent File					
For information Only					
No Change in Rate					
Home Office: Senior Care Group, Inc.					
Kathy Chudow		ē i			
1240 Marbella Plaza Drive					
Tampa FL 33619					



Manatee Springs Care & Rehabilitation	Provider Number: 0 316610-00			
5627 9th Street East	Date: 9/19/2013			
Bradenton FL 34203	Fiscal Year End: 6/30/2006			
	Audit Status: Field Audited [2]			
Provider Type:				
	Current New Effective			
No des House Charle Lorel	Rate Rate Date			
Nursing Home Single Level	<u>186.06</u> <u>173.85</u> <u>2/1/2007</u>			
Level H: Aids	315.66 303.45 2/1/2007			
Rate Type:				
Interim	X Prospective			
Total Interim	Total Prospective			
Interim Component X Settlement based on costs	Prospective Adjusted for New Costs Total Prospective with Interim Component			
X Settlement based on costs Prior Provider Prospective data	1 otal Prospective with internal Component			
Basis:	Changes:			
Budget	Licensure Rating Change			
Unaudited costs	Usual and Customary Limitation			
X Field audited costs	Target Rate limitation change			
Field audit - interim portion	FRVS Change			
Desk audited costs	X Field Audit #NH10-001C FYE 6/30/06			
Desk audit - Interim Portion	Rate Semester Change			
Desk Audit - Prospective portion	On FRV [2] as of 07/01/1987			
Distribution:	Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance			
Permanent File				
For information Only				
No Change in Rate				
Home Office: Senior Care Group, Inc.				
Kathy Chudow				
1240 Marbella Plaza Drive				
Tampa FL 33619				



Manatee Springs Care & Rehabilitation	Provider Number:	0 316610-00
5627 9th Street East	Date:	9/19/2013
Bradenton FL 34203	Fiscal Year End:	6/30/2006
	Audit Status:	Field Audited [2]
Provider Type:		· -
	Current New Rate Rate	Effective Date
Nursing Home Single Level	180.57 168.49	3/1/2007
Level H: Aids	310.17 298.09	3/1/2007
Interim Total Interim Interim Component X Settlement based on costs Prior Provider Prospective data	X Prospective Total Prospective Prospective Adjusted for Total 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	Licensure Rating Change Usual and Customary Limitation Target Rate limitation change FRVS Change X Field Audit #NH10-001C FYE Rate Semester Change On FRV [2] as of 07/01/1987	
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		



Laurellwood Nursing C	enter, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue No	rth		Date: 11/25/2013		11/25/2013
St. Petersburg FL 33714	4			Fiscal Year End:	5/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	162.02	158.81	1/1/2007
	Level H: Aids	-	291.62	288.41	1/1/2007
Rate Type :			<u> </u>		·
<u> </u>			.		•
X Interim	tal Interim	<u> </u>	Prospective	e Fotal Prospective	
	erim Component	Prospective Adjusted for New Costs			
	tlement based on costs	Total Prospective with Interim Component			
	or Provider Prospective data			•	•
Basis:		Changes:			
<u></u>			J		
Budget			Licensure	Rating Change	
Unaudited cos				Customary Limitation	1
X Field audited			•	te limitation change	
Field audit - in	•		FRVS Ch		- (0.4 (0.0 O.F.)
Desk audited o	and the second s	X		lit #NH10-007C FYE ester Change	5/31/2007
	rospective portion			2] as of 06/01/1996	
Distribution:			2	Thomas Parker	
Contract Manageme	ent / Fiscal Agent		disaid Cost	· · · · · · · · · · · · · · · · · · ·	ing and Finance
Permanent File		Me	ilcald Cost	Reimbursement Plann	ing and rinance
For information	on Only				
No Change in	·				
Home Office:	Senior Care Group, Inc.				
Tiome office.	Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				
	1 1				



Laurellwood Nursing Center, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue North			Date:	10/30/2013
St. Petersburg FL 33714			Fiscal Year End:	5/31/2007
			Audit Status:	Field Audited [2]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level	<u>-</u>	Rate 164.52	Rate	Date 6/1/2007
Truising frome Single Level	-	104.52	<u>160.62</u>	0/1/200/
Level H: Aids		294.12	290.22	6/1/2007
Rate Type:				
Interim	X	Prospective	e	
Total Interim			Total Prospective	
Interim Component			Prospective Adjusted f	
X Settlement based on costs		` <u></u>	Total Prospective with	Interim Component
Prior Provider Prospective data				•
Basis:	Changes			
Dudget		Licensure	Rating Change	
Budget Unaudited costs		-	Customary Limitation	1
X Field audited costs		_	te limitation change	
Field audit - interim portion		FRVS Ch	ange	
Desk audited costs	X	_	lit #NH10-007C FYE	5/31/2007
Desk audit - Interim Portion			ester Change 2] as of 06/01/1996	
Desk Audit - Prospective portion	ــــــــــــــــــــــــــــــــــــــ		2] as of 00/01/1990	
Distribution:	•	10	Thomas Parker	_
Contract Management / Fiscal Agent	Me	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: Senior Care Group, Inc.			:	
Kathy Chudow				
1240 Marbella Plaza Driv	e			
Tampa FL 33619				



Laurellwood Nursing	Center, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue N				Date:	11/25/2013
St. Petersburg FL 337	14			Fiscal Year End:	5/31/2007
				Audit Status:	Field Audited [
Provider Type:					
			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	173.78	166.58	7/1/2007
	Single Level		173.76	100.38	7/1/2007
	Level H: Aids	_	305.72	298.52	7/1/2007
Rate Type :					
· · · · · · · · · · · · · · · · · · ·					
Interim	-4-1 Tu4	X	Prospective		
	otal Interim terim Component	Total Prospective Prospective Adjusted for New Costs			
	ettlement based on costs	Total Prospective with Interim Component			
	ior Provider Prospective data			F	r
Basis:		Changes			
			J		
Budget			Licensure	Rating Change	
Unaudited co	j			Customary Limitation	n
X Field audited	!		-	te limitation change	
Desk audited	interim portion		FRVS Ch	ange lit #NH10-007C FYE	E/21/2007
	Interim Portion	<u>X</u>		ester Change	3/31/2007
	Prospective portion			2] as of 06/01/1996	
Distribution:		,	7-8	Thomas Parker	
Contract Managem	nent / Fiscal Agent		dissid Cost	Reimbursement Plann	ing and Finance
Permanent File		Wie	dicaid Cost	Kelmoursement Plann	ing and rmance
For informat	tion Only				
No Change	in Rate				
Home Office:	Senior Care Group, Inc.		- · · · · · · · · · · · · ·		
	Kathy Chudow				
	1240 Marbella Plaza Drive			; ;	
	Tampa FL 33619				



Laurellwood Nursing Ce	nter, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue Nort	th			Date:	11/25/2013
St. Petersburg FL 33714				Fiscal Year End:	5/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level	· <u>-</u>	172.61	165.45	1/1/2008
	0				
·	Level H: Aids	· -	306.61	299.45	1/1/2008
Rate Type :		·			
Interim		X	Prospective	e '	
Tota	l Interim	Total Prospective			
	rim Component	Prospective Adjusted for New Costs			
	ement based on costs	Total Prospective with Interim Component			
Prior	Provider Prospective data				
Basis:		Changes			
Budget			Licensure	Rating Change	
Unaudited costs			-	Customary Limitation	1
X Field audited co	1			te limitation change	-
Field audit - int	erim portion		FRVS Ch	ange	
Desk audited co		X		lit #NH10-007C FYE	5/31/2007
Desk audit - Interpretation	:			ester Change	
Distribution:	ospective portion			2] as of 06/01/1996	
			10	Thomas Parker	
Contract Managemer	nt / Fiscal Agent	Me	dicaid Cost	Reimbursement Planni	ing and Finance
Permanent File For information	n Only				
	•				
No Change in	Kate				
Home Office:	Senior Care Group, Inc.			· · · · · · · · · · · · · · · · · · ·	
	Kathy Chudow				
	1240 Marbella Plaza Drive Tampa FL 33619				
	Tampa TL 33019				•



Laurellwood Nursing C		- -		Provider Number:	0 316628-00
3127 - 57th Avenue No	- 	-		Date:	11/1/2013
St. Petersburg FL 3371	4	_		Fiscal Year End:	5/31/2007
				Audit Status:	Field Audited [2]
Provider Type:		-	Current Rate	New Rate	Effective Date
Nursing Home	Single Level		174.65	167.48	7/1/2008
	Level H: Aids		310.93	303.76	7/1/2008
[
Rate Type :					
Interim		X	Prospective	;	
To	tal Interim		7	Total Prospective	
Inte	erim Component	Prospective Adjusted for New Costs			or New Costs
	tlement based on costs		T	otal Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
			-		
Budget	, 			Rating Change	
Unaudited cos X Field audited				Customary Limitation te limitation change	1
	nterim portion		FRVS Cha		
Desk audited	_	X		ge it #NH10-007C FYE	5/31/2007
	nterim Portion			ster Change	
Desk Audit - F	Prospective portion		On FRV	2] as of 06/01/1996	
Distribution:			7	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost l	Reimbursement Plann	ing and Finance
Permanent File					
For informati	•				
No Change in	n Rate				
Home Office:	Senior Care Group, Inc.				
2	Kathy Chudow				
	1240 Marbella Plaza Drive			3 1 1	
	Tampa FL 33619			i	



