



**Florida Agency For Health Care Administration**

**028003800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Sunland Marianna I**  
 Provider Number: 28003800  
 Audit Status: Unaudited Costs  
 Date: 7/30/2024

Cost Report Entered By : Sheffield, Andrea  
 Rate Semester : July, 2024  
 Cost Report : 7/1/2022 - 6/30/2023  
 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                                       | 13,632                                   | 3,412                              | 17,044            |
| 2. Operating Expenses component                        |  |                                    |                   |
| A. Administration                                      |  |                                    | 630,338           |
| B. Plant Operation                                     |  |                                    | 1,042,788         |
| C. Laundry   |  |                                    | 0                 |
| D. Housekeeping  |  |                                    | 69,248            |
| E. Operating Expense Component & Per Diem              | 102.2280                                 | 102.2280                           | 1,742,374         |
| 3. Resident Care                                       |  |                                    |                   |
| A. Dietary   |  |                                    | 1,080,782         |
| B. Other   |  |                                    | 58,584            |
| C. Nursing   |  |                                    | 2,626,089         |
| D. Resident Care & Per Diem                            | 220.9255                                 | 220.9255                           | 3,765,455         |
| 4. Prop Exp & Per Diem                                 | 3.8219                                   | 3.8219                             | 65,141            |
| 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                             | 6,816.00                                 | 3,412.00                           | 10,228.00         |
| 3. Staffing Percent                                    | 0.6664                                   | 0.3336                             | 1.0000            |
| 4. Allocation of Direct Care                           | 3,236,356.46                             | 1,620,077.54                       | 4,856,434.00      |
| 5. Direct Care Expense Per Diem                        | 237.4088                                 | 474.8176                           |                   |
| <b>C. Additional Services Expense</b>                  |  |                                    |                   |
| 1. Medicaid Inpatient Days                             | 13,632                                   | 3,412                              | 17,044            |
| 2. Additional Services                                 | 428,366                                  | 262,993                            | 691,359           |
| 3. Additional Services Exp & Per Diem                  | 31.4236                                  | 77.0788                            |                   |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                   |
| 1. Operating Component                                 | 102.2280                                 | 102.2280                           | 1,742,374         |
| 2. Resident Care Component                             | 489.7579                                 | 772.8219                           | 9,313,248         |
| 3. Property Cost Component                             | 3.8219                                   | 3.8219                             | 65,141            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                 |
| <b>5. Total Cost Per Diem</b>                          | <b>595.8078</b>                          | <b>878.8718</b>                    | <b>11,120,763</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna I

|                           |
|---------------------------|
| Provider Number: 28003800 |
|---------------------------|

|                 |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 220.9255        | 220.9255        | A3D Allowable Resident Care Exp      | 3,765,455        |
| B5 Allocation of D/C Expenses        | 237.4088        | 474.8176        | B4 Allocation of D/C Expenses        | 4,856,434        |
| C3 Additional Services per Diem      | 31.4236         | 77.0788         | C2 Additional Services per Diem      | 691,359          |
| <b>Total Resident Care Component</b> | <b>489.7579</b> | <b>772.8219</b> | <b>Total Resident Care Component</b> | <b>9,313,248</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) 07/2024 to 7/2024

Provider Name: **Tacachale Facility I**  
 Provider Number: 28004600  
 Audit Status: Unaudited Costs  
 Date: 7/30/2024

