



**Florida Agency For Health Care Administration**

**028003800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Sunland Marianna I**  
 Provider Number: 28003800  
 Audit Status: Unaudited Costs  
 Date: 7/5/2022

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2022  
 Cost Report : 7/1/2020 - 6/30/2021  
 Days In Reporting Period: 365  
 Number of Beds: 113

|  | Column A<br>Residential<br>Institutional | Column B<br>Non-Ambulatory Medical | Column C Total   |
|--|--|------------------------------------|------------------|
| <b>A. Allocation of Expenses (excluding B &amp; C)</b> |  |                                    |                  |
| 1. Resident Days                                       | 13,172                                   | 7,876                              | 21,048           |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 559,426          |
| B. Plant Operation                                     |  |                                    | 672,094          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 77,871           |
| E. Operating Expense Component & Per Diem              | 62.2098                                  | 62.2098                            | 1,309,391        |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 922,107          |
| B. Other   |  |                                    | 39,324           |
| C. Nursing   |  |                                    | 1,355,883        |
| D. Resident Care & Per Diem                            | 110.0966                                 | 110.0966                           | 2,317,314        |
| 4. Prop Exp & Per Diem                                 | 1.3810                                   | 1.3810                             | 29,067           |
| 5. ROE/Use Per Diem                                    | 0.0000                                   | 0.0000                             | 0                |
| <b>B. Direct Care Expense</b>                          |  |                                    |                  |
| 1. Staffing  | 0.50                                     | 1.00                               |                  |
| 2.Total Staffing Required                              | 6,586.00                                 | 7,876.00                           | 14,462.00        |
| 3. Staffing Percent                                    | 0.4554                                   | 0.5446                             | 1.0000           |
| 4. Allocation of Direct Care                           | 1,923,534.16                             | 2,300,296.84                       | 4,223,831.00     |
| 5. Direct Care Expense Per Diem                        | 146.0320                                 | 292.0641                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 13,132                                   | 7,876                              | 21,008           |
| 2. Additional Services                                 | 423,149                                  | 255,083                            | 678,232          |
| 3. Additional Services Exp & Per Diem                  | 32.2227                                  | 32.3874                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1.Operating Component                                  | 62.2098                                  | 62.2098                            | 1,309,391        |
| 2. Resident Care Component                             | 288.3513                                 | 434.5481                           | 7,219,377        |
| 3. Property Cost Component                             | 1.3810                                   | 1.3810                             | 29,067           |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>351.9421</b>                          | <b>498.1389</b>                    | <b>8,557,835</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna I

|                           |
|---------------------------|
| Provider Number: 28003800 |
| FYE: 06/30/2021           |

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 110.0966        | 110.0966        | A3D Allowable Resident Care Exp      | 2,317,314        |
| B5 Allocation of D/C Expenses        | 146.0320        | 292.0641        | B4 Allocation of D/C Expenses        | 4,223,831        |
| C3 Additional Services per Diem      | 32.2227         | 32.3874         | C2 Additional Services per Diem      | 678,232          |
| <b>Total Resident Care Component</b> | <b>288.3513</b> | <b>434.5481</b> | <b>Total Resident Care Component</b> | <b>7,219,377</b> |

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# Florida Agency For Health Care Administration

**028004600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Tacachale Facility I**  
 Provider Number: 28004600  
 Audit Status: Unaudited Costs  
 Date: 7/5/2022

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2022  
 Cost Report : 7/1/2020 - 6/30/2021  
 Days In Reporting Period: 365  
 Number of Beds: 104

