

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

Summary of Log data

Provider Number: 000141800-00

HCR Manor Care Services of Florida, Inc.-Duval County

| • | Nursing Home Mo | edicaid Number | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|-----------------|----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 1 | |
| TAYLOR HOME FOR THE AGED, INC. | 204536 | 204536 | 233 | \$189.68 | \$44,195.44 |
| West Jacksonville Health and Rehabilitation C | 218171 | 218171 | 338 | \$200.17 | \$67,657.46 |
| Doctors Lake of Orange Park | 223883 | 223883 | 836 | \$203.13 | \$169,816.68 |
| First Coast Health and Rehabilitation Center | 227838 | 227838 | 10 | \$210.07 | \$2,100.70 |
| Park Ridge Nursing Center | 228401 | 228401 | 1,017 | \$186.42 | \$189,589.14 |
| Governor's Creek Health and Rehab. | 252387 | 043875 | 230 | \$201.15 | \$46,264.50 |
| Current Name:Governor's Creek Health and Rehabilita Harts Harbor Health Care Center | 252417 | 043865 | 418 | \$197.79 | \$82,676.22 |
| EdgeWood Nursing Center | 254878 | 254878 | 83 | \$197.73 | \$16,411.59 |
| Riverwood Center, LLC | 260673 | 260673 | 12 | \$210.74 | \$2,528.88 |
| Jacksonville Nursing and Rehab | 263494 | 263494 | 254 | \$216.32 | \$54,945.28 |
| Macclenny Nursing and Rehab | 263516 | 263516 | 129 | \$208.42 | \$26,886.18 |
| Consulate Health Care of Jacksonville | 319503 | 080384 | 517 | \$198.23 | \$102,484.91 |
| Heartland Health Care Center-Jacksonville | 325236 | 325236 | 1,473 | \$206.84 | \$304,675.31 |
| Heartland Health Care Center-Orange Park | 325261 | 325261 | 1,543 | \$206.55 | \$318,706.65 |
| Heartland Health Care Center of South Jackson | 325287 | 325287 | 1,188 | \$199.71 | \$237,255.49 |

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Summary of Log data

Provider Number: 000141800-00

HCR Manor Care Services of Florida, Inc.-Duval County

| | Nursing Home M | ledicaid Number | Total Nursing . Home | 01/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|----------------|-----------------|----------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | |
| Total | | | 8,28 | 1 \$1,666,194.43 |

Average Nursing Home Rate (Weighted by days) =1,666,194.43/8,281=201.21 Room and Board Rate 01/01/2014: $201.21 \times 95\% = 191.15 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 000532400-00

Samaritan Care Hospice of Osceola, LLC-Orange County

| | Nursing Home M | Aedicaid Number | Total Nursing | 01/01/2014 Nursing Home | |
|--|----------------|-----------------|------------------|----------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Osceola Health Care Center | 005219 | 005219 | 327 | \$219.73 | \$71,851.71 |
| Lake Bennett Health and Rehablitation | 017301 | 017301 | 72 | \$215.25 | \$15,498.00 |
| Keystone Rehabilitation and Health Center | 043839 | 043839 | 1,203 | \$206.69 | \$248,648.07 |
| Rio Pinar Health Care | 043846 | 043846 | 172 | \$215.58 | \$37,079.76 |
| The Parks Healthcare and Rehabilitation Center | 043850 | 043850 | 542 | \$215.29 | \$116,687.18 |
| Plantation Bay Rehabilitation Center | 043853 | 043853 | 25 | \$217.90 | \$5,447.50 |
| Colonial Lakes Health Care | 043854 | 043854 | 205 | \$216.37 | \$44,355.85 |
| Health Central Park | 048441 | 048441 | 10 | \$231.26 | \$2,312.60 |
| Rosewood Health and Rehabilitation Center | 059869 | 059869 | 742 | \$217.41 | \$161,318.22 |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 35 | \$237.50 | \$8,312.50 |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 46 | \$213.98 | \$9,843.08 |
| Orlando Health and Rehabilitation Center | 223654 | 223654 | 515 | \$181.74 | \$93,596.10 |
| Avante at Orlando | 223808 | 223808 | 18 | \$220.83 | \$3,974.94 |
| MK of Winter Garden LLC | 225410 | 225410 | 375 | \$230.97 | \$86,613.75 |
| Southern Oaks Health Care | 253146 | 253146 | 3,668 | \$189.57 | \$695,342.79 |
| The Palms At Park Place | 253421 | 253421 | 530 | \$199.78 | \$105,883.40 |
| Avante at St. Cloud | 259870 | 259870 | 1,277 | \$221.96 | \$283,442.93 |
| Report Produced: 1/15/2014 1:36:44PM | | | P | age 3 of 107 | |



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

Summary of Log data

Provider Number: 000532400-00

Samaritan Care Hospice of Osceola, LLC-Orange County

| | · Nursing Home M | ledicaid Number | Total Nursing . Home | ng Nursing Hom | Weighted Average Rate Computation |
|---|------------------|---|----------------------------|----------------|-----------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Metrowest Nursing and Rehab | 263541 | 263541 | 39 | \$226.59 | \$8,837.01 |
| Conway Lakes Health & Rehabilitation Center | 264512 | 264512 | 395 | \$226.71 | \$89,550.45 |
| Regents Park of Winter Park | 269719 | 269719 | 657 | \$201.77 | \$132,562.89 |
| Ocoee Health Care Facility | 324159 | 324159 | 1 | \$224.52 | \$224.52 |
| Courtyards of Orlando | 324175 | 324175 | 523 | \$214.68 | \$112,277.64 |
| Winter Park Care and Rehabilitation Center | 324515 | 324515 | 576 | \$209.15 | \$120,470.40 |
| Total | | 100 - | √ 11,95° | 3 | \$2,454,131.29 |

Average Nursing Home Rate (Weighted by days) =2,454,131.29/11,953=205.32 Room and Board Rate 01/01/2014: $205.32 \times 95\% = 195.05 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| | Nursing Home I | ing Home Medicaid Number Nursing Nursing Home Aver | | Jursing Hama Medicaid Number Nursing | | Nursing Nursing Home Home Rate | Weighted Average Rate Computation |
|--|----------------|--|-------|--------------------------------------|----------------|-----------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | ***** | Companies. | | |
| Osceola Health Care Center | 005219 | 005219 | 664 | \$219.73 | \$145,900.72 | | |
| Debary Manor | 005372 | 005372 | 30 | \$197.98 | \$5,939.40 | | |
| Flagler Pines | 005374 | 005374 | 180 | \$209.50 | \$37,710.00 | | |
| Longwood Health Care Center | 005379 | 005379 | 1,771 | \$205.96 | \$364,755.17 | | |
| The Rehabilitation Center of Winter Park | 005380 | 005380 | 2,889 | \$210.32 | \$607,614.50 | | |
| Carnegie Gardens Nursing Center | 005519 | 005519 | 1,171 | \$220.00 | \$257,620.00 | | |
| Manor on the Green | 005543 | 005543 | 538 | \$216.71 | \$116,589.98 | | |
| Oakwood Garden of Deland | 005547 | 005547 | 332 | \$204.61 | \$67,930.52 | | |
| Oaks Of Kissimmee | 005549 | 005549 | 1,316 | \$213.74 | \$281,281.85 | | |
| Lake Bennett Health and Rehablitation | 017301 | 017301 | 2,302 | \$215.25 | \$495,505.50 | | |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 475 | \$194.39 | \$92,335.25 | | |
| Carlton Shores Health and Rehab Center | 022138 | 022138 | 43 | \$236.65 | \$10,175.95 | | |
| The Health Center Of Windermere | 030479 | 030479 | 1,251 | \$220.68 | \$276,070.67 | | |
| The Health Center of Merritt Island | 030491 | 030491 | 4,415 | \$230.86 | \$1,019,246.90 | | |
| The Health Center of Daytona Beach | 030535 | 030535 | 5 | \$221.30 | \$1,106.50 | | |
| University Center West | 041685 | 041685 | 365 | \$216.30 | \$78,949.50 | | |
| University Center East | 041686 | 041686 | 234 | \$206.78 | \$48,386.52 | | |
| Papart Produced: 1/15/2014 1:36:44PM | | | D | age 5 of 107 | | | |

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Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| | Nursing Home M | | | Nursing Nursing Home | |
|---|----------------|---------|------------|--------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| Colonial Lakes Health Care | 043854 | 043854 | 1,659 | \$216.37 | \$358,957.82 |
| Grand Oaks Health and Rehabilitation Center | 043864 | 043864 | 23 | \$201.16 | \$4,626.68 |
| Deltona Health Care | 043868 | 043868 | 1,194 | \$212.91 | \$254,214.54 |
| Health Central Park | 048441 | 048441 | 1,189 | \$231.26 | \$274,968.13 |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 1,093 | \$237.50 | \$259,587.50 |
| Center for Health Care of The Alliance Commu | 202789 | 202789 | 16 | \$189.03 | \$3,024.48 |
| Olds Hall Good Samaritan | 204391 | 204391 | 327 | \$231.58 | \$75,726.66 |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 736 | \$213.98 | \$157,489.28 |
| The Commons at Orlando Lutheran Towers | 205796 | 205796 | 668 | \$203.64 | \$136,031.52 |
| Westminster Towers | 208540 | 208540 | 332 | \$200.12 | \$66,439.84 |
| Courtenay Springs Village | 209325 | 209325 | 2,627 | \$219.04 | \$575,418.06 |
| Bishop's Glen Health Care Center | 209511 | 209511 | 246 | \$239.60 | \$58,941.60 |
| Winter Park Towers | 209848 | 209848 | 1,342 | \$195.06 | \$261,770.52 |
| Life Care Center of Altamonte Springs | 210137 | 210137 | 1,436 | \$216.79 | \$311,310.43 |
| Huntington Place Care & Rehabilitation Center | 211281 | 211281 | 488 | \$186.61 | \$91,065.68 |
| Woodland Terrace | 212636 | 212636 | 679 | \$165.52 | \$112,388.08 |
| West Melbourne Health & Rehabilitation Cente Report Produced: 1/15/2014 1:36:44PM | 217727 | 217727 | 2,213 P | \$206.78 age 6 of 107 | \$457,604.14 |



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Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| • | Nursing Home Wedicald Number | | Nursing Nursing Home | | ing Home Medicaid Number Nursing Nursing Home | | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------|--------------------------|---|--|---|
| Nursing Home Provider Name | As Reported | Current | Days | | | | |
| Daytona Beach Health and Rehabilitation Cent | 217743 | 217743 | 1,356 | \$216.10 | \$293,031.61 | | |
| Orlando Health and Rehabilitation Center | 223654 | 223654 | 3,555 | \$181.74 | \$646,085.72 | | |
| Avante at Orlando | 223808 | 223808 | 2,031 | \$220.83 | \$448,505.73 | | |
| MK of Winter Garden LLC | 225410 | 225410 | 2,053 | \$230.97 | \$474,181.41 | | |
| Ocean View Nursing and Rehabilitation Center | 226351 | 226351 | 278 | \$200.61 | \$55,769.58 | | |
| Rockledge Rehab and Nursing Center | 227587 | 227587 | 1,823 | \$225.58 | \$411,232.34 | | |
| Life Care Center of Melbourne | 228338 | 228338 | 733 | \$203.19 | \$148,938.27 | | |
| Avante at Melbourne | 252018 | 252018 | 515 | \$235.94 | \$121,509.10 | | |
| Avante at Ormond Beach | 252034 | 252034 | 93 | \$226.21 | \$21,037.53 | | |
| Lake Mary Health and Rehab.Center | 252310 | 043871 | 152 | \$206.90 | \$31,448.80 | | |
| Current Name:Lake Mary Health and Rehabilitation C Island Health and Rehab. Center | enter 252352 | 059866 | 783 | \$189.02 | \$148,002.66 | | |
| Current Name:Island Health and Rehabilitation Center The Palms Rehab. and Healthcare Center | 252395 | 043847 | 4,215 | \$216.81 | \$913,854.14 | | |
| Current Name: The Palms Rehabilitation and Healthcar Plantation Bay Rehabilitation Center | re Center 252441 | 043853 | 1,609 | \$217.90 | \$350,601.09 | | |
| Rio Pinar Health Care | 252450 | 043846 | 2,269 | \$215.58 | \$489,151.02 | | |
| Rosewood Health and Rehab. Center | 252468 | 059869 | 1,893 | \$217.41 | \$411,557.14 | | |
| Current Name:Rosewood Health and Rehabilitation Co OAKTREE HEALTHCARE | enter 252476 | 043843 | 161 | \$219.30 | \$35,307,30 | | |
| Current Name:Oaktree Healthcare Vista Manor Report Produced: 1/15/2014 1:36:44PM | 252522 | 061109 | 987 P | \$202.85 age 7 of 107 | \$200,212.96 | | |



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Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| | Nursing Home M | edicaid Number | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Southern Oaks Health Care | 253146 | 253146 | 1,340 | \$189.57 | \$254,023.81 |
| The Palms At Park Place | 253421 | 253421 | 341 | \$199.78 | \$68,124.98 |
| PG of Orlando | 257303 | 257303 | 2,757 | \$200.96 | \$554,046.74 |
| Indigo Manor | 258750 | 258750 | 1,056 | \$227.57 | \$240,313.93 |
| Avante at St. Cloud | 259870 | 259870 | 550 | \$221.96 | \$122,078.00 |
| The Parks Healthcare and Rehabilitation Center | 259934 | 043850 | 1,058 | \$215.29 | \$227,776.81 |
| Bridgeview Center, LLC | 260371 | 260371 | 47 | \$222.90 | \$10,476.30 |
| Coquina Center, LLC | 260649 | 260649 | 173 | \$227.54 | \$39,364.42 |
| Island Lake Center, LLC | 260657 | 260657 | 1,591 | \$220.95 | \$351,531.45 |
| Indian River Center LLC | 260665 | 260665 | 709 | \$220.61 | \$156,412.49 |
| Terra Vista Rehabilitation and Health Center | 261611 | 261611 | 1,656 | \$200.35 | \$331,779.61 |
| Atlantic Shores Nursing and Rehab | 263389 | 263389 | 682 | \$214.25 | \$146,118.50 |
| Port Orange Nursing and Rehab | 263508 | 263508 | 199 | \$222.84 | \$44,345.16 |
| Metrowest Nursing and Rehab | 263541 | 263541 | 1,271 | \$226.59 | \$287,995.89 |
| Orange City Nursing and Rehab | 263567 | 263567 | 938 | \$217.44 | \$203,958.72 |
| Tuskawilla Nursing and Rehab | 263591 | 263591 | 1,055 | \$218.32 | \$230,327.61 |
| Hunter's Creek Nursing and Rehab Report Produced: 1/15/2014 1:36:44PM | 263605 | 263605 | 162 P | \$240.13 age 8 of 107 | \$38,901.06 |



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Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| | Nursing Home M | ledicaid Number | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|-----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | itate | Computation |
| | | | | | |
| Healthcare and Rehabilitation Center of Sanfor | 263931 | 263931 | 138 | \$190.79 | \$26,329.02 |
| Titusville Rehabilitation and Nursing Center | 263974 | 263974 | 2,215 | \$220.86 | \$489,204.90 |
| Conway Lakes Health & Rehabilitation Center | 264512 | 264512 | 422 | \$226.71 | \$95,671.62 |
| Melbourne Terrace Restorative Care Center | 264547 | 264547 | 2,527 | \$227.27 | \$574,311.30 |
| Majestic Oaks Continuing Care Complex | 269000 | 269000 | 430 | \$201.80 | \$86,774.00 |
| Regents Park of Winter Park | 269719 | 269719 | 354 | \$201.77 | \$71,426.58 |
| Ridgecrest Nursing & Rehabilitation Center | 282464 | 282464 | 1,565 | \$215.57 | \$337,367.06 |
| The Terrace at Daytona Beach | 282553 | 282553 | 1,024 | \$167.96 | \$171,991.05 |
| SandalWood Nursing Center | 312045 | 312045 | 515 | \$198.09 | \$102,016.35 |
| Savannah Cove of Maitland | 312550 | 312550 | 178 | \$207.38 | \$36,913.64 |
| Lutheran Haven Nursing Home | 313718 | 313718 | 260 | \$203.90 | \$53,014.00 |
| Keystone Rehab. and Health Center | 317560 | 043839 | 1,772 | \$206.69 | \$366,254.68 |
| Current Name: Keystone Rehabilitation and Health Cen Consulate Health Care of Kissimmee | 319511 | 080387 | 193 | \$194.05 | \$37,451.65 |
| Consulate Health Care Melbourne | 319520 | 080394 | 477 | \$191.52 | \$91,355.04 |
| Current Name:Consulate Health Care of Melbourne Consulate Health Care of West Altamonte | 319546 | 080431 | 1,221 | \$195.52 | \$238,729.93 |
| Current Name: Consulate Health Care at West Altamon Sunbelt Health & Rehab Center - Apopka, Inc. | 320412 | 320412 | 771 | \$210.57 | \$162,349.48 |

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Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| | Nursing Home N | Aedicaid Number | | - | Weighted ne Average Rate Computation | |
|---|----------------|-----------------|----------------------|----------|--|--|
| Nursing Home Provider Name | As Reported | Current | Days | | | |
| East Orlando Health & Rehab Center, Inc. | 320421 | 320421 | 1,551 | \$235.92 | \$365,911.92 | |
| Adventist Care Centers - Courtland, Inc. | 320439 | 320439 | 1,162 | \$216.49 | \$251,561.39 | |
| Florida Living Nursing Center | 320463 | 320463 | 2,996 | \$228.46 | \$684,466.18 | |
| Ocoee Health Care Facility | 324159 | 324159 | 3,526 | \$224.52 | \$791,657.54 | |
| Signature Healthcare of Ormond | 324442 | 324442 | 26 | \$214.82 | \$5,585.32 | |
| Anchor Care & Rehabilitation Center | 324451 | 324451 | 895 | \$200.21 | \$179,187.96 | |
| Winter Park Care and Rehabilitation Center | 324515 | 324515 | 1,030 | \$209.15 | \$215,424.49 | |
| ManorCare Nursing and Rehabilitation Center | 325279 | 325279 | 981 | \$197.30 | \$193,551.30 | |
| Total | | | √ _{100,569} | 9 \$ | 21,503,192.18 | |

Average Nursing Home Rate (Weighted by days) =21,503,192.18/100,569=213.82 Room and Board Rate 01/01/2014: $213.82 \times 95\% = 203.12 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

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

Summary of Log data

Provider Number: 001572800-00

Odyssey Health Care Miami-Dade-Dade County

| | Nursing Home N | 1edicaid Number | Total Nursing | 01/01/2014 Nursing Home | |
|--|----------------|-----------------|------------------|----------------------------|--------------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| Flagler Pines | 005374 | 005374 | 45 | \$209.50 | \$9,427.50 |
| Fountainhead Care Center | 005523 | 005523 | 340 | \$215.01 | \$73,103.40 |
| Manor on the Green | 005543 | 005543 | 166 | \$216.71 | \$35,973.86 |
| Oakwood Garden of Deland | 005547 | 005547 | 4 | \$204.61 | \$818.44 |
| Avante at Ocala | 005701 | 005701 | 9 | \$220.82 | \$1,987.38 |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 281 | \$194.39 % | \$54,623.59 |
| The Health Center of Daytona Beach | 030535 | 030535 | 418 | \$221.30 | \$92,503.40 |
| Unity Health and Rehab Center | 032482 | 032482 | 1,299 | \$224.81 | \$292,028.19 |
| Oaktree Healthcare | 043843 | 043843 | 124 | \$219.30 | \$27,193.20 |
| Victoria Nursing and Rehabilitation Center, In | 046128 | 046128 | 263 | \$233.55 | \$61,423.65 |
| Riverside Care Center | 046758 | 046758 | 104 | \$239.30 | \$24,887.20 |
| South Dade Nursing and Rehabilitation Center | 054789 | 054789 | 314 | \$199.66 | \$62,693.24 |
| Golden Glades Nursing and Rehabilitation Cen | 054790 | 054790 | 39 | \$230.49 | \$8,989 .11 |
| Floridean Nursing Home, Inc. | 200425 | 200425 | 7 | \$242.71 | \$1,698.97 |
| Center for Health Care of The Alliance Commu | 202789 | 202789 | 344 | \$189.03 | \$65,026.32 |
| Olds Hall Good Samaritan | 204391 | 204391 | 330 | \$231.58 | \$76,421.40 |
| Florida Club Care Center | 207993 | 054790 | 75 | \$230.49 \$ | \$17,286.75 |
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 001572800-00

Odyssey Health Care Miami-Dade-Dade County

| , | Nursing Home M | ledicaid Number | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------------|-----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Current Name:Golden Glades Nursing and Rehabilitat Claridge House Nursing & Rehabilitation Cente | ion Center 208507 | 208507 | 125 | \$215.38 | \$26,922.50 |
| Emory L. Bennett State Veterans' Nursing Hom | 210889 | 210889 | 214 | \$233.38 | \$49,943.32 |
| Oceanside Extended Care Center | 212733 | 212733 | 261 | \$152.79 | \$39,878.19 |
| Marion House Health Care Center | 214043 | 048611 | 2 | \$236.15 | \$472.30 |
| Current Name:Ocala Oaks Rehabilitation Center Ocala Health & Rehabilitation Center | 217395 | 217395 | 268 | \$199.15 | \$53,372.20 |
| Regents Park at Aventura | 223239 | 223239 | 185 | \$229.59 | \$42,474.15 |
| Plantation Nursing & Rehab Center | 226017 | 226017 | 149 | \$252.75 | \$37,659.75 |
| Fair Havens Center | 227226 | 227226 | 2,013 | \$157.90 * | \$317,852.69 |
| New Horizon Health & Rehab Center | 227773 | 227773 | 90 | \$246.19 | \$22,157.10 |
| North Beach Nursing & Rehabilitation Center | 228001 | 228001 | 227 | \$251.29 | \$57,042.83 |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 426 | \$244.17 | \$104,016.42 |
| Oakhurst Care & Rehabilitation Center | 251721 | 251721 | 197 | \$202.68 | \$39,927.96 |
| Avante at Ormond Beach | 252034 | 252034 | 66 | \$226.21 | \$14,929.86 |
| Hawthorne Health & Rehab of Ocala | 253456 | 253456 | 739 | \$204.80 | \$151,347.20 |
| Arch Plaza Nursing & Rehabilitation Center | 254291 | 254291 | 366 | \$258.46 | \$94,596.36 |
| PG of Ocala | 257290 | 257290 | 54 | \$196.03 | \$10,585.62 |
| PG of North Miami Report Produced: 1/15/2014 1:36:44PM | 257494 | 257494 | 135 P | \$212.16 age 12 of 107 | \$28,641.60 |