Cost Report Entered By : Sheffield, Andrea  
 Rate Semester : July, 2024  
 Cost Report : 7/1/2022 - 6/30/2023  
 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                                       | 4,538                                    | 11,392                             | 15,930           |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 1,106,617        |
| B. Plant Operation                                     |  |                                    | 502,743          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 119,894          |
| E. Operating Expense Component & Per Diem              | 108.5533                                 | 108.5533                           | 1,729,254        |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 880,854          |
| B. Other   |  |                                    | 801,899          |
| C. Nursing   |  |                                    | 0                |
| D. Resident Care & Per Diem                            | 105.6342                                 | 105.6342                           | 1,682,753        |
| 4. Prop Exp & Per Diem                                 | 0.6077                                   | 0.6077                             | 9,680            |
| 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                             | 2,269.00                                 | 11,392.00                          | 13,661.00        |
| 3. Staffing Percent                                    | 0.1661                                   | 0.8339                             | 1.0000           |
| 4. Allocation of Direct Care                           | 799,751.50                               | 4,015,323.50                       | 4,815,075.00     |
| 5. Direct Care Expense Per Diem                        | 176.2344                                 | 352.4687                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 4,504                                    | 10,948                             | 15,452           |
| 2. Additional Services                                 | 323,825                                  | 946,483                            | 1,270,308        |
| 3. Additional Services Exp & Per Diem                  | 71.8972                                  | 86.4526                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1. Operating Component                                 | 108.5533                                 | 108.5533                           | 1,729,254        |
| 2. Resident Care Component                             | 353.7658                                 | 544.5555                           | 7,768,136        |
| 3. Property Cost Component                             | 0.6077                                   | 0.6077                             | 9,680            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>462.9268</b>                          | <b>653.7165</b>                    | <b>9,507,070</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility I

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

|                 |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 105.6342        | 105.6342        | A3D Allowable Resident Care Exp      | 1,682,753        |
| B5 Allocation of D/C Expenses        | 176.2344        | 352.4687        | B4 Allocation of D/C Expenses        | 4,815,075        |
| C3 Additional Services per Diem      | 71.8972         | 86.4526         | C2 Additional Services per Diem      | 1,270,308        |
| <b>Total Resident Care Component</b> | <b>353.7658</b> | <b>544.5555</b> | <b>Total Resident Care Component</b> | <b>7,768,136</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) 07/2024 to 7/2024

Provider Name: **Tacachale Facility II**  
 Provider Number: 28006200  
 Audit Status: Unaudited Costs  
 Date: 7/30/2024

Cost Report Entered By : Sheffield, Andrea  
 Rate Semester : July, 2024  
 Cost Report : 7/1/2022 - 6/30/2023  
 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                                       | 6,356                                    | 10,068                             | 16,424           |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 1,075,058        |
| B. Plant Operation                                     |  |                                    | 534,665          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 127,507          |
| E. Operating Expense Component & Per Diem              | 105.7739                                 | 105.7739                           | 1,737,230        |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 908,170          |
| B. Other   |  |                                    | 826,766          |
| C. Nursing   |  |                                    | 0                |
| D. Resident Care & Per Diem                            | 105.6342                                 | 105.6342                           | 1,734,936        |
| 4. Prop Exp & Per Diem                                 | 0.6268                                   | 0.6268                             | 10,294           |
| 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                              | 3,178.00                                 | 10,068.00                          | 13,246.00        |
| 3. Staffing Percent                                    | 0.2399                                   | 0.7601                             | 1.0000           |
| 4. Allocation of Direct Care                           | 1,122,293.71                             | 3,555,460.29                       | 4,677,754.00     |
| 5. Direct Care Expense Per Diem                        | 176.5723                                 | 353.1446                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 6,351                                    | 9,998                              | 16,349           |
| 2. Additional Services                                 | 503,826                                  | 798,228                            | 1,302,054        |
| 3. Additional Services Exp & Per Diem                  | 79.3302                                  | 79.8388                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1.Operating Component                                  | 105.7739                                 | 105.7739                           | 1,737,230        |
| 2. Resident Care Component                             | 361.5367                                 | 538.6176                           | 7,714,744        |
| 3. Property Cost Component                             | 0.6268                                   | 0.6268                             | 10,294           |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>467.9374</b>                          | <b>645.0183</b>                    | <b>9,462,268</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility II

|                           |
|---------------------------|
| Provider Number: 28006200 |
| FYE: 06/30/2023           |

|                                      | R/I & N/M Days |          |                                      | TOTALS    |
|--------------------------------------|----------------|----------|--------------------------------------|-----------|
|                                      | R/I            | N/M      |                                      |           |
| A3D Allowable Resident Care Exp      | 105.6342       | 105.6342 | A3D Allowable Resident Care Exp      | 1,734,936 |
| B5 Allocation of D/C Expenses        | 176.5723       | 353.1446 | B4 Allocation of D/C Expenses        | 4,677,754 |
| C3 Additional Services per Diem      | 79.3302        | 79.8388  | C2 Additional Services per Diem      | 1,302,054 |
| <b>Total Resident Care Component</b> | 361.5367       | 538.6176 | <b>Total Resident Care Component</b> | 7,714,744 |

