



Florida Agency For Health Care Administration

028003800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Sunland Marianna I**
 Provider Number: 28003800
 Audit Status: Unaudited Costs
 Date: 6/11/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 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	12,444	9,530	21,974
2. Operating Expenses component			
A. Administration			510,429
B. Plant Operation			913,284
C. Laundry			0
D. Housekeeping			76,077
E. Operating Expense Component & Per Diem	68.2529	68.2529	1,499,790
3. Resident Care			
A. Dietary			994,474
B. Other			102,011
C. Nursing			1,040,128
D. Resident Care & Per Diem	97.2337	97.2337	2,136,613
4. Prop Exp & Per Diem	3.3187	3.3187	72,926
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,222.00	9,530.00	15,752.00
3. Staffing Percent	0.3950	0.6050	1.0000
4. Allocation of Direct Care	1,660,363.13	2,543,114.87	4,203,478.00
5. Direct Care Expense Per Diem	133.4268	266.8536	
C. Additional Services Expense			
1. Medicaid Inpatient Days	12,444	9,530	21,974
2. Additional Services	385,795	295,461	681,256
3. Additional Services Exp & Per Diem	31.0025	31.0033	
D. Medicaid Per Diem Cost			
1. Operating Component	68.2529	68.2529	1,499,790
2. Resident Care Component	261.6630	395.0906	7,021,347
3. Property Cost Component	3.3187	3.3187	72,926
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	333.2346	466.6622	8,594,063

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna I

Provider Number: 28003800

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	97.2337	97.2337	A3D Allowable Resident Care Exp	2,136,613
B5 Allocation of D/C Expenses	133.4268	266.8536	B4 Allocation of D/C Expenses	4,203,478
C3 Additional Services per Diem	31.0025	31.0033	C2 Additional Services per Diem	681,256
Total Resident Care Component	261.6630	395.0906	Total Resident Care Component	7,021,347

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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) 07/2021 to 7/2021

Provider Name: **Tacachale Facility I**
 Provider Number: 28004600
 Audit Status: Unaudited Costs
 Date: 6/11/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 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	6,712	16,155	22,867
2. Operating Expenses component			
A. Administration			895,875
B. Plant Operation			492,213
C. Laundry			0
D. Housekeeping			95,810
E. Operating Expense Component & Per Diem	64.8926	64.8926	1,483,898
3. Resident Care			
A. Dietary			887,767
B. Other			992,193
C. Nursing			0
D. Resident Care & Per Diem	82.2128	82.2128	1,879,960
4. Prop Exp & Per Diem	0.3609	0.3609	8,252
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	3,356.00	16,155.00	19,511.00
3. Staffing Percent	0.1720	0.8280	1.0000
4. Allocation of Direct Care	926,792.34	4,461,361.66	5,388,154.00
5. Direct Care Expense Per Diem	138.0799	276.1598	
C. Additional Services Expense			
1. Medicaid Inpatient Days	6,711	16,095	22,806
2. Additional Services	389,662	1,184,986	1,574,648
3. Additional Services Exp & Per Diem	58.0632	73.6245	
D. Medicaid Per Diem Cost			
1.Operating Component	64.8926	64.8926	1,483,898
2. Resident Care Component	278.3559	431.9971	8,842,762
3. Property Cost Component	0.3609	0.3609	8,252
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	343.6094	497.2506	10,334,912

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility I

Provider Number: 28004600
FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	82.2128	82.2128	A3D Allowable Resident Care Exp	1,879,960
B5 Allocation of D/C Expenses	138.0799	276.1598	B4 Allocation of D/C Expenses	5,388,154
C3 Additional Services per Diem	58.0632	73.6245	C2 Additional Services per Diem	1,574,648
Total Resident Care Component	278.3559	431.9971	Total Resident Care Component	8,842,762

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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) 07/2021 to 7/2021

