



Florida Agency For Health Care Administration

028003800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Sunland Marianna I**
 Provider Number: 28003800
 Audit Status: Unaudited Costs
 Date: 6/26/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 113

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	11,485	7,028	18,513
2. Operating Expenses component			
A. Administration			626,524
B. Plant Operation			810,740
C. Laundry			0
D. Housekeeping			43,246
E. Operating Expense Component & Per Diem	79.9714	79.9714	1,480,510
3. Resident Care			
A. Dietary			983,767
B. Other			44,990
C. Nursing			1,361,536
D. Resident Care & Per Diem	129.1143	129.1143	2,390,293
4. Prop Exp & Per Diem	1.5067	1.5067	27,894
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	5,742.50	7,028.00	12,770.50
3. Staffing Percent	0.4497	0.5503	1.0000
4. Allocation of Direct Care	1,967,483.79	2,407,919.21	4,375,403.00
5. Direct Care Expense Per Diem	171.3090	342.6180	
C. Additional Services Expense			
1. Medicaid Inpatient Days	11,445	7,028	18,473
2. Additional Services	457,563	280,919	738,482
3. Additional Services Exp & Per Diem	39.9793	39.9714	
D. Medicaid Per Diem Cost			
1.Operating Component	79.9714	79.9714	1,480,510
2. Resident Care Component	340.4026	511.7037	7,504,178
3. Property Cost Component	1.5067	1.5067	27,894
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	421.8807	593.1818	9,012,582

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna I

Provider Number: 28003800
FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	129.1143	129.1143	A3D Allowable Resident Care Exp	2,390,293
B5 Allocation of D/C Expenses	171.3090	342.6180	B4 Allocation of D/C Expenses	4,375,403
C3 Additional Services per Diem	39.9793	39.9714	C2 Additional Services per Diem	738,482
Total Resident Care Component	340.4026	511.7037	Total Resident Care Component	7,504,178

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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) 07/2023 to 7/2023

Provider Name: **Tacachale Facility I**
 Provider Number: 28004600
 Audit Status: Unaudited Costs
 Date: 6/26/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 104

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,114	13,043	18,157
2. Operating Expenses component			
A. Administration			982,557
B. Plant Operation			528,170
C. Laundry			0
D. Housekeeping			120,275
E. Operating Expense Component & Per Diem	89.8277	89.8277	1,631,002
3. Resident Care			
A. Dietary			877,605
B. Other			869,533
C. Nursing			0
D. Resident Care & Per Diem	96.2239	96.2239	1,747,138
4. Prop Exp & Per Diem	0.7471	0.7471	13,566
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	2,557.00	13,043.00	15,600.00
3. Staffing Percent	0.1639	0.8361	1.0000
4. Allocation of Direct Care	697,069.36	3,555,680.64	4,252,750.00
5. Direct Care Expense Per Diem	136.3061	272.6122	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,114	12,831	17,945
2. Additional Services	290,986	981,020	1,272,006
3. Additional Services Exp & Per Diem	56.8999	76.4570	
D. Medicaid Per Diem Cost			
1.Operating Component	89.8277	89.8277	1,631,002
2. Resident Care Component	289.4299	445.2931	7,271,894
3. Property Cost Component	0.7471	0.7471	13,566
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	380.0047	535.8679	8,916,462

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility I

Provider Number: 28004600

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	96.2239	96.2239	A3D Allowable Resident Care Exp	1,747,138
B5 Allocation of D/C Expenses	136.3061	272.6122	B4 Allocation of D/C Expenses	4,252,750
C3 Additional Services per Diem	56.8999	76.4570	C2 Additional Services per Diem	1,272,006
Total Resident Care Component	289.4299	445.2931	Total Resident Care Component	7,271,894

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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) 07/2023 to 7/2023

Provider Name: **Tacachale Facility II**
 Provider Number: 28006200
 Audit Status: Unaudited Costs
 Date: 6/26/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 92

