

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 M | ledicaid Number | Total Nursing Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|-----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| TAYLOR HOME FOR THE AGED, INC. | 204536 | 204536 | 233 | \$202.75 | \$47,241.82 |
| West Jacksonville Health and Rehabilitation C | 218171 | 218171 | 338 | \$210.08 | \$71,006.33 |
| Doctors Lake of Orange Park | 223883 | 223883 | 836 | \$212.03 | \$177,253.57 |
| First Coast Health and Rehabilitation Center | 227838 | 227838 | 10 | \$218.74 | \$2,187.41 |
| Park Ridge Nursing Center | 228401 | 228401 | 1,017 | \$211.16 | \$214,747.38 |
| Governor's Creek Health and Rehab. | 252387 | 043875 | 230 | \$209.65 | \$48,220.26 |
| Current Name:Governor's Creek Health and Rehabilita Harts Harbor Health Care Center | ation 252417 | 043865 | 418 | \$206.12 | \$86,156.37 |
| EdgeWood Nursing Center | 254878 | 254878 | 83 | \$208.81 | \$17,330.90 |
| Riverwood Center, LLC | 260673 | 260673 | 12 | \$218.27 | \$2,619.23 |
| Jacksonville Nursing and Rehab | 263494 | 263494 | 254 | \$221.56 | \$56,277.00 |
| Macclenny Nursing and Rehab | 263516 | 263516 | 129 | \$206.44 | \$26,630.50 |
| Consulate Health Care of Jacksonville | 319503 | 080384 | 517 | \$207.23 | \$107,140.19 |
| Heartland Health Care Center-Jacksonville | 325236 | 325236 | 1,473 | \$215.13 | \$316,892.52 |
| Heartland Health Care Center-Orange Park | 325261 | 325261 | 1,543 | \$206.12 | \$318,038.84 |
| Heartland Health Care Center of South Jackson | 325287 | 325287 | 1,188 | \$207.64 | \$246,671.68 |

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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: 000141800-00

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

| | Nursing Home N | Aedicaid Number | Nursing - Home | Nursing Home Average Rate Rate Computation |
|----------------------------|----------------|-----------------|-------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | |
| Total | | | 8,281 | \$1,738,414.00 |

Average Nursing Home Rate (Weighted by days) =1,738,414.00/8,281=209.93 Room and Board Rate 07/01/2014: 209.93 x 95% = 199.43

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 Medicaid Number | | Total Nursing Home | _ | Weighted Average Rate Computation |
|---|--------------------------------|---------|--------------------------|--------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Osceola Health Care Center | 005219 | 005219 | 327 | \$227.53 | \$74,403.09 |
| Lake Bennett Health and Rehablitation | 017301 | 017301 | 72 | \$223.52 | \$16,093.26 |
| Keystone Rehabilitation and Health Center | 043839 | 043839 | 1,203 | \$214.09 | \$257,555.20 |
| Rio Pinar Health Care | 043846 | 043846 | 172 | \$224.19 | \$38,559.87 |
| The Parks Healthcare and Rehabilitation Center | 043850 | 043850 | 542 | \$225.02 | \$121,962.90 |
| Plantation Bay Rehabilitation Center | 043853 | 043853 | 25 | \$227.16 | \$5,679.08 |
| Colonial Lakes Health Care | 043854 | 043854 | 205 | \$225.66 | \$46,260.24 |
| Health Central Park | 048441 | 048441 | 10 | \$237.44 | \$2,374.44 |
| Rosewood Health and Rehabilitation Center | 059869 | 059869 | 742 | \$226.82 | \$168,298.51 |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 35 | \$248.17 | \$8,685.93 |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 46 | \$219.57 | \$10,100.23 |
| Orlando Health and Rehabilitation Center | 223654 | 223654 | 515 | \$188.44 | \$97,048.76 |
| Avante at Orlando | 223808 | 223808 | 18 | \$230.59 | \$4,150.56 |
| MK of Winter Garden LLC | 225410 | 225410 | 375 | \$241.40 | \$90,526.35 |
| Southern Oaks Health Care | 253146 | 102419 | 3,668 | \$216.82 | \$795,278.55 |
| Current Name: The Terrace of St. Cloud The Palms At Park Place | 253421 | 100487 | 530 | \$209.70 | \$111,139.52 |
| Current Name: The Terrace of Kissimmee Avante at St. Cloud | 259870 | 259870 | 1,277 | \$231.46 | \$295,570.34 |
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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 N | Aedicaid Number | Total Nursing - Home | 07/01/2014 Nursing Hor Rate | Weighted ne Average Rate Computation |
|---|------------------|-----------------|----------------------------|-----------------------------------|--------------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Metrowest Nursing and Rehab | 263541 | 263541 | 39 | \$221.10 | \$8,623.01 |
| Conway Lakes Health & Rehabilitation Center | 264512 | 264512 | 395 | \$238.89 | \$94,361.27 |
| Regents Park of Winter Park | 269719 | 269719 | 657 | \$208.71 | \$137,121.02 |
| Ocoee Health Care Facility | 324159 | 324159 | 1 | \$224.52 | \$224.52 |
| Courtyards of Orlando | 324175 | 324175 | 523 | \$239.08 | \$125,037.80 |
| Winter Park Care and Rehabilitation Center | 324515 | 324515 | 576 | \$212.46 | \$122,377.13 |
| Total | | | 11,95 | 3 | \$2,631,431.58 |

Average Nursing Home Rate (Weighted by days) =2,631,431.58/11,953=220.15Room and Board Rate 07/01/2014: $220.15 \times 95\% = 209.14$

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

| | Nursing Home M | edicaid Niimher 🐣 | Total Nursing Home | ing Nursing Home | |
|--|----------------|-------------------|--------------------------|------------------|----------------|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Osceola Health Care Center | 005219 | 005219 | 664 | \$227.53 | \$151,081.51 |
| Debary Manor | 005372 | 005372 | 30 | \$206.20 | \$6,186.11 |
| Flagler Pines | 005374 | 005374 | 180 | \$219.83 | \$39,569.80 |
| Longwood Health Care Center | 005379 | 005379 | 1,771 | \$214.19 | \$379,322.87 |
| The Rehabilitation Center of Winter Park | 005380 | 005380 | 2,889 | \$218.07 | \$630,018.09 |
| Carnegie Gardens Nursing Center | 005519 | 005519 | 1,171 | \$229.45 | \$268,683.61 |
| Manor on the Green | 005543 | 005543 | 538 | \$226.41 | \$121,810.19 |
| Oakwood Garden of Deland | 005547 | 005547 | 332 | \$213.16 | \$70,769.68 |
| Oaks Of Kissimmee | 005549 | 005549 | 1,316 | \$221.04 | \$290,889.55 |
| Lake Bennett Health and Rehablitation | 017301 | 017301 | 2,302 | \$223.52 | \$514,537.29 |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 475 | \$203.55 | \$96,686.53 |
| Carlton Shores Health and Rehab Center | 022138 | 022138 | 43 | \$246.24 | \$10,588.37 |
| The Health Center Of Windermere | 030479 | 030479 | 1,251 | \$228.35 | \$285,667.98 |
| The Health Center of Merritt Island | 030491 | 030491 | 4,415 | \$236.73 | \$1,045,149.26 |
| The Health Center of Daytona Beach | 030535 | 030535 | 5 | \$231.91 | \$1,159.54 |
| University Center West | 041685 | 041685 | 365 | \$218.20 | \$79,642.16 |
| University Center East | 041686 | 041686 | 234 | \$209.59 | \$49,044.57 |
| Report Produced: 7/29/2014 10:26:04AM | | | P | age 5 of 107 | |



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Summary of Log data

Provider Number: 000602600-00

| Thas Treatmente corp of central Frontal Bre | vara County | | Total Nursing | 07/01/2014 Nursing Home | Weighted Average Rate |
|---|-------------|--------------------------|------------------|----------------------------|--------------------------|
| · · | As Reported | ledicaid Number Current | - Home Days | Rate | Computation |
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Colonial Lakes Health Care | 043854 | 043854 | 1,659 | \$225.66 | \$374,369.44 |
| Grand Oaks Health and Rehabilitation Center | 043864 | 043864 | 23 | \$211.54 | \$4,865.32 |
| Deltona Health Care | 043868 | 043868 | 1,194 | \$221.19 | \$264,100.63 |
| Health Central Park | 048441 | 048441 | 1,189 | \$237.44 | \$282,320.79 |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 1,093 | \$248.17 | \$271,249.04 |
| Alliance Community for Retirement Living | 202789 | 202789 | 16 | \$195.61 | \$3,129.83 |
| Olds Hall Good Samaritan | 204391 | 204391 | 327 | \$243.01 | \$79,465.42 |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 736 | \$219.57 | \$161,603.67 |
| The Commons at Orlando Lutheran Towers | 205796 | 205796 | 668 | \$211.40 | \$141,216.21 |
| Westminster Towers | 208540 | 208540 | 332 | \$208.56 | \$69,242.39 |
| Courtenay Springs Village | 209325 | 209325 | 2,627 | \$247.21 | \$649,430.91 |
| Bishop's Glen Health Care Center | 209511 | 209511 | 246 | \$244.41 | \$60,125.03 |
| Winter Park Towers | 209848 | 209848 | 1,342 | \$202.52 | \$271,777.69 |
| Life Care Center of Altamonte Springs | 210137 | 210137 | 1,436 | \$225.50 | \$323,814.56 |
| Huntington Place Care & Rehabiliation Center | 211281 | 211281 | 488 | \$193.57 | \$94,462.26 |
| Woodland Terrace | 212636 | 212636 | 679 | \$171.94 | \$116,744.55 |
| West Melbourne Health & Rehabilitation Cente Report Produced: 7/29/2014 10:26:04AM | 217727 | 217727 | 2,213 P | \$213.00 Page 6 of 107 | \$471,378.29 |



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Summary of Log data

Provider Number: 000602600-00

| vitas freataleure corp of central frontae Bre | . Die vara Coanty | | | 07/01/2014 | Weighted |
|--|------------------------------|---------|-------------------|---------------------------|--------------------------|
| | Nursing Home Medicaid Number | | Nursing - Home | | Average Rate Computation |
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Daytona Beach Health and Rehabilitation Cent | 217743 | 217743 | 1,356 | \$224.58 | \$304,526.14 |
| Orlando Health and Rehabilitation Center | 223654 | 223654 | 3,555 | \$188.44 | \$669,919.13 |
| Avante at Orlando | 223808 | 223808 | 2,031 | \$230.59 | \$468,321.81 |
| MK of Winter Garden LLC | 225410 | 225410 | 2,053 | \$241.40 | \$495,601.58 |
| Ocean View Nursing and Rehabilitation Center | 226351 | 226351 | 278 | \$213.86 | \$59,454.03 |
| Rockledge Rehab and Nursing Center | 227587 | 227587 | 1,823 | \$237.21 | \$432,440.77 |
| Life Care Center of Melbourne | 228338 | 228338 | 733 | \$213.32 | \$156,360.99 |
| Avante at Melbourne | 252018 | 252018 | 515 | \$244.53 | \$125,930.43 |
| Avante at Ormond Beach | 252034 | 252034 | 93 | \$238.07 | \$22,140.72 |
| Lake Mary Health and Rehab.Center | 252310 | 043871 | 152 | \$214.60 | \$32,618.86 |
| Current Name:Lake Mary Health and Rehabilitation C Island Health and Rehab. Center | enter 252352 | 059866 | 783 | \$211.06 | \$165,259.20 |
| Current Name:Island Health and Rehabilitation Center The Palms Rehab. and Healthcare Center | 252395 | 043847 | 4,215 | \$225.31 | \$949,677.01 |
| Current Name: The Palms Rehabilitation and Healthcar Plantation Bay Rehabilitation Center | re Center 252441 | 043853 | 1,609 | \$227.16 | \$365,505.43 |
| Rio Pinar Health Care | 252450 | 043846 | 2,269 | \$224.19 | \$508,676.45 |
| Rosewood Health and Rehab. Center | 252468 | 059869 | 1,893 | \$226.82 | \$429,365.33 |
| Current Name:Rosewood Health and Rehabilitation CookTREE HEALTHCARE | enter 252476 | 043843 | 161 | \$227.67 | \$36,654.82 |
| Current Name:Oaktree Healthcare Vista Manor Report Produced: 7/29/2014 10:26:04AM | 252522 | 061109 | 987 P | \$218.57 Page 7 of 107 | \$215,728.69 |



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Summary of Log data

Provider Number: 000602600-00

| | Nursing Home M | edicaid Number | Total Nursing Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|----------------|----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| | | | | | |
| Southern Oaks Health Care | 253146 | 102419 | 1,340 | \$216.82 | \$290,532.51 |
| Current Name:The Terrace of St. Cloud The Palms At Park Place | 253421 | 100487 | 341 | \$209.70 | \$71,506.75 |
| Current Name:The Terrace of Kissimmee PG of Orlando | 257303 | 098586 | 2,757 | \$231.04 | \$636,977.26 |
| Current Name:Palm Garden of Orlando Indigo Manor | 258750 | 258750 | 1,056 | \$237.48 | \$250,774.12 |
| Avante at St. Cloud | 259870 | 259870 | 550 | \$231.46 | \$127,301.24 |
| The Parks Healthcare and Rehabilitation Center | 259934 | 043850 | 1,058 | \$225.02 | \$238,075.18 |
| Bridgeview Center, LLC | 260371 | 260371 | 47 | \$240.23 | \$11,290.71 |
| Coquina Center, LLC | 260649 | 260649 | 173 | \$235.81 | \$40,794.46 |
| Island Lake Center, LLC | 260657 | 260657 | 1,591 | \$236.62 | \$376,461.64 |
| Indian River Center LLC | 260665 | 260665 | 709 | \$230.49 | \$163,419.89 |
| Terra Vista Rehabilitation and Health Center | 261611 | 261611 | 1,656 | \$208.37 | \$345,058.89 |
| Atlantic Shores Nursing and Rehab | 263389 | 263389 | 682 | \$215.10 | \$146,701.07 |
| Port Orange Nursing and Rehab | 263508 | 263508 | 199 | \$228.77 | \$45,524.27 |
| Metrowest Nursing and Rehab | 263541 | 263541 | 1,271 | \$221.10 | \$281,021.79 |
| Orange City Nursing and Rehab | 263567 | 263567 | 938 | \$216.14 | \$202,738.76 |
| Tuskawilla Nursing and Rehab | 263591 | 263591 | 1,055 | \$218.17 | \$230,173.15 |
| Hunter's Creek Nursing and Rehab Report Produced: 7/29/2014 10:26:04AM | 263605 | 263605 | 162 P | \$246.18 age 8 of 107 | \$39,880.87 |



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 Medicaid Number | | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|--|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| | | | | | |
| Healthcare and Rehabilitation Center of Sanfor | 263931 | 263931 | 138 | \$199.75 | \$27,565.25 |
| Titusville Rehabilitation and Nursing Center | 263974 | 263974 | 2,215 | \$232.29 | \$514,524.80 |
| Conway Lakes Health & Rehabilitation Center | 264512 | 264512 | 422 | \$238.89 | \$100,811.28 |
| Melbourne Terrace Restorative Care Center | 264547 | 264547 | 2,527 | \$234.29 | \$592,052.86 |
| Majestic Oaks Continuing Care Complex | 269000 | 269000 | 430 | \$210.92 | \$90,695.43 |
| Regents Park of Winter Park | 269719 | 269719 | 354 | \$208.71 | \$73,882.56 |
| Ridgecrest Nursing & Rehabilitation Center | 282464 | 282464 | 1,565 | \$224.10 | \$350,717.92 |
| The Terrace at Daytona Beach | 282553 | 282553 | 1,024 | \$175.00 | \$179,198.16 |
| SandalWood Nursing Center | 312045 | 312045 | 515 | \$205.74 | \$105,957.18 |
| Savannah Cove of Maitland | 312550 | 312550 | 178 | \$214.57 | \$38,193.82 |
| Lutheran Haven Nursing Home | 313718 | 313718 | 260 | \$218.22 | \$56,738.45 |
| Keystone Rehab. and Health Center | 317560 | 043839 | 1,772 | \$214.09 | \$379,374.75 |
| Current Name: Keystone Rehabilitation and Health Cer Consulate Health Care of Kissimmee | 319511 | 080387 | 193 | \$201.56 | \$38,901.64 |
| Consulate Health Care Melbourne | 319520 | 080394 | 477 | \$201.18 | \$95,960.95 |
| Current Name:Consulate Health Care of Melbourne Consulate Health Care of West Altamonte | 319546 | 080431 | 1,221 | \$205.23 | \$250,584.48 |
| Current Name: Consulate Health Care at West Altamon Sunbelt Health & Rehab Center - Apopka, Inc. | 320412 | 320412 | 771 | \$216.12 | \$166,627.60 |

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Summary of Log data

Provider Number: 000602600-00

Vitas Healthcare Corp of Central Florida-Brevard County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/201 Nursing Ho Rate | 4 Weighted me Average Rate Computation |
|---|------------------------------|---------|----------------------------|---------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | Computation | |
| East Orlando Health & Rehab Center, Inc. | 320421 | 320421 | 1,551 | \$243.94 | \$378,345.19 |
| Adventist Care Centers - Courtland, Inc. | 320439 | 320439 | 1,162 | \$226.68 | \$263,401.46 |
| Florida Living Nursing Center | 320463 | 320463 | 2,996 | \$236.77 | \$709,361.42 |
| Ocoee Health Care Facility | 324159 | 324159 | 3,526 | \$224.52 | \$791,657.54 |
| Signature Healthcare of Ormond | 324442 | 324442 | 26 | \$214.96 | \$5,588.87 |
| Anchor Care & Rehabilitation Center | 324451 | 324451 | 895 | \$200.85 | \$179,760.48 |
| Winter Park Care and Rehabilitation Center | 324515 | 324515 | 1,030 | \$212.46 | \$218,834.11 |
| ManorCare Nursing and Rehabilitation Center | 325279 | 325279 | 981 | \$205.26 | \$201,359.58 |
| Total | | | 100,56 | 9 | \$22,426,612.82 |

Average Nursing Home Rate (Weighted by days) =22,426,612.82/100,569=223.00 Room and Board Rate 07/01/2014: 223.00 x 95% = 211.85

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: 001572800-00

Odyssey Health Care Miami-Dade-Dade County

| | · Nursing Home Medicaid N | | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted ne Average Rate Computation | |
|--|---------------------------|---------|----------------------------|------------------------------------|--|--|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation | |
| Flagler Pines | 005374 | 005374 | 45 | \$219.83 | \$9,892.45 | |
| Fountainhead Care Center | 005523 | 005523 | 340 | \$231.14 | \$78,588.21 | |
| Manor on the Green | 005543 | 005543 | 166 | \$226.41 | \$37,584.56 | |
| Oakwood Garden of Deland | 005547 | 005547 | 4 | \$213.16 | \$852.65 | |
| Avante at Ocala | 005701 | 005701 | 9 | \$232.71 | \$2,094.36 | |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 281 | \$203.55 | \$57,197.72 | |
| The Health Center of Daytona Beach | 030535 | 030535 | 418 | \$231.91 | \$96,937.17 | |
| Unity Health and Rehab Center | 032482 | 032482 | 1,299 | \$233.71 | \$303,590.07 | |
| Oaktree Healthcare | 043843 | 043843 | 124 | \$227.67 | \$28,231.04 | |
| Victoria Nursing and Rehabilitation Center, In | 046128 | 046128 | 263 | \$245.44 | \$64,549.77 | |
| Riverside Care Center | 046758 | 046758 | 104 | \$259.96 | \$27,035.40 | |
| South Dade Nursing and Rehabilitation Center | 054789 | 054789 | 314 | \$209.46 | \$65,770.50 | |
| Golden Glades Nursing and Rehabilitation Cen | 054790 | 054790 | 39 | \$239.40 | \$9,336.72 | |
| Floridean Nursing Home, Inc. | 200425 | 200425 | 7 | \$259.69 | \$1,817.85 | |
| Alliance Community for Retirement Living | 202789 | 202789 | 344 | \$195.61 | \$67,291.42 | |
| Olds Hall Good Samaritan | 204391 | 204391 | 330 | \$243.01 | \$80,194.46 | |
| Florida Club Care Center | 207993 | 054790 | 75 | \$239.40 | \$17,955.22 | |
| Report Produced: 7/29/2014 10:26:04AM | I | | F | age 11 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: 001572800-00

Odyssey Health Care Miami-Dade-Dade County

| Odyssey Hearth Care Whalm Bade Bade Coe | Nursing Home Medicaid Number | | Total Nursing | · | |
|---|--|---------|------------------|----------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Current Name:Golden Glades Nursing and Rehabilitat Claridge House Nursing & Rehabilitation Cente | ion Center 208507 | 208507 | 125 | \$223.10 | \$27,887.71 |
| Emory L. Bennett State Veterans' Nursing Hom | 210889 | 210889 | 214 | \$236.15 | \$50,535.48 |
| Oceanside Extended Care Center | 212733 | 212733 | 261 | \$178.89 | \$46,691.26 |
| Marion House Health Care Center | 214043 | 048611 | 2 | \$245.08 | \$490.16 |
| Current Name:Ocala Oaks Rehabilitation Center Ocala Health & Rehabilitation Center | 217395 | 217395 | 268 | \$207.97 | \$55,735.58 |
| Regents Park at Aventura | 223239 | 223239 | 185 | \$237.29 | \$43,899.57 |
| Plantation Nursing & Rehab Center | 226017 | 226017 | 149 | \$264.93 | \$39,474.33 |
| Fair Havens Center | 227226 | 227226 | 2,013 | \$163.65 | \$329,423.63 |
| New Horizon Health & Rehab Center | 227773 | 227773 | 90 | \$250.34 | \$22,530.69 |
| North Beach Nursing & Rehabilitation Center | 228001 | 228001 | 227 | \$267.54 | \$60,731.21 |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 426 | \$252.81 | \$107,698.55 |
| Oakhurst Care & Rehabiliation Center | 251721 | 251721 | 197 | \$210.28 | \$41,425.44 |
| Avante at Ormond Beach | 252034 | 252034 | 66 | \$238.07 | \$15,712.77 |
| Hawthorne Health & Rehab of Ocala | 253456 | 253456 | 739 | \$211.28 | \$156,136.66 |
| Arch Plaza Nursing & Rehabilitation Center | 254291 | 254291 | 366 | \$271.60 | \$99,406.33 |
| PG of Ocala | 257290 | 098584 | 54 | \$231.07 | \$12,477.84 |
| Current Name:Palm Garden of Ocala PG of North Miami Report Produced: 7/29/2014 10:26:04AM | 257494 | 098577 | 135 P | \$240.23 Page 12 of 107 | \$32,431.24 |