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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) 07/2024 to 7/2024

Provider Name: **Sunland Marianna II**  
 Provider Number: 28009700  
 Audit Status: Unaudited Costs  
 Date: 7/30/2024

Cost Report Entered By : Sheffield, Andrea  
 Rate Semester : July, 2024  
 Cost Report : 7/1/2022 - 6/30/2023  
 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                                       | 17,547                                   | 1,028                              | 18,575            |
| 2. Operating Expenses component                        |  |                                    |                   |
| A. Administration                                      |  |                                    | 1,150,280         |
| B. Plant Operation                                     |  |                                    | 1,974,670         |
| C. Laundry   |  |                                    | 0                 |
| D. Housekeeping  |  |                                    | 131,132           |
| E. Operating Expense Component & Per Diem              | 175.2938                                 | 175.2938                           | 3,256,082         |
| 3. Resident Care                                       |  |                                    |                   |
| A. Dietary   |  |                                    | 1,382,828         |
| B. Other   |  |                                    | 110,938           |
| C. Nursing   |  |                                    | 2,749,504         |
| D. Resident Care & Per Diem                            | 228.4398                                 | 228.4398                           | 4,243,270         |
| 4. Prop Exp & Per Diem                                 | 6.6409                                   | 6.6409                             | 123,355           |
| 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                              | 8,773.50                                 | 1,028.00                           | 9,801.50          |
| 3. Staffing Percent                                    | 0.8951                                   | 0.1049                             | 1.0000            |
| 4. Allocation of Direct Care                           | 7,932,821.16                             | 929,496.84                         | 8,862,318.00      |
| 5. Direct Care Expense Per Diem                        | 452.0899                                 | 904.1798                           |                   |
| <b>C. Additional Services Expense</b>                  |  |                                    |                   |
| 1. Medicaid Inpatient Days                             | 16,817                                   | 1,028                              | 17,845            |
| 2. Additional Services                                 | 730,586                                  | 59,260                             | 789,846           |
| 3. Additional Services Exp & Per Diem                  | 43.4433                                  | 57.6459                            |                   |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                   |
| 1.Operating Component                                  | 175.2938                                 | 175.2938                           | 3,256,082         |
| 2. Resident Care Component                             | 723.9730                                 | 1190.2655                          | 13,895,434        |
| 3. Property Cost Component                             | 6.6409                                   | 6.6409                             | 123,355           |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                 |
| <b>5. Total Cost Per Diem</b>                          | <b>905.9077</b>                          | <b>1372.2002</b>                   | <b>17,274,871</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna II

|                           |
|---------------------------|
| Provider Number: 28009700 |
|---------------------------|

|                 |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

|                                      | R/I & N/M Days  |                  |                                      | TOTALS            |
|--------------------------------------|-----------------|------------------|--------------------------------------|-------------------|
|                                      | R/I             | N/M              |                                      |                   |
| A3D Allowable Resident Care Exp      | 228.4398        | 228.4398         | A3D Allowable Resident Care Exp      | 4,243,270         |
| B5 Allocation of D/C Expenses        | 452.0899        | 904.1798         | B4 Allocation of D/C Expenses        | 8,862,318         |
| C3 Additional Services per Diem      | 43.4433         | 57.6459          | C2 Additional Services per Diem      | 789,846           |
| <b>Total Resident Care Component</b> | <b>723.9730</b> | <b>1190.2655</b> | <b>Total Resident Care Component</b> | <b>13,895,434</b> |

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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) 07/2024 to 7/2024

Provider Name: **Tacachale Facility IV**  
 Provider Number: 28015100  
 Audit Status: Unaudited Costs  
 Date: 7/30/2024