|  | Column A<br>Residential<br>Institutional | Column B<br>Non-Ambulatory Medical | Column C Total    |
|--|--|------------------------------------|-------------------|
| <b>A. Allocation of Expenses (excluding B &amp; C)</b> |  |                                    |                   |
| 1. Resident Days                                       | 6,362                                    | 15,012                             | 21,374            |
| 2. Operating Expenses component                        |  |                                    |                   |
| A. Administration                                      |  |                                    | 1,027,326         |
| B. Plant Operation                                     |  |                                    | 502,128           |
| C. Laundry   |  |                                    | 0                 |
| D. Housekeeping  |  |                                    | 108,602           |
| E. Operating Expense Component & Per Diem              | 76.6378                                  | 76.6378                            | 1,638,056         |
| 3. Resident Care                                       |  |                                    |                   |
| A. Dietary   |  |                                    | 887,990           |
| B. Other   |  |                                    | 1,258,143         |
| C. Nursing   |  |                                    | 0                 |
| D. Resident Care & Per Diem                            | 100.4086                                 | 100.4086                           | 2,146,133         |
| 4. Prop Exp & Per Diem                                 | 0.6616                                   | 0.6616                             | 14,140            |
| 5. ROE/Use Per Diem                                    | 0.0000                                   | 0.0000                             | 0                 |
| <b>B. Direct Care Expense</b>                          |  |                                    |                   |
| 1. Staffing  | 0.50                                     | 1.00                               |                   |
| 2. Total Staffing Required                             | 3,181.00                                 | 15,012.00                          | 18,193.00         |
| 3. Staffing Percent                                    | 0.1748                                   | 0.8252                             | 1.0000            |
| 4. Allocation of Direct Care                           | 859,733.58                               | 4,057,315.42                       | 4,917,049.00      |
| 5. Direct Care Expense Per Diem                        | 135.1357                                 | 270.2715                           |                   |
| <b>C. Additional Services Expense</b>                  |  |                                    |                   |
| 1. Medicaid Inpatient Days                             | 6,362                                    | 14,918                             | 21,280            |
| 2. Additional Services                                 | 386,978                                  | 1,141,604                          | 1,528,582         |
| 3. Additional Services Exp & Per Diem                  | 60.8265                                  | 76.5253                            |                   |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                   |
| 1. Operating Component                                 | 76.6378                                  | 76.6378                            | 1,638,056         |
| 2. Resident Care Component                             | 296.3708                                 | 447.2054                           | 8,591,764         |
| 3. Property Cost Component                             | 0.6616                                   | 0.6616                             | 14,140            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                 |
| <b>5. Total Cost Per Diem</b>                          | <b>373.6702</b>                          | <b>524.5048</b>                    | <b>10,243,960</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility I

|                           |
|---------------------------|
| Provider Number: 28004600 |
|---------------------------|

|                 |
|-----------------|
| FYE: 06/30/2021 |
|-----------------|

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 100.4086        | 100.4086        | A3D Allowable Resident Care Exp      | 2,146,133        |
| B5 Allocation of D/C Expenses        | 135.1357        | 270.2715        | B4 Allocation of D/C Expenses        | 4,917,049        |
| C3 Additional Services per Diem      | 60.8265         | 76.5253         | C2 Additional Services per Diem      | 1,528,582        |
| <b>Total Resident Care Component</b> | <b>296.3708</b> | <b>447.2054</b> | <b>Total Resident Care Component</b> | <b>8,591,764</b> |

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# Florida Agency For Health Care Administration

**028006200**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Tacachale Facility II**  
 Provider Number: 28006200  
 Audit Status: Unaudited Costs  
 Date: 7/5/2022

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2022  
 Cost Report : 7/1/2020 - 6/30/2021  
 Days In Reporting Period: 365  
 Number of Beds: 92

|  | Column A<br>Residential<br>Institutional | Column B<br>Non-Ambulatory Medical | Column C Total    |
|--|--|------------------------------------|-------------------|
| <b>A. Allocation of Expenses (excluding B &amp; C)</b> |  |                                    |                   |
| 1. Resident Days                                       | 9,003                                    | 13,236                             | 22,239            |
| 2. Operating Expenses component                        |  |                                    |                   |
| A. Administration                                      |  |                                    | 1,103,469         |
| B. Plant Operation                                     |  |                                    | 608,706           |
| C. Laundry   |  |                                    | 0                 |
| D. Housekeeping  |  |                                    | 131,653           |
| E. Operating Expense Component & Per Diem              | 82.9097                                  | 82.9097                            | 1,843,828         |
| 3. Resident Care                                       |  |                                    |                   |
| A. Dietary   |  |                                    | 923,927           |
| B. Other   |  |                                    | 1,309,060         |
| C. Nursing   |  |                                    | 0                 |
| D. Resident Care & Per Diem                            | 100.4086                                 | 100.4086                           | 2,232,987         |
| 4. Prop Exp & Per Diem                                 | 0.7688                                   | 0.7688                             | 17,098            |
| 5. ROE/Use Per Diem                                    | 0.0000                                   | 0.0000                             | 0                 |
| <b>B. Direct Care Expense</b>                          |  |                                    |                   |
| 1. Staffing  | 0.50                                     | 1.00                               |                   |
| 2. Total Staffing Required                             | 4,501.50                                 | 13,236.00                          | 17,737.50         |
| 3. Staffing Percent                                    | 0.2538                                   | 0.7462                             | 1.0000            |
| 4. Allocation of Direct Care                           | 1,340,434.93                             | 3,941,352.07                       | 5,281,787.00      |
| 5. Direct Care Expense Per Diem                        | 148.8876                                 | 297.7752                           |                   |
| <b>C. Additional Services Expense</b>                  |  |                                    |                   |
| 1. Medicaid Inpatient Days                             | 9,000                                    | 13,211                             | 22,211            |
| 2. Additional Services                                 | 685,031                                  | 921,980                            | 1,607,011         |
| 3. Additional Services Exp & Per Diem                  | 76.1146                                  | 69.7888                            |                   |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                   |
| 1. Operating Component                                 | 82.9097                                  | 82.9097                            | 1,843,828         |
| 2. Resident Care Component                             | 325.4108                                 | 467.9726                           | 9,121,785         |
| 3. Property Cost Component                             | 0.7688                                   | 0.7688                             | 17,098            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                 |
| <b>5. Total Cost Per Diem</b>                          | <b>409.0893</b>                          | <b>551.6511</b>                    | <b>10,982,711</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility II