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: 001572800-00

Odyssey Health Care Miami-Dade-Dade County

| | Nursing Home Medicaid Number | | Total Nursing Home | 07/01/2014 Nursing Home | |
|--|--|---------|--------------------------|----------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Current Name:Palm Garden of Aventura Indigo Manor | 258750 | 258750 | 295 | \$237.48 | \$70,055.27 |
| Bridgeview Center, LLC | 260371 | 260371 | 13 | \$240.23 | \$3,122.96 |
| Sinai Plaza Nursing and Rehab | 260771 | 260771 | 16 | \$266.45 | \$4,263.23 |
| Port Orange Nursing and Rehab | 263508 | 263508 | 227 | \$228.77 | \$51,929.70 |
| Orange City Nursing and Rehab | 263567 | 263567 | 25 | \$216.14 | \$5,403.49 |
| Hialeah Nursing and Rehabilitation Center | 265730 | 265730 | 1,001 | \$204.51 | \$204,719.21 |
| Susanna Wesley Health Center | 268062 | 268062 | 32 | \$259.10 | \$8,291.17 |
| Harmony Health Center | 269107 | 269107 | 868 | \$202.06 | \$175,384.87 |
| West Gables Health Care Center | 282359 | 282359 | 41 | \$247.13 | \$10,132.47 |
| Coral Reef Nursing and Rehabilitation Center | 282529 | 282529 | 8 | \$250.18 | \$2,001.43 |
| The Terrace at Daytona Beach | 282553 | 282553 | 115 | \$175.00 | \$20,124.79 |
| Aventura Plaza Rehabilitation and Nursing Cen | 284823 | 284823 | 132 | \$290.49 | \$38,345.05 |
| Hebrew Home of South Beach | 308242 | 308242 | 455 | \$244.31 | \$111,162.05 |
| Ponce Plaza Nursing & Rehab Center | 308251 | 308251 | 202 | \$253.91 | \$51,289.21 |
| Watercrest Care Center | 310409 | 089220 | 41 | \$238.03 | \$9,759.28 |
| South Pointe Plaza | 311308 | 311308 | 420 | \$201.86 | \$84,779.73 |
| Hampton Court Nursing Center Report Produced: 7/29/2014 10:26:04AM | 324027 | 324027 | 627 P | \$244.78 age 13 of 107 | \$153,476.05 |



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 | Nursing Home Medicaid Number | | 07/01/2014 Nursing Hor Rate | Weighted ne Average Rate Computation |
|---|----------------|------------------------------|----------------|-----------------------------------|--------------------------------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | | |
| Palmetto Rehabilitation and Health Center | 324167 | 324167 | 196 | \$265.89 | \$52,114.26 |
| Signature Healthcare of Brookwood Gardens | 324418 | 324418 | 38 | \$220.51 | \$8,379.36 |
| Signature Healthcare of Ormond | 324442 | 324442 | 177 | \$214.96 | \$38,047.28 |
| Total | | | 14,60 | 8 | \$3,194,388.92 |

Average Nursing Home Rate (Weighted by days) =3,194,388.92/14,608=218.67 Room and Board Rate 07/01/2014: 218.67 x 95% = 207.74

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 N | Medicaid Number | Total Nursing Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|-----------------|-----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 11111 | очтричнич |
| Rosewood Manor | 017223 | 017223 | 78 | \$214.55 | \$16,734.99 |
| Grand Boulevard Health & Rehab. Center | 017242 | 017242 | 245 | \$255.41 | \$62,575.69 |
| Crestview Rehabilitation Center | 044886 | 044886 | 67 | \$238.09 | \$15,951.78 |
| Fort Walton Rehabilitation Center | 044888 | 044888 | 883 | \$239.74 | \$211,690.16 |
| Emerald Coast Center | 212903 | 212903 | 666 | \$195.63 | \$130,287.78 |
| Santa Rosa Health & Rehabilitation Center | 220612 | 220612 | 137 | \$214.94 | \$29,446.51 |
| Pensacola Health Care Facility | 224243 | 224243 | 33 | \$228.85 | \$7,552.21 |
| The Health Center of Pensacola | 229571 | 030487 | 200 | \$228.54 | \$45,708.84 |
| Current Name:The Health Center of Pensacola, Inc. Destin Healthcare and Rehab. Center | 252166 | 061101 | 1,920 | \$211.33 | \$405,752.64 |
| Current Name:Destin Healthcare and Rehabilitation C Haven of Our Lady of Peace | enter 258831 | 258831 | 3 | \$229.24 | \$687.71 |
| UniHealth Post-Acute Care- Santa Rosa | 259331 | 259331 | 481 | \$195.32 | \$93,947.95 |
| Life Care Center of Pensacola | 315664 | 315664 | 147 | \$224.05 | \$32,935.41 |
| Chautauqua Rehabilitation & Nursing Center | 324361 | 324361 | 904 | \$208.08 | \$188,101.16 |
| Southern Oaks Rehabilitation and Nursing Cent | 324566 | 324566 | 1,038 | \$218.89 | \$227,204.08 |

Report Produced: 7/29/2014 10:26:04AM 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 N | Medicaid Number | Nursing - Home | Nursing Home Average Rate Rate Computation | |
|----------------------------|----------------|-----------------|-------------------|--|--|
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Total | | | 6,802 | \$1,468,576.92 | |

Average Nursing Home Rate (Weighted by days) =1,468,576.92/6,802=215.90 Room and Board Rate 07/01/2014: 215.90 x 95% = 205.11

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 Nu | | Total Nursing | 07/01/2014 Nursing Home | |
|--|----------------------------|---------|------------------|----------------------------|----------------|
| Nursing Home Provider Name | As Reported | Current | Home Days | Rate | Computation |
| Berkshire Manor | 005388 | 005388 | 13 | \$243.51 | \$3,165.62 |
| Fountainhead Care Center | 005523 | 005523 | 189 | \$231.14 | \$43,685.80 |
| Unity Health and Rehab Center | 032482 | 032482 | 113 | \$233.71 | \$26,409.30 |
| Riverside Care Center | 046758 | 046758 | 132 | \$259.96 | \$34,314.17 |
| New Riviera Nursing and Rehabilitation Center | 048807 | 048807 | 50 | \$259.47 | \$12,973.30 |
| South Dade Nursing and Rehabilitation Center | 054789 | 054789 | 194 | \$209.46 | \$40,635.28 |
| Golden Glades Nursing and Rehabilitation Cen | 054790 | 054790 | 5 | \$239.40 | \$1,197.01 |
| Miami Jewish Health Systems | 200506 | 200506 | 10,180 | \$241.55 | \$2,458,997.36 |
| Pines Nursing Home | 200620 | 200620 | 301 | \$237.81 | \$71,580.03 |
| Perdue Medical Center | 203670 | 203670 | 796 | \$239.72 | \$190,820.62 |
| Jackson Memorial Long Term Care Center | 204161 | 204161 | 2 | \$234.86 | \$469.72 |
| Claridge House Nursing & Rehabilitation Cente | 208507 | 208507 | 324 | \$223.10 | \$72,284.95 |
| Miami Gardens Care Centre, Inc. | 210617 | 088049 | 165 | \$269.80 | \$44,517.81 |
| Current Name:Cross Gardens Care Center Oceanside Extended Care Center | 212733 | 212733 | 320 | \$178.89 | \$57,245.99 |
| Regents Park at Aventura | 223239 | 223239 | 472 | \$237.29 | \$112,003.24 |
| Pinecrest Convalescent Center | 225754 | 225754 | 598 | \$257.90 | \$154,224.93 |
| Fair Havens Center | 227226 | 227226 | 520 | \$163.65 | \$85,097.01 |
| Report Produced: 7/29/2014 10:26:04AM | | | P | age 17 of 107 | |

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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: 002782200-00

Seasons Hospice and Palliative Care of Southern FL-Dade County

| | Nursing Home N | Medicaid Number | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|----------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | | Computation |
| PG of North Miami | 257494 | 098577 | 236 | \$240.23 | \$56,694.61 |
| Current Name:Palm Garden of Aventura Sinai Plaza Nursing and Rehab | 260771 | 260771 | 407 | \$266.45 | \$108,445.93 |
| Hialeah Nursing and Rehabilitation Center | 265730 | 265730 | 273 | \$204.51 | \$55,832.51 |
| Susanna Wesley Health Center | 268062 | 268062 | 294 | \$259.10 | \$76,175.13 |
| Harmony Health Center | 269107 | 269107 | 531 | \$202.06 | \$107,291.90 |
| West Gables Health Care Center | 282359 | 282359 | 263 | \$247.13 | \$64,996.09 |
| Coral Reef Nursing and Rehabilitation Center | 282529 | 282529 | 81 | \$250.18 | \$20,264.47 |
| Hebrew Home of South Beach | 308242 | 308242 | 1 | \$244.31 | \$244.31 |
| Watercrest Care Center | 310409 | 089220 | 300 | \$238.03 | \$71,409.36 |
| South Pointe Plaza | 311308 | 311308 | 196 | \$201.86 | \$39,563.88 |
| Hampton Court Nursing Center | 324027 | 324027 | 318 | \$244.78 | \$77,839.53 |
| Palmetto Rehabilitation and Health Center | 324167 | 324167 | 1,157 | \$265.89 | \$307,633.69 |
| Total | | | 18,43 | 1 | \$4,396,013.53 |

Average Nursing Home Rate (Weighted by days) =4,396,013.53/18,431=238.51Room and Board Rate 07/01/2014: $238.51 \times 95\% = 226.59$

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 N | Medicaid Number | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 11110 | Computation |
| Wuesthoff Progressive Care Center | 028602 | 028602 | 2,947 | \$260.83 | \$768,660.12 |
| The Health Center of Merritt Island | 030491 | 030491 | 240 | \$236.73 | \$56,814.46 |
| Island Health and Rehabilitation Center | 059866 | 059866 | 291 | \$211.06 | \$61,418.17 |
| Vista Manor | 061109 | 061109 | 433 | \$218.57 | \$94,640.85 |
| Huntington Place Care & Rehabiliation Center | 211281 | 211281 | 536 | \$193.57 | \$103,753.63 |
| Rockledge Rehab and Nursing Center | 227587 | 227587 | 1,383 | \$237.21 | \$328,066.69 |
| Avante at Melbourne | 252018 | 252018 | 1,045 | \$244.53 | \$255,528.73 |
| Indian River Center LLC | 260665 | 260665 | 895 | \$230.49 | \$206,291.68 |
| Atlantic Shores Nursing and Rehab | 263389 | 263389 | 505 | \$215.10 | \$108,627.62 |
| Titusville Rehabilitation and Nursing Center | 263974 | 263974 | 129 | \$232.29 | \$29,965.55 |
| Melbourne Terrace Restorative Care Center | 264547 | 264547 | 566 | \$234.29 | \$132,608.59 |
| Life Care Center of Palm Bay | 268186 | 268186 | 365 | \$217.12 | \$79,248.47 |
| Consulate Health Care Melbourne | 319520 | 080394 | 4,461 | \$201.18 | \$897,446.11 |
| Current Name:Consulate Health Care of Melbourne Anchor Care & Rehabilitation Center | 324451 | 324451 | 305 | \$200.85 | \$61,259.16 |

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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 M | ledicaid Number | Total Nursing - Home | 07/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|----------------|-----------------|----------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | |
| Total | | | 14,101 | \$3,184,329.85 |

Average Nursing Home Rate (Weighted by days) =3,184,329.85/14,101=225.82 Room and Board Rate 07/01/2014: 225.82 x 95% = 214.53

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 | | Total Nursing Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Unity Health and Rehab Center | 032482 | 032482 | 47 | \$233.71 | \$10,984.40 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 198 | \$253.40 | \$50,172.75 |
| Oceanside Extended Care Center | 212733 | 212733 | 12 | \$178.89 | \$2,146.72 |
| Tamarac Rehabilitation and Health Center | 213098 | 213098 | 86 | \$243.28 | \$20,922.17 |
| Plantation Nursing & Rehab Center | 226017 | 226017 | 329 | \$264.93 | \$87,161.45 |
| Health Center of Coconut Creek | 226581 | 030537 | 2 | \$251.14 | \$502.28 |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 93 | \$252.81 | \$23,511.66 |
| Hillcrest Nursing and Rehabilitation Center | 252531 | 047795 | 29 | \$207.49 | \$6,017.07 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 254 | \$221.80 | \$56,337.02 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 59 | \$218.42 | \$12,886.50 |
| Sinai Plaza Nursing and Rehab | 260771 | 260771 | 11 | \$266.45 | \$2,930.97 |
| South Pointe Plaza | 311308 | 311308 | 124 | \$201.86 | \$25,030.21 |
| Hampton Court Nursing Center | 324027 | 324027 | 75 | \$244.78 | \$18,358.38 |
| Heartland Health Care Center- Miami Lakes | 325252 | 325252 | 1,326 | \$219.76 | \$291,401.63 |
| Heartland Health Care Center- Lauderhill | 325333 | 325333 | 918 | \$196.45 | \$180,336.52 |
| Heartland of Tamarac | 325350 | 325350 | 1,153 | \$217.58 | \$250,868.25 |
| ManorCare Health Services (Plantation) | 325457 | 325457 | 618 | \$219.99 | \$135,953.14 |
| Report Produced: 7/29/2014 10:26:04AM | | | P | age 21 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: 003815300-00

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

| | Nursing Home Medica | Total Nursing Home | 07/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|---------------------|--------------------|--|
| Nursing Home Provider Name | As Reported C | urrent Days | • |
| | | | |
| Total | | 5,33 | \$1,175,521.11 |

Average Nursing Home Rate (Weighted by days) =1,175,521.11/5,334=220.38 Room and Board Rate 07/01/2014: 220.38 x 95% = 209.36

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 N | Nursing Home Medicaid Number | | 07/01/2014 Nursing Hom Rate | Weighted ne Average Rate Computation |
|--------------------------------------|----------------|------------------------------|----------------|-----------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | - Home Days | | |
| Heartland Health Care Center-Kendall | 325244 | 325244 | 1,592 | \$212.58 | \$338,430.38 |
| Total | | | 1,59 | 2 | \$338,430.38 |

Average Nursing Home Rate (Weighted by days) =338,430.38/1,592=212.58 Room and Board Rate 07/01/2014: 212.58 x 95% = 201.95

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 N | Nursing Home Medicaid Number | | 07/01/2014 Nursing Hom Rate | Weighted ne Average Rate Computation |
|-----------------------------------|----------------|------------------------------|----------------|-----------------------------------|--------------------------------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | | 00p.u |
| Hardee Manor Healthcare Center | 211435 | 211435 | 174 | \$199.18 | \$34,657.72 |
| Lakeland Hills Center | 212865 | 080068 | 32 | \$190.21 | \$6,086.81 |
| Bartow Center | 212997 | 212997 | 47 | \$199.10 | \$9,357.48 |
| Consulate Health Care of Lakeland | 319953 | 080391 | 242 | \$195.10 | \$47,213.57 |
| Royal Care of Avon Park | 324213 | 324213 | 242 | \$207.00 | \$50,093.37 |
| Total | | | 73 | 7 | \$147,408.95 |

Average Nursing Home Rate (Weighted by days) =147,408.95/737=200.01Room and Board Rate 07/01/2014: $200.01 \times 95\% = 190.01$

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

| | Nursing Home N | Nursing Home Medicaid Number | | 07/01/2014 Nursing Hon Rate | Weighted ne Average Rate Computation |
|---|----------------|------------------------------|----------------|-----------------------------------|--------------------------------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | | F |
| Florida Baptist Retirement Center | 001416 | 001416 | 172 | \$208.56 | \$35,872.34 |
| PG of Vero Beach | 257311 | 098591 | 1,494 | \$226.18 | \$337,906.80 |
| Current Name:Palm Garden of Vero Beach ATLANTIC HEALTHCARE CENTER | 310581 | 310581 | 511 | \$209.01 | \$106,806.31 |
| Consulate Health Care of Vero Beach | 320145 | 080430 | 1,188 | \$202.21 | \$240,228.57 |
| Total | | | 3,36 | 5 | \$720,814.01 |

Average Nursing Home Rate (Weighted by days) =720,814.01/3,365=214.21 Room and Board Rate 07/01/2014: 214.21 x 95% = 203.50

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 Medicaid Numb | | Total Nursing | Nursing Nursing Home | | |
|--|----------------------------|---------|------------------|----------------------|----------------|--|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation | |
| Berkshire Manor | 005388 | 005388 | 2,661 | \$243.51 | \$647,977.17 | |
| Fountainhead Care Center | 005523 | 005523 | 572 | \$231.14 | \$132,213.11 | |
| Imperial Health Care Center | 030530 | 030530 | 395 | \$244.30 | \$96,498.26 | |
| The Aristocrat | 030552 | 030552 | 900 | \$265.93 | \$239,336.20 | |
| Unity Health and Rehab Center | 032482 | 032482 | 778 | \$233.71 | \$181,826.85 | |
| Heritage Healthcare and Rehabilitation Center | 043838 | 043838 | 1,603 | \$249.75 | \$400,345.24 | |
| Homestead Manor A Palace Community | 046017 | 046017 | 3,498 | \$243.08 | \$850,305.75 | |
| Victoria Nursing and Rehabilitation Center, In | 046128 | 046128 | 1,702 | \$245.44 | \$417,732.76 | |
| Riverside Care Center | 046758 | 046758 | 2,585 | \$259.96 | \$671,985.77 | |
| New Riviera Nursing and Rehabilitation Center | 048807 | 048807 | 7 | \$259.47 | \$1,816.26 | |
| South Dade Nursing and Rehabilitation Center | 054789 | 054789 | 2,383 | \$209.46 | \$499,143.67 | |
| Golden Glades Nursing and Rehabilitation Cen | 054790 | 054790 | 760 | \$239.40 | \$181,946.28 | |
| Floridean Nursing Home, Inc. | 200425 | 200425 | 456 | \$259.69 | \$118,420.19 | |
| Miami Jewish Health Systems | 200506 | 200506 | 45 | \$241.55 | \$10,869.83 | |
| Pines Nursing Home | 200620 | 200620 | 1,159 | \$237.81 | \$275,618.78 | |
| Villa Maria Nursing & Rehabilitation | 203165 | 203165 | 153 | \$264.21 | \$40,423.72 | |
| The Palace at Kendall Nursing and Rehab Cent | 203327 | 203327 | 4,393 | \$240.62 | \$1,057,044.11 | |
| Report Produced: 7/29/2014 10:26:04AM | Л | | P | Page 26 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: 087246600-00

Vitas Healthcare Corporation - Dade County-Dade County

| • | Nursing Home M | edicaid Number | Total Nursing Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|----------------|----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Perdue Medical Center | 203670 | 203670 | 1,965 | \$239.72 | \$471,058.44 |
| Jackson Memorial Long Term Care Center | 204161 | 204161 | 1,814 | \$234.86 | \$426,040.22 |
| Claridge House Nursing & Rehabilitation Cente | 208507 | 208507 | 4,685 | \$223.10 | \$1,045,231.46 |
| St Anne's Nursing Center | 209473 | 209473 | 334 | \$248.42 | \$82,973.75 |
| Miami Gardens Care Centre, Inc. | 210617 | 088049 | 530 | \$269.80 | \$142,996.60 |
| Current Name:Cross Gardens Care Center Oceanside Extended Care Center | 212733 | 212733 | 12 | \$178.89 | \$2,146.72 |
| MIAMI SHORES NURSING AND REHAB C | 214035 | 214035 | 614 | \$277.58 | \$170,435.59 |
| Regents Park at Aventura | 223239 | 223239 | 4,308 | \$237.29 | \$1,022,266.85 |
| Pinecrest Convalescent Center | 225754 | 225754 | 1,614 | \$257.90 | \$416,252.56 |
| Treasure Isle Care Center | 226602 | 226602 | 364 | \$216.59 | \$78,838.14 |
| Fair Havens Center | 227226 | 227226 | 3,304 | \$163.65 | \$540,693.33 |
| North Beach Nursing & Rehabilitation Center | 228001 | 228001 | 1,068 | \$267.54 | \$285,731.00 |
| East Ridge Retirement Village, Inc. | 228788 | 228788 | 916 | \$242.42 | \$222,052.51 |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 71 | \$252.81 | \$17,949.76 |
| Jackson Plaza Nursing & Rehabilitation Center | 253723 | 253723 | 2,020 | \$265.25 | \$535,814.06 |
| Arch Plaza Nursing & Rehabilitation Center | 254291 | 254291 | 51 | \$271.60 | \$13,851.70 |
| Lakeside Pavillion Care & Rehabiliation Center Report Produced: 7/29/2014 10:26:04AM | 256846 | 256846 | 27 P | \$214.10 age 27 of 107 | \$5,780.82 |



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 | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|--------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| | | | | | |
| PG of North Miami | 257494 | 098577 | 3,557 | \$240.23 | \$854,503.09 |
| Current Name:Palm Garden of Aventura Sinai Plaza Nursing and Rehab | 260771 | 260771 | 2,246 | \$266.45 | \$598,450.98 |
| Hialeah Nursing and Rehabilitation Center | 265730 | 265730 | 1,584 | \$204.51 | \$323,951.28 |
| Susanna Wesley Health Center | 268062 | 268062 | 668 | \$259.10 | \$173,078.19 |
| Harmony Health Center | 269107 | 269107 | 4,592 | \$202.06 | \$927,842.55 |
| West Gables Health Care Center | 282359 | 282359 | 2,213 | \$247.13 | \$546,906.23 |
| Coral Reef Nursing and Rehabilitation Center | 282529 | 282529 | 12,109 | \$250.18 | \$3,029,412.72 |
| Aventura Plaza Rehabilitation and Nursing Cen | 284823 | 284823 | 1,633 | \$290.49 | \$474,374.74 |
| Hebrew Home of South Beach | 308242 | 308242 | 52 | \$244.31 | \$12,704.23 |
| Ponce Plaza Nursing & Rehab Center | 308251 | 308251 | 933 | \$253.91 | \$236,895.23 |
| Watercrest Care Center | 310409 | 089220 | 648 | \$238.03 | \$154,244.22 |
| South Pointe Plaza | 311308 | 311308 | 580 | \$201.86 | \$117,076.77 |
| Franco Nursing and Rehab | 319554 | 080436 | 1,547 | \$214.76 | \$332,236.50 |
| Current Name:Franco Nursing and Rehabilitation Cent Coral Gables Nursing and Rehabilitation | er 323772 | 323772 | 3,377 | \$235.95 | \$796,817.31 |
| Hampton Court Nursing Center | 324027 | 324027 | 569 | \$244.78 | \$139,278.91 |
| Palmetto Rehabilitation and Health Center | 324167 | 324167 | 59 | \$265.89 | \$15,687.46 |
| Signature Healthcare of Brookwood Gardens Report Produced: 7/29/2014 10:26:04AM | 324418 | 324418 | 4,570 P | \$220.51 age 28 of 107 | \$1,007,728.44 |