Laurellwood Nursing Center, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue North			Date:	11/1/2013
St. Petersburg FL 33714			Fiscal Year End:	5/31/2007
			Audit Status:	Field Audited [2]
Provider Type:				
		Current	New	Effective
Numina Hama Cinala Land		Rate	Rate	Date
Nursing Home Single Level	******	174.95	169.70	1/1/2009
Level H: Aids		313.30	308.05	1/1/2009
Rate Type:				
Interim	X	Prospective		
Total Interim			otal Prospective	
Interim Component	Prospective Adjusted for New Costs Total Prospective with Interim Component			
X Settlement based on costs Prior Provider Prospective data		,1	otal Prospective with	Interim Component
		T	 	
Basis:	Changes:	j		
Budget		Licensure	Rating Change	
Unaudited costs			Customary Limitation	1
X Field audited costs			e limitation change	
Field audit - interim portion		FRVS Cha	inge	
Desk audited costs	<u>X</u>		it #NH10-007C FYE	5/31/2007
Desk audit - Interim Portion Desk Audit - Prospective portion			ster Change] as of 06/01/1996	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent		Cook I	······································	:
Permanent File	Med	icaid Cost i	Reimbursement Plann	ing and Finance
For information Only				
No Change in Rate				
Home Office: Senior Care Group, Inc.				
Kathy Chudow 1240 Marbella Plaza Drive				
Tampa FL 33619				



Laurellwood Nursing C	Center, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue North				Date:	11/1/2013
St. Petersburg FL 3371	4			Fiscal Year End:	5/31/2007
				Audit Status:	Field Audited [2]
Provider Type:					
			Current	New	Effective
Name II	C'arte I are al		Rate	Rate	Date
Nursing Home	Single Level		160.29		3/1/2009
	Level H: Aids		298.64	293.83	3/1/2009
				,	
Rate Type :					
Interim		X	Prospective	e	
То	tal Interim	·	7	Total Prospective	
Int	erim Component		F	Prospective Adjusted f	or New Costs
X Set	tlement based on costs		7	Total Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
Unaudited cos	sts			Customary Limitation	1
X Field audited				te limitation change	•
Field audit - i	nterim portion		FRVS Cha	ange	
Desk audited	i i	X		lit #NH10-007C FYE	5/31/2007
Desk audit - In	nterim Portion Prospective portion			ester Change 2] as of 06/01/1996	
Distribution:	Tospective portion			· · · · · · · · · · · · · · · · · · ·	
Contract Manageme	ent / Fiscal Agent		<u> </u>	Thomas Parker	
Permanent File	one, i isom i igone	Med	licaid Cost I	Reimbursement Planni	ng and Finance
For informati	on Only				
No Change in	•				
Home Office:	Senior Care Group, Inc.			· · · · · · · · · · · · · · · · · · ·	
	Kathy Chudow			; ;	
	1240 Marbella Plaza Drive				
	Tampa FL 33619			!	



Laurellwood Nursing (Center, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue No	 			Date:	11/1/2013
St. Petersburg FL 3371	4			Fiscal Year End:	5/31/2007
				Audit Status:	Field Audited [2]
Provider Type:					
			Current	New	Effective
NI.			Rate	Rate	Date
Nursing Home	Single Level	_	198.57	<u> 192.55</u>	4/1/2009
	Level H: Aids	, · 	336.92	330.90	4/1/2009
Rate Type :					
		v	Duranastin	_	
Interim	otal Interim	X	Prospective	e Fotal Prospective	
	terim Component			Prospective Adjusted f	for New Costs
	ttlement based on costs			Total Prospective with	
Pri	or Provider Prospective data			-	-
Basis:		Changes:			
<u></u>					
Budget			Licensure	Rating Change	
Unaudited cos	i			Customary Limitation	1
X Field audited	1		_	te limitation change	
Field audit - 1 Desk audited	nterim portion		FRVS Ch	ange lit #NH10-007C FYE	E 24 2007
	nterim Portion	X		ester Change	. 5/31/2007
	Prospective portion			2] as of 06/01/1996	
Distribution:				Thomas Parker	
Contract Managem	ent / Fiscal Agent	Med	dicaid Cost	Reimbursement Plann	ing and Finance
Permanent File		WICE	iicaid Cost	Kemioursement Flaini	ing and Finance
For informati	ion Only				
No Change i	n Rate				
Home Office:	Senior Care Group, Inc.				
TIOMIC OTHER.	Kathy Chudow				
	1240 Marbella Plaza Drive				
	Tampa FL 33619			į	
				t e	



Laurellwood Nursing Ce	enter, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue Nor				Date:	11/1/2013
St. Petersburg FL 33714				Fiscal Year End:	5/31/2008
				Audit Status:	Unaudited [3]
Provider Type:				Twatt Blatas.	
.			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		213.19		7/1/2009
	Level H: Aids	<u>.</u>	353.54	352.60	7/1/2009
Rate Type :					
Interim		X	Prospective	2	
	al Interim			Total Prospective	
Inter	rim Component		F	Prospective Adjusted f	For New Costs
Settl	ement based on costs		7	otal Prospective with	Interim Component
Prior	r Provider Prospective data				
Basis:		Changes:			
			T :	Dating Class	
Budget X Unaudited cost			-	Rating Change	_
Field audited cost				Customary Limitation te limitation change	1
Field audit - in			FRVS Cha		
Desk audited co		X	•	•	007C FYE 5/31/2007
Desk audit - Int	I I		_	ester Change	
Desk Audit - Pr	ospective portion		On FRV [2	2] as of 06/01/1996	
Distribution:			78	Thomas Parker	
Contract Managemen	nt / Fiscal Agent	Me	dicaid Cost l	Reimbursement Plann	ing and Finance
Permanent File			•		. 0
For informatio	n Only				
No Change in	Rate				
Home Office:	Senior Care Group, Inc.				
	Kathy Chudow			* !	•
	1240 Marbella Plaza Drive			;	
	Tampa FL 33619				



Laurellwood Nursing C	Center, Inc.			Provider Number:	0 316628-00
3127 - 57th Avenue No				Date:	11/1/2013
St. Petersburg FL 3371	4			Fiscal Year End:	5/31/2010
				Audit Status:	Unaudited [3]
Provider Type:				riddit Status.	Onadared [5]
- J <u>r</u>			Current	New	Effective
		_	Rate	Rate	Date
Nursing Home	Single Level	·	205.25		1/1/2011
	Level H: Aids	-	350.11	349.13	1/1/2011
Rate Type :				· · · · · · · · · · · · · · · · · · ·	
Interim		X	Prospective	e	
	tal Interim			Total Prospective	
Inte	erim Component			Prospective Adjusted f	or New Costs
Set	tlement based on costs]	Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes			
Budget			Licensure	Rating Change	
X Unaudited cos	ts		_	Customary Limitation	1
Field audited	costs	·	-	te limitation change	-
Field audit - in	nterim portion		FRVS Cha	ange	
Desk audited of	i	X			007C FYE 5/31/2007
Desk audit - Ir	·			ester Change	
	Prospective portion	<u> </u>	Oli PRV [.	2] as of 06/01/1996	
Distribution:		` /	10	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Me	dicaid Cost 1	Reimbursement Plann	ing and Finance
Permanent File					
For information	-				
No Change in	n Rate				
Home Office:	Senior Care Group, Inc.				
	Kathy Chudow				
	1240 Marbella Plaza Drive			i : :	
	Tampa FL 33619				



Laurellwood Nursing Center, Inc.		Provider Number:	0 316628-00
3127 - 57th Avenue North	·	Date:	11/1/2013
St. Petersburg FL 33714		Fiscal Year End:	5/31/2010
		Audit Status:	Unaudited [3]
Provider Type:	Current Rate	New Rate	Effective Date
Nursing Home Single Level	198.53	197.59	7/1/2011
Level H: Aids	344.73	343.79	7/1/2011
Rate Type:			
Interim Total Interim Interim Component Settlement based on costs Prior Provider Prospective data Basis:	X Prospective X Changes:	Total Prospective Prospective Adjusted f Total Prospective with	
Budget X Unaudited costs Field audited costs Field audit - interim portion	Usual an	e Rating Change d Customary Limitation ate limitation change hange	1 .
Desk audit - Interim Portion Desk audit - Interim Portion Desk Audit - Prospective portion	X Effects of Rate Sem	f Field Audit #NH10-0 nester Change [2] as of 06/01/1996	007C FYE 5/31/2007
Distribution:	77	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Medicaid Cost	Reimbursement Planni	ing and Finance
Home Office: Senior Care Group, Inc. Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619			



HarbourWood Nursing	Center, Inc.			Provider Number:	0 316636-00	
2855 Gulf to Bay Boul	evard, Building #31			Date:	8/21/2013	
Clearwater FL 33759				Fiscal Year End:	5/31/2007	
				Audit Status:	Field Audited [2]	
Provider Type:						
			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		153.41	151.68	1/1/2007	
	Level H: Aids		283.01	281.28	1/1/2007	
Rate Type:						
X Interim			Prospective	2		
То	tal Interim		7	Total Prospective		
Int	erim Component		F	Prospective Adjusted f	or New Costs	
	tlement based on costs		T	Total Prospective with	Interim Component	
Pri	or Provider Prospective data					
Basis:		Changes:				
- 1			T:	Dating Change		
Budget Unaudited cos	740			Rating Change		
X Field audited		!		Customary Limitation te limitation change	l	
	nterim portion		FRVS Cha			
Desk audited	- !	X		it NH10-004C FYE 5	5/31/2007	
Desk audit - In		Rate Semester Change				
Desk Audit - I	Prospective portion		On FRY [2	2] as of 07/03/1996	· ·	
Distribution:			フケノ	Thomas Parker		
Contract Manageme	ent / Fiscal Agent	Med	licaid Cost I	Reimbursement Planni	ing and Finance	
Permanent File		11100			ing und a munio	
For informati	on Only					
No Change in	n Rate					
Home Office:	Senior Care Group, Inc.					
	Kathy Chudow					
•	1240 Marbella Plaza Drive			:		
	Tampa FL 33619					