Cost Report Entered By : Sheffield, Andrea  
 Rate Semester : July, 2024  
 Cost Report : 7/1/2022 - 6/30/2023  
 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                                       | 7,823                                    | 5,077                              | 12,900           |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 1,006,965        |
| B. Plant Operation                                     |  |                                    | 435,891          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 103,951          |
| E. Operating Expense Component & Per Diem              | 119.9075                                 | 119.9075                           | 1,546,807        |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 713,309          |
| B. Other   |  |                                    | 649,372          |
| C. Nursing   |  |                                    | 0                |
| D. Resident Care & Per Diem                            | 105.6342                                 | 105.6342                           | 1,362,681        |
| 4. Prop Exp & Per Diem                                 | 0.6505                                   | 0.6505                             | 8,392            |
| 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                              | 3,911.50                                 | 5,077.00                           | 8,988.50         |
| 3. Staffing Percent                                    | 0.4352                                   | 0.5648                             | 1.0000           |
| 4. Allocation of Direct Care                           | 1,906,672.29                             | 2,474,798.71                       | 4,381,471.00     |
| 5. Direct Care Expense Per Diem                        | 243.7265                                 | 487.4530                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 7,823                                    | 5,077                              | 12,900           |
| 2. Additional Services                                 | 504,349                                  | 385,447                            | 889,796          |
| 3. Additional Services Exp & Per Diem                  | 64.4700                                  | 75.9202                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1.Operating Component                                  | 119.9075                                 | 119.9075                           | 1,546,807        |
| 2. Resident Care Component                             | 413.8307                                 | 669.0074                           | 6,633,948        |
| 3. Property Cost Component                             | 0.6505                                   | 0.6505                             | 8,392            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>534.3887</b>                          | <b>789.5654</b>                    | <b>8,189,147</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility IV

|                           |
|---------------------------|
| Provider Number: 28015100 |
| FYE: 06/30/2023           |

|                                      | R/I & N/M Days |          |                                      | TOTALS    |
|--------------------------------------|----------------|----------|--------------------------------------|-----------|
|                                      | R/I            | N/M      |                                      |           |
| A3D Allowable Resident Care Exp      | 105.6342       | 105.6342 | A3D Allowable Resident Care Exp      | 1,362,681 |
| B5 Allocation of D/C Expenses        | 243.7265       | 487.4530 | B4 Allocation of D/C Expenses        | 4,381,471 |
| C3 Additional Services per Diem      | 64.4700        | 75.9202  | C2 Additional Services per Diem      | 889,796   |
| <b>Total Resident Care Component</b> | 413.8307       | 669.0074 | <b>Total Resident Care Component</b> | 6,633,948 |

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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) 07/2024 to 7/2024

Provider Name: **Sunland Marianna III**  
 Provider Number: 28016000  
 Audit Status: Unaudited Costs  
 Date: 7/30/2024

Cost Report Entered By : Sheffield, Andrea  
 Rate Semester : July, 2024  
 Cost Report : 7/1/2022 - 6/30/2023  
 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                                       | 8,318                                    | 2,635                              | 10,953           |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 363,485          |
| B. Plant Operation                                     |  |                                    | 721,605          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 47,920           |
| E. Operating Expense Component & Per Diem              | 103.4429                                 | 103.4429                           | 1,133,010        |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 781,960          |
| B. Other   |  |                                    | 40,540           |
| C. Nursing   |  |                                    | 1,575,129        |
| D. Resident Care & Per Diem                            | 218.9016                                 | 218.9016                           | 2,397,629        |
| 4. Prop Exp & Per Diem                                 | 4.1156                                   | 4.1156                             | 45,078           |
| 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                             | 4,159.00                                 | 2,635.00                           | 6,794.00         |
| 3. Staffing Percent                                    | 0.6122                                   | 0.3878                             | 1.0000           |
| 4. Allocation of Direct Care                           | 1,714,326.47                             | 1,086,138.53                       | 2,800,465.00     |
| 5. Direct Care Expense Per Diem                        | 206.0984                                 | 412.1968                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 7,588                                    | 2,635                              | 10,223           |
| 2. Additional Services                                 | 171,551                                  | 250,676                            | 422,227          |
| 3. Additional Services Exp & Per Diem                  | 22.6082                                  | 95.1332                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1. Operating Component                                 | 103.4429                                 | 103.4429                           | 1,133,010        |
| 2. Resident Care Component                             | 447.6082                                 | 726.2316                           | 5,620,321        |
| 3. Property Cost Component                             | 4.1156                                   | 4.1156                             | 45,078           |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>555.1667</b>                          | <b>833.7901</b>                    | <b>6,798,409</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna III