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 | | 07/01/201 Nursing Ho Rate | 4 Weighted me Average Rate Computation | |
|--|----------------|------------------------------|--------|---------------------------------|--|--|
| Nursing Home Provider Name | As Reported | As Reported Current | | | | |
| Heartland Health Care Center-Kendall | 325244 | 325244 | 171 | \$212.58 | \$36,351.50 | |
| Heartland Health Care Center- Miami Lakes | 325252 | 325252 | 6 | \$219.76 | \$1,318.56 | |
| Manor Care @ Lely Palms | 325422 | 325422 | 549 | \$238.04 | \$130,682.53 | |
| Manor Care Nursing and Rehabilitation Center | 325449 | 325449 | 15 | \$218.83 | \$3,282.38 | |
| Total | | | 89,425 | ; | \$21,216,441.28 | |

Average Nursing Home Rate (Weighted by days) =21,216,441.28/89,425=237.25 Room and Board Rate 07/01/2014: 237.25 x 95% = 225.39

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: 7/29/2014 10:26:04AM 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

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

| | Nursing Home Medicaid Number | | Total Nursing | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Kate | Computation |
| Carnegie Gardens Nursing Center | 005519 | 005519 | 137 | \$229.45 | \$31,434.38 |
| The Health Center of Merritt Island | 030491 | 030491 | 229 | \$236.73 | \$54,210.46 |
| Island Health and Rehabilitation Center | 059866 | 059866 | 615 | \$211.06 | \$129,801.29 |
| Vista Manor | 061109 | 061109 | 2,821 | \$218.57 | \$616,586.25 |
| Courtenay Springs Village | 209325 | 209325 | 251 | \$247.21 | \$62,050.69 |
| Huntington Place Care & Rehabiliation Center | 211281 | 211281 | 736 | \$193.57 | \$142,467.67 |
| West Melbourne Health & Rehabilitation Cente | 217727 | 217727 | 276 | \$213.00 | \$58,789.16 |
| Rockledge Rehab and Nursing Center | 227587 | 227587 | 677 | \$237.21 | \$160,593.75 |
| Life Care Center of Melbourne | 228338 | 228338 | 39 | \$213.32 | \$8,319.34 |
| Avante at Melbourne | 252018 | 252018 | 817 | \$244.53 | \$199,777.01 |
| Island Health and Rehab. Center | 252352 | 059866 | 646 | \$211.06 | \$136,344.12 |
| Current Name:Island Health and Rehabilitation Center Atlantic Shores Nursing and Rehab | 263389 | 263389 | 116 | \$215.10 | \$24,952.09 |
| Royal Oaks Nursing and Rehab | 263583 | 263583 | 1,904 | \$205.57 | \$391,412.12 |
| Titusville Rehabilitation and Nursing Center | 263974 | 263974 | 1,148 | \$232.29 | \$266,670.19 |
| Melbourne Terrace Restorative Care Center | 264547 | 264547 | 267 | \$234.29 | \$62,555.64 |
| Life Care Center of Palm Bay | 268186 | 268186 | 30 | \$217.12 | \$6,513.57 |
| Consulate Health Care Melbourne | 319520 | 080394 | 95 | \$201.18 | \$19,111.72 |
| Report Produced: 7/29/2014 10:26:04AM | | | P | age 30 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: 087255500-00 St. Francis Hospice-Brevard County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2014 Nursing Hor Rate | Weighted ne 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 | \$200.85 | \$123,321.72 | |
| Total | | | 11,418 | <u> </u> | \$2,494,911,16 | |

Average Nursing Home Rate (Weighted by days) =2,494,911.16/11,418=218.51Room and Board Rate 07/01/2014: $218.51 \times 95\% = 207.58$

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: 087256300-00

Hospice of the Comforter-Seminole County

| | Nursing Home Medicaid Number | | Total Nursing | 07/01/2014 Nursing Home | |
|---|------------------------------|---------|------------------|----------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| Osceola Health Care Center | 005219 | 005219 | 246 | \$227.53 | \$55,972.97 |
| Longwood Health Care Center | 005379 | 005379 | 280 | \$214.19 | \$59,972.00 |
| The Rehabilitation Center of Winter Park | 005380 | 005380 | 724 | \$218.07 | \$157,886.15 |
| Lake Bennett Health and Rehablitation | 017301 | 017301 | 109 | \$223.52 | \$24,363.41 |
| Keystone Rehabilitation and Health Center | 043839 | 043839 | 270 | \$214.09 | \$57,805.41 |
| The Gardens at DePugh Nursing Center | 201588 | 201588 | 53 | \$225.55 | \$11,953.91 |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 153 | \$248.17 | \$37,969.90 |
| Health Central Park | 204811 | 048441 | 1,681 | \$237.44 | \$399,143.18 |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 244 | \$219.57 | \$53,575.13 |
| The Commons at Orlando Lutheran Towers | 205796 | 205796 | 225 | \$211.40 | \$47,565.34 |
| Westminster Towers | 208540 | 208540 | 352 | \$208.56 | \$73,413.61 |
| Winter Park Towers | 209848 | 209848 | 394 | \$202.52 | \$79,791.66 |
| Life Care Center of Altamonte Springs | 210137 | 210137 | 490 | \$225.50 | \$110,493.83 |
| Life Care Center Of Orlando | 213403 | 213403 | 597 | \$218.20 | \$130,268.32 |
| Delaney Park Health and Rehabilitation Center | 221589 | 221589 | 92 | \$214.87 | \$19,768.33 |
| Orlando Health and Rehabilitation Center | 223654 | 223654 | 430 | \$188.44 | \$81,031.01 |
| Avante at Orlando | 223808 | 223808 | 133 | \$230.59 | \$30,668.05 |
| Report Produced: 7/29/2014 10:26:04AM | | | P | age 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

| Trospice of the Comforter Seminore County | | Total | 07/01/2014 | Weighted | |
|--|-----------------|-----------------|-------------------|---------------------------|--------------------------|
| | Nursing Home N | Aedicaid Number | Nursing - Home | | Average Rate Computation |
| Nursing Home Provider Name | As Reported | Current | Days | | • |
| MK of Winter Garden LLC | 225410 | 225410 | 618 | \$241.40 | \$149,187.42 |
| The Healthcare Center Of Windermere | 228877 | 030479 | 287 | \$228.35 | \$65,536.94 |
| Current Name:The Health Center Of Windermere Lake Mary Health and Rehab.Center | 252310 | 043871 | 61 | \$214.60 | \$13,090.47 |
| Current Name:Lake Mary Health and Rehabilitation C Plantation Bay Rehabilitation Center | Center 252441 | 043853 | 4 | \$227.16 | \$908.65 |
| Rio Pinar Health Care | 252450 | 043846 | 390 | \$224.19 | \$87,432.27 |
| Rosewood Health and Rehab. Center | 252468 | 059869 | 132 | \$226.82 | \$29,939.90 |
| Current Name:Rosewood Health and Rehabilitation C Colonial Lakes Health Care | enter 252557 | 043854 | 837 | \$225.66 | \$188,877.17 |
| The Palms At Park Place | 253421 | 100487 | 80 | \$209.70 | \$16,775.78 |
| Current Name:The Terrace of Kissimmee PG of Orlando | 257303 | 098586 | 221 | \$231.04 | \$51,059.84 |
| Current Name:Palm Garden of Orlando Island Lake Center, LLC | 260657 | 260657 | 252 | \$236.62 | \$59,628.12 |
| Terra Vista Rehabilitation and Health Center | 261611 | 261611 | 77 | \$208.37 | \$16,044.41 |
| Metrowest Nursing and Rehab | 263541 | 263541 | 3 | \$221.10 | \$663.31 |
| Tuskawilla Nursing and Rehab | 263591 | 263591 | 48 | \$218.17 | \$10,472.33 |
| Hunter's Creek Nursing and Rehab | 263605 | 263605 | 24 | \$246.18 | \$5,908.28 |
| Conway Lakes Health & Rehabilitation Center | 264512 | 264512 | 158 | \$238.89 | \$37,744.51 |
| Regents Park of Winter Park | 269719 | 269719 | 601 | \$208.71 | \$125,433.38 |
| Savannah Cove of Maitland Report Produced: 7/29/2014 10:26:04AM | 312550 | 312550 | 67 P | \$214.57 age 33 of 107 | \$14,376.32 |



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 N | Nursing Home Medicaid Number | | 07/01/2014 Nursing Hor Rate | Weighted me Average Rate Computation |
|---|------------------|------------------------------|----------------|-----------------------------------|--------------------------------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Kate | Computation |
| Lutheran Haven Nursing Home | 313718 | 313718 | 275 | \$218.22 | \$60,011.82 |
| Consulate Health Care of West Altamonte | 319546 | 080431 | 714 | \$205.23 | \$146,533.43 |
| Current Name:Consulate Health Care at West Altar Sunbelt Health & Rehab Center - Apopka, Inc. | 320412 | 320412 | 865 | \$216.12 | \$186,942.77 |
| East Orlando Health & Rehab Center, Inc. | 320421 | 320421 | 323 | \$243.94 | \$78,791.42 |
| Adventist Care Centers - Courtland, Inc. | 320439 | 320439 | 383 | \$226.68 | \$86,818.21 |
| Florida Living Nursing Center | 320463 | 320463 | 968 | \$236.77 | \$229,192.88 |
| Ocoee Health Care Facility | 324159 | 324159 | 524 | \$224.52 | \$117,648.48 |
| Winter Park Care and Rehabilitation Center | 324515 | 324515 | 496 | \$212.46 | \$105,380.31 |
| ManorCare Nursing and Rehabilitation Center | 325279 | 325279 | 15 | \$205.26 | \$3,078.89 |
| Total | | | 14,89 | 6 | \$3,319,119.49 |

Average Nursing Home Rate (Weighted by days) =3,319,119.49/14,896=222.82 Room and Board Rate 07/01/2014: 222.82 x 95% = 211.68

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: 087407800-00

Community Hospice of Northeast-Duval County

| • | Nursing Home M | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation | |
|--|----------------|----------------------------|------------------------------------|---|----------------|
| Nursing Home Provider Name | As Reported | Current | 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 | \$231.64 | \$227,003.28 |
| Harts Harbor Health Care Center | 043865 | 043865 | 2,370 | \$206.12 | \$488,494.23 |
| Governor's Creek Health and Rehabilitation | 043875 | 043875 | 2,353 | \$209.65 | \$493,314.23 |
| Summer Brook Health Care Center | 059783 | 059783 | 2,241 | \$204.60 | \$458,505.02 |
| San Jose Health and Rehabilitation Center | 061102 | 061102 | 1,464 | \$220.61 | \$322,968.51 |
| All Saints Catholic Nursing Home & R.C. Inc. | 200735 | 200735 | 5,713 | \$232.76 | \$1,329,769.27 |
| River Garden Hebrew Home | 200859 | 200859 | 517 | \$254.29 | \$131,468.14 |
| Avante at Jacksonville Beach | 200913 | 200913 | 42 | \$227.94 | \$9,573.59 |
| Samantha R. Wilson at Bay View | 202606 | 202606 | 3,255 | \$236.15 | \$768,668.58 |
| TAYLOR HOME FOR THE AGED, INC. | 204536 | 204536 | 1,141 | \$202.75 | \$231,342.99 |
| St. Catherine Laboure Manor | 205150 | 205150 | 4,826 | \$233.99 | \$1,129,217.43 |
| TAYLOR CARE CENTER, INC. | 207446 | 207446 | 5,363 | \$231.60 | \$1,242,067.07 |
| The Ponce Therapy Care Center | 207799 | 207799 | 1,123 | \$238.99 | \$268,385.43 |
| Westminster Woods on Julington Creek | 212083 | 212083 | 2,194 | \$207.29 | \$454,783.73 |
| Life Care Center at Wells Crossing | 213161 | 213161 | 1,436 | \$211.13 | \$303,184.99 |
| Life Care Center of Hilliard | 214060 | 214060 | 2,683 | \$196.79 | \$527,996.68 |
| Report Produced: 7/29/2014 10:26:04AM | | | P | age 35 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: 087407800-00

Community Hospice of Northeast-Duval County

| • | Nursing Home M | edicaid Number | Total Nursing Home | Nursing Nursing Home | Weighted Average Rate Computation | |
|---|----------------|----------------|--------------------------|---------------------------|---|--|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation | |
| St. Augustine Health & Rehabilitation Center | 217735 | 217735 | 503 | \$220.36 | \$110,843.19 | |
| West Jacksonville Health and Rehabilitation C | 218171 | 218171 | 2,704 | \$210.08 | \$568,050.63 | |
| MK of Fernandina Beach LLC | 225274 | 225274 | 1,946 | \$219.96 | \$428,047.22 | |
| Cathedral Gerontology Center | 226068 | 226068 | 2,416 | \$242.04 | \$584,771.79 | |
| First Coast Health and Rehabilitation Center | 227838 | 227838 | 1,116 | \$218.74 | \$244,115.17 | |
| Park Ridge Nursing Center | 228401 | 228401 | 3,253 | \$211.16 | \$686,896.00 | |
| EdgeWood Nursing Center | 254878 | 254878 | 1,700 | \$208.81 | \$354,970.20 | |
| Lakeside Nursing & Rehabilitation Center | 256757 | 256757 | 1,410 | \$213.11 | \$300,490.61 | |
| PG of Jacksonville | 257273 | 098582 | 5,448 | \$236.84 | \$1,290,301.06 | |
| Current Name:Palm Garden of Jacksonville Riverwood Center, LLC | 260673 | 260673 | 1,898 | \$218.27 | \$414,275.14 | |
| Jacksonville Nursing and Rehab | 263494 | 263494 | 1,839 | \$221.56 | \$407,454.36 | |
| Macclenny Nursing and Rehab | 263516 | 263516 | 2,935 | \$206.44 | \$605,895.54 | |
| Moultrie Creek Nursing and Rehab | 263559 | 263559 | 243 | \$222.15 | \$53,983.28 | |
| Southpoint Terrace | 266281 | 266281 | 6,067 | \$178.96 | \$1,085,739.99 | |
| Lanier Manor | 268003 | 268003 | 3,827 | \$213.71 | \$817,866.62 | |
| Regents Park of Jacksonville | 269727 | 269727 | 3,219 | \$210.03 | \$676,097.81 | |
| Life Care Center of Jacksonville Report Produced: 7/29/2014 10:26:04AM | 283193 | 283193 | 1,681 P | \$228.05 age 36 of 107 | \$383,357.08 | |



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 | | Aedicaid Number | Total Nursing | 07/01/2014 Nursing Home | |
|---|-------------|-----------------|------------------|----------------------------|---------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Life Care Center of Orange Park | 284289 | 284289 | 2,964 | \$203.15 | \$602,127.40 |
| The Terrace at Fleming Island | 284785 | 284785 | 2,812 | \$177.84 | \$500,072.85 |
| Cypress Village | 307998 | 307998 | 2,687 | \$222.55 | \$598,002.07 |
| Southlake Nursing and Rehabilitation Center | 312371 | 312371 | 155 | \$234.38 | \$36,328.51 |
| Atrium Healthcare Center | 319376 | 319376 | 954 | \$214.58 | \$204,706.26 |
| Consulate Health Care of Jacksonville | 319503 | 080384 | 1,121 | \$207.23 | \$232,309.77 |
| Consulate Health Care of Orange Park | 319538 | 080402 | 2,238 | \$191.77 | \$429,173.21 |
| Signature Healthcare of Orange Park | 324434 | 324434 | 1,317 | \$207.79 | \$273,657.85 |
| Heartland Health Care Center-Jacksonville | 325236 | 325236 | 1,024 | \$215.13 | \$220,297.31 |
| Heartland Health Care Center-Orange Park | 325261 | 325261 | 612 | \$206.12 | \$126,143.73 |
| Heartland Health Care Center of South Jackson | 325287 | 325287 | 3,146 | \$207.64 | \$653,223.15 |
| Moosehaven, Inc. | 326011 | 326011 | 2,248 | \$224.69 | \$505,107.82 |
| Total | | | 102,08 | 5 \$ | 21,970,835.44 |

Average Nursing Home Rate (Weighted by days) =21,970,835.44/102,085=215.22 Room and Board Rate 07/01/2014: $215.22 \times 95\% = 204.46$

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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: 087514700-00

Hospice of Martin & St. Lucie-Martin County

| | · Nursing Home M | Nursing Home Medicaid Number | | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------|------------------------------|----------------|------------------------------------|------------------------------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Kate | Computation |
| Salerno Bay Manor | 006483 | 006483 | 1,943 | \$228.23 | \$443,459.84 |
| Parkway Health & Rehab | 030490 | 030490 | 5,272 | \$242.18 | \$1,276,752.41 |
| Hobe Sound Geriatric Village, Inc. | 201545 | 201545 | 4,747 | \$235.84 | \$1,119,535.36 |
| Water's Edge Extended Care | 213152 | 213152 | 51 | \$272.70 | \$13,907.52 |
| Stuart Nursing & Restorative Care Center | 225991 | 225991 | 2,958 | \$235.30 | \$696,012.08 |
| Martin Nursing and Restorative Care Center | 226033 | 226033 | 3,823 | \$244.50 | \$934,722.74 |
| Palm City Nursing and Rehab | 263621 | 263621 | 1,825 | \$230.43 | \$420,529.64 |
| Total | | | 20,61 | 9 | \$4,904,919.59 |

Average Nursing Home Rate (Weighted by days) =4,904,919.59/20,619=237.88 Room and Board Rate 07/01/2014: 237.88 x 95% = 225.99

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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: 087515500-00

Hernando-Pasco Hospice, Inc.-Pasco County

| | Nursing Home M | rsing Home Medicaid Number Nursing Nursing Ho | | | | Nursing Home | Weighted ne Average Rate Computation | |
|--|----------------|---|-------|---------------|--------------|---------------------|--|--|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation | | | |
| Trinity Regional Rehab Center | 003521 | 003521 | 433 | \$210.61 | \$91,194.13 | | | |
| Heritage Park | 005850 | 005850 | 86 | \$221.05 | \$19,010.10 | | | |
| Southern Pines Healthcare Center | 019282 | 019282 | 333 | \$195.48 | \$65,093.74 | | | |
| Bayonet Point Health & Rehabilitation Center | 030546 | 030546 | 865 | \$233.48 | \$201,964.09 | | | |
| Heron Pointe Health and Rehabilitation | 043832 | 043832 | 3,178 | \$208.20 | \$661,665.31 | | | |
| Health Center at Brentwood | 043874 | 043874 | 167 | \$208.42 | \$34,806.96 | | | |
| Spring Hill Health and Rehabilitation Center | 059877 | 059877 | 490 | \$215.49 | \$105,590.54 | | | |
| Avante at Inverness | 203220 | 203220 | 667 | \$241.88 | \$161,333.63 | | | |
| Baldomero Lopez State Veterans' Nursing Hom | 214914 | 214914 | 2,728 | \$234.54 | \$639,827.31 | | | |
| Crystal River Health & Rehabilitation Center | 217263 | 217263 | 70 | \$213.56 | \$14,948.93 | | | |
| Bear Creek Nursing Center | 228567 | 228567 | 22 | \$195.29 | \$4,296.49 | | | |
| Royal Oak Nursing Center | 228575 | 228575 | 1,136 | \$202.36 | \$229,880.96 | | | |
| Heather Hill Nursing Home | 228591 | 228591 | 436 | \$202.31 | \$88,208.34 | | | |
| Woodland Terrace of Citrus County | 228711 | 228711 | 138 | \$180.83 | \$24,953.96 | | | |
| Cypress Cove Care Center | 228940 | 228940 | 123 | \$198.53 | \$24,419.18 | | | |
| Orchard Ridge Care & Rehabiliation Center | 252689 | 252689 | 572 | \$207.98 | \$118,963.70 | | | |
| Citrus Health and Rehabilitation Center | 257419 | 257419 | 8 | \$241.01 | \$1,928.09 | | | |
| Report Produced: 7/29/2014 10:26:04AM | | | P | age 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 | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation | |
|---|--------------------------------|---------|----------------------------|------------------------------------|-----------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation | |
| Arbor Trail Nursing and Rehab | 263478 | 263478 | 2 | \$204.38 | \$408.76 | |
| Evergreen Woods Health and Rehabilitation Ce | 263893 | 263893 | 65 | \$215.22 | \$13,989.11 | |
| Windsor Woods Rehabilitation and Healthcare (| 263991 | 263991 | 678 | \$204.77 | \$138,833.25 | |
| Consulate Health Care of Bayonet Point | 319651 | 080374 | 561 | \$193.91 | \$108,781.65 | |
| Consulate Health Care Of New Port Richey | 319970 | 080397 | 459 | \$189.22 | \$86,851.29 | |
| Zephyr Haven Health & Rehab Center, Inc. | 320391 | 320391 | 1,109 | \$209.96 | \$232,846.87 | |
| Zephyrhills Health & Rehab Center, Inc. | 320404 | 320404 | 2,228 | \$207.80 | \$462,988.64 | |
| Madison Pointe Rehabilitation & Health Center | 324124 | 324124 | 739 | \$241.78 | \$178,676.98 | |
| Heartland of Brooksville | 325295 | 325295 | 938 | \$209.48 | \$196,489.33 | |
| Heartland of Zephyrhills | 325708 | 325708 | 2 | \$210.62 | \$421.24 | |
| Total | | | 18,23 | 3 | \$3,908,372.58 | |

Average Nursing Home Rate (Weighted by days) =3,908,372.58/18,233=214.36 Room and Board Rate 07/01/2014: 214.36 x 95% = 203.64

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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: 087516300-00