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	7,572	11,790	19,362
2. Operating Expenses component			
A. Administration			991,809
B. Plant Operation			640,275
C. Laundry			0
D. Housekeeping			145,804
E. Operating Expense Component & Per Diem	91.8236	91.8236	1,777,888
3. Resident Care			
A. Dietary			935,848
B. Other			904,723
C. Nursing			0
D. Resident Care & Per Diem	95.0610	95.0610	1,840,571
4. Prop Exp & Per Diem	0.8493	0.8493	16,445
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	3,786.00	11,790.00	15,576.00
3. Staffing Percent	0.2431	0.7569	1.0000
4. Allocation of Direct Care	1,043,433.38	3,249,360.62	4,292,794.00
5. Direct Care Expense Per Diem	137.8016	275.6031	
C. Additional Services Expense			
1. Medicaid Inpatient Days	7,572	11,725	19,297
2. Additional Services	500,669	756,213	1,256,882
3. Additional Services Exp & Per Diem	66.1211	64.4958	
D. Medicaid Per Diem Cost			
1. Operating Component	91.8236	91.8236	1,777,888
2. Resident Care Component	298.9837	435.1599	7,390,247
3. Property Cost Component	0.8493	0.8493	16,445
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	391.6566	527.8328	9,184,580

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility II

Provider Number: 28006200

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	95.0610	95.0610	A3D Allowable Resident Care Exp	1,840,571
B5 Allocation of D/C Expenses	137.8016	275.6031	B4 Allocation of D/C Expenses	4,292,794
C3 Additional Services per Diem	66.1211	64.4958	C2 Additional Services per Diem	1,256,882
Total Resident Care Component	298.9837	435.1599	Total Resident Care Component	7,390,247

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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) 07/2023 to 7/2023

Provider Name: **Sunland Marianna II**
 Provider Number: 28009700
 Audit Status: Unaudited Costs
 Date: 6/26/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 121

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	22,816	1,779	24,595
2. Operating Expenses component			
A. Administration			1,334,448
B. Plant Operation			1,535,254
C. Laundry			0
D. Housekeeping			81,892
E. Operating Expense Component & Per Diem	120.0079	120.0079	2,951,594
3. Resident Care			
A. Dietary			1,359,621
B. Other			85,194
C. Nursing			1,882,364
D. Resident Care & Per Diem	135.2787	135.2787	3,327,179
4. Prop Exp & Per Diem	2.1476	2.1476	52,821
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	11,408.00	1,779.00	13,187.00
3. Staffing Percent	0.8651	0.1349	1.0000
4. Allocation of Direct Care	8,062,053.57	1,257,222.43	9,319,276.00
5. Direct Care Expense Per Diem	353.3509	706.7018	
C. Additional Services Expense			
1. Medicaid Inpatient Days	21,938	1,779	23,717
2. Additional Services	898,639	72,891	971,530
3. Additional Services Exp & Per Diem	40.9627	40.9730	
D. Medicaid Per Diem Cost			
1.Operating Component	120.0079	120.0079	2,951,594
2. Resident Care Component	529.5923	882.9535	13,617,985
3. Property Cost Component	2.1476	2.1476	52,821
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	651.7478	1005.1090	16,622,400

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna II

Provider Number: 28009700

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	135.2787	135.2787	A3D Allowable Resident Care Exp	3,327,179
B5 Allocation of D/C Expenses	353.3509	706.7018	B4 Allocation of D/C Expenses	9,319,276
C3 Additional Services per Diem	40.9627	40.9730	C2 Additional Services per Diem	971,530
Total Resident Care Component	529.5923	882.9535	Total Resident Care Component	13,617,985

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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) 07/2023 to 7/2023