|                           |
|---------------------------|
| Provider Number: 28016000 |
| FYE: 06/30/2023           |

|                                      | R/I & N/M Days |          |                                      | TOTALS    |
|--------------------------------------|----------------|----------|--------------------------------------|-----------|
|                                      | R/I            | N/M      |                                      |           |
| A3D Allowable Resident Care Exp      | 218.9016       | 218.9016 | A3D Allowable Resident Care Exp      | 2,397,629 |
| B5 Allocation of D/C Expenses        | 206.0984       | 412.1968 | B4 Allocation of D/C Expenses        | 2,800,465 |
| C3 Additional Services per Diem      | 22.6082        | 95.1332  | C2 Additional Services per Diem      | 422,227   |
| <b>Total Resident Care Component</b> | 447.6082       | 726.2316 | <b>Total Resident Care Component</b> | 5,620,321 |

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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) 07/2024 to 7/2024

Provider Name: **Tacachale Facility V**  
 Provider Number: 28024100  
 Audit Status: Unaudited Costs  
 Date: 7/30/2024

Cost Report Entered By : Sheffield, Andrea  
 Rate Semester : July, 2024  
 Cost Report : 7/1/2022 - 6/30/2023  
 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                                       | 11,680                                   | 2,778                              | 14,458           |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 1,050,381        |
| B. Plant Operation                                     |  |                                    | 412,591          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 98,395           |
| E. Operating Expense Component & Per Diem              | 107.9933                                 | 107.9933                           | 1,561,367        |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 799,459          |
| B. Other   |  |                                    | 727,800          |
| C. Nursing   |  |                                    | 0                |
| D. Resident Care & Per Diem                            | 105.6342                                 | 105.6342                           | 1,527,259        |
| 4. Prop Exp & Per Diem                                 | 0.5495                                   | 0.5495                             | 7,944            |
| 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                             | 5,840.00                                 | 2,778.00                           | 8,618.00         |
| 3. Staffing Percent                                    | 0.6777                                   | 0.3223                             | 1.0000           |
| 4. Allocation of Direct Care                           | 3,097,125.90                             | 1,473,256.10                       | 4,570,382.00     |
| 5. Direct Care Expense Per Diem                        | 265.1649                                 | 530.3298                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 11,645                                   | 2,758                              | 14,403           |
| 2. Additional Services                                 | 812,621                                  | 217,559                            | 1,030,180        |
| 3. Additional Services Exp & Per Diem                  | 69.7828                                  | 78.8829                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1. Operating Component                                 | 107.9933                                 | 107.9933                           | 1,561,367        |
| 2. Resident Care Component                             | 440.5819                                 | 714.8469                           | 7,127,821        |
| 3. Property Cost Component                             | 0.5495                                   | 0.5495                             | 7,944            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>549.1247</b>                          | <b>823.3897</b>                    | <b>8,697,132</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility V

|                           |
|---------------------------|
| Provider Number: 28024100 |
| FYE: 06/30/2023           |

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 105.6342        | 105.6342        | A3D Allowable Resident Care Exp      | 1,527,259        |
| B5 Allocation of D/C Expenses        | 265.1649        | 530.3298        | B4 Allocation of D/C Expenses        | 4,570,382        |
| C3 Additional Services per Diem      | 69.7828         | 78.8829         | C2 Additional Services per Diem      | 1,030,180        |
| <b>Total Resident Care Component</b> | <b>440.5819</b> | <b>714.8469</b> | <b>Total Resident Care Component</b> | <b>7,127,821</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) 07/2024 to 7/2024