Provider Name: **Tacachale Facility II**
 Provider Number: 28006200
 Audit Status: Unaudited Costs
 Date: 6/11/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 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	9,973	15,052	25,025
2. Operating Expenses component			
A. Administration			828,484
B. Plant Operation			596,686
C. Laundry			0
D. Housekeeping			116,146
E. Operating Expense Component & Per Diem	61.5910	61.5910	1,541,316
3. Resident Care			
A. Dietary			971,547
B. Other			1,085,828
C. Nursing			0
D. Resident Care & Per Diem	82.2128	82.2128	2,057,375
4. Prop Exp & Per Diem	0.3997	0.3997	10,003
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	4,986.50	15,052.00	20,038.50
3. Staffing Percent	0.2488	0.7512	1.0000
4. Allocation of Direct Care	1,239,959.65	3,742,880.35	4,982,840.00
5. Direct Care Expense Per Diem	124.3317	248.6633	
C. Additional Services Expense			
1. Medicaid Inpatient Days	9,881	14,964	24,845
2. Additional Services	623,985	969,073	1,593,058
3. Additional Services Exp & Per Diem	63.1500	64.7603	
D. Medicaid Per Diem Cost			
1. Operating Component	61.5910	61.5910	1,541,316
2. Resident Care Component	269.6945	395.6364	8,633,273
3. Property Cost Component	0.3997	0.3997	10,003
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	331.6852	457.6271	10,184,592

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility II

Provider Number: 28006200
FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	82.2128	82.2128	A3D Allowable Resident Care Exp	2,057,375
B5 Allocation of D/C Expenses	124.3317	248.6633	B4 Allocation of D/C Expenses	4,982,840
C3 Additional Services per Diem	63.1500	64.7603	C2 Additional Services per Diem	1,593,058
Total Resident Care Component	269.6945	395.6364	Total Resident Care Component	8,633,273

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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) 07/2021 to 7/2021

Provider Name: **Sunland Marianna II**
 Provider Number: 28009700
 Audit Status: Unaudited Costs
 Date: 6/11/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 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	24,093	2,556	26,649
2. Operating Expenses component			
A. Administration			1,183,551
B. Plant Operation			1,752,012
C. Laundry			0
D. Housekeeping			136,223
E. Operating Expense Component & Per Diem	115.2683	115.2683	3,071,786
3. Resident Care			
A. Dietary			1,448,779
B. Other			221,532
C. Nursing			1,281,528
D. Resident Care & Per Diem	110.7673	110.7673	2,951,839
4. Prop Exp & Per Diem	5.4980	5.4980	146,517
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	12,046.50	2,556.00	14,602.50
3. Staffing Percent	0.8250	0.1750	1.0000
4. Allocation of Direct Care	7,073,822.78	1,500,908.22	8,574,731.00
5. Direct Care Expense Per Diem	293.6049	587.2098	
C. Additional Services Expense			
1. Medicaid Inpatient Days	23,644	2,556	26,200
2. Additional Services	745,128	80,627	825,755
3. Additional Services Exp & Per Diem	31.5145	31.5442	
D. Medicaid Per Diem Cost			
1. Operating Component	115.2683	115.2683	3,071,786
2. Resident Care Component	435.8867	729.5213	12,352,325
3. Property Cost Component	5.4980	5.4980	146,517
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	556.6530	850.2876	15,570,628

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna II

Provider Number: 28009700
FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	110.7673	110.7673	A3D Allowable Resident Care Exp	2,951,839
B5 Allocation of D/C Expenses	293.6049	587.2098	B4 Allocation of D/C Expenses	8,574,731
C3 Additional Services per Diem	31.5145	31.5442	C2 Additional Services per Diem	825,755
Total Resident Care Component	435.8867	729.5213	Total Resident Care Component	12,352,325

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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) 07/2021 to 7/2021