Hospice of Palm Beach County-Palm Beach County

| | Nursing Home | ng Hame Medicaid Niimher | | Nursing Home | | |
|---|--------------|--------------------------|----------------|---------------------|--------------|--|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation | |
| Signature HealthCARE of Palm Beach | 001136 | 001136 | 1,315 | \$231.47 | \$304,378.32 | |
| The Crossings | 001291 | 028100 | 305 | \$274.78 | \$83,807.54 | |
| Boynton Health Care Center | 005814 | 005814 | 2,131 | \$252.37 | \$537,794.70 | |
| Royal Manor | 006489 | 006489 | 2,051 | \$236.58 | \$485,216.98 | |
| Courtyard Gardens Rehabilitation Center | 010082 | 010082 | 3,752 | \$219.57 | \$823,816.88 | |
| Margate Health Care Center | 017222 | 017222 | 92 | \$236.13 | \$21,723.74 | |
| West Broward Rehabilitation and Healthcare | 026536 | 026536 | 80 | \$252.64 | \$20,211.41 | |
| Coral Bay Healthcare and Rehabilitation | 043851 | 043851 | 367 | \$230.94 | \$84,756.71 | |
| Renaissance Health and Rehabilitation | 047787 | 047787 | 456 | \$238.60 | \$108,800.73 | |
| Wood Lake Nursing and Rehabilitation Center | 047788 | 047788 | 60 | \$234.27 | \$14,056.30 | |
| Glades Health Care Center | 203203 | 203203 | 1,372 | \$256.89 | \$352,454.31 | |
| Avante at Lake Worth | 203238 | 203238 | 802 | \$257.71 | \$206,683.90 | |
| John Knox Village Of Florida | 203769 | 203769 | 5 | \$223.97 | \$1,119.83 | |
| Regents Park Of Boca Raton | 204170 | 204170 | 1,493 | \$259.19 | \$386,977.37 | |
| American Finnish Nursing Home | 205460 | 205460 | 1,171 | \$256.49 | \$300,349.31 | |
| Health Center at Abbey Delray | 205745 | 205745 | 722 | \$260.25 | \$187,903.25 | |
| Lourdes-Noreen McKeen Residence | 205923 | 205923 | 813 | \$268.02 | \$217,896.28 | |
| Report Produced: 7/29/2014 10:26:04AM | 1 | | 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 Med | | ledicaid Number | Total Nursing - Home | 07/01/2014 Nursing Home Rate | | |
|---|-------------|-----------------|----------------------------|------------------------------------|--------------|--|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Kate | Computation | |
| Saint Andrews Estates North | 206521 | 206521 | 370 | \$243.39 | \$90,055.04 | |
| The Waterford | 206610 | 206610 | 408 | \$268.87 | \$109,697.70 | |
| Abbey Delray South | 206865 | 206865 | 351 | \$267.68 | \$93,954.91 | |
| Joseph L. Morse Geriatric Center, Inc | 207381 | 207381 | 2,172 | \$240.71 | \$522,829.06 | |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 388 | \$253.40 | \$98,318.31 | |
| Lakeside Health Center | 207683 | 207683 | 796 | \$234.42 | \$186,601.82 | |
| Jupiter Medical Center Pavilion, Inc. | 208485 | 208485 | 1,258 | \$238.15 | \$299,587.80 | |
| Covenant Village Care Center | 210188 | 210188 | 405 | \$248.31 | \$100,564.01 | |
| Avante at Boca Raton | 210676 | 210676 | 693 | \$248.26 | \$172,041.62 | |
| Stratford Court at Boca Pointe | 211010 | 211010 | 625 | \$246.58 | \$154,113.56 | |
| Edward J Healey Rehabilitation and Nursing C | 212032 | 212032 | 91 | \$243.66 | \$22,173.20 | |
| The Fountains Nursing Home | 212393 | 212393 | 1,268 | \$229.35 | \$290,815.54 | |
| Springtree Rehab & Health Center, LLC | 225631 | 225631 | 134 | \$223.80 | \$29,988.61 | |
| Wilton Manors Health and Rehab | 227579 | 227579 | 155 | \$244.18 | \$37,847.34 | |
| The Gardens Court | 228320 | 228320 | 412 | \$248.71 | \$102,469.22 | |
| Lake View Care Center at Delray | 229610 | 229610 | 516 | \$236.88 | \$122,232.51 | |
| Menorah House Report Produced: 7/29/2014 10:26:04AM | 229628 | 229628 | 829 P | \$236.75 age 42 of 107 | \$196,262.35 | |



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 Medicaid Number | | Total Nursing Home | 07/01/2014 Nursing Home | |
|---|------------------------------|---------|--------------------------|----------------------------|----------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| | | | | | , |
| Harbor Beach Nursing and Rehab. Center | 252255 | 043873 | 1 | \$248.85 | \$248.85 |
| Current Name:Harbor Beach Nursing and Rehabilitation SeaView Nursing and Rehab. Center | on Center 252433 | 061107 | 13 | \$234.46 | \$3,047.94 |
| Current Name:SeaView Nursing and Rehabilitation Co Renaissance Health and Rehabilitation | enter 252549 | 047787 | 251 | \$238.60 | \$59,888.12 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 390 | \$218.42 | \$85,181.97 |
| PG of West Palm Beach | 257257 | 098592 | 3,570 | \$227.46 | \$812,031.13 |
| Current Name:Palm Garden of West Palm Beach Life Care Center at Inverrary | 259080 | 259080 | 223 | \$238.98 | \$53,293.32 |
| Hamlin Place | 259586 | 259586 | 1,137 | \$260.54 | \$296,239.09 |
| Coral Bay Healthcare and Rehabilitation | 259918 | 043851 | 4,108 | \$230.94 | \$948,720.84 |
| Wood Lake Nursing & Rehabilitation Center | 261599 | 047788 | 1,593 | \$234.27 | \$373,194.81 |
| Current Name:Wood Lake Nursing and Rehabilitation Boynton Beach Rehabilitation Center | 263460 | 263460 | 4,828 | \$223.31 | \$1,078,148.92 |
| Medicana Nursing and Rehab | 263524 | 263524 | 1,067 | \$214.73 | \$229,121.71 |
| Boulevard Rehabilitation Center | 263613 | 263613 | 4,409 | \$210.83 | \$929,563.61 |
| Boca Raton Rehabilitation Center | 263842 | 263842 | 29 | \$214.40 | \$6,217.65 |
| Rehabilitation Center of The Palm Beaches | 263915 | 263915 | 1,102 | \$223.04 | \$245,788.32 |
| Oasis Health and Rehabilitation Center | 266124 | 266124 | 815 | \$240.57 | \$196,066.67 |
| Savannah Cove of the Palm Beaches | 312312 | 312312 | 194 | \$224.73 | \$43,597.35 |
| Hollywood Hills Rehabilitation Center, LLC Report Produced: 7/29/2014 10:26:04AM | 313424 | 313424 | 23 P | \$234.10 age 43 of 107 | \$5,384.35 |

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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: 087516300-00

Hospice of Palm Beach County-Palm Beach County

| | · Nursing Home N | Home Medicaid Number Total 07/01/2014 Nursing Nursing Home Rate | Nursing Home Medicaid Number | | Weighted e Average Rate Computation |
|--|------------------|--|------------------------------|----------|-------------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Darcy Hall of Life Care | 317349 | 317349 | 3,123 | \$235.90 | \$736,715.06 |
| Consulate Health Care of West Palm Beach | 320153 | 080432 | 682 | \$212.47 | \$144,902.29 |
| Ft. Lauderdale Health & Rehab Center | 321303 | 321303 | 42 | \$236.38 | \$9,927.86 |
| Terraces of Lake Worth Rehab and Health Cent | 325031 | 325031 | 329 | \$265.28 | \$87,277.22 |
| North Lake Rehabilitation and Health Center | 325163 | 325163 | 1,482 | \$270.59 | \$401,017.50 |
| Heartlanf Health Care Center- Boynton Beach | 325309 | 325309 | 2,038 | \$195.51 | \$398,458.36 |
| Heartland Health Care Center- Lauderhill | 325333 | 325333 | 365 | \$196.45 | \$71,702.43 |
| Heartland Health Care Center-Prosperity Oaks | 325341 | 325341 | 1,313 | \$212.78 | \$279,374.89 |
| ManorCare Health Services (Boca Raton) | 325368 | 325368 | 2,166 | \$202.19 | \$437,933.80 |
| ManorCare Health Services-Boynton Beach | 325376 | 325376 | 2,714 | \$219.65 | \$596,130.08 |
| ManorCare Health Services-West Palm Beach | 325481 | 325481 | 2,074 | \$208.91 | \$433,281.21 |
| ManorCare Health Services (Delray Beach) | 325520 | 325520 | 1,587 | \$205.04 | \$325,392.29 |
| Total | | | 69,52 | 6 5 | \$16,055,347.78 |

Average Nursing Home Rate (Weighted by days) =16,055,347.78/69,526=230.93Room and Board Rate 07/01/2014: $230.93 \times 95\% = 219.38$

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: 7/29/2014 10:26:04AM 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 N | Medicaid Number | Total Nursing | 07/01/2014 Nursing Home | |
|---|----------------|-----------------|------------------|----------------------------|----------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Brynwood Center | 005381 | 005381 | 2,578 | \$210.30 | \$542,152.11 |
| Nursing Pavilion at Chipola Retirement Center | 005383 | 005383 | 900 | \$220.86 | \$198,774.45 |
| Glencove Nursing Pavilion | 005384 | 005384 | 2,486 | \$226.58 | \$563,287.56 |
| Panama City Nursing Center | 005385 | 005385 | 3,005 | \$213.34 | \$641,095.40 |
| Riverchase Care Center | 005386 | 005386 | 820 | \$215.66 | \$176,845.22 |
| St. James Health And Rehabilitation Center | 015613 | 015613 | 179 | \$218.35 | \$39,084.65 |
| Bayside Manor | 017221 | 017221 | 751 | \$216.32 | \$162,458.27 |
| Rosewood Manor | 017223 | 017223 | 5,301 | \$214.55 | \$1,137,335.88 |
| Bay Breeze Nursing & Retirement Center | 017225 | 017225 | 1,300 | \$226.96 | \$295,049.56 |
| Silvercrest Manor | 017230 | 017230 | 8 | \$216.26 | \$1,730.05 |
| Specialty Center of Pensacola | 017236 | 017236 | 1,578 | \$226.42 | \$357,289.96 |
| Grand Boulevard Health & Rehab. Center | 017242 | 017242 | 385 | \$255.41 | \$98,333.23 |
| Blountstown Health and Rehabilitation Center | 022987 | 022987 | 1,458 | \$213.32 | \$311,023.62 |
| The Health Center of Pensacola, Inc. | 030487 | 030487 | 6,046 | \$228.54 | \$1,381,778.26 |
| Seven Hills Health & Rehab Center | 033175 | 033175 | 2,296 | \$236.47 | \$542,930.74 |
| Crosswinds Health and Rehab | 042140 | 042140 | 201 | \$253.29 | \$50,911.41 |
| Heritage Healthcare Center | 043833 | 043833 | 1,747 | \$212.38 | \$371,024.72 |
| Report Produced: 7/29/2014 10:26:04AM | Л | | P | age 45 of 107 | |

Report Produced: 7/29/2014 10:26:04AM

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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: 087517100-00

Covenant Hospice, Inc-Escambia County

| coverant respect, and assume a country | | | Total Nursing | 07/01/2014 | Weighted Average Rate |
|--|-------------|-----------------|------------------|---------------------------|--------------------------|
| ٠, | | 1edicaid Number | - Home | Rate | Computation |
| Nursing Home Provider Name | As Reported | Current | Days | | |
| Marshall Health and Rehabilitation Center | 043878 | 043878 | 835 | \$209.28 | \$174,745.46 |
| Crestview Rehabilitation Center | 044886 | 044886 | 797 | \$238.09 | \$189,754.70 |
| Fort Walton Rehabilitation Center | 044888 | 044888 | 1,881 | \$239.74 | \$450,950.38 |
| River Valley Rehabilitation Center | 044889 | 044889 | 2,313 | \$238.52 | \$551,685.90 |
| Shoal Creek Rehabilitation Center | 059852 | 059852 | 1,332 | \$207.01 | \$275,734.65 |
| Sea Breeze Health Care | 059874 | 059874 | 1,505 | \$200.87 | \$302,303.49 |
| Emerald Shores Health and Rehabilitation | 060972 | 060972 | 1,128 | \$219.87 | \$248,009.64 |
| University Hills Health and Rehabilitation | 060993 | 060993 | 2,570 | \$210.26 | \$540,363.56 |
| Destin Healthcare and Rehabilitation Center | 061101 | 061101 | 889 | \$211.33 | \$187,871.92 |
| Westminster Oaks | 200409 | 200409 | 16 | \$205.85 | \$3,293.65 |
| MIRACLE HILL NURSING AND REHABILI | 202941 | 202941 | 1,049 | \$213.23 | \$223,676.90 |
| Marianna Health & Rehabilitation | 203475 | 203475 | 2,302 | \$226.86 | \$522,231.48 |
| Lisenby on Lake Caroline | 203980 | 203980 | 1,247 | \$171.27 | \$213,576.82 |
| Baptist Manor | 208809 | 100509 | 2,565 | \$223.06 | \$572,157.62 |
| Azalea Trace | 210374 | 096150 | 211 | \$224.13 | \$47,291.83 |
| Current Name: Willowbrooke Court at Azalea Trace Emerald Coast Center | 212903 | 212903 | 594 | \$195.63 | \$116,202.62 |
| Bay Center Report Produced: 7/29/2014 10:26:04AM | 212989 | 212989 | 917 P | \$202.49 age 46 of 107 | \$185,682.05 |



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 | 07/01/2014 Nursing Home Rate | Weighted ne Average Rate Computation | |
|---|--------------------------------|---------|--------------------------|------------------------------------|--------------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation | |
| Madison Nursing Center | 213462 | 213462 | 154 | \$244.31 | \$37,624.22 | |
| TMH Skilled Nursing Facility | 213934 | 213934 | 103 | \$222.85 | \$22,953.79 | |
| Century Care Center. | 220604 | 220604 | 3,055 | \$222.16 | \$678,701.56 | |
| Santa Rosa Health & Rehabilitation Center | 220612 | 220612 | 418 | \$214.94 | \$89,844.09 | |
| Sandy Ridge Care Center | 220621 | 220621 | 94 | \$227.64 | \$21,398.04 | |
| Pensacola Health Care Facility | 224243 | 224243 | 1,281 | \$228.85 | \$293,163.25 | |
| The Manor At Blue Water Bay | 226041 | 226041 | 33 | \$222.41 | \$7,339.50 | |
| EDEN SPRINGS NURSING & REHABILITA | 253707 | 253707 | 686 | \$231.54 | \$158,834.73 | |
| Haven of Our Lady of Peace | 258831 | 258831 | 37 | \$229.24 | \$8,481.78 | |
| UniHealth Post-Acute Care- Santa Rosa | 259331 | 259331 | 5,629 | \$195.32 | \$1,099,444.98 | |
| Bonifay Nursing and Rehab | 263443 | 263443 | 1,535 | \$194.18 | \$298,073.20 | |
| Clifford Chester Sims State Veterans' Nursing H | 264491 | 264491 | 888 | \$240.21 | \$213,305.77 | |
| Centre Point Health and Rehab Center | 264563 | 264563 | 276 | \$224.49 | \$61,959.35 | |
| Life Care Center of Pensacola | 315664 | 315664 | 366 | \$224.05 | \$82,002.45 | |
| Westwood Health Care Center | 316075 | 316075 | 213 | \$229.23 | \$48,826.61 | |
| Community Health and Rehab Center | 318779 | 098972 | 4,318 | \$233.55 | \$1,008,483.61 | |
| Current Name: Community Health and Rehabilitation Consulate Health Care of Pensacola Report Produced: 7/29/2014 10:26:04AM | 219686 | 080405 | 548 P | \$197.93 age 47 of 107 | \$108,467.78 | |



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 | 07/01/201 Nursing Ho Rate | 4 Weighted me Average Rate Computation |
|---|------------------------------|---------|----------------------------|---------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Consulate Health Care of Tallahassee | 319716 | 080428 | 363 | \$193.70 | \$70,313.10 |
| St. Andrew's Bay Skilled Nursing and Rehabili | 323799 | 323799 | 200 | \$228.74 | \$45,748.24 |
| Washington Rehabilitation & Nursing Center | 324353 | 324353 | 805 | \$207.04 | \$166,671.06 |
| Chautauqua Rehabilitation & Nursing Center | 324361 | 324361 | 420 | \$208.08 | \$87,392.13 |
| Signature Healthcare of North Florida | 324396 | 324396 | 3,019 | \$198.12 | \$598,112.52 |
| Signature Healthcare at the Courtyard | 324426 | 324426 | 310 | \$209.36 | \$64,900.33 |
| The Bridge at Bay St. Joe | 324485 | 324485 | 315 | \$196.34 | \$61,848.42 |
| Southern Oaks Rehabilitation and Nursing Cent | 324566 | 324566 | 1,710 | \$218.89 | \$374,295.74 |
| Total | | | 79,96 | 6 | \$17,384,823.99 |

Average Nursing Home Rate (Weighted by days) =17,384,823.99/79,966=217.40 Room and Board Rate 07/01/2014: $217.40 \times 95\% = 206.53$

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: 7/29/2014 10:26:04AM 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 | Medicaid Number | Total Nursing | 07/01/2014 Nursing Home | |
|---------------------------------------|--------------|-----------------|------------------|----------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| Surrey Place Care Center | 001135 | 001135 | 421 | \$228.12 | \$96,040.16 |
| Flagler Pines | 005374 | 005374 | 66 | \$219.83 | \$14,508.93 |
| Suwannee Health Care Center | 005387 | 005387 | 551 | \$218.55 | \$120,422.26 |
| Manor on the Green | 005543 | 005543 | 5 | \$226.41 | \$1,132.06 |
| Palatka Health Care Center | 005811 | 005811 | 1,720 | \$230.69 | \$396,784.05 |
| Windsor Manor | 006340 | 006340 | 3,431 | \$216.52 | \$742,885.95 |
| San Marco Terrace Rehab and care | 022293 | | 1,675 | \$210.64 | \$352,822.00 |
| The Health Center of Lake City | 030527 | 030527 | 1,370 | \$231.52 | \$317,184.73 |
| University Center East | 041686 | 041686 | 25 | \$209.59 | \$5,239.80 |
| River Garden Hebrew Home | 200859 | 200859 | 14 | \$254.29 | \$3,560.07 |
| Avante at Jacksonville Beach | 200913 | 200913 | 858 | \$227.94 | \$195,574.67 |
| Samantha R. Wilson at Bay View | 202606 | 202606 | 582 | \$236.15 | \$137,439.36 |
| Tri-County Nursing Home | 204625 | 204625 | 4,324 | \$207.70 | \$898,086.14 |
| St. Catherine Laboure Manor | 205150 | 205150 | 7 | \$233.99 | \$1,637.90 |
| Suwannee Valley Nursing Center | 206300 | 206300 | 1,010 | \$250.13 | \$252,634.83 |
| The Ponce Therapy Care Center | 207799 | 207799 | 65 | \$238.99 | \$15,534.33 |
| Westminster Woods on Julington Creek | 212083 | 212083 | 124 | \$207.29 | \$25,703.37 |
| Report Produced: 7/29/2014 10:26:04AM | | | 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

| Trotal Conduit Florida Flospice Filacinaa Codiity | | | | 07/01/2014 | Weighted |
|---|---------------------|-----------------|-------------------|---------------------------|--------------------------|
| | Nursing Home N | Iedicaid Number | Nursing - Home | Nursing Home Rate | Average Rate Computation |
| Nursing Home Provider Name | As Reported | Current | Days | | r |
| Woodland Terrace | 212636 | 212636 | 653 | \$171.94 | \$112,274.21 |
| Life Care Center at Wells Crossing | 213161 | 213161 | 47 | \$211.13 | \$9,923.19 |
| St. Augustine Health & Rehabilitation Center | 217735 | 217735 | 497 | \$220.36 | \$109,521.01 |
| Daytona Beach Health and Rehabilitation Cent | 217743 | 217743 | 48 | \$224.58 | \$10,779.69 |
| Doctors Lake of Orange Park | 223883 | 223883 | 2,044 | \$212.03 | \$433,380.74 |
| MK of Fernandina Beach LLC | 225274 | 225274 | 36 | \$219.96 | \$7,918.65 |
| Cathedral Gerontology Center | 226068 | 226068 | 205 | \$242.04 | \$49,618.47 |
| Park Meadows Health & Rehab Center | 227765 | 227765 | 868 | \$237.46 | \$206,114.50 |
| Ayers Health & Rehab Center | 227871 | 227871 | 2,905 | \$195.52 | \$567,976.30 |
| Gainesville Health Care Center | 229288 | 229288 | 2,469 | \$225.42 | \$556,560.02 |
| Bradford Terrace, LLC | 251739 | 251739 | 3,415 | \$176.88 | \$604,035.99 |
| North Florida Rehab. and Specialty Care | 252361 | 043880 | 2,633 | \$215.75 | \$568,062.12 |
| Current Name:North Florida Rehabilitation and Speci Governor's Creek Health and Rehab. | alty Care 252387 | 043875 | 31 | \$209.65 | \$6,499.25 |
| Current Name:Governor's Creek Health and Rehabilit Grand Oaks Health and Rehab. Center | ation 252409 | 043864 | 1 | \$211.54 | \$211.54 |
| Current Name:Grand Oaks Health and Rehabilitation OAKTREE HEALTHCARE | Center 252476 | 043843 | 20 | \$227.67 | \$4,553.39 |
| Current Name:Oaktree Healthcare Woodlands Care Center of Alachua County | 255572 | 255572 | 2,314 | \$177.27 | \$410,193.54 |
| PG of Gainesville Report Produced: 7/29/2014 10:26:04AM | 257265 | 098581 | 2,850 P | \$231.33 age 50 of 107 | \$659,296.77 |



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 | 07/01/2014 Nursing Home | | |
|--|----------------|--------------------------|----------------------------|---------------------------|----------------|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Current Name:Palm Garden of Gainesville Indigo Manor | 258750 | 258750 | 56 | \$237.48 | \$13,298.63 |
| Riverwood Center, LLC | 260673 | 260673 | 472 | \$218.27 | \$103,023.11 |
| Avalon Health Care Center | 261629 | 261629 | 1,229 | \$217.60 | \$267,431.01 |
| Macclenny Nursing and Rehab | 263516 | 263516 | 199 | \$206.44 | \$41,081.16 |
| Moultrie Creek Nursing and Rehab | 263559 | 263559 | 374 | \$222.15 | \$83,085.37 |
| Lafayette Healthcare Center | 264482 | 264482 | 923 | \$188.81 | \$174,273.21 |
| Regents Park of Jacksonville | 269727 | 269727 | 25 | \$210.03 | \$5,250.84 |
| The Terrace at Daytona Beach | 282553 | 282553 | 22 | \$175.00 | \$3,849.96 |
| Life Care Center of Orange Park | 284289 | 284289 | 157 | \$203.15 | \$31,894.06 |
| The Terrace at Fleming Island | 284785 | 284785 | 3,540 | \$177.84 | \$629,536.95 |
| Baya Pointe Nursing and Rehabilitation Center | 308111 | 092681 | 1,468 | \$222.15 | \$326,117.22 |
| LakeWood Nursing Center | 312142 | 312142 | 1,210 | \$214.86 | \$259,977.94 |
| Cross City Rehabilitation and Health Center | 312151 | 312151 | 1,323 | \$196.49 | \$259,960.23 |
| CrestWood Nursing Center | 312274 | 312274 | 1,397 | \$200.00 | \$279,402.24 |
| Southlake Nursing and Rehabilitation Center | 312371 | 312371 | 5,072 | \$234.38 | \$1,188,762.69 |
| Parklands Rehabilitation and Nursing Center | 317578 | 317578 | 1,445 | \$245.32 | \$354,481.90 |
| Williston Rehabilitation and Nursing Center Report Produced: 7/29/2014 10:26:04AM | 317586 | 317586 | 2,236 P | \$237.39 age 51 of 107 | \$530,810.52 |