HarbourWood Nursing Co	enter, Inc.			Provider Number:	0 316636-00
2855 Gulf to Bay Bouleva	ard, Building #31			Date:	8/21/2013
Clearwater FL 33759				Fiscal Year End:	5/31/2007
				Audit Status:	Field Audited [2]
Provider Type:					
• • • • • • • • • • • • • • • • • • • •			Current	New	Effective
37 4 37			Rate	Rate	Date
Nursing Home S	ingle Level		156.68	154.88	6/1/2007
Le	evel H: Aids		286.28	284.48	6/1/2007
Rate Type :					
Interim		X	Prospective		
Total	Interim		-	otal Prospective	
Interio	m Component		P	rospective Adjusted f	or New Costs
X Settler	ment based on costs		T	otal Prospective with	Interim Component
Prior 1	Provider Prospective data				
Basis:		Changes:			
Budget			Licensure 1	Rating Change	
Unaudited costs		·		Customary Limitation	ı
X Field audited cos			FRVS Cha	e limitation change	
Field audit - inte Desk audited cos	_	<u> X</u>		nge t NH10-004C FYE 5	:/21/2007
Desk audit - Inter	· · · · · · · · · · · · · · · · · · ·			ster Change	0/31/200/
Desk Audit - Pro				as of 07/03/1996	
Distribution:			7	Thomas Parker	
Contract Management	/ Fiscal Agent	Med	icaid Cost F	Leimbursement Planni	ng and Finance
Permanent File		14100	iouid Cost I	emioursement i lainn	ng und i manee
For information	Only				
No Change in R	ate				90
Home Office:	Senior Care Group, Inc.				
	Kathy Chudow				
	1240 Marbella Plaza Drive				
	Tampa FL 33619	•			



HarbourWood Nursing	Center, Inc.			Provider Number:	0 316636-00
2855 Gulf to Bay Boule	evard, Building #31			Date:	8/21/2013
Clearwater FL 33759				Fiscal Year End:	5/31/2007
				Audit Status:	Field Audited [2]
Provider Type:				Audit Status.	Tield Addited [2]
Trovider Type.			Current	New	Effective
	•		Rate	Rate	Date
Nursing Home	Single Level		161.15	157.32	7/1/2007
	Level H: Aids	_	293.09	289.26	7/1/2007
		-			
Rate Type:	·				
Interim		X	Prospective		
	tal Interim			otal Prospective	
	erim Component			rospective Adjusted for	
	tlement based on costs		T	otal Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:]		
Budget			Licensure 1	Rating Change	
Unaudited cos	ts	i		Customary Limitation	
X Field audited	costs			e limitation change	
Field audit - in	nterim portion	·	FRVS Cha	nge	
Desk audited of	:	<u>X</u>		t NH10-004C FYE 5	3/31/2007
Desk audit - In	rospective portion	ļ 	Rate Semes	ster Change] as of 07/03/1996	
Distribution:	Toopeon to portion				
Contract Manageme	ent / Fiscal Agent		<u> </u>	Thomas Parker	
Permanent File	ont i iscai Agent	Med	licaid Cost R	teimbursement Planni	ng and Finance
For information	on Only				
No Change in	•				
110 Change II.					
Home Office:	Senior Care Group, Inc.				
	Kathy Chudow 1240 Marbella Plaza Drive			1	
	Tampa FL 33619				
	Tumpa i E 55017				



HarbourWood Nursing	g Center, Inc.			Provider Number:	0 316636-00	
2855 Gulf to Bay Boul	evard, Building #31			Date:	8/21/2013	
Clearwater FL 33759	·			Fiscal Year End:	5/31/2007	
				Audit Status:	Field Audited [2]	
Provider Type:			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home	Single Level		160.08	156.34	1/1/2008	
	Level H: Aids	<u></u>	294.08	290.34	1/1/2008	
Rate Type :						
Interim		X	Prospective	•		
To	tal Interim			Total Prospective		
	terim Component			Prospective Adjusted for		
	ttlement based on costs		7	Total Prospective with	Interim Component	
Pri	or Provider Prospective data					
Basis:		Changes:				
Budget			Licensure	Rating Change		
Unaudited co	sts			Customary Limitation		
X Field audited	costs	Target Rate limitation change				
Field audit - i	nterim portion	FRVS Change				
Desk audited	į.	X		it NH10-004C FYE 5	5/31/2007	
	nterim Portion Prospective portion			ster Change 2] as of 07/03/1996		
Distribution:	rospective portion		7	Thomas Parker		
Contract Managem	ent / Fiscal Agent				17	
Permanent File	v	Med	dicaid Cost I	Reimbursement Planni	ng and Finance	
For informat	ion Only					
No Change i	n Rate					
Home Office:	Senior Care Group, Inc.					
	Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619					
	: ampa 11. 55019					



HarbourWood Nursing	Center, Inc.			Provider Number:	0 316636-00
2855 Gulf to Bay Boule	vard, Building #31			Date:	8/21/2013
Clearwater FL 33759				Fiscal Year End:	5/31/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		161.84	158.33	7/1/2008
	Level H: Aids	· <u>-</u>	298.12	294.61	7/1/2008
Rate Type :					
Interim		X	Prospective		
·	al Interim			otal Prospective	Name Canta
	rim Component lement based on costs			rospective Adjusted for the otal Prospective with	
	r Provider Prospective data		1	otal Flospective with	mermi Component
	- Trovider Prospective data		T		
Basis:		Changes:]		
D 1			Liconorma	Patina Changa	
Budget Unaudited cost	C.			Rating Change Customary Limitation	
X Field audited c				e limitation change	L
Field audit - in			FRVS Cha		
Desk audited co	_	X	Field Audi	t NH10-004C FYE 5	5/31/2007
Desk audit - In	the state of the s			ster Change	
	rospective portion		On FRV 2] as of 07/03/1996	
Distribution:		1	0	Thomas Parker	
Contract Manageme	nt / Fiscal Agent	Med	licaid Cost F	Leimbursement Planni	ing and Finance
Permanent File					
For informatio	· .				
No Change in	Rate				
Home Office:	Senior Care Group, Inc.				
	Kathy Chudow 1240 Marbella Plaza Drive Tampa FL 33619				
	1 milipu 1 i. 33013				



HarbourWood Nursing Ce	enter, Inc.			Provider Number:	0 316636-00	
2855 Gulf to Bay Bouleva	ard, Building #31			Date:	8/21/2013	
Clearwater FL 33759				Fiscal Year End:	5/31/2007	
				Audit Status:	Field Audited [2]	_
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home S	ingle Level		162.88	159.64	1/1/2009	
Le	evel H: Aids		301.23	297.99	1/1/2009	
Rate Type :						
Interim		X	Prospective	•		
Total	Interim			Total Prospective	•	
	m Component			Prospective Adjusted f		
·	ment based on costs		7	Total Prospective with	Interim Component	
Prior	Provider Prospective data					
Basis:		Changes:				<u> </u>
Budget			Licensure	Rating Change		
Unaudited costs			Usual and	Customary Limitation	ı	
X Field audited cos	sts		Target Ra	te limitation change		
Field audit - inte	rim portion	!	FRVS Ch	ange		
Desk audited cos		X		it NH10-004C FYE 5	5/31/2007	
Desk audit - Inter Desk Audit - Pro				ester Change 2] as of 07/03/1996		
Distribution:	spective portion			Thomas Parker		
Contract Management	:/Fiscal Agent		\mathcal{O}_{-}	 	17.	
Permanent File	•	Med	licaid Cost .	Reimbursement Planni	ing and Finance	
For information	Only					
No Change in R	•					
Home Office:	Senior Care Group, Inc.					
	Kathy Chudow 1240 Marbella Plaza Drive					
	Tampa FL 33619					



HarbourWood Nursing Center, Inc.			Provider Number:	0 316636-00	
2855 Gulf to Bay Boulevard, Building #31			Date:	8/21/2013	
Clearwater FL 33759			Fiscal Year End:	5/31/2007	
			Audit Status:	Field Audited [2]	
Provider Type:					
		Current	New	Effective	
Numerica II ama Cinala I amal		Rate	Rate	Date	
Nursing Home Single Level		149.23	146.26	3/1/2009	
Level H: Aids		287.58	284.61	3/1/2009	
Rate Type:					
Interim	X	Prospective			
Total Interim		T	otal Prospective		
Interim Component		P	rospective Adjusted f	or New Costs	
X Settlement based on costs		T	otal Prospective with	Interim Component	
Prior Provider Prospective data					
Basis:	Changes:				
		-			
Budget			Rating Change		
Unaudited costs X Field audited costs	Usual and Customary Limitation Target Rate limitation change				
Field audit - interim portion		FRVS Cha	=		
Desk audited costs	X		ge t NH10-004C FYE 5	5/31/2007	
Desk audit - Interim Portion		Rate Semes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Desk Audit - Prospective portion		On FRV 52] as of 07/03/1996		
<u>Distribution:</u>	-		Thomas Parker		
Contract Management / Fiscal Agent	Med	licaid Cost R	teimbursement Planni	ing and Finance	
Permanent File			,		
For information Only					
No Change in Rate					
Home Office: Senior Care Group, Inc.					
Kathy Chudow			: 		
1240 Marbella Plaza Drive			i		
Tampa FL 33619					