|                           |
|---------------------------|
| Provider Number: 28006200 |
| FYE: 06/30/2021           |

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 100.4086        | 100.4086        | A3D Allowable Resident Care Exp      | 2,232,987        |
| B5 Allocation of D/C Expenses        | 148.8876        | 297.7752        | B4 Allocation of D/C Expenses        | 5,281,787        |
| C3 Additional Services per Diem      | 76.1146         | 69.7888         | C2 Additional Services per Diem      | 1,607,011        |
| <b>Total Resident Care Component</b> | <b>325.4108</b> | <b>467.9726</b> | <b>Total Resident Care Component</b> | <b>9,121,785</b> |

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# Florida Agency For Health Care Administration

028009700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Sunland Marianna II**  
 Provider Number: 28009700  
 Audit Status: Unaudited Costs  
 Date: 7/5/2022

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2022  
 Cost Report : 7/1/2020 - 6/30/2021  
 Days In Reporting Period: 365  
 Number of Beds: 121

|  | Column A<br>Residential<br>Institutional | Column B<br>Non-Ambulatory Medical | Column C Total    |
|--|--|------------------------------------|-------------------|
| <b>A. Allocation of Expenses (excluding B &amp; C)</b> |  |                                    |                   |
| 1. Resident Days                                       | 26,178                                   | 1,950                              | 28,128            |
| 2. Operating Expenses component                        |  |                                    |                   |
| A. Administration                                      |  |                                    | 1,200,329         |
| B. Plant Operation                                     |  |                                    | 1,272,707         |
| C. Laundry   |  |                                    | 0                 |
| D. Housekeeping  |  |                                    | 147,461           |
| E. Operating Expense Component & Per Diem              | 93.1633                                  | 93.1633                            | 2,620,497         |
| 3. Resident Care                                       |  |                                    |                   |
| A. Dietary   |  |                                    | 1,223,726         |
| B. Other   |  |                                    | 74,466            |
| C. Nursing   |  |                                    | 1,811,966         |
| D. Resident Care & Per Diem                            | 110.5716                                 | 110.5716                           | 3,110,158         |
| 4. Prop Exp & Per Diem                                 | 1.9569                                   | 1.9569                             | 55,043            |
| 5. ROE/Use Per Diem                                    | 0.0000                                   | 0.0000                             | 0                 |
| <b>B. Direct Care Expense</b>                          |  |                                    |                   |
| 1. Staffing  | 0.50                                     | 1.00                               |                   |
| 2. Total Staffing Required                             | 13,089.00                                | 1,950.00                           | 15,039.00         |
| 3. Staffing Percent                                    | 0.8703                                   | 0.1297                             | 1.0000            |
| 4. Allocation of Direct Care                           | 7,887,713.88                             | 1,175,112.12                       | 9,062,826.00      |
| 5. Direct Care Expense Per Diem                        | 301.3108                                 | 602.6216                           |                   |
| <b>C. Additional Services Expense</b>                  |  |                                    |                   |
| 1. Medicaid Inpatient Days                             | 25,300                                   | 1,950                              | 27,250            |
| 2. Additional Services                                 | 916,133                                  | 70,581                             | 986,714           |
| 3. Additional Services Exp & Per Diem                  | 36.2108                                  | 36.1954                            |                   |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                   |
| 1. Operating Component                                 | 93.1633                                  | 93.1633                            | 2,620,497         |
| 2. Resident Care Component                             | 448.0932                                 | 749.3886                           | 13,159,698        |
| 3. Property Cost Component                             | 1.9569                                   | 1.9569                             | 55,043            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                 |
| <b>5. Total Cost Per Diem</b>                          | <b>543.2134</b>                          | <b>844.5088</b>                    | <b>15,835,238</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna II

|                           |
|---------------------------|
| Provider Number: 28009700 |
| FYE: 06/30/2021           |

|                                      | R/I & N/M Days |          |                                      | TOTALS     |
|--------------------------------------|----------------|----------|--------------------------------------|------------|
|                                      | R/I            | N/M      |                                      |            |
| A3D Allowable Resident Care Exp      | 110.5716       | 110.5716 | A3D Allowable Resident Care Exp      | 3,110,158  |
| B5 Allocation of D/C Expenses        | 301.3108       | 602.6216 | B4 Allocation of D/C Expenses        | 9,062,826  |
| C3 Additional Services per Diem      | 36.2108        | 36.1954  | C2 Additional Services per Diem      | 986,714    |
| <b>Total Resident Care Component</b> | 448.0932       | 749.3886 | <b>Total Resident Care Component</b> | 13,159,698 |

