

MEMORANDUM

Date:

December 30, 2015

To:

Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations

From:

Lisa Smith, Medicaid Cost Reimbursement Planning Administrator

Subject:

Retroactive Nursing Facility Per Diem Rates

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

	<u>Provider Name</u>	Provider Number	Number of Rate Change Notices
1.	Grace Rehabilitation Center of Vero Beach	0 011998-00	12
2.	Astoria Health and Rehabilitation Center	0 023255-00	8
3.	Sarasota Point Rehabilitation Center	0 085643-00	6
4.	Watercrest Care Center	0 089220-00	1
5.	Astoria Health and Rehabilitation Center	0 103165-00	7
6.	Desoto Health and Rehab	0 103177-00	5
7.	Joseph L. Morse Geriatric Center, Inc.	0 207381-00	1
8.	Bernard L Samson Nursing Center	0 208442-00	3
9.	Avante at Boca Raton, Inc.	0 210676-00	8
10.	Life Care Center of Winter Haven	0 219380-00	3
11.	Life Care Center of Sarasota	0 223786-00	5
12.	Hialeah Shores Nursing and Rehab Center	0 250988-00	10
13.	Avante at St. Cloud, Inc.	0 259780-00	2
14.	Conway Lakes Health & Rehabilitation Center	0 264512-00	11
15.	Belleair Health Care Center	0 264521-00	11
16.	Jacaranda Manor	0 281743-00	11
17.	Coral Reef Nursing & Rehabilitation Center	0 282529-00	13
18.	The Terrace at Daytona Beach	0 282553-00	12
19.	Watercrest Care Center	0 310409-00	5
20.	Brookdale Atrium Way 2	0 319376-00	16
21.	Consulate Health Care of West Palm Beach	0 320153-00	3
22.	Seminole Pavilion Rehabilitation & Nursing Services	0 324230-00	4
		TOTAL:	157



If you have any questions regarding the above contact Lisa Smith at 412-4114.

LS/kj

		Single Level	Level H: AIDS	Single Level	Single Level		
Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
001199800	20090307	163.60	301.95	163.60	163.60	78487-15	NH13-1740
001199800	20090401	198.46	336.81	198.46	198.46	78487-15	NH13-1740
001199800	20090701	205.05	345.40	205.05	205.05	78487-15	NH13-1740
001199800	20100101	205.99	347.91	205.99	205.99	78487-15	NH13-1740
001199800	20100307	205.99	347.91	205.99	205.99	78487-15	NH13-1740
001199800	20100701	209.57	352.91	209.57	209.57	78487-15	NH13-1740
001199800	20110101	212.81	357.67	212.81	212.81	78487-15	NH13-1740
001199800	20110701	204.76	350.96	204.76	204.76	78487-15	NH13-1740
001199800	20120101	216.34	363.95	216.34	216.34	78487-15	NH13-1740
001199800	20120701	223.60	372.81	223.60	223.60	78487-15	NH13-1740
001199800	20130101	226.93	377.74	226.93	226.93	78487-15	NH13-1740
001199800	20130701	233.55	0.00	233.55	233.55	78487-15	NH13-1740
002325500	20101104	223.17	366.51	223.17	223.17	78487-15	NH13-1600
002325500	20110101	226.40	371.26	226.40	226.40	78487-15	NH13-1600
002325500	20110603	226.40	371.26	226.40	226.40	78487-15	NH13-1600
002325500	20110701	217.00	363.20	217.00	217.00	78487-15	NH13-1600
002325500	20111104	215.23	361.43	215.23	215.23	78487-15	NH13-1600
002325500	20120101	217.03	364.64	217.03	217.03	78487-15	NH13-1600
002325500	20120504	217.03	364.64	217.03	217.03	78487-15	NH13-1600
002325500	20120701	225.11	374.32	225.11	225.11	78487-15	NH13-1600
008564300	20131024	245.55	0.00	245.55	245.55	78487-15	
008564300	20140101	245.78	0.00	245.78	245.78	78487-15	
008564300	20140701	257.96	0.00	257.96	257.96	78487-15	
008564300	20141101	259.52	0.00	259.52	259.52	78487-15	
008564300	20150101	266.81	0.00	266.81	266.81	78487-15	
008564300	20150901	268.87	0.00	268.87	268.87	78487-15	
008922000	20140701	257.18	0.00	257.18	257.18	78487-15	NH10-0240
010316500	20121201	225.11	374.32	225.11	225.11	78487-15	NH13-1600
010316500	20130101	227.90	378.71	227.90	227.90	78487-15	NH13-1600
010316500	20130701	221.70	0.00	221.70	221.70	78487-15	NH13-1600
010316500	20140101	218.78	0.00	218.78	218.78	78487-15	NH13-1600
010316500	20140701	208.33	0.00	208.33	208.33	78487-15	NH13-1600
010316500	20150101	217.43	0.00	217.43	217.43	78487-15	NH13-1600
010316500	20150901	215.58	0.00	215.58	215.58	78487-15	NH13-1600
010317700	20131231	260.24	0.00	260.24	260.24	78487-15	
010317700	20140101	261.70	0.00	261.70	261.70	78487-15	
010317700	20140701	272.37	0.00	272.37	272.37	78487-15	
010317700	20150101	276.58	0.00	276.58	276.58	78487-15	
010317700	20150901	278.15	0.00	278.15	278.15	78487-15	
014622200	20150201	268.31	0.00	268.31	268.31	78487-15	
014622200	20150901	261.53	0.00	261.53	261.53	78487-15	
015658600	20151101	222.71	0.00	222.71	222.71	78487-15	
020738100	20151201	247.07	0.00	247.07	247.07	78487-15	
020844200	20110101	235.46	380.32	235.46	235.46	78487-15	NH13-019V
020844200	20110701	226.79	372.99	226.79	226.79	78487-15	NH13-019V
020844200	20120101	228.57	376.18	228.57	228.57	78487-15	NH13-019V
021067600	20120101	232.68	380.29	232.68	232.68	78487-15	NH13-0390
021067600	20120701	240.34	389.55	240.34	240.34	78487-15	NH13-0390
021067600	20130101	240.30	391.11	240.30	240.30	78487-15	NH13-0390
021067600	20130701	246.31	0.00	246.31	246.31	78487-15	NH13-0390
021067600	20140101	236.34	0.00	236.34	236.34	78487-15	NH13-0390
021067600	20140701	248.28	0.00	248.28	248.28	78487-15	NH13-0390
021067600	20150101	248.78	0.00	248.78	248.78	78487-15	NH13-0390
021067600	20150901	248.98	0.00	248.98	248.98	78487-15	NH13-0390
021938000	20120101	199.45	347.06	199.45	199.45	78487-15	NH13-0680
021938000	20120701	205.46	354.67	205.46	205.46	78487-15	NH13-0680
021938000	20130101	208.44	359.25	208.44	208.44	78487-15	NH13-0680
022378600	20120101	212.38	359.99	212.38	212.38	78487-15	NH13-0690
022378600	20120701	222.21	371.42	222.21	222.21	78487-15	NH13-0690
022378600	20130101	224.33	375.14	224.33	224.33	78487-15	NH13-0690

Provider	Format	Intermediate I	Skilled AIDS	Intermediate II	ctill- t (cvp)	мсм	Audit
Number	YYYYMMDD	(IN1)	(SKA)	(IN2)	Skilled (SKD)	number	Number
022378600	20130701	229.96	0.00	229.96	229.96	78487-15	NH13-069
022378600	20140101	224.25	0.00	224.25	224.25	78487-15	NH13-069
025098800	20090101	194.20	332.55	194.20	194.20	78487-15	NH07-068
025098800	20090301	177.92	316.27	177.92	177.92	78487-15	NH07-068
025098800	20090401	217.32	355.67	217.32	217.32	78487-15	NH07-068
025098800	20090701	226.04	366.39	226.04	226.04	78487-15	NH07-068
025098800	20100101	228.35	370.27	228.35	228.35	78487-15	NH07-068
025098800	20100701	231.35	374.69	231.35	231.35	78487-15	NH07-068
025098800	20110101	234.03	378.89	234.03	234.03	78487-15	NH07-068
025098800	20110701	224.79	370.99	224.79	224.79	78487-15	NH07-068
025098800	20120101	227.08	374.69	227.08	227.08	78487-15	NH07-068
025098800	20120701	235.41	384.62	235.41	235.41	78487-15	NH07-068
025987000	20110101	218.25	363.11	218.25	218.25	78487-15	NH13-044
025987000	20110701	209.41	355.61	209.41	209.41	78487-15	NH13-044
026451200	20100701	210.49	353.83	210.49	210.49	78487-15	NH13-047
026451200	20110101	213.22	358.08	213.22	213.22	78487-15	NH13-047
026451200	20110701	205.67	351.87	205.67	205.67	78487-15	NH13-047
026451200	20120101	207.16	354.77	207.16	207.16	78487-15	NH13-047
026451200	20120701	215.86	365.07	215.86	215.86	78487-15	NH13-047
026451200	20130101	218.49	369.30	218.49	218.49	78487-15	NH13-047
026451200	20130701	224.04	0.00	224.04	224.04	78487-15	NH13-047
026451200	20140101	224.99	0.00	224.99	224.99	78487-15	NH13-047
026451200	20140701	237.10	0.00	237.10	237.10	78487-15	NH13-047
026451200	20150101	240.94	0.00	240.94	240.94	78487-15	NH13-047
026451200	20150901	240.94	0.00	240.94	240.94	78487-15	NH13-047
026452100	20100701	205.99	349.33				-
				205.99	205.99	78487-15	NH13-048
026452100	20110101	208.51	353.37	208.51	208.51	78487-15	NH13-048
026452100	20110701	201.31	347.51	201.31	201.31	78487-15	NH13-048
026452100	20120101	199.85	347.46	199.85	199.85	78487-15	NH13-048
026452100	20120701	211.00	360.21	211.00	211.00	78487-15	NH13-048
026452100	20130101	214.51	365.32	214.51	214.51	78487-15	NH13-048
026452100	20130701	220.55	0.00	220.55	220.55	78487-15	NH13-048
026452100	20140101	215.95	0.00	215.95	215.95	78487-15	NH13-048
026452100	20140701	225.03	0.00	225.03	225.03	78487-15	NH13-048
026452100	20150101	229.61	0.00	229.61	229.61	78487-15	NH13-048
026452100	20150901	229.47	0.00	229.47	229.47	78487-15	NH13-048
028174300	20100701	169.07	312.41	169.07	169.07	78487-15	NH13-175
028174300	20110101	171.54	316.40	171.54	171.54	78487-15	NH13-175
028174300	20110701	163.98	310.18	163.98	163.98	78487-15	NH13-175
028174300	20120101	167.21	314.82	167.21	167.21	78487-15	NH13-175
028174300	20120701	171.41	320.62	171.41	171.41	78487-15	NH13-175
028174300	20130101	164.52	315.33	164.52	164.52	78487-15	NH13-175
028174300	20130701	169.66	0.00	169.66	169.66	78487-15	NH13-175
028174300	20140101	166.48	0.00	166.48	166.48	78487-15	NH13-175
028174300	20140701	178.79	0.00	178.79	178.79	78487-15	NH13-175
028174300	20150101	179.48	0.00	179.48	179.48	78487-15	NH13-175
028174300	20150901	180.52	0.00	180.52	180.52	78487-15	NH13-175
028252900	20090101	196.60	334.95	196.60	196.60	78487-15	NH06-160
028252900	20090301	180.12	318.47	180.12	180.12	78487-15	NH06-160
028252900	20090401	221.66	360.01	221.66	221.66	78487-15	NH06-160
028252900	20090701	228.66	369.01	228.66	228.66	78487-15	NH06-160
028252900	20100101	229.71	371.63	229.71	229.71	78487-15	NH06-160
028252900	20100701	234.09	377.43	234.09	234.09	78487-15	NH06-160
028252900		237.13				CONTRACTOR AND ADDRESS	NH06-160
028252900	20110101		381.99	237.13	237.13	78487-15	
	20110701	228.40	374.60	228.40	228.40	78487-15	NH06-160
028252900	20120101	227.34	374.95	227.34	227.34	78487-15	NH06-160
028252900	20120701	235.28	384.49	235.28	235.28	78487-15	NH06-160
028252900	20140101	240.04	0.00	240.04	240.04	78487-15	NH06-160
028252900	20140701	250.17	0.00	250.17	250.17	78487-15	NH06-160
028252900	20150901	247.28	0.00	247.28	247.28	78487-15	NH06-160

Provider Number	Effective Date Format YYYYMMDD	Intermediate I	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
028255300	20090301	159.72	298.07	159.72	159.72	78487-15	NH11-094C
028255300	20090401	197.94	336.29	197.94	197.94	78487-15	NH11-094C
028255300	20090701	193.26	333.61	193.26	193.26	78487-15	NH11-0940
028255300	20100101	195.20	337.12	195.20	195.20	78487-15	NH11-0940
028255300	20100701	174.24	317.58	174.24	174.24	78487-15	NH11-0940
028255300	20110101	176.78	321.64	176.78	176.78	78487-15	NH11-0940
028255300	20120701	165.63	314.84	165.63	165.63	78487-15	NH11-0940
028255300	20130701	163.79	0.00	163.79	163.79	78487-15	NH11-0940
028255300	20140101	168.52	0.00	168.52	168.52	78487-15	NH11-0940
028255300	20140701	226.00	0.00	226.00	226.00	78487-15	NH11-094C
028255300	20150901	223.63	0.00	223.63	223.63	78487-15	NH11-0940
031040900	20090101	175.14	313.49	175.14	175.14	78487-15	NH10-024C
031040900	20090301	160.46	298.81	160.46	160.46	78487-15	NH10-0240
031040900	20090401	199.08	337.43	199.08	199.08	78487-15	NH10-0240
031040900	20090701	202.22	342.57	202.22	202.22	78487-15	NH10-0240
031040900	20100101	204.67	346.59	204.67	204.67	78487-15	NH10-0240
031937600	20090101	166.37	304.72	166.37	166.37	78487-15	NH13-147L
031937600	20090301	152.42	290.77	152.42	152.42	78487-15	NH13-147L
031937600	20090401	187.73	326.08	187.73	187.73	78487-15	NH13-147L
031937600	20090701	191.72	332.07	191.72	191.72	78487-15	NH13-147L
031937600	20100101	196.83	338.75	196.83	196.83	78487-15	NH13-147L
031937600	20100701	200.42	343.76	200.42	200.42	78487-15	NH13-147L
031937600	20110101	206.38	351.24	206.38	206.38	78487-15	NH13-147L
031937600	20110701	198.90	345.10	198.90	198.90	78487-15	NH13-147L
031937600	20120101	202.12	349.73	202.12	202.12	78487-15	NH13-147L
031937600	20120701	208.83	358.04	208.83	208.83	78487-15	NH13-147L
031937600	20130101	204.61	355.42	204.61	204.61	78487-15	NH13-147L
031937600	20130701	209.32	0.00	209.32	209.32	78487-15	NH13-147L
031937600	20140101	208.22	0.00	208.22	208.22	78487-15	NH13-147L
031937600	20140701	214.56	0.00	214.56	214.56	78487-15	NH13-147L
031937600	20150101	215.99	0.00	215.99	215.99	78487-15	NH13-147L
031937600	20150901	214.33	0.00	214.33	214.33	78487-15	NH13-147L
032015300	20090101	173.57	311.92	173.57	173.57	78487-15	NH08-083C
032015300	20090301	159.02	297.37	159.02	159.02	78487-15	NH08-083C
032015300	20090401	197.08	335.43	197.08	197.08	78487-15	NH08-083C
032423000	20090101	191.67	330.02	191.67	191.67	78487-15	NH10-048L
032423000	20090301	175.60	313.95	175.60	175.60	78487-15	NH10-048L
032423000	20090401	207.02	345.37	207.02	207.02	78487-15	NH10-048L
032423000	20090701	209.75	350.10	209.75	209.75	78487-15	NH10-048L



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH			Provider Number	*	0 011998	-00	
2180 10TH AV	ENUE		Date: 11/10/2015				
VERO BEACH	I, FL 32960		Fiscal Year End:		6/30/20	10	
			Audit Status:		Field Auc	lited	
Provider Ty	pe:		/	Current Rate	New Rate	Effective Date	
Nursing Hor	me Single	e Level		164.56	163.60	3/7/2009	
	Level	H: Aids		302.91	301.95	3/7/2009	
Rate	Type:						
X	Interim		Prospective				
		Total Interim		tal Prospective			
		Interim Component	To	tal Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data					
Basis:			Changes:	ester Change			
	Budget		X Field Aug	lit NH13-1740	FYE 06/30/2	2010	
	Unaudited c	osts					
X	Field audited Desk audited						
Distribution	<u>ı:</u>		of for	Thomas Park	er		
Contract Mana	gement / Fiscal	Agent	Medicaid Cost Re	mbursement P	lanning and F	inance	
Permanent File							
For Inf	formation Only						
No Cha	nge in Rate						
Hor	me Office:	Grace Healthcare, Inc 7201 Shallowford Rd, STE 200 Chattanooga, TN 37421					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH	Provider Number:		0 011998-00				
2180 10TH AV	ENUE		Date:		11/10/2015		
VERO BEACH	I, FL 32960		Fiscal Year End:		6/30/20	10	
			Audit Status:		Field Auc	lited	
Provider Ty	pe:						
387 387				Current Rate	New Rate	Effective Date	
Nursing Hor	me Single	Level		199.57	198.46	4/1/2009	
	Level	H: Aids		337.92	336.81	4/1/2009	
					8		
Rate	Type:						
X	Interim		Prospective				
		Total Interim	Tota	al Prospective			
		Interim Component	Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
			Rate Semes				
	Budget		X Field Audi	t NH13-174G	FYE 06/30/2	2010	
	Unaudited co						
X	Field audited						
	Desk audited	COSTS					
Distribution	1:		dd for T	homas Parko	s ge		
	gement / Fiscal .	Agent	Medicaid Cost Rein			inance	
Permanent File							
For Inf	ormation Only						
No Cha	nge in Rate						
Hor	ne Office:	Grace Healthcare, Inc					
		7201 Shallowford Rd, STE 200					
		Chattanooga, TN 37421					



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Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH		Provider Number:		0 011998-00			
2180 10TH AV	'ENUE		Date:		11/10/2015		
VERO BEACH	H, FL 32960		Fiscal Year End:		6/30/20	10	
			Audit Status:		Field Aud	lited	
Provider Ty	pe:						
				Current	New	Effective	
				Rate	Rate	Date	
Nursing Ho	me Single	e Level		206.17	205.05	7/1/2009	
	Level	H: Aids		346.52	345.40	7/1/2009	
					8		
Rate	Type:						
X	Interim		Prospective				
	- -	Total Interim	Tot	al Prospective			
		Interim Component	Tot	al Prospective	with Interim	Component	
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Changes:				
				ster Change			
	Budget		X Field Aud	it NH13-174G	FYE 06/30/2	2010	
	Unaudited co						
X	Field audited						
	Desk audited	l costs					
Distribution	ı.		4) (-				
	gement / Fiscal .	A gent	- / // /	Chomas Parke		Year or or o	
Permanent File		rigoni	Medicald Cost Rein	noursement P	lanning and F	mance	
1911-7-10-9-1 (1911-1978-1978-1978-1978-1978-1978-1978-	formation Only						
	nge in Rate						
Hor	me Office:	Grace Healthcare, Inc					
		7201 Shallowford Rd, STE 200					
		Chattanooga, TN 37421					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH			Provider Number:		0 011998	-00	
2180 10TH AV	'ENUE			Date:		11/10/20	15
VERO BEACH	H, FL 32960			Fiscal Year End:	-	6/30/20	10
				Audit Status:	***	Field Aud	lited
Provider Ty	pe:						
	P				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Single	Level			207.11	205.99	1/1/2010
	Level	H: Aids			349.03	347.91	1/1/2010
Rate	Type:						
X	Interim			Prospective			
		Total Interim		Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Chan	iges:			
2040101				Rate Semes	ster Change		
	Budget			Toron services on the	t NH13-174G	FYE 06/30/2	2010
	Unaudited co	sts					
X	Field audited	costs					
	Desk audited	costs					
Distribution Contract Mana	1: gement / Fiscal /	Agent		for T	homas Parko		inance
Permanent File						-	
For Inf	formation Only						
	inge in Rate						
Ног	me Office:	Grace Healthcare, Inc 7201 Shallowford Rd, STE 200 Chattanooga, TN 37421					



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Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH				Provider Number:		0 011998-00		
2180 10TH AV	VENUE			Date:		11/10/2015		
VERO BEACE	H, FL 32960			Fiscal Year End:		6/30/20	10	
				Audit Status:		Field Auc	lited	
Provider Ty	vpe:							
•					Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	e Level		*	207.11	205.99	3/7/2010	
	Level	H: Aids			349.03	347.91	3/7/2010	
Rate	Type:							
X	Interim			Prospective				
	_	Total Interim		-	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
					ster Change	EVE OCIONIS	1010	
	Budget Unaudited co		-	X Field Audi	t NH13-174G	FYE 06/30/2	2010	
X	Field audited							
	Desk audited							
Distribution	n:			A For T	homas Parke	er		
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File	3							
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Grace Healthcare, Inc 7201 Shallowford Rd, STE 200 Chattanooga, TN 37421						



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Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH			Provider Number:		0 011998	-00	
2180 10TH AV	'ENUE			Date:		11/10/20	15
VERO BEACH	H, FL 32960			Fiscal Year End:		6/30/20	10
				Audit Status:		Field Auc	lited
Provider Ty	pe:						
	1				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Single	Level			210.70	209.57	7/1/2010
	Level	H: Aids			354.04	352.91	7/1/2010
Rate	Type:						
	Interim		X	Prospective			
	-	Total Interim			al Prospective		
		Interim Component		Tot	al Prospective	with Interim	Component
	X	Settlement based on cost		-			
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Seme	ster Change		
	Budget			X Field Aud	it NH13-174G	FYE 06/30/2	2010
	Unaudited co						
X	Field audited						
	Desk audited	costs					
				01-			
Distribution	1:			70 10/ 1	homas Parke	er	
Contract Mana	gement / Fiscal /	Agent		Medicaid Cost Reir	nbursement P	lanning and F	inance
Permanent File							
For Inf	formation Only						
No Cha	inge in Rate						
Но	me Office:	Grace Healthcare, Inc					
		7201 Shallowford Rd, STE 200					
		Chattanooga TN 37421					



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Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH			Provider Number: 0 011998-00				
2180 10TH AV	ENUE			Date:		11/10/20	15
VERO BEACH	I, FL 32960			Fiscal Year End:		6/30/20	10
				Audit Status:		Field Auc	lited
Provider Ty	pe:						
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Single	Level			213.96	212.81	1/1/2011
	Level	H: Aids			358.82	357.67	1/1/2011
Rate	Type:						
	Interim		X	Prospective			
		Total Interim			al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
2000				Rate Semes	ster Change		
	Budget				t NH13-174G	FYE 06/30/2	2010
	Unaudited co	osts					
X	Field audited	costs					
	Desk audited	costs					
Distribution	1:			Ald for T	hamaa Daala		
	gement / Fiscal .	Apent		Medicaid Cost Rein	homas Parke		inanca
Permanent File		TEOM.		Medicald Cost Rein	ioursement P	ianning and r	mance
	ormation Only						
	nge in Rate						
	.N 						
Hor	me Office:	Grace Healthcare, Inc					
		7201 Shallowford Rd, STE 200					
		Chattanooga, TN 37421					



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Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH			Provider Number:		0 011998	-00	
2180 10TH AV	ENUE			Date:	-	11/10/20	15
VERO BEACH	I, FL 32960			Fiscal Year End:		6/30/20	10
				Audit Status:		Field Auc	lited
Provider Ty	pe:						
	L ear				Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Single	Level			205.84	204.76	7/1/2011
	Level	H: Aids			352.04	350.96	7/1/2011
Rate	Type:						
	Interim		Х	Prospective			
	-	Total Interim			al Prospective		
	: man dimbe	Interim Component			500	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
Dusis			Circ	Rate Semes	ster Change		
	Budget		0			FYE 06/30/2	2010
-	Unaudited co	osts	10-4-11				
X	Field audited	costs					
	Desk audited	costs					
Distribution	<u>1:</u>			A For T	homas Parke	er	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File							
For Inf	ormation Only						
No Cha	inge in Rate						
Ног	me Office:	Grace Healthcare, Inc					
		7201 Shallowford Rd, STE 200					
		Chattanooga, TN 37421					



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Tallahassee, Florida 32308

GRACE REHA	GRACE REHABILITATION CENTER OF VERO BEACH			Provider Number: 0 011998-00				
2180 10TH AV	'ENUE			Date: 11/10/2015				
VERO BEACH	I, FL 32960			Fiscal Year End:		6/30/2011		
				Audit Status:		Unaudit	red	
Provider Ty	pe:							
					Current	New	Effective	
					Rate	Rate	Date	
Nursing Hor	me Sing	le Level			216.85	216.34	1/1/2012	
	Leve	l H: Aids			364.46	363.95	1/1/2012	
		\neg						
Rate	Type:							
	Interim		X	Prospective				
	-	Total Interim			l Prospective			
	-	Interim Component				with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
D .			CI					
Basis:			Cna	inges:	CI.			
	Budget		-	Rate Semes Effects of F		H13-174G F	VE	
X	Unaudited	rosts	-	06/30/2010		1113 17101	LL	
	Field audite							
	Desk audite							
	_							
Dist.:\				1160				
Distribution		1 4 2004	-		homas Parke			
Contract Manag		Agent		Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent File								
	ormation Only							
No Cha	nge in Rate							
Hor	me Office:	Grace Healthcare, Inc						
		7201 Shallowford Rd, STE 200						
		Chattanooga TN 37421						