Provider Name: **Tacachale Facility VII**  
 Provider Number: 28026700  
 Audit Status: Unaudited Costs  
 Date: 7/30/2024

Cost Report Entered By : Sheffield, Andrea  
 Rate Semester : July, 2024  
 Cost Report : 7/1/2022 - 6/30/2023  
 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  | 10,112                             | 10,112           |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 593,020          |
| B. Plant Operation                                     |  |                                    | 270,321          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 64,466           |
| E. Operating Expense Component & Per Diem              | 91.7531                                  | 91.7531                            | 927,807          |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 559,146          |
| B. Other   |  |                                    | 509,027          |
| C. Nursing   |  |                                    | 0                |
| D. Resident Care & Per Diem                            | 105.6342                                 | 105.6342                           | 1,068,173        |
| 4. Prop Exp & Per Diem                                 | 0.5147                                   | 0.5147                             | 5,205            |
| 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                                     | 10,112.00                          | 10,112.00        |
| 3. Staffing Percent                                    | 0.0000                                   | 1.0000                             | 1.0000           |
| 4. Allocation of Direct Care                           | 0.00                                     | 2,580,330.00                       | 2,580,330.00     |
| 5. Direct Care Expense Per Diem                        | 127.5875                                 | 255.1750                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 0  | 9,981                              | 9,981            |
| 2. Additional Services                                 | 0  | 885,529                            | 885,529          |
| 3. Additional Services Exp & Per Diem                  | 88.7215                                  | 88.7215                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1.Operating Component                                  | 91.7531                                  | 91.7531                            | 927,807          |
| 2. Resident Care Component                             | 321.9432                                 | 449.5307                           | 4,534,032        |
| 3. Property Cost Component                             | 0.5147                                   | 0.5147                             | 5,205            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>414.2110</b>                          | <b>541.7985</b>                    | <b>5,467,044</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VII

|                           |
|---------------------------|
| Provider Number: 28026700 |
| FYE: 06/30/2023           |

|                                      | Extrapolated R/I |                 |                                      | TOTALS           |
|--------------------------------------|------------------|-----------------|--------------------------------------|------------------|
|                                      | R/I              | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 105.6342         | 105.6342        | A3D Allowable Resident Care Exp      | 1,068,173        |
| B5 Allocation of D/C Expenses        | 127.5875         | 255.1750        | B4 Allocation of D/C Expenses        | 2,580,330        |
| C3 Additional Services per Diem      | 88.7215          | 88.7215         | C2 Additional Services per Diem      | 885,529          |
| <b>Total Resident Care Component</b> | <b>321.9432</b>  | <b>449.5307</b> | <b>Total Resident Care Component</b> | <b>4,534,032</b> |

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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) 07/2024 to 7/2024

Provider Name: **Tacachale Facility VIII**

Cost Report Entered By : Sheffield, Andrea

Provider Number: 28055100

Rate Semester : July, 2024

Audit Status: Unaudited Costs

Cost Report : 7/1/2022 - 6/30/2023

Date: 7/30/2024

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                                       | 12,822                                   | 6,021                              | 18,843            |
| 2. Operating Expenses component                        |  |                                    |                   |
| A. Administration                                      |  |                                    | 1,509,473         |
| B. Plant Operation                                     |  |                                    | 693,515           |
| C. Laundry   |  |                                    | 0                 |
| D. Housekeeping  |  |                                    | 165,389           |
| E. Operating Expense Component & Per Diem              | 125.6900                                 | 125.6900                           | 2,368,377         |
| 3. Resident Care                                       |  |                                    |                   |
| A. Dietary   |  |                                    | 1,041,929         |
| B. Other   |  |                                    | 948,536           |
| C. Nursing   |  |                                    | 0                 |
| D. Resident Care & Per Diem                            | 105.6342                                 | 105.6342                           | 1,990,465         |
| 4. Prop Exp & Per Diem                                 | 0.7086                                   | 0.7086                             | 13,353            |
| 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                              | 6,411.00                                 | 6,021.00                           | 12,432.00         |
| 3. Staffing Percent                                    | 0.5157                                   | 0.4843                             | 1.0000            |
| 4. Allocation of Direct Care                           | 3,387,005.26                             | 3,180,963.74                       | 6,567,969.00      |
| 5. Direct Care Expense Per Diem                        | 264.1558                                 | 528.3115                           |                   |
| <b>C. Additional Services Expense</b>                  |  |                                    |                   |
| 1. Medicaid Inpatient Days                             | 12,822                                   | 6,021                              | 18,843            |
| 2. Additional Services                                 | 910,970                                  | 487,948                            | 1,398,918         |
| 3. Additional Services Exp & Per Diem                  | 71.0474                                  | 81.0410                            |                   |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                   |
| 1.Operating Component                                  | 125.6900                                 | 125.6900                           | 2,368,377         |
| 2. Resident Care Component                             | 440.8374                                 | 714.9867                           | 9,957,352         |
| 3. Property Cost Component                             | 0.7086                                   | 0.7086                             | 13,353            |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                 |
| <b>5. Total Cost Per Diem</b>                          | <b>567.2360</b>                          | <b>841.3853</b>                    | <b>12,339,082</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VIII