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# Florida Agency For Health Care Administration

**028015100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Tacachale Facility IV**  
 Provider Number: 28015100  
 Audit Status: Unaudited Costs  
 Date: 7/5/2022

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2022  
 Cost Report : 7/1/2020 - 6/30/2021  
 Days In Reporting Period: 365  
 Number of Beds: 60

|  | Column A<br>Residential<br>Institutional | Column B<br>Non-Ambulatory Medical | Column C Total   |
|--|--|------------------------------------|------------------|
| <b>A. Allocation of Expenses (excluding B &amp; C)</b> |  |                                    |                  |
| 1. Resident Days                                       | 8,884                                    | 5,434                              | 14,318           |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 715,689          |
| B. Plant Operation                                     |  |                                    | 371,126          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 80,269           |
| E. Operating Expense Component & Per Diem              | 81.5117                                  | 81.5117                            | 1,167,084        |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 594,846          |
| B. Other   |  |                                    | 842,804          |
| C. Nursing   |  |                                    | 0                |
| D. Resident Care & Per Diem                            | 100.4086                                 | 100.4086                           | 1,437,650        |
| 4. Prop Exp & Per Diem                                 | 0.7281                                   | 0.7281                             | 10,425           |
| 5. ROE/Use Per Diem                                    | 0.0000                                   | 0.0000                             | 0                |
| <b>B. Direct Care Expense</b>                          |  |                                    |                  |
| 1. Staffing  | 0.50                                     | 1.00                               |                  |
| 2. Total Staffing Required                             | 4,442.00                                 | 5,434.00                           | 9,876.00         |
| 3. Staffing Percent                                    | 0.4498                                   | 0.5502                             | 1.0000           |
| 4. Allocation of Direct Care                           | 1,540,699.79                             | 1,884,773.21                       | 3,425,473.00     |
| 5. Direct Care Expense Per Diem                        | 173.4241                                 | 346.8482                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 8,848                                    | 5,434                              | 14,282           |
| 2. Additional Services                                 | 599,951                                  | 419,545                            | 1,019,496        |
| 3. Additional Services Exp & Per Diem                  | 67.8064                                  | 77.2074                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1. Operating Component                                 | 81.5117                                  | 81.5117                            | 1,167,084        |
| 2. Resident Care Component                             | 341.6391                                 | 524.4642                           | 5,882,619        |
| 3. Property Cost Component                             | 0.7281                                   | 0.7281                             | 10,425           |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>423.8789</b>                          | <b>606.7040</b>                    | <b>7,060,128</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility IV

|                           |
|---------------------------|
| Provider Number: 28015100 |
| FYE: 06/30/2021           |

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 100.4086        | 100.4086        | A3D Allowable Resident Care Exp      | 1,437,650        |
| B5 Allocation of D/C Expenses        | 173.4241        | 346.8482        | B4 Allocation of D/C Expenses        | 3,425,473        |
| C3 Additional Services per Diem      | 67.8064         | 77.2074         | C2 Additional Services per Diem      | 1,019,496        |
| <b>Total Resident Care Component</b> | <b>341.6391</b> | <b>524.4642</b> | <b>Total Resident Care Component</b> | <b>5,882,619</b> |

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**Florida Agency For Health Care Administration**

**028016000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Sunland Marianna III**  
 Provider Number: 28016000  
 Audit Status: Unaudited Costs  
 Date: 7/5/2022

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2022  
 Cost Report : 7/1/2020 - 6/30/2021  
 Days In Reporting Period: 365  
 Number of Beds: 44