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 Medicaid Number | | Total Nursing - Home | 07/01/201 Nursing Ho Rate | Weighted ne Average Rate Computation | |
|--|------------------------------|---------|----------------------------|---------------------------------|--|--|
| Nursing Home Provider Name | As Reported | Current | Days | | | |
| Atrium Healthcare Center | 319376 | 319376 | 226 | \$214.58 | \$48,494.36 | |
| Consulate Health Care of Jacksonville | 319503 | 080384 | 19 | \$207.23 | \$3,937.45 | |
| Consulate Health Care of Orange Park | 319538 | 080402 | 320 | \$191.77 | \$61,365.25 | |
| Signature HealthCARE of Gainesville | 324388 | 324388 | 281 | \$209.36 | \$58,829.04 | |
| Signature Healthcare of Orange Park | 324434 | 324434 | 469 | \$207.79 | \$97,452.95 | |
| Heartland Health Care Center-Orange Park | 325261 | 325261 | 2 | \$206.12 | \$412.23 | |
| Total | | | 59,749 |) | \$12,716,838.30 | |

Average Nursing Home Rate (Weighted by days) =12,716,838.30/59,749=212.84 Room and Board Rate 07/01/2014: 212.84 x 95% = 202.20

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 N | Medicaid Number | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted e Average Rate Computation |
|--|------------------|-----------------|----------------------------|------------------------------------|-------------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Avante at Ocala | 005701 | 005701 | 662 | \$232.71 | \$154,051.70 |
| Ocala Oaks Rehabilitation Center | 048611 | 048611 | 2,462 | \$245.08 | \$603,382.53 |
| TimberRidge Nursing & Rehab Center | 203335 | 203335 | 329 | \$236.86 | \$77,928.45 |
| Ocala Health & Rehabilitation Center | 217395 | 217395 | 1,200 | \$207.97 | \$249,562.32 |
| New Horizon Health & Rehab Center | 227773 | 227773 | 822 | \$250.34 | \$205,780.30 |
| Oakhurst Care & Rehabiliation Center | 251721 | 251721 | 754 | \$210.28 | \$158,552.18 |
| Hawthorne Health & Rehab of Ocala | 253456 | 253456 | 2,503 | \$211.28 | \$528,836.36 |
| PG of Ocala | 257290 | 098584 | 1,288 | \$231.07 | \$297,619.70 |
| Current Name:Palm Garden of Ocala Life Care Center of Ocala | 266108 | 266108 | 1,302 | \$232.45 | \$302,651.72 |
| Total | | | 11,32 | 2 | \$2,578,365.27 |

Average Nursing Home Rate (Weighted by days) =2,578,365.27/11,322=227.73 Room and Board Rate 07/01/2014: 227.73 x 95% = 216.34

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 | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 111110 | Computation |
| Carnegie Gardens Nursing Center | 005519 | 005519 | 429 | \$229.45 | \$98,433.19 |
| The Health Center of Merritt Island | 030491 | 030491 | 86 | \$236.73 | \$20,358.51 |
| The Palms Rehabilitation and Healthcare Cente | 043847 | 043847 | 270 | \$225.31 | \$60,833.40 |
| Island Health and Rehabilitation Center | 059866 | 059866 | 4 | \$211.06 | \$844.24 |
| West Melbourne Health & Rehabilitation Cente | 217727 | 217727 | 270 | \$213.00 | \$57,511.13 |
| Rockledge Rehab and Nursing Center | 227587 | 227587 | 300 | \$237.21 | \$71,164.14 |
| Life Care Center of Melbourne | 228338 | 228338 | 21 | \$213.32 | \$4,479.65 |
| Avante at Melbourne | 252018 | 252018 | 291 | \$244.53 | \$71,156.80 |
| Indian River Center LLC | 260665 | 260665 | 844 | \$230.49 | \$194,536.51 |
| Atlantic Shores Nursing and Rehab | 263389 | 263389 | 681 | \$215.10 | \$146,485.96 |
| Melbourne Terrace Restorative Care Center | 264547 | 264547 | 403 | \$234.29 | \$94,419.19 |
| Life Care Center of Palm Bay | 268186 | 268186 | 70 | \$217.12 | \$15,198.34 |
| Consulate Health Care Melbourne | 319520 | 080394 | 534 | \$201.18 | \$107,427.98 |
| Current Name:Consulate Health Care of Melbourne Anchor Care & Rehabilitation Center | 324451 | 324451 | 377 | \$200.85 | \$75,720.34 |

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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 Medicaid Number | Nursing Home | Nursing Home Average Rate Rate Computation |
|----------------------------|------------------------------|-----------------|--|
| Nursing Home Provider Name | As Reported Current | Days | |
| Total | | 4,580 | \$1,018,569.39 |

Average Nursing Home Rate (Weighted by days) =1,018,569.39/4,580=222.40 Room and Board Rate 07/01/2014: 222.40 x 95% = 211.28

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 N | Iedicaid Number | Total Nursing | 07/01/2014 Nursing Home | |
|--|----------------|-----------------|------------------|----------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Debary Manor | 005372 | 005372 | 481 | \$206.20 | \$99,183.93 |
| Flagler Pines | 005374 | 005374 | 342 | \$219.83 | \$75,182.61 |
| Manor on the Green | 005543 | 005543 | 578 | \$226.41 | \$130,866.71 |
| Oakwood Garden of Deland | 005547 | 005547 | 1,425 | \$213.16 | \$303,755.42 |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 281 | \$203.55 | \$57,197.72 |
| Carlton Shores Health and Rehab Center | 022138 | 022138 | 536 | \$246.24 | \$131,985.23 |
| The Health Center of Daytona Beach | 030535 | 030535 | 360 | \$231.91 | \$83,486.56 |
| University Center West | 041685 | 041685 | 364 | \$218.20 | \$79,423.96 |
| University Center East | 041686 | 041686 | 61 | \$209.59 | \$12,785.12 |
| Oaktree Healthcare | 043843 | 043843 | 761 | \$227.67 | \$173,256.64 |
| Grand Oaks Health and Rehabilitation Center | 043864 | 043864 | 4 | \$211.54 | \$846.14 |
| Deltona Health Care | 043868 | 043868 | 1,236 | \$221.19 | \$273,390.60 |
| Alliance Community for Retirement Living | 202789 | 202789 | 2,791 | \$195.61 | \$545,960.33 |
| Olds Hall Good Samaritan | 204391 | 204391 | 2,176 | \$243.01 | \$528,797.38 |
| Bishop's Glen Health Care Center | 209511 | 209511 | 2,106 | \$244.41 | \$514,728.95 |
| Emory L. Bennett State Veterans' Nursing Hom | 210889 | 210889 | 103 | \$236.15 | \$24,323.15 |
| Woodland Terrace | 212636 | 212636 | 3,471 | \$171.94 | \$596,789.87 |
| Report Produced: 7/29/2014 10:26:04AM | | | P | age 56 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: 087523600-00 Hospice of Volusia-Volusia County

| | · Nursing Home N | Medicaid Number | Total Nursing Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------|-----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Ratt | Computation |
| Florida Lutheran Retirement Center | 212792 | 212792 | 865 | \$209.41 | \$181,142.07 |
| Daytona Beach Health and Rehabilitation Cent | 217743 | 217743 | 2,202 | \$224.58 | \$494,518.11 |
| Ocean View Nursing and Rehabilitation Center | 226351 | 226351 | 4,128 | \$213.86 | \$882,828.13 |
| Avante at Ormond Beach | 252034 | 252034 | 408 | \$238.07 | \$97,133.46 |
| Indigo Manor | 258750 | 258750 | 1,160 | \$237.48 | \$275,471.57 |
| Bridgeview Center, LLC | 260371 | 260371 | 48 | \$240.23 | \$11,530.94 |
| Coquina Center, LLC | 260649 | 260649 | 289 | \$235.81 | \$68,147.96 |
| Port Orange Nursing and Rehab | 263508 | 263508 | 1,623 | \$228.77 | \$371,285.92 |
| Orange City Nursing and Rehab | 263567 | 263567 | 1,104 | \$216.14 | \$238,617.90 |
| Majestic Oaks Continuing Care Complex | 269000 | 269000 | 716 | \$210.92 | \$151,018.43 |
| Ridgecrest Nursing & Rehabilitation Center | 282464 | 282464 | 624 | \$224.10 | \$139,838.97 |
| The Terrace at Daytona Beach | 282553 | 282553 | 2,964 | \$175.00 | \$518,694.66 |
| SandalWood Nursing Center | 312045 | 312045 | 2,451 | \$205.74 | \$504,273.88 |
| Signature Healthcare of Ormond | 324442 | 324442 | 63 | \$214.96 | \$13,542.25 |

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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: 087523600-00 Hospice of Volusia-Volusia County

| | Nursing Home N | Aedicaid Number | Total Nursing Home | 07/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|----------------|-----------------|--------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | <u>.</u> |
| Total | | | 35.721 | \$7 580 004 58 |

Average Nursing Home Rate (Weighted by days) =7,580,004.58/35,721=212.20 Room and Board Rate 07/01/2014: 212.20 x 95% = 201.59

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: 087524400-00 Big Bend Hospice-Leon County

| | · Nursing Home N | Medicaid Number | Total Nursing Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------|-----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | 11110 | |
| Riverchase Care Center | 005386 | 005386 | 343 | \$215.66 | \$73,973.06 |
| St. James Health And Rehabilitation Center | 015613 | 015613 | 1,547 | \$218.35 | \$337,787.46 |
| Seven Hills Health & Rehab Center | 033175 | 033175 | 836 | \$236.47 | \$197,687.33 |
| Cross Landings Health and Rehab | 042138 | 042138 | 803 | \$256.18 | \$205,708.69 |
| Crosswinds Health and Rehab | 042140 | 042140 | 45 | \$253.29 | \$11,398.08 |
| Heritage Healthcare Center | 043833 | 043833 | 252 | \$212.38 | \$53,519.31 |
| Marshall Health and Rehabilitation Center | 043878 | 043878 | 307 | \$209.28 | \$64,247.73 |
| Westminster Oaks | 200409 | 200409 | 366 | \$205.85 | \$75,342.20 |
| MIRACLE HILL NURSING AND REHABILI | 202941 | 202941 | 19 | \$213.23 | \$4,051.35 |
| Lake Park of Madison | 211923 | 211923 | 318 | \$192.78 | \$61,304.23 |
| Madison Nursing Center | 213462 | 213462 | 943 | \$244.31 | \$230,387.25 |
| TMH Skilled Nursing Facility | 213934 | 213934 | 13 | \$222.85 | \$2,897.08 |
| EDEN SPRINGS NURSING & REHABILITA | 253707 | 253707 | 2,516 | \$231.54 | \$582,548.37 |
| Centre Point Health and Rehab Center | 264563 | 264563 | 896 | \$224.49 | \$201,143.40 |

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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: 087524400-00 Big Bend Hospice-Leon County

| | Nursing Home M | Iedicaid Number | Nursing - Home | Nursing Home Average Rate Rate Computation |
|----------------------------|----------------|-----------------|-------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | |
| Total | | | 9,204 | \$2,101,995.52 |

Average Nursing Home Rate (Weighted by days) =2,101,995.52/9,204=228.38 Room and Board Rate 07/01/2014: 228.38 x 95% = 216.96

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: 087525200-00

Hospice of the Florida Keys, Inc.-Monroe County

| | Nursing Home M | Aedicaid Number | Total Nursing Home Days | 07/01/2014 Nursing Hon Rate | Weighted ne Average Rate Computation |
|----------------------------------|----------------|-----------------|----------------------------------|-----------------------------------|--------------------------------------|
| Nursing Home Provider Name | As Reported | Current | | | F |
| Key West Health & Rehabilitation | 024167 | 024167 | 798 | \$224.76 | \$179,357.53 |
| Plantation Key Nursing Center | 044975 | 044975 | 336 | \$264.69 | \$88,935.84 |
| Total | | | 1,13 | 4 | \$268,293.37 |

Average Nursing Home Rate (Weighted by days) =268,293.37/1,134=236.59Room and Board Rate 07/01/2014: $236.59 \times 95\% = 224.76$

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: 087526100-00

Hospice of Lake and Sumter-Lake County

| | Nursing Home I | Medicaid Number | Total Nursing | ursing Nursing Home | Weighted Average Rate Computation |
|--|----------------|-----------------|------------------|---------------------|---|
| Nursing Home Provider Name | As Reported | Current | Home Days | Rate | Computation |
| Osceola Health Care Center | 005219 | 005219 | 122 | \$227.53 | \$27,758.95 |
| The Rehabilitation Center of Winter Park | 005380 | 005380 | 294 | \$218.07 | \$64,113.99 |
| Lake Eustis Care Center | 005851 | 005851 | 784 | \$217.49 | \$170,511.37 |
| Astoria Health and Rehabilitation Center | 023255 | 023255 | 79 | \$230.13 | \$18,180.21 |
| North Campus Rehabilitation and Health Cente | 031880 | 031880 | 966 | \$245.82 | \$237,466.18 |
| Lady Lake Specialty Care Center | 032486 | 032486 | 561 | \$242.01 | \$135,770.41 |
| Grace Healthcare of Lake Wales | 034504 | 034504 | 3,283 | \$202.37 | \$664,379.74 |
| Keystone Rehabilitation and Health Center | 043839 | 043839 | 350 | \$214.09 | \$74,932.94 |
| Rio Pinar Health Care | 043846 | 043846 | 167 | \$224.19 | \$37,438.95 |
| Plantation Bay Rehabilitation Center | 043853 | 043853 | 283 | \$227.16 | \$64,287.16 |
| Colonial Lakes Health Care | 043854 | 043854 | 868 | \$225.66 | \$195,872.62 |
| The Crossroads | 045471 | 045471 | 3 | \$249.76 | \$749.29 |
| Health Central Park | 048441 | 048441 | 764 | \$237.44 | \$181,407.13 |
| South Campus Rehabilitation & Nursing Center | 072048 | 072048 | 741 | \$240.25 | \$178,022.14 |
| The Gardens at DePugh Nursing Center | 201588 | 201588 | 145 | \$225.55 | \$32,704.08 |
| The Rohr Home | 202533 | 202533 | 371 | \$262.30 | \$97,313.19 |
| Avante at Leesburg | 203122 | 203122 | 1,234 | \$235.19 | \$290,225.33 |
| Report Produced: 7/29/2014 10:26:04AM | Ī | | p | Page 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 | 07/01/2014 Nursing Home Rate | |
|--|------------------------------|---------|--------------------------|------------------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| KISSIMMEE GOOD SAMARITAN | 205303 | 205303 | 240 | \$219.57 | \$52,696.85 |
| The Commons at Orlando Lutheran Towers | 205796 | 205796 | 1,261 | \$211.40 | \$266,577.30 |
| AUBURNDALE OAKS HEALTHCARE CEN | 207527 | 207527 | 705 | \$208.29 | \$146,846.28 |
| Westminster Towers | 208540 | 208540 | 2,434 | \$208.56 | \$507,638.45 |
| Winter Park Towers | 209848 | 209848 | 675 | \$202.52 | \$136,698.91 |
| The Edgewater at Waterman Village | 210684 | 210684 | 1,836 | \$237.34 | \$435,758.81 |
| Hardee Manor Healthcare Center | 211435 | 211435 | 521 | \$199.18 | \$103,773.98 |
| Lakeland Hills Center | 212865 | 080068 | 158 | \$190.21 | \$30,053.61 |
| The Groves Center | 212881 | 080062 | 73 | \$193.35 | \$14,114.80 |
| Florida Presbyterian Homes, Inc. | 212971 | 212971 | 445 | \$213.26 | \$94,899.86 |
| Bartow Center | 212997 | 212997 | 745 | \$199.10 | \$148,326.00 |
| Life Care Center Of Orlando | 213403 | 213403 | 398 | \$218.20 | \$86,845.55 |
| Osprey Point Nursing Center | 215597 | 092678 | 991 | \$216.23 | \$214,284.53 |
| Life Care Center of Winter Haven | 219380 | 219380 | 2,535 | \$222.81 | \$564,831.70 |
| Clermont Health and Rehabilitation Center | 221465 | 221465 | 690 | \$210.53 | \$145,268.59 |
| Delaney Park Health and Rehabilitation Center | 221589 | 221589 | 285 | \$214.87 | \$61,238.86 |
| Orlando Health and Rehabilitation Center Report Produced: 7/29/2014 10:26:04AM | 223654 | 223654 | 664 P | \$188.44 Page 63 of 107 | \$125,126.95 |



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: 087526100-00

Hospice of Lake and Sumter-Lake County

| | Nursing Home M | edicaid Number | Total Nursing Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|----------------|----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| MK of Haines City LLC | 224341 | 224341 | 1,180 | \$226.43 | \$267,186.58 |
| MK of Winter Garden LLC | 225410 | 225410 | 639 | \$241.40 | \$154,256.90 |
| Winter Haven Health and Rehab Center | 228702 | 228702 | 112 | \$206.61 | \$23,139.80 |
| Lake Harris Health Center | 228966 | 228966 | 1,133 | \$209.27 | \$237,102.00 |
| Avante at Mt. Dora | 252042 | 252042 | 863 | \$226.50 | \$195,467.95 |
| Wedgewood Healthcare Center | 252328 | 043867 | 34 | \$233.76 | \$7,947.88 |
| Palms of Sebring | 252671 | 252671 | 399 | \$207.12 | \$82,642.31 |
| Southern Oaks Health Care | 253146 | 102419 | 535 | \$216.82 | \$115,996.19 |
| Current Name:The Terrace of St. Cloud The Palms At Park Place | 253421 | 100487 | 42 | \$209.70 | \$8,807.28 |
| Current Name:The Terrace of Kissimmee PG of Winter Haven | 257320 | 098593 | 854 | \$219.51 | \$187,463.42 |
| Current Name:Palm Garden of Winter Haven Lakeview Terrace Skilled Nursing Facility | 259225 | 259225 | 15 | \$226.86 | \$3,402.87 |
| Ruleme Center, LLC | 260452 | 260452 | 779 | \$234.63 | \$182,773.97 |
| Highlands Lake Center, LLC | 260576 | 260576 | 50 | \$223.87 | \$11,193.68 |
| Hunter's Creek Nursing and Rehab | 263605 | 263605 | 17 | \$246.18 | \$4,185.03 |
| Spring Lake Rehabilitation Center | 264571 | 264571 | 47 | \$233.56 | \$10,977.37 |
| Valencia Hills Health and Rehabilitation Center | 265560 | 265560 | 588 | \$191.46 | \$112,581.01 |
| Palm Terrace of Lakeland Report Produced: 7/29/2014 10:26:04AM | 282626 | 282626 | 118 P | \$223.35 age 64 of 107 | \$26,355.45 |



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 | 07/01/2014 Nursing Hor Rate | Weighted me Average Rate Computation |
|--|------------------------------|---------|----------------------------|-----------------------------------|--------------------------------------|
| Nursing Home Provider Name | As Reported | Current | Days | - Tuite | Computation |
| Consulate Health Care of Lake Parker | 319678 | 080393 | 421 | \$198.52 | \$83,577.17 |
| Consulate Health Care of Winter Haven | 319724 | 080434 | 519 | \$206.36 | \$107,099.64 |
| Consulate Health Care of Lakeland | 319953 | 080391 | 78 | \$195.10 | \$15,217.60 |
| Ocoee Health Care Facility | 324159 | 324159 | 178 | \$224.52 | \$39,964.56 |
| Kenilworth Care and Rehabilitation Center | 324493 | 324493 | 1,167 | \$203.42 | \$237,390.21 |
| Winter Park Care and Rehabilitation Center | 324515 | 324515 | 42 | \$212.46 | \$8,923.33 |
| Arbor Village Nursing Center | 325040 | 325040 | 1,080 | \$237.28 | \$256,263.27 |
| Total | | | 36,56 | 1 | \$7,986,030.21 |

Average Nursing Home Rate (Weighted by days) =7,986,030.21/36,561=218.43Room and Board Rate 07/01/2014: $218.43 \times 95\% = 207.51$

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: 087527900-00

Tidewell Hospice & Palliative Care-Sarasota County

| · | Numering Home N | Nursing Home Medicaid Number | | 07/01/2014 Nursing Home | |
|--|-----------------|------------------------------|----------------|----------------------------|---------------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Village Place Health and Rehab Center | 002400 | 002400 | 1,120 | \$255.70 | \$286,383.77 |
| Braden River Care Center | 005021 | 073324 | 3,187 | \$235.87 | \$751,715.15 |
| Current Name:Braden River Rehabilitation Center, I | | 000702 | 200 | Ф222.07 | Ф0 2 71 С СО |
| Woods of Manatee Springs | 008793 | 008793 | 398 | \$232.96 | \$92,716.69 |
| Heartlamd of Sarasota FL, LLC | 010453 | 010453 | 398 | \$233.90 | \$93,093.27 |
| Bay Village of Sarasota | 018777 | 018777 | 503 | \$255.80 | \$128,667.95 |
| Charlotte Harbor Healthcare | 030540 | 030540 | 3,190 | \$243.37 | \$776,348.73 |
| Sunset Lake Health and Rehab Center | 032551 | 032551 | 2,795 | \$252.49 | \$705,703.68 |
| Benderson Family Skilled Nursing & Rehab Ce | 033717 | 033717 | 239 | \$243.29 | \$58,147.38 |
| Heritage Health Care Center | 043835 | 043835 | 2,481 | \$233.20 | \$578,561.24 |
| Beneva Lakes Healthcare and Rehabilitation Ce | 043857 | 043857 | 850 | \$226.02 | \$192,113.51 |
| Bradenton Health Care | 043859 | 043859 | 1,465 | \$228.15 | \$334,236.81 |
| Magnolia Health and Rehabilitation Center | 043877 | 043877 | 1,114 | \$222.33 | \$247,678.63 |
| Crossbreeze Care Center | 046233 | 046233 | 56 | \$257.84 | \$14,439.25 |
| Englewood Healthcare & Rehabilitation Center | 059855 | 059855 | 2,132 | \$213.57 | \$455,330.60 |
| Pines of Sarasota | 202703 | 202703 | 393 | \$266.50 | \$104,735.88 |
| SUNNYSIDE NURSING HOME | 202711 | 202711 | 137 | \$268.89 | \$36,837.56 |
| Westminster Asbury Towers | 203815 | 203815 | 2,004 | \$210.64 | \$422,114.55 |
| Report Produced: 7/29/2014 10:26:04AM | М | | P | age 66 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: 087527900-00