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

|                 |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

|                                      | R/I & N/M Days |          |                                      | TOTALS    |
|--------------------------------------|----------------|----------|--------------------------------------|-----------|
|                                      | R/I            | N/M      |                                      |           |
| A3D Allowable Resident Care Exp      | 105.6342       | 105.6342 | A3D Allowable Resident Care Exp      | 1,990,465 |
| B5 Allocation of D/C Expenses        | 264.1558       | 528.3115 | B4 Allocation of D/C Expenses        | 6,567,969 |
| C3 Additional Services per Diem      | 71.0474        | 81.0410  | C2 Additional Services per Diem      | 1,398,918 |
| <b>Total Resident Care Component</b> | 440.8374       | 714.9867 | <b>Total Resident Care Component</b> | 9,957,352 |

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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) 07/2024 to 7/2024

Provider Name: **Sunland Marianna IV**  
 Provider Number: 28058500  
 Audit Status: Unaudited Costs  
 Date: 7/30/2024

Cost Report Entered By : Sheffield, Andrea  
 Rate Semester : July, 2024  
 Cost Report : 7/1/2022 - 6/30/2023  
 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                                       | 3,661                                    | 5,023                              | 8,684            |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 322,493          |
| B. Plant Operation                                     |  |                                    | 331,792          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 22,033           |
| E. Operating Expense Component & Per Diem              | 77.8809                                  | 77.8809                            | 676,318          |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 500,019          |
| B. Other   |  |                                    | 18,640           |
| C. Nursing   |  |                                    | 1,338,005        |
| D. Resident Care & Per Diem                            | 213.8029                                 | 213.8029                           | 1,856,664        |
| 4. Prop Exp & Per Diem                                 | 2.3868                                   | 2.3868                             | 20,727           |
| 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                             | 1,830.50                                 | 5,023.00                           | 6,853.50         |
| 3. Staffing Percent                                    | 0.2671                                   | 0.7329                             | 1.0000           |
| 4. Allocation of Direct Care                           | 663,622.03                               | 1,821,017.97                       | 2,484,640.00     |
| 5. Direct Care Expense Per Diem                        | 181.2680                                 | 362.5359                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 3,661                                    | 5,023                              | 8,684            |
| 2. Additional Services                                 | 147,029                                  | 307,465                            | 454,494          |
| 3. Additional Services Exp & Per Diem                  | 40.1609                                  | 61.2114                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1. Operating Component                                 | 77.8809                                  | 77.8809                            | 676,318          |
| 2. Resident Care Component                             | 435.2318                                 | 637.5502                           | 4,795,798        |
| 3. Property Cost Component                             | 2.3868                                   | 2.3868                             | 20,727           |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>515.4995</b>                          | <b>717.8179</b>                    | <b>5,492,843</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna IV

|                           |
|---------------------------|
| Provider Number: 28058500 |
| FYE: 06/30/2023           |

|                                      | R/I & N/M Days  |                 |                                      | TOTALS           |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
|                                      | R/I             | N/M             |                                      |                  |
| A3D Allowable Resident Care Exp      | 213.8029        | 213.8029        | A3D Allowable Resident Care Exp      | 1,856,664        |
| B5 Allocation of D/C Expenses        | 181.2680        | 362.5359        | B4 Allocation of D/C Expenses        | 2,484,640        |
| C3 Additional Services per Diem      | 40.1609         | 61.2114         | C2 Additional Services per Diem      | 454,494          |
| <b>Total Resident Care Component</b> | <b>435.2318</b> | <b>637.5502</b> | <b>Total Resident Care Component</b> | <b>4,795,798</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) 07/2024 to 7/2024