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Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH		Provider Number:		0 011998-00				
2180 10TH AV	ENUE			Date:		11/10/2015 6/30/2011		
VERO BEACH	, FL 32960			Fiscal Year End:				
				Audit Status:		Unaudit	ed	
Provider Ty	pe:							
					Current	New	Effective	
					Rate	Rate	<u>Date</u>	
Nursing Hon	ne Single	Level			223.63	223.60	7/1/2012	
	Level	H: Aids			372.84	372.81	7/1/2012	
Rate	Туре:							
	Interim		X	Prospective				
	merm	Total Interim			al Prospective			
		Interim Component			al Prospective		Component	
		Settlement based on cost			1		,	
		Prior Provider Prospective data						
Basis:			Cha	nges:				
Du3i3:		(8)	Cira		ster Change			
	Budget				Field Audit N	H13-174G F	ľΕ	
X	Unaudited co	sts	,	06/30/201	0			
	Field audited	costs						
	Desk audited	costs						
Distribution	<u>:</u>			If for 1	Thomas Parke	r		
Contract Manag	gement / Fiscal A	Agent	-	Medicard Cost Rein			inance	
Permanent File						Ü		
For Info	ormation Only							
No Char	nge in Rate							
Hon	ne Office:	Grace Healthcare, Inc 7201 Shallowford Rd, STE 200 Chattanooga, TN 37421						



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Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH			Provider Number:		0 011998	-00		
2180 10TH AV	VENUE			Date: 11/10/2015				
VERO BEACH	H, FL 32960			Fiscal Year End:		12/31/20)11	
				Audit Status:		Unaudit	ed	
Provider Ty	ne:							
	P. C.				Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	e Level			227.49	226.93	1/1/2013	
	Level	H: Aids			378.30	377.74	1/1/2013	
Rate	Type:				и			
	Interim		X	Prospective				
	_	Total Interim		_	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
					ster Change			
	Budget				Field Audit N	H13-174G F	YE	
X	Unaudited c	osts		06/30/2010)			
	Field audite	d costs						
	Desk audite	d costs						
Distribution	n•			11/60				
	igement / Fiscal	Agent			homas Parke		inanco	
Permanent File		115011		Medicaid Cost Rein	noursement r	ianning and r	mance	
	formation Only							
	ange in Rate							
	me Office:	Grace Healthcare, Inc						
no	me Office.	7201 Shallowford Rd, STE 200						
		Chattanogea TN 37421						



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Tallahassee, Florida 32308

GRACE REHABILITATION CENTER OF VERO BEACH			Provider Number: 0 011998-00					
2180 10TH AV	VENUE			Date: 11/10/2015				
VERO BEACH	H, FL 32960			Fiscal Year End:		12/31/20)11	
				Audit Status:		Unaudit	ed	
Provider Ty	pe:							
					Current Rate	New Rate	Effective Date	
Nursing Ho	me Single	e Level			234.12	233.55	7/1/2013	
Rate	Type:							
	Interim		Х	Prospective				
		Total Interim		X Tot	al Prospective	;		
		Interim Component		Tot	al Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data						
Basis:			Cha	Rate Seme	ster Change			
	Budget				Field Audit N	H13-174G F	ΥE	
X	Unaudited c			06/30/201	U			
	Field audited							
Distribution				119 70	Thomas Park			
	gement / Fiscal	Agent		Medicard Cost Rein	nbursement P	lanning and F	inance	
Permanent File								
	formation Only							
No Cha	inge in Rate							
Но	me Office:	Grace Healthcare, Inc 7201 Shallowford Rd, STE 200 Chattanooga, TN 37421						



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Tallahassee, Florida 32308

ASTORIA HEALTH AND	Provider Numbe	r:	0 023255	5-00	
701 OVERLOOK DR SE		Date:	-	9/17/20	15
WINTER HAVEN, FL 338	84-1671	Fiscal Year End:		6/30/20)11
		Audit Status:		Field Au	dited
Provider Type:					
riottaer ryper			Current Rate	New Rate	Effective <u>Date</u>
Nursing Home Sing	gle Level		228.38	223.17	11/4/2010
Lev	rel H: Aids		371.72	366.51	11/4/2010
Rate Type:					
X Interim		Prospective			
	Total Interim	T	otal Prospective	1	
	Interim Component	T	otal Prospective	with Interim	Component
X	Settlement based on cost				
	Prior Provider Prospective data				
Basis:		Changes:			
			nester Change		
Budget		X Field Au	dit #NH13-160	G FYE 6/30/	2011
Unaudited					
X Field audi	ted costs				
Desk audi	ted costs				
Distribution:		do for	Thomas Park	er	
Contract Management / Fisc	al Agent	Medicaid Cost Re			Pinance
Permanent File		Westerd Cost No	modisement	ianiinig and i	manec
For Information Onl	ly				
No Change in Rate					
Home Office:	TLC Management				
	1800 North Wabash Ave				
	Suite 300				
	Marion, IN 46952				



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Tallahassee, Florida 32308

ASTORIA HEALTH AND REHABILITATION CENTER		Pro	Provider Number: 0 023255-00				
701 OVERLOOK DR SE		Dat	Date: 9/17/2015				
WINTER HAVEN, FL 3388	4-1671	Fis	cal Year End:	-	6/30/20	11	
		Au	dit Status:		Field Auc	lited	
Provider Type:							
				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Sing	le Level			231.62	226.40	1/1/2011	
Leve	el H: Aids			376.48	371.26	1/1/2011	
Rate Type:							
X Interim		Pr	ospective				
	Total Interim			al Prospective			
	Interim Component	_	Tota	al Prospective	with Interim	Component	
X	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Change	Rate Semes	ton Channa			
Budget		X		t #NH13-160	G FVF 6/30/2	2011	
Unaudited	costs				01110000		
X Field audite							
Desk audite							
Distribution:		1	AFIL T	homas Parke	er		
Contract Management / Fisca	I Agent	Med	isaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File							
For Information Only							
No Change in Rate							
Home Office:	TLC Management						
	1800 North Wabash Ave						
	Suite 300						
	Marion, IN 46952						



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Tallahassee, Florida 32308

ASTORIA HEALTH AND R	EHABILITATION CENTER		Provider Number:		0 023255	-00	
701 OVERLOOK DR SE			Date: 11/3/2015			15	
WINTER HAVEN, FL 33884	4-1671		Fiscal Year End:	6/30/2011			
			Audit Status:		Field Aud	lited	
Provider Type:							
				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Sing	le Level			231.62	226.40	6/3/2011	
Leve	el H: Aids			376,48	371.26	6/3/2011	
	\$						
Doto Tomos							
Rate Type:							
X Interim			Prospective				
	Total Interim			l Prospective			
	Interim Component		Tota	1 Prospective	with Interim	Component	
X	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Chai	nges.				
Da313.		Chai	Rate Semes	ter Change			
Budget				#NH13-1600	G FYE 6/30/2	2011	
Unaudited	costs						
X Field audite							
Desk audite							
Distribution:			Al for T	homas Parke	er		
Contract Management / Fisca	l Agent		Medicaid Cost Rein			inance	
Permanent File							
For Information Only							
No Change in Rate							
Home Office:	TLC Management						
	1800 North Wabash Ave						
	Suite 300						
	Marion, IN 46952						



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Tallahassee, Florida 32308

ASTORIA HEALTH	I AND REH	IABILITATION CENTER		Provider Number:		0 023255	-00
701 OVERLOOK DI	R SE	344 000000		Date:		9/17/20	15
WINTER HAVEN, I	FL 33884-1	671		Fiscal Year End:		6/30/20	11
				Audit Status:		Field Auc	lited
Provider Type:					Current	New	Effective
					Rate	Rate	Date
Nursing Home	Single	Level			221.87	217.00	7/1/2011
	Level I	H: Aids			368.07	363.20	7/1/2011
Rate Typ	e:						
lnter	rim		X	Prospective			
		Total Interim			l Prospective		
9		Interim Component		Tota	1 Prospective	with Interim	Component
	X	Settlement based on cost					
-		Prior Provider Prospective data					
Basis:			Cha	nges:			
Dasis.			Cita	Rate Semes	ter Change		
Bı	ıdget					G FYE 6/30/2	2011
	naudited cos	sts					
	eld audited						
De	esk audited	costs					
Distribution:				Hof T	homas Parke	er	
Contract Manageme	nt / Fiscal A	gent		Medicaid Cost Rein			inance
Permanent File							
For Informa	tion Only						
No Change in							
Home O	ffice:	TLC Management					
		1800 North Wabash Ave					
		Suite 300					
		Marion, IN 46952					



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Tallahassee, Florida 32308

ASTORIA HEA	ALTH AND R	EHABILITATION CENTER	Provider N	lumber:		0 023255	5-00
701 OVERLOO	OK DR SE		Date:			9/17/20	15
WINTER HAV	EN, FL 3388	4-1671	Fiscal Yea	r End:		6/30/20	11
			Audit Stati	us:		Field Au	dited
Provider Ty	pe:						
	-				Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Sing	le Level			220.02	215.23	11/4/2011
	Leve	el H: Aids			366.22	361.43	11/4/2011
Rate	Type:						
	Interim	_	X Prospecti				
		Total Interim			l Prospective		120
		Interim Component	-	Tota	Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:	\neg		Changes:				
				te Semest	ter Change		
	Budget					G FYE 6/30/2	2011
	Unaudited	costs					
X	Field audit	ed costs					
M-111-111-11	Desk audit	ed costs					
Distribution							
Distribution		1 A court	0 2 W W W		omas Parke		
Contract Mana		ii Ageni	Medicaid C	ost Reim	bursement P	lanning and F	inance
Permanent File							
	ormation Only						
No Cha	nge in Rate						
Hor	me Office:	TLC Management					
		1800 North Wabash Ave					
		Suite 300					
		Marion, IN 46952					



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Tallahassee, Florida 32308

Date: 9/17/2015	ASTORIA HEALTH AND RI	EHABILITATION CENTER		Provider Number: 0 023255-00				
Provider Type: Rate Type:	701 OVERLOOK DR SE			Date: 9/17/2015				
Provider Type: Nursing Home Single Level	WINTER HAVEN, FL 33884	4-1671		Fiscal Year End:		6/30/20	11	
Nursing Home Nursing Home Single Level Single Sing				Audit Status:		Field Auc	lited	
Nursing Home Nursing Home Single Level Single Sing	Provider Type:							
Rate Type: Interim Total Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300					Rate	Rate	<u>Date</u>	
Rate Type: Interim Total Interim Total Interim Total Prospective Interim Component X Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change X Field audited costs Desk audited costs Desk audited costs Total Prospective with Interim Component X Settlement based on cost Prior Provider Prospective data Changes: Rate Semester Change Field Audit #NH13-160G FYE 6/30/2011 For languagement / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: TLC Management I800 North Wabash Ave Suite 300	Nursing Home Singl	le Level			221.83	217.03	1/1/2012	
Interim	Leve	l H: Aids			369.44	364.64	1/1/2012	
Interim								
Interim								
Total Interim	Rate Type:							
Interim Component X Settlement based on cost Prior Provider Prospective data Basis:	Interim		X	Prospective				
Basis: Budget Unaudited costs X Field audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300 Changes: Rate Semester Change X Field Audit #NH13-160G FYE 6/30/2011 Changes: Rate Semester Change Thomas Parker Audit #NH13-160G FYE 6/30/2011 Audit #NH13-160G FYE 6/30/2011 Audit #NH13-160G FYE 6/30/2011 Audit #NH13-160G FYE 6/30/2011		Total Interim		Tota	al Prospective			
Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Changes: Rate Semester Change Field Audit #NH13-160G FYE 6/30/2011 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300		Interim Component		Tota	al Prospective	with Interim	Component	
Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300 Changes: Rate Semester Change X Field Audit #NH13-160G FYE 6/30/2011 Thomas Parker Medicard Cost Reimbursement Planning and Finance	X	Settlement based on cost						
Budget X Field Audit #NH13-160G FYE 6/30/2011 Unaudited costs X Field audited costs Desk audited costs Contract Management / Fiscal Agent Medicard Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300		Prior Provider Prospective data						
Budget X Field Audit #NH13-160G FYE 6/30/2011 Unaudited costs X Field audited costs Desk audited costs Contract Management / Fiscal Agent Medicard Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300								
Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300	Basis:		Cha					
Unaudited costs X Field audited costs Desk audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300								
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300				X Field Audi	t #NH13-160	G FYE 6/30/2	.011	
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300								
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300								
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300	Desk audite	ed costs						
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300				<i>t</i> N				
Permanent FileFor Information OnlyNo Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300	Distribution:			Mod for T	homas Parke	er		
For Information OnlyNo Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300	Contract Management / Fiscal	Agent	2) 0)	Medicaid Cost Rein	nbursement P	lanning and F	inance	
Mo Change in Rate Home Office: TLC Management 1800 North Wabash Ave Suite 300	Permanent File							
Home Office: TLC Management 1800 North Wabash Ave Suite 300	For Information Only							
1800 North Wabash Ave Suite 300	No Change in Rate							
Suite 300	Home Office:	TLC Management						
		1800 North Wabash Ave						
Marion, IN 46952		Suite 300						
		Marion, IN 46952						



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Tallahassee, Florida 32308

ASTORIA HEALTH AND REHABILITATION CENTER		Provider Number:		0 023255	-00		
701 OVERLOC	K DR SE			Date:		9/17/20	15
WINTER HAV	EN, FL 33884	4-1671		Fiscal Year End:		6/30/20	11
				Audit Status:		Field Auc	dited
Provider Ty	ne:						
	P				Current Rate	New Rate	Effective Date
Nursing Hor	ne Singl	le Level			221.83	217.03	5/4/2012
	Leve	l H: Aids			369.44	364.64	5/4/2012
Rate	Type:						
	Interim		X	Prospective			
		Total Interim			al Prospective		
		Interim Component		Total	al Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
Dasis.			Cita		ster Change		
	Budget				it #NH13-160	G FYE 6/30/2	2011
	Unaudited	costs		-			
X	Field audite						
	Desk audite						
Distribution	<u>:</u>			The For I	homas Parke	er	
Contract Manag	gement / Fiscal	I Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File							
For Infe	ormation Only						
No Cha	nge in Rate						
Hor	me Office:	TLC Management 1800 North Wabash Ave Suite 300 Marion, IN 46952					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

ASTORIA HEALTH AND R	EHABILITATION CENTER	Provider	Number:		0 023255	-00
701 OVERLOOK DR SE		Date:			9/17/20	15
WINTER HAVEN, FL 33884	4-1671	Fiscal Ye	ar End:		6/30/20	11
		Audit Sta	tus:		Field Aud	lited
Provider Type:						
2,70				Current Rate	New Rate	Effective <u>Date</u>
Nursing Home Sing	le Level			229.98	225.11	7/1/2012
Leve	el H: Aids			379.19	374.32	7/1/2012
Rate Type:						
Interim		X Prospec				
	Total Interim			Prospective		
******	Interim Component		Total	Prospective	with Interim	Component
X	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Changes:				
Dasis:			ate Semest	or Changa		
Budget					G FYE 6/30/2	2011
Unaudited	oosts.		icia Audii	#181115-100	011110/50/2	.011
X Field audite						
Desk audite				a a		
Desk addite	ed costs					
Distribution:		2 1	. Th	iomas Parko) P	
Contract Management / Fisca	I Agent	- 1/1-1	UTO CON		lanning and F	inance
Permanent File		Wedleard	Cost Reini	oursement i	anning and i	manec
For Information Only						
No Change in Rate						
Home Office:	TLC Management					
	1800 North Wabash Ave					
	Suite 300					
	Marion, IN 46952					



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Tallahassee, Florida 32308

SARASOTA POINT REHABILITATION CENTER 2600 COURTLAND STREET			Provider Number:		0 085643-00			
		Date:		11/16/2015				
SARASOTA, F	FL 34237			Fiscal Year End:		10/31/2014		
				Audit Status:		Unaudi	ted	
Provider Ty	pe:							
	1				Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	e Level			243.00	245.55	10/24/2013	
Rate	Type:							
X	Interim			Prospective				
		Total Interim		Tota	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
	_			Rate Semes	ter Change			
	Budget			X Cost Settle	ment FYE 10	/31/2014		
X	Unaudited c	osts						
	Field audited	d costs						
	Desk audited	d costs						
D				110				
Distribution			_	1/1-0	homas Parke			
	gement / Fiscal	Agent		Medicaid Cost Rein	bursement P	lanning and I	Finance	
Permanent File	?							
For Inf	formation Only							
No Cha	ange in Rate							
Но	me Office:	Southern HealthCare Managemen	nt, LLC					
		5887 Glenridge Drive, Suite 150						
		Atlanta, GA 30328						



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Tallahassee, Florida 32308

SARASOTA POINT REHABILITATION CENTER 2600 COURTLAND STREET			Provider Number:		0 085643-00 11/16/2015			
			Date:					
SARASOTA,	FL 34237			Fiscal Year End:		10/31/2014		
				Audit Status:		Unaudit	ed	
Provider Ty	vne:							
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P				Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	e Level			241.38	245.78	1/1/2014	
Rate	e Type:							
N.	¥ 31 ¥							
X	Interim	Total Interim		_ Prospective	al Prospective			
		Interim Component			al Prospective		Component	
	X	Settlement based on cost		100	ai i iospective	with interim	Component	
		Prior Provider Prospective data						
	-	- Hor Fronter Frospective data						
Basis:			Cha	nges:				
					ster Change			
	Budget			X Cost Settle	ement FYE 10	/31/2014		
X	Unaudited c	osts						
	Field audited	d costs						
	Desk audited	d costs						
				1.1				
Distributio	<u>n:</u>			Ad for T	homas Parke	er		
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File	e							
For In	formation Only							
No Ch	ange in Rate							
Но	ome Office:	Southern HealthCare Managemer	nt. LLC					
***		5887 Glenridge Drive, Suite 150						
		Atlanta GA 30328						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SARASOTA POINT REHABILITATION CENTER			Provider Number: 0 085643-00				
2600 COURTL	AND STREET			Date:	11/16/2015		
SARASOTA, F	L 34237			Fiscal Year End:		10/31/20	114
				Audit Status:		Unaudit	ed
Provider Ty	pe:						
•	•				Current Rate	New Rate	Effective Date
Nursing Hor	ne Single	e Level			252.90	257.96	7/1/2014
0					***************************************		
	*						
Rate	Type:						
X	Interim	Table	-	Prospective	I D		
		Total Interim Interim Component			Prospective	with Interim	Component
	X	Settlement based on cost		100	rrospective	with interim	Component
	- 1	Prior Provider Prospective data					
Basis:			Cha	nges:			
V-	_			Rate Semes	ter Change		
	Budget			X Cost Settler	nent FYE 10	/31/2014	
X	Unaudited co						
	Field audited						
	_ Desk audited	i costs					
Distribution	ı <u>:</u>			Sofor TI	iomas Parke	r	
Contract Manag	gement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File							
For Info	ormation Only						
No Cha	nge in Rate						
Hor	ne Office:	Southern HealthCare Managemen	nt. L.I.C				
7101	en e	5887 Glenridge Drive, Suite 150	,				
		Atlanta, GA 30328					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

SARASOTA POINT REHABILITATION CENTER		Provider Number:		0 085643	-00		
2600 COURTLAND STREET			Date:		11/16/2015		
SARASOTA, I	FL 34237			Fiscal Year End:	10/31/2014		
				Audit Status:	-	Unaudi	ted
Provider Ty	pe:				-		
	Per				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Singl	e Level			252.90	259.52	11/1/2014
Rate	Type:						
	Interim		X	Prospective			
	_	Total Interim		Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
				Rate Semes	ter Change		
	Budget			X Cost Settle	ment FYE 10	/31/2014	
X	Unaudited c						
	Field audite						
	Desk audite	d costs					
				C .			
Distribution	1:			Ad for T	homas Parke	er	
Contract Mana	gement / Fiscal	Agent	3	Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent File	1						
For Inf	formation Only						
No Cha	inge in Rate						
Но	me Office:	Southern HealthCarc Managemen	nt, LLC				
		5887 Glenridge Drive, Suite 150					
		Atlanta GA 30328					



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Tallahassee, Florida 32308

SARASOTA POINT REHABILITATION CENTER 2600 COURTLAND STREET			Provider Number:		0 085643-00 11/16/2015			
			Date:					
SARASOTA, F	FL 34237			Fiscal Year End:		10/31/2014		
				Audit Status:		Unaudit	ed	
Provider Ty	pe:							
					Current	New	Effective	
					Rate	Rate	Date	
Nursing Hor	me Single	Level			257.96	266.81	1/1/2015	
	· ·							
Rate	Type:							
	Interim		X	Prospective				
	_	Total Interim		Tota	l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
Dusis.			Cite	Rate Semes	ter Change			
	Budget		-		ment FYE 10	/31/2014		
X	Unaudited co	osts						
-	Field audited	costs						
	Desk audited	costs						
Distulbution				212				
Contract Mana		Arant	-	() -	homas Park			
Permanent File	gement / Fiscal	Agent		Medicaid Cost Rein	ibursement P	lanning and F	inance	
	formation Only							
	inge in Rate							
	me Office:	Southern HealthCare Managemer	n II.C					
1101	inc office.	5887 Glenridge Drive, Suite 150	and an array					
		Atlanta, GA 30328						



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Tallahassee, Florida 32308

SARASOTA POINT REHABILITATION CENTER 2600 COURTLAND STREET		Provider Number:		0 085643-00				
		Date:	11/16/2015					
SARASOTA, I	FL 34237			Fiscal Year End:		10/31/2014		
				Audit Status:		Unaudit	ed	
Provider Ty Nursing Ho		e Level			Current Rate 256.99	New <u>Rate</u> 268.87	Effective Date 9/1/2015	
Rate	Type:							
	Interim	Total Interim	X	Prospective	al Prospective			
		Interim Component		Tota	I Prospective	with Interim	Component	
	X	Settlement based on cost Prior Provider Prospective data						
Basis:	Budget		Cha	Rate Semes Cost Settle	iter Change ment FYE 10	0/31/2014		
X	Unaudited c	osts						
	Field audite	d costs						
	Desk audite	d costs						
Distribution				1 / 1-11.0	homas Park			
	agement / Fiscal	Agent		Medicald Cost Rein	nbursement P	lanning and F	inance	
Permanent File								
For In	formation Only							
No Cha	ange in Rate							
Но	ome Office:	Southern HealthCare Managemer 5887 Glenridge Drive, Suite 150 Atlanta GA 30328	nt, LLC					



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Tallahassee, Florida 32308

WATERCREST CARE CENTER 16650 W DIXIE HWY		Provider Number:		0 089220-00			
			Date:		10/13/2015		
NORTH MIAN	II BEACH, FL	33160		Fiscal Year End:		1/31/20	14
				Audit Status:		Unaudit	ed
Provider Ty	pe:						
And a complete for the second of the second					Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Single	Level			257.17	257.18	7/1/2014
		*					
R							
D 4	700	1					
Rate	Type:]					
	Interim		X	Prospective			
	- mem	Total Interim			l Prospective		
		Interim Component				with Interim	Component
	X	Settlement based on cost			1		
		Prior Provider Prospective data					
,							
Basis:			Cha	inges:			
				Rate Semes			
	Budget					Revised Fiel 2008 for Price	
X	Unaudited co			#310409		2000 101 1110	
	Field audited						
	Desk audited	COSIS					
Distribution	<u>1:</u>			A Fol TI	nomas Parke	er	
Contract Mana	gement / Fiscal A	agent	-	Medicaid Cost Reim			inance
Permanent File							
For Inf	formation Only						
	inge in Rate						
	175	N. H. OCC					
Но	me Office:	No Home Office					



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Tallahassee, Florida 32308

ASTORIA HEALTH & REH	Provider Numb	er:	0 103165-00 9/17/2015			
701 OVERLOOK DR SE	Date:					
WINTER HAVEN, FL 33884	4-1671	Fiscal Year En	d:	6/30/2011		
		Audit Status:		Field Audited		
Provider Type:			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home Sing	le Level		229.98	225.11	12/1/2012	
Leve	l H: Aids		379.19	374.32	12/1/2012	
Rate Type:						
Interim	Total Interim	X Prospective	Total Prospective			
-	Interim Component		Total Prospective		Component	
	Settlement based on cost	-				
	Prior Provider Prospective data					
Basis:		Changes:				
			mester Change			
Budget		X Field A	udit #NH13-160	G FYE 6/30/	2011	
Unaudited						
X Field audite						
Desk audite	ed costs					
Distribution:	I A gent	X 501	Thomas Park			
Contract Management / Fisca	Agent	Methodid Cost I	Reimbursement P	lanning and l	nance	
Permanent File						
For Information Only						
No Change in Rate						
Home Office:	TLC Management					
	1800 North Wabash Ave					
	Suite 300					
	Marion, IN 46952					



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Tallahassee, Florida 32308

ASTORIA HEALTH & REHABILITATION CENTER		Provider Number: 0 103165-00						
701 OVERLOOK DR SE		Date: 9/17/2015			15			
WINTER HAV	EN, FL 3388	4-1671		Fiscal Year End:		6/30/2011		
				Audit Status:		Field Auc	lited	
Provider Ty	ne:							
110vider 1y	pe.				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Hor	ne Sing	le Level			232.77	227.90	1/1/2013	
	Leve	el H: Aids			383.58	378.71	1/1/2013	
Rate	Type:							
			v	Donoraniona				
	Interim	Total Interim	X	Prospective	l Prospective			
		Interim Component			l Prospective		Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
	_			Rate Semes	ter Change			
	Budget			X Field Audi	#NH13-160	G FYE 6/30/2	110	
	Unaudited	costs						
X	Field audit	ed costs						
	Desk audit	ed costs						
Distribution				to for T	homas Parko	er		
Contract Manag	gement / Fisca	al Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File								
For Inf	ormation Only	y						
No Cha	nge in Rate							
Ног	ne Office:	TLC Management						
		1800 North Wabash Ave						
		Suite 300						
		Marion, IN 46952						