|  | Column A<br>Residential<br>Institutional | Column B<br>Non-Ambulatory Medical | Column C Total   |
|--|--|------------------------------------|------------------|
| <b>A. Allocation of Expenses (excluding B &amp; C)</b> |  |                                    |                  |
| 1. Resident Days                                       | 5,189                                    | 6,414                              | 11,603           |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 299,800          |
| B. Plant Operation                                     |  |                                    | 465,087          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 53,887           |
| E. Operating Expense Component & Per Diem              | 70.5657                                  | 70.5657                            | 818,774          |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 538,037          |
| B. Other   |  |                                    | 27,212           |
| C. Nursing   |  |                                    | 747,449          |
| D. Resident Care & Per Diem                            | 113.1344                                 | 113.1344                           | 1,312,698        |
| 4. Prop Exp & Per Diem                                 | 1.7335                                   | 1.7335                             | 20,114           |
| 5. ROE/Use Per Diem                                    | 0.0000                                   | 0.0000                             | 0                |
| <b>B. Direct Care Expense</b>                          |  |                                    |                  |
| 1. Staffing  | 0.50                                     | 1.00                               |                  |
| 2.Total Staffing Required                              | 2,594.50                                 | 6,414.00                           | 9,008.50         |
| 3. Staffing Percent                                    | 0.2880                                   | 0.7120                             | 1.0000           |
| 4. Allocation of Direct Care                           | 651,923.24                               | 1,611,653.76                       | 2,263,577.00     |
| 5. Direct Care Expense Per Diem                        | 125.6356                                 | 251.2712                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 4,452                                    | 6,414                              | 10,866           |
| 2. Additional Services                                 | 137,971                                  | 221,609                            | 359,580          |
| 3. Additional Services Exp & Per Diem                  | 30.9908                                  | 34.5508                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1.Operating Component                                  | 70.5657                                  | 70.5657                            | 818,774          |
| 2. Resident Care Component                             | 269.7608                                 | 398.9564                           | 3,935,855        |
| 3. Property Cost Component                             | 1.7335                                   | 1.7335                             | 20,114           |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>342.0600</b>                          | <b>471.2556</b>                    | <b>4,774,743</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna III

|                           |
|---------------------------|
| Provider Number: 28016000 |
| FYE: 06/30/2021           |

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 113.1344        | 113.1344        | A3D Allowable Resident Care Exp      | 1,312,698        |
| B5 Allocation of D/C Expenses        | 125.6356        | 251.2712        | B4 Allocation of D/C Expenses        | 2,263,577        |
| C3 Additional Services per Diem      | 30.9908         | 34.5508         | C2 Additional Services per Diem      | 359,580          |
| <b>Total Resident Care Component</b> | <b>269.7608</b> | <b>398.9564</b> | <b>Total Resident Care Component</b> | <b>3,935,855</b> |

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**Florida Agency For Health Care Administration**

**028024100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Tacachale Facility V**  
 Provider Number: 28024100  
 Audit Status: Unaudited Costs  
 Date: 7/5/2022

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2022  
 Cost Report : 7/1/2020 - 6/30/2021  
 Days In Reporting Period: 365  
 Number of Beds: 42

|  | Column A<br>Residential<br>Institutional | Column B<br>Non-Ambulatory Medical | Column C Total   |
|--|--|------------------------------------|------------------|
| <b>A. Allocation of Expenses (excluding B &amp; C)</b> |  |                                    |                  |
| 1. Resident Days                                       | 10,878                                   | 2,029                              | 12,907           |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 506,463          |
| B. Plant Operation                                     |  |                                    | 351,289          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 75,978           |
| E. Operating Expense Component & Per Diem              | 72.3429                                  | 72.3429                            | 933,730          |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 536,226          |
| B. Other   |  |                                    | 759,748          |
| C. Nursing   |  |                                    | 0                |
| D. Resident Care & Per Diem                            | 100.4086                                 | 100.4086                           | 1,295,974        |
| 4. Prop Exp & Per Diem                                 | 0.7645                                   | 0.7645                             | 9,867            |
| 5. ROE/Use Per Diem                                    | 0.0000                                   | 0.0000                             | 0                |
| <b>B. Direct Care Expense</b>                          |  |                                    |                  |
| 1. Staffing  | 0.50                                     | 1.00                               |                  |
| 2.Total Staffing Required                              | 5,439.00                                 | 2,029.00                           | 7,468.00         |
| 3. Staffing Percent                                    | 0.7283                                   | 0.2717                             | 1.0000           |
| 4. Allocation of Direct Care                           | 1,765,463.87                             | 658,600.13                         | 2,424,064.00     |
| 5. Direct Care Expense Per Diem                        | 162.2967                                 | 324.5935                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 10,877                                   | 2,029                              | 12,906           |
| 2. Additional Services                                 | 671,671                                  | 144,447                            | 816,118          |
| 3. Additional Services Exp & Per Diem                  | 61.7515                                  | 71.1912                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1.Operating Component                                  | 72.3429                                  | 72.3429                            | 933,730          |
| 2. Resident Care Component                             | 324.4568                                 | 496.1933                           | 4,536,156        |
| 3. Property Cost Component                             | 0.7645                                   | 0.7645                             | 9,867            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>397.5642</b>                          | <b>569.3007</b>                    | <b>5,479,753</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility V

|                           |
|---------------------------|
| Provider Number: 28024100 |
| FYE: 06/30/2021           |