Tidewell Hospice & Palliative Care-Sarasota County

| | Nursing Home M | edicaid Number | Total Nursing Home | g Nursing Home | |
|--|----------------|----------------|--------------------------|---------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Westminster Asbury Manor | 209422 | 209422 | 973 | \$218.79 | \$212,887.34 |
| Village on the Isle | 210463 | 210463 | 160 | \$265.63 | \$42,500.11 |
| Harborchase of Venice | 213322 | 213322 | 775 | \$226.80 | \$175,771.79 |
| Life Care Center of Sarasota | 223786 | 223786 | 460 | \$238.88 | \$109,886.46 |
| MK of North Port LLC | 225053 | 225053 | 3,039 | \$243.90 | \$741,202.39 |
| Greenbriar Rehab & Nursing Center | 227625 | 227625 | 877 | \$245.40 | \$215,216.41 |
| Inn at Sarasota Bay Club | 228621 | 228621 | 265 | \$283.56 | \$75,144.67 |
| Pinebrook Care & Rehabiliation Center | 252662 | 252662 | 1,082 | \$226.61 | \$245,188.55 |
| Springwood Care & Rehabiliation Center | 253014 | 253014 | 2,677 | \$210.61 | \$563,809.92 |
| Surrey Place Convalescent Center of Bradenton | 256277 | 256277 | 1,083 | \$259.09 | \$280,590.04 |
| Riverfront Nursing and Rehab Center | 259942 | 259942 | 611 | \$236.77 | \$144,665.98 |
| Sarasota Memorial Nursing & Rehab Facility | 260355 | 260355 | 522 | \$228.30 | \$119,170.93 |
| Riviera Palms Rehabilitation Center | 263451 | 263451 | 756 | \$218.06 | \$164,856.01 |
| Casa Mora Rehabilitation and Extended Care | 263885 | 263885 | 1,860 | \$230.97 | \$429,605.14 |
| Sarasota Health and Rehabilitation Center | 263982 | 263982 | 548 | \$211.57 | \$115,938.39 |
| The Springs at Lake Pointe Woods | 268780 | 268780 | 1,450 | \$238.70 | \$346,117.47 |
| Douglas Jacobson State Veterans Nursing Hom Report Produced: 7/29/2014 10:26:04AM | 269492 | 269492 | 2,752 P | \$233.93 age 67 of 107 | \$643,768.50 |



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: 087527900-00

Tidewell Hospice & Palliative Care-Sarasota County

| | · Nursing Home N | Aedicaid Number | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Life Care Center of Punta Gorda | 311685 | 311685 | 1,650 | \$250.13 | \$412,721.43 |
| Desoto Health & Rehab | 316229 | 316229 | 366 | \$240.92 | \$88,176.72 |
| The Nursing Center at Freedom Village | 317195 | 317195 | 1,029 | \$209.26 | \$215,331.31 |
| Port Charlotte Rehabilitation Center | 319325 | 319325 | 839 | \$247.41 | \$207,576.74 |
| Harbour Health Center | 319333 | 319333 | 2,891 | \$230.11 | \$665,238.17 |
| Consulate Health Care of Port Charlotte | 320129 | 080416 | 1,401 | \$206.96 | \$289,955.99 |
| Consulate Health Care of Sarasota | 320137 | 080413 | 775 | \$227.15 | \$176,038.62 |
| Tarpon Point Nursing and Rehabilitation Cente | 323781 | 323781 | 3,235 | \$253.74 | \$820,849.21 |
| Heritage Park Care and Rehabilitation Center | 324345 | 324345 | 185 | \$209.56 | \$38,769.10 |
| Signature Healthcare of Port Charlotte | 324477 | 324477 | 439 | \$216.99 | \$95,259.13 |
| ManorCare Health Services-Sarasota | 325465 | 325465 | 2,035 | \$217.18 | \$441,961.91 |
| Manor Care Health Services | 325473 | 325473 | 2,201 | \$222.72 | \$490,200.34 |
| Heartland Health Care Center-North Sarasota | 325490 | 325490 | 324 | \$222.91 | \$72,221.67 |

Report Produced: 7/29/2014 10:26:04AM 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 Medicaid Number | Total Nursing - Home | 07/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|------------------------------|----------------------------|--|
| Nursing Home Provider Name | As Reported Current | Days | |
| Total | | 59,722 | \$13,919,445.11 |

Average Nursing Home Rate (Weighted by days) =13,919,445.11/59,722=233.07 Room and Board Rate 07/01/2014: 233.07 x 95% = 221.42

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: 087528700-00

Hospice of the Treasure Coast-St Lucie County

| | · Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation | |
|--|--------------------------------|---------|----------------------------|------------------------------------|---|--|
| Nursing Home Provider Name | As Reported | Current | Days Rate | | Computation | |
| Brighton Gardens of Port St. Lucie | 210781 | 059404 | 1,000 | \$254.78 | \$254,776.90 | |
| Current Name:Gardens of Port St. Lucie LAUREL POINTE HEALTH AND REHABIL | 211516 | 211516 | 1,360 | \$198.47 | \$269,919.74 | |
| Life Care Center of Port St. Lucie | 217824 | 217824 | 1,583 | \$231.27 | \$366,108.32 | |
| Port St. Lucie Nursing & Restorative Care Centa | 226009 | 226009 | 3,345 | \$237.63 | \$794,882.06 | |
| Fort Pierce Health Care | 252239 | 043861 | 1,272 | \$242.11 | \$307,961.24 | |
| PG of Port St Lucie | 257249 | 098588 | 4,621 | \$230.60 | \$1,065,619.69 | |
| Current Name:Palm Garden of Port Saint Lucie Emerald Healthcare Center | 261637 | 261637 | 1,081 | \$232.84 | \$251,700.37 | |
| Tiffany Hall Nursing and Rehab | 263532 | 263532 | 1,616 | \$215.27 | \$347,881.65 | |
| Abbiejean Russell Care Center | 268755 | 268755 | 1,401 | \$240.90 | \$337,500.34 | |
| Total | | | 17,27 | 9 | \$3,996,350.31 | |

Average Nursing Home Rate (Weighted by days) =3,996,350.31/17,279=231.28 Room and Board Rate 07/01/2014: 231.28 x 95% = 219.72

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

| | · Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|--------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Signature HealthCARE of Palm Beach | 001136 | 001136 | 20 | \$231.47 | \$4,629.33 |
| Boynton Health Care Center | 005814 | 005814 | 601 | \$252.37 | \$151,672.74 |
| Heartland of Boca Raton FL, LLC | 011997 | 011997 | 164 | \$224.51 | \$36,818.97 |
| Margate Health Care Center | 017222 | 017222 | 433 | \$236.13 | \$102,243.25 |
| Golfcrest Healthcare Center | 019287 | 019287 | 64 | \$204.28 | \$13,074.22 |
| West Broward Rehabilitation and Healthcare | 026536 | 026536 | 303 | \$252.64 | \$76,550.71 |
| Health Center of Coconut Creek | 030537 | 030537 | 75 | \$251.14 | \$18,835.45 |
| Coral Bay Healthcare and Rehabilitation | 043851 | 043851 | 15 | \$230.94 | \$3,464.17 |
| Harbor Beach Nursing and Rehabilitation Cent | 043873 | 043873 | 40 | \$248.85 | \$9,953.85 |
| Renaissance Health and Rehabilitation | 047787 | 047787 | 289 | \$238.60 | \$68,954.85 |
| Wood Lake Nursing and Rehabilitation Center | 047788 | 047788 | 206 | \$234.27 | \$48,259.97 |
| Hillcrest Nursing and Rehabilitation Center | 047795 | 047795 | 2,458 | \$207.49 | \$509,998.39 |
| Whitehall Boca Raton | 071884 | 071884 | 100 | \$245.42 | \$24,542.34 |
| Avante at Lake Worth | 203238 | 203238 | 22 | \$257.71 | \$5,669.63 |
| John Knox Village Of Florida | 203769 | 203769 | 256 | \$223.97 | \$57,335.14 |
| Regents Park Of Boca Raton | 204170 | 204170 | 2,359 | \$259.19 | \$611,439.80 |
| American Finnish Nursing Home | 205460 | 205460 | 2 | \$256.49 | \$512.98 |
| Report Produced: 7/29/2014 10:26:04AM | | | 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 | edicaid Number | Total Nursing | _ | |
|---|----------------|----------------|------------------|---------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | Home Days | Rate | Computation |
| Health Center at Abbey Delray | 205745 | 205745 | 477 | \$260.25 | \$124,141.07 |
| Lourdes-Noreen McKeen Residence | 205923 | 205923 | 120 | \$268.02 | \$32,161.81 |
| Saint Andrews Estates North | 206521 | 206521 | 492 | \$243.39 | \$119,748.86 |
| Abbey Delray South | 206865 | 206865 | 227 | \$267.68 | \$60,762.86 |
| Joseph L. Morse Geriatric Center, Inc | 207381 | 207381 | 1,617 | \$240.71 | \$389,233.24 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 868 | \$253.40 | \$219,949.21 |
| Covenant Village Care Center | 210188 | 210188 | 139 | \$248.31 | \$34,514.56 |
| Avante at Boca Raton | 210676 | 210676 | 688 | \$248.26 | \$170,800.34 |
| Stratford Court at Boca Pointe | 211010 | 211010 | 161 | \$246.58 | \$39,699.65 |
| The Fountains Nursing Home | 212393 | 212393 | 2,029 | \$229.35 | \$465,350.73 |
| Tamarac Rehabilitation and Health Center | 213098 | 213098 | 197 | \$243.28 | \$47,926.38 |
| Plantation Nursing & Rehab Center | 226017 | 226017 | 305 | \$264.93 | \$80,803.16 |
| Broward Nursing and Rehab Center | 226335 | 226335 | 90 | \$229.97 | \$20,697.09 |
| Wilton Manors Health and Rehab | 227579 | 227579 | 527 | \$244.18 | \$128,680.97 |
| Menorah House | 229628 | 229628 | 231 | \$236.75 | \$54,688.30 |
| Alexander Nininger State Veterans' Nursing Ho | 229849 | 229849 | 1,271 | \$240.10 | \$305,161.64 |
| SeaView Nursing and Rehab. Center Report Produced: 7/29/2014 10:26:04AM | 252433 | 061107 | 687 P | \$234.46 age 72 of 107 | \$161,071.96 |



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 | | | 07/01/2014 Nursing Home | |
|---|------------------------------|---------|----------------|----------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Current Name:SeaView Nursing and Rehabilitation Ce Forum at Deer Creek | enter 253481 | 253481 | 152 | \$269.73 | \$40,998.92 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 293 | \$221.80 | \$64,987.20 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 41 | \$218.42 | \$8,955.03 |
| Life Care Center at Inverrary | 259080 | 259080 | 867 | \$238.98 | \$207,198.70 |
| Hamlin Place | 259586 | 259586 | 105 | \$260.54 | \$27,357.17 |
| Boynton Beach Rehabilitation Center | 263460 | 263460 | 833 | \$223.31 | \$186,018.65 |
| Medicana Nursing and Rehab | 263524 | 263524 | 29 | \$214.73 | \$6,227.30 |
| Boulevard Rehabilitation Center | 263613 | 263613 | 669 | \$210.83 | \$141,047.41 |
| Boca Raton Rehabilitation Center | 263842 | 263842 | 508 | \$214.40 | \$108,916.11 |
| Deerfield Beach Health and Rehabilitation Cen | 263851 | 263851 | 653 | \$214.34 | \$139,965.65 |
| Oasis Health and Rehabilitation Center | 266124 | 266124 | 241 | \$240.57 | \$57,978.00 |
| Regents Park of Sunrise | 269697 | 269697 | 334 | \$217.73 | \$72,721.05 |
| Hollywood Hills Rehabilitation Center, LLC | 313424 | 313424 | 493 | \$234.10 | \$115,412.29 |
| The Court at Palm-Aire | 318795 | 318795 | 504 | \$249.59 | \$125,794.97 |
| Terraces of Lake Worth Rehab and Health Cent | 325031 | 325031 | 76 | \$265.28 | \$20,161.30 |
| Heartlanf Health Care Center- Boynton Beach | 325309 | 325309 | 358 | \$195.51 | \$69,994.16 |
| Heartland of Tamarac Report Produced: 7/29/2014 10:26:04AM | 325350 | 325350 | 232 P | \$217.58 age 73 of 107 | \$50,478.26 |



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: 087529500-00

Hospice by the Sea-Palm Beach County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2014 Nursing Hor Rate | Weighted e Average Rate Computation | |
|---|------------------------------|---------|----------------------------|-----------------------------------|-------------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | | | |
| ManorCare Health Services (Boca Raton) | 325368 | 325368 | 2,399 | \$202.19 | \$485,043.02 | |
| ManorCare Health Services-Boynton Beach | 325376 | 325376 | 1,074 | \$219.65 | \$235,904.09 | |
| ManorCare Health Services-West Palm Beach | 325481 | 325481 | 128 | \$208.91 | \$26,740.60 | |
| Total | | | 27,52 | 2 | \$6,391,247.49 | |

Average Nursing Home Rate (Weighted by days) =6,391,247.49/27,522=232.22Room and Board Rate 07/01/2014: $232.22 \times 95\% = 220.61$

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: 7/29/2014 10:26:04AM 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

Provider Number: 087532500-00

| • Nursing Home Medicaid | | Medicaid Number | Total Nursing Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|-------------|-----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Cross Terrace Rehabilitation Center | 001300 | 028148 | 2,152 | \$231.59 | \$498,387.71 |
| Glen Oaks Health Care Center | 005849 | 005849 | 619 | \$249.05 | \$154,161.45 |
| Rehabilitation Center of St. Pete | 006408 | 072054 | 975 | \$251.58 | \$245,288.94 |
| Golfview Healthcare Center | 019085 | 019085 | 59 | \$225.52 | \$13,305.54 |
| Bon Secours Maria Manor | 200107 | 200107 | 6,579 | \$234.53 | \$1,543,001.77 |
| COMPREHENSIVE HEALTHCARE OF CL | 200956 | 200956 | 1,629 | \$241.54 | \$393,475.01 |
| Westchester Gardens Rehabilitation & Care C | 202011 | 202011 | 1,008 | \$240.55 | \$242,475.71 |
| Oak Bluffs Health Center | 203823 | 203823 | 1,480 | \$203.44 | \$301,091.20 |
| Mease Continuing Care | 204072 | 204072 | 2,432 | \$223.72 | \$544,098.47 |
| Morton Plant Rehabilitation Center | 206431 | 206431 | 405 | \$238.15 | \$96,448.92 |
| BERNARD L. SAMSON NURSING CENTER | 208442 | 208442 | 3,346 | \$246.16 | \$823,642.64 |
| Stratford Court at Palm Harbor | 210943 | 059400 | 2,660 | \$252.28 | \$671,056.80 |
| Current Name:Stratford Court of Palm Harbor Sabal Palms Health Care Center | 210951 | 210951 | 2,902 | \$201.49 | \$584,735.02 |
| Suncoast Manor | 212709 | 212709 | 1,894 | \$195.83 | \$370,900.69 |
| Tarpon Bayou Center | 212849 | 080079 | 1,499 | \$215.50 | \$323,037.36 |
| Egret Cove Center | 212890 | 212890 | 1,833 | \$217.40 | \$398,500.06 |
| Clearwater Center | 212911 | 212911 | 4 | \$211.04 | \$844.18 |
| Report Produced: 7/29/2014 10:26:04AM | | | 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

| - Trospice of the Fiorial Salicoust Fineitas Co. | Nursing Home N | Iedicaid Number | Total Nursing | 07/01/2014 Nursing Home | |
|--|----------------|-----------------|------------------|----------------------------|----------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Boca Ciega Center | 213004 | 213004 | 1,055 | \$215.10 | \$226,931.02 |
| South Heritage Health and Rehabiliation Center | 226360 | 226360 | 2 | \$245.14 | \$490.29 |
| Alpine Health and Rehabilitation Center | 227251 | 227251 | 203 | \$236.81 | \$48,071.82 |
| Apollo Health & Rehab Center | 227633 | 227633 | 1,383 | \$230.23 | \$318,405.47 |
| North Rehabilitation Center | 227641 | 227641 | 593 | \$233.91 | \$138,707.98 |
| Lexington Health & Rehabilitation Center | 227650 | 032553 | 1,785 | \$225.47 | \$402,455.92 |
| Sylvan Health Center | 229164 | 229164 | 977 | \$227.61 | \$222,379.26 |
| Concordia Manor | 251666 | 251666 | 320 | \$216.95 | \$69,424.77 |
| Countryside Healthcare Center | 252115 | 043872 | 873 | \$213.66 | \$186,525.36 |
| Current Name:Countryside Rehab and Healthcare Cer Largo Health Care Center | 252336 | 043876 | 2,728 | \$224.86 | \$613,409.88 |
| Current Name:Largo Rehab & Spa Edinborough Healthcare Center | 252484 | 061140 | 5,370 | \$229.11 | \$1,230,329.80 |
| Current Name:Lakeside Oaks Care Center Sunset Point Care & Rehabiliation Center | 253430 | 253430 | 3,786 | \$199.22 | \$754,246.52 |
| Bay Tree Care & Rehabiliation Center | 253448 | 253448 | 1,831 | \$208.27 | \$381,350.62 |
| West Bay Care & Rehabiliation Center | 253464 | 253464 | 1,706 | \$211.40 | \$360,656.07 |
| Wrights Healthcare & Rehabilitation Center | 254762 | 254762 | 788 | \$217.16 | \$171,122.64 |
| PG of Clearwater | 257460 | 098580 | 3,385 | \$244.59 | \$827,924.28 |
| Current Name:Palm Garden of Clearwater PG of Largo Report Produced: 7/29/2014 10:26:04AM | 257478 | 098583 | 2,323 P | \$238.61 age 76 of 107 | \$554,300.57 |



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

| rospice of the Fiorial Sameoust Finemas County | | | Total | 07/01/2014 | Weighted |
|--|----------------|----------------|-------------------|---------------------------|-----------------------------|
| | Nursing Home M | edicaid Number | Nursing - Home | Nursing Home Rate | Average Rate Computation |
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Current Name:Palm Garden of Largo PG of Pinellas | 257508 | 098587 | 3,182 | \$235.97 | \$750,869.90 |
| Current Name:Palm Garden of Pinellas Oak Manor Healthcare and Rehabilitation Cent | 258342 | 258342 | 2,972 | \$207.31 | \$616,131.84 |
| Tierra Pines Center, LLC | 260568 | 260568 | 1,431 | \$222.32 | \$318,144.36 |
| Alhambra Health & Rehab Center | 261254 | 261254 | 647 | \$234.77 | \$151,897.94 |
| Pinellas Point Nursing and Rehab | 263486 | 263486 | 1,666 | \$239.09 | \$398,330.77 |
| Bay Pointe Nursing Pavilion | 263834 | 263834 | 145 | \$224.52 | \$32,555.24 |
| Highland Pines Rehabilitation Center | 263907 | 263907 | 815 | \$205.14 | \$167,190.41 |
| The Abbey Rehabilitation and Nursing Center | 263958 | 263958 | 1,402 | \$222.32 | \$311,686.06 |
| Crystal Oaks of Pinellas | 264351 | 014169 | 1,843 | \$238.33 | \$439,233.17 |
| Current Name:Gulf Shore Rehab & Nursing Belleair Health Care Center | 264521 | 264521 | 2,645 | \$224.98 | \$595,081.90 |
| East Bay Rehabilitation Center | 264539 | 264539 | 1,922 | \$228.80 | \$439,750.32 |
| The Springs At Boca Ciega Bay | 267724 | 267724 | 103 | \$229.65 | \$23,654.18 |
| Jacaranda Manor | 281743 | 281743 | 1,008 | \$180.36 | \$181,804.50 |
| Palm Terrace of St. Petersburg | 282537 | 282537 | 964 | \$247.01 | \$238,117.06 |
| The Allegro at College Harbor | 309800 | 309800 | 250 | \$258.69 | \$64,672.52 |
| St. Mark Village, Inc. | 310841 | 310841 | 1,579 | \$226.60 | \$357,809.14 |
| Eagle Lake Rehab & Care Center Report Produced: 7/29/2014 10:26:04AM | 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 M | edicaid Number | Total Nursing Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------|----------------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| | | | | | |
| Carrington Place of St. Pete | 315524 | 101959 | 899 | \$210.30 | \$189,062.84 |
| Laurellwood Nursing Center, Inc. | 316628 | 316628 | 246 | \$186.46 | \$45,868.35 |
| HarbourWood Nursing Center, Inc. | 316636 | 316636 | 3,852 | \$225.52 | \$868,704.17 |
| GraceWood Nursing Center, Inc. | 316644 | 316644 | 553 | \$187.18 | \$103,508.99 |
| BayWood Nursing Center, Inc | 316652 | 316652 | 174 | \$192.36 | \$33,471.18 |
| Consulate Health Care of Safety Harbor | 319694 | 080406 | 2,772 | \$198.40 | \$549,956.20 |
| Consulate Health Care of St. Petersburg | 319708 | 080409 | 1,148 | \$208.51 | \$239,368.79 |
| Health & Rehab. Centre at Dolphins View | 320528 | 043863 | 513 | \$245.30 | \$125,837.36 |
| Current Name: The Health and Rehabilitation Centre a Advanced Rehabilitation & Health Center | t Dolphins V 324094 | 324094 | 2,367 | \$246.20 | \$582,755.18 |
| Bayside Rehabilitation & Health Center | 324108 | 324108 | 1,056 | \$268.53 | \$283,565.26 |
| Shore Acres Rehabilitation & Health Center | 324132 | 324132 | 693 | \$245.07 | \$169,835.18 |
| Seminole Pavilion Rehabilitation & Nursing Se | 324230 | 324230 | 2,139 | \$218.60 | \$467,589.26 |
| Freedom Square Rehabilitation & Nursing Serv | 324248 | 324248 | 4,591 | \$216.74 | \$995,064.36 |
| Pinellas Park Care and Rehabilitation Center | 324469 | 324469 | 1,668 | \$205.36 | \$342,542.82 |
| Peninsula Care and Rehabilitation Center | 324507 | 324507 | 1,749 | \$209.62 | \$366,629.05 |
| Manor-Care Health Services-Dunedin | 325686 | 325686 | 1,212 | \$199.06 | \$241,254.78 |
| ManorCare Health Services-Palm Harbor Report Produced: 7/29/2014 10:26:04AM | 325694 | 325694 | 2,836 P | \$199.89 age 78 of 107 | \$566,886.05 |