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Tallahassee, Florida 32308

ASTORIA HEALTH & REHABILITATION CENTER		Provider Number:		0 103165-00		
701 OVERLOOK DR SE			Date:		9/17/20	15
WINTER HAVEN, FL 338	384-1671		Fiscal Year End:	d: 6/30/2012		
			Audit Status:		Unaudit	ed
Provider Type:						
Trovider Type.				Current Rate	New Rate	Effective Date
Nursing Home Sin	gle Level			222.10	221.70	7/1/2013
Rate Type:						
Interim	_	X	Prospective			
	Total Interim			l Prospective		
	Interim Component		Tota	l Prospective	with Interim	Component
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Cho	nges:			
Dasis.		Спа		tan Chamas		
Budget			Rate Semes Effects of F		NH13-160G F	VE
X Unaudite	d soute		6/30/2011	icia Audit #1	VIII3-100G I	1 L
The second secon	ited costs					
Marie Control of the	ited costs					
Desk aud	ned costs					
Distribution:			dol for TI	nomas Parke	er	
Contract Management / Fis	cal Agent		Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent File						
For Information Or	ly					
No Change in Rate						
Home Office:	TLC Management 1800 North Wabash Ave Suite 300 Marion, IN, 46952					



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Tallahassee, Florida 32308

ASTORIA HEALTH & REHABILITATION CENTER	Provider Number:		0 103165-00			
701 OVERLOOK DR SE		Date:	Pate: 9/17/2015			
WINTER HAVEN, FL 33884-1671		Fiscal Year End:	11-	6/30/2012		
		Audit Status:		Unaudited		
Provider Type: Nursing Home Single Level			Current Rate 219.18	New <u>Rate</u> 218.78	Effective <u>Date</u> 1/1/2014	
Rate Type:						
Interim	X	Prospective				
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis:		XTota		with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs		Effects of F 6/30/2011	ield Audit #1	NH13-160G F	YE	
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate	,	Medicaid Cost Reim	nomas Parke bursement P		inance	
Home Office: TLC Management 1800 North Wabash Ave Suite 300 Marion, IN 46952						



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Tallahassee, Florida 32308

ASTORIA HEALTH & REHABILITATION CENTER		Provider Number:	-	0 103165-00			
701 OVERLOOK DR SE			Date:	-	9/17/2015		
WINTER HAVEN, FL 3388	4-1671		Fiscal Year End:	io version di la comp	6/30/20	13	
			Audit Status:		Unaudi	ted	
Provider Type:				Current Rate	New Rate	Effective Date	
Nursing Home Sing	de Level			208.75	208.33	7/1/2014	
Rate Type:							
Interim		X	Prospective				
	Total Interim	-		al Prospective			
-	Interim Component		Tota	al Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Cha	inges:				
Dusis		Cit		ster Change			
Budget		-			NH13-160G I	FYE	
X Unaudited	costs		6/30/2011				
Field audit	red costs						
Desk audit	ed costs						
Distribution:			1	homas Park			
Contract Management / Fisca	al Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File							
For Information Only	y						
No Change in Rate							
Home Office:	TLC Management						
	1800 North Wabash Ave						
	Suite 300						
	Marion, IN 46952						



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Tallahassee, Florida 32308

ASTORIA HEALTH & REHABILITATION CENTER 701 OVERLOOK DR SE		Provider Number:		0 103165-00 9/17/2015		
		Date:				
WINTER HAVEN, FL 33884-1671		Fiscal Year End:		6/30/20	14	
		Audit Status:		Unaudit	ted	
Provider Type: Nursing Home Single Level			Current Rate 217.85	New <u>Rate</u> 217.43	Effective Date 1/1/2015	
Rate Type:						
Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X		l Prospective l Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs		Rate Semes Effects of F 6/30/2011		NH13-160G F	FYE	
Distribution: Contract Management / Fiscal Agent Permanent FileFor Information OnlyNo Change in Rate	_	For Ti	homas Parke bursement P		inance	
Home Office: TLC Management 1800 North Wabash Ave Suite 300 Marion, IN 46952						



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Tallahassee, Florida 32308

ASTORIA HEALTH & REHABILITATION CENTER		Provider Number:		9/17/2015		
701 OVERLOOK DR SE	701 OVERLOOK DR SE					
WINTER HAVEN, FL 33884-1671		Fiscal Year End:		6/30/20	14	
		Audit Status:		Unaudit	ed	
Provider Type: Nursing Home Single Lev	el		Current Rate 216.00	New <u>Rate</u> 215.58	Effective <u>Date</u> 9/1/2015	
Rate Type:						
Inte	al Interim Prim Component Element based on cost Provider Prospective data		Prospective Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs		Rate Semeste K Effects of Fi 6/30/2011	-	NH13-160G F	YE	
Distribution: Contract Management / Fiscal Agent Permanent FileFor Information OnlyNo Change in Rate		Medicaid Cost Reimb	omas Parke oursement P		inance	
Home Office: TLC 1800 Suit	Management 0 North Wabash Ave e 300					



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Tallahassee, Florida 32308

DESOTO HEALTH AND REHAB	Provider Number:		0 103177	7-00
475 NURSING HOME DR	Date:	12/22/2015		015
ARCADIA, FL 34266	Fiscal Year End:		6/30/20)14
	Audit Status:		Unaudi	ted
Provider Type:		Current Rate	New Rate	Effective <u>Date</u>
Nursing Home Single Level		260.32	260.24	12/31/2013
Rate Type:				
X Interim	Prospective			
Total Interim		Prospective		
Interim Component	Total	Prospective	with Interim	Component
X Settlement based on cost		9		
Prior Provider Prospective data				
Basis:	Changes:	or Change		
Budget	Rate Semest		30/2014	
X Unaudited costs	A Cost Settlett	iem i i e or.	50/2011	
Field audited costs				
Desk audited costs				
Distribution:		Lisa Smith		
Contract Management / Fiscal Agent	Medicaid Cost Reimb	bursement Planning and Finance		
Permanent File		ř		
For Information Only	C)	Sec. A. D.	L. John	
No Change in Rate	1/	124.1	***************************************	
Home Office: No Home Office				



2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

DESOTO HEALTH AND REHAB	Provider Number:		0 103177	-00	
475 NURSING HOME DR	Date:		12/22/20	15	
ARCADIA, FL 34266	Fiscal Year End:		6/30/2014		
	Audit Status:		Unaudit	ed	
Provider Type:		Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Single Level		261.09	261.70	1/1/2014	
Rate Type:					
Rate Type:					
X Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data	Tota	l Prospective	with Interim	Component	
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semester Change Cost Settlement FYE 6/30/2014				
Distribution: Contract Management / Fiscal Agent	Lisa Smith Medicaid Cost Reimbursement Planning and Finance				
Permanent FileFor Information OnlyNo Change in Rate	Asa miti				
Home Office: No Home Office					



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Tallahassee, Florida 32308

DESOTO HEALTH AND REHAB	Provider Number:	0 103177-00			
475 NURSING HOME DR	Date: 12/22/				
ARCADIA, FL 34266	Fiscal Year End:	6/30/2014			
	Audit Status:	Unaudited			
Provider Type: Nursing Home Single Level	Current <u>Rate</u> 270.45	New Rate Effective Date 272.37 7/1/2014			
Rate Type:					
Interim Total Interim Interim Component X Settlement based on cost Prior Provider Prospective data	X Prospective Total Prospective Total Prospective v	with Interim Component			
Budget X Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semester Change X Cost Settlement FYE 6/30)/2014			
Distribution: Contract Management / Fiscal Agent Permanent FileFor Information OnlyNo Change in Rate	Lisa Smith Medicaid Cost Reimbursement Planning and Finance				
Home Office: No Home Office					



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Tallahassee, Florida 32308

DESOTO HEALTH AND REHAB	Provider Number:	er: 0 103177-00		
475 NURSING HOME DR	Date:	Na Sellina Selection	12/22/20	15
ARCADIA, FL 34266	Fiscal Year End:		6/30/20	14
	Audit Status:	-	Unaudit	ed
Provider Type:				
-28-		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level		271.79	276.58	1/1/2015
Rate Type:				
Interim	X Prospective			
Total Interim	Total	Prospective		
Interim Component	Total	Prospective	with Interim	Component
X Settlement based on cost				
Prior Provider Prospective data				
Basis:	Channel			
Dasis:	Changes:	on Change		
Budget	Rate Semest Cost Settler	er Change nent FYE 6/:	30/2014	
X Unaudited costs		ione i i L o	50/2011	
Field audited costs				
Desk audited costs				
Distribution:		Lisa Smith		
Contract Management / Fiscal Agent	Medicaid Cost Reim	ledicaid Cost Reimbursement Planning and Finance		
Permanent File				
For Information Only		1	1	
No Change in Rate		jua i	* » . A [. 2]	
Home Office: No Home Office				



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Tallahassee, Florida 32308

DESOTO HEALTH AND REHAB	Provider Number:	Number: 0 103177-00		
475 NURSING HOME DR	Date: 12/22/201:			15
ARCADIA, FL 34266	Fiscal Year End:		6/30/20	14
	Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level		Current <u>Rate</u> 270.10	New <u>Rate</u> 278.15	Effective <u>Date</u> 9/1/2015
Rate Type:	X Prospective			
Total Interim	Tota	l Prospective		
Interim Component	Tota	l Prospective	with Interim	Component
X Settlement based on cost				
Prior Provider Prospective data				
Budget X Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semes Cost Settle	ter Change ment FYE 6/.	30/2014	
Distribution:		Lisa Smith		
Contract Management / Fiscal Agent	Medicaid Cost Rein	Cost Reimbursement Planning and Finance		
Permanent FileFor Information OnlyNo Change in Rate	Asa moth			
Home Office: No Home Office	5			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE FLORIDEAN NURSING AND REHABILITATION CENTER	Provider Number:		0 146222	-00
47 NW 32ND PLACE	Date:	11/9/2015		
MIAMI, FL 33125	Fiscal Year End:		1/31/20	16
	Audit Status:	****	Unaudit	ed
Provider Type: Nursing Home Single Level		Current Rate 264.97	New <u>Rate</u> 268.31	Effective <u>Date</u> 2/1/2015
Rate Type:				
X Interim	Prospective			
X Total Interim	Total	l Prospective	:	
Interim Component	Total	l Prospective	with Interim	Component
Settlement based on cost				
Prior Provider Prospective data				
X Budget Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semest X NRP CHOF		ective 02/01/2	2015
Distribution: Contract Management / Fiscal Agent		Lisa Smith		
Permanent File	Medicaid Cost Reim	bursement P	lanning and F	inance
For Information Only		1.	v - 1	
No Change in Rate	0	Jua J	hits	
Home Office: No Home Office				
F6RIY Report Calculated: 11/9/2015 3:22:58 PM Report	Printed:12/23/2015 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE FLORIDEAN NURSING AND REHABILITATION CENTER	Provider Number:		0 146222	-00
47 NW 32ND PLACE	Date:		11/9/20	15
MIAMI, FL 33125	Fiscal Year End:		1/31/20	16
	Audit Status:		Unaudit	ed
Provider Type: Nursing Home Single Level		Current <u>Rate</u> <u>265.69</u>	New <u>Rate</u> 261.53	Effective <u>Date</u> 9/1/2015
Rate Type:				
X Interim	Prospective			
X Total Interim	Total	Prospective		
Interim Component	Total	Prospective	with Interim	Component
Settlement based on cost				
Prior Provider Prospective data				
X Budget Unaudited costs Field audited costs Desk audited costs	Changes: Rate Semeste X NRP CHOP		ective 02/01/2	2015
Distribution: Contract Management / Fiscal Agent		Lisa Smith		
Permanent File	Medicaid Cost Reimb	oursement P	lanning and F	inance
For Information Only)	1	
No Change in Rate	J.) was	neth	
Home Office: No Home Office	-			
F6RIY Report Calculated: 11/9/2015 3:22:58 PM Report Pr	rinted:12/23/2015 ID:			



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

NORTHBROO	K HEALTH A	AND REHABILITATION CENTER	Pro	ovider Number:		0 156586-00	
575 LAMAR A	VE		Da	te:		12/18/20)15
BROOKSVILL	LE, FL 34601		Fis	cal Year End:	7	10/31/20	016
			Au	dit Status:	Q <u>5000000</u>	Unaudi	ted
Provider Ty Nursing Ho		de Level			Current Rate 220.29	New <u>Rate</u> 222.71	Effective <u>Date</u> 11/1/2015
Rate	Type:						
X	Interim		P	rospective			
	X	Total Interim			al Prospective		
		Interim Component	_	Tota	al Prospective	e with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:	Budget Unaudited Field audit Desk audit	red costs	Change	Rate Seme	ster Change P/CHOW Ef	fective 11/01/	2015
Distribution	n <u>:</u>				Lisa Smith		
Contract Mana	ngement / Fisca	al Agent	Me	dicaid Cost Reir		lanning and I	Finance
Permanent File	e		1,10				
For In	formation Only	y		- 4	1	1 +1	
No Cha	ange in Rate			0	Juan)	mily	
Но	ome Office:	Summit Care II, Inc 2123 Centre Pointe Blvd. Tallahassee, FL 32308					
6ZGFN	Report Cal	culated: 12/18/2015 11:19:12 AM Rep	ort Printed :12	/23/2015 ID:			



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Tallahassee, Florida 32308

JOSEPH L MORSE GERIATRIC CENTER INC	Provider Number:		0 207381-00 12/8/2015		
4847 FRED GLADSTONE DRIVE	Date:	-			
WEST PALM BEACH, FL 33417	Fiscal Year End:		5/31/2014		
	Audit Status:		Unaudi	ted	
Provider Type:		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		263.11	247.07	12/1/2015	
Rate Type:					
Interim Total Interim	X Prospective X Tota	I Prospective			
Interim Component			with Interim	Component	
Settlement based on cost		. Trooperdie		Component	
Prior Provider Prospective data					
Basis:	Changes:	ter Change			
Budget	X Change for	Normal Volu	ume to High	Volume	
X Unaudited costs	NFQA effe	ctive 12/1/20	015		
Field audited costs					
Desk audited costs					
Distribution:		homas Parko			
Contract Management / Fiscal Agent	Medicaid/Cost Rein	bursement P	lanning and F	inance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BERNARD L	SAMSON NUR	SING CENTER		Provider Number:		0 208442	-00
255 59TH ST 1	N			Date:		9/2/201	5
SAINT PETER	RSBURG, FL 33	3710		Fiscal Year End:		6/30/20	10
				Audit Status:		Field Auc	lited
Provider Ty	vne:						
	, P				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Single	e Level			236.66	235.46	1/1/2011
	Level	H: Aids			381.52	380.32	1/1/2011
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		X Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
				Rate Semes	ter Change		
	Budget					V FYE 06/30/	2010
	Unaudited co	osts					
X	Field audited	l costs					
	Desk audited	d costs					
Distribution	n:			Al for T	homas Parke	er	
Contract Mana	ngement / Fiscal	Agent		Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent File	e						
For In:	formation Only						
	ange in Rate						
		No Homo Office					
Ho	me Office:	No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BERNARD L	BERNARD L SAMSON NURSING CENTER			Provider Number:		0 208442	-00
255 59TH ST N	Ν			Date:		9/2/201	5
SAINT PETER	RSBURG, FL 33	710		Fiscal Year End:		6/30/20	10
Provider Type: Nursing Home Single Level Level H: Aids Rate Type: Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs X Field audited costs Desk audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent			Audit Status:	Delin Comment of the	Field Auc	lited	
Provider Ty	/pe:						
	P				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Single	Level			227.92	226.79	7/1/2011
	Level	H: Aids			374.12	372.99	7/1/2011
D-4-	T	٦					
Rate	r Type:	J					
	Interim		X	Prospective			
	_	Total Interim	***************************************		l Prospective		
	-	Interim Component		Tota	I Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semes		I ENTE OF SO	2010
		4	-	X Field Audit	NH13-019V	V FYE 06/30/	2010
X							
	Desk audited	COSTS					
Distribution	<u>n:</u>			A For T	homas Parke	er	
Contract Mana	igement / Fiscal A	agent		Medicaid Cost Rein	bursement P	lanning and F	inance
Permanent File	2						
For Inf	formation Only						
	ange in Rate						
		No Homo Office					
HO	me Office:	No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BERNARD L	SAMSON NURSING CENTER		Provider Number:		0 208442	-00
255 59TH ST	N		Date:		9/2/201	5
SAINT PETER	RSBURG, FL 33710		Fiscal Year End:		6/30/20	10
Va. article in the control of the co			Audit Status:	-	Field Auc	lited
Provider T	vne:					
	7			Current	New	Effective
				Rate	Rate	Date
Nursing Ho	ome Single Level			229.41	228.57	1/1/2012
	Level H: Aids			377.02	376.18	1/1/2012
D	T					
Rate	e Type:					
	Interim	X	Prospective			
	Total Interim		X Tota	l Prospective		
	Interim Component		Tota	l Prospective	with Interim	Component
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Cha	inges:			
			Rate Semes			
	Budget	**	X Field Audit	NH13-019V	V FYE 06/30/	2010
	Unaudited costs					
X	Field audited costs					
	Desk audited costs					
D1 . 0			1100			
Distributio			100	homas Park		
	agement / Fiscal Agent		Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent Fil	le					
For In	nformation Only					
No Ch	ange in Rate					
Но	ome Office: No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

AVANTE AT BOCA RATON	INC.	Provider Number:			0 210676-00		
1130 NW 15TH STREET		Date:			9/17/2015		
BOCA RATON, FL 33486			Fiscal Year End:	End: 5		/31/2011	
			Audit Status:		Field Auc	lited	
Provider Type:							
* *				Current	New	Effective	
				Rate	Rate	Date	
Nursing Home Single	Level			233.22	232.68	1/1/2012	
Level	H: Aids			380.83	380.29	1/1/2012	
Rate Type:							
Interim		X	Prospective				
	Total Interim		_	tal Prospective			
	Interim Component			tal Prospective		Component	
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Chai					
n l				ester Change lit #NH13-039	0 EVE 5/21/2	0011	
Budget Unaudited co			Field Aud	II #INFI 13-039	C F 1 E 3/31/2	2011	
X Field audited							
Desk audited						*	
Desir dudited							
Distribution			150				
Distribution:	Amount		1001	Thomas Parke			
Contract Management / Fiscal /	Agent		Medicalid Cost Rei	mbursement P	lanning and F	inance	
Permanent File							
For Information Only							
No Change in Rate							
Home Office:	Avante Group, Inc.						
	4000 Hollywood Blvd, Suite 540-N	Į					
	Hollywood, FL 33021-6744						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

AVANTE AT BOCA RATON INC.		Provider Number: 0 210676-00						
1130 NW 15TH	H STREET			Date:		9/17/2015		
BOCA RATON	I, FL 33486			Fiscal Year End:		5/31/2011		
				Audit Status:		Field Auc	lited	
Provider Ty	pe:							
					Current Rate	New Rate	Effective Date	
Nursing Hor	me Single	Level			240.88	240.34	7/1/2012	
	Level	H: Aids			390.09	389.55	7/1/2012	
Rate	Type:							
	Interim		X	Prospective				
		Total Interim		X Tot	al Prospective			
		Interim Component		Tot	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
					ster Change			
	Budget			X Field Aud	it #NH13-039	C FYE 5/31/2	2011	
	Unaudited co							
X	Field audited							
	Desk audited	costs			×			
Distribution	<u>ı:</u>			Holfor 1	Thomas Parke	er		
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rein	mbursement P	lanning and F	inance	
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate							
Но	me Office:	Avante Group, Inc.						
		4000 Hollywood Blvd, Suite 540-	N					
		Hollywood, FL 33021-6744						



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Tallahassee, Florida 32308

AVANTE AT I	BOCA RATON	INC.		Provider Number:		0 210676-00		
1130 NW 15TH	STREET			Date:	9/17/2015			
BOCA RATON	, FL 33486			Fiscal Year End:	No.	5/31/2012		
				Audit Status:	-	Unaudit	ed	
Provider Ty	ne:							
	P-1				Current Rate	New Rate	Effective Date	
Nursing Hor	me Single	Level			240.28	240.30	1/1/2013	
	Level	H: Aids			391.09	391.11	1/1/2013	
Rate	Туре:							
	Interim		Х	Prospective				
		Total Interim		X Tota	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
				Rate Semes	ster Change			
	Budget			1.0	Field Audit #1	NH13-039C F	YE	
X	_ Unaudited co			5/31/2011				
	Field audited							
	Desk audited	costs						
Distribution				110	'homas Parke			
Contract Mana	gement / Fiscal /	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate							
Hor	me Office:	Avante Group, Inc. 4000 Hollywood Blvd, Suite 540- Hollywood, FL 33021-6744	N					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

AVANTE AT	BOCA RATON	INC.		Provider Number:		0 210676	-00	
1130 NW 15TI	H STREET			Date:	9/17/2015			
BOCA RATO	N, FL 33486			Fiscal Year End:		5/31/2012		
				Audit Status:		Unaudit	ed	
Provider Ty	ne:							
11011401 1	per				Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	e Level			246.29	246.31	7/1/2013	
D .	TP	٦						
Rate	Type:							
	Interim		X	Prospective				
	- 1111011111	Total Interim	Λ	_	l Prospective			
		Interim Component			3.50	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
				Rate Semes	ter Change			
	Budget				ield Audit #1	NH13-039C I	FYE	
X	Unaudited co	osts		5/31/2011				
	Field audited							
	Desk audited	d costs						
				D N				
Distribution				of for TI	homas Parke	er		
Contract Mana	igement / Fiscal	Agent	1	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent File	2							
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Avante Group, Inc.						
110	5771941	4000 Hollywood Blvd, Suite 540-N	Į					
		Hollywood, FL 33021-6744						



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Tallahassee, Florida 32308

AVANTE AT	BOCA RATON	INC.		Provider Number:		0 210676	-00	
1130 NW 15TH	H STREET			Date:		9/17/2015 5/31/2013		
BOCA RATON	N, FL 33486			Fiscal Year End:				
				Audit Status:		Unaudit	ed	
Provider Ty	pe:							
110.1001	Per				Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	e Level			236.32	236.34	1/1/2014	
		¬						
Rate	Type:							
	Interim		X	Prospective				
	-	Total Interim			l Prospective			
		Interim Component				with Interim	Component	
		Settlement based on cost						
	<u> </u>	Prior Provider Prospective data						
Basis:			Cha	inges:				
1943131			Cite	Rate Semes	ter Change			
	Budget				0.00	NH13-039C F	YE	
X	Unaudited co	osts		5/31/2011				
	Field audited	l costs						
	Desk audited	l costs						
Distribution				210 -				
	gement / Fiscal	Agent		111-1	homas Parke		inanco	
Permanent File		ngon.		Medicaid Cost Rein	ibursement P	ianning and r	inance	
	formation Only							
	ange in Rate							
	me Office:	Avante Group, Inc.						
110	me Office.	4000 Hollywood Blvd, Suite 540-1	V					
		Hollywood, FL 33021-6744	15					



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Tallahassee, Florida 32308

AVANTE AT BO	OCA RATON	INC.		Provider Number:		0 210676	-00	
1130 NW 15TH 5	1130 NW 15TH STREET			Date:		9/17/2015		
BOCA RATON,	FL 33486			Fiscal Year End:		5/31/2013		
				Audit Status:		Unaudit	ed	
Provider Typ	e:				Current Rate	New Rate	Effective Date	
Nursing Hom	e Single	Level			248.26	248.28	7/1/2014	
Rate T	Type:							
1	nterim		X	Prospective				
_		Total Interim			al Prospective			
_		Interim Component		Tot	al Prospective	with Interim	Component	
_		Settlement based on cost Prior Provider Prospective data						
Basis:	Budget		Cha	X Effects of	ster Change Field Audit #1	NH13-039C F	FYE	
X	Unaudited co			5/31/2011				
	Field audited Desk audited							
Distribution:				20 for 1	Thomas Parko	er		
Contract Manage	ement / Fiscal /	Agent		Medicaid Cost Rei	nbursement P	lanning and F	inance	
Permanent File								
For Infor	rmation Only							
No Chang	ge in Rate							
Home	e Office:	Avante Group, Inc. 4000 Hollywood Blvd, Suite 540-N Hollywood, FL 33021-6744	V					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

AVANTE AT E	BOCA RATON	INC.		Provider Number:		0.210676	-00	
1130 NW 15TH	STREET			Date:		9/17/2015		
BOCA RATON	, FL 33486			Fiscal Year End:	5/31/2014			
				Audit Status:		Unaudit	ed	
Provider Ty	pe:							
	,				Current	New	Effective	
					Rate	Rate	Date	
Nursing Hon	ne Singl	e Level			248.76	248.78	1/1/2015	
Rate	Type:							
	· Control Control		**					
	Interim	To Harri	X	Prospective	al Prospective			
		Total Interim				with Interim	Component	
		Interim Component Settlement based on cost		100	ii r iospective	with interim	Component	
		Prior Provider Prospective data						
Basis:	7		Cha	inges:				
	_				ster Change			
	Budget			X Effects of		NH13-039C F	YE	
X	Unaudited c	osts		5/31/2011				
	Field audite	d costs						
	Desk audite	d costs						
Distribution	8			A) for T	homas Park	er		
Contract Manag	gement / Fiscal	Agent	-	Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File								
For Info	ormation Only							
	nge in Rate							
Hor	ne Office:	Avante Group, Inc.	1					
		4000 Hollywood Blvd, Suite 540-1	N					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