HarbourWood Nursin	ng Center, Inc.			Provider Number:	0 316636-00	
2855 Gulf to Bay Box				Date:	8/21/2013	
Clearwater FL 33759				Fiscal Year End:	5/31/2007	
				Audit Status:	Field Audited [2]	
Provider Type:						
			Current	New	Effective	
AT • TT			Rate	Rate	Date	
Nursing Home	Single Level	_	185.69		4/1/2009	
	Level H: Aids		324.04	320.60	4/1/2009	
		•				
Rate Type :						
Interim		X	Prospective	e		
Т	otal Interim		_	Total Prospective		
I	nterim Component	Prospective Adjusted for New Costs				
<u>X</u> S	ettlement based on costs		7	Total Prospective with	Interim Component	
P	rior Provider Prospective data				·	
Basis:		Changes:				
Budget			Licensure	Rating Change		
Unaudited c	osts	Usual and Customary Limitation				
X Field audite				te limitation change		
Field audit -	interim portion		FRVS Cha	ange		
Desk audited		X		Audit NH10-004C FYE 5/31/2007		
	Interim Portion Prospective portion	i ———		ester Change 2] as of 07/03/1996		
Distribution:	1 Tospective portion			<u> </u>		
	nent / Fiscal Agent		0	Thomas Parker		
Contract Management / Fiscal Agent Permanent File		Med	licaid Cost	Reimbursement Planni	ng and Finance	
For informa	ation Only					
No Change	•					
140 Change						
Home Office:	Senior Care Group, Inc.					
	Kathy Chudow 1240 Marbella Plaza Drive					
	Tampa FL 33619					
	l l l l l l l l l l l l l l l l l l l			:		



BayWood Nursing Center, Inc		Provider Number:	0 316652-00
2000 17th Avenue South		Date:	Date: 8/16/2013
St. Petersburg FL 33712		Fiscal Year End:	5/31/2007
		Audit Status:	Field Audited [2]
Provider Type:			
	Curren		Effective
Nursing Home Single Level	Rate 139.8	Rate	Date 1/1/2007
Nursing frome Single Level		<u> 137.30</u>	1/1/2007
Level H: Aids	269.4	5 266.90	1/1/2007
	· ·		
Rate Type :		<u>. </u>	
X Interim	Prospe	ective	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted	
X Settlement based on costs		Total Prospective with	h Interim Component
Prior Provider Prospective d	ata 		· · · · · · · · · · · · · · · · · · ·
Basis:	Changes:		
Budget	Licen	sure Rating Change	
Unaudited costs		and Customary Limitatio	าก
X Field audited costs		t Rate limitation change	
Field audit - interim portion	FRVS	S Change	
Desk audited costs		Audit NH10-005C FYE	5/31/2007
Desk audit - Interim Portion		Semester Change RV [2] as of 12/01/2005	
Desk Audit - Prospective portion	Oll FF	CV [2] as of 12/01/2003	
Distribution:	- 20-	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid C	Cost Reimbursement Plant	ning and Finance
Permanent File			
For information Only			
No Change in Rate			
Home Office: Senior Care Group,	nc.		
Kathy Chudow			
1240 Marbella Plaza	Drive	! !	
Tampa FL 33619			



BayWood Nursing Center, Inc		Provider Number:	0 316652-00		
2000 17th Avenue South		8/16/2013			
St. Petersburg FL 33712		Fiscal Year End:	5/31/2007		
		Audit Status:	Field Audited [2]		
Provider Type:					
	Current Rate	New Rate	Effective		
Nursing Home Single Level	141.89	139,23	Date 6/1/2007		
Nutsing Home Single Level			0/1/2007		
Level H: Aids	271.49	268.83	6/1/2007		
Rate Type:					
Interim	X Prospectiv	e			
Total Interim		Total Prospective			
Interim Component]	Prospective Adjusted	for New Costs		
X Settlement based on costs		Total Prospective with	Interim Component		
Prior Provider Prospective data					
Basis:	Changes:				
	Ticensure	Rating Change			
Budget Unaudited costs		l Customary Limitatio	ın		
X Field audited costs	Target Rate limitation change				
Field audit - interim portion	FRVS Ch	ange			
Desk audited costs		dit NH10-005C FYE	5/31/2007		
Desk audit - Interim Portion		ester Change [2] as of 12/01/2005			
Desk Audit - Prospective portion		2] as 01 12/01/2003			
<u>Distribution:</u>		Thomas Parker			
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement Plans	ning and Finance		
Permanent File For information Only					
No Change in Rate					
Home Office: Senior Care Group, Inc.					
Kathy Chudow					
1240 Marbella Plaza Drive Tampa FL 33619					
Tumpa 1 D 35017					



BayWood Nursing Center	r, Inc			Provider Number:	0 316652-00
2000 17th Avenue South				Date:	8/16/2013
St. Petersburg FL 33712				Fiscal Year End:	5/31/2007
				Audit Status:	Field Audited [2]
Provider Type:					
•			Current	New	Effective
Nursing Home S	ingle Level	_	Rate 158.95	Rate	Date 7/1/2007
ridising Home	ingle Level		130.93		//1/200/
L	evel H: Aids	_	290.89	279.48	7/1/2007
Rate Type :					
Interim		X	Prospective	;	
Total	Interim		7	Total Prospective	
	m Component			Prospective Adjusted 1	
	ment based on costs		T	otal Prospective with	Interim Component
Prior	Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
Unaudited costs	. I		•	Customary Limitation	1
X Field audited co	sts	Target Rate limitation change			
Field audit - inte	erim portion		FRVS Cha	ange	
Desk audited cos	t and the second second second second second second second second second second second second second second se	X		it NH10-005C FYE	5/31/2007
Desk audit - Inte	· · · · · · · · · · · · · · · · · · ·			ster Change 2] as of 12/01/2005	
Desk Audit - Pro	spective portion		Oli FRV [2	as of 12/01/2003	
Distribution:			7	Thomas Parker	
Contract Management	:/Fiscal Agent	Med	dicaid Cost I	Reimbursement Plann	ing and Finance
Permanent File					
For information					
No Change in R	Rate				
Home Office:	Senior Care Group, Inc.			<u> </u>	
	Kathy Chudow			!	
	1240 Marbella Plaza Drive			į	
	Tampa FL 33619				



BayWood Nursing Center, Inc				Provider Number:	0 31665	52-00	
2000 17th Avenue South				Date:	8/16/2	013	
St. Petersburg FL 33712				Fiscal Year End:	5/31/2	007	
				Audit Status:	Field Aud	ited [2]	
Provider Type:						<u> </u>	
~ ~			Current	New	Effective		
Nimmelman III	to all Tarrel	_	Rate	Rate	Date	- '	
Nursing Home S	ingle Level		158.07		1/1/2008	_	
Lo	evel H: Aids	· —	292.07	280.70	1/1/2008		
Rate Type :							
Interim	•	X	Prospective				
<u></u>	Interim			Total Prospective	on Navy Coata		
	m Component ment based on costs			Prospective Adjusted for Total Prospective with		nant	
	Provider Prospective data			otal Prospective with	mierim Compo	пеш	
	Trovider Prospective data						
Basis:		Changes:]				
Dudant			Licensure	Rating Change			
Budget Unaudited costs			Usual and Customary Limitation				
X Field audited cos	sts			Target Rate limitation change			
Field audit - inte	erim portion		FRVS Cha	ange			
Desk audited cos	_	X	Field Aud	it NH10-005C FYE 5	5/31/2007		
Desk audit - Inte	and the second s			ster Change			
Desk Audit - Pro	spective portion		On FRV [2	2] as of 12/01/2005	· <u>_</u>		
Distribution:				Thomas Parker			
Contract Management / Fiscal Agent		Med	licaid Cost I	Reimbursement Planni	ng and Finance		
Permanent File							
For information	Only						
No Change in R	Late						
Home Office:	Senior Care Group, Inc.						
	Kathy Chudow						
	1240 Marbella Plaza Drive						
	Tampa FL 33619						