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 M | Iedicaid Number | Nursing - Home | 07/01/2014 Nursing Home . Rate | Average Rate Computation | |
|----------------------------|------------------|-----------------|----------------|--------------------------------------|-----------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | | • | |
| | | | | | | |
| Total | | | 112,148 | \$2. | 5,079,826.03 | |

Average Nursing Home Rate (Weighted by days) =25,079,826.03/112,148=223.63 Room and Board Rate 07/01/2014: 223.63 x 95% = 212.45

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: 7/29/2014 10:26:04AM 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

Provider Number: 087535000-00

Hope Hospice & Palliative Care-Lee County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Lake Placid Health Care Center | 006339 | 006339 | 45 | \$214.36 | \$9,646.02 |
| Oakbrook of LaBelle | 006767 | 006767 | 3,596 | \$237.81 | \$855,165.85 |
| Grace Healthcare of Lake Wales | 034504 | 034504 | 52 | \$202.37 | \$10,523.22 |
| Coral Trace Health Care | 043848 | 043848 | 3,225 | \$220.31 | \$710,512.34 |
| The Crossroads | 045471 | 045471 | 71 | \$249.76 | \$17,733.19 |
| Calusa Harbour | 059369 | 059369 | 1,489 | \$247.35 | \$368,298.50 |
| Evans Health Care | 059873 | 059873 | 8,165 | \$225.83 | \$1,843,866.08 |
| Heritage Park Rehabilitation and Healthcare | 061095 | 061095 | 3,652 | \$228.99 | \$836,274.40 |
| Gulf Coast Village Care Center | 201120 | 201120 | 3,869 | \$240.07 | \$928,831.98 |
| The Rohr Home | 202533 | 202533 | 59 | \$262.30 | \$15,475.68 |
| AUBURNDALE OAKS HEALTHCARE CEN | 207527 | 207527 | 97 | \$208.29 | \$20,204.38 |
| HealthPark Care Center | 210587 | 210587 | 3,563 | \$248.69 | \$886,069.65 |
| Hardee Manor Healthcare Center | 211435 | 211435 | 166 | \$199.18 | \$33,064.26 |
| Lakeland Hills Center | 212865 | 080068 | 143 | \$190.21 | \$27,200.42 |
| Florida Presbyterian Homes, Inc. | 212971 | 212971 | 51 | \$213.26 | \$10,876.16 |
| Page Rehabilitation and Healthcare Center | 213900 | 213900 | 6,141 | \$250.00 | \$1,535,277.64 |
| MK of Haines City LLC | 224341 | 224341 | 51 | \$226.43 | \$11,547.89 |
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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 | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Shell Point Pavilion | 229202 | 229202 | 3,816 | \$221.00 | \$843,337.51 |
| Palms of Sebring | 252671 | 252671 | 39 | \$207.12 | \$8,077.82 |
| Rehabilitation and Healthcare Center of Cape C | 263869 | 263869 | 2,056 | \$216.32 | \$444,757.01 |
| The Oaks at Avon Park | 263966 | 263966 | 104 | \$208.00 | \$21,631.95 |
| Winkler Court | 264008 | 264008 | 1,972 | \$213.72 | \$421,464.12 |
| Life Care Center of Estero | 265381 | 265381 | 2,454 | \$235.66 | \$578,313.32 |
| Valencia Hills Health and Rehabilitation Center | 265560 | 265560 | 704 | \$191.46 | \$134,790.86 |
| Palm Terrace of Clewiston | 282618 | 282618 | 3,010 | \$234.53 | \$705,943.10 |
| Citrus Gardens of Fort Myers | 318787 | 318787 | 2,332 | \$201.98 | \$471,018.52 |
| Consulate Health Care of North Ft. Myers | 320111 | 080400 | 1,901 | \$192.48 | \$365,899.71 |
| Lehigh Acres Health & Rehabilitation Center | 320978 | 320978 | 5,430 | \$257.05 | \$1,395,792.37 |
| Royal Care of Avon Park | 324213 | 324213 | 40 | \$207.00 | \$8,279.90 |
| Signature HealthCARE of College Park | 324370 | 324370 | 1,204 | \$219.90 | \$264,761.04 |
| Kenilworth Care and Rehabilitation Center | 324493 | 324493 | 450 | \$203.42 | \$91,538.64 |
| Heartland Health Care Center-Ft. Myers | 325325 | 325325 | 3,287 | \$213.36 | \$701,326.46 |
| ManorCare Health Services | 325384 | 325384 | 3,151 | \$223.29 | \$703,597.83 |

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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 | 07/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|------------------------------|--------------------------|--|
| Nursing Home Provider Name | As Reported Current | Days | |
| Total | | 66,385 | \$15,281,097.86 |

Average Nursing Home Rate (Weighted by days) =15,281,097.86/66,385=230.19 Room and Board Rate 07/01/2014: 230.19 x 95% = 218.68

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 N | Aedicaid Number | Total Nursing | g Nursing Home | |
|--|----------------|-----------------|------------------|----------------|----------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Rate | Computation |
| Palatka Health Care Center | 005811 | 005811 | 1,126 | \$230.69 | \$259,755.14 |
| The Health Center of Lake City | 030527 | 030527 | 468 | \$231.52 | \$108,352.15 |
| Health Center at Brentwood | 043874 | 043874 | 6,113 | \$208.42 | \$1,274,101.39 |
| North Florida Rehabilitation and Specialty Car | 043880 | 043880 | 1,418 | \$215.75 | \$305,929.39 |
| Avante at Inverness | 203220 | 203220 | 3,411 | \$241.88 | \$825,050.98 |
| Tri-County Nursing Home | 204625 | 204625 | 966 | \$207.70 | \$200,636.27 |
| Life Care Center of Citrus County | 211532 | 211532 | 2,225 | \$221.39 | \$492,595.19 |
| Crystal River Health & Rehabilitation Center | 217263 | 217263 | 3,972 | \$213.56 | \$848,245.22 |
| Park Meadows Health & Rehab Center | 227765 | 227765 | 140 | \$237.46 | \$33,244.27 |
| Woodland Terrace of Citrus County | 228711 | 228711 | 5,934 | \$180.83 | \$1,073,020.33 |
| Cypress Cove Care Center | 228940 | 228940 | 2,263 | \$198.53 | \$449,273.18 |
| Gainesville Health Care Center | 229288 | 229288 | 4,892 | \$225.42 | \$1,102,750.75 |
| Bradford Terrace, LLC | 251739 | 251739 | 1,161 | \$176.88 | \$205,354.55 |
| Woodlands Care Center of Alachua County | 255572 | 255572 | 730 | \$177.27 | \$129,404.18 |
| Diamond Ridge Health & Rehabilitation Center | 256269 | 256269 | 1,759 | \$229.84 | \$404,283.45 |
| Avalon Health Care Center | 261629 | 261629 | 1,100 | \$217.60 | \$239,360.54 |
| Arbor Trail Nursing and Rehab | 263478 | 263478 | 6,598 | \$204.38 | \$1,348,486.08 |
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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 | 07/01/201 Nursing Ho Rate | 4 Weighted me Average Rate Computation |
|---|----------------|-----------------|----------------------------|---------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | | - Companion |
| Baya Pointe Nursing and Rehabilitation Center | 308111 | 092681 | 270 | \$222.15 | \$59,980.69 |
| LakeWood Nursing Center | 312142 | 312142 | 852 | \$214.86 | \$183,058.85 |
| Cross City Rehabilitation and Health Center | 312151 | 312151 | 359 | \$196.49 | \$70,540.99 |
| CrestWood Nursing Center | 312274 | 312274 | 721 | \$200.00 | \$144,201.16 |
| Parklands Rehabilitation and Nursing Center | 317578 | 317578 | 639 | \$245.32 | \$156,757.05 |
| Williston Rehabilitation and Nursing Center | 317586 | 317586 | 1,475 | \$237.39 | \$350,154.53 |
| Total | | | 48,59 | 2 | \$10,264,536.33 |

Average Nursing Home Rate (Weighted by days) =10,264,536.33/48,592=211.24 Room and Board Rate 07/01/2014: 211.24 x 95% = 200.68

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: 087537600-00 Avow Hospice-Collier County

| | Nursing Home Medicaid Number | | Total Nursing Home | 07/01/2014 Nursing Hom Rate | Weighted te Average Rate Computation |
|---|------------------------------|---------|--------------------------|-----------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | Days | | 0 0p.u |
| Imperial Health Care Center | 030530 | 030530 | 372 | \$244.30 | \$90,879.37 |
| The Aristocrat | 030552 | 030552 | 496 | \$265.93 | \$131,900.84 |
| Heritage Healthcare and Rehab. Center | 252280 | 043838 | 467 | \$249.75 | \$116,632.08 |
| Current Name:Heritage Healthcare and Rehabilitation Lakeside Pavillion Care & Rehabiliation Center | 256846 | 256846 | 893 | \$214.10 | \$191,195.33 |
| HarborChase of Naples | 268585 | 268585 | 250 | \$239.43 | \$59,858.17 |
| Manor Care @ Lely Palms | 325422 | 325422 | 532 | \$238.04 | \$126,635.90 |
| Manor Care Nursing and Rehabilitation Center | 325449 | 325449 | 1,233 | \$218.83 | \$269,811.84 |
| Total | | | 4,243 | 3 | \$986,913.53 |

Average Nursing Home Rate (Weighted by days) =986,913.53/4,243=232.60 Room and Board Rate 07/01/2014: 232.60 x 95% = 220.97

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: 087569400-00 Catholic Hospice-Dade County

| | · Nursing Home Medicaid Number | | Total Nursing | g Nursing Home | Weighted Average Rate Computation |
|--|--------------------------------|---------|------------------|----------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Kate | Computation |
| Homestead Manor A Palace Community | 046017 | 046017 | 942 | \$243.08 | \$228,984.57 |
| Victoria Nursing and Rehabilitation Center, In | 046128 | 046128 | 177 | \$245.44 | \$43,442.24 |
| Riverside Care Center | 046758 | 046758 | 2,796 | \$259.96 | \$726,836.45 |
| New Riviera Nursing and Rehabilitation Center | 048807 | 048807 | 105 | \$259.47 | \$27,243.93 |
| South Dade Nursing and Rehabilitation Center | 054789 | 054789 | 59 | \$209.46 | \$12,358.15 |
| Golden Glades Nursing and Rehabilitation Cen | 054790 | 054790 | 3 | \$239.40 | \$718.21 |
| Miami Jewish Health Systems | 200506 | 200506 | 183 | \$241.55 | \$44,203.98 |
| Villa Maria Nursing & Rehabilitation | 203165 | 203165 | 3,139 | \$264.21 | \$829,346.73 |
| The Palace at Kendall Nursing and Rehab Cent | 203327 | 203327 | 368 | \$240.62 | \$88,548.20 |
| St John's Nursing Home | 205800 | 205800 | 3,682 | \$257.76 | \$949,081.57 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 512 | \$253.40 | \$129,739.63 |
| St Anne's Nursing Center | 209473 | 209473 | 11,477 | \$248.42 | \$2,851,166.76 |
| Regents Park at Aventura | 223239 | 223239 | 853 | \$237.29 | \$202,412.63 |
| Broward Nursing and Rehab Center | 226335 | 226335 | 4 | \$229.97 | \$919.87 |
| Fair Havens Center | 227226 | 227226 | 581 | \$163.65 | \$95,079.55 |
| Wilton Manors Health and Rehab | 227579 | 227579 | 318 | \$244.18 | \$77,648.10 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 520 | \$221.80 | \$115,335.64 |
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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 | sing Home Medicaid Number | | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|----------------|---------------------------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Tutt | Computation |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 403 | \$218.42 | \$88,021.37 |
| PG of North Miami | 257494 | 098577 | 225 | \$240.23 | \$54,052.06 |
| Current Name:Palm Garden of Aventura Life Care Center at Inverrary | 259080 | 259080 | 617 | \$238.98 | \$147,452.82 |
| Sinai Plaza Nursing and Rehab | 260771 | 260771 | 78 | \$266.45 | \$20,783.25 |
| Deerfield Beach Health and Rehabilitation Cen | 263851 | 263851 | 365 | \$214.34 | \$78,235.01 |
| Hialeah Nursing and Rehabilitation Center | 265730 | 265730 | 167 | \$204.51 | \$34,153.95 |
| Harmony Health Center | 269107 | 269107 | 87 | \$202.06 | \$17,578.90 |
| Ponce Plaza Nursing & Rehab Center | 308251 | 308251 | 733 | \$253.91 | \$186,113.83 |
| South Pointe Plaza | 311308 | 311308 | 359 | \$201.86 | \$72,466.49 |
| Franco Nursing and Rehab | 319554 | 080436 | 4 | \$214.76 | \$859.05 |
| Current Name:Franco Nursing and Rehabilitation Center Palmetto Rehabilitation and Health Center | er 324167 | 324167 | 8 | \$265.89 | \$2,127.11 |
| Signature Healthcare of Brookwood Gardens | 324418 | 324418 | 368 | \$220.51 | \$81,147.50 |
| Heartland Health Care Center-Kendall | 325244 | 325244 | 21 | \$212.58 | \$4,464.22 |

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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 | Nursing Home Average Rate Rate Computation |
|----------------------------|------------------------------|----------------------------|--|
| Nursing Home Provider Name | As Reported Current | Days | |
| Total | | 29,154 | \$7,210,521.75 |

Average Nursing Home Rate (Weighted by days) =7,210,521.75/29,154=247.33 Room and Board Rate 07/01/2014: 247.33 x 95% = 234.96

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: 087570800-00

Gulfside Regional Hospice-Pasco County

| , | Nursing Home Medicaid Number | | Total Nursing Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Kate | Computation |
| Trinity Regional Rehab Center | 003521 | 003521 | 590 | \$210.61 | \$124,259.90 |
| Heritage Park | 005850 | 005850 | 265 | \$221.05 | \$58,577.64 |
| Southern Pines Healthcare Center | 019282 | 019282 | 1,314 | \$195.48 | \$256,856.38 |
| Bayonet Point Health & Rehabilitation Center | 030546 | 030546 | 1,939 | \$233.48 | \$452,726.44 |
| Bear Creek Nursing Center | 228567 | 228567 | 513 | \$195.29 | \$100,186.29 |
| Royal Oak Nursing Center | 228575 | 228575 | 47 | \$202.36 | \$9,510.92 |
| Heather Hill Nursing Home | 228591 | 228591 | 1,036 | \$202.31 | \$209,595.96 |
| Orchard Ridge Care & Rehabiliation Center | 252689 | 252689 | 205 | \$207.98 | \$42,635.59 |
| Life Care Center of New Port Richey | 259357 | 259357 | 189 | \$217.37 | \$41,082.00 |
| Windsor Woods Rehabilitation and Healthcare (| 263991 | 263991 | 189 | \$204.77 | \$38,701.30 |
| Consulate Health Care of Bayonet Point | 319651 | 080374 | 11 | \$193.91 | \$2,132.97 |
| Consulate Health Care Of New Port Richey | 319970 | 080397 | 1,489 | \$189.22 | \$281,746.36 |
| Zephyr Haven Health & Rehab Center, Inc. | 320391 | 320391 | 839 | \$209.96 | \$176,157.37 |
| Zephyrhills Health & Rehab Center, Inc. | 320404 | 320404 | 140 | \$207.80 | \$29,092.64 |
| Madison Pointe Rehabilitation & Health Center | 324124 | 324124 | 2,181 | \$241.78 | \$527,326.77 |
| Heartland of Zephyrhills | 325708 | 325708 | 1,117 | \$210.62 | \$235,265.33 |

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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: 087570800-00

Gulfside Regional Hospice-Pasco County

| | Nursing Home Medicaid Number | Total Nursing - Home | 07/01/2014 Weighted Nursing Home Average Rate Rate Computation |
|----------------------------|------------------------------|----------------------------|--|
| Nursing Home Provider Name | As Reported Current | Days | |
| Total | | 12,064 | \$2,585,853.86 |

Average Nursing Home Rate (Weighted by days) =2,585,853.86/12,064=214.34 Room and Board Rate 07/01/2014: $214.34 \times 95\% = 203.63$

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: 150000700-00

Hospice of Gold Coast-Broward County

| | Nursing Home N | Nursing Home Medicaid Number | | 07/01/2014 Nursing Hon Rate | Weighted ne Average Rate Computation |
|---|----------------|------------------------------|----------------|-----------------------------------|--------------------------------------|
| Nursing Home Provider Name | As Reported | Current | . Home Days | | |
| Broward Nursing and Rehab Center | 226335 | 226335 | 37 | \$229.97 | \$8,508.80 |
| SeaView Nursing and Rehab. Center | 252433 | 061107 | 36 | \$234.46 | \$8,440.45 |
| Current Name:SeaView Nursing and Rehabilitation | on Center | | | | |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 859 | \$218.42 | \$187,618.74 |
| Total | | | 93 | 2 | \$204,568.00 |

Average Nursing Home Rate (Weighted by days) =204,568.00/932=219.49Room and Board Rate 07/01/2014: $219.49 \times 95\% = 208.52$

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: 150001500-00

Hospice Care of South Fl.-Dade County

| | · Nursing Home N | Nursing Home Medicaid Number | | 07/01/2014 Nursing Hom Rate | Weighted ne Average Rate Computation |
|--|------------------|------------------------------|----------------|-----------------------------------|--|
| Nursing Home Provider Name | As Reported | Current | . Home Days | | |
| Victoria Nursing and Rehabilitation Center, In | 046128 | 046128 | 6 | \$245.44 | \$1,472.62 |
| New Riviera Nursing and Rehabilitation Center | 048807 | 048807 | 80 | \$259.47 | \$20,757.28 |
| HIALEAH SHORES NURSING AND REHA | 250988 | 250988 | 755 | \$252.81 | \$190,874.20 |
| Total | | | 84 | 1 | \$213,104.10 |

Average Nursing Home Rate (Weighted by days) =213,104.10/841=253.39 Room and Board Rate 07/01/2014: $253.39 \times 95\% = 240.72$

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: 150003100-00

Florida Hospital Hospice Care-Volusia County

| | · Nursing Home Medicaid Nun | | Total Nursing Home | 07/01/2014 Nursing Home | |
|--|-----------------------------|---------|--------------------------|----------------------------|--------------|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Flagler Pines | 005374 | 005374 | 224 | \$219.83 | \$49,242.41 |
| Manor on the Green | 005543 | 005543 | 87 | \$226.41 | \$19,697.93 |
| Lake Bennett Health and Rehablitation | 017301 | 017301 | 87 | \$223.52 | \$19,446.02 |
| Coastal Health and Rehabilitation Center | 021261 | 021261 | 179 | \$203.55 | \$36,435.56 |
| Carlton Shores Health and Rehab Center | 022138 | 022138 | 40 | \$246.24 | \$9,849.64 |
| Guardian Care Nursing & Rehabilitation Center | 201651 | 201651 | 25 | \$248.17 | \$6,204.23 |
| Bishop's Glen Health Care Center | 209511 | 209511 | 132 | \$244.41 | \$32,262.21 |
| Emory L. Bennett State Veterans' Nursing Hom | 210889 | 210889 | 874 | \$236.15 | \$206,392.56 |
| Woodland Terrace | 212636 | 212636 | 15 | \$171.94 | \$2,579.04 |
| Daytona Beach Health and Rehabilitation Cent | 217743 | 217743 | 202 | \$224.58 | \$45,364.51 |
| Avante at Orlando | 223808 | 223808 | 405 | \$230.59 | \$93,387.66 |
| Avante at Ormond Beach | 252034 | 252034 | 165 | \$238.07 | \$39,281.91 |
| Grand Oaks Health and Rehab. Center | 252409 | 043864 | 527 | \$211.54 | \$111,479.21 |
| Current Name:Grand Oaks Health and Rehabilitation OAKTREE HEALTHCARE | Center 252476 | 043843 | 59 | \$227.67 | \$13,432.51 |
| Current Name:Oaktree Healthcare The Palms At Park Place | 253421 | 100487 | 7 | \$209.70 | \$1,467.88 |
| Current Name: The Terrace of Kissimmee Indigo Manor | 258750 | 258750 | 751 | \$237.48 | \$178,344.10 |
| Bridgeview Center, LLC | 260371 | 260371 | 358 | \$240.23 | \$86,001.59 |
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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 M | Nursing Home Medicaid Number | | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------|------------------------------|----------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | - Home Days | Kate | Computation |
| Coquina Center, LLC | 260649 | 260649 | 277 | \$235.81 | \$65,318.29 |
| Ridgecrest Nursing & Rehabilitation Center | 282464 | 282464 | 38 | \$224.10 | \$8,515.83 |
| The Terrace at Daytona Beach | 282553 | 282553 | 244 | \$175.00 | \$42,699.56 |
| Sunbelt Health & Rehab Center - Apopka, Inc. | 320412 | 320412 | 162 | \$216.12 | \$35,011.25 |
| East Orlando Health & Rehab Center, Inc. | 320421 | 320421 | 69 | \$243.94 | \$16,831.60 |
| Signature Healthcare of Ormond | 324442 | 324442 | 37 | \$214.96 | \$7,953.39 |
| Total | | | 4,96 | 4 | \$1,127,198.91 |

Average Nursing Home Rate (Weighted by days) =1,127,198.91/4,964=227.07 Room and Board Rate 07/01/2014: $227.07 \times 95\% = 215.72$