AVANTE AT	BOCA RATON	INC.		Provider Number:		0 210676-00		
1130 NW 15TI	H STREET			Date:		9/17/2015		
BOCA RATO	N, FL 33486			Fiscal Year End:		12/31/2014		
				Audit Status:		Unaudit	ed	
Provider Ty	vpe:							
	1				Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	Level			248.96	248.98	9/1/2015	
Rate	e Type:							
	Interim		X	Prospective				
	*	_ Total Interim		and the same of th	al Prospective		31	
	¥	Interim Component		Tot	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
					ster Change			
	Budget				Field Audit #	NH13-039C F	YE	
X	Unaudited co	osts		5/31/2011				
	Field audited	costs						
	Desk audited	costs						
Distribution	<u>n:</u>			A)FI.	Thomas Park	er		
Contract Mana	agement / Fiscal /	Agent		Medicaid Cost Rei	mbursement P	lanning and F	inance	
Permanent File	e							
For In	formation Only							
No Ch	ange in Rate							
Но	ome Office:	Avante Group, Inc.						
		4000 Hollywood Blvd, Suite 540-	N					
		Hollywood, FL 33021-6744						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CENTER OF WINTER HAVEN			Provider Number:		0 219380	-00
1510 CYPRESS GARDENS	BLVD		Date:		11/4/20	15
WINTER HAVEN, FL 3388	34		Fiscal Year End:		7/31/20	11
			Audit Status:		Field Aud	lited
Provider Type:						
				Current	New	Effective
				Rate	Rate	<u>Date</u>
Nursing Home Sing	gle Level			199.84	199.45	1/1/2012
Lev	el H: Aids			347.45	347.06	1/1/2012
Rate Type:						
Kate Type.						
Interim		X	Prospective			
	Total Interim			l Prospective		
	Interim Component		Tota	I Prospective	with Interim	Component
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Cha	nges:			
Dudost		-	Rate Semes Field Audit		C FYE 7/31/2	011
Budget Unaudited	agets		A Field Audit	HIVIII 3-000	C11L 7/31/2	.011
X Field audit						
Desk audit						
Distribution:			\$ +0! TI	homas Parke	ar.	
Contract Management / Fisca	al Agent		Medicaid Cost Reim			inance
Permanent File			wegicalo Cost Kelli	oursement 1	aming and r	mance
For Information Onl	y					
No Change in Rate						
Home Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

LIFE CARE CI	ENTER OF WI	NTER HAVEN		Provider Number:		0 219380-00		
1510 CYPRES	S GARDENS E	BLVD		Date:		11/4/20	15	
WINTER HAV	'EN, FL 33884			Fiscal Year End:		7/31/2011		
				Audit Status:		Field Auc	lited	
Provider Ty	ne:				5-0.0-5-1.1-0 000			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P.				Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Singl	e Level			205.85	205.46	7/1/2012	
	Level	H: Aids			355.06	354.67	7/1/2012	
Rate	Type:							
	Interim		X	Prospective				
		Total Interim			al Prospective			
	****	Interim Component		green and the second	l Prospective		Component	
	-	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
Dasis:			Clia	Rate Semes	eter Change			
	Budget				t #NH13-068	C FYE 7/31/2	011	
	— Unaudited c	nets		<u>A</u>				
X	Field audite							
	Desk audite							
Distribution				11100	homas Parke			
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate							
Hor	me Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE CI	ENTER OF WI	NTER HAVEN		Provider Number:		0 219380-00		
1510 CYPRESS GARDENS BLVD				Date:		11/4/20	15	
WINTER HAV	'EN, FL 33884			Fiscal Year End:	-	7/31/20	11	
				Audit Status:		Field Aud	lited	
Provider Ty	ne:							
					Current	New	Effective	
					Rate	Rate	Date	
Nursing Hor	me Single	e Level			208.83	208.44	1/1/2013	
	Level	H: Aids			359.64	359.25	1/1/2013	
		7						
Rate	Type:							
	Interim		X	Prospective				
7/10	-	Total Interim			al Prospective			
		Interim Component			al Prospective		Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
Dasis.			Cite		ster Change			
	Budget		Section 1		it #NH13-0680	C FYE 7/31/2	011	
***************************************	Unaudited c	osts						
X	Field audited	d costs						
	Desk audited	d costs						
198								
Distribution				yd for I	homas Parke	r		
Contract Manag	gement / Fiscal	Agent		Medicaid Cost Rein	nbursement Pl	anning and F	inance	
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate							
Hor	ne Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF	SARASOTA		Provider Number:		0 223786	-00	
8104 TUTTLE AVE			Date:		10/23/2015		
SARASOTA, FL 34243-	2885		Fiscal Year End:		1/31/20	11	
			Audit Status:		Field Auc	lited	
Provider Type:							
* A				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home S	ingle Level			214.04	212.38	1/1/2012	
L	evel H: Aids			361.65	359.99	1/1/2012	
Rate Type:							
Interim		X	Prospective				
-	Total Interim			al Prospective		C	
	Interim Component Settlement based on cost		100	al Prospective	with Interim	Component	
	Prior Provider Prospective data						
	Thoi Flovider Flospective data						
Basis:		Cha	nges:				
			Rate Semes	ster Change			
Budget			X Field Audi	t #NH13-069	C FYE 01/31	/2011	
Unaudi	ted costs						
X Field at	idited costs						
Desk au	idited costs						
			~ 0				
Distribution:			T	homas Parko	er		
Contract Management / F	iscal Agent		Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent File							
For Information C	Only						
No Change in Rate	2						
Home Office:	Life Care Centers Of America						
	3570 NW Keith Street						
	Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE C	ENTER OF SAI	RASOTA		Provider Number:		0 223786-00		
8104 TUTTLE	8104 TUTTLE AVE			Date:		10/23/2015		
SARASOTA, I	FL 34243-2885			Fiscal Year End:	1/31/2012		12	
				Audit Status:		Unaudit	ted	
Provider Ty	pe:							
					Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	e Level			223.99	222.21	7/1/2012	
	Level	H: Aids			373.20	371.42	7/1/2012	
Rate	Type:							
	Interim		X	Prospective				
	_	Total Interim	-		al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost		······································				
		Prior Provider Prospective data			3			
Basis:			Cha	nges:				
					ster Change			
	Budget			Effects of 01/31/201	Field Audit #ľ	VH13-069C F	YE	
X	Unaudited co			01/21/201				
	Field audited							
	Desk audited	costs					8	
Distribution				78° 1	homas Parke	r		
Contract Mana	gement / Fiscal.	Agent		Medicaid Cost Rein	nbursement Pl	anning and F	inance	
Permanent File	:							
For Ir	nformation Only							
No Ch	nange in Rate							
Ho	me Office:	Life Care Centers Of America 3570 NW Keith Street Cleveland, TN 37312						



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Tallahassee, Florida 32308

LIFE CARE CENTER OF SARASOTA 8104 TUTTLE AVE			Provider Number	0 223786	23786-00				
				Date:		10/23/2015			
SARASOTA, F	SARASOTA, FL 34243-2885			Fiscal Year End: 1/31/2012					
				Audit Status:		Unaudited			
Provider Ty	pe:								
	1				Current Rate	New Rate	Effective <u>Date</u>		
Nursing Ho	me Singl	e Level			226.58	224.33	1/1/2013		
	Leve	l H: Aids			377.39	375.14	1/1/2013		
Rate	Type:								
	Interim		X	Prospective					
	-	Total Interim		X To	tal Prospective				
		Interim Component		To	tal Prospective	with Interim	Component		
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	inges:					
	_			Rate Seme	ester Change				
	Budget				Field Audit #1	NH13-069C F	YE		
X	Unaudited o			01/31/201	1				
	Field audite								
	Desk audite	d costs							
Distribution				78.	Thomas Parke	er			
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rei	mbursement P	lanning and F	inance		
Permanent File									
For In	formation Only	y							
No Ch	ange in Rate								
Hor	me Office:	Life Care Centers Of America							
		3570 NW Keith Street							
		Cleveland, TN 37312							



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Tallahassee, Florida 32308

LIFE CARE CENTER OF SARASOTA			Provider Number:		0 223786-00			
8104 TUTTLE	B104 TUTTLE AVE			Date:		10/23/2015		
SARASOTA,	FL 34243-2885			Fiscal Year End:		1/31/20	12	
				Audit Status:		Unaudit	ed	
Provider Ty	/pe:				Current Rate	New Rate	Effective Date	
Nursing Ho	ma Cinal	a Laval				229.96	7/1/2013	
Nursing Ho	me Singi	e Level			231.64	247.70	1/1/2015	
Rate	Type:							
		_						
	Interim		X	Prospective				
		Total Interim			tal Prospective			
		Interim Component		Tot	tal Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
					ester Change			
	Budget			X Effects of	Field Audit #1	NH13-069C F	YE	
X	Unaudited co	osts		01/31/201	1			
	Field audited	d costs						
	Desk audited	d costs						
Distribution				//) 1	Thomas Parke	er		
	gement / Fiscal	Agent		Medicaid Cost Rei	mbursement P	lanning and F	inance	
Permanent File								
For In	nformation Only							
No Cl	nange in Rate							
Но	me Office:	Life Care Centers Of America						
		3570 NW Keith Street						
		Cleveland, TN 37312						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CEN	NTER OF SAI	RASOTA		Provid	ler Nun	nber:		0 223786-00		
8104 TUTTLE A	8104 TUTTLE AVE			Date: 10/23/2015					15	
SARASOTA, FL	34243-2885			Fiscal	Year E	nd:		1/31/20	13	
				Audit	Status:			Unaudit	ed	
Provider Typ	e:			· ·			Current	New	Effective	
							Rate	Rate	Date	
Nursing Hom	e Single	Level					225.81	224.25	1/1/2014	
Rate T	Гуре:									
I	nterim		X	_	sective					
_		Total Interim			X	-	Prospective			
-		Interim Component				- Total	Prospective	with Interim	Component	
-		Settlement based on cost								
-		Prior Provider Prospective data								
Basis:			Cha	nges:						
							er Change			
	Budget			X		ts of F /2011	ield Audit #l	NH13-069C F	YE	
X	Unaudited co				01/01	,2011				
	Field audited									
	Desk audited	COSIS								
						5				
Distribution:				77	5-	Th	omas Parke	er		
Contract Manage	ement / Fiscal	Agent		Medica	id Cost	Reim	bursement Pl	anning and F	inance	
Permanent File										
For Info	ormation Only									
	nge in Rate									
Home	e Office:	Life Care Centers Of America								
		3570 NW Keith Street								
		Cleveland, TN 37312								

Report Printed: 10/23/2015 ID: 223786013120130201201210022013155357



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Tallahassee, Florida 32308

HIALEAH SHO	DRES NURSIN	NG AND REHAB CENTER	Provider Number:	-00					
785 NW 32ND AVENUE				Date: 9/24/2015					
MIAMI	, FL 33147			Fiscal Year End:		8/31/20	08		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Audit Status:		Unaudit	ed		
Provider Ty	pe:								
,					Current Rate	New Rate	Effective <u>Date</u>		
Nursing Hor	ne Singl	e Level			197.23	194.20	1/1/2009		
	Level	H: Aids			335.58	332.55	1/1/2009		
Rate	Type:								
	V 1								
	Interim	_	X	Prospective					
		Total Interim			al Prospective				
	-	Interim Component		Tota	al Prospective	with Interim	Component		
		Settlement based on cost							
		Prior Provider Prospective data							
Basis:	7		Cha	nges:					
Dasis.			Cha	Rate Semes	tar Change				
	Budget				FA & RFA #N	NH07-068J F	YE		
X	Unaudited c	osts	-	08/31/2006					
	Field audite								
	Desk audite								
Distribution				1101	homas Parke				
Contract Manag	gement / Fiscal	Agent		Medicaid Cost Rein	bursement P	anning and F	inance		
Permanent File									
For Info	ormation Only								
No Chai	nge in Rate								
Hon	ne Office:	DOS Health Care, Inc 300 71st Street, Suite 400 Miami, FL 33141							



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Tallahassee, Florida 32308

Provider Type: Rate Type:	HIALEAH SHORES NURSING AND REHAB CENTER			Provider Number:		0 250988-00				
Provider Type: Rate Type:	8785 NW 32NI									
Provider Type: Nursing Home Single Level 180.70 177.92 3/1/2009 Level H: Aids 319.05 316.27 3/1/2009 Rate Type: Interim Total Interim	MIAMI	, FL 33147			Fiscal Year End:		8/31/20	08		
Nursing Home Single Level Level H: Aids Single Level Single Level Level H: Aids Single Level Single Level Level H: Aids Single Level Single Sin					Audit Status:		Unaudit	ed		
Nursing Home Single Level Level H: Aids Single Level Single Level Level H: Aids Single Level Single Level Level H: Aids Single Level Single Sin	Provider Ty	pe:								
Nursing Home Single Level H: Aids 319.05 316.27 3/1/2009 Rate Type:						Current	New	Effective		
Rate Type: Interim Total Interim Interim Component Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Total Prospective with Interim Component X Effects of FA & RFA #NH07-068J FYE 08/31/2006 Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400						Rate	Rate	Date		
Rate Type: Interim Total Interim Total Interim Total Interim Interim Component Settlement based on cost Prior Provider Prospective data Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk and the Costs Desk and the Costs Desk and the Costs Thomas Parker Medicaid Cost Reimbursement Planning and Finance Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400	Nursing Ho	me Single	e Level			180.70	177.92	3/1/2009		
Interim		Level	H: Aids			319.05	316.27	3/1/2009		
Interim										
Interim										
Interim	Rate	Type:	7							
Total Interim			_							
Interim Component Settlement based on cost Prior Provider Prospective data Basis: Changes: Rate Semester Change X Effects of FA & RFA #NH07-068J FYE 08/31/2006 Desk audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Desk audited costs Dosh		Interim		X	Prospective					
Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400			Total Interim		X Tota	l Prospective				
Basis: Budget Unaudited costs Field audited costs Desk audited costs Desk audited costs Thomas Parker Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400			Interim Component		Tota	l Prospective	with Interim	Component		
Basis: Budget Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400			Settlement based on cost							
Budget X Effects of FA & RFA #NH07-068J FYE X Unaudited costs Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400		NP-Section 1	Prior Provider Prospective data							
Budget X Effects of FA & RFA #NH07-068J FYE X Unaudited costs Field audited costs Desk audited costs Desk audited costs Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400	Dooley			Cha	2000					
Budget X Unaudited costs Field audited costs Desk audited costs Desk audited costs Desk audited costs Thomas Parker Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400	Dasis:			Clia		tar Changa				
X Unaudited costs Field audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400		Rudget				(75.)	VH07-0681 F	YE		
Field audited costs Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400			nete	-			11107 00001			
Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400										
Distribution: Contract Management / Fiscal Agent Permanent File For Information OnlyNo Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400										
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400										
Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400	Distribution	1.			4) C= T	Dayle				
Permanent FileFor Information OnlyNo Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400			Agent	-	V		The second second	inance		
For Information OnlyNo Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400					Wedicald Cost (Citi)	oursement 1	ammig and i	mance		
No Change in Rate Home Office: DOS Health Care, Inc 300 71st Street, Suite 400										
Home Office: DOS Health Care, Inc 300 71st Street, Suite 400		-								
300 71st Street, Suite 400			DOS II - M. C- I					80		
	Hoi	me Office:								
Miami El 33141			Miami, FL 33141							



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HIALEAH SHORES NURSING AND REHAB CENTER			Provider Number:		0 250988-00			
8785 NW 32NI	O AVENUE		Date:		9/24/20	15		
MIAMI	, FL 33147			Fiscal Year End:	-	8/31/20	08	
				Audit Status:		Unaudit	ed	
Provider Ty	ne:							
rionaer ry	pc.				Current	New	Effective	
	~				Rate	Rate	Date 1/1/2000	
Nursing Hor	me Sing	le Level			220.53	217.32	4/1/2009	
	Leve	l H: Aids			358.88	355.67	4/1/2009	
Rate	Type:							
	Interim		X	Prospective				
	- mem	Total Interim			l Prospective			
		Interim Component				with Interim	Component	
	-	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
				Rate Semes	ter Change			
	Budget					NH07-068J F	YE	
X	Unaudited	costs		08/31/2006	N.			
	Field audite							
	Desk audite	ed costs						
				011				
Distribution				Od to! T	homas Parke	r		
Contract Manag	gement / Fisca	Agent		Medicaid Cost Rein	bursement P	anning and F	inance	
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate							
Hor	ne Office:	DOS Health Care, Inc						
		300 71st Street, Suite 400						
		Miami FI 33141						



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Tallahassee, Florida 32308

HIALEAH SHORES NURSING AND REHAB CENTER			Provider Number: 0 250988-00							
8785 NW 32N	785 NW 32ND AVENUE				Date: 9/24/201					
MIAMI	, FL 33147			Fiscal Year End:		8/31/20	08			
				Audit Status:		Unaudi	ed			
Provider Ty	vpe:									
					Current	New	Effective			
					Rate	Rate	Date			
Nursing Ho	me Single	e Level			228.30	226.04	7/1/2009			
	Level	H: Aids			368.65	366.39	7/1/2009			
Rate	Type:									
	Interim	_	X	Prospective						
	_ interim	Total Interim			al Prospective					
		Interim Component			al Prospective		Component			
		Settlement based on cost					1			
		Prior Provider Prospective data								
Basis:			Cha	nges:						
				Rate Seme	ster Change					
	Budget		-	1.0	FA & RFA #N	VH07-068J F	YE			
X	Unaudited co			08/31/200	J					
	Field audited									
	Desk audited	d costs								
Distribution	n:			4150	homas Parke					
7-11-11-11-11-11-11-11-11-11-11-11-11-11	igement / Fiscal	Agent		1/100			inance			
Permanent File				Medicaid Cost Rein	noursement I	aiming and r	mance			
For In	formation Only									
	ange in Rate									
Но	me Office:	DOS Health Care, Inc								
		300 71st Street, Suite 400								
		Miami, FL 33141								



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Tallahassee, Florida 32308

HIALEAH SHORES NURSING AND REHAB CENTER P			Provider Number: 0 250988-00								
8785 NW 32ND	85 NW 32ND AVENUE				Date: 9/24/2015						
MIAMI	, FL 33147			Fiscal Year End:		8/31/20	09				
				Audit Status:		Unaudit	ed				
Provider Ty	pe:										
					Current	New	Effective				
					Rate	Rate	Date				
Nursing Hon	ne Single	e Level			230.62	228.35	1/1/2010				
	Level	H: Aids			372.54	370.27	1/1/2010				
Rate	Type:										
	Interim		X	Prospective							
		Total Interim	-	_	al Prospective						
		Interim Component		Tot	al Prospective	with Interim	Component				
		Settlement based on cost									
		Prior Provider Prospective data									
Basis:			Cha	nges:							
				Rate Seme	ster Change						
	Budget				FA & RFA #N	NH07-068J F	YE				
X	Unaudited co	osts		08/31/200	6						
	Field audited										
	_ Desk audited	1 costs									
D: 4-3-4				- 210							
Distribution			***************************************		Thomas Parke						
Contract Manag	gement / Fiscal	Agent		Medicaid Cost Rei	mbursement P	anning and F	inance				
Permanent File											
For Info	ormation Only										
No Char	nge in Rate										
Hon	ne Office:	DOS Health Care, Inc									
		300 71st Street, Suite 400									
		Miami, FL 33141									



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HIALEAH SHORES NURSING AND REHAB CENTER				Provider Number: 0 250988-00				
8785 NW 32N	D AVENUE			Date:		9/24/20	15	
MIAMI	, FL 33147			Fiscal Year End:		8/31/20	09	
				Audit Status:		Unaudit	ed	
Provider Ty	vne:							
a so rice of a g	, per				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Ho	me Singl	e Level			233.80	231.35	7/1/2010	
	Level	H: Aids			377.14	374.69	7/1/2010	
Rate	Type:							
	T		v	D				
	Interim	Total Interim	X	Prospective X Tot	al Prospective			
		Interim Component			al Prospective		Component	
		Settlement based on cost			ar i rospective	with interim	Component	
		Prior Provider Prospective data						
Basis:			Cha	nges:				
					ster Change			
	Budget				FA & RFA #N	VH07-068J F	ΥE	
X	Unaudited c	osts		08/31/200	6			
- Illustrial	Field audited	d costs						
	Desk audite	d costs						
Distribution				to for	Thomas Parke	er		
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Rei	mbursement P	anning and F	inance	
Permanent File	e							
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	DOS Health Care, Inc						
110		300 71st Street, Suite 400						
		Miami, FL 33141						



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Tallahassee, Florida 32308

HIALEAH SHORES NURSING AND REHAB CENTER				Provider Number: 0 250988-00				
8785 NW 32N	D AVENUE			Date:	-	9/24/20	15	
MIAMI	, FL 33147			Fiscal Year End:		8/31/20	09	
				Audit Status:		Unaudit	ted	
Provider Ty	vpe:							
	, , ,				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Ho	ome Single	e Level			236.17	234.03	1/1/2011	
	Level	H: Aids			381.03	378.89	1/1/2011	
Rate	Type:							
	V A							
	Interim		X	Prospective				
		Total Interim			otal Prospective			
		Interim Component		T	otal Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
Dasis.			Cira		nester Change			
	Budget				f FA & RFA #N	NH07-068J F	YE	
X	Unaudited co	osts		08/31/20				
	Field audited	d costs						
	Desk audited	d costs						
				11.0				
Distribution			-	do to	Thomas Parke			
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Re	imbursement Pl	anning and F	inance	
Permanent File	e							
For Int	formation Only							
No Cha	ange in Rate							
Но	me Office:	DOS Health Care, Inc						
		300 71st Street, Suite 400						
		Miami, FL 33141						



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Tallahassee, Florida 32308

HIALEAH SHORES NURSING AND REHAB CENTER			Provider Numb	er:	0 250988	-00	
8785 NW 32NI	O AVENUE			Date:		9/24/20	15
MIAMI	, FL 33147			Fiscal Year End	d:	8/31/20	10
				Audit Status:		Unaudi	ted
Provider Ty	pe:						
					Current Rate	New Rate	Effective Date
Nursing Ho	me Single	Level			226.51	224.79	7/1/2011
	Level	H: Aids			372.71	370.99	7/1/2011
Rate	Type:						
	Interim		X	Prospective			
	-	Total Interim		X	Total Prospective		
		Interim Component			Total Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
					mester Change		
	Budget				of FA & RFA #N	VH07-068J F	YE
X	Unaudited co	sts		08/31/2	2006		
	Field audited	costs					
	Desk audited	costs					
Distribution	<u>ı:</u>			to for	Thomas Parke	r	
Contract Mana	gement / Fiscal /	\gent	-	10.00	Reimbursement Pl		inance
Permanent File							
For Inf	ormation Only						
No Cha	nge in Rate						
Ног	me Office:	DOS Health Care, Inc					
		300 71st Street, Suite 400					
		Miami, FL 33141					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HIALEAH SH	IALEAH SHORES NURSING AND REHAB CENTER			Provider Numb	er:	0 250988	-00
8785 NW 32N	ID AVENUE			Date:	-	9/24/20	15
MIAMI	, FL 33147			Fiscal Year End	d:	8/31/20	11
				Audit Status:		Unaudit	ed
Provider T	vne:						
a so vader a	, per				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	ome Single	e Level			227.58	227.08	1/1/2012
	Level	H: Aids			375.19	374.69	1/1/2012
Rate	e Type:						
	Interim		X	Prospective			
	_	Total Interim		_	Total Prospective		
		Interim Component			Total Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
					mester Change		
	Budget			X Effects 08/31/2	of FA & RFA #N	VH07-068J F	YE
X	Unaudited co			08/31/2	.000		
	Field audited						
-	Desk audited	l costs					
Distributio	n:			3026	Thomas Parke	r	
	agement / Fiscal	Agent			Reimbursement Pl		inance
Permanent Fil				Wicaca Cost is	tennoursement i	ammig and r	manec
For In	formation Only						
No Ch	ange in Rate						
Но	ome Office:	DOS Health Care, Inc					
		300 71st Street, Suite 400					
		Miami, FL 33141					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

HIALEAH SH	HIALEAH SHORES NURSING AND REHAB CENTER			Provider Number	*	0 250988	-00
8785 NW 32N	ID AVENUE			Date:		9/24/20	15
MIAMI	, FL 33147			Fiscal Year End:		8/31/20	11
				Audit Status:		Unaudit	ed
Provider T	vpe:						
,					Current	New	Effective
					Rate	Rate	Date
Nursing Ho	ome Single	e Level			235.98	235.41	7/1/2012
	Level	H: Aids			385.19	384.62	7/1/2012
Date	o Tumor						
Nati	e Type:						
	Interim		X	Prospective			
		Total Interim			tal Prospective		
		Interim Component		То	tal Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Dagias			Cho	massi			
Basis:			Clia	Rate Same	ester Change		
	Budget		-		FA & RFA #1	VH07-068J F	YE
X	Unaudited co	osts	*	08/31/200			
	Field audited						
	Desk audited	d costs					
Distributio	<u>n:</u>			A) So!	Thomas Parko	er	
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Rei	mbursement P	lanning and F	inance
Permanent Fil	e						
For In	formation Only						
No Ch	ange in Rate						
Но	ome Office:	DOS Health Care, Inc					
		300 71st Street, Suite 400					
		Miami, FL 33141					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

AVANTE AT	ST CLOUD INC	,		Provider Number:		0 259870	-00
1301 KANSAS	SAVE			Date:		11/13/20	15
SAINT CLOU	D. FL 34769-59	99		Fiscal Year End:		5/31/20	10
				Audit Status:		Field Auc	lited
Provider Ty	pe:						
•					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Single	Level			219.43	<u>218.25</u>	1/1/2011
	Level	H: Aids			364.29	363.11	1/1/2011
Rate	Type:						
	Interim		X	Prospective			
	=	Total Interim		_	l Prospective		
		Interim Component				with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
IJASIS.			Circ	Rate Semes	ter Change		
	Budget					C FYE 05/31	/2010
	Unaudited co	osts					
X	Field audited	l costs					
	Desk audited	costs					
Distribution	1:			HCC T	homas Parko	·r	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rein			inance
Permanent File							
For Int	formation Only						
No Cha	inge in Rate						
Но	me Office:	Avante Group, Inc.					
		4000 Hollywood Blvd, Suite 540-1	N				
		Hollywood, FL 33021-6744					