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

Summary of Log data

Provider Number: 001572800-00

Odyssey Health Care Miami-Dade-Dade County

| | Nursing Home Medicaid Number | | Total Nursing | 01/01/2014 Nursing Home | |
|---|------------------------------|---------|------------------|---------------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| Indigo Manor | 258750 | 258750 | 295 | \$227.57 | \$67,133.15 |
| Bridgeview Center, LLC | 260371 | 260371 | 13 | \$222.90 | \$2,897.70 |
| Sinai Plaza Nursing and Rehab | 260771 | 260771 | 16 | \$254.10 | \$4,065.60 |
| Port Orange Nursing and Rehab | 263508 | 263508 | 227 | \$222.84 | \$50,584.68 |
| Orange City Nursing and Rehab | 263567 | 263567 | 25 | \$217.44 | \$5,436.00 |
| Hialeah Nursing and Rehabilitation Center | 265730 | 265730 | 1,001 | \$189.35 A | \$189,539.36 |
| Susanna Wesley Health Center | 268062 | 268062 | 32 | \$245.37 | \$7,851.84 |
| Harmony Health Center | 269107 | 269107 | 868 | \$191.99 | \$166,647.32 |
| West Gables Health Care Center | 282359 | 282359 | 41 | \$237.51 | \$9,737.91 |
| Coral Reef Nursing and Rehabilitation Center | 282529 | 282529 | 8 | \$240.05 | \$1,920.40 |
| The Terrace at Daytona Beach | 282553 | 282553 | 115 | \$167.96 & | \$19,315.40 |
| Aventura Plaza Rehabilitation and Nursing Cen | 284823 | 284823 | 132 | \$278.10 | \$36,709.20 |
| Hebrew Home of South Beach | 308242 | 308242 | 455 | \$232.91 | \$105,974.05 |
| Ponce Plaza Nursing & Rehab Center | 308251 | 308251 | 202 | \$240.96 | \$48,673.92 |
| Watercrest Care Center | 310409 | 089220 | 41 | \$229.60 | \$9,413.60 |
| South Pointe Plaza | 311308 | 311308 | 420 | \$196.89 | \$82,693.80 |
| Hampton Court Nursing Center Report Produced: 1/15/2014 1:36:44PM | 324027 | 324027 | 627 P | \$247.25 A age 13 of 107 | \$155,025.75 |



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

Summary of Log data

Provider Number: 001572800-00

Odvssev Health Care Miami-Dade-Dade County

| Nursing Home Provider Name | · Nursing Home N | · Nursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------|--------------------------------|----------|------------------------------------|-----------------------------------|
| | As Reported | Current | Days | | |
| Palmetto Rehabilitation and Health Center | 324167 | 324167 | 196 | \$249.88 | \$48,976.48 |
| Signature Healthcare of Brookwood Gardens | 324418 | 324418 | 38 | \$211.37 | \$8,032.06 |
| Signature Healthcare of Ormond | 324442 | 324442 | 177 | \$214.82 | \$38,023.14 |
| Total | | | / 14,608 | ł | \$3,056,557.01 |

Average Nursing Home Rate (Weighted by days) =3,056,557.01/14,608=209.24 Room and Board Rate 01/01/2014: $209.24 \times 95\% = 198.78 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 001636100-00

Regency Hospice of NW Florida, Inc. -Escambia County

| | Nursing Home Medicaid Number | | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | o o p u u u u |
| Rosewood Manor | 017223 | 017223 | 78 | \$205.79 | . \$16,051.62 |
| Grand Boulevard Health & Rehab. Center | 017242 | 017242 | 245 | \$232.17 | \$56,881.65 |
| Crestview Rehabilitation Center | 044886 | 044886 | 67 | \$227.16 | \$15,219.72 |
| Fort Walton Rehabilitation Center | 044888 | 044888 | 883 | \$233.21 | \$205,924.44 |
| Emerald Coast Center | 212903 | 212903 | 666 | \$197.42 | \$131,481.72 |
| Santa Rosa Health & Rehabilitation Center | 220612 | 220612 | 137 | \$216.03 | \$29,596.11 |
| Pensacola Health Care Facility | 224243 | 224243 | 33 | \$218.64 | \$7,215.12 |
| The Health Center of Pensacola | 229571 | 030487 | 200 | \$222.34 | \$44,468.00 |
| Current Name:The Health Center of Pensacola, Inc. Destin Healthcare and Rehab. Center | 252166 | 061101 | 1,920 | \$191.23 ★ | \$367,161.59 |
| Current Name:Destin Healthcare and Rehabilitation C Haven of Our Lady of Peace | Center 258831 | 258831 | 3 | \$219.75 | \$659.25 |
| UniHealth Post-Acute Care- Santa Rosa | 259331 | 259331 | 481 | \$194.07 | \$93,347.67 |
| Life Care Center of Pensacola | 315664 | 315664 | 147 | \$213.05 | \$31,318.35 |
| Chautauqua Rehabilitation & Nursing Center | 324361 | 324361 | 904 | \$205.43 | \$185,708.71 |
| Southern Oaks Rehabilitation and Nursing Cent | 324566 | 324566 | 1,038 | \$211.36 | \$219,391.68 |

Report Produced: 1/15/2014 1:36:44PM Page 15 of 107



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

Summary of Log data

Provider Number: 001636100-00

Regency Hospice of NW Florida, Inc. -Escambia County

| Nursing Home Provider Name | Nursing Home M | edicaid Number | Total Nursing - Home | 01/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|----------------|----------------|----------------------------|--|
| | As Reported , | Current | Days | |
| Total | | <u> </u> | J 6.802 | \$1 404 425 63 |

Average Nursing Home Rate (Weighted by days) =1,404,425.63/6,802=206.47 Room and Board Rate 01/01/2014: $206.47 \times 95\% = 196.15$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 002782200-00

Seasons Hospice and Palliative Care of Southern FL-Dade County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted e Average Rate Computation | |
|--|------------------------------|---------|----------------------------|------------------------------------|---|--|
| Nursing Home Provider Name | As Reported | Current | Days | Ratt | Computation | |
| Berkshire Manor | 005388 | 005388 | 13 | \$234.15 | \$3,043.95 | |
| Fountainhead Care Center | 005523 | 005523 | 189 | \$215.01 | \$40,636.89 | |
| Unity Health and Rehab Center | 032482 | 032482 | 113 | \$224.81 | \$25,403.53 | |
| Riverside Care Center | 046758 | 046758 | 132 | \$239.30 | \$31,587.60 | |
| New Riviera Nursing and Rehabilitation Center | 048807 | 048807 | 50 | \$241.10 | \$12,055.00 | |
| South Dade Nursing and Rehabilitation Center | 054789 | 054789 | 194 | \$199.66 | \$38,734.04 | |
| Golden Glades Nursing and Rehabilitation Cen | 054790 | 054790 | 5 | \$230.49 | \$1,152.45 | |
| Miami Jewish Health Systems | 200506 | 200506 | 10,180 | \$231.78 | \$2,359,520.39 | |
| Pines Nursing Home | 200620 | 200620 | 301 | \$228.92 🛧! | \$68,904.92 | |
| Perdue Medical Center | 203670 | 203670 | 796 | \$230.31 | \$183,326.76 | |
| Jackson Memorial Long Term Care Center | 204161 | 204161 | 2 | \$227.64 | \$455.28 | |
| Claridge House Nursing & Rehabilitation Cente | 208507 | 208507 | 324 | \$215.38 | \$69,783.12 | |
| Miami Gardens Care Centre, Inc. | 210617 | 088049 | 165 | \$252.77 | \$41,707.05 | |
| Current Name:Cross Gardens Care Center Oceanside Extended Care Center | 212733 | 212733 | 320 | \$152.79 | \$48,892.80 | |
| Regents Park at Aventura | 223239 | 223239 | 472 | \$229.59 | \$108,366.48 | |
| Pinecrest Convalescent Center | 225754 | 225754 | 598 | \$250.00 | \$149,500.00 | |
| Fair Havens Center | 227226 | 227226 | 520 | \$157.90 - | \$82,108.00 | |
| Report Produced: 1/15/2014 1:36:44PM | | | q | age 17 of 107 | | |

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

Summary of Log data

Provider Number: 002782200-00

Seasons Hospice and Palliative Care of Southern FL-Dade County

| | · Nursing Home Medicaid Number | | Total Nursing | 01/01/2014 Nursing Home | |
|--|--|---------|------------------|----------------------------|----------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| PG of North Miami | 257494 | 257494 | 236 | \$212.16 | \$50,069.76 |
| Sinai Plaza Nursing and Rehab | 260771 | 260771 | 407 | \$254.10 | \$103,418.70 |
| Hialeah Nursing and Rehabilitation Center | 265730 | 265730 | 273 | \$189.35 | \$51,692.55 |
| Susanna Wesley Health Center | 268062 | 268062 | 294 | \$245.37 | \$72,138.78 |
| Harmony Health Center | 269107 | 269107 | 531 | \$191.99 * | \$101,946.69 |
| West Gables Health Care Center | 282359 | 282359 | 263 | \$237.51 | \$62,465.13 |
| Coral Reef Nursing and Rehabilitation Center | 282529 | 282529 | 81 | \$240.05 | \$19,444.05 |
| Hebrew Home of South Beach | 308242 | 308242 | 1 | \$232.91 | \$232.91 |
| Watercrest Care Center | 310409 | 089220 | 300 | \$229.60 | \$68,880.00 |
| South Pointe Plaza | 311308 | 311308 | 196 | \$196.89 | \$38,590.44 |
| Hampton Court Nursing Center | 324027 | 324027 | 318 | \$247.25 | \$78,625.50 |
| Palmetto Rehabilitation and Health Center | 324167 | 324167 | 1,157 | \$249.88 | \$289,111.17 |
| Total | again hanga dhangain hangain h | | 18,43 | 1 | \$4,201,793.93 |

Average Nursing Home Rate (Weighted by days) =4,201,793.93/18,431=227.97 Room and Board Rate 01/01/2014: 227.97 x 95% = 216.58

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 003694700-00 Brevard HMA, LLC-Brevard County

| | · Nursing Home Medicaid N | | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted e Average Rate Computation | |
|---|---------------------------|---------|----------------------------|------------------------------------|---|--|
| Nursing Home Provider Name | As Reported | Current | Days | 24000 | Companied | |
| Wuesthoff Progressive Care Center | 028602 | 028602 | 2,947 | \$215.22 | \$634,253.34 | |
| The Health Center of Merritt Island | 030491 | 030491 | 240 | \$230.86 | \$55,406.40 | |
| Island Health and Rehabilitation Center | 059866 | 059866 | 291 | \$189.02 | \$55,004.82 | |
| Vista Manor | 061109 | 061109 | 433 | \$202.85 | \$87,834.05 | |
| Huntington Place Care & Rehabilitation Center | 211281 | 211281 | 536 | \$186.61 | \$100,022.96 | |
| Rockledge Rehab and Nursing Center | 227587 | 227587 | 1,383 | \$225.58 | \$311,977.14 | |
| Avante at Melbourne | 252018 | 252018 | 1,045 | \$235.94 | \$246,557.30 | |
| Indian River Center LLC | 260665 | 260665 | 895 | \$220.61 | \$197,445.95 | |
| Atlantic Shores Nursing and Rehab | 263389 | 263389 | 505 | \$214.25 | \$108,196.25 | |
| Titusville Rehabilitation and Nursing Center | 263974 | 263974 | 129 | \$220.86 | \$28,490.94 | |
| Melbourne Terrace Restorative Care Center | 264547 | 264547 | 566 | \$227.27 | \$128,634.82 | |
| Life Care Center of Palm Bay | 268186 | 268186 | 365 | \$207.45 | \$75,719.25 | |
| Consulate Health Care Melbourne | 319520 | 080394 | 4,461 | \$191.52 | \$854,370.74 | |
| Current Name: Consulate Health Care of Melbourne Anchor Care & Rehabilitation Center | 324451 | 324451 | 305 | \$200.21 | \$61,064.05 | |

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

Summary of Log data

Provider Number: 003694700-00 Brevard HMA, LLC-Brevard County

| Nursing Home Provider Name | · Nursing Home M | edicaid Number | Total Nursing - Home | 01/01/2014 Nursing Home A | Weighted Average Rate Computation |
|----------------------------|---------------------------------------|----------------|----------------------------|------------------------------|-----------------------------------|
| | As Reported | Current | Days | | |
| Total | · · · · · · · · · · · · · · · · · · · | | 14.101 | \$2 | 2.944.978.03 |

Average Nursing Home Rate (Weighted by days) =2,944,978.03/14,101=208.85 Room and Board Rate 01/01/2014: $208.85 \times 95\% = 198.41 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 003815300-00

HCR Manor Care of Florida III, Inc.-Broward County

| · Nursing Home Medicaid Number | | 1edicaid Number | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|-------------|-----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Unity Health and Rehab Center | 032482 | 032482 | 47 | \$224.81 | \$10,566.07 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 198 | \$242.46 | \$48,007.08 |
| Oceanside Extended Care Center | 212733 | 212733 | 12 | \$152.79 | \$1,833.48 |
| Tamarac Rehabilitation and Health Center | 213098 | 213098 | 86 | \$229.92 | \$19,773.12 |
| Plantation Nursing & Rehab Center | 226017 | 226017 | 329 | \$252.75 | \$83,154.75 |
| Health Center of Coconut Creek | 226581 | 030537 | 2 | \$243.84 | \$487.68 |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 93 | \$244.17 | \$22,707.81 |
| Hillcrest Nursing and Rehabilitation Center | 252531 | 047795 | 29 | \$216.70 | \$6,284.30 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 254 | \$213.34 | \$54,188.36 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 59 | \$218.99 | \$12,920.41 |
| Sinai Plaza Nursing and Rehab | 260771 | 260771 | 11 | \$254.10 | \$2,795.10 |
| South Pointe Plaza | 311308 | 311308 | 124 | \$196.89 | \$24,414.36 |
| Hampton Court Nursing Center | 324027 | 324027 | 75 | \$247.25 | \$18,543.75 |
| Heartland Health Care Center-Miami Lakes | 325252 | 325252 | 1,326 | \$213.19 | \$282,689.94 |
| Heartland Health Care Center-Lauderhill | 325333 | 325333 | 918 | \$207.62 | \$190,595.16 |
| Heartland of Tamarac | 325350 | 325350 | 1,153 | \$209.07 | \$241,057.72 |
| ManorCare Health Services (Plantation) | 325457 | 325457 | 618 | \$211.71 | \$130,836.78 |
| Report Produced: 1/15/2014 1:36:44PM | | | D | age 21 of 107 | |

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003815300 - 2014/01



Florida Agency for Health Care Administration

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

Summary of Log data

Provider Number: 003815300-00

HCR Manor Care of Florida III, Inc.-Broward County

| | Nursing Home M | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation | |
|----------------------------|----------------|--------------------------|------------------------------------|-----------------------------------|----------------|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Total | | | 5,33 | 4 🗸 | \$1,150,855.87 |

Average Nursing Home Rate (Weighted by days) =1,150,855.87/5,334=215.76 Room and Board Rate 01/01/2014: $215.76 \times 95\% = 204.97$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 004244800-00

HCR Manor Care Services of FL II, Inc.-Miami-Dade County

| | · Nursing Home M | · Nursing Home Medicaid Number | | 01/01/2014 Nursing Hom Rate | Weighted e Average Rate Computation |
|--------------------------------------|------------------|--------------------------------|----------------|-----------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | | |
| Heartland Health Care Center-Kendall | 325244 | 325244 | 1,592 | \$213.73 | \$340,258.15 |
| Total | | | √ 1,59 | | \$340,258.15 |

Average Nursing Home Rate (Weighted by days) =340,258.15/1,592=213.73 Room and Board Rate 01/01/2014: $213.73 \times 95\% = 203.04 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 004579400-00

Compassionate Care Hospice of Miami Dade, Inc. -Polk County

| Nursing Home Provider Name | · Nursing Home N | Nursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|-----------------------------------|------------------|---|-----------------|------------------------------------|-----------------------------------|
| | As Reported | Current | . Home Days | | |
| Hardee Manor Healthcare Center | 211435 | 211435 | 174 | \$199.49 | \$34,711.26 |
| Lakeland Hills Center | 212865 | 080068 | 32 | \$190.12 | \$6,083.84 |
| Bartow Center | 212997 | 212997 | 47 | \$192.71 | \$9,057.37 |
| Consulate Health Care of Lakeland | 319953 | 080391 | 242 | \$185.56 | \$44,905.52 |
| Royal Care of Avon Park | 324213 | 324213 | 242 | \$194.10 | \$46,972.20 |
| Total | | *************************************** | √ ₇₃ | 7 | \$141,730.19 |

Average Nursing Home Rate (Weighted by days) =141,730.19/737=192.31 Room and Board Rate 01/01/2014: 192.31 x 95% = 182.69 \checkmark

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Rate reduced due to orig. Hospice RéB rate was set using 95%. of the county opecific weighted overage, and this is the first rate setting using submitted NH Logs.

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

Summary of Log data

& NH Rate decrease

Provider Number: 087000500-00 Hospice of I.R.C.-Indian River County

| | · Nursing Home N | Nursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|-------------------------------------|------------------|------------------------------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | | |
| Florida Baptist Retirement Center | 001416 | 001416 | 172 | \$201.62 | \$34,678.64 |
| PG of Vero Beach | 257311 | 257311 | 1,494 | \$189.07 | \$282,470.59 |
| ATLANTIC HEALTHCARE CENTER | 310581 | 310581 | 511 | \$195.97 | \$100,140.67 |
| Consulate Health Care of Vero Beach | 320145 | 080430 | 1,188 | \$192.81 | \$229,058.28 |
| Total | | | 3,36 | 5 / | \$646,348.18 |

Average Nursing Home Rate (Weighted by days) =646,348.18/3,365=192.08 Room and Board Rate 01/01/2014: $192.08 \times 95\% = 182.48 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 087246600-00

Vitas Healthcare Corporation - Dade County-Dade County

| | · Nursing Home N | Medicaid Number | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Berkshire Manor | 005388 | 005388 | 2,661 | \$234.15 | \$623,073.13 |
| Fountainhead Care Center | 005523 | 005523 | 572 | \$215.01 | \$122,985.72 |
| Imperial Health Care Center | 030530 | 030530 | 395 | \$235.35 | \$92,963.25 |
| The Aristocrat | 030552 | 030552 | 900 | \$256.69 | \$231,021.00 |
| Unity Health and Rehab Center | 032482 | 032482 | 778 | \$224.81 | \$174,902.18 |
| Heritage Healthcare and Rehabilitation Center | 043838 | 043838 | 1,603 | \$238.74 | \$382,700.23 |
| Homestead Manor A Palace Community | 046017 | 046017 | 3,498 | \$261.20 | \$913,677.64 |
| Victoria Nursing and Rehabilitation Center, In | 046128 | 046128 | 1,702 | \$233.55 | \$397,502.11 |
| Riverside Care Center | 046758 | 046758 | 2,585 | \$239.30 | \$618,590.51 |
| New Riviera Nursing and Rehabilitation Center | 048807 | 048807 | 7 | \$241.10 | \$1,687.70 |
| South Dade Nursing and Rehabilitation Center | 054789 | 054789 | 2,383 | \$199.66 | \$475,789.79 |
| Golden Glades Nursing and Rehabilitation Cen | 054790 | 054790 | 760 | \$230.49 | \$175,172.40 |
| Floridean Nursing Home, Inc. | 200425 | 200425 | 456 | \$242.71 | \$110,675.76 |
| Miami Jewish Health Systems | 200506 | 200506 | 45 | \$231.78 | \$10,430.10 |
| Pines Nursing Home | 200620 | 200620 | 1,159 | \$228.92 | \$265,318.28 |
| Villa Maria Nursing & Rehabilitation | 203165 | 203165 | 153 | \$253.02 | \$38,712.06 |
| The Palace at Kendall Nursing and Rehab Cent | 203327 | 203327 | 4,393 | \$234.00 | \$1,027,962.00 |
| Report Produced: 1/15/2014 1:36:44PM | ſ | | p | age 26 of 107 | |

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

Summary of Log data

Provider Number: 087246600-00

Vitas Healthcare Corporation - Dade County-Dade County

| | · Nursing Home Medicaid Number | | Total Nursing Home | ursing Nursing Home | Weighted Average Rate Computation |
|---|--------------------------------|---------|--------------------------|---------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Marc | Computation |
| Perdue Medical Center | 203670 | 203670 | 1,965 | \$230.31 | \$452,559.15 |
| Jackson Memorial Long Term Care Center | 204161 | 204161 | 1,814 | \$227.64 | \$412,938.96 |
| Claridge House Nursing & Rehabilitation Cente | 208507 | 208507 | 4,685 | \$215.38 | \$1,009,055.32 |
| St Anne's Nursing Center | 209473 | 209473 | 334 | \$239.19 | \$79,889.46 |
| Miami Gardens Care Centre, Inc. | 210617 | 088049 | 530 | \$252.77 | \$133,968.10 |
| Current Name:Cross Gardens Care Center Oceanside Extended Care Center | 212733 | 212733 | 12 | \$152.79 | \$1,833.48 |
| MIAMI SHORES NURSING AND REHAB C | 214035 | 214035 | 614 | \$266.48 | \$163,618.73 |
| Regents Park at Aventura | 223239 | 223239 | 4,308 | \$229.59 | \$989,073.70 |
| Pinecrest Convalescent Center | 225754 | 225754 | 1,614 | \$250.00 | \$403,500.00 |
| Treasure Isle Care Center | 226602 | 226602 | 364 | \$208.03 | \$75,722.92 |
| Fair Havens Center | 227226 | 227226 | 3,304 | \$157.90 | \$521,701.58 |
| North Beach Nursing & Rehabilitation Center | 228001 | 228001 | 1,068 | \$251.29 | \$268,377.71 |
| East Ridge Retirement Village, Inc. | 228788 | 228788 | 916 | \$234.10 | \$214,435.61 |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 71 | \$244.17 | \$17,336.07 |
| Jackson Plaza Nursing & Rehabilitation Center | 253723 | 253723 | 2,020 | \$249.79 | \$504,575.79 |
| Arch Plaza Nursing & Rehabilitation Center | 254291 | 254291 | 51 | \$258.46 | \$13,181.46 |
| Lakeside Pavillion Care & Rehabilitation Cente Report Produced: 1/15/2014 1:36:44PM | 256846 | 256846 | 27 P: | \$204.37 age 27 of 107 | \$5,517.99 |



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

Summary of Log data

Provider Number: 087246600-00

Vitas Healthcare Corporation - Dade County-Dade County

| · Nursing Home Medicaid Number | | | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|--------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | Computation |
| PG of North Miami | 257494 | 257494 | 3,557 | \$212.16 | \$754,653.13 |
| Sinai Plaza Nursing and Rehab | 260771 | 260771 | 2,246 | \$254.10 | \$570,708.61 |
| Hialeah Nursing and Rehabilitation Center | 265730 | 265730 | 1,584 | \$189.35 | \$299,930.41 |
| Susanna Wesley Health Center | 268062 | 268062 | 668 | \$245.37 | \$163,907.16 |
| Harmony Health Center | 269107 | 269107 | 4,592 | \$191.99 | \$881,618.11 |
| West Gables Health Care Center | 282359 | 282359 | 2,213 | \$237.51 | \$525,609.62 |
| Coral Reef Nursing and Rehabilitation Center | 282529 | 282529 | 12,109 | \$240.05 | \$2,906,765.49 |
| Aventura Plaza Rehabilitation and Nursing Cen | 284823 | 284823 | 1,633 | \$278.10 | \$454,137.31 |
| Hebrew Home of South Beach | 308242 | 308242 | 52 | \$232.91 | \$12,111.32 |
| Ponce Plaza Nursing & Rehab Center | 308251 | 308251 | 933 | \$240.96 | \$224,815.69 |
| Watercrest Care Center | 310409 | 089220 | 648 | \$229.60 | \$148,780.80 |
| South Pointe Plaza | 311308 | 311308 | 580 | \$196.89 | \$114,196.20 |
| Franco Nursing and Rehab | 319554 | 080436 | 1,547 | \$205.74 | \$318,279.79 |
| Current Name:Franco Nursing and Rehabilitation Cente Coral Gables Nursing and Rehabilitation | er 323772 | 323772 | 3,377 | \$225.04 | \$759,960.06 |
| Hampton Court Nursing Center | 324027 | 324027 | 569 | \$247.25 | \$140,685.25 |
| Palmetto Rehabilitation and Health Center | 324167 | 324167 | 59 | \$249.88 | \$14,742.92 |
| Signature Healthcare of Brookwood Gardens Report Produced: 1/15/2014 1:36:44PM | 324418 | 324418 | 4,570 Pa | \$211.37 age 28 of 107 | \$965,960.88 |