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: 150009100-00 Hospice of Emerald Coast-Bay County

| | Nursing Home I | Medicaid Number | Total Nursing | ursing Nursing Home | Weighted Average Rate Computation |
|---|----------------|-----------------|------------------|---------------------|---|
| Nursing Home Provider Name | As Reported | Current | Home Days | Rate | Computation |
| Nursing Pavilion at Chipola Retirement Center | 005383 | 005383 | 1,010 | \$220.86 | \$223,069.11 |
| Glencove Nursing Pavilion | 005384 | 005384 | 121 | \$226.58 | \$27,416.65 |
| Panama City Nursing Center | 005385 | 005385 | 267 | \$213.34 | \$56,962.55 |
| Bayside Manor | 017221 | 017221 | 409 | \$216.32 | \$88,475.94 |
| Rosewood Manor | 017223 | 017223 | 12 | \$214.55 | \$2,574.61 |
| Bay Breeze Nursing & Retirement Center | 017225 | 017225 | 197 | \$226.96 | \$44,711.36 |
| Silvercrest Manor | 017230 | 017230 | 650 | \$216.26 | \$140,566.79 |
| Specialty Center of Pensacola | 017236 | 017236 | 6 | \$226.42 | \$1,358.52 |
| Grand Boulevard Health & Rehab. Center | 017242 | 017242 | 1,303 | \$255.41 | \$332,800.53 |
| Blountstown Health and Rehabilitation Center | 022987 | 022987 | 220 | \$213.32 | \$46,930.86 |
| The Health Center of Pensacola, Inc. | 030487 | 030487 | 32 | \$228.54 | \$7,313.41 |
| Crestview Rehabilitation Center | 044886 | 044886 | 237 | \$238.09 | \$56,426.43 |
| Fort Walton Rehabilitation Center | 044888 | 044888 | 66 | \$239.74 | \$15,822.82 |
| River Valley Rehabilitation Center | 044889 | 044889 | 37 | \$238.52 | \$8,825.07 |
| Shoal Creek Rehabilitation Center | 059852 | 059852 | 22 | \$207.01 | \$4,554.18 |
| Sea Breeze Health Care | 059874 | 059874 | 1,906 | \$200.87 | \$382,850.79 |
| Emerald Shores Health and Rehabilitation | 060972 | 060972 | 476 | \$219.87 | \$104,656.55 |
| Report Produced: 7/29/2014 10:26:04AM | 1 | | p | lage 95 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: 150009100-00 Hospice of Emerald Coast-Bay County

| | · Nursing Home Medicaid Number | | Total Nursing Home | 07/01/2014 g Nursing Home Rate | Weighted Average Rate Computation |
|--|--------------------------------|---------|--------------------------|--------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Destin Healthcare and Rehabilitation Center | 061101 | 061101 | 1,025 | \$211.33 | \$216,612.74 |
| Marianna Health & Rehabilitation | 203475 | 203475 | 1,248 | \$226.86 | \$283,121.15 |
| Lisenby on Lake Caroline | 203980 | 203980 | 6 | \$171.27 | \$1,027.64 |
| Emerald Coast Center | 212903 | 212903 | 786 | \$195.63 | \$153,763.06 |
| Bay Center | 212989 | 212989 | 211 | \$202.49 | \$42,725.09 |
| Century Care Center. | 220604 | 220604 | 75 | \$222.16 | \$16,662.07 |
| Santa Rosa Health & Rehabilitation Center | 220612 | 220612 | 95 | \$214.94 | \$20,419.11 |
| Sandy Ridge Care Center | 220621 | 220621 | 4 | \$227.64 | \$910.55 |
| Pensacola Health Care Facility | 224243 | 224243 | 616 | \$228.85 | \$140,974.68 |
| UniHealth Post-Acute Care- Santa Rosa | 259331 | 259331 | 3 | \$195.32 | \$585.95 |
| Bonifay Nursing and Rehab | 263443 | 263443 | 345 | \$194.18 | \$66,993.65 |
| Clifford Chester Sims State Veterans' Nursing H | 264491 | 264491 | 27 | \$240.21 | \$6,485.65 |
| Westwood Health Care Center | 316075 | 316075 | 349 | \$229.23 | \$80,002.28 |
| Community Health and Rehab Center | 318779 | 098972 | 194 | \$233.55 | \$45,309.36 |
| Current Name: Community Health and Rehabilitation Consulate Health Care of Pensacola | Center 319686 | 080405 | 415 | \$197.93 | \$82,142.57 |
| St. Andrew's Bay Skilled Nursing and Rehabili | 323799 | 323799 | 971 | \$228.74 | \$222,107.70 |
| Washington Rehabilitation & Nursing Center Report Produced: 7/29/2014 10:26:04AM | 324353 | 324353 | 167 P | \$207.04 age 96 of 107 | \$34,576.48 |



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: 150009100-00 Hospice of Emerald Coast-Bay County

| | Nursing Home N | Nursing Home Medicaid Number | | 07/01/2014 Nursing Hor Rate | Weighted me Average Rate Computation |
|---|----------------|------------------------------|----------------|-----------------------------------|--------------------------------------|
| Nursing Home Provider Name | As Reported | Current | - Home Days | | |
| Signature Healthcare of North Florida | 324396 | 324396 | 12 | \$198.12 | \$2,377.39 |
| Signature Healthcare at the Courtyard | 324426 | 324426 | 362 | \$209.36 | \$75,786.83 |
| The Bridge at Bay St. Joe | 324485 | 324485 | 7 | \$196.34 | \$1,374.41 |
| Southern Oaks Rehabilitation and Nursing Cent | 324566 | 324566 | 460 | \$218.89 | \$100,687.74 |
| Total | | | 14,349 | 9 | \$3,139,962.29 |

Average Nursing Home Rate (Weighted by days) =3,139,962.29/14,349=218.83 Room and Board Rate 07/01/2014: 218.83 x 95% = 207.89

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: 7/29/2014 10:26:04AM 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 Medicaid Number | | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Nate | Computation |
| Signature HealthCARE of Palm Beach | 001136 | 001136 | 526 | \$231.47 | \$121,751.33 |
| Boynton Health Care Center | 005814 | 005814 | 843 | \$252.37 | \$212,745.63 |
| Royal Manor | 006489 | 006489 | 1,190 | \$236.58 | \$281,525.21 |
| Courtyard Gardens Rehabilitation Center | 010082 | 010082 | 4,437 | \$219.57 | \$974,220.55 |
| Heartland of Boca Raton FL, LLC | 011997 | 011997 | 22 | \$224.51 | \$4,939.13 |
| Margate Health Care Center | 017222 | 017222 | 5,083 | \$236.13 | \$1,200,236.56 |
| The Park Summit at Coral Springs | 018066 | 018066 | 1,008 | \$222.87 | \$224,656.39 |
| Golfcrest Healthcare Center | 019287 | 019287 | 1,735 | \$204.28 | \$354,433.95 |
| West Broward Rehabilitation and Healthcare | 026536 | 026536 | 4,152 | \$252.64 | \$1,048,972.05 |
| Cross Pointe Care Center | 028133 | 028133 | 27 | \$260.77 | \$7,040.78 |
| Health Center of Coconut Creek | 030537 | 030537 | 3,744 | \$251.14 | \$940,265.53 |
| Coral Bay Healthcare and Rehabilitation | 043851 | 043851 | 326 | \$230.94 | \$75,287.97 |
| Harbor Beach Nursing and Rehabilitation Cent | 043873 | 043873 | 751 | \$248.85 | \$186,883.50 |
| Renaissance Health and Rehabilitation | 047787 | 047787 | 1,138 | \$238.60 | \$271,524.64 |
| Wood Lake Nursing and Rehabilitation Center | 047788 | 047788 | 1,933 | \$234.27 | \$452,847.19 |
| Hillcrest Nursing and Rehabilitation Center | 047795 | 047795 | 3,100 | \$207.49 | \$643,203.83 |
| Glades Health Care Center | 203203 | 203203 | 3 | \$256.89 | \$770.67 |
| Report Produced: 7/29/2014 10:26:04AM | | | P | age 98 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 Mo | Total Nursing Home | 07/01/2014 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 | \$257.71 | \$294,305.51 |
| John Knox Village Of Florida | 203769 | 203769 | 159 | \$223.97 | \$35,610.50 |
| Regents Park Of Boca Raton | 204170 | 204170 | 521 | \$259.19 | \$135,040.33 |
| American Finnish Nursing Home | 205460 | 205460 | 380 | \$256.49 | \$97,466.05 |
| Health Center at Abbey Delray | 205745 | 205745 | 80 | \$260.25 | \$20,820.31 |
| Lourdes-Noreen McKeen Residence | 205923 | 205923 | 332 | \$268.02 | \$88,981.02 |
| Saint Andrews Estates North | 206521 | 206521 | 46 | \$243.39 | \$11,196.03 |
| Abbey Delray South | 206865 | 206865 | 1,739 | \$267.68 | \$465,491.69 |
| Joseph L. Morse Geriatric Center, Inc | 207381 | 207381 | 2,502 | \$240.71 | \$602,264.42 |
| Sunrise Health & Rehabilitation Center | 207497 | 207497 | 9,533 | \$253.40 | \$2,415,640.32 |
| Lakeside Health Center | 207683 | 207683 | 920 | \$234.42 | \$215,670.44 |
| Covenant Village Care Center | 210188 | 210188 | 1,446 | \$248.31 | \$359,050.76 |
| Avante at Boca Raton | 210676 | 210676 | 429 | \$248.26 | \$106,501.95 |
| Stratford Court at Boca Pointe | 211010 | 211010 | 1,721 | \$246.58 | \$424,367.10 |
| The Fountains Nursing Home | 212393 | 212393 | 1,197 | \$229.35 | \$274,531.70 |
| Tamarac Rehabilitation and Health Center | 213098 | 213098 | 2,062 | \$243.28 | \$501,645.62 |
| Springtree Rehab & Health Center, LLC Report Produced: 7/29/2014 10:26:04AM | 225631 | 225631 | 2,457 P | \$223.80 age 99 of 107 | \$549,865.77 |



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 I | Medicaid Number | Total Nursing - Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|-----------------|-----------------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Plantation Nursing & Rehab Center | 226017 | 226017 | 645 | \$264.93 | \$170,878.82 |
| Broward Nursing and Rehab Center | 226335 | 226335 | 2,178 | \$229.97 | \$500,869.64 |
| Wilton Manors Health and Rehab | 227579 | 227579 | 325 | \$244.18 | \$79,357.33 |
| Lake View Care Center at Delray | 229610 | 229610 | 1,227 | \$236.88 | \$290,657.53 |
| Menorah House | 229628 | 229628 | 991 | \$236.75 | \$234,615.18 |
| Alexander Nininger State Veterans' Nursing Ho | 229849 | 229849 | 1,386 | \$240.10 | \$332,772.64 |
| SeaView Nursing and Rehab. Center | 252433 | 061107 | 1,592 | \$234.46 | \$373,255.55 |
| Current Name:SeaView Nursing and Rehabilitation C Forum at Deer Creek | enter 253481 | 253481 | 2,091 | \$269.73 | \$564,004.81 |
| Manor Pines Convalescent Center, LLC | 254177 | 254177 | 1,044 | \$221.80 | \$231,558.47 |
| Manor Oaks Nursing & Rehab Center | 256935 | 256935 | 753 | \$218.42 | \$164,466.72 |
| PG of West Palm Beach | 257257 | 098592 | 4,160 | \$227.46 | \$946,232.36 |
| Current Name:Palm Garden of West Palm Beach Life Care Center at Inverrary | 259080 | 259080 | 32 | \$238.98 | \$7,647.47 |
| Boynton Beach Rehabilitation Center | 263460 | 263460 | 207 | \$223.31 | \$46,225.52 |
| Medicana Nursing and Rehab | 263524 | 263524 | 1,130 | \$214.73 | \$242,649.98 |
| Boulevard Rehabilitation Center | 263613 | 263613 | 642 | \$210.83 | \$135,354.92 |
| Boca Raton Rehabilitation Center | 263842 | 263842 | 351 | \$214.40 | \$75,255.03 |
| Deerfield Beach Health and Rehabilitation Cen Report Produced: 7/29/2014 10:26:04AM | 263851 | 263851 | 1,709 P | \$214.34 Page 100 of 107 | \$366,311.33 |



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 | 07/01/2014 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 | \$223.04 | \$67,580.64 |
| Pompano Health and Rehabilitation Center | 263923 | 263923 | 1,120 | \$217.32 | \$243,400.65 |
| Oasis Health and Rehabilitation Center | 266124 | 266124 | 1,405 | \$240.57 | \$338,004.50 |
| Regents Park of Sunrise | 269697 | 269697 | 2,376 | \$217.73 | \$517,321.03 |
| Savannah Cove of the Palm Beaches | 312312 | 312312 | 225 | \$224.73 | \$50,563.94 |
| Hollywood Hills Rehabilitation Center, LLC | 313424 | 313424 | 3,472 | \$234.10 | \$812,802.16 |
| Darcy Hall of Life Care | 317349 | 317349 | 1,872 | \$235.90 | \$441,604.42 |
| The Court at Palm-Aire | 318795 | 318795 | 2,054 | \$249.59 | \$512,664.43 |
| Consulate Health Care of West Palm Beach | 320153 | 080432 | 1,269 | \$212.47 | \$269,620.25 |
| Ft. Lauderdale Health & Rehab Center | 321303 | 321303 | 1,546 | \$236.38 | \$365,439.76 |
| The Palms Rehabilitation and Nursing Center | 321532 | 321532 | 2,093 | \$249.64 | \$522,494.63 |
| Heartlanf Health Care Center- Boynton Beach | 325309 | 325309 | 5,408 | \$195.51 | \$1,057,341.90 |
| Heartland Health Care Center- Lauderhill | 325333 | 325333 | 1,204 | \$196.45 | \$236,519.79 |
| Heartland Health Care Center-Prosperity Oaks | 325341 | 325341 | 69 | \$212.78 | \$14,681.54 |
| Heartland of Tamarac | 325350 | 325350 | 3,002 | \$217.58 | \$653,171.27 |
| ManorCare Health Services (Boca Raton) | 325368 | 325368 | 2,440 | \$202.19 | \$493,332.62 |
| ManorCare Health Services-Boynton Beach Report Produced: 7/29/2014 10:26:04AM | 325376 | 325376 | 130 P | \$219.65 age 101 of 107 | \$28,554.50 |



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: 150013900-00

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

| | Nursing Home N | Nursing Home Medicaid Number | | 07/01/201 Nursing Ho Rate | 4 Weighted ome Average Rate Computation |
|---|----------------|------------------------------|--------------|---------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Home Days | | |
| ManorCare Health Services (Plantation) | 325457 | 325457 | 1,355 | \$219.99 | \$298,084.97 |
| ManorCare Health Services-West Palm Beach | 325481 | 325481 | 180 | \$208.91 | \$37,603.96 |
| ManorCare Health Services (Delray Beach) | 325520 | 325520 | 537 | \$205.04 | \$110,104.39 |
| Total | | | 109,20 | 7 | \$25,432,759.09 |

Average Nursing Home Rate (Weighted by days) =25,432,759.09/109,207=232.89 Room and Board Rate 07/01/2014: 232.89 x 95% = 221.24

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: 150021000-00

Good Shepherd Hospice, Inc-Polk County

| | · Nursing Home Medicaid Number | | | 07/01/2014 Nursing Home | Weighted Average Rate Computation |
|---|--------------------------------|---------|----------------|----------------------------|---|
| Nursing Home Provider Name | As Reported | Current | . Home Days | Rate | Computation |
| Astoria Health and Rehabilitation Center | 023255 | 023255 | 1,647 | \$230.13 | \$379,022.96 |
| The Rohr Home | 202533 | 202533 | 2,175 | \$262.30 | \$570,501.88 |
| AUBURNDALE OAKS HEALTHCARE CEN | 207527 | 207527 | 2,063 | \$208.29 | \$429,707.64 |
| Hardee Manor Healthcare Center | 211435 | 211435 | 1,706 | \$199.18 | \$339,805.00 |
| Lakeland Hills Center | 212865 | 080068 | 922 | \$190.21 | \$175,376.12 |
| The Groves Center | 212881 | 080062 | 104 | \$193.35 | \$20,108.75 |
| Florida Presbyterian Homes, Inc. | 212971 | 212971 | 18 | \$213.26 | \$3,838.65 |
| Bartow Center | 212997 | 212997 | 310 | \$199.10 | \$61,719.54 |
| Lake Placid Health Care Center | 214124 | 006339 | 1,265 | \$214.36 | \$271,160.46 |
| MK of Haines City LLC | 224341 | 224341 | 1,876 | \$226.43 | \$424,781.38 |
| Winter Haven Health and Rehab Center | 228702 | 228702 | 745 | \$206.61 | \$153,921.02 |
| Brandywyne Health Care Center | 251399 | 251399 | 385 | \$207.40 | \$79,848.23 |
| Wedgewood Healthcare Center | 252328 | 043867 | 27 | \$233.76 | \$6,311.55 |
| Palms of Sebring | 252671 | 252671 | 1,384 | \$207.12 | \$286,659.06 |
| PG of Winter Haven | 257320 | 098593 | 1,255 | \$219.51 | \$275,487.82 |
| Current Name:Palm Garden of Winter Haven Kenilworth Care and Rehabilitation Center | 258261 | 324493 | 1,381 | \$203.42 | \$280,921.92 |
| Oakbridge Healthcare Center | 259926 | 043841 | 1,158 | \$222.47 | \$257,624.66 |
| Report Produced: 7/29/2014 10:26:04AM | | | P | age 103 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: 150021000-00

Good Shepherd Hospice, Inc-Polk County

| | Nursing Home Medicaid Number | | Total Nursing - Home | 07/01/2014 Nursing Home | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|----------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| Highlands Lake Center, LLC | 260576 | 260576 | 727 | \$223.87 | \$162,756.04 |
| The Oaks at Avon Park | 263966 | 263966 | 280 | \$208.00 | \$58,239.86 |
| Spring Lake Rehabilitation Center | 264571 | 264571 | 600 | \$233.56 | \$140,136.66 |
| Valencia Hills Health and Rehabilitation Center | 265560 | 265560 | 6,804 | \$191.46 | \$1,302,723.06 |
| Tandem Health Care of Winter Haven | 265772 | 080434 | 805 | \$206.36 | \$166,117.95 |
| Current Name: Consulate Health Care of Winter Haven The Crossroads | 269409 | 045471 | 1,909 | \$249.76 | \$476,798.15 |
| Palm Terrace of Lakeland | 282626 | 282626 | 3,661 | \$223.35 | \$817,689.12 |
| Royal Care of Avon Park | 310590 | 324213 | 3,890 | \$207.00 | \$805,219.91 |
| Dove Healthcare at Lake Wales | 319341 | 034504 | 1,577 | \$202.37 | \$319,137.03 |
| Current Name:Grace Healthcare of Lake Wales Consulate Health Care of Lake Parker | 319678 | 080393 | 1,310 | \$198.52 | \$260,061.99 |
| Consulate Health Care of Lakeland | 319953 | 080391 | 1,611 | \$195.10 | \$314,301.91 |
| Total | | | 41,59 | 5 | \$8,839,978.29 |

Average Nursing Home Rate (Weighted by days) =8,839,978.29/41,595=212.53Room and Board Rate 07/01/2014: $212.53 \times 95\% = 201.90$

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: 150022800-00

LifePath Hospice, Inc.-Hillsborough County

| , | Nursing Home Medicaid Number | | Total Nursing – Home | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|---|------------------------------|---------|----------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported | Current | Days | Rate | Computation |
| The Home Association, Inc. | 022994 | 022994 | 689 | \$207.05 | \$142,655.24 |
| The Home Association, Inc | 201154 | 022994 | 420 | \$207.05 | \$86,959.66 |
| Current Name: The Home Association, Inc. Sun Terrace Health Care Center | 209856 | 209856 | 484 | \$231.29 | \$111,943.25 |
| John Knox Village Medical Center | 210285 | 210285 | 1,401 | \$228.16 | \$319,649.49 |
| Plaza West | 211885 | 211885 | 181 | \$223.95 | \$40,535.69 |
| Ybor City Healthcare and Rehabilitation Center | 212164 | 212164 | 1,896 | \$221.52 | \$419,992.81 |
| Delta Health Care Center of Tampa | 213039 | 005826 | 3,147 | \$200.78 | \$631,868.49 |
| 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 | \$219.77 | \$721,080.80 |
| The Health Center of Plant City | 226343 | 030484 | 2,914 | \$239.17 | \$696,943.42 |
| Brandon Health and Rehab. Center | 252077 | 043860 | 680 | \$212.98 | \$144,824.43 |
| Current Name:Brandon Health and Rehabilitation Ce Fletcher Health and Rehab. Center | nter 252221 | 043866 | 1,742 | \$211.21 | \$367,921.03 |
| Current Name:Fletcher Health and Rehabilitation Cer Habana Health Care Center | nter 252506 | 043862 | 1,762 | \$229.77 | \$404,862.68 |
| PG of Sun City | 257516 | 098589 | 1,913 | \$241.60 | \$462,174.68 |
| Current Name:Palm Garden of Sun City PG of Tampa | 257524 | 098590 | 2,349 | \$242.63 | \$569,934.33 |
| Current Name:Palm Garden of Tampa The Nursing Center at University Village | 259462 | 259462 | 1,278 | \$228.85 | \$292,466.21 |
| Central Park Healthcare and Rehabilitation Cen | 259900 | 043856 | 2,164 | \$216.88 | \$469,332.23 |
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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 | 07/01/2014 Nursing Home Rate | Weighted Average Rate Computation |
|--|------------------------------|--------|--------------------------|------------------------------------|---|
| Nursing Home Provider Name | As Reported Current | | Days | Kate | Computation |
| Fairway Oaks Center, LLC | 260690 | 260690 | 1,280 | \$245.99 | \$314,871.93 |
| Hawthorne Health & Rehab of Brandon | 261670 | 261670 | 3,491 | \$216.75 | \$756,674.62 |
| Bayshore Pointe Nursing and Rehab | 263575 | 263575 | 640 | \$223.35 | \$142,946.24 |
| Carrollwood Care Center | 263877 | 263877 | 2,899 | \$209.02 | \$605,948.42 |
| Rehabilitation and Healthcare Center of Tampa | 263940 | 263940 | 464 | \$204.96 | \$95,100.28 |
| Whispering Oaks | 266612 | 266612 | 1,804 | \$163.76 | \$295,415.46 |
| Community Care Center | 281913 | 103425 | 900 | \$213.35 | \$192,018.33 |
| Current Name:Community Convalescent Center Brighton Gardens of Tampa | 284793 | 284793 | 1,758 | \$233.47 | \$410,437.63 |
| Excel Rehabilitation & Nursing Center | 309044 | 324116 | 617 | \$249.86 | \$154,166.52 |
| Current Name:Excel Rehabilitation & Health Center Woodbridge Rehabilitation & Health Center | 309052 | 324141 | 2,302 | \$247.61 | \$570,004.90 |
| MCHS - Carrollwood | 319350 | 325678 | 2,376 | \$225.81 | \$536,522.20 |
| Current Name:ManorCare Health Services-Carrollwood Consulate Health Care of Brandon | 319660 | 080377 | 2,363 | \$198.43 | \$468,901.43 |
| Total | | | 50,20 | 5 \$ | 11,005,878.42 |

Average Nursing Home Rate (Weighted by days) =11,005,878.42/50,205=219.22 Room and Board Rate 07/01/2014: $219.22 \times 95\% = 208.26$

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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

| | | | | Total | 07/01/2014 | Weighted |
|----------------------------|---|----------------|------------------------|-------------------------------------|--------------|-------------|
| | | Nursing Home M | 1edicaid Number | Nursing | Nursing Home | |
| Noneth Home Booth None | ŕ | As Reported | | HomeDays | Rate | Computation |
| Nursing Home Provider Name | | 125 22 Ported | | | | |

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