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT ST CLOUD INC			Provider Number: 0 259870-00					
1301 KANSAS	SAVE			Date: 11/13/20			15	
SAINT CLOU	D, FL 34769-59	99		Fiscal Year End:		5/31/20	10	
				Audit Status:		Field Auc	lited	
Provider Ty	pe:							
	1				Current Rate	New Rate	Effective Date	
Nursing Ho	me Single	Level			210.52	209.41	7/1/2011	
	Level	H: Aids			356.72	355.61	7/1/2011	
Rate	Type:							
	Interim	_	X	Prospective				
	- interna	Total Interim			al Prospective			
		Interim Component		Annual Control of the Parket o	al Prospective		Component	
	-	Settlement based on cost			1			
		Prior Provider Prospective data						
Basis:			Cha	inges:				
	D. I.		-	Rate Semes	ster Change t #NH13-044	C EVE 05/31	/2010	
	Budget Unaudited co	nete	-	X Field Addi	U#INITI 13-044	C F I E US/SI	2010	
X	Field audited							
	Desk audited							
Distribution	<u>1:</u>			Alfor T	homas Park	er		
Contract Mana	gement / Fiscal	Agent	-	Medicaid Cost Rein			inance	
Permanent File	2							
For Int	formation Only							
No Cha	inge in Rate							
Но	me Office:	Avante Group, Inc.						
		4000 Hollywood Blvd, Suite 540	-N					
		Hollywood, FL 33021-6744						

Report Calculated: 11/13/2015 1:41:28 PM Report Printed: 11/13/2015 ID: 259870053120100601200910262010072748



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Tallahassee, Florida 32308

CONWAY LA	KES HEALTH	& REHABILITATION CENTER		Provider Number:		0 264512	-00
5201 CURRY	FORD ROAD			Date:	8	9/30/20	15
ORLANDO, FI	L 32812			Fiscal Year End:		12/31/20	009
				Audit Status:		Field Auc	dited
Provider Ty	ne:						
	P				Current Rate	New Rate	Effective Date
Nursing Ho	me Single	e Level			214.46	210.49	7/1/2010
	Level	H: Aids			357.80	353.83	7/1/2010
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		X Tota	d Prospective		
		Interim Component		Tota	I Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data				2	
Basis:			Cha	nges:			
				Rate Semes	ter Change		
	Budget			X Field Audi	t#NH13-0470	C FYE 12/31	/2009
	Unaudited co						
X	Field audited						
	Desk audited	l costs					
Distribution				1111			
	gement / Fiscal	Agant		1//	homas Parke		************
Permanent File		Agent		Medicaid Cost Rein	ibursement Pi	lanning and r	inance
	ormation Only						
	nge in Rate						
		20 20 10 10 10 10 10 10 10 10 10 10 10 10 10					
Hoi	ne Office:	Clear Choice Health Care, LLC					
		709 S. Harbor City Blvd. Suite 240).				
		Melbourne, FL 32901					



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Tallahassee, Florida 32308

CONWAY LAKES HEALTH & REHABILITATION CENTER			Provider Number:		0 264512	-00	
5201 CURRY	FORD ROAD			Date:		9/30/20	15
ORLANDO, F	L 32812			Fiscal Year End:		12/31/20	009
				Audit Status:		Field Auc	lited
Provider Ty	pe:						
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Singl	e Level			217.24	213.22	1/1/2011
	Leve	l H: Aids			362.10	358.08	1/1/2011
Rate	Type:						
	Interim		X	Prospective			
		Total Interim			al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
					ster Change		
	Budget			X Field Audi	t #NH13-0470	C FYE 12/31/	2009
	Unaudited o						
X	Field audite						
	Desk audite	d costs					
Distribution	1:			of for T	homas Parke	er	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rein			inance
Permanent File	2						
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Clear Choice Health Care, LLC					
		709 S. Harbor City Blvd. Suite 240)				
		Melbourne, FL 32901					



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CONWAY LAKES HEALTH & REHABILITATION CENTER			Provider Number: 0 264512-00				
5201 CURRY	FORD ROAD			Date:		9/30/20	15
ORLANDO, F	L 32812			Fiscal Year End:		12/31/20)09
				Audit Status:		Field Auc	lited
Provider Ty	ne:						
ar na namar kawa					Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Single	e Level			209.48	205.67	7/1/2011
	Level	H: Aids			355.68	351.87	7/1/2011
Rate	Type:						
	Interim		X	Prospective			
		Total Interim		X Total	al Prospective		
	×4	Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
					ster Change		
	Budget			X Field Audi	t #NH13-0470	C FYE 12/31/	2009
	Unaudited co	osts					
X	Field audited	costs					
	Desk audited	costs					
Distribution	1:			dd for T	homas Parke	er	
Contract Mana	gement / Fiscal	Agent	-	Medicaid Cost Rein	nbursement Pl	lanning and F	inance
Permanent File							
For Inf	ormation Only						
No Cha	nge in Rate						
Hor	me Office:	Clear Choice Health Care, LLC					
		709 S. Harbor City Blvd. Suite 240	ĺ				
		Melbourne, FL 32901					

Report Printed: 9/30/2015 ID: 264512123120090101200904262010094611



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Tallahassee, Florida 32308

CONWAY LAKES HEALTH & REHABILITATION CENTER	Provider Number: 0 264512-00
5201 CURRY FORD ROAD	Date: 9/30/2015
ORLANDO, FL 32812	Fiscal Year End: 12/31/2010
	Audit Status: Unaudited
Provider Type:	
1,0,,00	Current New Effective Rate Rate Date
Nursing Home Single Level	<u>208.78</u> <u>207.16</u> <u>1/1/2012</u>
Level H: Aids	<u>356.39</u> <u>354.77</u> <u>1/1/2012</u>
Rate Type:	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Total Prospective with Interim Component
Settlement based on cost	
Prior Provider Prospective data	
Basis:	Changes:
	Rate Semester Change
Budget	X Effects of Field Audit #NH13-047C FYE
X Unaudited costs	12/31/2009
Field audited costs	
Desk audited costs	
Distribution:	
Contract Management / Fiscal Agent	Thomas Parker
Permanent File	Medicard Cost Reimbursement Planning and Finance
For Information Only	
No Change in Rate	
Home Office: Clear Choice Health Care, LLC	w.
709 S. Harbor City Blvd. Suite 24	
Melbourne, FL 32901	



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Tallahassee, Florida 32308

CONWAY LA	ONWAY LAKES HEALTH & REHABILITATION CENTER			Provider Number: 0 264512-0			
5201 CURRY	FORD ROAD			Date:		9/30/20	15
ORLANDO, F	L 32812			Fiscal Year End		12/31/20)11
				Audit Status:		Unaudit	ed
Provider Ty	vpe:						
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Single	e Level			217.52	215.86	7/1/2012
	Level	H: Aids			366.73	365.07	7/1/2012
Rate	Type:						
	Interim		X	Prospective			
		_ Total Interim			otal Prospective		
	1	Interim Component		T	otal Prospective	with Interim	Component
	3 ANNE VIII	Settlement based on cost Prior Provider Prospective data					
Basis:			Cha	nges:			
					nester Change	WILL 2 0450 F	SV ZED
37	Budget			Effects of 12/31/20	of Field Audit #1 009	NH13-04/C F	YE
X	Unaudited co						
	Desk audited						
		. 003.5					
Distribution	n:			Ad for	Thomas Parke	er	
Contract Mana	ngement / Fiscal	Agent		Medicaid Cost Re	eimbursement Pl	anning and F	inance
Permanent File	3						
For In	formation Only						
No Cha	ange in Rate						
Но	me Office:	Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901)				



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Tallahassee, Florida 32308

CONWAY LAKES HEALTH & REHABILITATION CENTER		Provider Numbe	r:	0 264512-00		
5201 CURRY FORD ROAD		Date:		9/30/20	15	
ORLANDO, FL 32812		Fiscal Year End:		12/31/20)]]	
		Audit Status:		Unaudit	ed	
Provider Type:						
			Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Single Level			220.16	218.49	1/1/2013	
Level H: Aids			370.97	369.30	1/1/2013	
Rate Type:						
Interim	X	Prospective				
Total Interim		X To	otal Prospective			
Interim Component		T	otal Prospective	with Interim	Component	
Settlement based on cost						
Prior Provider Prospective data						
Basis:	Cha	nges:				
			ester Change			
Budget		X Effects o	f Field Audit #	NH13-047C F	YE	
X Unaudited costs		12/31/20	09			
Field audited costs						
Desk audited costs						
Distribution:		2.2 Och	Thomas Parke	·r		
Contract Management / Fiscal Agent		Medicald Cost Re			inance	
Permanent File						
For Information Only						
No Change in Rate						
Home Office: Clear Choice Health Care, LLC						
709 S. Harbor City Blvd. Suite 24	10					
Melbourne, FL 32901	245					



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Tallahassee, Florida 32308

CONWAY LA	KES HEALTH	& REHABILITATION CENTER		Provider Number:	ber: 0 264512-00			
5201 CURRY I	FORD ROAD			Date: 9/30		9/30/20	2015	
ORLANDO, FI	L 32812			Fiscal Year End:	al Year End: 12/31/2011			
				Audit Status:		Unaudit	ed	
Provider Ty	pe:				Current Rate	New <u>Rate</u>	Effective Date	
Nursing Ho	me Single	Level			225.74	224.04	7/1/2013	
Rate	Type:							
	Interim	_	X	Prospective				
		Total Interim		X Tota	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost Prior Provider Prospective data						
Basis:	Budget Unaudited co	osts	Cha		ster Change Field Audit #1	NH13-047C F	YE	
	Field audited Desk audited							
Distribution	1:			Alt. 17	homas Parko	er		
Contract Mana	gement / Fiscal A	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate							
Hor	ne Office:	Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901						



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CONWAY LAKES HEALTH & REHABILITATION CENTER			Provider Number		0 264512	-()()
5201 CURRY FORD RO.	AD		Date:		9/30/20	15
ORLANDO, FL 32812			Fiscal Year End:	1 	12/31/20)12
			Audit Status:		Unaudit	ed
Provider Type: Nursing Home S	ingle Level			Current Rate 226.71	New <u>Rate</u> 224.99	Effective <u>Date</u> 1/1/2014
Rate Type:						
	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data ted costs addited costs		nges:	tal Prospective tal Prospective ester Change f Field Audit #1	with Interim	
Desk an Distribution: Contract Management / F Permanent File For Information CNo Change in Rate	iscal Agent Only	-	Medicaid Cost Rei	Thomas Parkembursement Pl		inance
Home Office:	709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901					

Report Calculated: 9/30/2015 2:10:43 PM Report Printed: 9/30/2015 ID: 264512123120120101201209262013115141



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CONWAY LAKES HEALTH & REHABILITATION CENTER			Provider Number:		0 264512	-00	
5201 CURRY	FORD ROAD			Date: 9/30/2015			15
ORLANDO, F	L 32812			Fiscal Year End:		12/31/20)13
				Audit Status:		Unaudit	ted
Provider Ty	pe:						
					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Ho	me Single	e Level			238.89	237.10	7/1/2014
Rate	Type:						
	Interim	_	X	Prospective			
	-	Total Interim			l Prospective		
		Interim Component		And the second second		with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
				Rate Semes			
	Budget		(Effects of F 12/31/2009		NH13-047C F	YE
X	Unaudited co			12/31/2007			
	Field audited						
	Desk audited	1 COSIS					
Distribution	1.			- 7/4	n I		
	gement / Fiscal	Agent		Medicaid Cost Reim	homas Parke		inance
Permanent File				Wedicald Cost Kelli	ibuisement r	anning and r	mance
	formation Only						
	inge in Rate						
Ho	me Office:	Clear Choice Health Care, LLC					
		709 S. Harbor City Blvd. Suite 240)				
		Melbourne El 379III					



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Tallahassee, Florida 32308

CONWAY LA	KES HEALTH	& REHABILITATION CENTER		Provider Number	er:	0 264512	00
5201 CURRY	FORD ROAD			Date:		9/30/20	15
ORLANDO, F	L 32812			Fiscal Year End	:	12/31/20)13
				Audit Status:		Unaudit	led
Provider Ty	pe:				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Singl	le Level			242.74	240.94	1/1/2015
		\neg					
Rate	Type:						
	Interim		X	Prospective			
	-	Total Interim		_ X T	otal Prospective		
		Interim Component		Т	otal Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
					nester Change		
	Budget				of Field Audit #?	NH13-047C F	YE
X	Unaudited of	costs		12/31/20	009		
	Field audite	ed costs					
	Desk audite	d costs					
				1.5			
Distribution	<u>n:</u>			Ad for	Thomas Parke	r	
Contract Mana	igement / Fiscal	Agent		Medicaid Cost Re	eimbursement Pl	anning and F	inance
Permanent File							
For Int	formation Only						
No Cha	ange in Rate	×					
Но	me Office:	Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901					



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CONWAY LAKES HEALTH & REHABILITATION CENTER		Provider Number:		0 264512	-00	
5201 CURRY FORD ROAD		Date: 9/3			0/2015	
ORLANDO, FL 32812		Fiscal Year End:		12/31/20)13	
		Audit Status:		Unaudit	ted	
Provider Type:			Current Rate	New Rate	Effective Date	
Nursing Home Single Level			241.84	240.06	9/1/2015	
Rate Type:						
Interim Total Interim Interim Component Settlement based on Prior Provider Prospet Basis: Budget X Unaudited costs Field audited costs	Cha	nges:	Field Audit #1	with Interim		
Desk audited costs Distribution: Contract Management / Fiscal Agent Permanent File For Information Only No Change in Rate Home Office: Clear Choice Health 6 709 S. Harbor City B Melbourne, FL 3290	Care, LLC Ivd. Suite 240	For T Medicaid Cost Rein	homas Parkenbursement P		inance	

Report Calculated: 9/30/2015 2:10:43 PM Report Printed: 9/30/2015 ID: 264512123120130101201304182014162521



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Tallahassee, Florida 32308

BELLEAIR HEALTH CARE CENTER			Provider Number:	75-31	0 264521	-00	
1150 PONCE DE LEO	N BLVD		Date: 9/2/2015				
CLEARWATER, FL 3	3756		Fiscal Year End:		12/31/20	009	
			Audit Status:		Field Aud	lited	
Provider Type:							
				Current Rate	New Rate	Effective Date	
Nursing Home	Single Level			206.90	205.99	7/1/2010	
	Level H: Aids			350.24	349.33	7/1/2010	
Rate Type:			¥				
Interim	Ĭ	X	Prospective				
	Total Interim		_	l Prospective			
	Interim Component		Total	l Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective d	ata					
Basis:		Chan	iges:				
			Rate Semest			3660	
Budg		>	Field Audit	#NH13-0480	C FYE 12/31	2009	
	idited costs						
	l audited costs						
Desk	audited costs						
Distribution:			A for TI	nomas Parke	er		
Contract Management	Fiscal Agent	N	Medicald Cost Reim	bursement Pl	anning and F	inance	
Permanent File							
For Informatio	n Only						
No Change in R	tate						
Home Office	Clear Choice Health Care, L 709 S. Harbor City Blvd. Sui Melbourne, FL 32901						



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Tallahassee, Florida 32308

BELLEAIR HE	EALTH CARE	CENTER		Provider Number:		0 264521	-00
1150 PONCE I	DE LEON BLVI)		Date:		9/2/201	5
CLEARWATE	R, FL 33756			Fiscal Year End:		12/31/20	009
				Audit Status:		Field Auc	lited
Provider Ty	pe:						
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Single	e Level			209.67	208.51	1/1/2011
	Level	H: Aids			354.53	353,37	1/1/2011
Rate	Type:						
Aute	* J Pc.	_					
	Interim		X	Prospective			
		Total Interim		X Tota	I Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					
	-	Prior Provider Prospective data					
Basis:			Cha	inges:			
				Rate Semes		C EVE 12/21	2000
	Budget			X Field Audit	#NH13-0486	C FYE 12/31/	2009
	Unaudited co						
X	Desk audited						
	Desk audited	COSES					
Distribution	ı <u>:</u>			dolfar TI	homas Parko	er	
Contract Manag	gement / Fiscal	Agent	-	Medicaid Cost Reim			inance
Permanent File							
For Inf	ormation Only						
	nge in Rate						
	ne Office:	Clear Choice Health Care, LLC					
1101	ne Office.	709 S. Harbor City Blvd. Suite 240	1				
		Melbourne, FL 32901					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BELLEAIR HE	EALTH CARE	CENTER		Provider Number:		0 264521	-00
1150 PONCE I	DE LEON BLVI	O.		Date:		9/2/201	5
CLEARWATE	R, FL 33756			Fiscal Year End:	-	12/31/20	009
				Audit Status:		Field Auc	lited
Provider Ty	ne:						
riovidei iy	pc.				Current	New	Effective
					Rate	Rate	Date
Nursing Hor	me Single	e Level			202.79	201.31	7/1/2011
	Level	H: Aids			348.99	347.51	7/1/2011
Rate	Type:						
	1		v	Prospective			
	Interim	Total Interim	X		l Prospective		
	-	Interim Component			I Prospective		Component
		Settlement based on cost		100	ii i iospective	with interim	Component
		Prior Provider Prospective data					
		- Thoi i fovidei i fospective data					
Basis:	\neg		Cha	nges:			
2545151				Rate Semes	ter Change		
	Budget		-		#NH13-0480	C FYE 12/31/	2009
	Unaudited co	osts					
X	Field audited	Costs					
	— Desk audited	Losts					
	_						
Distribution	<u>ı:</u>			All for T	homas Parke	r	
Contract Mana	gement / Fiscal	Agent		Medicard Cost Rein	bursement Pl	anning and F	inance
Permanent File							
For Inf	ormation Only						
	nge in Rate						
Ног	me Office:	Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BELLEAIR HI	EALTH CARE	CENTER		Provider Number:		0 264521	0 264521-00	
1150 PONCE I	DE LEON BLV	D		Date:	4	9/2/201	5	
CLEARWATE	R, FL 33756			Fiscal Year End:		12/31/20	10	
				Audit Status:		Unaudit	ed	
Provider Ty	pe:							
					Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	e Level			199.81	199.85	1/1/2012	
	Level	H: Aids			347.42	347.46	1/1/2012	
Rate	Type:							
	Interim		X	Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
Dasis:			Clia	Rate Semes	tor Chango			
	Budget				Field Audit #	NH13-048C F	YE	
X	Unaudited co	osts		12/31/2009				
	Field audited							
	Desk audited							
Dian.				1000				
Distribution					homas Parke			
	gement / Fiscal	Agent		Medicaid Cost Rein	bursement Pl	lanning and F	inance	
Permanent File								
For Inf	formation Only							
No Cha	inge in Rate							
Но	me Office:	Clear Choice Health Care, LLC						
		709 S. Harbor City Blvd. Suite 240						
		Melhourne El 32901						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BELLEAIR H	EALTH CARE	CENTER		Provider Number:		0 264521	-00
1150 PONCE	DE LEON BLV	D		Date:		9/2/201	5
CLEARWATI	ER, FL 33756			Fiscal Year End:		12/31/20)11
				Audit Status:		Unaudit	ed
Provider T	vpe:						
					Current	New	Effective
					Rate	Rate	Date
Nursing Ho	ome Singl	e Level			210.95	211.00	7/1/2012
	Level	H: Aids			360.16	360.21	7/1/2012
		_					
Rate	e Type:						
	Interim	_	X	Prospective			
		Total Interim		X Tota	l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semes	ter Change		
	Budget	_		X Effects of F	ield Audit #1	NH13-048C F	YE
X	Unaudited c	osts		12/31/2009			
	Field audited	d costs					
	Desk audited	d costs					
				1.7			
Distributio	n:			of for TI	homas Parko	er	
Contract Mana	agement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	lanning and F	inance
Permanent Fil	c						
For In	formation Only						
No Ch	ange in Rate						
Но	ome Office:	Clear Choice Health Care, LLC					
		709 S. Harbor City Blvd. Suite 240					
		Melbourne, FL 32901					



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Tallahassee, Florida 32308

BELLEAIR HEALTH CARE CENTER			Provider Number:		0 264521-00		
1150 PONCE I	DE LEON BLVI)		Date: 9/2/2015			5
CLEARWATE	R, FL 33756			Fiscal Year End:		12/31/20)11
				Audit Status:		Unaudit	ed
Provider Ty	pe:						
*					Current Rate	New Rate	Effective <u>Date</u>
Nursing Ho	me Single	Level			214.47	214.51	1/1/2013
rursing m	ine Single	Level			217.7/	W 2 110. Z	21212020
	Level	H: Aids			365.28	365.32	1/1/2013
Rate	Type:						
	Interim		X	Prospective			
	•	Total Interim		X Tota	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semes			
	Budget					NH13-048C F	YE
X	Unaudited co	osts		12/31/2009	,		
	Field audited						
	Desk audited	costs					
				1.0			
Distribution	70			100	homas Parke		
	gement / Fiscal .	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File							
For Inf	ormation Only						
No Cha	nge in Rate						
Ног	me Office:	Clear Choice Health Care, LLC 709 S. Harbor City Blvd. Suite 240 Melbourne, FL 32901					



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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

1150 PONCE DE LEON BLVD Date: CLEARWATER, FL 33756 Fiscal Yes	ar End:		9/2/201	
CLEADWATER EL 33756	ar End:		2121201	5
CELARWATER, TE 33/30	25 800.00		12/31/20	11
Audit Stat	us:		Unaudit	ed
Provider Type:				
	(Current Rate	New Rate	Effective Date
Nursing Home Single Level	2	220.50	220.55	7/1/2013
Rate Type:				
V D	Seno			
Interim X Prospect Total Interim X		rospective		
Interim Component			with Interim	Component
Settlement based on cost				- sing sinsin
Prior Provider Prospective data				
Basis: Changes:				
	te Semester	CE. (1)		
	ffects of Fiel 2/31/2009	ld Audit #Nl	H13-048C F	YE
A Unaudited costs	0.0112007			
Field audited costs				
Desk audited costs				
Distribution:				
	a 500 B W	mas Parker		Programmy specially
Permanent File	ost Reimbu	rsement Pla	nning and F	inance
For Information Only				
No Change in Rate				
Home Office: Clear Choice Health Care, LLC				
709 S. Harbor City Blvd, Suite 240 Melbourne, FL 32901				

Report Calculated: 9/2/2015 3:42:42 PM Report Printed: 9/2/2015 ID: 264521123120110101201104242012082445



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Tallahassee, Florida 32308

BELLEAIR HE	ALTH CARE	CENTER		Provider Number	r:	0 264521	-00
1150 PONCE D	E LEON BLV	D		Date:		9/2/201	5
CLEARWATER	R, FL 33756			Fiscal Year End:		12/31/20)12
				Audit Status:		Unaudit	ed
Provider Typ	oe:				A		
					Current	New	Effective
					Rate	Rate	Date
Nursing Hon	ne Single	e Level			215.91	215.95	1/1/2014
Rate '	Гуре:						
	.,	_					
	Interim		X	Prospective			
		Total Interim		_ X To	otal Prospective		
		Interim Component		To	otal Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
	_	_					
Basis:			Cha	nges:			
	_				ester Change		
	Budget		-		f Field Audit #1	NH13-048C F	YE
X	_ Unaudited co	osts		12/31/20	09		
	Field audited	d costs					
	Desk audited	d costs					
				1.7			
Distribution:	<u>:</u>			Shot For	Thomas Parke	er	
Contract Manag	ement / Fiscal	Agent		Medicaid Cost Re			inance
Permanent File						Č	
For Info	ormation Only						
	ige in Rate						
Hom	ne Office:	Clear Choice Health Care, LLC					
		709 S. Harbor City Blvd. Suite 240)				
		Melbourne, FL 32901					



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Tallahassee, Florida 32308

BELLEAIR H	EALTH CARE	CENTER		Provider Number:		0 264521	-00
1150 PONCE	DE LEON BLV	D		Date:		9/2/201	5
CLEARWATE	ER, FL 33756			Fiscal Year End:		12/31/20)13
				Audit Status:		Unaudit	ed
Provider Ty	pe:						
	•				Current	New	Effective
	2000 C				Rate	Rate	Date
Nursing Ho	me Single	e Level			224.98	225.03	7/1/2014
Rate	Type:						
	Interim		X	Prospective			
		Total Interim			l Prospective		
		Interim Component		Tota	il Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semes	ter Change		
	Budget					NH13-048C F	YE
X	Unaudited c	osts		12/31/2009			
	Field audited						
	Desk audited	d costs					
TS1 - 11 - 11				1 1 -			
Distribution				1/1-1	homas Parke		
	gement / Fiscal	Agent		Medicaid Cost Rein	bursement P	anning and F	inance
Permanent File							
	formation Only						
No Cha	inge in Rate						
Но	me Office:	Clear Choice Health Care, LLC					
		709 S. Harbor City Blvd. Suite 240					
		Melbourne, FL 32901					



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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BELLEAIR HEALTH CARE CENTER	Provider Nun	nber:	0 264521-00		
1150 PONCE DE LEON BLVD	Date:	(9/2/201	5	
CLEARWATER, FL 33756	Fiscal Year E	nd:	12/31/20	013	
	Audit Status:		Unaudi	ted	
Provider Type:					
30 30 30 30 30 30 40 1 00 50		Current Rate	New Rate	Effective Date	
Nursing Home Single Level		229.56	229.61	1/1/2015	
Rate Type:					
Interim	X Prospective				
Total Interim	X	Total Prospective			
Interim Component		Total Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
Du313.		Semester Change			
Budget		ts of Field Audit #1	NH13-048C F	FYE	
X Unaudited costs	12/31	/2009			
Field audited costs					
Desk audited costs					
	¥				
Distribution:	of for	Thomas Parke	er		
Contract Management / Fiscal Agent	7777	Reimbursement P	lanning and F	inance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: Clear Choice Health Care, LLC					
709 S. Harbor City Blvd. Suite 240					
Melbourne, FL 32901					

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BELLEAIR HI	EALTH CARE O	CENTER		Provider Number	er Number: 0 264			
1150 PONCE I	DE LEON BLVI)	1	Date:		9/2/201	5	
CLEARWATE	R, FL 33756			Fiscal Year End:		12/31/20)13	
			1	Audit Status:		Unaudit	ed	
Provider Ty	pe:							
,					Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	Level			229.43	229.47	9/1/2015	
		_						
Rate	Type:							
	Interim		X	Prospective				
	- Internii	Total Interim			tal Prospective			
		Interim Component			tal Prospective		Component	
		Settlement based on cost						
		Prior Provider Prospective data						
D .			Cl					
Basis:			Chan		Ch			
	Budget		X		ester Change f Field Audit #	NH13-048C F	YE	
X	Unaudited co	nete		12/31/20		11115 0 100 1	1.2	
	Field audited							
	Desk audited							
Distribution	<u>1:</u>		,	Stor	Thomas Park	er		
Contract Mana	gement / Fiscal .	Agent	N	redicard Cost Re	imbursement P	lanning and F	inance	
Permanent File								
For Inf	formation Only							
No Cha	inge in Rate							
Но	me Office:	Clear Choice Health Care, LLC						
		709 S. Harbor City Blvd. Suite 240)					
		Melbourne, FL 32901						