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

Summary of Log data

Provider Number: 087246600-00

Vitas Healthcare Corporation - Dade County-Dade County

| | · Nursing Home N | Nursing Home Medicaid Number | | 01/01/201 Nursing Ho Rate | Weighted ne Average Rate Computation |
|--|------------------|------------------------------|--------------|---------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Home Days | | |
| Heartland Health Care Center-Kendall | 325244 | 325244 | 171 | \$213.73 | \$36,547.83 |
| Heartland Health Care Center-Miami Lakes | 325252 | 325252 | 6 | \$213.19 | \$1,279.14 |
| Manor Care @ Lely Palms | 325422 | 325422 | 549 | \$228.28 | \$125,325.72 |
| Manor Care Nursing and Rehabilitation Center | 325449 | 325449 | 15 | \$210.07 | \$3,151.05 |
| Total | | | 89,42 | 5 √ | \$20,353,616.36 |

Average Nursing Home Rate (Weighted by days) =20,353,616.36/89,425=227.61 Room and Board Rate 01/01/2014: 227.61 x 95% = 216.23 \checkmark

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 1/15/2014 1:36:44PM Page 29 of 107



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

Summary of Log data

* NH Rate decrease

Provider Number: 087255500-00 St. Francis Hospice-Brevard County

| | Nursing Home M | ledicaid Number | Total Nursing Home | lursing Nursing Home | Weighted Average Rate Computation | |
|---|----------------|-----------------|--------------------------|----------------------|---|--|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Combutation | |
| Carnegie Gardens Nursing Center | 005519 | 005519 | 137 | \$220.00 | \$30,140.00 | |
| The Health Center of Merritt Island | 030491 | 030491 | 229 | \$230.86 | \$52,866.94 | |
| Island Health and Rehabilitation Center | 059866 | 059866 | 615 | \$189.02 | \$116,247.30 | |
| Vista Manor | 061109 | 061109 | 2,821 | \$202.85 | \$572,239.87 | |
| Courtenay Springs Village | 209325 | 209325 | 251 | \$219.04 | \$54,979.04 | |
| Huntington Place Care & Rehabilitation Center | 211281 | 211281 | 736 | \$186.61 | \$137,344.96 | |
| West Melbourne Health & Rehabilitation Cente | 217727 | 217727 | 276 | \$206.78 | \$57,071.28 | |
| Rockledge Rehab and Nursing Center | 227587 | 227587 | 677 | \$225.58 | \$152,717.66 | |
| Life Care Center of Melbourne | 228338 | 228338 | 39 | \$203.19 | \$7,924.41 | |
| Avante at Melbourne | 252018 | 252018 | 817 | \$235.94 | \$192,762.98 | |
| Island Health and Rehab. Center | 252352 | 059866 | 646 | \$189.02 | \$122,106.92 | |
| Current Name:Island Health and Rehabilitation Center Atlantic Shores Nursing and Rehab | 263389 | 263389 | 116 | \$214.25 | \$24,853.00 | |
| Royal Oaks Nursing and Rehab | 263583 | 263583 | 1,904 | \$204.50 | \$389,368.00 | |
| Titusville Rehabilitation and Nursing Center | 263974 | 263974 | 1,148 | \$220.86 | \$253,547.28 | |
| Melbourne Terrace Restorative Care Center | 264547 | 264547 | 267 | \$227.27 A | \$60,681.09 | |
| Life Care Center of Palm Bay | 268186 | 268186 | 30 | \$207.45 | \$6,223.50 | |
| Consulate Health Care Melbourne | 319520 | 080394 | 95 | \$191.52 | \$18,194.40 | |

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

Summary of Log data

Provider Number: 087255500-00 St. Francis Hospice-Brevard County

| | Nursing Home Medicaid Number | | Total Nursing . Home | 01/01/2014 Nursing Hot Rate | Weighted me Average Rate Computation |
|---|------------------------------|---|----------------------------|-----------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Current Name:Consulate Health Care of Melbourne | | | | | |
| Anchor Care & Rehabilitation Center | 324451 | 324451 | 614 | \$200.21 | \$122,928.94 |
| Total | | ر المراقعة ا | 11.41 | 8 🗸 | \$2,372,197.58 |

Average Nursing Home Rate (Weighted by days) =2,372,197.58/11,418=207.76 Room and Board Rate 01/01/2014: $207.76 \times 95\% = 197.37 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 087256300-00

Hospice of the Comforter-Seminole County

| | ' Nursing Home Medicaid Number | | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|--------------------------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Hatt | Computation |
| Osceola Health Care Center | 005219 | 005219 | 246 | \$219.73 1 | \$54,053.58 |
| Longwood Health Care Center | 005379 | 005379 | 280 | \$205.96 | \$57,668.80 |
| The Rehabilitation Center of Winter Park | 005380 | 005380 | 724 | \$210.32 | \$152,271.69 |
| Lake Bennett Health and Rehablitation | 017301 | 017301 | 109 | \$215.25 1 | \$23,462.25 |
| Keystone Rehabilitation and Health Center | 043839 | 043839 | 270 | \$206.69 | \$55,806.30 |
| The Gardens at DePugh Nursing Center | 201588 | 201588 | 53 | \$215.41 | \$11,416.73 |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 153 | \$237.50 ↑ | \$36,337.50 |
| Health Central Park | 204811 | 048441 | 1,681 | \$231.26 | \$388,748.05 |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 244 | \$213.98 | \$52,211.12 |
| The Commons at Orlando Lutheran Towers | 205796 | 205796 | 225 | \$203.64 1 | \$45,819.00 |
| Westminster Towers | 208540 | 208540 | 352 | \$200.12 | \$70,442.24 |
| Winter Park Towers | 209848 | 209848 | 394 | \$195.06 | \$76,853.64 |
| Life Care Center of Altamonte Springs | 210137 | 210137 | 490 | \$216.79 | \$106,227.10 |
| Life Care Center Of Orlando | 213403 | 213403 | 597 | \$210.15 ↑ | \$125,459.55 |
| Delaney Park Health and Rehabilitation Center | 221589 | 221589 | 92 | \$202.55 | \$18,634.60 |
| Orlando Health and Rehabilitation Center | 223654 | 223654 | 430 | \$181.74\ | \$78,148.20 |
| Avante at Orlando | 223808 | 223808 | 133 | \$220.83 | \$29,370.39 |
| Parast Produced: 1/15/2014 1:26:44DM | | | D | age 32 of 107 | |

Report Produced: 1/15/2014 1:36:44PM Page 32 of 107



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

Summary of Log data

Provider Number: 087256300-00

Hospice of the Comforter-Seminole County

| | Nursing Home Medicaid Number | | Total Nursing . Home | 01/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|--|------------------------------|---------|----------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | Kate Computation |
| MK of Winter Garden LLC | 225410 | 225410 | 618 | \$230.97 🗸 \$142,739.46 |
| The Healthcare Center Of Windermere | 228877 | 030479 | 287 | \$220.68 (\$63,335.16 |
| Current Name: The Health Center Of Windermere Lake Mary Health and Rehab. Center | 252310 | 043871 | 61 | \$206.90 \(\sqrt{12,620.90} \) |
| Current Name:Lake Mary Health and Rehabilitation C Plantation Bay Rehabilitation Center | 252441 | 043853 | 4 | \$217.90 ↑ 6 \$871.60 |
| Rio Pinar Health Care | 252450 | 043846 | 390 | \$215.58 7 6 \$84,076.20 |
| Rosewood Health and Rehab. Center | 252468 | 059869 | 132 | \$217.41 ^ 4 \$28,698.12 |
| Current Name:Rosewood Health and Rehabilitation C Colonial Lakes Health Care | Center 252557 | 043854 | 837 | \$216.37 1 9 \$181,101.69 |
| The Palms At Park Place | 253421 | 253421 | 80 | \$199.78 \$15,982.40 |
| PG of Orlando | 257303 | 257303 | 221 | \$200.96 \$44,412.16 |
| Island Lake Center, LLC | 260657 | 260657 | 252 | \$220.95 7 \$55,679.40 |
| Terra Vista Rehabilitation and Health Center | 261611 | 261611 | 77 | \$200.35 |
| Metrowest Nursing and Rehab | 263541 | 263541 | 3 | \$226.59 \$679.77 |
| Tuskawilla Nursing and Rehab | 263591 | 263591 | 48 | \$218.32 1 \$10,479.36 |
| Hunter's Creek Nursing and Rehab | 263605 | 263605 | 24 | \$240.13 \$5,763.12 |
| Conway Lakes Health & Rehabilitation Center | 264512 | 264512 | 158 | \$226.71 \$35,820.18 |
| Regents Park of Winter Park | 269719 | 269719 | 601 | \$201.77 \$121,263.77 |
| Savannah Cove of Maitland Report Produced: 1/15/2014 1:36:44PM | 312550 | 312550 | 67 P | \$207.38 \ 2\ \$13,894.46 age 33 of 107 |



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

Summary of Log data

Provider Number: 087256300-00

Hospice of the Comforter-Seminole County

| | Nursing Home Medicaid Number As Reported Current | | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation | |
|---|---|--------|--------------------------|------------------------------------|---|--|
| Nursing Home Provider Name | | | Days | Kate | Computation | |
| Lutheran Haven Nursing Home | 313718 | 313718 | 275 | \$203.90 | \$56,072.50 | |
| Consulate Health Care of West Altamonte | 319546 | 080431 | 714 | \$195.52 | \$139,601.28 | |
| Current Name: Consulate Health Care at West Altan | nonte | | | | | |
| Sunbelt Health & Rehab Center - Apopka, Inc. | 320412 | 320412 | 865 | \$210.57 | \$182,143.06 | |
| East Orlando Health & Rehab Center, Inc. | 320421 | 320421 | 323 | \$235.92 | \$76,202.16 | |
| Adventist Care Centers - Courtland, Inc. | 320439 | 320439 | 383 | \$216.49 | \$82,915.67 | |
| Florida Living Nursing Center | 320463 | 320463 | 968 | \$228.46 <i>\(\frac{1}{2} \)</i> | \$221,149.29 | |
| Ocoee Health Care Facility | 324159 | 324159 | 524 | \$224.52 🖖 | \$117,648.48 | |
| Winter Park Care and Rehabilitation Center | 324515 | 324515 | 496 | \$209.15 | \$103,738.40 | |
| ManorCare Nursing and Rehabilitation Center | 325279 | 325279 | 15 | \$197.30 个 7 | \$2,959.50 | |
| Total | ************************************** | | √14,89 6 | \$ | 3,198,205.77 | |

Average Nursing Home Rate (Weighted by days) =3,198,205.77/14,896=214.70 Room and Board Rate 01/01/2014: $214.70 \times 95\% = 203.97 \checkmark$

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The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 087407800-00

Community Hospice of Northeast-Duval County

| | Nursing Home Medicaid Number | | Total Nursing | Nursing Nursing Home | Weighted Average Rate |
|--|------------------------------|---------|------------------|----------------------|-----------------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| San Marco Terrace Rehab and care | 022293 | | 901 | \$210.64 | \$189,786.64 |
| Clyde E. Lassen State Veterans' Nursing Home | 032049 | 032049 | 980 | \$228.54 | \$223,969.19 |
| Harts Harbor Health Care Center | 043865 | 043865 | 2,370 | \$197.79 | \$468,762.28 |
| Governor's Creek Health and Rehabilitation | 043875 | 043875 | 2,353 | \$201.15 | \$473,305.94 |
| Summer Brook Health Care Center | 059783 | 059783 | 2,241 | \$196.90 | \$441,252.89 |
| San Jose Health and Rehabilitation Center | 061102 | 061102 | 1,464 | \$211.25 | \$309,270.00 |
| All Saints Catholic Nursing Home & R.C. Inc. | 200735 | 200735 | 5,713 | \$220.74 | \$1,261,087.65 |
| River Garden Hebrew Home | 200859 | 200859 | 517 | \$241.97 | \$125,098.49 |
| Avante at Jacksonville Beach | 200913 | 200913 | 42 | \$218.64 | \$9,182.88 |
| Samantha R. Wilson at Bay View | 202606 | 202606 | 3,255 | \$228.50 | \$743,767.50 |
| TAYLOR HOME FOR THE AGED, INC. | 204536 | 204536 | 1,141 | \$189.68 | \$216,424.87 |
| St. Catherine Laboure Manor | 205150 | 205150 | 4,826 | \$224.76 | \$1,084,691.73 |
| TAYLOR CARE CENTER, INC. | 207446 | 207446 | 5,363 | \$230.24 | \$1,234,777.15 |
| The Ponce Therapy Care Center | 207799 | 207799 | 1,123 | \$237.87 | \$267,128.00 |
| Westminster Woods on Julington Creek | 212083 | 212083 | 2,194 | \$199.94 | \$438,668.37 |
| Life Care Center at Wells Crossing | 213161 | 213161 | 1,436 | \$203.15 | \$291,723.39 |
| Life Care Center of Hilliard | 214060 | 214060 | 2,683 | \$198.01 | \$531,260.82 |
| | | | | | |

Report Produced: 1/15/2014 1:36:44PM



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

Summary of Log data

Provider Number: 087407800-00

Community Hospice of Northeast-Duval County

| · Nursing Home Medica | | Medicaid Number | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|-------------|-----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| St. Augustine Health & Rehabilitation Center | 217735 | 217735 | 503 | \$223.47 | \$112,405.41 |
| West Jacksonville Health and Rehabilitation C | 218171 | 218171 | 2,704 | \$200.17 | \$541,259.68 |
| MK of Fernandina Beach LLC | 225274 | 225274 | 1,946 | \$205.07 | \$399,066.23 |
| Cathedral Gerontology Center | 226068 | 226068 | 2,416 | \$230.65 | \$557,250.39 |
| First Coast Health and Rehabilitation Center | 227838 | 227838 | 1,116 | \$210.07 | \$234,438.13 |
| Park Ridge Nursing Center | 228401 | 228401 | 3,253 | \$186.42 | \$606,424.25 |
| EdgeWood Nursing Center | 254878 | 254878 | 1,700 | \$197.73 | \$336,140.99 |
| Lakeside Nursing & Rehabilitation Center | 256757 | 256757 | 1,410 | \$205.82 | \$290,206.21 |
| PG of Jacksonville | 257273 | 257273 | 5,448 | \$197.27 | \$1,074,726.98 |
| Riverwood Center, LLC | 260673 | 260673 | 1,898 | \$210.74 | \$399,984.53 |
| Jacksonville Nursing and Rehab | 263494 | 263494 | 1,839 | \$216.32 | \$397,812.49 |
| Macclenny Nursing and Rehab | 263516 | 263516 | 2,935 | \$208.42 | \$611,712.69 |
| Moultrie Creek Nursing and Rehab | 263559 | 263559 | 243 | \$211.22 | \$51,326.46 |
| Southpoint Terrace | 266281 | 266281 | 6,067 | \$167.99 | \$1,019,195.36 |
| Lanier Manor | 268003 | 268003 | 3,827 | \$204.69 | \$783,348.64 |
| Regents Park of Jacksonville | 269727 | 269727 | 3,219 | \$198.64 | \$639,422.16 |
| Life Care Center of Jacksonville Report Produced: 1/15/2014 1:36:44PM | 283193 | 283193 | 1,681 P | \$223.75 age 36 of 107 | \$376,123.75 |



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

Summary of Log data

Provider Number: 087407800-00

Community Hospice of Northeast-Duval County

| | Nursing Hama Medicaid Number Nursi | | Total Nursing | _ | Weighted Average Rate |
|---|------------------------------------|---------|------------------|----------|--------------------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Life Care Center of Orange Park | 284289 | 284289 | 2,964 | \$194.36 | \$576,083.04 |
| The Terrace at Fleming Island | 284785 | 284785 | 2,812 | \$170.22 | \$478,658.64 |
| Cypress Village | 307998 | 307998 | 2,687 | \$214.58 | \$576,576.46 |
| Southlake Nursing and Rehabilitation Center | 312371 | 312371 | 155 | \$225.74 | \$34,989.70 |
| Atrium Healthcare Center | 319376 | 319376 | 954 | \$208.25 | \$198,670.50 |
| Consulate Health Care of Jacksonville | 319503 | 080384 | 1,121 | \$198.23 | \$222,215.83 |
| Consulate Health Care of Orange Park | 319538 | 080402 | 2,238 | \$185.63 | \$415,439.95 |
| Signature Healthcare of Orange Park | 324434 | 324434 | 1,317 | \$203.73 | \$268,312.40 |
| Heartland Health Care Center-Jacksonville | 325236 | 325236 | 1,024 | \$206.84 | \$211,804.16 |
| Heartland Health Care Center-Orange Park | 325261 | 325261 | 612 | \$206.55 | \$126,408.60 |
| Heartland Health Care Center of South Jackson | 325287 | 325287 | 3,146 | \$199.71 | \$628,287.68 |
| Moosehaven, Inc. | 326011 | 326011 | 2,248 | \$215.95 | \$485,455.59 |
| Total | | | √ 102,085 | 5 \$ | 20,963,904.72 |

Average Nursing Home Rate (Weighted by days) =20,963,904.72/102,085=205.36 Room and Board Rate 01/01/2014: $205.36 \times 95\% = 195.09$

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Report Produced: 1/15/2014 1:36:44PM Page 37 of 107



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

Summary of Log data

Provider Number: 087514700-00

Hospice of Martin & St. Lucie-Martin County

| Nursing Home Provider Name | · Nursing Home Medicaid Number | | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|--------------------------------|---------|----------------------------|------------------------------------|---|
| | As Reported | Current | Days | Kart | Computation |
| Salerno Bay Manor | 006483 | 006483 | 1,943 | \$219.22 | \$425,944.46 |
| Parkway Health & Rehab | 030490 | 030490 | 5,272 | \$235.93 | \$1,243,822.92 |
| Hobe Sound Geriatric Village, Inc. | 201545 | 201545 | 4,747 | \$223.78 | \$1,062,283.65 |
| Water's Edge Extended Care | 213152 | 213152 | 51 | \$262.11 | \$13,367.61 |
| Stuart Nursing & Restorative Care Center | 225991 | 225991 | 2,958 | \$225.49 | \$666,999.44 |
| Martin Nursing and Restorative Care Center | 226033 | 226033 | 3,823 | \$232.23 | \$887,815.27 |
| Palm City Nursing and Rehab | 263621 | 263621 | 1,825 | \$222.86 | \$406,719.50 |
| Total | | | / 20,61 | 9 | \$4,706,952.86 |

Average Nursing Home Rate (Weighted by days) =4,706,952.86/20,619=228.28Room and Board Rate 01/01/2014: $228.28 \times 95\% = 216.87$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 1/15/2014 1:36:44PM Page 38 of 107



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

Summary of Log data

Provider Number: 087515500-00

Hernando-Pasco Hospice, Inc.-Pasco County

| | Nursing Home Medicaid Number | | Total Nursing Home | Nursing Nursing Home A | |
|--|------------------------------|---------|--------------------------|------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | Days | XIII | Computation |
| Trinity Regional Rehab Center | 003521 | 003521 | 433 | \$210.61 | \$91,194.13 |
| Heritage Park | 005850 | 005850 | 86 | \$207.33 | \$17,830.38 |
| Southern Pines Healthcare Center | 019282 | 019282 | 333 | \$184.25 | \$61,355.25 |
| Bayonet Point Health & Rehabilitation Center | 030546 | 030546 | 865 | \$228.61 | \$197,747.65 |
| Heron Pointe Health and Rehabilitation | 043832 | 043832 | 3,178 | \$199.97 | \$635,504.66 |
| Health Center at Brentwood | 043874 | 043874 | 167 | \$200.43 | \$33,471.81 |
| Spring Hill Health and Rehabilitation Center | 059877 | 059877 | 490 | \$199.02 | \$97,519.80 |
| Avante at Inverness | 203220 | 203220 | 667 | \$232.67 | \$155,190.89 |
| Baldomero Lopez State Veterans' Nursing Hom | 214914 | 214914 | 2,728 | \$226.16 | \$616,964.49 |
| Crystal River Health & Rehabilitation Center | 217263 | 217263 | 70 | \$215.29 | \$15,070.30 |
| Bear Creek Nursing Center | 228567 | 228567 | 22 | \$188.96 | \$4,157.12 |
| Royal Oak Nursing Center | 228575 | 228575 | 1,136 | \$195.06 | \$221,588.16 |
| Heather Hill Nursing Home | 228591 | 228591 | 436 | \$196.23 | \$85,556.28 |
| Woodland Terrace of Citrus County | 228711 | 228711 | 138 | \$173.64 | \$23,962.32 |
| Cypress Cove Care Center | 228940 | 228940 | 123 | \$196.07 | \$24,116.61 |
| Orchard Ridge Care & Rehabilitation Center | 252689 | 252689 | 572 | \$214.75 | \$122,837.00 |
| Citrus Health and Rehabilitation Center | 257419 | 257419 | 8 | \$230.40 | \$1,843.20 |
| Report Produced: 1/15/2014 1:36:44PM | | | P | rage 39 of 107 | |



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

Summary of Log data

Provider Number: 087515500-00

Hernando-Pasco Hospice. Inc.-Pasco County

| | · Nursing Home Medicaid Number | | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|--------------------------------|---------|--------------------------|------------------------------------|-----------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Arbor Trail Rehab and Skilled Nursing Center | 263478 | 263478 | 2 | \$202.56 | \$405.12 |
| Evergreen Woods Health and Rehabilitation Ce | 263893 | 263893 | 65 | \$194.40 | \$12,636.00 |
| Windsor Woods Rehabilitation and Healthcare (| 263991 | 263991 | 678 | \$195.89 | \$132,813.42 |
| Consulate Health Care of Bayonet Point | 319651 | 080374 | 561 | \$186.38 | \$104,559.18 |
| Consulate Health Care Of New Port Richey | 319970 | 080397 | 459 | \$180.76 | \$82,968.84 |
| Zephyr Haven Health & Rehab Center, Inc. | 320391 | 320391 | 1,109 | \$201.69 | \$223,674.21 |
| Zephyrhills Health & Rehab Center, Inc. | 320404 | 320404 | 2,228 | \$201.85 | \$449,721.81 |
| Madison Pointe Rehabilitation & Health Center | 324124 | 324124 | 739 | \$228.95 | \$169,194.05 |
| Heartland of Brooksville | 325295 | 325295 | 938 | \$200.99 | \$188,528.63 |
| Heartland of Zephyrhills | 325708 | 325708 | 2 | \$202.21 | \$404.42 |
| Total | | | √ _{18,23} | 3 | \$3,770,815.73 |

Average Nursing Home Rate (Weighted by days) =3,770,815.73/18,233=206.81 Room and Board Rate 01/01/2014: $206.81 \times 95\% = 196.47 \checkmark$