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 100.4086        | 100.4086        | A3D Allowable Resident Care Exp      | 1,295,974        |
| B5 Allocation of D/C Expenses        | 162.2967        | 324.5935        | B4 Allocation of D/C Expenses        | 2,424,064        |
| C3 Additional Services per Diem      | 61.7515         | 71.1912         | C2 Additional Services per Diem      | 816,118          |
| <b>Total Resident Care Component</b> | <b>324.4568</b> | <b>496.1933</b> | <b>Total Resident Care Component</b> | <b>4,536,156</b> |

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**Florida Agency For Health Care Administration**

**028026700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Tacachale Facility VII**  
 Provider Number: 28026700  
 Audit Status: Unaudited Costs  
 Date: 7/5/2022

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2022  
 Cost Report : 7/1/2020 - 6/30/2021  
 Days In Reporting Period: 365  
 Number of Beds: 32

|  | Column A<br>Residential<br>Institutional | Column B<br>Non-Ambulatory Medical | Column C Total   |
|--|--|------------------------------------|------------------|
| <b>A. Allocation of Expenses (excluding B &amp; C)</b> |  |                                    |                  |
| 1. Resident Days                                       | 0  | 10,839                             | 10,839           |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 478,587          |
| B. Plant Operation                                     |  |                                    | 230,157          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 49,779           |
| E. Operating Expense Component & Per Diem              | 69.9809                                  | 69.9809                            | 758,523          |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 450,310          |
| B. Other   |  |                                    | 638,019          |
| C. Nursing   |  |                                    | 0                |
| D. Resident Care & Per Diem                            | 100.4086                                 | 100.4086                           | 1,088,329        |
| 4. Prop Exp & Per Diem                                 | 0.5965                                   | 0.5965                             | 6,465            |
| 5. ROE/Use Per Diem                                    | 0.0000                                   | 0.0000                             | 0                |
| <b>B. Direct Care Expense</b>                          |  |                                    |                  |
| 1. Staffing  | 0.50                                     | 1.00                               |                  |
| 2.Total Staffing Required                              | 0.00                                     | 10,839.00                          | 10,839.00        |
| 3. Staffing Percent                                    | 0.0000                                   | 1.0000                             | 1.0000           |
| 4. Allocation of Direct Care                           | 0.00                                     | 2,290,642.00                       | 2,290,642.00     |
| 5. Direct Care Expense Per Diem                        | 105.6667                                 | 211.3333                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 0  | 10,670                             | 10,670           |
| 2. Additional Services                                 | 0  | 975,807                            | 975,807          |
| 3. Additional Services Exp & Per Diem                  | 91.4533                                  | 91.4533                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1.Operating Component                                  | 69.9809                                  | 69.9809                            | 758,523          |
| 2. Resident Care Component                             | 297.5286                                 | 403.1952                           | 4,354,778        |
| 3. Property Cost Component                             | 0.5965                                   | 0.5965                             | 6,465            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>368.1060</b>                          | <b>473.7726</b>                    | <b>5,119,766</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VII

|                           |
|---------------------------|
| Provider Number: 28026700 |
|---------------------------|

|                 |
|-----------------|
| FYE: 06/30/2021 |
|-----------------|

|                                      | Extrapolated R/I |          |                                      | TOTALS    |
|--------------------------------------|------------------|----------|--------------------------------------|-----------|
|                                      | R/I              | N/M      |                                      |           |
| A3D Allowable Resident Care Exp      | 100.4086         | 100.4086 | A3D Allowable Resident Care Exp      | 1,088,329 |
| B5 Allocation of D/C Expenses        | 105.6667         | 211.3333 | B4 Allocation of D/C Expenses        | 2,290,642 |
| C3 Additional Services per Diem      | 91.4533          | 91.4533  | C2 Additional Services per Diem      | 975,807   |
| <b>Total Resident Care Component</b> | 297.5286         | 403.1952 | <b>Total Resident Care Component</b> | 4,354,778 |

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**Florida Agency For Health Care Administration**

**028055100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Tacachale Facility VIII**  
 Provider Number: 28055100  
 Audit Status: Unaudited Costs  
 Date: 7/5/2022