Report Printed: 9/2/2015 ID: 264521123120130101201304212014112524

Report Calculated: 9/2/2015 3:42:42 PM

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Tallahassee, Florida 32308

JACARANDA	MANOR			Provider Number:		0 281743	-()()
4250 66TH ST	N			Date:		9/14/20	15
SAINT PETER	RSBURG, FL 3	3709		Fiscal Year End:		12/31/20)09
				Audit Status:		Field Auc	lited
Provider Ty	pe:						
ANTI- CANADA PARA PARA PARA PARA PARA PARA PARA P					Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Singl	e Level			170.91	169.07	7/1/2010
	Level	H: Aids			314.25	312.41	7/1/2010
Rate	Type:						
	Interim		X	Prospective			
	-	Total Interim		_	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	D. I				ster Change t #NH13-1750	C EVE 12/21	/2000
	Budget Unaudited c	oete	-	X Field Audi	L#IND13-173	J F I E 12/31/	2009
- X	Field audited						
	Desk audited						
			*				
Distribution	<u>1:</u>			ASS. T	homas Parke	r	
Contract Mana	gement / Fiscal	Agent	-	Medicald Cost Rein			inance
Permanent File	2						
For Int	formation Only						
	inge in Rate						
Но	me Office:	Grace Healthcare, Inc 7201 Shallowford Rd, STE 200 Chattanooga, TN 37421					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	MANOR			Provider Number:		0 281743	-00
4250 66TH ST	N			Date:		9/14/20	15
SAINT PETER	RSBURG, FL 3	3709		Fiscal Year End:		12/31/20	009
				Audit Status:		Field Auc	lited
Provider Ty	vpe:						
					Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Singl	e Level			173.38	171.54	1/1/2011
	Level	H: Aids			318.24	316.40	1/1/2011
Rate	Type:						
	Interim		X	Prospective			
	- memi	Total Interim			al Prospective		
		Interim Component			al Prospective		Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	inges:			
					ster Change		
	Budget			X Field Audi	t #NH13-175	G FYE 12/31.	/2009
	Unaudited c						
X	Pield audited Desk audited						
	Desk audited	d costs					
Distribution	<u>n:</u>			Africa I	homas Parke	er	
Contract Mana	agement / Fiscal	Agent	*	Medicaid Cost Rein			inance
Permanent File	e						
For In	formation Only						
	ange in Rate						
	me Office:	Grace Healthcare, Inc					
110	(50.00.00)	7201 Shallowford Rd, STE 200					
		Chattanooga, TN 37421					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	MANOR			Provider Number:		0 281743	-00
4250 66TH ST	N			Date:		9/14/20	15
SAINT PETER	SBURG, FL 33	709		Fiscal Year End:		12/31/20	009
				Audit Status:		Field Aud	lited
Provider Ty	pe:						
	1				Current	New	Effective
					Rate	Rate	Date
Nursing Ho	me Single	Level			165.71	163.98	7/1/2011
	Level	H: Aids			311.91	310.18	7/1/2011
Rate	Type:						
	Interim		X	Prospective			
	-	Total Interim			l Prospective		
		Interim Component				with Interim	Component
	-	Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Semes		0 5555 14141	18000
	Budget		-	X Field Audit	t#NH13-1750	G FYE 12/31/	2009
	Unaudited co						
X	Field audited						
	Desk audited	costs					
Distribution				Joseph for T	homas Parke	er	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance
Permanent File	£.						
For Inf	ormation Only						
No Cha	inge in Rate						
Hor	me Office:	Grace Healthcare, Inc					
1101		7201 Shallowford Rd, STE 200					
		Chattanooga, TN 37421					



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Tallahassee, Florida 32308

JACARANDA	MANOR			Provide	er Number	••	0 281743	-00
4250 66TH ST	ΓN			Date:			9/14/20	15
SAINT PETEI	RSBURG, FL 3	33709		Fiscal '	Year End:		12/31/20)10
				Audit S	Status:		Unaudi	ted
Provider T	vpe:							
	* Ac-scr					Current	New	Effective
						Rate	Rate	Date
Nursing Ho	me Singl	le Level				168.69	167.21	1/1/2012
	Leve	l H: Aids				316.30	314.82	1/1/2012
Rate	e Type:							
	Interim		X	Prosp	ective			
		Total Interim		_		tal Prospective		
		Interim Component			To	tal Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
					Rate Sem	ester Change		
	Budget			X		f Field Audit #	NH13-175G F	YE
X	Unaudited o	costs			12/31/200)9		
	Field audite							
	Desk audite	ed costs						
Distribution	n•			10	C r	T1 D I		
	agement / Fiscal	Agent		P		Thomas Parke		
Permanent File		. A Spelle		Mencal	i Cost Re	imbursement Pl	anning and r	inance
For In	formation Only							
	ange in Rate							
Но	me Office:	Grace Healthcare, Inc						
		7201 Shallowford Rd, STE 200						
		Chattanooga, TN 37421						



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Tallahassee, Florida 32308

JACARANDA	MANOR			Provider Number		0 281743-00		
4250 66TH ST	N			Date:		9/14/20	15	
SAINT PETER	SBURG, FL 3.	3709		Fiscal Year End:		12/31/20)10	
				Audit Status:		Unaudit	ed	
Provider Ty	rpe:							
					Current Rate	New Rate	Effective Date	
Nursing Ho	me Single	e Level			172.91	171.41	7/1/2012	
	Level	H: Aids			322.12	320.62	7/1/2012	
Rate	Type:							
	Interim		X	Prospective				
	=	Total Interim			tal Prospective			
		Interim Component		То	tal Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
			611					
Basis:			Cha	inges:	CI.			
	D 1				ester Change Field Audit #1	UU12 175C I	EVE	
	Budget			Effects of 12/31/200		NI 13-1/30 I	1 L	
X	Unaudited c							
	Pield audited Desk audited							
	Desk audited	1 COSES						
Distribution	ı <u>:</u>			A For.	Thomas Parko	er		
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rei	mbursement P	anning and F	inance	
Permanent File								
For Inf	ormation Only							
No Cha	nge in Rate							
Ног	me Office:	Grace Healthcare, Inc 7201 Shallowford Rd, STE 200 Chattanooga, TN 37421					1	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	MANOR			Provider Number:		0 281743	-00
4250 66TH ST	N			Date:		9/14/20	15
SAINT PETER	SBURG, FL 33	3709		Fiscal Year End:		12/31/20)11
				Audit Status:	4	Unaudit	ted
Provider Ty	pe:						
•					Current Rate	New Rate	Effective Date
Nursing Hor	me Single	e Level			166.02	164.52	1/1/2013
	Level	H: Aids			316.83	315.33	1/1/2013
Rate	Type:						
	Interim		X	Prospective			
		_ Total Interim			l Prospective		
		Interim Component		X Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	D 1		-	Rate Semes		NH13-175G F	EVE
X	Budget Unaudited co	agts.		12/31/2009		ND13-1/3G1	IE
Α	Field audited						
	Desk audited						
Distribution	1:			J for TI	homas Parke	er	
Contract Manag	gement / Fiscal .	Agent		Medicaid Cost Reim	bursement Pl	lanning and F	inance
Permanent File							
For Infe	ormation Only						
No Cha	nge in Rate						
Hon	me Office:	Grace Healthcare, Inc 7201 Shallowford Rd, STE 200 Chattanooga, TN 37421					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	MANOR			Provider Number:		0 281743	-00
4250 66TH ST	N			Date:		9/14/20	15
SAINT PETER	RSBURG, FL 33	3709		Fiscal Year End:		12/31/20)11
				Audit Status:		Unaudit	ed
Provider Ty	ype:						
					Current Rate	New Rate	Effective Date
Nursing Ho	me Single	e Level	5.		171.19	169.66	7/1/2013
Rate	Type:						
	Interim		X	Prospective			
		Total Interim			al Prospective		
	-	Interim Component		X Tot	al Prospective	with Interim	Component
		Settlement based on cost Prior Provider Prospective data					
Basis:			Cha	inges:			
	D 1				ster Change	UU2 1750 F	N/E
X	Budget Unaudited co	acte		Effects of 12/31/200	Field Audit #1 9	NH13-1/3G F	YE
	Field audited						
	Desk audited						
Distribution	<u>1:</u>			A FIT T	homas Parke	er	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Reir	nbursement Pl	anning and F	inance
Permanent File	2						
For Inf	formation Only						
No Cha	ange in Rate						
Но	me Office:	Grace Healthcare, Inc 7201 Shallowford Rd, STE 200 Chattanooga, TN, 37421					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

	Provider Number:		0 281743	-00
	Date:	9/14/2015		
	Fiscal Year End:		12/31/20	012
	Audit Status:		Unaudit	ted
		Current	New	Effective
		Rate	Rate	Date
		168.00	166.48	1/1/2014
X	Prospective			
	_	l Prospective		
	Tota	l Prospective	with Interim	Component
Cho	mans:			
Clia		er Change		
-			NH13-175G F	FYE
	12/31/2009			
	of for The	iomas Parke	er	
	Medicaid Cost Reim	bursement P	lanning and F	inance
	Cha	X Prospective X Total Total Changes: Rate Semest X Effects of F 12/31/2009	Date: Fiscal Year End: Audit Status: Current Rate 168.00 X Prospective X Total Prospective Total Prospective Changes: Rate Semester Change X Effects of Field Audit #1 12/31/2009 Thomas Parket	Date: 9/14/20 Fiscal Year End: 12/31/20 Audit Status: Unaudit Current New Rate Rate 168.00 166.48 X Prospective



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	MANOR			Provider Number:		0 281743	-00	
4250 66TH ST N			Date:		9/14/20	15		
SAINT PETER	RSBURG, FL 3.	3709		Fiscal Year End:		12/31/2013		
				Audit Status:		Unaudit	ted	
Provider Ty	vpe:							
					Current	New	Effective	
					Rate	Rate	Date	
Nursing Ho	me Single	e Level			180.36	<u>178.79</u>	7/1/2014	
D-4	Т							
Rate	Type:							
	Interim		X	Prospective				
	- interim	Total Interim		_	al Prospective			
		Interim Component		-	al Prospective		Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
				The state of the s	ster Change			
	Budget			X Effects of 12/31/200	Field Audit #	NH13-175G F	YE	
X	Unaudited co			12/31/200	7			
	Field audited							
	Desk audited	d costs						
				1 1 0				
Distribution			-	1/17	homas Parke			
	igement / Fiscal	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File	2							
For In	formation Only							
No Cha	ange in Rate							
Но	me Office:	Grace Healthcare, Inc						
3.50	med Mutakādi	7201 Shallowford Rd, STE 200						
		Chattanooga, TN 37421						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA MANOR	Provider Number: 0 281/43-00
4250 66TH ST N	Date: 9/14/2015
SAINT PETERSBURG, FL 33709	Fiscal Year End: 12/31/2013
	Audit Status: Unaudited
Provider Type: Nursing Home Single Level	Current New Effective Rate Rate Date 181.05 179.48 1/1/2015
Rate Type:	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Total Prospective with Interim Component
Settlement based on cost	
Prior Provider Prospective data	
Budget X Unaudited costs Field audited costs Desk audited costs	Rate Semester Change X Effects of Field Audit #NH13-175G FYE 12/31/2009
Distribution: Contract Management / Fiscal Agent Permanent File	Thomas Parker Medicaid Cost Reimbursement Planning and Finance
For Information Only	
No Change in Rate	
Home Office: Grace Healthcare, Inc 7201 Shallowford Rd, STE 200 Chattanooga, TN 37421	



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

JACARANDA	MANOR			Provider Ni	umber:		0 281743	-00
4250 66TH ST N			Date:			9/14/2015		
SAINT PETER	SBURG, FL 3	3709		Fiscal Year End			12/31/2013	
				Audit Statu	s:		Unaudit	ed
Provider Ty	pe:							
(man)						Current Rate	New Rate	Effective Date
Nursing Ho	me Single	e Level				182.06	180.52	9/1/2015
Rate	Type:							
	Interim		X	Prospectiv	e			
		Total Interim		X	articles in the last of the la	l Prospective		
		Interim Component			_ Tota	l Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
2010101					Semes	ter Change		
	Budget			X Effe	ects of F	ield Audit #1	NH13-175G F	YE
X	Unaudited c	osts		12/3	31/2009			
	Field audited	d costs						
	Desk audited	d costs						
Distribution	1: gement / Fiscal	Agent		the for		nomas Parko		
Permanent File		/ tgcm		Medicaid Co	st Keim	bursement P	anning and F	inance
	ormation Only							
	nge in Rate							
Hor	me Office:	Grace Healthcare, Inc						
		7201 Shallowford Rd, STE 200						
		Chattanooga, TN 37421						



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Tallahassee, Florida 32308

CORAL REEF NURSING & REHABILITATION CENTER	Provider Number:	Provider Number:			
9869 SW 152ND STREET	Date:		8/5/2015		
MIAMI , FL 33157	Fiscal Year End:		12/31/20	007	
	Audit Status:		Unaudit	ed	
Provider Type:					
		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		196.61	196.60	1/1/2009	
Level H: Aids		334.96	334.95	1/1/2009	
Rate Type:					
Rate Type.					
Interim	X Prospective				
Total Interim	MANAGEMENT OF THE PARTY OF THE	Prospective			
Interim Component	Total	Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
D. 1	Rate Semest		HIOC LOLE	VE	
Budget	7/31/2004	A & KFA #I	NH06-160J F	IL	
X Unaudited costs					
Field audited costs Desk audited costs					
Desk addred costs					
Distribution:	A) CC TI	iomas Parko			
Contract Management / Fiscal Agent	Medicaid Cost Reim			inance	
Permanent File	iviculcalu Cost Reim	oursement F	mining and r	manec	
For Information Only					
No Change in Rate					
Home Office: No Home Office					



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Tallahassee, Florida 32308

CORAL REEF NURSING & REHABILITATION CENTER	Provider Number:		0 282529	-00
9869 SW 152ND STREET	Date:	8/5/2015		
MIAMI , FL 33157	Fiscal Year End:		12/31/20	07
	Audit Status:		Unaudit	ed
Provider Type:				
Tioride Type.		Current	New	Effective
		Rate	Rate	Date
Nursing Home Single Level	1	80.13	180.12	3/1/2009
Level H: Aids	3	18.48	318.47	3/1/2009
Rate Type:				
Interim	X Prospective			
Total Interim	And the second s	rospective		
Interim Component	Total Pr	ospective v	with Interim	Component
Settlement based on cost				
Prior Provider Prospective data				
Basis:	Changes:	Change		
Budget	X Effects of FA		H06-1601 F	VE
X Unaudited costs	7/31/2004	X 10171 1111	1100 1000 1	
Field audited costs				
Desk audited costs				
Desk addited costs				
	15-			
Distribution:	For Thon	nas Parker	r	
Contract Management / Fiscal Agent	Medicaid Cost Reimbur	sement Pla	anning and F	inance
Permanent File				
For Information Only				
No Change in Rate				
Home Office: No Home Office				



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Tallahassee, Florida 32308

CORAL REEF NURSING & REHABILITATION CENTER	Provider Numbe	r:	0 282529	-00	
9869 SW 152ND STREET	Date:		8/5/2015		
MIAMI , FL 33157	Fiscal Year End:		12/31/20	007	
	Audit Status:	M	Unaudit	ted	
Provider Type:					
7, P-1		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		221.67	221.66	4/1/2009	
Level H: Aids		360.02	360.01	4/1/2009	
Rate Type:					
Interim	X Prospective				
Total Interim		otal Prospective	2		
Interim Component	T	otal Prospective	with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
	Rate Sen	ester Change			
Budget		fFA & RFA #	NH06-160J F	YE	
X Unaudited costs	7/31/200	14			
Field audited costs					
Desk audited costs					
Distribution:	to for	Thomas Park	er		
Contract Management / Fiscal Agent	Medicaid Cost Re	imbursement P	lanning and F	inance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: No Home Office					
25-20m2 (200 mg)					



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Tallahassee, Florida 32308

CORAL REEF NURSING & REHABILITATION CENTER	Provider Number:		0 282529	-00	
9869 SW 152ND STREET	Date:		8/5/2015		
MIAMI , FL 33157	Fiscal Year End:	12/31/2008			
	Audit Status:		Unaudit	ed	
Provider Type:					
- 3, 500		Current	New	Effective	
		Rate	Rate	Date	
Nursing Home Single Level		228.68	228.66	7/1/2009	
Level H: Aids		369.03	369.01	7/1/2009	
Rate Type:					
Interim	X Prospective				
Total Interim		Prospective			
Interim Component			with Interim	Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
24333	Rate Semest	er Change			
Budget			NH06-160J F	YE	
X Unaudited costs	7/31/2004				
Field audited costs					
Desk audited costs					
Distribution:	th) for Th	iomas Park	er		
Contract Management / Fiscal Agent	Medicaid Cost Reim			inance	
Permanent File				Land Control Control	
For Information Only					
No Change in Rate					
Home Office: No Home Office					



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Tallahassee, Florida 32308

CORAL REEF NURSING & REHABILITATION CENTER	Provider Number:		0 282529	-00
9869 SW 152ND STREET	Date:	8/5/2015 12/31/2008		
MIAMI , FL 33157	Fiscal Year End:			
	Audit Status:		Unaudit	ted
Provider Type:				
1.0.me. 1,1m.		Current	New	Effective
		Rate	Rate	<u>Date</u>
Nursing Home Single Level		229.73	229.71	1/1/2010
Level H: Aids		371.65	371.63	1/1/2010
Rate Type:				
Interim	X Prospective			
Total Interim		l Prospective		
Interim Component	the same of the sa	1.70	with Interim	Component
Settlement based on cost				
Prior Provider Prospective data				
Basis:	Changes:			
	Rate Semes	ter Change		
Budget		A & RFA #1	NH06-160J F	YE
X Unaudited costs	7/31/2004			
Field audited costs				
Desk audited costs				
	13			
Distribution:	A For TI	nomas Park	er	
Contract Management / Fiscal Agent	Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent File				
For Information Only				
No Change in Rate				
Home Office: No Home Office				



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Tallahassee, Florida 32308

CORAL REEF NURSING & REHABILITATION CENTER		Provider Number:		0 282529	-00
9869 SW 152ND STREET		Date:	8/5/2015		
MIAMI , FL 33157		Fiscal Year End:	-	12/31/20	009
		Audit Status:		Unaudit	ed
Provider Type:					
V K			Current	New	Effective
			Rate	Rate	Date
Nursing Home Single Level			234.10	234.09	7/1/2010
Level H: Aids			377.44	377.43	7/1/2010
Rate Type:					
V I					
Interim	X	Prospective			
Total Interim			l Prospective		
Interim Component		Tota	l Prospective	with Interim	Component
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Cha	nges:			
Dasis.	Cha	Rate Semes	ter Change		
Budget				NH06-160J F	YE
X Unaudited costs	-	7/31/2004			
Field audited costs					
Desk audited costs					
Distribution:		A) For T	homas Parke	er	
Contract Management / Fiscal Agent	-	Medicaid Cost Rein			inance
Permanent File					
For Information Only					
No Change in Rate					
Home Office: No Home Office					



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Tallahassee, Florida 32308

CORAL REEF NURSING & REHABILITATION CENTER	Provider Number:		0 282529	-00	
9869 SW 152ND STREET	Date:		8/5/2015		
MIAMI , FL 33157	Fiscal Year End:		12/31/20	009	
	Audit Status:		Unaudi	ted	
Provider Type:					
		Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Single Level		237.14	237.13	1/1/2011	
Level H: Aids		382.00	381.99	1/1/2011	
Rate Type:					
Interim	X Prospective				
Total Interim		1 Prospective			
Interim Component		l Prospective		Component	
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Changes:				
	Rate Semes	ter Change			
Budget	X Effects of I	FA & RFA #1	NH06-160J F	YE	
X Unaudited costs	7/31/2004				
Field audited costs					
Desk audited costs					
Distribution:	Ad for T	homas Park	er		
Contract Management / Fiscal Agent	Medicaid Cost Rein	bursement P	lanning and F	inance	
Permanent File					
For Information Only					
No Change in Rate					
Home Office: No Home Office					



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Tallahassee, Florida 32308

CORAL REEF NURSING & REHABILITATION CENTER	Provider Number: 0 282529-00
9869 SW 152ND STREET	Date: 8/5/2015
MIAMI , FL 33157	Fiscal Year End: 12/31/2009
	Audit Status: Unaudited
Provider Type:	
2,7,100	Current New Effectiv
	Rate Rate Date
Nursing Home Single Level	<u>228.41</u> <u>228.40</u> <u>7/1/201</u>
Level H: Aids	<u>374.61</u> <u>374.60</u> <u>7/1/201</u>
Rate Type:	
Interim	X Prospective
Total Interim	X Total Prospective
Interim Component	Total Prospective with Interim Componen
Settlement based on cost	
Prior Provider Prospective data	
a productional service A service Communication of the service of t	
Basis:	Changes:
	Rate Semester Change
Budget	X Effects of FA & RFA #NH06-160J FYE
X Unaudited costs	7/31/2004
Field audited costs	
Desk audited costs	
Distribution:	Thomas Parker
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance
Permanent File	
For Information Only	
No Change in Rate	
Home Office: No Home Office	
none office. No frome office	



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Tallahassee, Florida 32308

CORAL REEF NURSING & REHABILITATION CENTER	Provider Number:	0 282529-00 8/5/2015		
9869 SW 152ND STREET	Date:			
MIAMI , FL 33157	Fiscal Year End:	12/31/2010		
	Audit Status:	Unaudited		
Provider Type:				
V	C	urrent New Effe	ective	
		Rate Rate D	Date	
Nursing Home Single Level	22	27.35 227.34 1/1/	/2012	
Level H: Aids	<u>3</u> *	74.96 374.95 1/1/	/2012	
Rate Type:				
Interim	X Prospective			
Total Interim		ospective		
Interim Component		ospective with Interim Compo	onent	
Settlement based on cost		,,,p======		
Prior Provider Prospective data				
nto	Changes			
Basis:	Changes:	The many		
Budget	Rate Semester C Effects of FA &	RFA #NH06-160J FYE		
X Unaudited costs	7/31/2004	. 11171 111100 1000 1 12		
Field audited costs				
Desk audited costs				
Distribution:	A) G Thom	as Parker		
Contract Management / Fiscal Agent	Guodicaid Cost Reimburs	sement Planning and Finance		
Permanent File		The state of the s		
For Information Only				
No Change in Rate				
Home Office: No Home Office				
nome office.				