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

Summary of Log data

A NH Rate Reduction

Provider Number: 087516300-00

Hospice of Palm Beach County-Palm Beach County

| | Nursing Home Medicaid Number | | Total Nursing | - | Weighted Average Rate |
|---|------------------------------|---------|------------------|-------------------|--------------------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Signature HealthCARE of Palm Beach | 001136 | 001136 | 1,315 | \$220.69 * | \$290,207.35 |
| The Crossings | 001291 | 028100 | 305 | \$264.68 | \$80,727.40 |
| Boynton Health Care Center | 005814 | 005814 | 2,131 | \$242.38 | \$516,511.79 |
| Royal Manor | 006489 | 006489 | 2,051 | \$226.77 * | \$465,105.28 |
| Courtyard Gardens Rehabilitation Center | 010082 | 010082 | 3,752 | \$224.60 | \$842,699.22 |
| Margate Health Care Center | 017222 | 017222 | 92 | \$227.44 | \$20,924.48 |
| West Broward Rehabilitation and Healthcare | 026536 | 026536 | 80 | \$243.79 | \$19,503.20 |
| Coral Bay Healthcare and Rehabilitation | 043851 | 043851 | 367 | \$218.96 | \$80,358.32 |
| Renaissance Health and Rehabilitation | 047787 | 047787 | 456 | \$229.56 | \$104,679.36 |
| Wood Lake Nursing and Rehabilitation Center | 047788 | 047788 | 60 | \$224.53 | \$13,471.80 |
| Glades Health Care Center | 203203 | 203203 | 1,372 | \$242.32 | \$332,463.05 |
| Avante at Lake Worth | 203238 | 203238 | 802 | \$247.16- | \$198,222.32 |
| John Knox Village Of Florida | 203769 | 203769 | 5 | \$217.53 | \$1,087.65 |
| Regents Park Of Boca Raton | 204170 | 204170 | 1,493 | \$248.83 * | \$371,503.19 |
| American Finnish Nursing Home | 205460 | 205460 | 1,171 | \$246.38 | \$288,510.99 |
| Health Center at Abbey Delray | 205745 | 205745 | 722 | \$251.05 | \$181,258.10 |
| Lourdes-Noreen McKeen Residence | 205923 | 205923 | 813 | \$254.58 | \$206,973.54 |
| Report Produced: 1/15/2014 1:36:44PM | | | P | age 41 of 107 | |



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

Summary of Log data

Provider Number: 087516300-00

Hospice of Palm Beach County-Palm Beach County

| | Nursing Home | Total Nursing Home Medicaid Number Home | | 01/01/2014 Nursing Home Rate | |
|--|--------------|--|----------------|------------------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Kate | Computation |
| Saint Andrews Estates North | 206521 | 206521 | 370 | \$234.43 | \$86,739.10 |
| The Waterford | 206610 | 206610 | 408 | \$259.79 | \$105,994.32 |
| Abbey Delray South | 206865 | 206865 | 351 | \$258.43 | \$90,708.93 |
| Joseph L. Morse Geriatric Center, Inc | 207381 | 207381 | 2,172 | \$231.02 | \$501,775.45 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 388 | \$242.46 | \$94,074.48 |
| Lakeside Health Center | 207683 | 207683 | 796 | \$227.63 | \$181,193.48 |
| Jupiter Medical Center Pavilion, Inc. | 208485 | 208485 | 1,258 | \$233.42 | \$293,642.36 |
| Covenant Village Care Center | 210188 | 210188 | 405 | \$238.97 | \$96,782.85 |
| Avante at Boca Raton | 210676 | 210676 | 693 | \$236.32 | \$163,769.77 |
| Stratford Court at Boca Pointe | 211010 | 211010 | 625 | \$237.38 | \$148,362.50 |
| Edward J Healey Rehabilitation and Nursing C | 212032 | 212032 | 91 | \$234.09 🖈 | \$21,302.19 |
| The Fountains Nursing Home | 212393 | 212393 | 1,268 | \$220.65 | \$279,784.19 |
| Springtree Rehab & Health Center, LLC | 225631 | 225631 | 134 | \$215.42 | \$28,866.28 |
| Wilton Manors Health and Rehab | 227579 | 227579 | 155 | \$233.21 | \$36,147.55 |
| The Gardens Court | 228320 | 228320 | 412 | \$240.45 | \$99,065.40 |
| Lake View Care Center at Delray | 229610 | 229610 | 516 | \$226.56 | \$116,904.96 |
| Menorah House Report Produced: 1/15/2014 1:36:44PM | 229628 | 229628 | 829 P | \$227.83 age 42 of 107 | \$188,871.07 |



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

Summary of Log data

Provider Number: 087516300-00

Hospice of Palm Beach County-Palm Beach County

| | Nursing Home M | Nursing Home Medicaid Number Home | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|---------------------|-----------------------------------|---------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Ratt | Computation |
| Harbor Beach Nursing and Rehab. Center | 252255 | 043873 | 1 | \$239.48 | \$239.48 |
| Current Name:Harbor Beach Nursing and Rehabilitati SeaView Nursing and Rehab. Center | on Center 252433 | 061107 | 13 | \$217.97 | \$2,833.61 |
| Current Name:SeaView Nursing and Rehabilitation C Renaissance Health and Rehabilitation | enter 252549 | 047787 | 251 | \$229.56 * | \$57,619.56 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 390 | \$218.99 | \$85,406.10 |
| PG of West Palm Beach | 257257 | 257257 | 3,570 | \$192.03 | \$685,547.10 |
| Life Care Center of Inverrary | 259080 | 259080 | 223 | \$229.51 | \$51,180.73 |
| Hamlin Place | 259586 | 259586 | 1,137 | \$250.69 | \$285,034.53 |
| Coral Bay Healthcare and Rehabilitation | 259918 | 043851 | 4,108 | \$218.96 | \$899,487.71 |
| Wood Lake Nursing & Rehabilitation Center | 261599 | 047788 | 1,593 | \$224.53 | \$357,676.29 |
| Current Name: Wood Lake Nursing and Rehabilitation Boynton Beach Rehabilitation Center | 263460 | 263460 | 4,828 | \$215.68 | \$1,041,303.00 |
| Medicana Nursing and Rehab | 263524 | 263524 | 1,067 | \$211.03 | \$225,169.01 |
| Boulevard Rehabilitation Center | 263613 | 263613 | 4,409 | \$203.73 | \$898,245.55 |
| Boca Raton Rehabilitation Center | 263842 | 263842 | 29 | \$204.39 | \$5,927.31 |
| Rehabilitation Center of The Palm Beaches | 263915 | 263915 | 1,102 | \$213.37 🔏 | \$235,133.73 |
| Oasis Health and Rehabilitation Center | 266124 | 266124 | 815 | \$230.80 | \$188,102.00 |
| Savannah Cove of the Palm Beaches | 312312 | 312312 | 194 | \$210.34 | \$40,805.96 |
| Hollywood Hills Rehabilitation Center, LLC Report Produced: 1/15/2014 1:36:44PM | 313424 | 313424 | 23 P | \$223.16 age 43 of 107 | \$5,132.68 |



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

Summary of Log data

Provider Number: 087516300-00

Hospice of Palm Beach County-Palm Beach County

| Nursing Home Provider Name | Nursing Home Medicaid Number | | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---|----------------------------|------------------------------------|---|
| | As Reported | Current | Days | Kate | |
| Darcy Hall of Life Care | 317349 | 317349 | 3,123 | \$220.47 | \$688,527.81 |
| Consulate Health Care of West Palm Beach | 320153 | 080432 | 682 | \$205.03 | \$139,830.46 |
| Ft. Lauderdale Health & Rehab Center | 321303 | 321303 | 42 | \$230.42 | \$9,677.64 |
| Terraces of Lake Worth Rehab and Health Cent | 325031 | 325031 | 329 | \$255.21 | \$83,964.09 |
| North Lake Rehabilitation and Health Center | 325163 | 325163 | 1,482 | \$253.78 | \$376,101.96 |
| Heartland Health Care Center-Boynton Beach | 325309 | 325309 | 2,038 | \$195.41 | \$398,245.59 |
| Heartland Health Care Center-Lauderhill | 325333 | 325333 | 365 | \$207.62 | \$75,781.30 |
| Heartland Health Care Center-Prosperity Oaks | 325341 | 325341 | 1,313 | \$204.11 | \$267,996.43 |
| ManorCare Health Services (Boca Raton) | 325368 | 325368 | 2,166 | \$194.38 X | \$421,027.09 |
| ManorCare Health Services-Boynton Beach | 325376 | 325376 | 2,714 | \$210.11 | \$570,238.54 |
| ManorCare Health Services-West Palm Beach | 325481 | 325481 | 2,074 | \$207.65 | \$430,666.09 |
| ManorCare Health Services (Delray Beach) | 325520 | 325520 | 1,587 | \$198.05 | \$314,305.35 |
| Total | | *************************************** | J 69,526 | \$ | 15,389,398.64 |

Average Nursing Home Rate (Weighted by days) =15,389,398.64/69,526=221.35 Room and Board Rate 01/01/2014: 221.35 x 95% = 210.28 \checkmark

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 1/15/2014 1:36:44PM Page 44 of 107



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

Summary of Log data

Provider Number: 087517100-00

Covenant Hospice, Inc-Escambia County

| Nursing Home Provider Name | Nursing Home Medicaid Number | | Total Nursing | Nursing Nursing Home | |
|---|------------------------------|---------|------------------|----------------------|----------------|
| | As Reported | Current | . Home Days | Rate | Computation |
| Brynwood Center | 005381 | 005381 | 2,578 | \$201.88 | \$520,446.65 |
| Nursing Pavilion at Chipola Retirement Center | 005383 | 005383 | 900 | \$205.56 | \$185,004.00 |
| Glencove Nursing Pavilion | 005384 | 005384 | 2,486 | \$219.79 | \$546,397.92 |
| Panama City Nursing Center | 005385 | 005385 | 3,005 | \$203.51 | \$611.547.53 |
| Riverchase Care Center | 005386 | 005386 | 820 | \$205.95 | \$168,879.00 |
| St. James Health And Rehabilitation Center | 015613 | 015613 | 179 | \$209.30 | \$37,464.70 |
| Bayside Manor | 017221 | 017221 | 751 | \$206.29 | \$154,923.78 |
| Rosewood Manor | 017223 | 017223 | 5,301 | \$205.79 | \$1,090,892.75 |
| Bay Breeze Nursing & Retirement Center | 017225 | 017225 | 1,300 | \$218.95 | \$284,635.00 |
| Silvercrest Manor | 017230 | 017230 | 8 | \$204.19 | \$1,633.52 |
| Specialty Center of Pensacola | 017236 | 017236 | 1,578 | \$217.08 | \$342,552.24 |
| Grand Boulevard Health & Rehab. Center | 017242 | 017242 | 385 | \$232.17 | \$89,385.45 |
| Blountstown Health and Rehabilitation Center | 022987 | 022987 | 1,458 | \$196.78 | \$286,905.24 |
| The Health Center of Pensacola, Inc. | 030487 | 030487 | 6,046 | \$222.34 | \$1,344,267.62 |
| Seven Hills Health & Rehab Center | 033175 | 033175 | 2,296 | \$225.99 | \$518,873.05 |
| Crosswinds Health and Rehab | 042140 | 042140 | 201 | \$245.11 | \$49,267.11 |
| Heritage Healthcare Center | 043833 | 043833 | 1,747 | \$203.53 | \$355,566.91 |
| Report Produced: 1/15/2014 1:36:44PM | | | P | age 45 of 107 | |

Report Produced: 1/15/2014 1:36:44PM Page 45 of 107



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

Summary of Log data

Provider Number: 087517100-00

Covenant Hospice, Inc-Escambia County

| • | ' Nursing Home Medicaid Numbe | | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation | |
|---|-------------------------------|---------|----------------------------|------------------------------------|-----------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Compatation | |
| Marshall Health and Rehabilitation Center | 043878 | 043878 | 835 | \$198.83 | \$166,023.05 | |
| Crestview Rehabilitation Center | 044886 | 044886 | 797 | \$227.16 | \$181,046.52 | |
| Fort Walton Rehabilitation Center | 044888 | 044888 | 1,881 | \$233.21 | \$438,668.02 | |
| River Valley Rehabilitation Center | 044889 | 044889 | 2,313 | \$228.34 | \$528,150.41 | |
| Shoal Creek Rehabilitation Center | 059852 | 059852 | 1,332 | \$188.35 | \$250,882.21 | |
| Sea Breeze Health Care | 059874 | 059874 | 1,505 | \$187.35 | \$281,961.76 | |
| Emerald Shores Health and Rehabilitation | 060972 | 060972 | 1,128 | \$207.53 | \$234,093.84 | |
| University Hills Health and Rehabilitation | 060993 | 060993 | 2,570 | \$195.55 | \$502,563.51 | |
| Destin Healthcare and Rehabilitation Center | 061101 | 061101 | 889 | \$191.23 | \$170,003.47 | |
| Westminster Oaks | 200409 | 200409 | 16 | \$198.27 | \$3,172.32 | |
| Miracle Hill Nursing and Convalescent Center, | 202941 | 202941 | 1,049 | \$214.14 | \$224,632.86 | |
| Marianna Health & Rehabilitation | 203475 | 203475 | 2,302 | \$212.25 | \$488,599.50 | |
| Lisenby on Lake Caroline | 203980 | 203980 | 1,247 | \$165.30 | \$206,129.10 | |
| Baptist Manor | 208809 | 208809 | 2,565 | \$215.94 | \$553,886.11 | |
| Azalea Trace | 210374 | 210374 | 211 | \$216.31 | \$45,641.41 | |
| Emerald Coast Center | 212903 | 212903 | 594 | \$197.42 | \$117,267.48 | |
| Bay Center Report Produced: 1/15/2014 1:36:44PM | 212989 | 212989 | 917 P | \$193.79 age 46 of 107 | \$177,705.42 | |



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

Summary of Log data

Provider Number: 087517100-00

Covenant Hospice, Inc-Escambia County

| | Nursing Home Medicaid Number | | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Hatt | Computation |
| Madison Nursing Center | 213462 | 213462 | 154 | \$234.24 | \$36,072.96 |
| TMH Skilled Nursing Facility | 213934 | 213934 | 103 | \$214.45 | \$22,088.35 |
| Century Care Center. | 220604 | 220604 | 3,055 | \$226.67 | \$692,476.84 |
| Santa Rosa Health & Rehabilitation Center | 220612 | 220612 | 418 | \$216.03 | \$90,300.54 |
| Sandy Ridge Care Center | 220621 | 220621 | 94 | \$226.38 | \$21,279.72 |
| Pensacola Health Care Facility | 224243 | 224243 | 1,281 | \$218.64 | \$280,077.84 |
| The Manor At Blue Water Bay | 226041 | 226041 | 33 | \$213.88 | \$7,058.04 |
| EDEN SPRINGS NURSING & REHABILITA | 253707 | 253707 | 686 | \$227.18 | \$155,845.47 |
| Haven of Our Lady of Peace | 258831 | 258831 | 37 | \$219.75 | \$8,130.75 |
| UniHealth Post-Acute Care- Santa Rosa | 259331 | 259331 | 5,629 | \$194.07 | \$1,092,420.07 |
| Bonifay Nursing and Rehab | 263443 | 263443 | 1,535 | \$197.00 | \$302,395.00 |
| Clifford Chester Sims State Veterans' Nursing F | 264491 | 264491 | 888 | \$229.61 | \$203,893.68 |
| Centre Point Health and Rehab Center | 264563 | 264563 | 276 | \$216.11 | \$59,646.36 |
| Life Care Center of Pensacola | 315664 | 315664 | 366 | \$213.05 | \$77,976.30 |
| Westwood Health Care Center | 316075 | 316075 | 213 | \$221.19 | \$47,113.47 |
| Community Health and Rehab Center | 318779 | 318779 | 4,318 | \$208.95 | \$902,246.09 |
| Consulate Health Care of Pensacola Report Produced: 1/15/2014 1:36:44PM | 319686 | 080405 | 548 Pa | \$188.95 age 47 of 107 | \$103,544.60 |



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

Summary of Log data

Provider Number: 087517100-00

Covenant Hospice, Inc-Escambia County

| | Nursing Home Medicaid Number | | Total Nursing Home | 01/01/2014 Nursing Hor Rate | |
|---|------------------------------|---------|--------------------------|-----------------------------------|-----------------|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Consulate Health Care of Tallahassee | 319716 | 080428 | 363 | \$183.58 | \$66,639.54 |
| St. Andrew's Bay Skilled Nursing and Rehabili | 323799 | 323799 | 200 | \$220.97 | \$44,194.00 |
| Washington Rehabilitation & Nursing Center | 324353 | 324353 | 805 | \$207.78 | \$167,262.90 |
| Chautauqua Rehabilitation & Nursing Center | 324361 | 324361 | 420 | \$205.43 | \$86,280.60 |
| Signature Healthcare of North Florida | 324396 | 324396 | 3,019 | \$198.63 | \$599,663.98 |
| Signature Healthcare at the Courtyard | 324426 | 324426 | 310 | \$204.76 | \$63,475.60 |
| The Bridge at Bay St. Joe | 324485 | 324485 | 315 | \$192.63 | \$60,678.45 |
| Southern Oaks Rehabilitation and Nursing Cent | 324566 | 324566 | 1,710 | \$211.36 | \$361,425.60 |
| Total | | | √ 79 , 966 | 5 | \$16,711,256.23 |

Average Nursing Home Rate (Weighted by days) = 16,711,256.23/79,966=208.98Room and Board Rate 01/01/2014: $208.98 \times 95\% = 198.53 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 1/15/2014 1:36:44PM Page 48 of 107



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

Summary of Log data

Provider Number: 087519800-00

North Central Florida Hospice-Alachua County

| | Nursing Home N | 1edicaid Number | Total Nursing | sing Nursing Home | Weighted Average Rate Computation |
|--------------------------------------|----------------|-----------------|------------------|-------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | |
| Surrey Place Care Center | 001135 | 001135 | 421 | \$221.60 | \$93,293.60 |
| Flagler Pines | 005374 | 005374 | 66 | \$209.50 | \$13,827.00 |
| Suwannee Health Care Center | 005387 | 005387 | 551 | \$209.11 | \$115,219.61 |
| Manor on the Green | 005543 | 005543 | 5 | \$216.71 | \$1,083.55 |
| Palatka Health Care Center | 005811 | 005811 | 1,720 | \$226.22 | \$389,098.40 |
| Windsor Manor | 006340 | 006340 | 3,431 | \$208.08 | \$713,922.49 |
| San Marco Terrace Rehab and care | 022293 | | 1,675 | \$210.64 | \$352,822.00 |
| The Health Center of Lake City | 030527 | 030527 | 1,370 | \$222.47 | \$304,783.90 |
| University Center East | 041686 | 041686 | 25 | \$206.78 | \$5,169.50 |
| River Garden Hebrew Home | 200859 | 200859 | 14 | \$241.97 | \$3,387.58 |
| Avante at Jacksonville Beach | 200913 | 200913 | 858 | \$218.64 | \$187,593.12 |
| Samantha R. Wilson at Bay View | 202606 | 202606 | 582 | \$228.50 | \$132,987.00 |
| Tri-County Nursing Home | 204625 | 204625 | 4,324 | \$201.97 | \$873,318.29 |
| St. Catherine Laboure Manor | 205150 | 205150 | 7 | \$224.76 | \$1,573.32 |
| Suwannee Valley Nursing Center | 206300 | 206300 | 1,010 | \$236.44 | \$238,804.40 |
| The Ponce Therapy Care Center | 207799 | 207799 | 65 | \$237.87 | \$15,461.55 |
| Westminster Woods on Julington Creek | 212083 | 212083 | 124 | \$199.94 | \$24,792.56 |
| Report Produced: 1/15/2014 1:36:44PM | | | P | age 49 of 107 | |



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

Summary of Log data

Provider Number: 087519800-00

North Central Florida Hospice-Alachua County

| | Nursing Home M | ledicaid Number | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|---------------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | Computation |
| Woodland Terrace | 212636 | 212636 | 653 | \$165.52 | \$108,084.56 |
| Life Care Center at Wells Crossing | 213161 | 213161 | 47 | \$203.15 | \$9,548.05 |
| St. Augustine Health & Rehabilitation Center | 217735 | 217735 | 497 | \$223.47 | \$111,064.59 |
| Daytona Beach Health and Rehabilitation Cent | 217743 | 217743 | 48 | \$216.10 | \$10,372.80 |
| Doctors Lake of Orange Park | 223883 | 223883 | 2,044 | \$203.13 | \$415,197.73 |
| MK of Fernandina Beach LLC | 225274 | 225274 | 36 | \$205.07 | \$7,382.52 |
| Cathedral Gerontology Center | 226068 | 226068 | 205 | \$230.65 | \$47,283.25 |
| Park Meadows Health & Rehab Center | 227765 | 227765 | 868 | \$227.95 | \$197,860.60 |
| Ayers Health & Rehab Center | 227871 | 227871 | 2,905 | \$188.10 | \$546,430.52 |
| Gainesville Health Care Center | 229288 | 229288 | 2,469 | \$219.19 | \$541,180.12 |
| Bradford Terrace, LLC | 251739 | 251739 | 3,415 | \$170.15 | \$581,062.23 |
| North Florida Rehab. and Specialty Care | 252361 | 043880 | 2,633 | \$198.24 | \$521,965.93 |
| Current Name:North Florida Rehabilitation and Speci Governor's Creek Health and Rehab. | alty Care 252387 | 043875 | 31 | \$201.15 | \$6,235.65 |
| Current Name:Governor's Creek Health and Rehabilit Grand Oaks Health and Rehab. Center | ation 252409 | 043864 | 1 | \$201.16 | \$201.16 |
| Current Name:Grand Oaks Health and Rehabilitation OAKTREE HEALTHCARE | Center 252476 | 043843 | 20 | \$219.30 | \$4,386.00 |
| Current Name:Oaktree Healthcare Woodlands Care Center of Alachua County | 255572 | 255572 | 2,314 | \$169.76 | \$392,824.63 |
| · | | | | | |
| PG of Gainesville Report Produced: 1/15/2014 1:36:44PM | 257265 | 257265 | 2,850 P | \$188.39 age 50 of 107 | \$536,911.50 |



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

Summary of Log data

Provider Number: 087519800-00

North Central Florida Hospice-Alachua County

| • | Nursing Home M | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation | |
|--|----------------|--------------------------|------------------------------------|---|----------------|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Indigo Manor | 258750 | 258750 | 56 | \$227.57 | \$12,743.92 |
| Riverwood Center, LLC | 260673 | 260673 | 472 | \$210.74 | \$99,469.28 |
| Avalon Health Care Center | 261629 | 261629 | 1,229 | \$198.48 | \$243,931.91 |
| Macclenny Nursing and Rehab | 263516 | 263516 | 199 | \$208.42 | \$41,475.58 |
| Moultrie Creek Nursing and Rehab | 263559 | 263559 | 374 | \$211.22 | \$78,996.28 |
| Lafayette Healthcare Center | 264482 | 264482 | 923 | \$187.72 | \$173,265.56 |
| Regents Park of Jacksonville | 269727 | 269727 | 25 | \$198.64 | \$4,966.00 |
| The Terrace at Daytona Beach | 282553 | 282553 | 22 | \$167.96 | \$3,695.12 |
| Life Care Center of Orange Park | 284289 | 284289 | 157 | \$194.36 | \$30,514.52 |
| The Terrace at Fleming Island | 284785 | 284785 | 3,540 | \$170.22 | \$602,578.80 |
| Baya Pointe Nursing and Rehabilitation Center | 308111 | 308111 | 1,468 | \$220.68 | \$323,958.23 |
| LakeWood Nursing Center | 312142 | 312142 | 1,210 | \$207.54 | \$251,123.39 |
| Cross City Rehabilitation and Health Center | 312151 | 312151 | 1,323 | \$200.09 | \$264,719.07 |
| CrestWood Nursing Center | 312274 | 312274 | 1,397 | \$184.85 | \$258,235.46 |
| Southlake Nursing and Rehabilitation Center | 312371 | 312371 | 5,072 | \$225.74 | \$1,144,953.31 |
| Parklands Rehabilitation and Nursing Center | 317578 | 317578 | 1,445 | \$233.13 | \$336,872.86 |
| Williston Rehabilitation and Nursing Center Report Produced: 1/15/2014 1:36:44PM | 317586 | 317586 | 2,236 Pa | \$224.90 age 51 of 107 | \$502,876.39 |