Provider Name: **Tacachale Facility IV**
 Provider Number: 28015100
 Audit Status: Unaudited Costs
 Date: 6/26/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	8,341	5,110	13,451
2. Operating Expenses component			
A. Administration			803,692
B. Plant Operation			390,374
C. Laundry			0
D. Housekeeping			88,896
E. Operating Expense Component & Per Diem	95.3804	95.3804	1,282,962
3. Resident Care			
A. Dietary			650,144
B. Other			582,482
C. Nursing			0
D. Resident Care & Per Diem	91.6382	91.6382	1,232,626
4. Prop Exp & Per Diem	0.7454	0.7454	10,026
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	4,170.50	5,110.00	9,280.50
3. Staffing Percent	0.4494	0.5506	1.0000
4. Allocation of Direct Care	1,563,214.23	1,915,363.77	3,478,578.00
5. Direct Care Expense Per Diem	187.4133	374.8266	
C. Additional Services Expense			
1. Medicaid Inpatient Days	8,341	5,110	13,451
2. Additional Services	457,932	344,271	802,203
3. Additional Services Exp & Per Diem	54.9013	67.3720	
D. Medicaid Per Diem Cost			
1.Operating Component	95.3804	95.3804	1,282,962
2. Resident Care Component	333.9528	533.8368	5,513,407
3. Property Cost Component	0.7454	0.7454	10,026
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	430.0786	629.9626	6,806,395

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility IV

Provider Number: 28015100
FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	91.6382	91.6382	A3D Allowable Resident Care Exp	1,232,626
B5 Allocation of D/C Expenses	187.4133	374.8266	B4 Allocation of D/C Expenses	3,478,578
C3 Additional Services per Diem	54.9013	67.3720	C2 Additional Services per Diem	802,203
Total Resident Care Component	333.9528	533.8368	Total Resident Care Component	5,513,407

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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) 07/2023 to 7/2023

Provider Name: **Sunland Marianna III**
 Provider Number: 28016000
 Audit Status: Unaudited Costs
 Date: 6/26/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 44

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,482	6,205	11,687
2. Operating Expenses component			
A. Administration			353,579
B. Plant Operation			561,029
C. Laundry			0
D. Housekeeping			29,926
E. Operating Expense Component & Per Diem	80.8192	80.8192	944,534
3. Resident Care			
A. Dietary			670,741
B. Other			31,133
C. Nursing			860,700
D. Resident Care & Per Diem	133.7019	133.7019	1,562,574
4. Prop Exp & Per Diem	1.6516	1.6516	19,302
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,741.00	6,205.00	8,946.00
3. Staffing Percent	0.3064	0.6936	1.0000
4. Allocation of Direct Care	756,566.56	1,712,694.44	2,469,261.00
5. Direct Care Expense Per Diem	138.0092	276.0184	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,745	6,205	10,950
2. Additional Services	161,098	235,402	396,500
3. Additional Services Exp & Per Diem	33.9511	37.9375	
D. Medicaid Per Diem Cost			
1. Operating Component	80.8192	80.8192	944,534
2. Resident Care Component	305.6622	447.6578	4,428,335
3. Property Cost Component	1.6516	1.6516	19,302
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	388.1330	530.1286	5,392,171

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna III

Provider Number: 28016000
FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	133.7019	133.7019	A3D Allowable Resident Care Exp	1,562,574
B5 Allocation of D/C Expenses	138.0092	276.0184	B4 Allocation of D/C Expenses	2,469,261
C3 Additional Services per Diem	33.9511	37.9375	C2 Additional Services per Diem	396,500
Total Resident Care Component	305.6622	447.6578	Total Resident Care Component	4,428,335

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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) 07/2023 to 7/2023

Provider Name: **Tacachale Facility V**
 Provider Number: 28024100
 Audit Status: Unaudited Costs
 Date: 6/26/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 42

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	11,366	3,174	14,540
2. Operating Expenses component			
A. Administration			725,148
B. Plant Operation			369,507
C. Laundry			0
D. Housekeeping			84,144
E. Operating Expense Component & Per Diem	81.0728	81.0728	1,178,799
3. Resident Care			
A. Dietary			702,780
B. Other			525,080
C. Nursing			0
D. Resident Care & Per Diem	84.4470	84.4470	1,227,860
4. Prop Exp & Per Diem	0.6527	0.6527	9,490
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	5,683.00	3,174.00	8,857.00
3. Staffing Percent	0.6416	0.3584	1.0000
4. Allocation of Direct Care	2,013,862.19	1,124,757.81	3,138,620.00
5. Direct Care Expense Per Diem	177.1830	354.3660	
C. Additional Services Expense			
1. Medicaid Inpatient Days	11,343	3,148	14,491
2. Additional Services	727,349	194,919	922,268
3. Additional Services Exp & Per Diem	64.1232	61.9184	
D. Medicaid Per Diem Cost			
1.Operating Component	81.0728	81.0728	1,178,799
2. Resident Care Component	325.7532	500.7314	5,288,748
3. Property Cost Component	0.6527	0.6527	9,490
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	407.4787	582.4569	6,477,037