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Tallahassee, Florida 32308

CORAL REEF	NURSING & REHABILITATION CENTER	Provider Number	*	0 282529-00			
9869 SW 152N	ND STREET	Date:	Date: 8/5/2015				
MIAMI	, FL 33157	Fiscal Year End:		12/31/20	010		
		Audit Status:		Unaudited			
Provider Ty	pe:						
			Current	New	Effective		
			Rate	Rate	<u>Date</u>		
Nursing Ho	me Single Level		235.29	235.28	7/1/2012		
	Level H: Aids		384.50	384.49	7/1/2012		
Rate	· Type:						
	Interim	X Prospective					
	Total Interim		otal Prospective	,			
	Interim Component	***************************************	otal Prospective		Component		
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Changes:					
	_	Rate Sem	ester Change				
	Budget		fFA & RFA #1	NH06-160J F	YE		
X	Unaudited costs	7/31/200	4				
	Field audited costs						
	Desk audited costs						
Distribution	<u>n:</u>	AS For	Thomas Park	er			
Contract Mana	agement / Fiscal Agent	UMedicaid Cost Re	imbursement P	lanning and F	inance		
Permanent File	2						
For Int	formation Only						
No Cha	ange in Rate						
	me Office: No Home Office						



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Tallahassee, Florida 32308

CORAL REEF NURSING & REHABILITATION CENTER	Provider Number:		0 282529-00		
9869 SW 152ND STREET		Date:	5		
MIAMI , FL 33157		Fiscal Year End:	-	12/31/20)12
		Audit Status:		Unaudit	ed
Provider Type:			6	N	T CC - 1
			Current Rate	New Rate	Effective Date
Nursing Home Single Level			240.05	240.04	1/1/2014
Rate Type:					
Interim	X	Prospective			
Total Interim			l Prospective		
Interim Component		Tota	l Prospective	with Interim	Component
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Cha	nges:			
		Rate Semest	ter Change		
Budget			A & RFA #N	NH06-160J F	YE
X Unaudited costs		7/31/2004			
Field audited costs					
Desk audited costs					
		7 .			
Distribution:		//1-10:	nomas Parke		
Contract Management / Fiscal Agent		Medicaid Cost Reim	bursement Pl	lanning and F	inance
Permanent File					
For Information Only					
No Change in Rate					
Home Office: No Home Office					



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Tallahassee, Florida 32308

CORAL REEF NURSING & REHABILITATION CENTER	Provider Num	ber:	0 282529	0-00
9869 SW 152ND STREET	Date:		8/5/201	5
MIAMI , FL 33157	Fiscal Year Er	nd:	12/31/2012	
	Audit Status:		Unaudited	
Provider Type:		Current Rate	New Rate	Effective Date
Nursing Home Single Level		250.18	250.17	7/1/2014
Rate Type:				
Interim	X Prospective			
Total Interim	X	Total Prospective		
Interim Component		Total Prospective	with Interim	Component
Settlement based on cost				
Prior Provider Prospective data				
Basis:	Changes:			
B. J. C.	The second secon	emester Change	HIOC LOLE	VE
Budget	7/31/2	s of FA & RFA #1 004	VH06-1001 F	YE
Y Unaudited costs Field audited costs				
Desk audited costs				
Desk addited costs				
Distribution:	go for	Thomas Parke		
Contract Management / Fiscal Agent	Medicaid Cost	Reimbursement P	lanning and F	inance
Permanent File				
For Information Only				
No Change in Rate				
Home Office: No Home Office				



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Tallahassee, Florida 32308

9869 SW 152ND STREET			Provider Number:		0 282529-00 8/5/2015		
			Date:	Personne			
MIAMI	, FL 33157		Fiscal Year End:		12/31/2014		
			Audit Status:		Unaudit	ed	
Provider Ty	rpe:			Current Rate	New Rate	Effective <u>Date</u>	
Nursing Ho	me Single Level			247.29	247.28	9/1/2015	
Data	Type:						
Rate	Type.						
	Interim	X	Prospective				
-	Total Interim		X Tota	l Prospective			
	Interim Component		Tota	l Prospective	with Interim	Component	
	Settlement based on cost Prior Provider Prospective data						
Basis:		Cha	nges:	Character Character			
	Budget		Rate Semestra Effects of F	100.00	NH06-160J F	YE	
X	Unaudited costs	10	7/31/2004			-	
	Field audited costs						
	Desk audited costs						
Distribution	1:		adec m	nomas Parke	a gr		
	gement / Fiscal Agent		Medicaid Cost Reim			inance	
Permanent File	20 (2)		The second coorties.	ou sement a		110-110-110 T.S	
	Formation Only						
	inge in Rate						
	me Office: No Home Office						
1101	To Home Office						



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Tallahassee, Florida 32308

THE TERRACE AT DAYTONA BEACH			Provider Number:		0 282553-00			
1704 HUNTING	1704 HUNTINGTON VILLAGE CIRCLE			Date:		7/14/20	15	
DAYTONA BEA	CH , FL	32114		Fiscal Year End:		7/31/20	07	
				Audit Status:		Unaudited		
Provider Type	P*							
					Current Rate	New Rate	Effective Date	
Nursing Home	e Single	e Level			175.83	174.33	1/1/2009	
	Level	H: Aids			314.18	312.68	1/1/2009	
Rate T	ype:							
I	nterim		X	Prospective				
_		_ Total Interim			al Prospective			
_		Interim Component		Tot	al Prospective	with Interim	Component	
_		Settlement based on cost						
_		Prior Provider Prospective data						
Basis:]		Cha	nges:	ster Change			
	Budget		-		FA & RFA N	H11-094C FY	/F	
X	- Unaudited co	nete	-	07/31/200				
	Field audited							
	Desk audited							
	Desk daditee	1000						
Distribution:				/	Thomas Park			
Contract Manage	ement / Fiscal	Agent		Modicaid Cost Rein	mbursement P	lanning and F	inance	
Permanent File								
For Infor	mation Only							
No Chang	ge in Rate							
Home	e Office:	SMJ Enterprises, LLC						
		480 Fentress Boulevard						
		Suite H						
		Daytona Beach, FL 32114						



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Tallahassee, Florida 32308

THE TERRACE AT	Provider Num	Provider Number: 0 282553-00				
1704 HUNTINGTON	VILLAGE CIRCLE	Date:	Date: 7/14/2015			
DAYTONA BEACH	, FL 32114	Fiscal Year Er	Fiscal Year End: 7/31/200			
		Audit Status:		Unaudited		
Provider Type:						
			Current Rate	New Rate	Effective Date	
Nursing Home	Single Level		161.09	159.72	3/1/2009	
	Level H: Aids		299.44	298.07	3/1/2009	
Rate Type	e:					
Inter		X Prospective				
	Total Interim	X	Total Prospective		C .	
	Interim Component Settlement based on cost		Total Prospective	with Interim	Component	
-		. House				
	Prior Provider Prospective	data				
Basis:		Changes:				
			emester Change			
Bu	dget	X Effect	s of FA & RFA N	H11-094C F	YE	
X Un	audited costs	07/31/	/2006			
Fie	eld audited costs					
De	sk audited costs					
Distribution:		Ad for	Thomas Park	er		
Contract Managemer	nt / Fiscal Agent		Reimbursement P		inance	
Permanent File						
For Informat	ion Only					
No Change in						
Home Of	fice: SMJ Enterprises, LLC					
	480 Fentress Boulevard					
	Suite H					
	Daytona Beach, FL 32114					



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Tallahassee, Florida 32308

THE TERRACE AT DAYTONA BEACH 1704 HUNTINGTON VILLAGE CIRCLE				Provider Numbe	T.	0 282553-00		
				Date:		7/14/2015		
DAYTONA BEAC	H , FL 3	2114		Fiscal Year End:	:	7/31/20	07	
				Audit Status:		Unaudit	ed	
Provider Type:								
					Current Rate	New Rate	Effective Date	
Nursing Home	Single	Level			199.53	197.94	4/1/2009	
	Level l	H: Aids			337.88	336.29	4/1/2009	
		1						
Rate Ty	pe:							
Int	erim		X	Prospective				
1		Total Interim			otal Prospective			
		Interim Component		T	otal Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
					nester Change			
F	Budget		-		of FA & RFA N	H11-094C FY	/E	
XU	Jnaudited co	sts		07/31/20	700			
	Field audited							
I	Desk audited	costs						
Distribution:				110.	77) B I			
Contract Managem	ent / Fiegal A	pant		19 116 11	Thomas Parke		**	
Permanent File	ent / 1 iscai /	gen		Medicaid Cost Re	eimbursement P	lanning and r	mance	
For Inform	ation Only							
No Change								
Home (Office:	SMJ Enterprises, LLC						
		480 Fentress Boulevard						
		Suite H						
		Daytona Beach, FL 32114						



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Tallahassee, Florida 32308

THE TERRACE AT DA	YTONA BEACH	Provider Numbe	r:	0 282553-00		
1704 HUNTINGTON VILLAGE CIRCLE		Date:		7/14/2015		
DAYTONA BEACH	, FL 32114	Fiscal Year End:		7/31/20	08	
		Audit Status:		Unaudi	ted	
Provider Type:						
	Single Level		Current Rate	New <u>Rate</u> 193.26	Effective Date 7/1/2009	
Nursing Home S	Single Level		194.43	173.40	1/1/2009	
	Level H: Aids		334.78	333.61	7/1/2009	
Rate Type:						
Interim		X Prospective				
	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data		otal Prospective otal Prospective		Component	
Field a	it lited costs audited costs audited costs		nester Change of FA & RFA N 106	H11-094C F	Ϋ́Ε	
Distribution: Contract Management / I Permanent FileFor InformationNo Change in Ra	Only	Medicald Cost Re	Thomas Parkerimbursement P		inance	
Home Office						



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Tallahassee, Florida 32308

THE TERRACE AT DAYTONA BEACH			Provider Number	er:	0 282553-00		
1704 HUNTINGTON VILLAGE CIRCLE			Date: 7/14/2015			15	
DAYTONA BEAC	H , FL 32	2114		Fiscal Year End	:	7/31/20	08
				Audit Status:	-	Unaudit	ed
Provider Type:					3-11	The control of the co	
Trovider Type.					Current Rate	New Rate	Effective Date
Nursing Home	Single	Level			196.10	195.20	1/1/2010
	Level I	H: Aids			338.02	337.12	1/1/2010
Rate Ty	pe:						
Inte	erim		Х	Prospective			
		Total Interim		XT	otal Prospective		
		Interim Component		T	otal Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
				Rate Ser	nester Change		
E	Budget				of FA & RFA N	H11-094C FY	Έ
X U	Inaudited cos	its		07/31/20	006		
F	ield audited	costs					
	Desk audited	costs					
				1.5			
Distribution:				Ma for	Thomas Parko	r	
Contract Managem	ent / Fiscal A	gent		Medicaid Cost R			inance
Permanent File						8	
For Inform	ation Only						
No Change							
Home C		SMJ Enterprises, LLC 480 Fentress Boulevard Suite H Daytona Beach, FL 32114					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

THE TERRACE AT DAYTONA BEACH				Provider Number	17.	0 282553-00		
1704 HUNTINGTON VILLAGE CIRCLE			Date: 7/14/20			15		
DAYTONA BE	EACH , FL	32114		Fiscal Year End: 7/31/2009			09	
				Audit Status:		Unaudit	ed	
Provider Ty	pe:							
	p				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Hor	ne Sing	le Level			174.25	174.24	7/1/2010	
	Leve	el H: Aids			317.59	317.58	7/1/2010	
Rate	Type:							
	Interim		X	Prospective				
		Total Interim			otal Prospective			
		Interim Component		To	otal Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	inges:				
Dasis.			CHE		ester Change			
	Budget		-		f FA & RFA N	H11-094C F	ΥE	
X	Unaudited	costs		07/31/20				
	Field audite							
	Desk audite							
Distribution	ı <u>:</u>			ablfor	Thomas Park	er		
Contract Manag	gement / Fisca	l Agent		Medicaid Cost Re	imbursement P	lanning and F	inance	
Permanent File								
For Inf	ormation Only	r						
No Cha	nge in Rate							
Hor	ne Office:	SMJ Enterprises, LLC						
		480 Fentress Boulevard						
		Suite H						
		Daytona Beach, FL 32114						



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Tallahassee, Florida 32308

THE TERRACE AT DAYTONA BEACH			Provider Number:		0 282553-00			
1704 HUNTING	1704 HUNTINGTON VILLAGE CIRCLE			Date:		7/14/20	15	
DAYTONA BE	EACH , FL	. 32114		Fiscal Year End: 7/31/200			09	
				Audit Status:		Unaudited		
Provider Ty	ne:						3,111,111,111,111,111,111,111,111,111,1	
•					Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Hor	ne Sing	le Level			176.79	<u>176.78</u>	1/1/2011	
	Leve	el H: Aids			321.65	321.64	1/1/2011	
Rate	Type:							
	Interim		X	Prospective				
		Total Interim		X Tota	al Prospective			
		Interim Component		Tota	al Prospective	with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:	\neg		Cha	inges:				
					ster Change			
	Budget				FA & RFA N	H11-094C FY	/E	
X	Unaudited	costs		07/31/2000	6			
	Field audit	ed costs						
	Desk audit	ed costs						
Distribution	1:			Afor T	homas Park	er		
Contract Mana	gement / Fisca	al Agent	-	Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File								
For Inf	ormation Only	У						
No Cha	nge in Rate							
Hor	me Office:	SMJ Enterprises, LLC						
		480 Fentress Boulevard						
		Suite H						
		Daytona Beach, FL 32114						



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Report Calculated: 7/14/2015 10:20:12 AM

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH				Provider Number: 0 282553-00					
1704 HUNTINGTO	N VILLA	GE CIRCLE		Date:		7/14/20	15		
THE TERRACE AT DAYTONA BEA 1704 HUNTINGTON VILLAGE CIR DAYTONA BEACH , FL 32114 Provider Type: Nursing Home Single Level Level H: A		32114		Fiscal Year End:		7/31/20	11		
				Audit Status:		Unaudit	ed		
Provider Type:									
					Current	New	Effective		
					Rate	Rate	<u>Date</u>		
Nursing Home	Single	e Level			165.64	165.63	7/1/2012		
	Level	H: Aids			314.85	314.84	7/1/2012		
Rate Ty	pe:								
Inte	erim		X	Prospective					
		Total Interim	-		1 Prospective				
*		Interim Component		Tota	1 Prospective	with Interim	Component		
***************************************		Settlement based on cost							
		Prior Provider Prospective data							
Basis:			Cha	nges:					
Dusis:			Circ	Rate Semes	ter Change				
В	Budget		-			H11-094C FY	ΥE		
	Inaudited c	osts		07/31/2006					
F	ield audite	d costs							
D	esk audite	d costs							
Distribution:				ALEI T	homas Park	er			
Contract Manageme	ent / Fiscal	Agent		Medicaid Cost Rein	bursement P	lanning and F	inance		
Permanent File									
For Informa	ation Only								
No Change	in Rate								
Home C	Office:	SMJ Enterprises, LLC							
		480 Fentress Boulevard							
		Suite H							
		Daytona Beach, FL 32114							

Report Printed: 7/14/2015 ID: 282553073120110801201004232012131237



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Tallahassee, Florida 32308

THE TERRACE AT DAYTONA BEACH			Provider Number: 0 282553-00					
1704 HUNTINGTON VILLA	GE CIRCLE		Date:		7/14/2015			
DAYTONA BEACH , FL	32114		Fiscal Year End:		7/31/20	12		
			Audit Status:		Unaudit	ed		
Provider Type: Nursing Home Singl	e Level			Current Rate 163.80	New <u>Rate</u> 163.79	Effective Date 7/1/2013		
Rate Type:								
Interim Basis:	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	Cha	Tota		with Interim	Component		
X Unaudited of Field audited Desk audite	d costs		Rate Semes Effects of F 07/31/2006	A & RFA N	H11-094C FY	ŕΕ		
Distribution: Contract Management / Fiscal Permanent FileFor Information Only	Agent		Medicard Cost Reim	nomas Parke bursement Pl		inance		
No Change in Rate Home Office:	SMJ Enterprises, LLC 480 Fentress Boulevard Suite H Daytona Beach, FL 32114							



Q9LU3

Report Calculated: 7/14/2015 10:20:12 AM

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTO	NA BEACH		Provider Number:		0 282553-00		
1704 HUNTINGTON VILLA	GE CIRCLE	Date: 7/14/2015		15			
DAYTONA BEACH , FL	32114		Fiscal Year End:		7/31/20	13	
			Audit Status:	2	Unaudit	ed	
Provider Type:				Current Rate	New Rate	Effective Date	
Nursing Home Singl	e Level			168.53	168.52	1/1/2014	
Data Tama	¬						
Rate Type:							
Interim	Total Interim Interim Component Settlement based on cost Prior Provider Prospective data	X		I Prospective I Prospective	with Interim	Component	
Basis: Budget X Unaudited of Field audite Desk audite	d costs	Cha	Rate Semes Effects of I 07/31/2006	A & RFA N	H11-094C FY	/Έ	
Distribution: Contract Management / Fiscal Permanent FileFor Information OnlyNo Change in Rate			For T Medicald Cost Rein	homas Parke bursement P		inance	
Home Office:	SMJ Enterprises, LLC 480 Fentress Boulevard Suite H Daytona Beach, FL 32114						

Report Printed: 7/14/2015 ID: 282553073120130801201210302013165214



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Tallahassee, Florida 32308

THE GARDENS HEALTH & REHABILITATION CENTER	1,	rovider Number:		7/14/2015		
1704 HUNTINGTON VILLAGE CIRCLE	E	Date:	-			
DAYTONA BEACH , FL 32114	F	iscal Year End:		5/31/20	15	
	Λ	Audit Status:		Unaudit	ed	
Provider Type:			Current	New	Effective	
			Rate	Rate	Date	
Nursing Home Single Level			226.01	226.00	7/1/2014	
Rate Type:						
X Interim		Prospective				
X Total Interim			al Prospective			
Interim Component			al Prospective		Component	
Settlement based on cost						
Prior Provider Prospective data						
n de	Cl					
Basis:	Chang		· Cl			
X Budget	X		ster Change FA & RFA N	H11.094C FV	/F	
Unaudited costs			for prior pro			
Field audited costs						
Desk audited costs						
Distribution:		XI for I	homas Parke	er		
Contract Management / Fiscal Agent	M	edicald Cost Rein	nbursement P	lanning and F	inance	
Permanent File						
For Information Only						
No Change in Rate						
Home Office: No Home Office						



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Tallahassee, Florida 32308

THE GARDEN	NS HEALTH & REHABILITATION CENTER	Provider Number:		0 122342	-00	
1704 HUNTIN	GTON VILLAGE CIRCLE	Date:		7/14/2015		
DAYTONA BE	EACH , FL 32114	Fiscal Year End:		5/31/20	15	
		Audit Status:		Unaudit	ed	
Provider Ty	pe:					
•	E-339		Current	New	Effective	
			Rate	Rate	Date	
Nursing Ho	me Single Level		223.64	223.63	9/1/2015	
	T.					
Rate	Type:					
V	Interim	Prospective				
X	X Total Interim	The state of the s	l Prospective			
	Interim Component			with Interim	Component	
	Settlement based on cost	-	op			
	Prior Provider Prospective data					
Basis:		Changes:				
	_	Rate Semes	ter Change			
X	Budget			H11-094C FY		
	Unaudited costs	07/31/2006	for prior pro	vider #28255	3	
	Field audited costs					
	Desk audited costs					
		110				
Distribution	<u>n:</u>	90 to T	homas Park	er		
Contract Mana	gement / Fiscal Agent	Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent File						
For Int	formation Only					
No Cha	ange in Rate					
Но	ome Office: No Home Office					
110	133.13416 31116					



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Tallahassee, Florida 32308

WATERCRES	T CARE CENTE	R		Provider Number:		0 310409	-00
16650 W DIXI	EHWY		Date: 10/13/2015		15		
NORTH MIAN	MI BEACH, FL 3	3160		Fiscal Year End:		3/31/20	08
				Audit Status:		Revised Field	d Audit
Provider Ty	pe:						
*					Current	New	Effective
					Rate	Rate	<u>Date</u>
Nursing Hor	me Single	Level			177.21	175.14	1/1/2009
	Level I	H: Aids			315.56	313.49	1/1/2009
Rate	Type:]					
	Interim	-	X	Prospective			
		Total Interim	-		al Prospective		
		Interim Component		Tot	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	D. I.			Table for a mile	ster Change	::-13 A J:- EN	1110 0240
	Budget Unaudited cos	to.		Y Field Aud FYE 3/31/	it & Revised F 2008	icia Atian #18	M10-024C
X	Field audited						146
Α	Desk audited						
Distribution	ı <u>:</u>			Al for T	homas Parke	er	
Contract Manag	gement / Fiscal A	gent		Medicard Cost Rein	nbursement P	lanning and F	inance
Permanent File							
For Info	ormation Only						
No Char	nge in Rate						
	ne Office:	No Home Office					
1101	ne Office.	No Home Office					



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Tallahassee, Florida 32308

WATERCREST CARE CENTER	Provider Number: 0 310409-00	
16650 W DIXIE HWY	Date: 10/13/2015	
NORTH MIAMI BEACH, FL 33160	Fiscal Year End: 3/31/2008	
	Audit Status: Revised Field Audit	
Provider Type:		
	Current New Effecti Rate Rate Date	
Nursing Home Single Level	<u>162.35</u> <u>160.46</u> <u>3/1/20</u>	09
Level H: Aids	<u>300.70</u> <u>298.81</u> <u>3/1/20</u>	09
Rate Type:		
Interim	X Prospective	
Total Interim	X Total Prospective	
Interim Component	Total Prospective with Interim Compone	nt
Settlement based on cost		
Prior Provider Prospective data		
Basis:	Changes: Rate Semester Change	
Budget	X Field Audit & Revised Field Audit #NH10-024	C
Unaudited costs	FYE 3/31/2008	
X Field audited costs		
Desk audited costs		
Distribution:	Thomas Parker	
Contract Management / Fiscal Agent	Medicaid Cost Reimbursement Planning and Finance	
Permanent File		
For Information Only		
No Change in Rate		
Home Office: No Home Office		



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Tallahassee, Florida 32308

WATERCREST	CARE CENTE	ER .		Provider Numb	er:	0 310409-00		
16650 W DIXIE	EHWY		Date: 10/13/2015)15			
NORTH MIAM	I BEACH, FL	33160		Fiscal Year End	d:	3/31/2008		
				Audit Status:		Revised Fiel	d Audit	
Provider Typ	pe:							
					Current	New	Effective	
					Rate	Rate	Date	
Nursing Hon	ne Single	Level			201.28	199.08	4/1/2009	
	Level	H: Aids			339.63	337.43	4/1/2009	
Rate '	Туре:							
	Interim		Х	Prospective				
		Total Interim		x	Total Prospect	ive		
		Interim Component		- 7	Fotal Prospect	ive with Interim	Component	
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
					mester Change			
	- Budget				udit & Revise 31/2008	d Field Audit #N	NH10-024C	
	Unaudited co				2112000			
X	Field audited Desk audited							
	_ Desk audited	costs						
Distribution	•			A) E.	Thomas Pa	rker		
Contract Manag	gement / Fiscal A	gent	-	Medicajd Cost R			inance	
Permanent File								
For Info	ormation Only							
	nge in Rate							
		No Homo Office						
Hon	ne Office:	No Home Office						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WATERCRES	T CARE CENTER		Provider Number:		0 310409	-00
16650 W DIXI	EHWY		Date:		10/13/2015	
NORTH MIAN	MI BEACH, FL 33160		Fiscal Year End:		3/31/20	08
			Audit Status:		Revised Fiel	d Audit
Provider Ty	ne:					
110vides 1,	pe.			Current	New	Effective
				Rate	Rate	Date
Nursing Ho	me Single Level			204.50	202.22	7/1/2009
	Level H: Aids			344.85	342.57	7/1/2009
Pote	Towns					
Rate	Type:					
	Interim	X	Prospective			
	Total Interim			1 Prospective		
	Interim Component		Tota	l Prospective	with Interim	Component
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Cha	inges:			
		-	Rate Semes		Field Audit #1	11110 0246
	Budget	-	X Field Audit		leid Audit #r	NH10-024C
X	Unaudited costs					
X	Field audited costs Desk audited costs					
	Desk addited costs					
Distribution	<u>n:</u>		of for T	homas Park	er	
Contract Mana	gement / Fiscal Agent		Medicaid Cost Rein	bursement P	lanning and F	inance
Permanent File	2					
For Int	formation Only					
No Cha	ange in Rate					
Но	me Office: No Home Office					

Report Printed: 10/13/2015 ID: 310409033120080401200704282008145455



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Tallahassee, Florida 32308

WATERCRES	T CARE CENTER		Provider Number:		0 310409-00 10/13/2015	
16650 W DIXI	EHWY		Date:			
NORTH MIAN	MI BEACH, FL 33160		Fiscal Year End:		3/31/20	09
			Audit Status:		Unaudit	ed
Provider Ty	rpe:					
				Current	New	Effective
				Rate	Rate	Date
Nursing Ho	me Single Level			204.66	204.67	1/1/2010
	Level H: Aids			346.58	346.59	1/1/2010
Rate	Type:					
	Interim	X	Prospective			
	Total Interim			l Prospective		
	Interim Component		Tota	l Prospective	with Interim	Component
	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Cha	inges:			
	n		Rate Semes		Revised Fiel	d Andit
X	Budget Unaudited costs			4C FYE 3/31		u Addit
	Field audited costs					
	Desk audited costs					
Distribution	1:		DICCT	homas Parke		
	gement / Fiscal Agent		Medicaid Cost Reim			inance
Permanent File			Wiedicald Cost Relli	iouisement r	iaming and I	mance
	formation Only					
	ange in Rate					
Hor	me Office: No Home Office					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BROOKDALE AT	TRIUM WAY	2		Provider Number:		0 319376-00 9/24/2015		
9960 ATRIUM W.	AY			Date:				
JACKSONVILLE	, FL 322	25		Fiscal Year End:		12/31/20	007	
				Audit Status:		Field Auc	lited	
Provider Type	:							
					Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home	Single	Level			171.04	166.37	1/1/2009	
	Level I	H: Aids			309.39	304.72	1/1/2009	
Rate Ty	vpe:]						
In	terim		X	Prospective				
_		Total Interim			al Prospective			
; 	X	Interim Component Settlement based on cost		Tota	al Prospective	with Interim	Component	
-	Λ	Prior Provider Prospective data						
-		- Thor Provider Prospective data						
Basis:			Cha	nges:				
					ster Change			
	Budget			X Field Audi	t #NH13-147	L FYE 12/31/	2007	
	Unaudited cos							
	Field audited Desk audited							
	Desk addred	costs						
Distribution:				Afor T	homas Parke	er		
Contract Managen	nent / Fiscal A	gent	-	Medicaid Cost Rein	nbursement P	lanning and F	inance	
Permanent File								
For Inform	nation Only							
No Change	in Rate							
Home	Office:	Brookdale Senior Living, Inc.						
		111 Westwood Place						
		Suite 400						
		Brentwood, TN 37027						



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BROOKDALE ATRI	UM WAY 2	Prov	ider Number:		0 319376	-00
9960 ATRIUM WAY		Date	* *		9/24/2015	
JACKSONVILLE	, FL 32225	Fisca	al Year End:		12/31/20	007
		Audi	t Status:		Field Auc	lited
Provider Type:						
				Current Rate	New Rate	Effective <u>Date</u>
Nursing Home	Single Level			156.71	152.42	3/1/2009
	Level H: Aids			295.06	290.77	3/1/2009
Rate Type	:					
lnterin	m	XPro	spective			
	Total Interim			Prospective		
	Interim Component		Total	Prospective	with Interim	Component
	X Settlement based on cos					
	Prior Provider Prospect	ive data				
Basis:		Changes				
Dasis.		Changes	Rate Semest	er Change		
Buc	lget	X			L FYE 12/31/	2007
	audited costs		_			
	d audited costs					
	k audited costs					
Distribution:						
Contract Management	/ Figure A gant		0	omas Parke		
Permanent File	/ Fiscal Agent	Medic	aid Cost Reim	bursement P	lanning and F	inance
	0.1					
For Information	,					
No Change in						
Home Off	The second secon	g, Inc.				
	111 Westwood Place					
	Suite 400					
	Brentwood, TN 37027					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BROOKDALE ATRIUM	WAY 2		Provider Number:		0 319376	-00
9960 ATRIUM WAY			Date:		9/24/20	15
JACKSONVILLE , F.	L 32225		Fiscal Year End:		12/31/20	007
	¥		Audit Status:		Field Auc	lited
Provider Type:				Current	New	Effective
				Rate	Rate	Date
Nursing Home Si	ingle Level			192.67	<u>187.73</u>	4/1/2009
L	evel H: Aids			331.02	326.08	4/1/2009
Rate Type:						
Interim		X	Prospective			
	Total Interim		The state of the s	l Prospective		
	Interim Component		Tota	l Prospective	with Interim	Component
X	Settlement based on cost					
	Prior Provider Prospective data					
Basis:		Cho	nges:			
Dasis.		Clia	Rate Semes	ter Change		
Budget		-		t #NH13-147	L FYE 12/31/	/2007
	ted costs	<u> </u>	<u>A</u>			
COLOR CONTRACTOR DO	idited costs					
	idited costs					
Desir de						
Distribution:				homas Parke		
Contract Management / F	iscal Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File						
For Information C	Only					
No Change in Rate						
Home Office:	Brookdale Senior Living, Inc.					
	111 Westwood Place					
	Suite 400					
	Brentwood, TN 37027					