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

Summary of Log data

Provider Number: 087519800-00

North Central Florida Hospice-Alachua County

| | · Nursing Home N | · Nursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | 4 Weighted ome Average Rate Computation |
|--|------------------|--------------------------------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Kate | |
| Atrium Healthcare Center | 319376 | 319376 | 226 | \$208.25 | \$47,064.50 |
| Consulate Health Care of Jacksonville | 319503 | 080384 | 19 | \$198.23 | \$3,766.37 |
| Consulate Health Care of Orange Park | 319538 | 080402 | 320 | \$185.63 | \$59,401.60 |
| Signature HealthCARE of Gainesville | 324388 | 324388 | 281 | \$202.45 | \$56,888.45 |
| Signature Healthcare of Orange Park | 324434 | 324434 | 469 | \$203.73 | \$95,549.37 |
| Heartland Health Care Center-Orange Park | 325261 | 325261 | 2 | \$206.55 | \$413.10 |
| Total | | | 59,74 | 9√ | \$12,142,588.77 |

Average Nursing Home Rate (Weighted by days) =12,142,588.77/59,749=203.23 Room and Board Rate 01/01/2014: $203.23 \times 95\% = 193.07 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 087520100-00

Hospice of Marion County-Marion County

| | · Nursing Home M | · Nursing Home Medicaid Number | | 01/01/2014 Nursing Home | Weighted Average Rate Computation |
|---------------------------------------|------------------|--------------------------------|----------------------|----------------------------|---|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| Avante at Ocala | 005701 | 005701 | 662 | \$220.82 | \$146,182.84 |
| Ocala Oaks Rehabilitation Center | 048611 | 048611 | 2,462 | \$236.15 | \$581,401.28 |
| TimberRidge Nursing & Rehab Center | 203335 | 203335 | 329 | \$226.45 | \$74,502.05 |
| Ocala Health & Rehabilitation Center | 217395 | 217395 | 1,200 | \$199.15 | \$238,979.99 |
| New Horizon Health & Rehab Center | 227773 | 227773 | 822 | \$246.19 | \$202,368.18 |
| Oakhurst Care & Rehabilitation Center | 251721 | 251721 | 754 | \$202.68 | \$152,820.71 |
| Hawthorne Health & Rehab of Ocala | 253456 | 253456 | 2,503 | \$204.80 | \$512,614.41 |
| PG of Ocala | 257290 | 257290 | 1,288 | \$196.03 | \$252,486.64 |
| Life Care Center of Ocala | 266108 | 266108 | 1,302 | \$215.10 | \$280,060.21 |
| Total | | | √ _{11,32} ; | 2 | \$2,441,416.32 |

Average Nursing Home Rate (Weighted by days) =2,441,416.32/11,322=215.63 Room and Board Rate 01/01/2014: $215.63 \times 95\% = 204.85 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 087522800-00

Hospice of Health First-Brevard County

| | Nursing Home N | Aedicaid Number | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 24400 | Companion |
| Carnegie Gardens Nursing Center | 005519 | 005519 | 429 | \$220.00 | \$94,380.00 |
| The Health Center of Merritt Island | 030491 | 030491 | 86 | \$230.86 | \$19,853.96 |
| The Palms Rehabilitation and Healthcare Cente | 043847 | 043847 | 270 | \$216.81 | \$58,538.70 |
| Island Health and Rehabilitation Center | 059866 | 059866 | 4 | \$189.02 | \$756.08 |
| West Melbourne Health & Rehabilitation Cente | 217727 | 217727 | 270 | \$206.78 | \$55,830.60 |
| Rockledge Rehab and Nursing Center | 227587 | 227587 | 300 | \$225.58 | \$67,674.00 |
| Life Care Center of Melbourne | 228338 | 228338 | 21 | \$203.19 | \$4,266.99 |
| Avante at Melbourne | 252018 | 252018 | 291 | \$235.94 | \$68,658.54 |
| Indian River Center LLC | 260665 | 260665 | 844 | \$220.61 | \$186,194.84 |
| Atlantic Shores Nursing and Rehab | 263389 | 263389 | 681 | \$214.25 | \$145,904.25 |
| Melbourne Terrace Restorative Care Center | 264547 | 264547 | 403 | \$227.27 🏚 | \$91,589.81 |
| Life Care Center of Palm Bay | 268186 | 268186 | 70 | \$207.45 🕏 | \$14,521.50 |
| Consulate Health Care Melbourne | 319520 | 080394 | 534 | \$191.52 🛪 | \$102,271.68 |
| Current Name:Consulate Health Care of Melbourne Anchor Care & Rehabilitation Center | 324451 | 324451 | 377 | \$200.21 | \$75,479.17 |

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

Summary of Log data

Provider Number: 087522800-00

Hospice of Health First-Brevard County

| Nursing Home Provider Name | · Nursing Home M | ledicaid Number | Total Nursing Home Days | 01/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|------------------|-----------------|-------------------------|--|
| | As Reported | Current | | 2000 Companion |
| Total | | | V _{4.58} | 0 \$985.920.13 |

Average Nursing Home Rate (Weighted by days) =985,920.13/4,580=215.27 Room and Board Rate 01/01/2014: $215.27 \times 95\% = 204.50 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 087523600-00 Hospice of Volusia-Volusia County

| | Nursing Home M | 1edicaid Number | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted e Average Rate Computation |
|--|----------------|-----------------|----------------------------|------------------------------------|-------------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | Katt | Computation |
| Debary Manor | 005372 | 005372 | 481 | \$197.98 | \$95,228.38 |
| Flagler Pines | 005374 | 005374 | 342 | \$209.50 | \$71,649.00 |
| Manor on the Green | 005543 | 005543 | 578 | \$216.71 | \$125,258.38 |
| Oakwood Garden of Deland | 005547 | 005547 | 1,425 | \$204.61 | \$291,569.25 |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 281 | \$194.39 | \$54,623.59 |
| Carlton Shores Health and Rehab Center | 022138 | 022138 | 536 | \$236.65 | \$126,844.40 |
| The Health Center of Daytona Beach | 030535 | 030535 | 360 | \$221.30 | \$79,668.00 |
| University Center West | 041685 | 041685 | 364 | \$216.30 | \$78,733.20 |
| University Center East | 041686 | 041686 | 61 | \$206.78 | \$12,613.58 |
| Oaktree Healthcare | 043843 | 043843 | 761 | \$219.30 | \$166,887.30 |
| Grand Oaks Health and Rehabilitation Center | 043864 | 043864 | 4 | \$201.16 | \$804.64 |
| Deltona Health Care | 043868 | 043868 | 1,236 | \$212.91 | \$263,156.76 |
| Center for Health Care of The Alliance Commu | 202789 | 202789 | 2,791 | \$189.03 | \$527,582.73 |
| Olds Hall Good Samaritan | 204391 | 204391 | 2,176 | \$231.58 | \$503,918.08 |
| Bishop's Glen Health Care Center | 209511 | 209511 | 2,106 | \$239.60 | \$504,597.61 |
| Emory L. Bennett State Veterans' Nursing Hom | 210889 | 210889 | 103 | \$233.38 | \$24,038.14 |
| Woodland Terrace | 212636 | 212636 | 3,471 | \$165.52 | \$574,519.93 |
| D (D I 1 1/15/2014 L-27/14/D) 4 | | | n | lana 56 af 107 | |

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

Summary of Log data

Provider Number: 087523600-00 Hospice of Volusia-Volusia County

| | Nursing Home M | ledicaid Number | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|-----------------|--------------------------|------------------------------------|-----------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| Florida Lutheran Retirement Center | 212792 | 212792 | 865 | \$201.78 | \$174,539.70 |
| Daytona Beach Health and Rehabilitation Cent | 217743 | 217743 | 2,202 | \$216.10 | \$475,852.21 |
| Ocean View Nursing and Rehabilitation Center | 226351 | 226351 | 4,128 | \$200.61 | \$828,118.08 |
| Avante at Ormond Beach | 252034 | 252034 | 408 | \$226.21 | \$92,293.68 |
| Indigo Manor | 258750 | 258750 | 1,160 | \$227.57 | \$263,981.21 |
| Bridgeview Center, LLC | 260371 | 260371 | 48 | \$222.90 | \$10,699.20 |
| Coquina Center, LLC | 260649 | 260649 | 289 | \$227.54 | \$65,759.06 |
| Port Orange Nursing and Rehab | 263508 | 263508 | 1,623 | \$222.84 | \$361,669.31 |
| Orange City Nursing and Rehab | 263567 | 263567 | 1,104 | \$217.44 | \$240,053.76 |
| Majestic Oaks Continuing Care Complex | 269000 | 269000 | 716 | \$201.80 | \$144,488.80 |
| Ridgecrest Nursing & Rehabilitation Center | 282464 | 282464 | 624 | \$215.57 | \$134,515.68 |
| The Terrace at Daytona Beach | 282553 | 282553 | 2,964 | \$167.96 | \$497,833.46 |
| SandalWood Nursing Center | 312045 | 312045 | 2,451 | \$198.09 | \$485,518.58 |
| Signature Healthcare of Ormond | 324442 | 324442 | 63 | \$214.82 | \$13,533.66 |

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

Summary of Log data

Provider Number: 087523600-00 Hospice of Volusia-Volusia County

| | Nursing Home M | ledicaid Number | Total Nursing . Home | 01/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|----------------|-----------------|----------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | |
| Total | | * * | $\sqrt{35,721}$ | \$7,290,549.40 |

Average Nursing Home Rate (Weighted by days) =7,290,549.40/35,721=204.10 Room and Board Rate 01/01/2014: $204.10 \times 95\% = 193.89 \checkmark$

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

Summary of Log data

Provider Number: 087524400-00 Big Bend Hospice-Leon County

| | · Nursing Home N | Aedicaid Number | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | ***** | o amparation |
| Riverchase Care Center | 005386 | 005386 | 343 | \$205.95 ↓ | \$70,640.85 |
| St. James Health And Rehabilitation Center | 015613 | 015613 | 1,547 | \$209.30 1 | \$323,787.10 |
| Seven Hills Health & Rehab Center | 033175 | 033175 | 836 | \$225.99 | \$188,927.64 |
| Cross Landings Health and Rehab | 042138 | 042138 | 803 | \$246.08 | \$197,602.24 |
| Crosswinds Health and Rehab | 042140 | 042140 | 45 | \$245.11 🗡 | \$11,029.95 |
| Heritage Healthcare Center | 043833 | 043833 | 252 | \$203.53 1 | \$51,289.56 |
| Marshall Health and Rehabilitation Center | 043878 | 043878 | 307 | \$198.83 14 | \$61,040.81 |
| Westminster Oaks | 200409 | 200409 | 366 | \$198.27↑ 6 | \$72,566.82 |
| Miracle Hill Nursing and Convalescent Center. | 202941 | 202941 | 19 | \$214.14 1 | \$4,068.66 |
| Lake Park of Madison | 211923 | 211923 | 318 | \$190.14 | \$60,464.52 |
| Madison Nursing Center | 213462 | 213462 | 943 | \$234.24 | \$220,888.33 |
| TMH Skilled Nursing Facility | 213934 | 213934 | 13 | \$214.45 | \$2,787.85 |
| EDEN SPRINGS NURSING & REHABILITA | 253707 | 253707 | 2,516 | \$227.18 ~ | \$571,584.86 |
| Centre Point Health and Rehab Center | 264563 | 264563 | 896 | \$216.11 | \$193,634.56 |

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

Summary of Log data

Provider Number: 087524400-00 Big Bend Hospice-Leon County

| | · Nursing Home M | 1edicaid Number | Total Nursing Home Days | 01/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|------------------|-----------------|----------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | | |
| Total | : | | / 9.204 | \$2.030.313.76 |

Average Nursing Home Rate (Weighted by days) =2,030,313.76/9,204=220.59 Room and Board Rate 01/01/2014: $220.59 \times 95\% = 209.56 \checkmark$

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The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 087525200-00

Hospice of the Florida Keys, Inc.-Monroe County

| Nursing Home Provider Name | · Nursing Home N | Nursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|----------------------------------|------------------|------------------------------|----------------|------------------------------------|---|
| | As Reported | Current | . Home Days | | |
| Key West Health & Rehabilitation | 024167 | 024167 | 798 | \$239.23 1 | ÷ \$190,905.54 |
| Plantation Key Nursing Center | 044975 | 044975 | 336 | \$250.94 👡 | \$84,315.84 |
| Total | | | √ 1,134 | 1 | \$275,221.38 |

Average Nursing Home Rate (Weighted by days) =275,221.38/1,134=242.70 Room and Board Rate 01/01/2014: 242.70 x 95% = 230.56 \checkmark

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

* Rate Reduction

Provider Number: 087526100-00

Hospice of Lake and Sumter-Lake County

| | Nursing Home | Medicaid Number | Total Nursing - Home | ing Nursing Home | Weighted Average Rate Computation |
|--|--------------|-----------------|----------------------------|---------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | ARMIC | |
| Osceola Health Care Center | 005219 | 005219 | 122 | \$219.73 | \$26,807.06 |
| The Rehabilitation Center of Winter Park | 005380 | 005380 | 294 | \$210.32 🛧 | \$61,834.08 |
| Lake Eustis Care Center | 005851 | 005851 | 784 | \$209.26 | \$164,059.84 |
| Astoria Health and Rehabilitation Center | 023255 | 023255 | 79 | \$219.18 ★ ! | \$17,315.22 |
| North Campus Rehabilitation and Health Cente | 031880 | 031880 | 966 | \$226.68 * | \$218,972.87 |
| Lady Lake Specialty Care Center | 032486 | 032486 | 561 | \$226.29 | \$126,948.69 |
| Grace Healthcare of Lake Wales | 034504 | 034504 | 3,283 | \$190.46 x ! | \$625,280.20 |
| Keystone Rehabilitation and Health Center | 043839 | 043839 | 350 | \$206.69 | \$72,341.50 |
| Rio Pinar Health Care | 043846 | 043846 | 167 | \$215.58 | \$36,001.86 |
| Plantation Bay Rehabilitation Center | 043853 | 043853 | 283 | \$217.90 | \$61,665.70 |
| Colonial Lakes Health Care | 043854 | 043854 | 868 | \$216.37 | \$187,809.16 |
| The Crossroads | 045471 | 045471 | 3 | \$240.81 | \$722.43 |
| Health Central Park | 048441 | 048441 | 764 | \$231.26 | \$176,682.64 |
| South Campus Rehabilitation & Nursing Center | 072048 | 072048 | 741 | \$230.63 | \$170,896.83 |
| The Gardens at DePugh Nursing Center | 201588 | 201588 | 145 | \$215.41 | \$31,234.45 |
| The Rohr Home | 202533 | 202533 | 371 | \$247.20 ⁄ | \$91,711.20 |
| Avante at Leesburg | 203122 | 203122 | 1,234 | \$225.20 | \$277,896.80 |
| Report Produced: 1/15/2014 1:36:44PM | | | p | age 62 of 107 | |

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

Summary of Log data

Provider Number: 087526100-00

Hospice of Lake and Sumter-Lake County

| • | Nursing Home Medicaid Number | | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | Comparation |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 240 | \$213.98 | \$51,355.20 |
| The Commons at Orlando Lutheran Towers | 205796 | 205796 | 1,261 | \$203.64 | \$256,790.04 |
| AUBURNDALE OAKS HEALTHCARE CEN | 207527 | 207527 | 705 | \$205.21 | \$144,673.05 |
| Westminster Towers | 208540 | 208540 | 2,434 | \$200.12 | \$487,092.07 |
| Winter Park Towers | 209848 | 209848 | 675 | \$195.06 | \$131,665.50 |
| The Edgewater at Waterman Village | 210684 | 210684 | 1,836 | \$228.91 | \$420,278.77 |
| Hardee Manor Healthcare Center | 211435 | 211435 | 521 | \$199.49 | \$103,934.29 |
| Lakeland Hills Center | 212865 | 080068 | 158 | \$190.12 | \$30,038.96 |
| The Groves Center | 212881 | 080062 | 73 | \$183.21 | \$13,374.33 |
| Florida Presbyterian Homes, Inc. | 212971 | 212971 | 445 | \$206.13 | \$91,727.85 |
| Bartow Center | 212997 | 212997 | 745 | \$192.71 | \$143,568.96 |
| Life Care Center Of Orlando | 213403 | 213403 | 398 | \$210.15 | \$83,639.70 |
| Osprey Point Nursing Center | 215597 | 215597 | 991 | \$205.84 | \$203,987.44 |
| Life Care Center of Winter Haven | 219380 | 219380 | 2,535 | \$213.54 | \$541,323.88 |
| Clermont Health and Rehabilitation Center | 221465 | 221465 | 690 | \$200.85 | \$138,586.50 |
| Delaney Park Health and Rehabilitation Center | 221589 | 221589 | 285 | \$202.55 | \$57,726.75 |
| Orlando Health and Rehabilitation Center Report Produced: 1/15/2014 1:36:44PM | 223654 | 223654 | 664 P | \$181.74 age 63 of 107 | \$120,675.36 |



Florida Agency for Health Care Administration

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

Summary of Log data

Provider Number: 087526100-00

Hospice of Lake and Sumter-Lake County

| | Nursing Home Medicaid Number | | Total Nursing | Nursing Nursing Home | |
|---|------------------------------|---------|------------------|---------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| MK of Haines City LLC | 224341 | 224341 | 1,180 | \$211.56 | \$249,640.80 |
| MK of Winter Garden LLC | 225410 | 225410 | 639 | \$230.97 | \$147,589.83 |
| Winter Haven Health and Rehab Center | 228702 | 228702 | 112 | \$198.39 | \$22,219.68 |
| Lake Harris Health Center | 228966 | 228966 | 1,133 | \$202.61 | \$229,557.13 |
| Avante at Mt. Dora | 252042 | 252042 | 863 | \$218.10 | \$188,220.31 |
| Wedgewood Healthcare Center | 252328 | 043867 | 34 | \$221.47 | \$7,529.98 |
| Palms of Sebring | 252671 | 252671 | 399 | \$196.25 * | \$78,303.75 |
| Southern Oaks Health Care | 253146 | 253146 | 535 | \$189.57 | \$101,419.95 |
| The Palms At Park Place | 253421 | 253421 | 42 | \$199.78 | \$8,390.76 |
| PG of Winter Haven | 257320 | 257320 | 854 | \$186.73 | \$159,467.42 |
| Lakeview Terrace Skilled Nursing Facility | 259225 | 259225 | 15 | \$218.27 | \$3,274.05 |
| Ruleme Center, LLC | 260452 | 260452 | 779 | \$216.84 | \$168,918.36 |
| Highlands Lake Center, LLC | 260576 | 260576 | 50 | \$214.78 | \$10,739.00 |
| Hunter's Creek Nursing and Rehab | 263605 | 263605 | 17 | \$240.13 | \$4,082.21 |
| Spring Lake Rehabilitation Center | 264571 | 264571 | 47 | \$226.29 | \$10,635.63 |
| Valencia Hills Health and Rehabilitation Center | 265560 | 265560 | 588 | \$184.77 \ | \$108,644.76 |
| Palm Terrace of Lakeland Report Produced: 1/15/2014 1:36:44PM | 282626 | 282626 | 118 P | \$204.86 age 64 of 107 | \$24,173.48 |



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

Summary of Log data

Provider Number: 087526100-00

Hospice of Lake and Sumter-Lake County

| | · Nursing Home M | · Nursing Home Medicaid Number | | 01/01/2014 Nursing Hom Rate | Weighted Average Rate Computation | |
|--|--|--------------------------------|-----------------|-----------------------------------|---|--|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation | |
| Consulate Health Care of Lake Parker | 319678 | 080393 | 421 | \$188.01 | \$79,152.21 | |
| Consulate Health Care of Winter Haven | 319724 | 080434 | 519 | \$195.73 | \$101,583.87 | |
| Consulate Health Care of Lakeland | 319953 | 080391 | 78 | \$185.56 | \$14,473.68 | |
| Ocoee Health Care Facility | 324159 | 324159 | 178 | \$224.52 | \$39,964.56 | |
| Kenilworth Care and Rehabilitation Center | 324493 | 324493 | 1,167 | \$191.02 | \$222,920.34 | |
| Winter Park Care and Rehabilitation Center | 324515 | 324515 | 42 | \$209.15 | \$8,784.30 | |
| Arbor Village Nursing Center | 325040 | 325040 | 1.080 | \$212.72 | \$229,737.60 | |
| Total | 100 - 111 annual 100 annual 100 annual 111 a | | √ 36,561 | | \$7,588,042.83 | |

Average Nursing Home Rate (Weighted by days) =7,588,042.83/36,561=207.54 Room and Board Rate 01/01/2014: $207.54 \times 95\% = 197.17 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

ANH Rate Reduction

Provider Number: 087527900-00

Tidewell Hospice & Palliative Care-Sarasota County

| • | Nursing Home Medicaid Number | | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Village Place Health and Rehab Center | 002400 | 002400 | 1,120 | \$245.39 🖈 | \$274,836.80 |
| Braden River Care Center | 005021 | 073324 | 3,187 | \$223.76 | \$713,123.10 |
| Current Name:Braden River Rehabilitation Center, LL Woods of Manatee Springs | C 008793 | 008793 | 398 | \$215.12 | \$85,617.76 |
| Heartlamd of Sarasota FL, LLC | 010453 | 010453 | 398 | \$227.01 | \$90,349.98 |
| Bay Village of Sarasota | 018777 | 018777 | 503 | \$245.34 | \$123,406.02 |
| Charlotte Harbor Healthcare | 030540 | 030540 | 3,190 | \$238.18 | \$759,794.18 |
| Sunset Lake Health and Rehab Center | 032551 | 032551 | 2,795 | \$239.31 | \$668,871.44 |
| Benderson Family Skilled Nursing & Rehab Ce | 033717 | 033717 | 239 | \$235.50 | \$56,284.50 |
| Heritage Health Care Center | 043835 | 043835 | 2,481 | \$223.34 | \$554,106.53 |
| Beneva Lakes Healthcare and Rehabilitation Ce | 043857 | 043857 | 850 | \$215.77 | \$183,404.50 |
| Bradenton Health Care | 043859 | 043859 | 1,465 | \$217.51 | \$318,652.14 |
| Magnolia Health and Rehabilitation Center | 043877 | 043877 | 1,114 | \$213.01 | \$237,293.13 |
| Crossbreeze Care Center | 046233 | 046233 | 56 | \$243.07 | \$13,611.92 |
| Englewood Healthcare & Rehabilitation Center | 059855 | 059855 | 2,132 | \$195.05 | \$415,846.61 |
| Pines of Sarasota | 202703 | 202703 | 393 | \$255.16 | \$100,277.88 |
| SUNNYSIDE NURSING HOME | 202711 | 202711 | 137 | \$263.20 | \$36,058.40 |
| Westminster Asbury Towers | 203815 | 203815 | 2,004 | \$202.82 | \$406,451.29 |
| Report Produced: 1/15/2014 1:36:44PM | | | P | age 66 of 107 | |