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility V

Provider Number: 28024100
FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	84.4470	84.4470	A3D Allowable Resident Care Exp	1,227,860
B5 Allocation of D/C Expenses	177.1830	354.3660	B4 Allocation of D/C Expenses	3,138,620
C3 Additional Services per Diem	64.1232	61.9184	C2 Additional Services per Diem	922,268
Total Resident Care Component	325.7532	500.7314	Total Resident Care Component	5,288,748

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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) 07/2023 to 7/2023

Provider Name: **Tacachale Facility VII**
 Provider Number: 28026700
 Audit Status: Unaudited Costs
 Date: 6/26/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 32

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	10,884	10,884
2. Operating Expenses component			
A. Administration			520,172
B. Plant Operation			242,093
C. Laundry			0
D. Housekeeping			55,130
E. Operating Expense Component & Per Diem	75.1006	75.1006	817,395
3. Resident Care			
A. Dietary			526,070
B. Other			440,950
C. Nursing			0
D. Resident Care & Per Diem	88.8479	88.8479	967,020
4. Prop Exp & Per Diem	0.5713	0.5713	6,218
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	10,884.00	10,884.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	2,251,435.00	2,251,435.00
5. Direct Care Expense Per Diem	103.4287	206.8573	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	10,616	10,616
2. Additional Services	0	1,055,005	1,055,005
3. Additional Services Exp & Per Diem	99.3788	99.3788	
D. Medicaid Per Diem Cost			
1.Operating Component	75.1006	75.1006	817,395
2. Resident Care Component	291.6554	395.0840	4,273,460
3. Property Cost Component	0.5713	0.5713	6,218
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	367.3273	470.7559	5,097,073

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VII

Provider Number: 28026700

FYE: 06/30/2022

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	88.8479	88.8479	A3D Allowable Resident Care Exp	967,020
B5 Allocation of D/C Expenses	103.4287	206.8573	B4 Allocation of D/C Expenses	2,251,435
C3 Additional Services per Diem	99.3788	99.3788	C2 Additional Services per Diem	1,055,005
Total Resident Care Component	291.6554	395.0840	Total Resident Care Component	4,273,460

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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) 07/2023 to 7/2023

Provider Name: **Tacachale Facility VIII**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28055100

Rate Semester : July, 2023

Audit Status: Unaudited Costs

Cost Report : 7/1/2021 - 6/30/2022

Date: 6/26/2023

Days In Reporting Period: 365

Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	12,976	6,556	19,532
2. Operating Expenses component			
A. Administration			1,336,784
B. Plant Operation			621,096
C. Laundry			0
D. Housekeeping			141,436
E. Operating Expense Component & Per Diem	107.4809	107.4809	2,099,316
3. Resident Care			
A. Dietary			944,065
B. Other			791,383
C. Nursing			0
D. Resident Care & Per Diem	88.8515	88.8515	1,735,448
4. Prop Exp & Per Diem	0.8167	0.8167	15,952
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,488.00	6,556.00	13,044.00
3. Staffing Percent	0.4974	0.5026	1.0000
4. Allocation of Direct Care	2,877,885.62	2,908,048.38	5,785,934.00
5. Direct Care Expense Per Diem	221.7853	443.5705	
C. Additional Services Expense			
1. Medicaid Inpatient Days	12,974	6,539	19,513
2. Additional Services	855,659	422,909	1,278,568
3. Additional Services Exp & Per Diem	65.9518	64.6749	
D. Medicaid Per Diem Cost			
1. Operating Component	107.4809	107.4809	2,099,316
2. Resident Care Component	376.5886	597.0969	8,799,950
3. Property Cost Component	0.8167	0.8167	15,952
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	484.8862	705.3945	10,915,218