BayWood Nursing Center	er, Inc			Provider Number:	0 316652-00	
2000 17th Avenue South				Date:	8/16/2013	
St. Petersburg FL 33712				Fiscal Year End:	5/31/2007	
				Audit Status:	Field Audited [2]	
Provider Type:						
•			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		160.19	148.61	7/1/2008	
_	J					
·	Level H: Aids		296.47	284.89	7/1/2008	
Rate Type :		· .		·		
Interim		X	Prospective	e		
Tota	l Interim			Total Prospective		
Inter	im Component	Prospective Adjusted for New Costs				
X Settl	ement based on costs		7	Total Prospective with	Interim Component	
Prior	Provider Prospective data					
Basis:		Changes:				
Dudant		<u> </u>	Licensure	Rating Change		
Budget Unaudited costs		<u> </u>		Customary Limitation	1	
X Field audited co		Target Rate limitation change				
Field audit - int	erim portion	FRVS Change				
Desk audited co	7	X Field Audit NH10-005C FYE 5/31/2007				
Desk audit - Inte		Rate Semester Change				
Desk Audit - Pr	ospective portion	<u> </u>	On FRV [2	2] as of 12/01/2005		
Distribution:			7	Thomas Parker		
Contract Management / Fiscal Agent		Med	icaid Cost l	Reimbursement Plann	ing and Finance	
Permanent File						
For information	n Only					
No Change in	Rate					
Home Office:	Senior Care Group, Inc.					
	Kathy Chudow			Í		
	1240 Marbella Plaza Drive					
	Tampa FL 33619					



The Court at Palm-Aire	•			Provider Number:	0 318795-	00
2701 North Course Drive				Date:	9/6/2013	3
Pompano Beach FL 33069		•		Fiscal Year End:	6/30/200	7
•				Audit Status:	Field Audite	d [2]
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Sin	gle Level		186.94	<u> 185.59</u> _	1/1/2007	
Leve	l H: Aids	. —	316.54	315.19	1/1/2007	
Rate Type :	· ·					
X Interim			Prospective			
Total Int				otal Prospective	Nov. Costs	
	Component nt based on costs			rospective Adjusted for the contract of the co		nt
	wider Prospective data		¹	otal Flospective with	micimi componei	11
Basis:		Changes:				
Budget			Licensure 1	Rating Change		
Unaudited costs			Usual and	Customary Limitation		
X Field audited costs			_	e limitation change		
Field audit - interim	portion	FRVS Change				
Desk audited costs Desk audit - Interim	Dortion	X Field Audit NH10-056W FYE 6/30/2007 Rate Semester Change				
Desk Audit - Prospe	· ·			as of 04/28/1994		!
Distribution:	_ ·		7	Thomas Parker		<u></u>
Contract Management / F	iscal Agent	Med	icaid Cost R	eimbursement Planni	ng and Finance	
Permanent File For information On	1	4				
	•					
No Change in Rate						
Home Office:	iveStar Quality Care Inc					
Ar	00 Centre Street					
	ewton MA 02458					



The Court at Palm-Aire				Provider Number:	0 318795-0	0
2701 North Course Drive				Date:	9/6/2013	
Pompano Beach FL 33069				Fiscal Year End:	6/30/2007	
				Audit Status:	Field Audited	[2]
Provider Type:						
· · · · · · · · · · · · · · · · · · ·			Current Rate	New Rate	Effective Date	
Nursing Home Single	e Level		189.65	188.28	2/1/2007	-
Level H	I: Aids		319.25	317.88	2/1/2007	
Rate Type :						
X Interim			Prospective			
Total Interi	m		T	otal Prospective		
Interim Con	mponent			rospective Adjusted for		
X Settlement	based on costs		T	otal Prospective with	Interim Component	
Prior Provid	der Prospective data					
Basis:		Changes:				
Budget		i	Licensure I	Rating Change		
Unaudited costs				Customary Limitation		
X Field audited costs			Target Rate limitation change			
Field audit - interim pe	ortion		FRVS Change			
Desk audited costs	ì	X Field Audit NH10-056W FYE 6/30/2007				
Desk audit - Interim Po	:	Rate Semester Change On FRV [2] as of 04/28/1994				
Desk Audit - Prospecti Distribution:	ve portion		On FRV [2]	as of 04/28/1994		
<u> </u>	ant Amount		70'	Thomas Parker		_
Contract Management / Fisc Permanent File	ai Ageni	Med	icaid Cost R	eimbursement Plannii	ng and Finance	
For information Only						
No Change in Rate						
Home Office: Five	eStar Quality Care Inc					
	Centre Street			:		
New	ton MA 02458					



The Court at Palm-Aire		Provider Number:	0 318795-00
2701 North Course Drive		Date:	9/6/2013
Pompano Beach FL 33069		Fiscal Year End:	6/30/2007
		Audit Status:	Field Audited [2]
Provider Type:			
•	Current Rate	New Rate	Effective Date
Nursing Home Single Level	186.94	185.59	3/1/2007
Level H: Aids	316.54	315.19	3/1/2007
Rate Type :			
X Interim	Prospective	e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted for	or New Costs
X Settlement based on costs	Т	Total Prospective with	Interim Component
Prior Provider Prospective data			
Basis:	Changes:		
	.	D ' CI	
Budget		Rating Change	
Unaudited costs X Field audited costs		Customary Limitation te limitation change	
Field audit - interim portion	FRVS Cha		
Desk audited costs		it NH10-056W FYE (6/30/2007
Desk audit - Interim Portion		ster Change	
Desk Audit - Prospective portion	On FRV [2	2] as of 04/28/1994	
Distribution:		Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost F	Reimbursement Plannin	ng and Finance
Permanent File	111010410 00011		g
For information Only			
No Change in Rate			
Home Office: FiveStar Quality Care Inc			
Tiome Office.		; }	
400 Centre Street		i I	
Newton MA 02458			



The Court at Palm-Aire			Provider Number:	0 318795-00	
2701 North Course Drive			Date:	9/6/2013	
Pompano Beach FL 33069			Fiscal Year End:	6/30/2007	
			Audit Status:	Field Audited [2]	
Provider Type:					
		Current	New	Effective	
Nuncing Home Circle Level		Rate	Rate	Date	
Nursing Home Single Level		209.50	203.26	7/1/2007	
Level H: Aids		341.44	335.20	7/1/2007	
Rate Type :			<u> </u>		
Interim	<u>X</u>	Prospective			
Total Interim			otal Prospective	N. Cour	
Interim Component			ospective Adjusted for		
X Settlement based on costs		10	otal Prospective with	Interim Component	
Prior Provider Prospective data	·				
Basis:	Changes:]			
Budget		Licensure R	lating Change		
Unaudited costs			Customary Limitation		
X Field audited costs	Target Rate limitation change				
Field audit - interim portion		FRVS Chan	ige		
Desk audited costs	X Field Audit NH10-056W FYE 6/30/2007				
Desk audit - Interim Portion	Rate Semester Change				
Desk Audit - Prospective portion Distribution:		On FRV [2]	as of 04/28/1994		
Contract Management / Fiscal Agent		D.	Thomas Parker		
Permanent File	Med	licaid Cost Re	eimbursement Planni	ng and Finance	
For information Only	•				
No Change in Rate					
Home Office: FiveStar Quality Care Inc					
400 Centre Street					
Newton MA 02458					



The Court at Palm-Aire				Provider Number:	0 318795-00	
2701 North Course Drive		_		Date:	9/6/2013	
Pompano Beach FL 3306	9	_		Fiscal Year End:	6/30/2007	
•				Audit Status:	Field Audited [2]	
Provider Type:				Audit Status.	Tield Addited [2]	
Tiovider Type.			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home S	lingle Level		207.25	201.05	1/1/2008	
L	evel H: Aids	_	341.25	335.05	1/1/2008	
Rate Type :						
Interim		X	Prospective			
Total	Interim	<u></u>	Т	otal Prospective		
Interi	m Component	Prospective Adjusted for New Costs				
	ment based on costs	•	T	otal Prospective with	Interim Component	
Prior	Provider Prospective data					
Basis:	i !	Changes:				
D., J.,		1	Licensure l	Rating Change		
Budget Unaudited costs				Customary Limitation	·	
X Field audited cos	sts			e limitation change		
Field audit - inte	rim portion		FRVS Cha	nge		
Desk audited cos		X		t NH10-056W FYE 6	5/30/2007	
Desk audit - Inter	· ·		Rate Semes	ster Change] as of 04/28/1994		
Desk Audit - Pro	spective portion	·	OHTKV [2			
<u>Distribution:</u>			77	Thomas Parker		
Contract Management	/ Fiscal Agent	Med	icaid Cost R	eimbursement Plannir	ng and Finance	
Permanent File	0.1					
For information	•					
No Change in R	ate					
Home Office:	FiveStar Quality Care Inc					
				\$ •		
	400 Centre Street					
	Newton MA 02458					



The Court at Palm-Air	re			Provider Number:	0 318795-00	
2701 North Course Dr	rive			Date:	9/6/2013	
Pompano Beach FL 33	3069			Fiscal Year End:	6/30/2007	
				Audit Status:	Field Audited [2]	
Provider Type:				Audit Status.	Tield / latitude [2]	
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		209.29	203.02	7/1/2008	
	Level H: Aids	_	345.57	339.30	7/1/2008	
Rate Type :						
Interim		X	Prospective	;		
	otal Interim			otal Prospective		
	terim Component	Prospective Adjusted for New Costs				
	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	I		Customary Limitation		
X Field audited	costs	Target Rate limitation change				
Field audit -	interim portion	FRVS Change				
Desk audited	costs	X Field Audit NH10-056W FYE 6/30/2007				
Desk audit - I		Rate Semester Change				
	Prospective portion		On FRV [2] as of 04/28/1994		
Distribution:			ノイノ	Thomas Parker	•	
Contract Managem	ent / Fiscal Agent	Med	licaid Cost R	Reimbursement Planni	ng and Finance	
Permanent File						
For informati	•					
No Change i	n Rate					
Home Office:	FiveStar Quality Care Inc					
	400 Centre Street					
	Newton MA 02458			İ		