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2022  
 Cost Report : 7/1/2020 - 6/30/2021  
 Days In Reporting Period: 365  
 Number of Beds: 56

|  | Column A<br>Residential<br>Institutional | Column B<br>Non-Ambulatory Medical | Column C Total    |
|--|--|------------------------------------|-------------------|
| <b>A. Allocation of Expenses (excluding B &amp; C)</b> |  |                                    |                   |
| 1. Resident Days                                       | 13,566                                   | 5,887                              | 19,453            |
| 2. Operating Expenses component                        |  |                                    |                   |
| A. Administration                                      |  |                                    | 1,332,961         |
| B. Plant Operation                                     |  |                                    | 590,473           |
| C. Laundry   |  |                                    | 0                 |
| D. Housekeeping  |  |                                    | 127,710           |
| E. Operating Expense Component & Per Diem              | 105.4410                                 | 105.4410                           | 2,051,144         |
| 3. Resident Care                                       |  |                                    |                   |
| A. Dietary   |  |                                    | 808,181           |
| B. Other   |  |                                    | 1,145,067         |
| C. Nursing   |  |                                    | 0                 |
| D. Resident Care & Per Diem                            | 100.4086                                 | 100.4086                           | 1,953,248         |
| 4. Prop Exp & Per Diem                                 | 0.8526                                   | 0.8526                             | 16,586            |
| 5. ROE/Use Per Diem                                    | 0.0000                                   | 0.0000                             | 0                 |
| <b>B. Direct Care Expense</b>                          |  |                                    |                   |
| 1. Staffing  | 0.50                                     | 1.00                               |                   |
| 2.Total Staffing Required                              | 6,783.00                                 | 5,887.00                           | 12,670.00         |
| 3. Staffing Percent                                    | 0.5354                                   | 0.4646                             | 1.0000            |
| 4. Allocation of Direct Care                           | 3,415,536.04                             | 2,964,360.96                       | 6,379,897.00      |
| 5. Direct Care Expense Per Diem                        | 251.7718                                 | 503.5436                           |                   |
| <b>C. Additional Services Expense</b>                  |  |                                    |                   |
| 1. Medicaid Inpatient Days                             | 13,565                                   | 5,870                              | 19,435            |
| 2. Additional Services                                 | 857,672                                  | 418,949                            | 1,276,621         |
| 3. Additional Services Exp & Per Diem                  | 63.2268                                  | 71.3712                            |                   |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                   |
| 1.Operating Component                                  | 105.4410                                 | 105.4410                           | 2,051,144         |
| 2. Resident Care Component                             | 415.4072                                 | 675.3234                           | 9,609,766         |
| 3. Property Cost Component                             | 0.8526                                   | 0.8526                             | 16,586            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                 |
| <b>5. Total Cost Per Diem</b>                          | <b>521.7008</b>                          | <b>781.6170</b>                    | <b>11,677,496</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VIII

|                           |
|---------------------------|
| Provider Number: 28055100 |
|---------------------------|

|                 |
|-----------------|
| FYE: 06/30/2021 |
|-----------------|

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 100.4086        | 100.4086        | A3D Allowable Resident Care Exp      | 1,953,248        |
| B5 Allocation of D/C Expenses        | 251.7718        | 503.5436        | B4 Allocation of D/C Expenses        | 6,379,897        |
| C3 Additional Services per Diem      | 63.2268         | 71.3712         | C2 Additional Services per Diem      | 1,276,621        |
| <b>Total Resident Care Component</b> | <b>415.4072</b> | <b>675.3234</b> | <b>Total Resident Care Component</b> | <b>9,609,766</b> |

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**Florida Agency For Health Care Administration**

**028058500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Sunland Marianna IV**  
 Provider Number: 28058500  
 Audit Status: Unaudited Costs  
 Date: 7/5/2022

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2022  
 Cost Report : 7/1/2020 - 6/30/2021  
 Days In Reporting Period: 365  
 Number of Beds: 20

|  | Column A<br>Residential<br>Institutional | Column B<br>Non-Ambulatory Medical | Column C Total   |
|--|--|------------------------------------|------------------|
| <b>A. Allocation of Expenses (excluding B &amp; C)</b> |  |                                    |                  |
| 1. Resident Days                                       | 1,460                                    | 3,388                              | 4,848            |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 121,199          |
| B. Plant Operation                                     |  |                                    | 213,845          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 24,777           |
| E. Operating Expense Component & Per Diem              | 74.2205                                  | 74.2205                            | 359,821          |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 209,231          |
| B. Other   |  |                                    | 12,512           |
| C. Nursing   |  |                                    | 317,375          |
| D. Resident Care & Per Diem                            | 111.2042                                 | 111.2042                           | 539,118          |
| 4. Prop Exp & Per Diem                                 | 1.9078                                   | 1.9078                             | 9,249            |
| 5. ROE/Use Per Diem                                    | 0.0000                                   | 0.0000                             | 0                |
| <b>B. Direct Care Expense</b>                          |  |                                    |                  |
| 1. Staffing  | 0.50                                     | 1.00                               |                  |
| 2. Total Staffing Required                             | 730.00                                   | 3,388.00                           | 4,118.00         |
| 3. Staffing Percent                                    | 0.1773                                   | 0.8227                             | 1.0000           |
| 4. Allocation of Direct Care                           | 162,218.48                               | 752,871.52                         | 915,090.00       |
| 5. Direct Care Expense Per Diem                        | 111.1085                                 | 222.2171                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 1,460                                    | 3,388                              | 4,848            |
| 2. Additional Services                                 | 81,454                                   | 188,978                            | 270,432          |
| 3. Additional Services Exp & Per Diem                  | 55.7904                                  | 55.7786                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1. Operating Component                                 | 74.2205                                  | 74.2205                            | 359,821          |
| 2. Resident Care Component                             | 278.1031                                 | 389.1999                           | 1,724,640        |
| 3. Property Cost Component                             | 1.9078                                   | 1.9078                             | 9,249            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>354.2314</b>                          | <b>465.3282</b>                    | <b>2,093,710</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna IV