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VIII

Provider Number: 28055100

FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	88.8515	88.8515	A3D Allowable Resident Care Exp	1,735,448
B5 Allocation of D/C Expenses	221.7853	443.5705	B4 Allocation of D/C Expenses	5,785,934
C3 Additional Services per Diem	65.9518	64.6749	C2 Additional Services per Diem	1,278,568
Total Resident Care Component	376.5886	597.0969	Total Resident Care Component	8,799,950

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Sunland Marianna IV**
 Provider Number: 28058500
 Audit Status: Unaudited Costs
 Date: 6/26/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 20

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,672	3,497	5,169
2. Operating Expenses component			
A. Administration			141,985
B. Plant Operation			257,959
C. Laundry			0
D. Housekeeping			13,760
E. Operating Expense Component & Per Diem	80.0356	80.0356	413,704
3. Resident Care			
A. Dietary			293,753
B. Other			14,315
C. Nursing			380,881
D. Resident Care & Per Diem	133.2848	133.2848	688,949
4. Prop Exp & Per Diem	1.7170	1.7170	8,875
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	836.00	3,497.00	4,333.00
3. Staffing Percent	0.1929	0.8071	1.0000
4. Allocation of Direct Care	191,311.26	800,257.74	991,569.00
5. Direct Care Expense Per Diem	114.4206	228.8412	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,672	3,497	5,169
2. Additional Services	104,062	217,614	321,676
3. Additional Services Exp & Per Diem	62.2380	62.2288	
D. Medicaid Per Diem Cost			
1.Operating Component	80.0356	80.0356	413,704
2. Resident Care Component	309.9434	424.3548	2,002,194
3. Property Cost Component	1.7170	1.7170	8,875
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	391.6960	506.1074	2,424,773

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna IV

Provider Number: 28058500
FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	133.2848	133.2848	A3D Allowable Resident Care Exp	688,949
B5 Allocation of D/C Expenses	114.4206	228.8412	B4 Allocation of D/C Expenses	991,569
C3 Additional Services per Diem	62.2380	62.2288	C2 Additional Services per Diem	321,676
Total Resident Care Component	309.9434	424.3548	Total Resident Care Component	2,002,194

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2023

Provider Name: **Sunland Marianna V**
 Provider Number: 28562500
 Audit Status: Unaudited Costs
 Date: 6/26/2023

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2023
 Cost Report : 7/1/2021 - 6/30/2022
 Days In Reporting Period: 365
 Number of Beds: 51

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	702	8,044	8,746
2. Operating Expenses component			
A. Administration			462,407
B. Plant Operation			296,960
C. Laundry			0
D. Housekeeping			15,840
E. Operating Expense Component & Per Diem	88.6356	88.6356	775,207
3. Resident Care			
A. Dietary			217,167
B. Other			16,479
C. Nursing			640,783
D. Resident Care & Per Diem	99.9804	99.9804	874,429
4. Prop Exp & Per Diem	1.1682	1.1682	10,217
5. ROE/Use Per Diem	0.0001	0.0001	1
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	351.00	8,044.00	8,395.00
3. Staffing Percent	0.0418	0.9582	1.0000
4. Allocation of Direct Care	135,017.88	3,094,256.12	3,229,274.00
5. Direct Care Expense Per Diem	192.3332	384.6663	
C. Additional Services Expense			
1. Medicaid Inpatient Days	702	7,973	8,675
2. Additional Services	35,388	402,112	437,500
3. Additional Services Exp & Per Diem	50.4103	50.4342	
D. Medicaid Per Diem Cost			
1.Operating Component	88.6356	88.6356	775,207
2. Resident Care Component	342.7239	535.0809	4,541,203
3. Property Cost Component	1.1682	1.1682	10,217
4. ROE/Use Allow Component	0.0001	0.0001	1
5. Total Cost Per Diem	432.5278	624.8848	5,326,628

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna V

Provider Number: 28562500
FYE: 06/30/2022

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	99.9804	99.9804	A3D Allowable Resident Care Exp	874,429
B5 Allocation of D/C Expenses	192.3332	384.6663	B4 Allocation of D/C Expenses	3,229,274
C3 Additional Services per Diem	50.4103	50.4342	C2 Additional Services per Diem	437,500
Total Resident Care Component	342.7239	535.0809	Total Resident Care Component	4,541,203

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