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

Summary of Log data

Provider Number: 087527900-00

Tidewell Hospice & Palliative Care-Sarasota County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rutt | Computation |
| Westminster Asbury Manor | 209422 | 209422 | 973 | \$210.31 | \$204,631.63 |
| Village on the Isle | 210463 | 210463 | 160 | \$255.00 | \$40,800.00 |
| Harborchase of Venice | 213322 | 213322 | 775 | \$218.23 | \$169,128.25 |
| Life Care Center of Sarasota | 223786 | 223786 | 460 | \$225.81 | \$103,872.60 |
| MK of North Port LLC | 225053 | 225053 | 3,039 | \$232.23 | \$705,746.96 |
| Greenbriar Rehab & Nursing Center | 227625 | 227625 | 877 | \$236.07 | \$207,033.40 |
| lnn at Sarasota Bay Club | 228621 | 228621 | 265 | \$272.06 | \$72,095.90 |
| Pinebrook Care & Rehabilitation Center | 252662 | 252662 | 1,082 | \$217.08 | \$234,880.56 |
| Springwood Care & Rehabilitation Center | 253014 | 253014 | 2,677 | \$203.78 | \$545,519.06 |
| Surrey Place Convalescent Center of Bradenton | 256277 | 256277 | 1,083 | \$249.10 | \$269,775.31 |
| Riverfront Nursing and Rehab Center | 259942 | 259942 | 611 | \$226.34 | \$138,293.74 |
| Sarasota Memorial Nursing & Rehab Facility | 260355 | 260355 | 522 | \$217.60 * | \$113,587.20 |
| Riviera Palms Rehabilitation Center | 263451 | 263451 | 756 | \$217.21 | \$164,210.77 |
| Casa Mora Rehabilitation and Extended Care | 263885 | 263885 | 1,860 | \$211.89 | \$394,115.40 |
| Sarasota Health and Rehabilitation Center | 263982 | 263982 | 548 | \$199.09 * | \$109,101.32 |
| The Springs at Lake Pointe Woods | 268780 | 268780 | 1,450 | \$229.81 | \$333,224.50 |
| Douglas Jacobson State Veterans Nursing Hom Report Produced: 1/15/2014 1:36:44PM | 269492 | 269492 | 2,752 P | \$229.98 age 67 of 107 | \$632,904.95 |



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

Summary of Log data

Provider Number: 087527900-00

Tidewell Hospice & Palliative Care-Sarasota County

| | Nursing Home M | ledicaid Number | Total Nursing Home | ing Nursing Home | Weighted Average Rate Computation |
|---|----------------|-----------------|--------------------------|-------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Life Care Center of Punta Gorda | 311685 | 311685 | 1,650 | \$234.95 | \$387,667.49 |
| Desoto Health & Rehab | 316229 | 316229 | 366 | \$240.92 | \$88,176.72 |
| The Nursing Center at Freedom Village | 317195 | 317195 | 1,029 | \$202.25 | \$208,115.25 |
| Port Charlotte Rehabilitation Center | 319325 | 319325 | 839 | \$231.98 | \$194,631.22 |
| Harbour Health Center | 319333 | 319333 | 2,891 | \$220.82 | \$638,390.64 |
| Consulate Health Care of Port Charlotte | 320129 | 080416 | 1,401 | \$197.56 | \$276,781.56 |
| Consulate Health Care of Sarasota | 320137 | 080413 | 775 | \$217.55 * | \$168,601.25 |
| Tarpon Point Nursing and Rehabilitation Cente | 323781 | 323781 | 3,235 | \$239.30 | \$774,135.51 |
| Heritage Park Care and Rehabilitation Center | 324345 | 324345 | 185 | \$206.79 | \$38,256.15 |
| Signature Healthcare of Port Charlotte | 324477 | 324477 | 439 | \$216.24 | \$94,929.36 |
| ManorCare Health Services-Sarasota | 325465 | 325465 | 2,035 | \$208.44 | \$424,175.40 |
| Manor Care Health Services | 325473 | 325473 | 2,201 | \$213.42 | \$469,737.42 |
| Heartland Health Care Center-North Sarasota | 325490 | 325490 | 324 | \$214.19 | \$69,397.56 |

Report Produced: 1/15/2014 1:36:44PM Page 68 of 107



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

Summary of Log data

Provider Number: 087527900-00

Tidewell Hospice & Palliative Care-Sarasota County

| . Nursing Home Provider Name | Nursing Home Medicaid Num | Total Nursing Home | 01/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|------------------------------|---------------------------|----------------------|--|
| | As Reported Current | Days | |
| Total | | √ _{59,72} ; | 2 \$13.309.903.24 |

Average Nursing Home Rate (Weighted by days) =13,309,903.24/59,722=222.86 Room and Board Rate 01/01/2014: 222.86 x 95% = 211.72 \checkmark

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 1/15/2014 1:36:44PM Page 69 of 107



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

Summary of Log data

Provider Number: 087528700-00

Hospice of the Treasure Coast-St Lucie County

| | · Nursing Home N | Medicaid Number | Total Nursing | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------|-----------------|--------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | . Home Days | | |
| Brighton Gardens of Port St. Lucie | 210781 | 059404 | 1,000 | \$243.91 | \$243,910.00 |
| Current Name:Gardens of Port St. Lucie LAUREL POINTE HEALTH AND REHABIL | 211516 | 211516 | 1,360 | \$205.56 | \$279,561.60 |
| Life Care Center of Port St. Lucie | 217824 | 217824 | 1,583 | \$227.10 | \$359,499.31 |
| Port St. Lucie Nursing & Restorative Care Cente | 226009 | 226009 | 3,345 | \$228.82 | \$765,402.92 |
| Fort Pierce Health Care | 252239 | 043861 | 1,272 | \$232.34 | \$295,536.48 |
| PG of Port St Lucie | 257249 | 257249 | 4,621 | \$196.84 | \$909,597.62 |
| Emerald Healthcare Center | 261637 | 261637 | 1,081 | \$214.53 | \$231,906.93 |
| Tiffany Hall Nursing and Rehab | 263532 | 263532 | 1,616 | \$216.98 | \$350,639.67 |
| Abbiejean Russell Care Center | 268755 | 268755 | 1,401 | \$231.79 | \$324,737.78 |
| Total | | 10.00 | √ _{17,27} | 9 | \$3,760,792.32 |

Average Nursing Home Rate (Weighted by days) =3,760,792.32/17,279=217.65 Room and Board Rate 01/01/2014: $217.65 \times 95\% = 206.77$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 1/15/2014 1:36:44PM Page 70 of 107



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

Summary of Log data

Provider Number: 087529500-00

Hospice by the Sea-Palm Beach County

| | · Nursing Home | Medicaid Number | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | |
| Signature HealthCARE of Palm Beach | 001136 | 001136 | 20 | \$220.69 | \$4,413.80 |
| Boynton Health Care Center | 005814 | 005814 | 601 | \$242.38 | \$145,670.38 |
| Heartland of Boca Raton FL, LLC | 011997 | 011997 | 164 | \$216.19 | \$35,455.16 |
| Margate Health Care Center | 017222 | 017222 | 433 | \$227.44 | \$98,481.52 |
| Golfcrest Healthcare Center | 019287 | 019287 | 64 | \$200.05 | \$12,803.20 |
| West Broward Rehabilitation and Healthcare | 026536 | 026536 | 303 | \$243.79 | \$73,868.37 |
| Health Center of Coconut Creek | 030537 | 030537 | 75 | \$243.84 | \$18,288.00 |
| Coral Bay Healthcare and Rehabilitation | 043851 | 043851 | 15 | \$218.96 | \$3,284.40 |
| Harbor Beach Nursing and Rehabilitation Cent | 043873 | 043873 | 40 | \$239.48 | \$9,579.20 |
| Renaissance Health and Rehabilitation | 047787 | 047787 | 289 | \$229.56 | \$66,342.84 |
| Wood Lake Nursing and Rehabilitation Center | 047788 | 047788 | 206 | \$224.53 | \$46,253.18 |
| Hillcrest Nursing and Rehabilitation Center | 047795 | 047795 | 2,458 | \$216.70 | \$532,648.59 |
| Whitehall Boca Raton | 071884 | 071884 | 100 | \$238.89 | \$23,889.00 |
| Avante at Lake Worth | 203238 | 203238 | 22 | \$247.16 | \$5,437.52 |
| John Knox Village Of Florida | 203769 | 203769 | 256 | \$217.53 | \$55,687.68 |
| Regents Park Of Boca Raton | 204170 | 204170 | 2,359 | \$248.83 | \$586,989.97 |
| American Finnish Nursing Home | 205460 | 205460 | 2 | \$246.38 | \$492.76 |
| Report Produced: 1/15/2014 1:36:44PM | 1 | | P | age 71 of 107 | |



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

Summary of Log data

Provider Number: 087529500-00 Hospice by the Sea-Palm Beach County

| • | Nursing Home M | ursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|----------------|-----------------------------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Katt | Computation |
| Health Center at Abbey Delray | 205745 | 205745 | 477 | \$251.05 | \$119,750.85 |
| Lourdes-Noreen McKeen Residence | 205923 | 205923 | 120 | \$254.58 | \$30,549.60 |
| Saint Andrews Estates North | 206521 | 206521 | 492 | \$234.43 | \$115,339.56 |
| Abbey Delray South | 206865 | 206865 | 227 | \$258.43 | \$58,663.61 |
| Joseph L. Morse Geriatric Center, Inc | 207381 | 207381 | 1,617 | \$231.02 | \$373,559.35 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 868 | \$242.46 | \$210,455.29 |
| Covenant Village Care Center | 210188 | 210188 | 139 | \$238.97 | \$33,216.83 |
| Avante at Boca Raton | 210676 | 210676 | 688 | \$236.32 | \$162,588.17 |
| Stratford Court at Boca Pointe | 211010 | 211010 | 161 | \$237.38 | \$38,218.18 |
| The Fountains Nursing Home | 212393 | 212393 | 2,029 | \$220.65 | \$447,698.84 |
| Tamarac Rehabilitation and Health Center | 213098 | 213098 | 197 | \$229.92 | \$45,294.24 |
| Plantation Nursing & Rehab Center | 226017 | 226017 | 305 | \$252.75 | \$77,088.75 |
| Broward Nursing and Rehab Center | 226335 | 226335 | 90 | \$226.46 | \$20,381.40 |
| Wilton Manors Health and Rehab | 227579 | 227579 | 527 | \$233.21 | \$122,901.67 |
| Menorah House | 229628 | 229628 | 231 | \$227.83 | \$52,628.73 |
| Alexander Nininger State Veterans' Nursing Ho | 229849 | 229849 | 1,271 | \$233.00 | \$296,143.00 |
| SeaView Nursing and Rehab. Center Report Produced: 1/15/2014 1:36:44PM | 252433 | 061107 | 687 P | \$217.97 age 72 of 107 | \$149,745.39 |



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

Summary of Log data

Provider Number: 087529500-00 Hospice by the Sea-Palm Beach County

| | Nursing Home M | ledicaid Number | Total Nursing - Home | ing Nursing Home | Weighted Average Rate Computation |
|--|-----------------|-----------------|----------------------------|---------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Current Name:SeaView Nursing and Rehabilitation Corona at Deer Creek | enter 253481 | 253481 | 152 | \$259.08 | \$39,380.16 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 293 | \$213.34 | \$62,508.62 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 41 | \$218.99 | \$8,978.59 |
| Life Care Center of Inverrary | 259080 | 259080 | 867 | \$229.51 | \$198,985.17 |
| Hamlin Place | 259586 | 259586 | 105 | \$250.69 | \$26,322.45 |
| Boynton Beach Rehabilitation Center | 263460 | 263460 | 833 | \$215.68 | \$179,661.43 |
| Medicana Nursing and Rehab | 263524 | 263524 | 29 | \$211.03 | \$6,119.87 |
| Boulevard Rehabilitation Center | 263613 | 263613 | 669 | \$203.73 | \$136,295.37 |
| Boca Raton Rehabilitation Center | 263842 | 263842 | 508 | \$204.39 | \$103,830.12 |
| Deerfield Beach Health and Rehabilitation Cen | 263851 | 263851 | 653 | \$205.81 | \$134,393.93 |
| Oasis Health and Rehabilitation Center | 266124 | 266124 | 241 | \$230.80 | \$55,622.80 |
| Regents Park of Sunrise | 269697 | 269697 | 334 | \$209.28 | \$69,899.52 |
| Hollywood Hills Rehabilitation Center, LLC | 313424 | 313424 | 493 | \$223.16 | \$110,017.88 |
| The Court at Palm-Aire | 318795 | 318795 | 504 | \$241.26 | \$121,595.04 |
| Terraces of Lake Worth Rehab and Health Cent | 325031 | 325031 | 76 | \$255.21 | \$19,395.96 |
| Heartland Health Care Center-Boynton Beach | 325309 | 325309 | 358 | \$195.41 | \$69,956.78 |
| Heartland of Tamarac Report Produced: 1/15/2014 1:36:44PM | 325350 | 325350 | 232 P | \$209.07 age 73 of 107 | \$48,504.24 |



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

Summary of Log data

Provider Number: 087529500-00 Hospice by the Sea-Palm Beach County

| | · Nursing Home N | Nursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------|------------------------------|--------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Home Days | | |
| ManorCare Health Services (Boca Raton) | 325368 | 325368 | 2,399 | \$194.38 | \$466,317.63 |
| ManorCare Health Services-Boynton Beach | 325376 | 325376 | 1,074 | \$210.11 | \$225,658.14 |
| ManorCare Health Services-West Palm Beach | 325481 | 325481 | 128 | \$207.65 | \$26,579.20 |
| Total | | <u></u> | ✓ 27,52° | 2 | \$6,183,831.92 |

Average Nursing Home Rate (Weighted by days) =6,183,831.92/27,522=224.69 Room and Board Rate 01/01/2014: 224.69 x 95% = 213.45 \checkmark

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 1/15/2014 1:36:44PM Page 74 of 107



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

Summary of Log data

A NH Rate Reduction

Provider Number: 087532500-00

| | Nursing Home | Nursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|--------------|------------------------------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Katt | Computation |
| Cross Terrace Rehabilitation Center | 001300 | 028148 | 2,152 | \$221.65 | \$476,990.79 |
| Glen Oaks Health Care Center | 005849 | 005849 | 619 | \$238.59 | \$147,687.21 |
| Rehabilitation Center of St. Pete | 006408 | 072054 | 975 | \$241.25 | \$235,218.75 |
| Golfview Healthcare Center | 019085 | 019085 | 59 | \$213.48 | \$12,595.32 |
| Bon Secours Maria Manor | 200107 | 200107 | 6,579 | \$227.05 | \$1,493,761.97 |
| COMPREHENSIVE HEALTHCARE OF CL | 200956 | 200956 | 1,629 | \$238.96 | \$389,265.85 |
| Westchester Gardens Rehabilitation & Care C | 202011 | 202011 | 1,008 | \$231.25 | \$233,100.00 |
| Oak Bluffs Health Center | 203823 | 203823 | 1,480 | \$203.44 | \$301,091.20 |
| Mease Continuing Care | 204072 | 204072 | 2,432 | \$217.62 | \$529,251.83 |
| Morton Plant Rehabilitation Center | 206431 | 206431 | 405 | \$227.67 | \$92,206.35 |
| BERNARD L. SAMSON NURSING CENTER | 208442 | 208442 | 3,346 | \$246.40 | \$824,454.38 |
| Stratford Court at Palm Harbor | 210943 | 059400 | 2,660 | \$241.11 | \$641,352.60 |
| Current Name:Stratford Court of Palm Harbor Sabal Palms Health Care Center | 210951 | 210951 | 2,902 | \$199.30 | \$578,368.61 |
| Suncoast Manor | 212709 | 212709 | 1,894 | \$187.58 | \$355,276.52 |
| Tarpon Bayou Center | 212849 | 080079 | 1,499 | \$206.29 | \$309,228.70 |
| Egret Cove Center | 212890 | 212890 | 1,833 | \$209.27 | \$383,591.92 |
| Clearwater Center | 212911 | 212911 | 4 | \$202.50 | \$810.00 |
| Report Produced: 1/15/2014 1:36:44PM | | | P | age 75 of 107 | |



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

Summary of Log data

Provider Number: 087532500-00

| | Nursing Home Medicaid Number | | Total Nursing - Home | ng Nursing Home | Weighted Average Rate Computation | |
|---|------------------------------|---------|----------------------------|---------------------------|---|--|
| Nursing Home Provider Name | As Reported | Current | Days | | Sombattion | |
| Boca Ciega Center | 213004 | 213004 | 1,055 | \$202.22 | \$213,342.10 | |
| South Heritage Health and Rehabiliation Center | 226360 | 226360 | 2 | \$233.03 | \$466.06 | |
| Alpine Health and Rehabilitation Center | 227251 | 227251 | 203 | \$229.15 | \$46,517.45 | |
| Apollo Health & Rehab Center | 227633 | 227633 | 1,383 | \$222.49 | \$307,703.68 | |
| North Rehabilitation Center | 227641 | 227641 | 593 | \$226.90 | \$134,551.70 | |
| Lexington Health & Rehabilitation Center | 227650 | 032553 | 1,785 | \$215.87 * | \$385,327.94 | |
| Sylvan Health Center | 229164 | 229164 | 977 | \$214.45 * | \$209,517.65 | |
| Concordia Manor | 251666 | 251666 | 320 | \$210.66 | \$67,411.20 | |
| Countryside Healthcare Center | 252115 | 043872 | 873 | \$204.73 | \$178,729.29 | |
| Current Name:Countryside Rehab and Healthcare Cer Largo Health Care Center | 252336 | 043876 | 2,728 | \$206.10 | \$562,240.82 | |
| Current Name:Largo Rehab & Spa Edinborough Healthcare Center | 252484 | 061140 | 5,370 | \$212.18 | \$1,139,406.56 | |
| Current Name:Lakeside Oaks Care Center Sunset Point Care & Rehabilitation Center | 253430 | 253430 | 3,786 | \$193.75 | \$733,537.50 | |
| Bay Tree Care & Rehabilitation Center | 253448 | 253448 | 1,831 | \$208.64 | \$382,019.84 | |
| West Bay Care & Rehabilitation Center | 253464 | 253464 | 1,706 | \$202.43 | \$345,345.57 | |
| Wrights Healthcare & Rehabilitation Center | 254762 | 254762 | 788 | \$207.96 | \$163,872.49 | |
| PG of Clearwater | 257460 | 257460 | 3,385 | \$201.51 | \$682,111.33 | |
| PG of Largo Report Produced: 1/15/2014 1:36:44PM | 257478 | 257478 | 2,323 P | \$203.22 age 76 of 107 | \$472,080.06 | |



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

Summary of Log data

Provider Number: 087532500-00

| | Nursing Home Medicaid Number | | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted e Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| PG of Pinellas | 257508 | 257508 | 3,182 | \$203.40 | \$647,218.78 |
| Oak Manor Healthcare and Rehabilitation Cent | 258342 | 258342 | 2,972 | \$196.24 | \$583,225.30 |
| Tierra Pines Center, LLC | 260568 | 260568 | 1,431 | \$211.46 | \$302,599.27 |
| Alhambra Health & Rehab Center | 261254 | 261254 | 647 | \$228.42 | \$147,787.74 |
| Pinellas Point Nursing and Rehab | 263486 | 263486 | 1,666 | \$231.79 | \$386,162.13 |
| Bay Pointe Nursing Pavilion | 263834 | 263834 | 145 | \$215.23 | \$31,208.35 |
| Highland Pines Rehabilitation Center | 263907 | 263907 | 815 | \$197.35 | \$160,840.25 |
| The Abbey Rehabilitation and Nursing Center | 263958 | 263958 | 1,402 | \$214.16 | \$300,252.33 |
| Crystal Oaks of Pinellas | 264351 | 014169 | 1,843 | \$229.44 } | \$422,857.92 |
| Current Name:Gulf Shore Rehab & Nursing Belleair Health Care Center | 264521 | 264521 | 2,645 | \$217.35 * | \$574,890.77 |
| East Bay Rehabilitation Center | 264539 | 264539 | 1,922 | \$220.61 | \$424,012.42 |
| The Springs At Boca Ciega Bay | 267724 | 267724 | 103 | \$220.24 * | \$22,684.72 |
| Jacaranda Manor | 281743 | 281743 | 1,008 | \$172.18 | \$173,557.43 |
| Palm Terrace of St. Petersburg | 282537 | 282537 | 964 | \$240.49 | \$231,832.37 |
| The Allegro at College Harbor | 309800 | 309800 | 250 | \$243.61 | \$60,902.50 |
| St. Mark Village, Inc. | 310841 | 310841 | 1,579 | \$206.57 A | \$326,174.04 |
| Eagle Lake Rehab & Care Center Report Produced: 1/15/2014 1:36:44PM | 311065 | 311065 | 522 P | \$210.37 age 77 of 107 | \$109,813.14 |



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

Summary of Log data

Provider Number: 087532500-00

| | Nursing Home Medicaid Number | | Total Nursing - Home | g Nursing Home | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|-----------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Aute | |
| Carrington Place of St. Pete | 315524 | 035167 | 899 | \$207.27 | \$186,335.73 |
| Laurellwood Nursing Center, Inc. | 316628 | 316628 | 246 | \$177.99 * | \$43,785.54 |
| HarbourWood Nursing Center, Inc. | 316636 | 316636 | 3,852 | \$215.67 | \$830,760.83 |
| GraceWood Nursing Center, Inc. | 316644 | 316644 | 553 | \$179.61 ★ | \$99,324.33 |
| BayWood Nursing Center, Inc | 316652 | 316652 | 174 | \$184.63 | \$32,125.62 |
| Consulate Health Care of Safety Harbor | 319694 | 080406 | 2,772 | \$190.67 ★ ! | \$528,537.23 |
| Consulate Health Care of St. Petersburg | 319708 | 080409 | 1,148 | \$197.90 | \$227,189.19 |
| Health & Rehab. Centre at Dolphins View | 320528 | 043863 | 513 | \$234.65 🛪 | \$120,375.45 |
| Current Name: The Health and Rehabilitation Centre at Advanced Rehabilitation & Health Center | t Dolphins V 324094 | 324094 | 2,367 | \$235.71 | \$557,925.59 |
| Bayside Rehabilitation & Health Center | 324108 | 324108 | 1,056 | \$257.23 | \$271,634.89 |
| Shore Acres Rehabilitation & Health Center | 324132 | 324132 | 693 | \$233.91 🕏 | \$162,099.63 |
| Seminole Pavilion Rehabilitation & Nursing Se | 324230 | 324230 | 2,139 | \$211.28 | \$451,927.92 |
| Freedom Square Rehabilitation & Nursing Serv | 324248 | 324248 | 4,591 | \$209.44 | \$961,539.05 |
| Pinellas Park Care and Rehabilitation Center | 324469 | 324469 | 1,668 | \$200.22 | \$333,966.96 |
| Peninsula Care and Rehabilitation Center | 324507 | 324507 | 1,749 | \$208.66 | \$364,946.35 |
| ManorCare Health Services-Dunedin | 325686 | 325686 | 1,212 | \$197.97 | \$239,939.64 |
| ManorCare Health Services-Palm Harbor Report Produced: 1/15/2014 1:36:44PM | 325694 | 325694 | 2,836 P | \$191.80 🕏 age 78 of 107 | \$543,944.81 |