Provider Name: **Tacachale Facility IV**
 Provider Number: 28015100
 Audit Status: Unaudited Costs
 Date: 6/11/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 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	10,724	7,068	17,792
2. Operating Expenses component			
A. Administration			637,857
B. Plant Operation			455,228
C. Laundry			0
D. Housekeeping			88,611
E. Operating Expense Component & Per Diem	66.4173	66.4173	1,181,696
3. Resident Care			
A. Dietary			690,740
B. Other			771,990
C. Nursing			0
D. Resident Care & Per Diem	82.2128	82.2128	1,462,730
4. Prop Exp & Per Diem	0.4290	0.4290	7,632
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	5,362.00	7,068.00	12,430.00
3. Staffing Percent	0.4314	0.5686	1.0000
4. Allocation of Direct Care	1,654,899.54	2,181,430.46	3,836,330.00
5. Direct Care Expense Per Diem	154.3174	308.6348	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,550	7,051	17,601
2. Additional Services	655,520	502,665	1,158,185
3. Additional Services Exp & Per Diem	62.1346	71.2899	
D. Medicaid Per Diem Cost			
1.Operating Component	66.4173	66.4173	1,181,696
2. Resident Care Component	298.6648	462.1375	6,457,245
3. Property Cost Component	0.4290	0.4290	7,632
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	365.5111	528.9838	7,646,573

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility IV

Provider Number: 28015100
FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	82.2128	82.2128	A3D Allowable Resident Care Exp	1,462,730
B5 Allocation of D/C Expenses	154.3174	308.6348	B4 Allocation of D/C Expenses	3,836,330
C3 Additional Services per Diem	62.1346	71.2899	C2 Additional Services per Diem	1,158,185
Total Resident Care Component	298.6648	462.1375	Total Resident Care Component	6,457,245

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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) 07/2021 to 7/2021

Provider Name: **Sunland Marianna III**
 Provider Number: 28016000
 Audit Status: Unaudited Costs
 Date: 6/11/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 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	5,127	7,367	12,494
2. Operating Expenses component			
A. Administration			313,534
B. Plant Operation			687,107
C. Laundry			0
D. Housekeeping			53,424
E. Operating Expense Component & Per Diem	84.3657	84.3657	1,054,065
3. Resident Care			
A. Dietary			696,272
B. Other			86,881
C. Nursing			600,826
D. Resident Care & Per Diem	110.7715	110.7715	1,383,979
4. Prop Exp & Per Diem	4.5991	4.5991	57,461
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,563.50	7,367.00	9,930.50
3. Staffing Percent	0.2581	0.7419	1.0000
4. Allocation of Direct Care	586,381.03	1,685,144.97	2,271,526.00
5. Direct Care Expense Per Diem	114.3712	228.7424	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,392	7,367	11,759
2. Additional Services	132,882	245,161	378,043
3. Additional Services Exp & Per Diem	30.2555	33.2783	
D. Medicaid Per Diem Cost			
1. Operating Component	84.3657	84.3657	1,054,065
2. Resident Care Component	255.3982	372.7922	4,033,548
3. Property Cost Component	4.5991	4.5991	57,461
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	344.3630	461.7570	5,145,074

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna III

Provider Number: 28016000

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	110.7715	110.7715	A3D Allowable Resident Care Exp	1,383,979
B5 Allocation of D/C Expenses	114.3712	228.7424	B4 Allocation of D/C Expenses	2,271,526
C3 Additional Services per Diem	30.2555	33.2783	C2 Additional Services per Diem	378,043
Total Resident Care Component	255.3982	372.7922	Total Resident Care Component	4,033,548

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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) 07/2021 to 7/2021

Provider Name: **Tacachale Facility V**
 Provider Number: 28024100
 Audit Status: Unaudited Costs
 Date: 6/11/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 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	11,033	2,403	13,436
2. Operating Expenses component			
A. Administration			404,514
B. Plant Operation			344,352
C. Laundry			0
D. Housekeeping			67,028
E. Operating Expense Component & Per Diem	60.7245	60.7245	815,894
3. Resident Care			
A. Dietary			521,627
B. Other			582,985
C. Nursing			0
D. Resident Care & Per Diem	82.2129	82.2129	1,104,612
4. Prop Exp & Per Diem	0.4297	0.4297	5,773
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,516.50	2,403.00	7,919.50
3. Staffing Percent	0.6966	0.3034	1.0000
4. Allocation of Direct Care	1,694,697.77	738,214.23	2,432,912.00
5. Direct Care Expense Per Diem	153.6026	307.2053	
C. Additional Services Expense			
1. Medicaid Inpatient Days	11,033	2,403	13,436
2. Additional Services	690,164	152,116	842,280
3. Additional Services Exp & Per Diem	62.5545	63.3025	
D. Medicaid Per Diem Cost			
1. Operating Component	60.7245	60.7245	815,894
2. Resident Care Component	298.3700	452.7207	4,379,804
3. Property Cost Component	0.4297	0.4297	5,773
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	359.5242	513.8749	5,201,471