The Court at Palm-Aire	•			Provider Number:	0 318795-00
2701 North Course Dri	· ·	- -		Date:	9/6/2013
Pompano Beach FL 330	069	-		Fiscal Year End:	6/30/2007
		÷		Audit Status:	Field Audited [2]
Provider Type:				rudit Status.	Tield / Idahed [2]
- V F - 1			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		207.48	201.52	1/1/2009
	Level H: Aids	_	345.83	339.87	1/1/2009
Rate Type:					
Interim		X	Prospective	e	
Tot	tal Interim			Total Prospective	
	erim Component	Prospective Adjusted for New Costs			
	tlement based on costs			Total Prospective with	Interim Component
Pric	or Provider Prospective data				
Basis:		Changes:			
Budget			Licensure	Rating Change	
Unaudited cos	ts			Customary Limitation	
X Field audited of				te limitation change	
Field audit - in	nterim portion		FRVS Cha	inge	
Desk audited c		X	Field Aud	it NH10-056W FYE 6	6/30/2007
Desk audit - In				ster Change	
	rospective portion		On FRV [2	2] as of 04/28/1994	
Distribution:			フグノ	Thomas Parker	
Contract Manageme	ent / Fiscal Agent	Med	icaid Cost I	Reimbursement Plannir	ng and Finance
Permanent File					
For information	on Only				
No Change in	Rate				
Home Office:	FiveStar Quality Care Inc				
	400 Centre Street				
	Newton MA 02458				



The Court at Palm-Air	re			Provider Number:	0 318795-00
2701 North Course Dr	rive	• •		Date:	9/6/2013
Pompano Beach FL 3.	3069	•		Fiscal Year End:	6/30/2007
				Audit Status:	Field Audited [2]
Provider Type:			Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level		190.09	184.62	3/1/2009
	Level H: Aids	_	328.44	322.97	3/1/2009
Rate Type:					
Interim		X	Prospective	•	
	otal Interim		_	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	·			Customary Limitation e limitation change	
	interim portion		FRVS Cha		!
Desk audited		<u> </u>		it NH10-056W FYE	6/30/2007
	Interim Portion			ster Change	0/00/2001
Desk Audit -	Prospective portion		On FRV [2] as of 04/28/1994	,
Distribution:		7	7	Thomas Parker	
Contract Managen	nent / Fiscal Agent	Med	licaid Cost R	Reimbursement Plannin	ng and Finance
Permanent File					
For informat	tion Only				
No Change	in Rate				
Home Office:	FiveStar Quality Care Inc	<u></u> - <u></u>			
,	400 Centre Street				
	Newton MA 02458				
	!				



The Court at Palm-Aire	•			Provider Number:	0 318795-0	00
2701 North Course Drive		•		Date:	9/6/2013	
Pompano Beach FL 336	069			Fiscal Year End:	6/30/2007	
				Audit Status:	Field Audited	[2]
Provider Type: Nursing Home	Single Level	_	Current Rate 231.08	New Rate 224.79	Effective Date 4/1/2009	
nut sing frome	Single Level	_	231.00		4/1/2009	
	Level H: Aids		369.43	363.14	4/1/2009	
Rate Type:						
Interim		<u>X</u>	Prospective			
· · · · · · · · · · · · · · · · · · ·	tal Interim			Total Prospective	N O	
	erim Component			Prospective Adjusted for		
	tlement based on costs		1	otal Prospective with	Interim Componen	L
	or Provider Prospective data		·			
Basis:		Changes:	}			
			T .	n di ci		
Budget				Rating Change		
Unaudited cos X Field audited				Customary Limitation e limitation change	l .	
Field audit - in			FRVS Cha	_		
Desk audited o	-	<u> </u>		it NH10-056W FYE	6/30/2007	
Desk audit - In				ster Change		
Desk Audit - P	rospective portion			[] as of 04/28/1994		
Distribution:			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	Rate					
Home Office:	FiveStar Quality Care Inc					
					•	
	400 Centre Street			i :		
	Newton MA 02458			;		



The Court at Palm-Aire			Provider Number:	0 318795-00	
2701 North Course Drive			Date:	9/6/2013	
Pompano Beach FL 33069			Fiscal Year End:	6/30/2008	
•			Audit Status:	Unaudited [3]	
Provider Type:		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		227.59		7/1/2009	
Level H: Aids		367.94	367.88	7/1/2009	
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	Changes:	Licensure I	otal Prospective rospective Adjusted for otal Prospective with Rating Change Customary Limitation ce limitation change	Interim Component	
Desk audit - Interim Portion Desk Audit - Prospective portion	<u> </u>	Effects of I	FA NH10-056W FYI	E 6/30/07	
<u>Distribution:</u>		7	Thomas Parker		
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	icaid Cost R	eimbursement Plannir	ng and Finance	
Home Office: FiveStar Quality Care Inc 400 Centre Street Newton MA 02458					



The Court at Palm-Aire				Provider Number:	0 318795-00
2701 North Course Drive		•		Date:	9/6/2013
Pompano Beach FL 33069				Fiscal Year End:	6/30/2008
				Audit Status:	Unaudited [3]
Provider Type:					
			Current	New	Effective
N T			Rate	Rate	Date
Nursing Home Sin	igle Level	_	229.76	229.70	1/1/2010
Leve	el H: Aids	_	371.68	371.62	1/1/2010
Rate Type :					
Interim		X	Prospective	,	-
Total In	terim		<u>X</u> T	otal Prospective	
Interim	Component		P1	rospective Adjusted for	or New Costs
Settleme	ent based on costs		T	otal Prospective with	Interim Component
Prior Pro	ovider Prospective data		•		
Basis:		Changes:			
	!		T. T) <i>('</i>	
Budget				Rating Change	
X Unaudited costs Field audited costs				Customary Limitation limitation limitation change	•
Field audit - interin			FRVS Char		
Desk audited costs	ir portion	X		-50 FA NH10-056W FYI	E 6/30/07
Desk audit - Interin	1 Portion		Rate Semes		3 0.00.00
Desk Audit - Prospe	ective portion		On FRV [2]	as of 04/28/1994	
Distribution:		<i></i>	7	Thomas Parker	
Contract Management / I	Fiscal Agent	Med		eimbursement Planni	ng and Finance
Permanent File		Wica	icaid Cost K	ennoursement i iainii	ng and I manee
For information Or	nly				
No Change in Rate	e				
Home Office:	FiveStar Quality Care Inc				
	00 Centre Street				
N	lewton MA 02458			:	,



The Court at Palm-Air				Provider Number:	0 31879	5-00
2701 North Course Drive		_		Date:	9/6/20	13
Pompano Beach FL 33	069	-		Fiscal Year End:	6/30/20	009
				Audit Status:	Unaudite	ed [3]
Provider Type:				rudit Status.		G [3]
Trovidor Type.			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level	· -	231.41	231.35	7/1/2010	-
	Level H: Aids	_	374.75	374.69	7/1/2010	
Rate Type :						-
Interim		X	Prospectiv	e		
To	otal Interim		X	Total Prospective		
Int	terim Component	Prospective Adjusted for New		or New Costs		
Se	ttlement based on costs			Total Prospective with	Interim Compon	ent
Pri	or Provider Prospective data					
Basis:		Changes:				
Budget			Licensure	Rating Change		
X Unaudited co	sts			Customary Limitation		
Field audited				te limitation change		
Field audit - i	nterim portion		FRVS Ch	ange		
Desk audited		X	Effects of	FA NH10-056W FYI	E 6/30/07	
	nterim Portion			ester Change		
	Prospective portion	:	On FRV [2] as of 04/28/1994		
Distribution:			75	Thomas Parker		
Contract Managem	ent / Fiscal Agent	Med	licaid Cost	Reimbursement Plannii	ng and Finance	
Permanent File						
For informati	-					
No Change in	n Rate					
Home Office:	FiveStar Quality Care Inc					·
	400 Centre Street					
•	Newton MA 02458					



The Court at Palm-Air	e			Provider Number:	0 318795-00
2701 North Course Dr	ive	-	Da		9/6/2013
Pompano Beach FL 33	069	•		Fiscal Year End:	6/30/2010
				Audit Status:	Unaudited [3]
Provider Type:	Provider Type:		Current	New	Effective
			Rate	Rate	Date
Nursing Home	Single Level	_	240.31		1/1/2011
	Level H: Aids	-	385.17	384.42	1/1/2011
Rate Type:					
Interim		X	Prospective		
To	tal Interim		<u>X</u> T	otal Prospective	
Int	erim Component	·	P	rospective Adjusted f	or New Costs
·	ttlement based on costs		T	otal Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			
Donton			Licensure	Rating Change	
Budget X Unaudited cos	sts			Customary Limitation	
Field audited				e limitation change	•
Field audit - i	nterim portion		FRVS Cha	nge	
Desk audited		X		FA NH10-056W FYI	E 6/30/07
	nterim Portion		Rate Semes		:
	Prospective portion	<u> </u>	On FRV [2] as of 04/28/1994	!
Distribution:	(·**.	10/	Thomas Parker	
Contract Managem	ent / Fiscal Agent	Med	licaid Cost R	leimbursement Planni	ng and Finance
Permanent File	- 0.1				
For informati	•				
No Change in	n Rate				
Home Office:	FiveStar Quality Care Inc		. ,	·	
	400 Centre Street Newton MA 02458				
	:			1	