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

Summary of Log data

Provider Number: 087532500-00

Hospice of the Florida Suncoast-Pinellas County

| | Nursing Home Medicaid Number | Total Nursing - Home | 01/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|------------------------------|----------------------------|--|
| Nursing Home Provider Name | As Reported Current | Days | - Companion |
| Total | | √ 112,148 | \$23,890.811.45 |

Average Nursing Home Rate (Weighted by days) =23,890,811.45/112,148=213.03 Room and Board Rate 01/01/2014: $213.03 \times 95\% = 202.38 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 1/15/2014 1:36:44PM Page 79 of 107



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

Summary of Log data

* NH Rate Reduction

Provider Number: 087535000-00

Hope Hospice & Palliative Care-Lee County

| | Nursing Home Medicaid Number | | Total Nursing | | Weighted Average Rate Computation |
|---|------------------------------|---------|------------------|-------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| Lake Placid Health Care Center | 006339 | 006339 | 45 | \$205.99 ጵ | \$9,269.55 |
| Oakbrook of LaBelle | 006767 | 006767 | 3,596 | \$229.91 | \$826,756.37 |
| Grace Healthcare of Lake Wales | 034504 | 034504 | 52 | \$190.46 | \$9,903.92 |
| Coral Trace Health Care | 043848 | 043848 | 3,225 | \$211.21 | \$681,152.27 |
| The Crossroads | 045471 | 045471 | 71 | \$240.81 | \$17,097.51 |
| Calusa Harbour | 059369 | 059369 | 1,489 | \$239.36 | \$356,407.04 |
| Evans Health Care | 059873 | 059873 | 8,165 | \$200.88 | \$1,640,185.24 |
| Heritage Park Rehabilitation and Healthcare | 061095 | 061095 | 3,652 | \$207.18 | \$756,621.33 |
| Gulf Coast Village Care Center | 201120 | 201120 | 3,869 | \$223.91 * | \$866,307.80 |
| The Rohr Home | 202533 | 202533 | 59 | \$247.20 🕏 | \$14,584.80 |
| AUBURNDALE OAKS HEALTHCARE CEN | 207527 | 207527 | 97 | \$205.21 | \$19,905.37 |
| HealthPark Care Center | 210587 | 210587 | 3,563 | \$236.67 * | \$843,255.20 |
| Hardee Manor Healthcare Center | 211435 | 211435 | 166 | \$199.49 | \$33,115.34 |
| Lakeland Hills Center | 212865 | 080068 | 143 | \$190.12 | \$27,187.16 |
| Florida Presbyterian Homes, Inc. | 212971 | 212971 | 51 | \$206.13 | \$10,512.63 |
| Page Rehabilitation and Healthcare Center | 213900 | 213900 | 6,141 | \$238.51 | \$1,464,689.88 |
| MK of Haines City LLC | 224341 | 224341 | 51 | \$211.56 | \$10,789.56 |
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087535000-00

Hope Hospice & Palliative Care-Lee County

| | Nursing Home Medicaid Number | | Total Nursing - Home | ing Nursing Home | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Shell Point Pavilion | 229202 | 229202 | 3,816 | \$212.58 | \$811,205.29 |
| Palms of Sebring | 252671 | 252671 | 39 | \$196.25 | \$7,653.75 |
| Rehabilitation and Healthcare Center of Cape C | 263869 | 263869 | 2,056 | \$201.62 | \$414,530.71 |
| The Oaks at Avon Park | 263966 | 263966 | 104 | \$193.33 | \$20,106.32 |
| Winkler Court | 264008 | 264008 | 1,972 | \$204.43 | \$403,135.95 |
| Life Care Center of Estero | 265381 | 265381 | 2,454 | \$230.29 | \$565,131.64 |
| Valencia Hills Health and Rehabilitation Center | 265560 | 265560 | 704 | \$184.77 | \$130,078.08 |
| Palm Terrace of Clewiston | 282618 | 282618 | 3,010 | \$223.66 | \$673,216.61 |
| Citrus Gardens of Fort Myers | 318787 | 318787 | 2,332 | \$195.44 | \$455,766.09 |
| Consulate Health Care of North Ft. Myers | 320111 | 080400 | 1,901 | \$183.42 | \$348,681.42 |
| Lehigh Acres Health & Rehabilitation Center | 320978 | 320978 | 5,430 | \$248.29 | \$1,348,214.66 |
| Royal Care of Avon Park | 324213 | 324213 | 40 | \$194.10 | \$7,764.00 |
| Signature HealthCARE of College Park | 324370 | 324370 | 1,204 | \$213.15 | \$256,632.59 |
| Kenilworth Care and Rehabilitation Center | 324493 | 324493 | 450 | \$191.02 | \$85,959.00 |
| Heartland Health Care Center-Ft. Myers | 325325 | 325325 | 3,287 | \$205.94 | \$676,924.79 |
| ManorCare Health Services | 325384 | 325384 | 3,151 | \$214.52 | \$675,952.53 |

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

Summary of Log data

Provider Number: 087535000-00

Hope Hospice & Palliative Care-Lee County

| Nursing Home Provider Name | Nursing Home M | ledicaid Number | Total Nursing - Home Days | 01/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|----------------|-----------------|------------------------------------|--|
| | As Reported | Current | | |
| Total | , . | * >= | √ 66,385 | \$14,468,694.42 |

Average Nursing Home Rate (Weighted by days) =14,468,694.42/66,385=217.95 Room and Board Rate 01/01/2014: $217.95 \times 95\% = 207.05 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 087536800-00

Hospice of Citrus County-Citrus County

| | · Nursing Home Medicaid Numbe | | Total Nursing - Home | sing Nursing Home | Weighted Average Rate Computation |
|--|-------------------------------|---------|----------------------------|-------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Palatka Health Care Center | 005811 | 005811 | 1,126 | \$226.22 | \$254,723.72 |
| The Health Center of Lake City | 030527 | 030527 | 468 | \$222.47 | \$104,115.96 |
| Health Center at Brentwood | 043874 | 043874 | 6,113 | \$200.43 | \$1,225,228.55 |
| North Florida Rehabilitation and Specialty Car | 043880 | 043880 | 1,418 | \$198.24 | \$281,104.33 |
| Avante at Inverness | 203220 | 203220 | 3,411 | \$232.67 | \$793,637.36 |
| Tri-County Nursing Home | 204625 | 204625 | 966 | \$201.97 | \$195,103.02 |
| Life Care Center of Citrus County | 211532 | 211532 | 2,225 | \$211.81 | \$471,277.24 |
| Crystal River Health & Rehabilitation Center | 217263 | 217263 | 3,972 | \$215.29 | \$855,131.85 |
| Park Meadows Health & Rehab Center | 227765 | 227765 | 140 | \$227.95 | \$31,913.00 |
| Woodland Terrace of Citrus County | 228711 | 228711 | 5,934 | \$173.64 | \$1,030,379.76 |
| Cypress Cove Care Center | 228940 | 228940 | 2,263 | \$196.07 | \$443,706.43 |
| Gainesville Health Care Center | 229288 | 229288 | 4,892 | \$219.19 | \$1,072,277.49 |
| Bradford Terrace, LLC | 251739 | 251739 | 1,161 | \$170.15 | \$197,544.14 |
| Woodlands Care Center of Alachua County | 255572 | 255572 | 730 | \$169.76 | \$123,924.80 |
| Diamond Ridge Health & Rehabilitation Center | 256269 | 256269 | 1,759 | \$220.32 | \$387,542.89 |
| Avalon Health Care Center | 261629 | 261629 | 1,100 | \$198.48 | \$218,328.00 |
| Arbor Trail Rehab and Skilled Nursing Center | 263478 | 263478 | 6,598 | \$202.56 | \$1,336,490.86 |
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087536800-00

Hospice of Citrus County-Citrus County

| | · Nursing Home M | ledicaid Number | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|---|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Baya Pointe Nursing and Rehabilitation Center | 308111 | 308111 | 270 | \$220.68 | \$59,583.60 |
| LakeWood Nursing Center | 312142 | 312142 | 852 | \$207.54 | \$176,824.07 |
| Cross City Rehabilitation and Health Center | 312151 | 312151 | 359 | \$200.09 | \$71,832.31 |
| CrestWood Nursing Center | 312274 | 312274 | 721 | \$184.85 | \$133,276.85 |
| Parklands Rehabilitation and Nursing Center | 317578 | 317578 | 639 | \$233.13 | \$148,970.07 |
| Williston Rehabilitation and Nursing Center | 317586 | 317586 | 1,475 | \$224.90 | \$331,727.49 |
| Total | 1 2011 20000000000000000000000000000000 | <u> </u> | √ 48,59° | 2 | \$9,944,643.80 |

Average Nursing Home Rate (Weighted by days) =9,944,643.80/48,592=204.66 Room and Board Rate 01/01/2014: $204.66 \times 95\% = 194.42 \checkmark$

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

Summary of Log data

Provider Number: 087537600-00 Avow Hospice-Collier County

| | · Nursing Home M | Nursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|---------------------|------------------------------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | 11000 | Companie |
| Imperial Health Care Center | 030530 | 030530 | 372 | \$2 35.35 ↑ | \$87,550.20 |
| The Aristocrat | 030552 | 030552 | 496 | \$256.69 \ | \$127,318.24 |
| Heritage Healthcare and Rehab. Center | 252280 | 043838 | 467 | \$238.74 | 6 \$111,491.58 |
| Current Name:Heritage Healthcare and Rehabilitati Lakeside Pavillion Care & Rehabilitation Cente | on Center 256846 | 256846 | 893 | \$204.37 | \$182,502.41 |
| HarborChase of Naples | 268585 | 268585 | 250 | \$228.81 | \$57,202.50 |
| Manor Care @ Lely Palms | 325422 | 325422 | 532 | \$228.28 1 9 | \$121,444.96 |
| Manor Care Nursing and Rehabilitation Center | 325449 | 325449 | 1,233 | \$210.07 | \$259,016.32 |
| Total | | | √4,243 | , | \$946,526.21 |

Average Nursing Home Rate (Weighted by days) =946,526.21/4,243=223.08 Room and Board Rate 01/01/2014: 223.08 x 95% = 211.93

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

Summary of Log data

Provider Number: 087569400-00 Catholic Hospice-Dade County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Katt | · |
| Homestead Manor A Palace Community | 046017 | 046017 | 942 | \$261.20 | \$246,050.41 |
| Victoria Nursing and Rehabilitation Center, In | 046128 | 046128 | 177 | \$233.55 | \$41,338.35 |
| Riverside Care Center | 046758 | 046758 | 2,796 | \$239.30 | \$669,082.81 |
| New Riviera Nursing and Rehabilitation Center | 048807 | 048807 | 105 | \$241.10 | \$25,315.50 |
| South Dade Nursing and Rehabilitation Center | 054789 | 054789 | 59 | \$199.66 | \$11,779.94 |
| Golden Glades Nursing and Rehabilitation Cen | 054790 | 054790 | 3 | \$230.49 | \$691.47 |
| Miami Jewish Health Systems | 200506 | 200506 | 183 | \$231.78 | \$42,415.74 |
| Villa Maria Nursing & Rehabilitation | 203165 | 203165 | 3,139 | \$253.02 | \$794,229.79 |
| The Palace at Kendall Nursing and Rehab Cent | 203327 | 203327 | 368 | \$234.00 | \$86,112.00 |
| St John's Nursing Home | 205800 | 205800 | 3,682 | \$246.00 | \$905,772.00 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 512 | \$242.46 | \$124,139.52 |
| St Anne's Nursing Center | 209473 | 209473 | 11,477 | \$239.19 | \$2,745,183.66 |
| Regents Park at Aventura | 223239 | 223239 | 853 | \$229.59 | \$195,840.27 |
| Broward Nursing and Rehab Center | 226335 | 226335 | 4 | \$226.46 | \$905.84 |
| Fair Havens Center | 227226 | 227226 | 581 | \$157.90 | \$91,739.90 |
| Wilton Manors Health and Rehab | 227579 | 227579 | 318 | \$233.21 | \$74,160.78 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 520 | \$213.34 | \$110,936.80 |
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 087569400-00 Catholic Hospice-Dade County

| | Nursing Home Mo | edicaid Number | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|-----------------|----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Natt | |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 403 | \$218.99 | \$88,252.97 |
| PG of North Miami | 257494 | 257494 | 225 | \$212.16 | \$47,736.00 |
| Life Care Center of Inverrary | 259080 | 259080 | 617 | \$229.51 | \$141,607.67 |
| Sinai Plaza Nursing and Rehab | 260771 | 260771 | 78 | \$254.10 | \$19,819.80 |
| Deerfield Beach Health and Rehabilitation Cen | 263851 | 263851 | 365 | \$205.81 | \$75,120.65 |
| Hialeah Nursing and Rehabilitation Center | 265730 | 265730 | 167 | \$189.35 | \$31,621.45 |
| Harmony Health Center | 269107 | 269107 | 87 | \$191.99 | \$16,703.13 |
| Ponce Plaza Nursing & Rehab Center | 308251 | 308251 | 733 | \$240.96 | \$176,623.68 |
| South Pointe Plaza | 311308 | 311308 | 359 | \$196.89 | \$70,683.51 |
| Franco Nursing and Rehab | 319554 | 080436 | 4 | \$205.74 | \$822.96 |
| Current Name:Franco Nursing and Rehabilitation Cente Palmetto Rehabilitation and Health Center | r 324167 | 324167 | 8 | \$249.88 | \$1,999.04 |
| Signature Healthcare of Brookwood Gardens | 324418 | 324418 | 368 | \$211.37 | \$77,784.16 |
| Heartland Health Care Center-Kendall | 325244 | 325244 | 21 | \$213.73 | \$4,488.33 |

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

Summary of Log data

Provider Number: 087569400-00 Catholic Hospice-Dade County

| | · Nursing Home M | ledicaid Number | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|----------------------------|------------------|-----------------|-------|------------------------------------|-----------------------------------|
| Nursing Home Provider Name | As Reported | Current | | | |
| Total | | | 29,15 | ₄ / | \$6,918,958.13 |

Average Nursing Home Rate (Weighted by days) =6,918,958.13/29,154=237.32 Room and Board Rate 01/01/2014: 237.32 x 95% = 225.46 \checkmark

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

Summary of Log data

* NH Rate Reduction

Provider Number: 087570800-00

Gulfside Regional Hospice-Pasco County

| | Nursing Home Medicaid Number | | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Trinity Regional Rehab Center | 003521 | 003521 | 590 | \$210.61 | \$124,259.90 |
| Heritage Park | 005850 | 005850 | 265 | \$207.33 | \$54,942.45 |
| Southern Pines Healthcare Center | 019282 | 019282 | 1,314 | \$184.25 | \$242,104.50 |
| Bayonet Point Health & Rehabilitation Center | 030546 | 030546 | 1,939 | \$228.61 | \$443,274.79 |
| Bear Creek Nursing Center | 228567 | 228567 | 513 | \$188.96 | \$96,936.48 |
| Royal Oak Nursing Center | 228575 | 228575 | 47 | \$195.06 🛣 ! | \$9,167.82 |
| Heather Hill Nursing Home | 228591 | 228591 | 1,036 | \$196.23 🕏 ! | \$203,294.28 |
| Orchard Ridge Care & Rehabilitation Center | 252689 | 252689 | 205 | \$214.75 | \$44,023.75 |
| Life Care Center of New Port Richey | 259357 | 259357 | 189 | \$212.00 | \$40,068.00 |
| Windsor Woods Rehabilitation and Healthcare (| 263991 | 263991 | 189 | \$195.89 | \$37,023.21 |
| Consulate Health Care of Bayonet Point | 319651 | 080374 | 11 | \$186.38 | \$2,050.18 |
| Consulate Health Care Of New Port Richey | 319970 | 080397 | 1,489 | \$180.76 🛪 | \$269,151.63 |
| Zephyr Haven Health & Rehab Center, Inc. | 320391 | 320391 | 839 | \$201.69 | \$169,217.91 |
| Zephyrhills Health & Rehab Center, Inc. | 320404 | 320404 | 140 | \$201.85 | \$28,259.00 |
| Madison Pointe Rehabilitation & Health Center | 324124 | 324124 | 2,181 | \$228.95 | \$499,339.94 |
| Heartland of Zephyrhills | 325708 | 325708 | 1,117 | \$202.21 | \$225,868.58 |

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

Summary of Log data

Provider Number: 087570800-00

Gulfside Regional Hospice-Pasco County

| | · Nursing Home M | ledicaid Number | Total Nursing Home | 01/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|------------------|-----------------|--------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | |
| Total | | | /12,064 | \$2,488,982.43 |

Average Nursing Home Rate (Weighted by days) =2,488,982.43/12,064=206.31 Room and Board Rate 01/01/2014: 206.31 x 95% = 196.00 \checkmark

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The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 150000700-00

Hospice of Gold Coast-Broward County

| Nursing Home Provider Name | · Nursing Home M | Nursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------|------------------------------|----------------|------------------------------------|---|
| | As Reported | Current | . Home Days | | |
| Broward Nursing and Rehab Center | 226335 | 226335 | 37 | \$226.46 ^ | \$8,379.02 |
| SeaView Nursing and Rehab. Center | 252433 | 061107 | 36 | \$217.971 | \$7,846.92 |
| Current Name:SeaView Nursing and Rehabilita | ation Center | | | | |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 859 | \$218.99 | \$188,112.41 |
| Total | | | √ 932 | 2 | \$204,338.36 |

Average Nursing Home Rate (Weighted by days) =204,338.36/932=219.25Room and Board Rate 01/01/2014: $219.25 \times 95\% = 208.28$

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The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 150001500-00

Hospice Care of South Fl.-Dade County

| | Nursing Home N | Nursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | Weighted e Average Rate Computation |
|--|----------------|------------------------------|--------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Home Days | | |
| Victoria Nursing and Rehabilitation Center, In | 046128 | 046128 | 6 | \$233.55 | \$1,401.30 |
| New Riviera Nursing and Rehabilitation Center | 048807 | 048807 | 80 | \$241.10 | \$19,288.00 |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 755 | \$244.17 | \$184,348.35 |
| Total | | | /84 | 1 | \$205,037.65 |

Average Nursing Home Rate (Weighted by days) =205,037.65/841=243.80Room and Board Rate 01/01/2014: $243.80 \times 95\% = 231.61$

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

Summary of Log data

*NH Rate Reduction

Provider Number: 150003100-00

Florida Hospital Hospice Care-Volusia County

| | Nursing Home Medicaid Number | | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Mart | Companion |
| Flagler Pines | 005374 | 005374 | 224 | \$209.50 | \$46,928.00 |
| Manor on the Green | 005543 | 005543 | 87 | \$216.71 | \$18,853.77 |
| Lake Bennett Health and Rehablitation | 017301 | 017301 | 87 | \$215.25 | \$18,726.75 |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 179 | \$194.39 | \$34,795.81 |
| Carlton Shores Health and Rehab Center | 022138 | 022138 | 40 | \$236.65 | \$9,466.00 |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 25 | \$237.50 | \$5,937.50 |
| Bishop's Glen Health Care Center | 209511 | 209511 | 132 | \$239.60 | \$31,627.20 |
| Emory L. Bennett State Veterans' Nursing Hom | 210889 | 210889 | 874 | \$233.38 | \$203,974.12 |
| Woodland Terrace | 212636 | 212636 | 15 | \$165.52 * | \$2,482.80 |
| Daytona Beach Health and Rehabilitation Cent | 217743 | 217743 | 202 | \$216.10 | \$43,652.20 |
| Avante at Orlando | 223808 | 223808 | 405 | \$220.83 | \$89,436.15 |
| Avante at Ormond Beach | 252034 | 252034 | 165 | \$226.21 | \$37,324.65 |
| Grand Oaks Health and Rehab. Center | 252409 | 043864 | 527 | \$201.16 | \$106,011.32 |
| Current Name:Grand Oaks Health and Rehabilitation OAKTREE HEALTHCARE | Center 252476 | 043843 | 59 | \$219.30 | \$12,938.70 |
| Current Name:Oaktree Healthcare The Palms At Park Place | 253421 | 253421 | 7 | \$199.78 | \$1,398.46 |
| Indigo Manor | 258750 | 258750 | 751 | \$227.57 | \$170,905.08 |
| Bridgeview Center, LLC | 260371 | 260371 | 358 | \$222.90 | \$79,798.20 |
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Summary of Log data

Provider Number: 150003100-00

Florida Hospital Hospice Care-Volusia County

| Nursing Home Provider Name | · Nursing Home N | Nursing Home Medicaid Number | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------|------------------------------|----------------|------------------------------------|---|
| | As Reported | Current | - Home Days | Rate | Computation |
| Coquina Center, LLC | 260649 | 260649 | 277 | \$227.54 | \$63,028.58 |
| Ridgecrest Nursing & Rehabilitation Center | 282464 | 282464 | 38 | \$215.57 | \$8,191.66 |
| The Terrace at Daytona Beach | 282553 | 282553 | 244 | \$167.96 | \$40,982.24 |
| Sunbelt Health & Rehab Center - Apopka, Inc. | 320412 | 320412 | 162 | \$210.57 | \$34,112.34 |
| East Orlando Health & Rehab Center, Inc. | 320421 | 320421 | 69 | \$235.92 | \$16,278.48 |
| Signature Healthcare of Ormond | 324442 | 324442 | 37 | \$214.82 | \$7,948.34 |
| Total | <u> </u> | | /4,96 | 4 | \$1,084,798.36 |

Average Nursing Home Rate (Weighted by days) =1,084,798.36/4,964=218.53 Room and Board Rate 01/01/2014: $218.53 \times 95\% = 207.61$

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

Summary of Log data

ANH Rate Reduction

Provider Number: 150009100-00 Hospice of Emerald Coast-Bay County

| , | · Nursing Home Medicaid Numbe | | Total Nursing . Home | 01/01/2014 Nursing Home | ••• |
|---|-------------------------------|---------|----------------------------|----------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Nursing Pavilion at Chipola Retirement Center | 005383 | 005383 | 1,010 | \$205.56 | \$207,615.60 |
| Glencove Nursing Pavilion | 005384 | 005384 | 121 | \$219.79 | \$26,594.59 |
| Panama City Nursing Center | 005385 | 005385 | 267 | \$203.51 | \$54,337.17 |
| Bayside Manor | 017221 | 017221 | 409 | \$206.29 | \$84,372.61 |
| Rosewood Manor | 017223 | 017223 | 12 | \$205.79 | \$2,469.48 |
| Bay Breeze Nursing & Retirement Center | 017225 | 017225 | 197 | \$218.95 | \$43,133.15 |
| Silvercrest Manor | 017230 | 017230 | 650 | \$204.19 ★ ! | \$132,723.50 |
| Specialty Center of Pensacola | 017236 | 017236 | 6 | \$217.08 * | \$1,302.48 |
| Grand Boulevard Health & Rehab. Center | 017242 | 017242 | 1,303 | \$232.17 * | \$302,517.51 |
| Blountstown Health and Rehabilitation Center | 022987 | 022987 | 220 | \$196.78 🛣 ! | \$43,291.60 |
| The Health Center of Pensacola, Inc. | 030487 | 030487 | 32 | \$222.34 | \$7,114.88 |
| Crestview Rehabilitation Center | 044886 | 044886 | 237 | \$227.16 | \$53,836.92 |
| Fort Walton Rehabilitation Center | 044888 | 044888 | 66 | \$233.21 | \$15,391.86 |
| River Valley Rehabilitation Center | 044889 | 044889 | 37 | \$228.34 * | \$8,448.58 |
| Shoal Creek Rehabilitation Center | 059852 | 059852 | 22 | \$188.35 | \$4,143.70 |
| Sea Breeze Health Care | 059874 | 059874 | 1,906 | \$187.35 | \$357,089.11 |
| Emerald Shores Health and Rehabilitation | 060972 | 060972 | 476 | \$207.53 | \$98,784.28 |
| Report Produced: 1/15/2014 1:36:44PM | | | p | age 95 of 107 | |