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility V

Provider Number: 28024100
FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	82.2129	82.2129	A3D Allowable Resident Care Exp	1,104,612
B5 Allocation of D/C Expenses	153.6026	307.2053	B4 Allocation of D/C Expenses	2,432,912
C3 Additional Services per Diem	62.5545	63.3025	C2 Additional Services per Diem	842,280
Total Resident Care Component	298.3700	452.7207	Total Resident Care Component	4,379,804

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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) 07/2021 to 7/2021

Provider Name: **Tacachale Facility VII**
 Provider Number: 28026700
 Audit Status: Unaudited Costs
 Date: 6/11/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 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	11,267	11,267
2. Operating Expenses component			
A. Administration			389,977
B. Plant Operation			225,612
C. Laundry			0
D. Housekeeping			43,916
E. Operating Expense Component & Per Diem	58.5342	58.5342	659,505
3. Resident Care			
A. Dietary			437,420
B. Other			488,872
C. Nursing			0
D. Resident Care & Per Diem	82.2128	82.2128	926,292
4. Prop Exp & Per Diem	0.3357	0.3357	3,782
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	11,267.00	11,267.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	2,345,483.00	2,345,483.00
5. Direct Care Expense Per Diem	104.0864	208.1728	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	11,220	11,220
2. Additional Services	0	864,273	864,273
3. Additional Services Exp & Per Diem	77.0297	77.0297	
D. Medicaid Per Diem Cost			
1.Operating Component	58.5342	58.5342	659,505
2. Resident Care Component	263.3289	367.4153	4,136,048
3. Property Cost Component	0.3357	0.3357	3,782
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	322.1988	426.2852	4,799,335

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VII

Provider Number: 28026700
FYE: 06/30/2020

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	82.2128	82.2128	A3D Allowable Resident Care Exp	926,292
B5 Allocation of D/C Expenses	104.0864	208.1728	B4 Allocation of D/C Expenses	2,345,483
C3 Additional Services per Diem	77.0297	77.0297	C2 Additional Services per Diem	864,273
Total Resident Care Component	263.3289	367.4153	Total Resident Care Component	4,136,048

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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) 07/2021 to 7/2021

Provider Name: **Tacachale Facility VIII**

Cost Report Entered By : Cox, Lauren

Provider Number: 28055100

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 7/1/2019 - 6/30/2020

Date: 6/11/2021

Days In Reporting Period: 366

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	13,720	5,653	19,373
2. Operating Expenses component			
A. Administration			1,000,474
B. Plant Operation			578,813
C. Laundry			0
D. Housekeeping			112,667
E. Operating Expense Component & Per Diem	87.3357	87.3357	1,691,954
3. Resident Care			
A. Dietary			752,119
B. Other			840,590
C. Nursing			0
D. Resident Care & Per Diem	82.2128	82.2128	1,592,709
4. Prop Exp & Per Diem	0.5009	0.5009	9,703
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,860.00	5,653.00	12,513.00
3. Staffing Percent	0.5482	0.4518	1.0000
4. Allocation of Direct Care	3,298,839.84	2,718,417.16	6,017,257.00
5. Direct Care Expense Per Diem	240.4402	480.8804	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13,720	5,628	19,348
2. Additional Services	823,544	401,951	1,225,495
3. Additional Services Exp & Per Diem	60.0251	71.4199	
D. Medicaid Per Diem Cost			
1. Operating Component	87.3357	87.3357	1,691,954
2. Resident Care Component	382.6781	634.5131	8,835,461
3. Property Cost Component	0.5009	0.5009	9,703
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	470.5147	722.3497	10,537,118