Provider Name: **Sunland Marianna V**  
 Provider Number: 28562500  
 Audit Status: Unaudited Costs  
 Date: 7/30/2024

Cost Report Entered By : Sheffield, Andrea  
 Rate Semester : July, 2024  
 Cost Report : 7/1/2022 - 6/30/2023  
 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                                       | 534                                      | 6,080                              | 6,614            |
| 2. Operating Expenses component                        |  |                                    |                  |
| A. Administration                                      |  |                                    | 432,491          |
| B. Plant Operation                                     |  |                                    | 381,956          |
| C. Laundry   |  |                                    | 0                |
| D. Housekeeping  |  |                                    | 25,365           |
| E. Operating Expense Component & Per Diem              | 126.9749                                 | 126.9749                           | 839,812          |
| 3. Resident Care                                       |  |                                    |                  |
| A. Dietary   |  |                                    | 120,094          |
| B. Other   |  |                                    | 21,458           |
| C. Nursing   |  |                                    | 1,019,065        |
| D. Resident Care & Per Diem                            | 175.4788                                 | 175.4788                           | 1,160,617        |
| 4. Prop Exp & Per Diem                                 | 3.6075                                   | 3.6075                             | 23,860           |
| 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                              | 267.00                                   | 6,080.00                           | 6,347.00         |
| 3. Staffing Percent                                    | 0.0421                                   | 0.9579                             | 1.0000           |
| 4. Allocation of Direct Care                           | 140,172.69                               | 3,191,947.31                       | 3,332,120.00     |
| 5. Direct Care Expense Per Diem                        | 262.4957                                 | 524.9913                           |                  |
| <b>C. Additional Services Expense</b>                  |  |                                    |                  |
| 1. Medicaid Inpatient Days                             | 534                                      | 6,080                              | 6,614            |
| 2. Additional Services                                 | 31,144                                   | 353,888                            | 385,032          |
| 3. Additional Services Exp & Per Diem                  | 58.3221                                  | 58.2053                            |                  |
| <b>D. Medicaid Per Diem Cost</b>                       |  |                                    |                  |
| 1.Operating Component                                  | 126.9749                                 | 126.9749                           | 839,812          |
| 2. Resident Care Component                             | 496.2966                                 | 758.6754                           | 4,877,769        |
| 3. Property Cost Component                             | 3.6075                                   | 3.6075                             | 23,860           |
| 4. ROE/Use Allow Component                             | 0.0000                                   | 0.0000                             | 0                |
| <b>5. Total Cost Per Diem</b>                          | <b>626.8790</b>                          | <b>889.2578</b>                    | <b>5,741,441</b> |

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna V

|                           |
|---------------------------|
| Provider Number: 28562500 |
| FYE: 06/30/2023           |

|                                      | R/I & N/M Days |          |                                      | TOTALS    |
|--------------------------------------|----------------|----------|--------------------------------------|-----------|
|                                      | R/I            | N/M      |                                      |           |
| A3D Allowable Resident Care Exp      | 175.4788       | 175.4788 | A3D Allowable Resident Care Exp      | 1,160,617 |
| B5 Allocation of D/C Expenses        | 262.4957       | 524.9913 | B4 Allocation of D/C Expenses        | 3,332,120 |
| C3 Additional Services per Diem      | 58.3221        | 58.2053  | C2 Additional Services per Diem      | 385,032   |
| <b>Total Resident Care Component</b> | 496.2966       | 758.6754 | <b>Total Resident Care Component</b> | 4,877,769 |

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