The Court at Palm-Aire				Provider Number:	0 318795-00		
2701 North Course Driv				Date:	9/6/2013		
Pompano Beach FL 330	69	•		Fiscal Year End:	6/30/2010		
				Audit Status:	Unaudited [3]		
Provider Type:							
• •			Current	New	Effective		
NT · TH			Rate	Rate	Date		
Nursing Home	Single Level		230.63	230.33	7/1/2011		
	Level H: Aids	-	376.83	376.53	7/1/2011		
Rate Type:				· ·			
Interim		X	Prospective	•			
	al Interim	Total Prospective					
	rim Component			Prospective Adjusted for			
	lement based on costs		1	otal Prospective with	Interim Component		
	r Provider Prospective data		T======				
Basis:		Changes:	_				
Dudget	-	i i !	Licensure	Rating Change	:		
Budget X Unaudited cost	s			Customary Limitation			
Field audited co			Target Rate limitation change				
Field audit - in	terim portion	1	FRVS Cha	inge			
Desk audited co		X		FA NH10-056W FYI	E 6/30/07		
Desk audit - Int				ster Change	:		
	ospective portion			as of 04/28/1994			
Distribution:			77	Thomas Parker			
Contract Managemen	nt / Fiscal Agent	Med	licaid Cost F	Reimbursement Planni	ng and Finance		
Permanent File							
For information	· · · · · · · · · · · · · · · · · · ·						
No Change in	Rate						
Home Office:	FiveStar Quality Care Inc						
	400 Centre Street						
	Newton MA 02458						



The Court at Palm-Aire 2701 North Course Drive Pompano Beach FL 33069				Provider Number:	0 318795-00)
				Date:	9/6/2013	
				Fiscal Year End:	6/30/2010	
				Audit Status:	Unaudited [3]
Provider Type:						
			Current	New	Effective Date	
Nursing Home	Single Level	_	Rate 232.59	Rate	1/1/2012	
ruising Home	Single Level		434.37		1/1/2012	
	Level H: Aids	-	380.20	380.14	1/1/2012	
Rate Type :						
Interim		X	Prospective	•		
	otal Interim			Total Prospective		
	nterim Component			rospective Adjusted for		
	ettlement based on costs		T	otal Prospective with	Interim Component	
P:	rior Provider Prospective data					.
Basis:	,	Changes:]			
	:		T !	Dating Change		
Budget Vinaudited co	o o to	ļ 	•	Rating Change Customary Limitation		
Field audited	i i			e limitation change		
	interim portion		FRVS Cha			
Desk audited		X	Effects of	. 5 FA NH10-056W FYI	E 6/30/07	
	Interim Portion			ster Change		
Desk Audit -	Prospective portion		On FRV [2] as of 04/28/1994		
Distribution:				Thomas Parker		
Contract Manager	ment / Fiscal Agent	Med	licaid Cost F	Reimbursement Plannin	ng and Finance	•
Permanent File		, 11201	<u> </u>	tomoursoment i mini	ing unit i manive	
For informa	tion Only					
No Change	in Rate					
Home Office:	FiveStar Quality Care Inc					
	400 Cantus Start			i		
	400 Centre Street Newton MA 02458			1 1 1		
	Newton MA 02438			:		



The Court at Palm-Air	e			Provider Number:	0 318795-00
2701 North Course Dr	ive			Date:	9/6/2013
Pompano Beach FL 33	069	•		Fiscal Year End:	6/30/2011
•				Audit Status:	Unaudited [3]
Provider Type:			Current Rate	New Rate	Effective Date
Nursing Home	Single Level		233.31	233.26	7/1/2012
				entering the record of the second	
	Level H: Aids		382.52	382.47	7/1/2012
Rate Type:					
Interim		X	Prospective	e .	
To	otal Interim			Total Prospective	
Int	terim Component			Prospective Adjusted for	
Se	ttlement based on costs		7	Total Prospective with	Interim Component
Pri	or Provider Prospective data				
Basis:		Changes:			
Dudast			Licensure	Rating Change	
Budget X Unaudited co	ete.			Customary Limitation	: !
Field audited				te limitation change	
	nterim portion		FRVS Cha		-
Desk audited	_	<u> X</u>		FA NH10-056W FYF	E 6/30/07
	nterim Portion			ster Change	2 0/0 0/0 /
	Prospective portion			2] as of 04/28/1994	i
Distribution:			7	Thomas Parker	
Contract Managem	ent / Fiscal Agent		innid Contl		and Finance
Permanent File		Med	icaid Cost i	Reimbursement Plannii	ng and rmance
For informati	on Only				
No Change i	•				
Home Office:	FiveStar Quality Care Inc				
Home Office.				:	
	400 Centre Street				
	Newton MA 02458			· !	
	i e				



The Court at Palm-Air		_		Provider Number:	0 318795-00		
2701 North Course Drive		_		Date:	9/6/2013		
Pompano Beach FL 33	3069	•		Fiscal Year End:	6/30/2011		
				Audit Status:	Unaudited [3]		
Provider Type:				riudit Status.	Official (5)		
2, pc.			Current	New	Effective		
NI I IV		-	Rate	Rate	Date		
Nursing Home	Single Level	-	237.23	237.18	1/1/2013		
	Level H: Aids	-	388.04	387.99	1/1/2013		
				· · · · · · · · · · · · · · · · · · ·			
Rate Type:							
Interim		X	Prospective	e			
To	otal Interim		-	Total Prospective			
In	terim Component			Prospective Adjusted for	or New Costs		
Se	ettlement based on costs		7	Total Prospective with	Interim Component		
Pr	ior Provider Prospective data						
Basis:		Changes					
Budget			Licensure	Rating Change			
X Unaudited co	ests		-	Customary Limitation			
Field audited		:		te limitation change			
Field audit -	interim portion		FRVS Cha	ange			
Desk audited	-	X	Effects of	FA NH10-056W FY	E 6/30/07		
	nterim Portion		Rate Semester Change				
Desk Audit -	Prospective portion	<u></u>	On FRV [2	2] as of 04/28/1994			
Distribution:			M	Thomas Parker			
Contract Managem	nent / Fiscal Agent	Me	dicaid Cost I	Reimbursement Plannin	ng and Finance		
Permanent File							
For informat	ion Only						
No Change i	n Rate						
Home Office:	FiveStar Quality Care Inc	.,	 -				
	400 Centre Street						
	Newton MA 02458						
	1.011.021.121.02.120						



The Court at Palm-A	ire	. "		Provider Number:	0 318795-00
2701 North Course D				Date:	9/6/2013
Pompano Beach FL 3	3069			Fiscal Year End:	6/30/2012
				Audit Status:	Unaudited [3]
Provider Type:		_	Current Rate	New Rate	Effective Date
Nursing Home	Single Level	-	237.63	237.57	7/1/2013
Rate Type :					
Interim		X	Prospectiv	e	
Т	otal Interim		- 1	Total Prospective	
It	nterim Component]	Prospective Adjusted for	or New Costs
S	ettlement based on costs			Total Prospective with	Interim Component
P:	rior Provider Prospective data				
Basis:		Changes			
Budget			Licensure	Rating Change	
X Unaudited co	osts	1	- Usual and	Customary Limitation	
Field audited	d costs		Target Ra	te limitation change	
Field audit -	interim portion		FRVS Ch	ange	
Desk audited		X		FA NH10-056W FYI	E 6/30/07
	Interim Portion			ester Change	
	Prospective portion	<u> </u>	On FRV [.	2] as of 04/28/1994	
Distribution:			27)	Thomas Parker	
_	nent / Fiscal Agent	Me	dicaid Cost 1	Reimbursement Planni	ng and Finance
Permanent File					
For informa	tion Only		•		
No Change	in Rate			•	
Home Office:	FiveStar Quality Care Inc				
nome Office.				:	
	400 Centre Street Newton MA 02458				



Royal Care of Avon Park			Provider Number:	0 324213-00
1213 W. Stratford Rd.			Date:	9/25/2013
Avon Park FL 33825			Fiscal Year End:	5/31/2008
			Audit Status:	Field Audited [2]
Provider Type: Nursing Home Single Level	-	Current Rate 176.55	New Rate 175.24	Effective Date 12/1/2007
Training frome Single Level	_	170.55		12/1/2007
Level H: Aids		308.49	307.18	12/1/2007
Rate Type:			-	
X Interim		Prospective	e	
Total Interim		_ ~	Total Prospective	
Interim Component			Prospective Adjusted t	for New Costs
X Settlement based on costs			Total Prospective with	
Prior Provider Prospective data	Į.			
Basis:	Changes	:		
		_		
Budget		_	Rating Change	
Unaudited costs X Field audited costs		_	Customary Limitation	1 .
		- FRVS Cha	te limitation change	
Field audit - interim portion Desk audited costs	X	_	inge lit #NH11-031C FYE	E/21/2009
Desk audit - Interim Portion	<u>A</u>	-	ester Change	3/31/2006
Desk Audit - Prospective portion			2] as of 01/01/1986	
Distribution:	7	7)2	Thomas Parker	
Contract Management / Fiscal Agent	Mε	edicaid Cost	Reimbursement Plann	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office		<u> </u>	 :	
Home Office.			İ	
			; 	