|                           |
|---------------------------|
| Provider Number: 28058500 |
| FYE: 06/30/2021           |

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 111.2042        | 111.2042        | A3D Allowable Resident Care Exp      | 539,118          |
| B5 Allocation of D/C Expenses        | 111.1085        | 222.2171        | B4 Allocation of D/C Expenses        | 915,090          |
| C3 Additional Services per Diem      | 55.7904         | 55.7786         | C2 Additional Services per Diem      | 270,432          |
| <b>Total Resident Care Component</b> | <b>278.1031</b> | <b>389.1999</b> | <b>Total Resident Care Component</b> | <b>1,724,640</b> |

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**Florida Agency For Health Care Administration**

**028562500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2022 to 7/2022

Provider Name: **Sunland Marianna V**  
 Provider Number: 28562500  
 Audit Status: Unaudited Costs  
 Date: 7/5/2022

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2022  
 Cost Report : 7/1/2020 - 6/30/2021  
 Days In Reporting Period: 365  
 Number of Beds: 51

|  | Column A<br>Residential<br>Institutional | Column B<br>Non-Ambulatory Medical | Column C Total   |
|--|--|------------------------------------|------------------|
| <b>A. Allocation of Expenses (excluding B &amp; C)</b> |  |                                    |                  |
| 1. Resident Days                                       | 853                                      | 9,052                              | 9,905            |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 456,361          |
| B. Plant Operation                                     |  |                                    | 246,177          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 28,523           |
| E. Operating Expense Component & Per Diem              | 73.8073                                  | 73.8073                            | 731,061          |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 222,411          |
| B. Other   |  |                                    | 14,404           |
| C. Nursing   |  |                                    | 657,466          |
| D. Resident Care & Per Diem                            | 90.2858                                  | 90.2858                            | 894,281          |
| 4. Prop Exp & Per Diem                                 | 1.0749                                   | 1.0749                             | 10,647           |
| 5. ROE/Use Per Diem                                    | 0.0000                                   | 0.0000                             | 0                |
| <b>B. Direct Care Expense</b>                          |  |                                    |                  |
| 1. Staffing  | 0.50                                     | 1.00                               |                  |
| 2.Total Staffing Required                              | 426.50                                   | 9,052.00                           | 9,478.50         |
| 3. Staffing Percent                                    | 0.0450                                   | 0.9550                             | 1.0000           |
| 4. Allocation of Direct Care                           | 155,042.84                               | 3,290,616.16                       | 3,445,659.00     |
| 5. Direct Care Expense Per Diem                        | 181.7618                                 | 363.5237                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 853                                      | 8,981                              | 9,834            |
| 2. Additional Services                                 | 58,644                                   | 464,518                            | 523,162          |
| 3. Additional Services Exp & Per Diem                  | 68.7503                                  | 51.7223                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1.Operating Component                                  | 73.8073                                  | 73.8073                            | 731,061          |
| 2. Resident Care Component                             | 340.7979                                 | 505.5318                           | 4,863,102        |
| 3. Property Cost Component                             | 1.0749                                   | 1.0749                             | 10,647           |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>415.6801</b>                          | <b>580.4140</b>                    | <b>5,604,810</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna V

|                           |
|---------------------------|
| Provider Number: 28562500 |
|---------------------------|

|                 |
|-----------------|
| FYE: 06/30/2021 |
|-----------------|

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 90.2858         | 90.2858         | A3D Allowable Resident Care Exp      | 894,281          |
| B5 Allocation of D/C Expenses        | 181.7618        | 363.5237        | B4 Allocation of D/C Expenses        | 3,445,659        |
| C3 Additional Services per Diem      | 68.7503         | 51.7223         | C2 Additional Services per Diem      | 523,162          |
| <b>Total Resident Care Component</b> | <b>340.7979</b> | <b>505.5318</b> | <b>Total Resident Care Component</b> | <b>4,863,102</b> |

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