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VIII

Provider Number: 28055100

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	82.2128	82.2128	A3D Allowable Resident Care Exp	1,592,709
B5 Allocation of D/C Expenses	240.4402	480.8804	B4 Allocation of D/C Expenses	6,017,257
C3 Additional Services per Diem	60.0251	71.4199	C2 Additional Services per Diem	1,225,495
Total Resident Care Component	382.6781	634.5131	Total Resident Care Component	8,835,461

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Sunland Marianna IV**
 Provider Number: 28058500
 Audit Status: Unaudited Costs
 Date: 6/11/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 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	1,584	3,943	5,527
2. Operating Expenses component			
A. Administration			138,666
B. Plant Operation			315,929
C. Laundry			0
D. Housekeeping			24,564
E. Operating Expense Component & Per Diem	86.6942	86.6942	479,159
3. Resident Care			
A. Dietary			294,975
B. Other			39,947
C. Nursing			265,789
D. Resident Care & Per Diem	108.6866	108.6866	600,711
4. Prop Exp & Per Diem	4.7802	4.7802	26,420
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	792.00	3,943.00	4,735.00
3. Staffing Percent	0.1673	0.8327	1.0000
4. Allocation of Direct Care	168,038.99	836,588.01	1,004,627.00
5. Direct Care Expense Per Diem	106.0852	212.1704	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,584	3,943	5,527
2. Additional Services	82,772	206,412	289,184
3. Additional Services Exp & Per Diem	52.2551	52.3490	
D. Medicaid Per Diem Cost			
1. Operating Component	86.6942	86.6942	479,159
2. Resident Care Component	267.0269	373.2060	1,894,522
3. Property Cost Component	4.7802	4.7802	26,420
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	358.5013	464.6804	2,400,101

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna IV

Provider Number: 28058500
FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	108.6866	108.6866	A3D Allowable Resident Care Exp	600,711
B5 Allocation of D/C Expenses	106.0852	212.1704	B4 Allocation of D/C Expenses	1,004,627
C3 Additional Services per Diem	52.2551	52.3490	C2 Additional Services per Diem	289,184
Total Resident Care Component	267.0269	373.2060	Total Resident Care Component	1,894,522

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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) 07/2021 to 7/2021

Provider Name: **Sunland Marianna V**
 Provider Number: 28562500
 Audit Status: Unaudited Costs
 Date: 6/11/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 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	853	8,981	9,834
2. Operating Expenses component			
A. Administration			490,634
B. Plant Operation			269,214
C. Laundry			0
D. Housekeeping			20,932
E. Operating Expense Component & Per Diem	79.3960	79.3960	780,780
3. Resident Care			
A. Dietary			271,049
B. Other			34,041
C. Nursing			472,909
D. Resident Care & Per Diem	79.1132	79.1132	777,999
4. Prop Exp & Per Diem	2.2894	2.2894	22,514
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	426.50	8,981.00	9,407.50
3. Staffing Percent	0.0453	0.9547	1.0000
4. Allocation of Direct Care	161,152.22	3,393,453.78	3,554,606.00
5. Direct Care Expense Per Diem	188.9241	377.8481	
C. Additional Services Expense			
1. Medicaid Inpatient Days	853	8,981	9,834
2. Additional Services	48,805	514,115	562,920
3. Additional Services Exp & Per Diem	57.2157	57.2447	
D. Medicaid Per Diem Cost			
1. Operating Component	79.3960	79.3960	780,780
2. Resident Care Component	325.2530	514.2060	4,895,525
3. Property Cost Component	2.2894	2.2894	22,514
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	406.9384	595.8914	5,698,819

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna V

Provider Number: 28562500
FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	79.1132	79.1132	A3D Allowable Resident Care Exp	777,999
B5 Allocation of D/C Expenses	188.9241	377.8481	B4 Allocation of D/C Expenses	3,554,606
C3 Additional Services per Diem	57.2157	57.2447	C2 Additional Services per Diem	562,920
Total Resident Care Component	325.2530	514.2060	Total Resident Care Component	4,895,525

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