Royal Care of Avon Park		Provider Number:	0 324213-00
1213 W. Stratford Rd.		Date:	9/25/2013
Avon Park FL 33825		Fiscal Year End:	5/31/2008
		Audit Status:	Field Audited [2]
Provider Type:		Audit Status.	Tield Addited [2]
1101201 17901	Current	New	Effective
	Rate	Rate	Date
Nursing Home Single Level	172.79	<u> 170.67</u> _	1/1/2008
Level H: Aids	306.79	304.67	1/1/2008
Rate Type:			
X Interim	Prospective	e	
Total Interim		Total Prospective	
Interim Component		Prospective Adjusted f	
X Settlement based on costs	7	Cotal Prospective with	Interim Component
Prior Provider Prospective data		····	
Basis:	Changes:		
Budget	Licensure	Rating Change	
Unaudited costs		Customary Limitation	1
X Field audited costs	Target Ra	te limitation change	
Field audit - interim portion	FRVS Cha	ange	
Desk audited costs	· 	it #NH11-031C FYE	5/31/2008
Desk audit - Interim Portion Desk Audit - Prospective portion		ester Change 2] as of 01/01/1986	
Distribution:			
Contract Management / Fiscal Agent		Thomas Parker	
Permanent File	Medicaid Cost	Reimbursement Plann	ing and Finance
For information Only			
No Change in Rate			
Home Office: 1 - No Home Office			
		į	



Royal Care of Avon Park 1213 W. Stratford Rd. Avon Park FL 33825				Provider Number:	0 324213-00		
				Date:	9/25/2013 5/31/2008		
				Fiscal Year End:			
				Audit Status:	Field Audited [2]		
Provider Type:				Audit Status.	Tield / tudited [2]		
			Current	New	Effective		
			Rate	Rate	Date		
Nursing Home	Single Level		173.60	<u>171.55</u>	6/1/2008		
	Level H: Aids		307.60	305.55	6/1/2008		
Rate Type :							
Interim		X	Prospective	:			
i	Total Interim			otal Prospective			
	Interim Component		Prospective Adjusted for New Costs				
	Settlement based on costs		Total Prospective with Interim Component				
I	Prior Provider Prospective data						
Basis:		Change	s:				
-			Licongues	Dating Change			
Budget				Rating Change	_		
Unaudited of Y Field audited				Customary Limitation change	1		
	- interim portion		FRVS Cha				
Desk audite	-	<u> X</u>		it #NH11-031C FYE	5/31/2008		
	- Interim Portion			ster Change			
Desk Audit	- Prospective portion			[] as of 01/01/1986			
Distribution:			70	Thomas Parker			
	ement / Fiscal Agent		ledicaid Cost F	Reimbursement Plann	ing and Finance		
Permanent File							
For inform	ation Only						
No Change	e in Rate						
Home Office:	1 - No Home Office						
Trome Office.	i i						
	1						



Royal Care of Avon Park	_		Provider Number:	0 324213-00
1213 W. Stratford Rd.	_		Date:	9/25/2013
Avon Park FL 33825	_		Fiscal Year End:	5/31/2008
			Audit Status:	Field Audited [2]
Provider Type:				
· · · · · · · · · · · · · · · · · · ·		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		175.84	173.53	7/1/2008
Level H: Aids		312.12	309.81	7/1/2008
Rate Type :				
	•	D		
Interim Total Interim	X	Prospective		
Interim Component			Fotal Prospective Prospective Adjusted f	or New Costs
X Settlement based on costs			Total Prospective with	
Prior Provider Prospective data			Total I Tospective with	merm component
				
Basis:	Changes:			
Produce		Licensure	Rating Change	
Budget Unaudited costs			Customary Limitation	
X Field audited costs	\ 		te limitation change	• 1
Field audit - interim portion		FRVS Ch	_	1
Desk audited costs	X		lit #NH11-031C FYE	5/31/2008
Desk audit - Interim Portion			ester Change	
Desk Audit - Prospective portion		On FRV [2] as of 01/01/1986	
Distribution:		7	Thomas Parker	
Contract Management / Fiscal Agent	Med	licaid Cost	Reimbursement Planni	ng and Finance
Permanent File			•	- 3
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office			· · · · · · · · · · · · · · · · · · ·	
Home Office: 1 - No Home Office				
			# #	
			r :	



Royal Care of Avon P	ark			Provider Number:	0 324213-00		
1213 W. Stratford Rd.		_		Date:	9/25/2013		
Avon Park FL 33825		- -		Fiscal Year End:	5/31/2008		
				Audit Status:	Field Audited [2]		
Provider Type:			C	Norm	T.G.		
			Current Rate	New Rate	Effective Date		
Nursing Home	Single Level	-	175.77	174.21	1/1/2009		
	Level H: Aids	-	314.12	312.56	1/1/2009		
	·						
Rate Type:							
Interim		<u>X</u>	Prospective		•		
	otal Interim			Total Prospective			
Interim Component			Prospective Adjusted for New Costs Total Prospective with Interim Component				
	ttlement based on costs ior Provider Prospective data		J	otal Prospective with	Interim Component		
							
Basis:		Changes					
D 1 .			Licanouro	Rating Change			
Budget Unaudited co	ete		-	Customary Limitation	1		
X Field audited				te limitation change	1		
Field audit -	interim portion	i 	FRVS Ch	ange			
Desk audited		X	_	lit #NH11-031C FYE	5/31/2008		
	nterim Portion			ester Change			
Distribution:	Prospective portion		7	2] as of 01/01/1986			
Contract Managen	nent / Fiscal Agent		0	Thomas Parker			
Permanent File	icht / 1 isodi / tgciit	Me	edicaid Cost	Reimbursement Plann	ing and Finance		
For information	ion Only						
No Change	•						
Home Office:	1 - No Home Office			į			
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Royal Care of Avon Park			Provider Number:	0 324213-00
1213 W. Stratford Rd.			Date:	9/25/2013
Avon Park FL 33825			Fiscal Year End:	5/31/2008
	,		Audit Status:	Field Audited [2]
Provider Type:				
		Current	New	Effective
Nursing Home Single Level	_	Rate 161.04	Rate	Date 3/1/2009
Truising Home Single Level		101.04	<u> 159.60</u> _	3/1/2009
Level H: Aids		299.39	297.95	3/1/2009
Rate Type :				
Interim	X	Prospective	•	
Total Interim		7	Total Prospective	
Interim Component			Prospective Adjusted f	
X Settlement based on costs		T	Total Prospective with	Interim Component
Prior Provider Prospective data				
Basis:	Changes:			
		Tiaamanna	Dating Change	
Budget Unaudited costs			Rating Change	
X Field audited costs			Customary Limitation te limitation change	1
Field audit - interim portion		FRVS Cha		
Desk audited costs	X	Field Aud	it #NH11-031C FYE	5/31/2008
Desk audit - Interim Portion			ster Change	
Desk Audit - Prospective portion	·	On FRA	2] as of 01/01/1986	
Distribution:		5	Thomas Parker	
Contract Management / Fiscal Agent	Med	icaid Cost I	Reimbursement Planni	ing and Finance
Permanent File				
For information Only				
No Change in Rate				
Home Office: 1 - No Home Office				



Royal Care of Avon	Park			Provider Number:	0 324213-00
1213 W. Stratford Ro		-		Date:	9/25/2013
Avon Park FL 33825		•		Fiscal Year End:	5/31/2008
				Audit Status:	Field Audited [2]
Provider Type: Nursing Home	Single Level	· <u>-</u>	Current Rate	New Rate 197.64	Effective Date 4/1/2009
	Single 20 (V)		177.50		17172005
	Level H: Aids	_	337.65	335.99	4/1/2009
Rate Type:					
Interim		X	Prospective	e	
	Total Interim			Total Prospective	
	nterim Component			Prospective Adjusted f	
	Settlement based on costs		7	Total Prospective with	Interim Component
F	Prior Provider Prospective data			·	
Basis:		Changes:			
			_		
Budget				Rating Change	
Unaudited of				Customary Limitation	ı
X Field audite	1		_	te limitation change	
	- interim portion		FRVS Ch	U	# /2.1 /2.00G
Desk audite	Interim Portion	<u>X</u>		lit #NH11-031C FYE ester Change	5/31/2008
	- Prospective portion			2] as of 01/01/1986	
Distribution:		7	7	Thomas Parker	
Contract Manage	ment / Fiscal Agent	Med	licaid Cost	Reimbursement Planni	ing and Finance
Permanent File					8
For inform	ation Only				
No Change	e in Rate				
Home Office:	1 - No Home Office				
nome Office:				:	



Royal Care of Avon Park			Provider Number:	0 324213-00
1213 W. Stratford Rd.			Date:	9/25/2013
Avon Park FL 33825			Fiscal Year End:	5/31/2008
			Audit Status:	Field Audited [2]
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		203.72		7/1/2009
Level H: Aids		344.07	340.50	7/1/2009
Rate Type: InterimTotal Interim	X		Total Prospective	S. N
Interim Component			rospective Adjusted for the control of the control	
X Settlement based on costs Prior Provider Prospective data			otal Prospective with	interin 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		Usual and Target Rat FRVS Cha Field Aud Rate Seme	Rating Change Customary Limitation the limitation change unge it #NH11-031C FYE ster Change as of 01/01/1986	
Distribution:		1-1	Thomas Parker	
Contract Management / Fiscal Agent Permanent File For information Only No Change in Rate	Med	icaid Cost I	Reimbursement Plann	ing and Finance
Home Office: 1 - No Home Office			·	