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Tallahassee, Florida 32308

BROOKDALE ATR	IUM WAY	Y 2		Provider Number:		0 319376	-00
9960 ATRIUM WAY	7			Date:		9/24/20	15
JACKSONVILLE	, FL 32	225		Fiscal Year End:		12/31/20	007
				Audit Status:		Field Auc	dited
Provider Type:					C1	N	F.60- +:
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Home	Single	Level			196.55	191.72	7/1/2009
	Level	H: Aids			336.90	332.07	7/1/2009
Rate Type	e:						
Inter	im		X	Prospective			
		Total Interim			al Prospective		
		Interim Component		Total	al Prospective	with Interim	Component
	X	Settlement based on cost					
		Prior Provider Prospective data					
			CI.				
Basis:			Cha	nges:	61		
D.,	door				ster Change it #NH13-147	1 EVE 12/31	2007
	idget naudited co	sete		X Field Audi	t #1N113-147	LITE 12/31/	2007
	eld audited						
	sk audited						
	on unaneo						
Distribution:				Alco .	n	22	
Contract Managemen	nt / Fiscal /	Agent		Medicaid Cost Rein	homas Parke		inance
Permanent File	,	-8		Wedicide Cost Ken	noursement 1	iaminig and i	mance
For Informati	ion Only						
No Change in							
Home Of	fice:	Brookdale Senior Living, Inc.					
		111 Westwood Place					
		Suite 400					
		Brentwood, TN 37027					



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Tallahassee, Florida 32308

BROOKDALE ATRIUM WAY 2			Provider Number:		0 319376-00		
9960 ATRIUM W	'AY			Date:		9/24/20	15
JACKSONVILLE	, FL 32	2225		Fiscal Year End:		12/31/20	008
				Audit Status:		Unaudit	ted
Provider Type):						
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Home	Single	e Level			196.87	196.83	1/1/2010
	Level	H: Aids			338.79	338.75	1/1/2010
Rate T	ype:						
ln	nterim		Х	Prospective			
		Total Interim			al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
_		Prior Provider Prospective data					
Basis:			Cha	nges:			
	Į)				ster Change		
	Budget				Field Audit #1	NH13-147L F	YE
X	Unaudited c	osts		12/31/200	7		
	Field audited	d costs					
	Desk audited	d costs					
Distribution:				After 1	homas Parke	er	
Contract Manager	nent / Fiscal	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File							
For Inform	nation Only						
No Change	e in Rate						
Home	Office:	Brookdale Senior Living, Inc.					
		111 Westwood Place					
		Suite 400					
		Brentwood, TN 37027					



2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

BROOKDALE ATR	IUM WAY	7 2		Provide	er Number:		0 319376	-00
9960 ATRIUM WAY	7			Date:			9/24/20	15
JACKSONVILLE	, FL 322	225		Fiscal '	Year End:		12/31/20	008
				Audit S	Status:		Unaudit	ed
Provider Type:								
						Current Rate	New <u>Rate</u>	Effective <u>Date</u>
Nursing Home	Single	Level				200.45	200.42	7/1/2010
	Level	H: Aids				343.79	343.76	7/1/2010
Rate Typ	e:							
Inter	im		X	Prosp	ective			
		Total Interim	-		X Tot	tal Prospective		
		Interim Component			Tot	tal Prospective	with Interim	Component
		Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:				
D	1			**		ester Change Field Audit #1	NU12 1471 E	EVE
	idget naudited co	ete	-	X	12/31/200		ND13+14/L F	IL
	eld audited							
	sk audited							
Distribution:				d	DEOC 7	Thomas Parke	er	
Contract Managemen	nt / Fiscal A	Agent		Medicai	0 ,	mbursement P		inance
Permanent File								
For Informat	ion Only							
No Change in	Rate							
Home Of	fice:	Brookdale Senior Living, Inc.						
		111 Westwood Place						
		Suite 400						
		Brentwood, TN 37027						



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Tallahassee, Florida 32308

BROOKDALE ATRIU	JM WAY 2		Provider Number:		0 319376	-00
9960 ATRIUM WAY			Date:	9/24/2015		
JACKSONVILLE	, FL 32225		Fiscal Year End:		12/31/20	008
			Audit Status:		Unaudit	ted
Provider Type:						
				Current Rate	New Rate	Effective <u>Date</u>
Nursing Home	Single Level			206.42	206.38	1/1/2011
	Level H: Aids			351.28	351.24	1/1/2011
Rate Type:						
Interin	1	X	Prospective			
	Total Interim		X Tota	l Prospective		
	Interim Component		Tota	l Prospective	with Interim	Component
	Settlement based on cost					
	Prior Provider Prospective data	а				
Basis:		Chai	nges:			
			Rate Semes			
Budg	7)		Effects of F 12/31/2007		NH13-147L F	YE
	udited costs		12/31/2007			
	d audited costs					
Desk	audited costs					
			D N C			
Distribution:			do to Ti	homas Parke	er	
Contract Management	/ Fiscal Agent		Medicaid Cost Reim	bursement P	anning and F	inance
Permanent File						
For Informatio	n Only					
No Change in F	Rate					
Home Office	ce: Brookdale Senior Living, Inc.					
	111 Westwood Place					
	Suite 400					
	Brentwood, TN 37027					



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Tallahassee, Florida 32308

BROOKDALE	ATRIUM WA	AY 2		Provider Number:		0 319376	-00
9960 ATRIUM	WAY			Date:		9/24/20	15
JACKSONVILI	LE , FL 3	2225		Fiscal Year End:		12/31/20)09
				Audit Status:		Unaudit	ed
Provider Ty	pe:						
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Hon	ne Sing	le Level			198.93	<u>198.90</u>	7/1/2011
	Leve	l H: Aids			345.13	345.10	7/1/2011
Rate	Type:						
	- J -						
	Interim		X	Prospective			
		Total Interim		And the second second second	al Prospective		
		Interim Component		Tota	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Dania.			Cha	mass.			
Basis:	_		Clia	Rate Semes	tor Change		
	Budget		-		Field Audit #1	VH13-147L F	YF
X	Unaudited	conte	-	12/31/2007		VIII 3-147 L	1 1
A	Field audite						
	Desk audite						
	_ Desk addite	ed Costs					
Distribution				.11.			
Distribution				1/0	homas Parke		
Contract Manag	gement / Fisca	l Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File							
For Info	ormation Only						
No Char	nge in Rate						
Hon	ne Office:	Brookdale Senior Living, Inc.					
		111 Westwood Place					
		Suite 400					
		Brentwood, TN 37027					



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Tallahassee, Florida 32308

BROOKDALE ATR	IUM WA	Y 2		Provider Number:		0 319376	-00
9960 ATRIUM WAY	Y			Date:		9/24/20	15
JACKSONVILLE	, FL 32	225		Fiscal Year End:		12/31/20)10
				Audit Status:		Unaudit	ted
Provider Type:							
					Current Rate	New Rate	Effective <u>Date</u>
Nursing Home	Single	e Level			203.36	202.12	1/1/2012
	Level	H: Aids			350.97	349.73	1/1/2012
Rate Typ	e:						
Inter	rim		Х	Prospective			
		Total Interim		X Tot	al Prospective		
		Interim Component		Total	al Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
Name :					ster Change		14 FET
-	ıdget			Effects of 12/31/200	Field Audit #1 7	NH13-14/L F	YE
	naudited co			12/21/200			
100	eld audited						
De	esk audited	l costs					
Distribution:				Alfor 1	homas Parke	er	
Contract Managemen	nt / Fiscal	Agent		Medicaid Cost Rein	nbursement P	lanning and F	inance
Permanent File							
For Informat	tion Only						
No Change in	n Rate						
Home Of	ffice:	Brookdale Senior Living, Inc.					
		111 Westwood Place					
		Suite 400					
		Brentwood, TN 37027					



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Tallahassee, Florida 32308

BROOKDALE A	ATRIUM WA	AY 2		Provider Number:		0 319376	-00
9960 ATRIUM V	WAY			Date:		9/24/20	15
JACKSONVILL	E ,FL 3	2225		Fiscal Year End:		12/31/20)10
				Audit Status:		Unaudit	ed
Provider Typ	e:						
					Current Rate	New Rate	Effective Date
Nursing Hom	e Sing	le Level			209.54	208.83	7/1/2012
	Leve	H: Aids			<u>358.75</u>	358.04	7/1/2012
Rate T	Гуре:						
	Interim		X	Prospective			
_		Total Interim		Secretary and the second secon	al Prospective		
_		Interim Component		Tota	al Prospective	with Interim	Component
-		Settlement based on cost					
_		Prior Provider Prospective data					
Basis:]		Cha	nges:			
				Rate Semes			
	Budget		-	Effects of I 12/31/2007		NH13-147L F	YE
X	_ Unaudited			12/31/2007			
	Field audite Desk audite						
	- Desk addite	ed costs					
Distribution:				A) for T	homas Parko	er	
Contract Manage	ement / Fisca	I Agent		Medicaid Cost Rein	nbursement P	anning and F	inance
Permanent File							
For Info	rmation Only						
No Chang	ge in Rate						
Home	e Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027					



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Tallahassee, Florida 32308

BROOKDALE ATRIU	JM WAY 2		Provider Number:		0 319376	-00	
9960 ATRIUM WAY			Date: 9/24/2015				
JACKSONVILLE	, FL 32225		Fiscal Year End:		12/31/20	011	
			Audit Status:		Unaudit	ted	
Provider Type:							
-,,				Current Rate	New Rate	Effective Date	
Nursing Home	Single Level			204.64	204.61	1/1/2013	
	Level H: Aids			355.45	355.42	1/1/2013	
Rate Type:							
Interin	1	X	Prospective				
-	Total Interim		-	l Prospective			
	Interim Component		Tota	1 Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective	data					
Basis:		Char	nges:				
			Rate Semes	ter Change			
Bud	get				NH13-147L F	FYE	
X Una	udited costs		12/31/2007				
Field	d audited costs						
Desk	audited costs						
Distribution:			Alfor T	homas Parke	or .		
Contract Management	/ Fiscal Agent	1	Medicaid Cost Rein			inance	
Permanent File	30 A						
For Informatio	n Only						
No Change in F	Rate						
Home Offic	ce: Brookdale Senior Living, Ir	nc.					
	111 Westwood Place						
	Suite 400						
	Brentwood, TN 37027						



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Tallahassee, Florida 32308

BROOKDALE ATRIUM W.	AY 2		Provider Number:		0 319376	-00	
9960 ATRIUM WAY			Date: 9/24/2015				
JACKSONVILLE , FL :	32225		Fiscal Year End:		12/31/20	011	
			Audit Status:		Unaudit	ted	
Provider Type:							
				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Sing	de Level			209.36	209.32	7/1/2013	
	_						
Rate Type:							
Interim		X	Prospective				
	Total Interim			Prospective		Commonant	
	Interim Component Settlement based on cost		lota	Prospective	with Interim	Component	
-	Prior Provider Prospective data						
4							
Basis:		Cha	nges:				
			Rate Semest				
Budget			Effects of F 12/31/2007	ield Audit #1	NH13-147L F	YE	
X Unaudited			12/31/2007				
Field audit							
Desk audit	ed costs						
Dist Hard			1100				
Distribution:		-		omas Parke			
Contract Management / Fisca	al Agent		Medicald Cost Reim	bursement P	lanning and F	inance	
Permanent File							
For Information Only	V						
No Change in Rate							
Home Office:	Brookdale Senior Living, Inc.						
	111 Westwood Place						
	Suite 400						
	Brentwood, TN 37027						



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Tallahassee, Florida 32308

BROOKDALE ATRIUM W.	AY 2	Pı	Provider Number: 0 319376-00					
9960 ATRIUM WAY		D	Date: 9/24/2015					
JACKSONVILLE , FL .	32225	Fi	scal Year End:		12/31/20	012		
		A	udit Status:		Unaudit	ted		
Provider Type: Nursing Home Sing	gle Level			Current Rate 208.25	New <u>Rate</u> 208.22	Effective Date 1/1/2014		
Rate Type:								
Interim		X I	Prospective					
	Total Interim			al Prospective				
	Interim Component	-			with Interim	Component		
	Settlement based on cost	_						
	Prior Provider Prospective data							
Basis:		Chang						
W 1				ster Change	NI 10 1471 F	SVE		
Budget		X	12/31/200°		NH13-147L F	YE		
X Unaudited Field audit								
Desk audit								
Desk audit	ed costs		1.					
Distribution:			of for T	homas Park	er			
Contract Management / Fisca	al Agent	Me	dicaid Cost Rein	nbursement P	lanning and F	inance		
Permanent File								
For Information Only	y							
No Change in Rate								
Home Office:	Brookdale Senior Living, Inc.					9		
	111 Westwood Place							
	Suite 400							
	Brentwood, TN 37027							



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Tallahassee, Florida 32308

BROOKDALE ATRION W	AIZ		Provider Number.		0 319370	1-00
9960 ATRIUM WAY			Date:		9/24/20	15
JACKSONVILLE , FL	32225		Fiscal Year End:		12/31/20	012
			Audit Status:		Unaudi	ted
Provider Type:						
SC Papers C Screen region of the Right Street				Current Rate	New Rate	Effective Date
Nursing Home Sing	gle Level			214.58	214.56	7/1/2014
Rate Type:						
Interim		X	Prospective			
- Interni	Total Interim			al Prospective		
	Interim Component		And the second s	al Prospective		Component
	Settlement based on cost					
	Prior Provider Prospective data					
		CI				
Basis:		Cha	nges:	<i>(</i> 1)		
Budget				ster Change Field Audit #	NH13-1471 F	EVE
X Unaudited	costs		12/31/200		N1113-14/L1	1 L
Field audit						
Desk audit						
			LN			
Distribution:			2015.C I	homas Park	er.	
Contract Management / Fisca	al Agent	-	Medicaid Cost Rein			inance
Permanent File			incompare Coor From			
For Information Only	v					
No Change in Rate	,					
	2 717 2 7 77					
Home Office:	Brookdale Senior Living, Inc.					
	111 Westwood Place					
	Suite 400					
	Brentwood, TN 37027					



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Tallahassee, Florida 32308

BROOKDALE ATRIUM WAY 2 9960 ATRIUM WAY			Provider Number:		0 319376-00 9/24/2015		
			Date:				
JACKSONVILLE , FL 32225			Fiscal Year End:		12/31/20)13	
			Audit Status:		Unaudit	ed	
Provider Type:				Current Rate	New <u>Rate</u>	Effective <u>Date</u>	
Nursing Home Sir	ngle Level			216.00	215.99	1/1/2015	
Rate Type:							
Interim		X	Prospective				
	Total Interim			l Prospective			
	Interim Component		Tota	1 Prospective	with Interim	Component	
	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Chan					
D			Rate Semes		NH13-147L F	VE	
Budget X Unaudite	al anete	X	12/31/2007		VП13-14/L, Г	1 L	
	dited costs						
	lited costs						
Desk due	inted costs						
Distributions			2212				
Distribution: Contract Management / Fis	cal Agent			homas Park			
Permanent File	cai Agein	N	Acdicard Cost Rein	ibursement P	ianning and r	inance	
For Information O	uly						
No Change in Rate							
Home Office:	Brookdale Senior Living, Inc.						
	111 Westwood Place						
	Suite 400						
	Brentwood, TN 37027						



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Tallahassee, Florida 32308

BROOKDALE ATRIUM WAY 2	Provider Number:		0 319376-00		
9960 ATRIUM WAY	Date:	9/24/2015			
JACKSONVILLE , FL 32225		Fiscal Year End:	scal Year End: 12/31/2013		
		Audit Status:		Unaudit	ed
Provider Type:			Current	New	Effective
N H C' L. I I			Rate	Rate	<u>Date</u>
Nursing Home Single Level			214.34	214.33	9/1/2015
Rate Type:					
Interim	Х	Prospective			
Total Interim			l Prospective		
Interim Component		Tota	l Prospective	with Interim	Component
Settlement based on cost					
Prior Provider Prospective data					
Basis:	Cha	nges:			
Budget		Rate Semest		NH13-147L F	YF
X Unaudited costs	-	12/31/2007	retu rituate in	11115-11121	f. Aur.
Field audited costs					
Desk audited costs					
		-11.			
Distribution:		1. 1.	nomas Parke		
Contract Management / Fiscal Agent		Medicaid Cost Reim	bursement P	lanning and F	inance
Permanent File					
For Information Only					
No Change in Rate					
Home Office: Brookdale Senior Living, Inc.					
111 Westwood Place					
Suite 400					
Brentwood, TN 37027					



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Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF WEST PALM BEACH			Provider Number:		0 320153-00		
1626 DAVIS R	.D		Date:		10/19/2015		
WEST PALM BCH, FL 33406-5640		Fiscal Year End:		8/31/2007			
				Audit Status:		Unaudit	ed
Provider Ty	pe:						
	•				Current	New	Effective
CON 781 74107		- Table - 10-497			Rate	Rate	Date
Nursing Ho	me Singl	e Level			173.66	173.57	1/1/2009
	Level	H: Aids			312.01	311.92	1/1/2009
Rate	Type:						
	Interim		X	Prospective			
	-	Total Interim			l Prospective		
		Interim Component		Tota	l Prospective	with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	_			Rate Semes	ter Change		
	Budget			The state of the s		NH08-083C F	YE
X	Unaudited c	osts		08/31/2005			
	Field audite						
	Desk audite	d costs					
				110			
Distribution				T Total	homas Parko	er	
Contract Mana	gement / Fiscal	Agent		Medicaid Cost Rein	bursement P	lanning and F	inance
Permanent File							
For Inf	ormation Only						
No Cha	nge in Rate						
Ног	ne Office:	Consulate Management Company					
		800 Concourse Parkway South					
		Maitland, FL 32751		*			



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Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF WEST PALM BEACH 1626 DAVIS RD		Provider	r Number:		0 320153-00			
		Date:		10/19/2015				
WEST PALM BCH, FL 33406-5640		Fiscal Y	ear End:		8/31/20	07		
		Audit St	atus:		Unaudit	ed		
Provider Type:								
				Current Rate	New Rate	Effective Date		
Nursing Home 5	Single Level			159.11	159.02	3/1/2009		
I	Level H: Aids			297.46	297.37	3/1/2009		
Rate Type:								
Interim		X Prospe	ctive					
	Total Interim	X	Tota	l Prospective				
	Interim Component		Tota	l Prospective	with Interim	Component		
	Settlement based on cost							
	Prior Provider Prospective data							
Basis:		Changes:						
			Rate Semes	ter Change				
Budge	et				NH08-083C F	YE		
X Unaud	lited costs	9	08/31/2005					
Field a	audited costs							
Desk a	audited costs							
Distribution:		A	FOR TH	nomas Parke	er			
Contract Management /	Fiscal Agent	Medicard			lanning and F	inance		
Permanent File								
For Information	Only							
No Change in Ra	ite							
Home Office	e: Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751							



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Tallahassee, Florida 32308

CONSULATE HEALTH CARE OF WEST PALM BEACH 1626 DAVIS RD WEST PALM BCH, FL 33406-5640		Provider Numb	er:	0 320153-00 10/19/2015 8/31/2007			
		Date: Fiscal Year End:					
							d:
				Audit Status:		Unaudi	ted
Provider Ty	pe:						
					Current Rate	New Rate	Effective Date
Nursing Hor	me Single	Level			197.17	197.08	4/1/2009
	Level	H: Aids			335.52	335.43	4/1/2009
Rate	Type:						
	Interim		X	Prospective			
	•	Total Interim			Total Prospectiv	e	
		Interim Component			Total Prospectiv	e with Interim	Component
		Settlement based on cost					
		Prior Provider Prospective data					
Basis:			Cha	nges:			
	_				mester Change		
	Budget				of FA & RFA	NH08-083C F	YE
X	Unaudited co	ests		08/31/2	2005		
	Field audited	costs					
	Desk audited	costs					
Distribution	gement / Fiscal /	Agant	·	A For	Thomas Parl		
		Agent		Medicald Cost R	teimbursement	Planning and F	inance
Permanent File							
	ormation Only						
No Cha	nge in Rate						
Hor	ne Office:	Consulate Management Company 800 Concourse Parkway South Maitland, FL 32751					



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Tallahassee, Florida 32308

SEMINOLE PAVILION REHABILITATION & NURSING SERVICES 10800 TEMPLE TERRACE SEMINOLE, FL 33772			Provider Number:		0 324230-00 9/22/2015		
			Date:				
			Fiscal Year End:	5/31/2008			
			Audit Status:		Revised Fiel	d Audit	
Provider Type:							
				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home Sin	igle Level			193.88	191.67	1/1/2009	
Lev	vel H: Aids			332.23	330.02	1/1/2009	
Rate Type:							
Interim		X	Prospective				
	Total Interim			l Prospective			
***	Interim Component		Tota	l Prospective	with Interim	Component	
X	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Cha	nges:				
			Rate Semes				
Budget		-	X FA & RFA	#NH10-0481	FYE 05/31/	2008	
Unaudite							
	ited costs						
Desk aud	ited costs						
Distribution:		_	0 1	nomas Parke			
Contract Management / Fisc	cal Agent		Medicaid Cost Reim	bursement Pl	anning and F	inance	
Permanent File							
For Information On	ly						
No Change in Rate							
Home Office:	Brookdale Senior Living, Inc. 111 Westwood Place Suite 400 Brentwood, TN 37027						



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Tallahassee, Florida 32308

10800 TEMPLE TERRACE			Provider Number:		0 324230-00			
			Date:		9/22/2015			
SEMINOLE, FL 33772		Fiscal Year End:	-	5/31/2008				
				Audit Status:		Revised Fiel	d Audit	
Provider Ty	pe:							
					Current Rate	New Rate	Effective Date	
Nursing Ho	me Sing	gle Level			177.63	<u>175.60</u>	3/1/2009	
	Leve	el H: Aids			315.98	313.95	3/1/2009	
Rate	Type:							
	Interim		X	Prospective				
		Total Interim			l Prospective			
		Interim Component		Tota	l Prospective	with Interim	Component	
	X	Settlement based on cost						
		Prior Provider Prospective data						
Basis:			Cha	nges:	tar Changa			
	Budget					L FYE 05/31/	2008	
	— Unaudited	costs	2					
X	Field audit							
	Desk audit	red costs						
				\sim				
Distribution	<u>1:</u>			T	homas Parke	er		
Contract Mana	gement / Fisca	al Agent	-	Medicaid Cost Rein			inance	
Permanent File								
For Inf	ormation Only	у						
No Cha	nge in Rate							
Ног	me Office:	Brookdale Senior Living, Inc.						
		111 Westwood Place						
		Suite 400						
		Brentwood, TN 37027						



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Tallahassee, Florida 32308

SEMINOLE PAVILION REHABILITATION & NURSING SERVICES 10800 TEMPLE TERRACE			Provider Number:		0 324230-00		
			Date:	9/22/2015			
SEMINOLE, FL 3377	2		Fiscal Year End:	5/31/2008			
			Audit Status:		Revised Fiel	d Audit	
Provider Type:							
				Current Rate	New Rate	Effective <u>Date</u>	
Nursing Home	Single Level			209.36	207.02	4/1/2009	
	Level H: Aids			347.71	345.37	4/1/2009	
Rate Type:							
Interim	1	X	Prospective				
	Total Interim		-	l Prospective			
	Interim Component		Tota	l Prospective	with Interim	Component	
	X Settlement based on cost						
-	Prior Provider Prospective data						
Basis:		Cho	mass				
Dasis.		Clia	Rate Semes	tar Changa			
Budg	net .				L FYE 05/31/	2008	
	adited costs	-	A				
	l audited costs						
	audited costs						
Distribution:				nomas Parke			
Contract Management	Fiscal Agent	-	Medicaid Cost Reim			inanca	
Permanent File			Medicald Cost Reiti	oursement r	ammig and r	mance	
For Information	n Only						
No Change in R							
Home Office							
	111 Westwood Place						
	Suite 400						
	Brentwood, TN 37027						



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Tallahassee, Florida 32308

10800 TEMPLE TERRACE SEMINOLE, FL 33772			Provider Number:		0 324230	-00	
			Date:		9/22/2015 5/31/2008		
			Fiscal Year End:	//			
			Audit Status:		Revised Fiel	d Audit	
Provider Type:				Current	New	Effective	
				Rate	Rate	Date	
Nursing Home Sing	le Level			214.02	209.75	7/1/2009	
Leve	el H: Aids			354.37	350.10	7/1/2009	
D.4. T							
Rate Type:							
Interim		X	Prospective				
	Total Interim			l Prospective			
500	Interim Component		Tota	l Prospective	with Interim	Component	
X	Settlement based on cost						
	Prior Provider Prospective data						
Basis:		Cha	nges:	ton Chanca			
Budget			Rate Semes FA & RFA		L FYE 05/31/	2008	
Unaudited	rosts	-	A	011111000	- , , , , , , , , , , , , , , , , , , ,		
X Field audite							
Desk audite							
			20				
Distribution:		,	10 TI	homas Parke	er		
Contract Management / Fisca	l Agent		Medicaid Cost Reim	bursement P	lanning and F	inance	
Permanent File							
For Information Only							
No Change in Rate							
Home Office:	Brookdale Senior Living, Inc.						
	111 Westwood Place						
	Suite 400						
	Brentwood, TN 37027						