Report Produced: 1/15/2014 1:36:44PM Page 95 of 107



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

Summary of Log data

Provider Number: 150009100-00 Hospice of Emerald Coast-Bay County

| | Nursing Home M | edicaid Number | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|----------------|----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Katt | Computation |
| Destin Healthcare and Rehabilitation Center | 061101 | 061101 | 1,025 | \$191.23 | \$196,010.75 |
| Marianna Health & Rehabilitation | 203475 | 203475 | 1,248 | \$212.25 | \$264,888.00 |
| Lisenby on Lake Caroline | 203980 | 203980 | 6 | \$165.30 | \$991.80 |
| Emerald Coast Center | 212903 | 212903 | 786 | \$197.42 | \$155,172.12 |
| Bay Center | 212989 | 212989 | 211 | \$193.79 | \$40,889.69 |
| Century Care Center. | 220604 | 220604 | 75 | \$226.67 | \$17,000.25 |
| Santa Rosa Health & Rehabilitation Center | 220612 | 220612 | 95 | \$216.03 | \$20,522.85 |
| Sandy Ridge Care Center | 220621 | 220621 | 4 | \$226.38 | \$905.52 |
| Pensacola Health Care Facility | 224243 | 224243 | 616 | \$218.64 | \$134,682.24 |
| UniHealth Post-Acute Care- Santa Rosa | 259331 | 259331 | 3 | \$194.07 | \$582.21 |
| Bonifay Nursing and Rehab | 263443 | 263443 | 345 | \$197.00 | \$67,965.00 |
| Clifford Chester Sims State Veterans' Nursing F | 264491 | 264491 | 27 | \$229.61 | \$6,199.47 |
| Westwood Health Care Center | 316075 | 316075 | 349 | \$221.19 | \$77,195.31 |
| Community Health and Rehab Center | 318779 | 318779 | 194 | \$208.95 | \$40,536.30 |
| Consulate Health Care of Pensacola | 319686 | 080405 | 415 | \$188.95 | \$78,414.25 |
| St. Andrew's Bay Skilled Nursing and Rehabili | 323799 | 323799 | 971 | \$220.97 | \$214,561.87 |
| Washington Rehabilitation & Nursing Center Report Produced: 1/15/2014 1:36:44PM | 324353 | 324353 | 167 P | \$207.78 age 96 of 107 | \$34,699.26 |



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

Summary of Log data

Provider Number: 150009100-00 Hospice of Emerald Coast-Bay County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|-----------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | | Computation |
| Signature Healthcare of North Florida | 324396 | 324396 | 12 | \$198.63 | \$2,383.56 |
| Signature Healthcare at the Courtyard | 324426 | 324426 | 362 | \$204.76 | \$74,123.12 |
| The Bridge at Bay St. Joe | 324485 | 324485 | 7 | \$192.63 | \$1,348.41 |
| Southern Oaks Rehabilitation and Nursing Cent | 324566 | 324566 | 460 | \$211.36 | \$97,225.60 |
| Total | | _ | V _{14,349} | | \$2,969,464.58 |

Average Nursing Home Rate (Weighted by days) =2,969,464.58/14,349=206.95 Room and Board Rate 01/01/2014: $206.95 \times 95\% = 196.60 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report..

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

Report Produced: 1/15/2014 1:36:44PM Page 97 of 107



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

Summary of Log data

Provider Number: 150013900-00

Vitas Healthcare Corp of Florida - Congress Ave-Palm Beach County

| | Nursing Home N | Aedicaid Number | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Signature HealthCARE of Palm Beach | 001136 | 001136 | 526 | \$220.69 | \$116,082.94 |
| Boynton Health Care Center | 005814 | 005814 | 843 | \$242.38 | \$204,326.34 |
| Royal Manor | 006489 | 006489 | 1,190 | \$226.77 | \$269,856.31 |
| Courtyard Gardens Rehabilitation Center | 010082 | 010082 | 4,437 | \$224.60 | \$996,550.23 |
| Heartland of Boca Raton FL, LLC | 011997 | 011997 | 22 | \$216.19 | \$4,756.18 |
| Margate Health Care Center | 017222 | 017222 | 5,083 | \$227.44 | \$1,156,077.53 |
| The Park Summit at Coral Springs | 018066 | 018066 | 1,008 | \$222.78 | \$224,562.24 |
| Golfcrest Healthcare Center | 019287 | 019287 | 1,735 | \$200.05 | \$347,086.76 |
| West Broward Rehabilitation and Healthcare | 026536 | 026536 | 4,152 | \$243.79 | \$1,012,216.05 |
| Cross Pointe Care Center | 028133 | 028133 | 27 | \$248.20 | \$6,701.40 |
| Health Center of Coconut Creek | 030537 | 030537 | 3,744 | \$243.84 | \$912,936.95 |
| Coral Bay Healthcare and Rehabilitation | 043851 | 043851 | 326 | \$218.96 | \$71,380.96 |
| Harbor Beach Nursing and Rehabilitation Cent | 043873 | 043873 | 751 | \$239.48 | \$179,849.48 |
| Renaissance Health and Rehabilitation | 047787 | 047787 | 1,138 | \$229.56 | \$261,239.28 |
| Wood Lake Nursing and Rehabilitation Center | 047788 | 047788 | 1,933 | \$224.53 | \$434,016.49 |
| Hillcrest Nursing and Rehabilitation Center | 047795 | 047795 | 3,100 | \$216.70 | \$671,769.99 |
| Glades Health Care Center | 203203 | 203203 | 3 | \$242.32 | \$726.96 |
| Report Produced: 1/15/2014 1:36:44PM | | | р | age 98 of 107 | |

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

Summary of Log data

Provider Number: 150013900-00

Vitas Healthcare Corp of Florida - Congress Ave-Palm Beach County

| Nursing Home Medicaid Number | | | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|-------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Avante at Lake Worth | 203238 | 203238 | 1,142 | \$247.16 | \$282,256.72 |
| John Knox Village Of Florida | 203769 | 203769 | 159 | \$217.53 | \$34,587.27 |
| Regents Park Of Boca Raton | 204170 | 204170 | 521 | \$248.83 | \$129,640.43 |
| American Finnish Nursing Home | 205460 | 205460 | 380 | \$246.38 | \$93,624.40 |
| Health Center at Abbey Delray | 205745 | 205745 | 80 | \$251.05 | \$20,084.00 |
| Lourdes-Noreen McKeen Residence | 205923 | 205923 | 332 | \$254.58 | \$84,520.56 |
| Saint Andrews Estates North | 206521 | 206521 | 46 | \$234.43 | \$10,783.78 |
| Abbey Delray South | 206865 | 206865 | 1,739 | \$258.43 | \$449,409.76 |
| Joseph L. Morse Geriatric Center, Inc | 207381 | 207381 | 2,502 | \$231.02 | \$578,012.05 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 9,533 | \$242.46 | \$2,311,371.24 |
| Lakeside Health Center | 207683 | 207683 | 920 | \$227.63 | \$209,419.60 |
| Covenant Village Care Center | 210188 | 210188 | 1,446 | \$238.97 | \$345,550.62 |
| Avante at Boca Raton | 210676 | 210676 | 429 | \$236.32 | \$101,381.28 |
| Stratford Court at Boca Pointe | 211010 | 211010 | 1,721 | \$237.38 | \$408,530.99 |
| The Fountains Nursing Home | 212393 | 212393 | 1,197 | \$220.65 | \$264,118.04 |
| Tamarac Rehabilitation and Health Center | 213098 | 213098 | 2,062 | \$229.92 | \$474,095.04 |
| Springtree Rehab & Health Center, LLC Report Produced: 1/15/2014 1:36:44PM | 225631 | 225631 | 2,457 P | \$215.42 age 99 of 107 | \$529,286.94 |



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

Summary of Log data

Provider Number: 150013900-00

Vitas Healthcare Corp of Florida - Congress Ave-Palm Beach County

| , | · Nursing Home Medicaid Number | | | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|--------------------------------|---------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | | Computation |
| Plantation Nursing & Rehab Center | 226017 | 226017 | 645 | \$252.75 | \$163,023.75 |
| Broward Nursing and Rehab Center | 226335 | 226335 | 2,178 | \$226.46 | \$493,229.89 |
| Wilton Manors Health and Rehab | 227579 | 227579 | 325 | \$233.21 | \$75,793.25 |
| Lake View Care Center at Delray | 229610 | 229610 | 1,227 | \$226.56 | \$277,989.12 |
| Menorah House | 229628 | 229628 | 991 | \$227.83 | \$225,779.53 |
| Alexander Nininger State Veterans' Nursing Ho | 229849 | 229849 | 1,386 | \$233.00 | \$322,938.00 |
| SeaView Nursing and Rehab. Center | 252433 | 061107 | 1,592 | \$217.97 | \$347,008.24 |
| Current Name:SeaView Nursing and Rehabilitation C Forum at Deer Creek | 253481 | 253481 | 2,091 | \$259.08 | \$541,736.25 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 1,044 | \$213.34 | \$222,726.96 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 753 | \$218.99 | \$164,899.47 |
| PG of West Palm Beach | 257257 | 257257 | 4,160 | \$192.03 | \$798,844.79 |
| Life Care Center of Inverrary | 259080 | 259080 | 32 | \$229.51 | \$7,344.32 |
| Boynton Beach Rehabilitation Center | 263460 | 263460 | 207 | \$215.68 | \$44,645.76 |
| Medicana Nursing and Rehab | 263524 | 263524 | 1,130 | \$211.03 | \$238,463.90 |
| Boulevard Rehabilitation Center | 263613 | 263613 | 642 | \$203.73 | \$130,794.66 |
| Boca Raton Rehabilitation Center | 263842 | 263842 | 351 | \$204.39 | \$71,740.89 |
| Deerfield Beach Health and Rehabilitation Cen Report Produced: 1/15/2014 1:36:44PM | 263851 | 263851 | 1,709 P | \$205.81 age 100 of 107 | \$351,729.29 |



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

Summary of Log data

Provider Number: 150013900-00

Vitas Healthcare Corp of Florida - Congress Ave-Palm Beach County

| | Nursing Home M | edicaid Number | Total Nursing Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|----------------|----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| | | | | | |
| Rehabilitation Center of The Palm Beaches | 263915 | 263915 | 303 | \$213.37 | \$64,651.11 |
| Pompano Health and Rehabilitation Center | 263923 | 263923 | 1,120 | \$207.85 | \$232,792.01 |
| Oasis Health and Rehabilitation Center | 266124 | 266124 | 1,405 | \$230.80 | \$324,274.00 |
| Regents Park of Sunrise | 269697 | 269697 | 2,376 | \$209.28 | \$497,249.28 |
| Savannah Cove of the Palm Beaches | 312312 | 312312 | 225 | \$210.34 | \$47,326.50 |
| Hollywood Hills Rehabilitation Center, LLC | 313424 | 313424 | 3,472 | \$223.16 | \$774,811.53 |
| Darcy Hall of Life Care | 317349 | 317349 | 1,872 | \$220.47 | \$412,719.84 |
| The Court at Palm-Aire | 318795 | 318795 | 2,054 | \$241.26 | \$495,548.03 |
| Consulate Health Care of West Palm Beach | 320153 | 080432 | 1,269 | \$205.03 | \$260,183.07 |
| Ft. Lauderdale Health & Rehab Center | 321303 | 321303 | 1,546 | \$230.42 | \$356,229.32 |
| The Palms Rehabilitation and Nursing Center | 321532 | 321532 | 2.093 | \$239.21 | \$500,666.54 |
| Heartland Health Care Center-Boynton Beach | 325309 | 325309 | 5,408 | \$195.41 | \$1,056,777.30 |
| Heartland Health Care Center-Lauderhill | 325333 | 325333 | 1,204 | \$207.62 | \$249,974.47 |
| Heartland Health Care Center-Prosperity Oaks | 325341 | 325341 | 69 | \$204.11 | \$14,083.59 |
| Heartland of Tamarac | 325350 | 325350 | 3,002 | \$209.07 | \$627,628.16 |
| ManorCare Health Services (Boca Raton) | 325368 | 325368 | 2,440 | \$194.38 | \$474,287.21 |
| ManorCare Health Services-Boynton Beach Report Produced: 1/15/2014 1:36:44PM | 325376 | 325376 | 130 P | \$210.11 age 101 of 107 | \$27,314.30 |



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

Summary of Log data

Provider Number: 150013900-00

Vitas Healthcare Corp of Florida - Congress Ave-Palm Beach County

| Nursing Home Provider Name | Nursing Home N | Nursing Home Medicaid Number | | 01/01/201 Nursing Ho Rate | 4 Weighted me Average Rate Computation |
|---|----------------|------------------------------|--------------|---------------------------------|--|
| | As Reported | Current | Home Days | | |
| ManorCare Health Services (Plantation) | 325457 | 325457 | 1,355 | \$211.71 | \$286,867.06 |
| ManorCare Health Services-West Palm Beach | 325481 | 325481 | 180 | \$207.65 | \$37,377.00 |
| ManorCare Health Services (Delray Beach) | 325520 | 325520 | 537 | \$198.05 | \$106,352.85 |
| Total | | | √ 109,20 | 7 | \$24,522,610.06 |

Average Nursing Home Rate (Weighted by days) =24,522,610.06/109,207=224.55 Room and Board Rate 01/01/2014: $224.55 \times 95\% = 213.32 \checkmark$

Any Provider with a blank Current Nursing Home Medicaid Number is a facility which is either closed or no longer in the Medicaid program as of the report production date indicated at the bottom of this report.

The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

* NH Rate Reduction

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Provider Number: 150021000-00

Good Shepherd Hospice, Inc-Polk County

| , | Nursing Home Medicaid Number | | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Astoria Health and Rehabilitation Center | 023255 | 023255 | 1,647 | \$219.18 | \$360,989.45 |
| The Rohr Home | 202533 | 202533 | 2,175 | \$247.20 🕏 | \$537,659.99 |
| AUBURNDALE OAKS HEALTHCARE CEN | 207527 | 207527 | 2,063 | \$205.21 | \$423,348.24 |
| Hardee Manor Healthcare Center | 211435 | 211435 | 1,706 | \$199.49 * | \$340,329,95 |
| Lakeland Hills Center | 212865 | 080068 | 922 | \$190.12 | \$175,290.64 |
| The Groves Center | 212881 | 080062 | 104 | \$183.21 | \$19,053,84 |
| Florida Presbyterian Homes, Inc. | 212971 | 212971 | 18 | \$206.13 | \$3,710.34 |
| Bartow Center | 212997 | 212997 | 310 | \$192.71 | \$59,740.10 |
| Lake Placid Health Care Center | 214124 | 006339 | 1,265 | \$205.99 | \$260,577.36 |
| MK of Haines City LLC | 224341 | 224341 | 1,876 | \$211.56 | \$396,886.56 |
| Winter Haven Health and Rehab Center | 228702 | 228702 | 745 | \$198.39 | \$147,800.55 |
| Brandywyne Health Care Center | 251399 | 251399 | 385 | \$199.08 | \$76,645.80 |
| Wedgewood Healthcare Center | 252328 | 043867 | 27 | \$221.47 | \$5,979.69 |
| Palms of Sebring | 252671 | 252671 | 1,384 | \$196.25 | \$271,610.00 |
| PG of Winter Haven | 257320 | 257320 | 1,255 | \$186.73 | \$234,346.14 |
| Kenilworth Care and Rehabilitation Center | 258261 | 324493 | 1,381 | \$191.02 | \$263,798.63 |
| Oakbridge Healthcare Center | 259926 | 043841 | 1,158 | \$211.30 | \$244,685.40 |
| D 1 1 1/15/2014 127 44794 | | | 'n | 102 -£107 | |

Report Produced: 1/15/2014 1:36:44PM



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

Summary of Log data

Provider Number: 150021000-00

Good Shepherd Hospice, Inc-Polk County

| | Nursing Home Medicaid Number | | Total Nursing . Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Highlands Lake Center, LLC | 260576 | 260576 | 727 | \$214.78 | \$156,145.06 |
| The Oaks at Avon Park | 263966 | 263966 | 280 | \$193.33 A | \$54,132.40 |
| Spring Lake Rehabilitation Center | 264571 | 264571 | 600 | \$226.29 | \$135,774.00 |
| Valencia Hills Health and Rehabilitation Center | 265560 | 265560 | 6,804 | \$184.77 | \$1,257,175.11 |
| Tandem Health Care of Winter Haven | 265772 | 080434 | 805 | \$195.73 | \$157,562.65 |
| Current Name:Consulate Health Care of Winter Haven The Crossroads | 269409 | 045471 | 1,909 | \$240.81 | \$459,706.29 |
| Palm Terrace of Lakeland | 282626 | 282626 | £3,661 | \$204.86 | \$749,992.46 |
| Royal Care of Avon Park | 310590 | 324213 | 3,890 | \$194.10 | \$755,049.02 |
| Dove Healthcare at Lake Wales | 319341 | 034504 | 1,577 | \$190.46 | \$300,355.43 |
| Current Name:Grace Healthcare of Lake Wales Consulate Health Care of Lake Parker | 319678 | 080393 | 1,310 | \$188.01 | \$246,293.09 |
| Consulate Health Care of Lakeland | 319953 | 080391 | 1,611 | \$185.56 | \$298,937.16 |
| Total | | | √ 41,595 | | \$8,393,575.34 |

Average Nursing Home Rate (Weighted by days) =8,393,575.34/41,595=201.79 Room and Board Rate 01/01/2014: $201.79 \times 95\% = 191.70 \checkmark$

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The current Provider Name for a Nursing Home is indicated only when the name has been changed during a change-of-ownership.

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

Summary of Log data

Provider Number: 150022800-00

LifePath Hospice, Inc.-Hillsborough County

| | Nursing Home Medicaid Number | | Total Nursing . Home | 01/01/2014 Nursing Home Rate | _ |
|---|------------------------------|---------|----------------------------|------------------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| The Home Association, Inc. | 022994 | 022994 | 689 | \$205.98 | \$141,920.22 |
| The Home Association, Inc | 201154 | 022994 | 420 | \$205.98 | \$86,511.60 |
| Current Name:The Home Association, Inc. Sun Terrace Health Care Center | 209856 | 209856 | 484 | \$222.54 | \$107,709.36 |
| John Knox Village Medical Center | 210285 | 210285 | 1,401 | \$216.56 | \$303,400.56 |
| Plaza West | 211885 | 211885 | 181 | \$215.75 | \$39,050.75 |
| Ybor City Healthcare and Rehabilitation Center | 212164 | 212164 | 1,896 | \$217.35 | \$412,095.61 |
| Delta Health Care Center of Tampa | 213039 | 005826 | 3,147 | \$193.84 | \$610,014.47 |
| Current Name: Accentia Health & Rehab. Center of T Lakeshore Villas Health Care Center | Campa 218057 | 218057 | 3,010 | \$192.60 | \$579,726.02 |
| South Tampa Health and Rehabilitation Center | 224910 | 224910 | 3,281 | \$209.50 | \$687,369.50 |
| The Health Center of Plant City | 226343 | 030484 | 2,914 | \$229.43 | \$668,559.00 |
| Brandon Health and Rehab. Center | 252077 | 043860 | 680 | \$204.92 | \$139,345.60 |
| Current Name:Brandon Health and Rehabilitation Ce Fletcher Health and Rehab. Center | enter 252221 | 043866 | 1,742 | \$201.48 | \$350,978.15 |
| Current Name:Fletcher Health and Rehabilitation Cer Habana Health Care Center | nter 252506 | 043862 | 1,762 | \$221.57 | \$390,406.35 |
| PG of Sun City | 257516 | 257516 | 1,913 | \$205.65 | \$393,408.44 |
| PG of Tampa | 257524 | 257524 | 2,349 | \$205.92 | \$483,706.08 |
| The Nursing Center at University Village | 259462 | 259462 | 1,278 | \$220.53 | \$281,837.34 |
| Central Park Healthcare and Rehabilitation Cen | 259900 | 043856 | 2,164 | \$207.53 | \$449,094.92 |
| Report Produced: 1/15/2014 1:36:44PM | | | P | age 105 of 107 | |



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

Summary of Log data

Provider Number: 150022800-00

LifePath Hospice, Inc.-Hillsborough County

| · _ | Nursing Home Medicaid Number | | Total Nursing - Home | 01/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Fairway Oaks Center, LLC | 260690 | 260690 | 1,280 | \$229.66 | \$293,964.80 |
| Hawthorne Health & Rehab of Brandon | 261670 | 261670 | 3,491 | \$208.48 | \$727,803.67 |
| Bayshore Pointe Nursing and Rehab | 263575 | 263575 | 640 | \$214.08 | \$137,011.20 |
| Carrollwood Care Center | 263877 | 263877 | 2,899 | \$199.77 | \$579,133.24 |
| Rehabilitation and Healthcare Center of Tampa | 263940 | 263940 | 464 | \$196.02 | \$90,953.28 |
| Whispering Oaks | 266612 | 266612 | 1,804 | \$157.80 | \$284,671.21 |
| Community Care Center | 281913 | 281913 | 900 | \$204.29 | \$183,860.99 |
| Brighton Gardens of Tampa | 284793 | 284793 | 1,758 | \$225.86 | \$397,061.88 |
| Excel Rehabilitation & Nursing Center | 309044 | 324116 | 617 | \$236.24 | \$145,760.08 |
| Current Name:Excel Rehabilitation & Health Center Woodbridge Rehabilitation & Health Center | 309052 | 324141 | 2,302 | \$236.23 | \$543,801.45 |
| MCHS - Carrollwood | 319350 | 325678 | 2,376 | \$218.48 | \$519,108.47 |
| Current Name:ManorCare Health Services-Carrollwood Consulate Health Care of Brandon | 319660 | 080377 | 2,363 | \$190.26 | \$449,584.37 |
| Total | | | / _{50,205} | \$ | 10,477,848.60 |

Average Nursing Home Rate (Weighted by days) =10,477,848.60/50,205=208.70 Room and Board Rate 01/01/2014: $208.70 \times 95\% = 198.27 \checkmark$

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150022800 - 2014/01



Florida Agency for Health Care Administration

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

Summary of Log data

Provider Number: 150022800-00

LifePath Hospice, Inc.-Hillsborough County

| | | | | Total | 01/01/2014 | Weighted |
|----------------------------|---|------------------------------|-----------------|---------|--------------|--------------|
| | | Numering Homes N | Andinaid Number | Nursing | Nursing Home | Average Rate |
| | | Nursing Home Medicaid Number | | _ Home | Rate | Computation |
| Nursing Home Provider Name | [| As Reported | Current | Days | | |

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